

SOCIAL WORK PERCEPTIONS OF PEDOPHILES:
OPENING THE DIALOGUE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Dana Rose Montes

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ABSTRACT

Pedophiles are the most stigmatized population in society (Jahnke, Imhoff, & Hoyer, 2015; Sanghara & Wilson, 2006). Social worker's responsibility is to maintain standards and treat individuals with dignity and respect (NASW, 2017). It is important to explore bias against pedophiles because studies have shown bias is linked to offender recidivism rates (Jahnke, Schmidt, Geradt, & Hoyer, 2015). Social workers may unintentionally inhibit pedophiles from seeking treatment if they hold strong biases against them which could potentially negatively impact child abuse rates. The purpose of this study was to identify bias reduction techniques so that they could possibly be implemented in the social work field. Experienced social workers and social work students were interviewed so that the origins of and methods to combat bias could be explored. Themes among interviewee responses were identified and the importance of *Opening a Dialogue* eclipsed the need to utilize bias reduction techniques.

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I would like to thank Cal State University, San Bernardino and the Master's of Social Work Program for allowing me to continue my academic journey. I am grateful for the time and effort all staff have shown me throughout this entire process.

DEDICATION

This project is dedicated to all my family and friends who have remained supportive of me throughout this entire process. The MSW program was difficult but with supportive individuals surrounding me, I was motivated.

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CHAPTER ONE

PROBLEM FORMULATION

Introduction

“Child sex offenders have low IQs and commit abuse because they don’t know any better” (Sanghara & Wilson, 2006, pp. 231). These are just a few of the negative stereotypes attached to pedophiles by society and experienced professionals. The National Association of Social Worker’s (NASW) Code of Ethics states that social workers are to maintain set standards and values when working with clients of various backgrounds (NASW, 2017). The profession must maintain treatment across all individuals equally. This greatly conflicts with the fact that over 95% of helping professionals refuse to work with pedophiles and child sexual offenders (Stiels-Glenn, 2010). This population relies heavily on the helping profession in order to seek treatment so it is important to seek out reasons why they refuse to work with child sexual offenders (Stiels-Glenn, 2010). The social work profession is held accountable with respecting the dignity and worth of every person despite their background, including child sexual offenders.

There is a limited amount of research and few statistics on the prevalence of pedophilia throughout the nation but research has been done which proves the effectiveness of treatment for this population (Hanson, et. al, 2002). The stigma attached to pedophiles makes it difficult for this population to come forward and seek treatment. Those that are involved with treatment do so because it is

required of them once they cycle through the criminal justice system (Hall & Hall, 2007). Child sexual offenders are those convicted of a sexual offense involving a minor (Seto, 2012). Society tends to have a high disregard for these individuals and they can, therefore, experience a large amount of discrimination.

Criminal justice institutions have a large influence on how society interacts with and treats sex offenders at a macro and micro level. Federal policies such as Megan's Law were instituted to protect communities by creating a public registry for sex offenders (California Megan's Law Website, 2017). Local laws can vary anywhere from regulating where sex offenders reside to instituting mandatory minimum sentences for sex offenders. Current laws attempt to increase community awareness and safety. They can also inhibit the rehabilitation process when facilities or institutions attempt to reintegrate offenders back into the community and are unable to because public policy restricts location availability. Some offenders remain institutionalized even after serving out their sentences because there is nowhere in the community to place them. The line between keeping society safe and providing fair, just punishment becomes blurred.

Recent research has looked at the effect stigmatization has on not only pedophiles but the potentiality it has to compromise child abuse prevention methods (Jahnke, 2015). It is our responsibility to assist the child sexual offender population in any way necessary in order to prevent future sexual offending of children. Failure to recognize pedophiles as anything but perpetrators can be

detrimental to stopping the cycle of abuse from continuing by ignoring how victims become perpetrators. Hall & Hall (2007) found that at most, nearly 93% of pedophiles have in fact been abused themselves. This *cycle of abuse* shows how child sexual offenders are not just perpetrators. It highlights that pedophiles are also victims, which complicates the perception or stereotypes professionals have of this population.

There have been studies by the general mental health field which seek to further understand how stigma can be a detriment for those with pedophilic interests. One such study by Jahnke, Schmidt, Geradt, and Hoyer (2015) identified how stigma-triggered stressors contribute to an increased potential to offend. This ultimately expresses that other people's stigma can increase the likelihood for a pedophile to offend. This creates a huge conflict when social workers, who provide treatment or act as a liaison to other treatment services, display or carry a bias towards these individuals. It is imperative that this issue be researched so that the social work field addresses any discrepancy between how we are ethically bound to conduct ourselves and how social workers are actually conducting themselves.

Purpose of the Study

The purpose of this study was to explore potential bias against pedophiles within social work and potential ways to decrease that bias. There are multiple barriers that will be discussed later which prevent pedophiles from seeking treatment. Professional bias will be focused on in this paper because this barrier

can be managed by the social work field. Counteracting bias with this population is imperative since social workers might be their first access to resources.

Studies have found that professionals who have experience working with sex offenders express fewer stereotypes when compared to professionals who do not (Jahnke, Phillip, & Hoyer, 2015; Sanghara & Wilson, 2006). This leads to the assumption that inexperienced social workers with negative biases, in turn, discourage or inhibit child sexual offenders from seeking treatment. What is not understood are the processes that experienced social workers, who work with this population, undertake to challenge their stigmatized views. This is what the current study addressed.

With a lack of current research addressing social workers attitudes, this presented an important issue to confront in order to significantly impact pedophiles motivation to seek treatment. Social workers who are unfamiliar with pedophiles and sex offender treatment do not know how to interact with this population and may inhibit an individual's ability to seek treatment. Interviews with social work students, explored the origins of bias, as well as, the reasoning behind bias. Interviews with social workers who have experience working with pedophiles allowed exploration of possible bias reduction techniques that have increased their willingness to work with this population.

Significance for Social Work Practice

Social workers must adhere to the NASWs Code of Ethics. It is a social worker's responsibility to maintain set standards and values when working with

clients from various backgrounds (NASW, 2017). It is necessary that we treat all individuals with dignity and respect. This can prove difficult when working with difficult populations, such as pedophiles and child sex offenders. Within the past few decades there has been minimal research by the social work field to improve our ability to work with difficult and hard-to-treat populations, such as pedophiles. By identifying new stigma reduction techniques, the field may increase child sexual offender's willingness to receive services before they engage in illicit behavior.

Presently, there are no standardized training methods or stigma reduction techniques that assist Social Workers willingness to work with these populations. Interaction with difficult populations is inevitable so it would be productive for our field to have such methods in place. This study hoped to identify major factors required to counteract bias. By interviewing social workers who already work with these populations, this study looked to analyze and identify how exactly to counteract present bias. The present study gathered input from social workers who currently work with child sexual offenders. By gathering this information the study hoped to gain insight into stigmatizing reduction strategies specifically for child sexual offenders. Information gathered by the present study was hoping to then be implemented in training techniques for the entire social work community. There was also hope additional information may be revealed through interviews.

Social workers are expected to adhere to the Code of Ethics and provide fair and equal services for all clients regardless of age, gender, socioeconomic

status, and sexual orientation. Many in the micro field work with individuals who may be victims or perpetrators of crime. It is important that all of the individuals receive fair and equal treatment void of discrimination. This includes pedophiles and child sex offenders. Many studies have found that most mental health clinicians are extremely biased or plainly, refuse to provide treatment for these populations (Sanghara & Wilson, 2006; Stiels-Glenn, 2010).

Fortunately some recent research has shown how training mental health clinicians can improve the stigmatizing attitudes many have towards these particular populations (Jahnke, Philipp, & Hoyer, 2015). The NASW nor the social work field have yet to make dramatic contributions towards this particular area. It is important to acknowledge our responsibility to ensure justice and safety for all. Acknowledgment of our limitations is not detrimental to our field. Ignoring the issue, however, would be a disservice to society.

The present study hoped to answer the following question: What were the origins of social work student's bias regarding pedophiles? How did social workers who have experience working with pedophiles, combat their own stigma all the while remaining adherent to the NASWs Code of Ethics?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will discuss the stigma of pedophiles in the mental health field, as well as, in society and which theories help understand the impact of stigma from the offender's perspective. It will also be necessary to expand on how the NASW's code of ethics dictates how the social work community interacts with current or potential clients who identify as pedophiles. Lastly, it is also necessary to mention the research that has been done in regards to finding stigma reduction techniques that could lower bias with the pedophilic population and the significant impact the social work field could have if they address these gaps and limitations.

Pedophiles and Child Sex Offenders

Distinguishing between the multiple terms is necessary. *Pedophiles* are individuals who are sexually attracted and aroused by prepubescent children (Seto, 2012). *Child sexual offenders* are those convicted of a sexual offense involving a minor. The most important distinction is that not all pedophiles have committed an offense. It is important to identify attitudes of the social work field regarding both; child sexual offenders and pedophiles, while keeping in mind how social work standards and principles are separate from other professionals.

National Association of Social Worker's Code of Ethics

The National Association of Social Workers (2017) mandates all present and future social workers to adhere to a professional code of conduct. The Code of Ethics presents the field's responsibility to clients and the ethical principles they must abide by while working with people from various backgrounds. While this profession can choose a concentration or area of specialization, interaction with multiple populations is inevitable.

Social work professionals must be *culturally competent* and understand *social diversity* (NASW, 2017). Cultural competency requires social workers to inform themselves about a culture that pertains to the clients they may or may not come into contact. Social diversity sets the expectation that the profession is aware of the diversity within a culture. Individuals are unique and can be different from the culture they belong to. The dynamic and interplay between these two are different for every individual. Social workers should go above and beyond to inform themselves of things they are ignorant of and avoid stereotyping populations they do not understand. Ignorance can cause great implications and negative effects for some populations.

There are subcultures within society which are stigmatized to an extent that is normalized. Stigma is a negative view or belief attached to specific individuals because of a particular characteristic that separates them from the rest of their group (Goffman, 1963). These individuals are often seen as a shame or disgrace. There are certain groups that are ostracized from society within

every culture. The NASW states it is an ethical obligation to advocate for *social justice* and the *dignity and worth of a person* (NASW, 2017). Providing fair treatment and services for all individuals is a standard that should be upheld by all social workers.

Perceptions of Pedophiles

Acknowledging current perceptions, even negative ones, is a step towards providing stigmatized populations equal access to treatment. Research has explored the perceptions of those who may come into contact with pedophiles and those who may not; the community and mental health professionals.

Society's Stigma

It should be acknowledged that the public currently has a negative view of pedophiles and child sexual offenders. The sex offender population elicits fear, distress, and feelings of aversion by the rest of society (Jahnke, Imhoff, & Hoyer, 2015; Kernsmith, Crain, & Foster, 2009). In the Jahnke et al. (2015) study, pedestrian's personal reactions to pedophiles were found to be extremely negative; when surveyed, many agreed with the statement that those with pedophilic interests should be "dead" (Jahnke, Imhoff, & Hoyer, 2015, pg. 21). In fact, their results found that all reactions to pedophiles were worse when compared to those individuals who have alcoholism, antisocial personality disorder, or expressed interests in sexual sadism. This validates the assumption that pedophiles are the most negatively viewed population.

Jahnke et al. (2015) noted that the public has negative reactions and significant *social distancing* to pedophiles. They define social distancing as the separation created between a stigmatized group and the rest of society. This occurs because there is a lack of knowledge about that stigmatized group. This study, when generalized to the rest of society, shows how communities distance themselves from child sexual offenders. Those who commit these sexual offenses are often ostracized and, therefore, empathy with this population can be hindered.

While the previously discussed studies support previous assumptions on society's attitudes towards sex offenders, there are still limitations (Jahnke, Imhoff, & Hoyer, 2015). All the research discussed thus far occurs outside of the United States. Discussing pedophilia, even in research, can still be a taboo topic. There has been a shift the past couple of decades and more research has been looking into the public's thoughts regarding pedophilia/pedophiles. Research into child sexual offenders is also limited; however, recent research has focused on how to treat child sexual offenders before they offend.

Germany has made considerable advancements when it comes to researching the stigma associated with pedophilia. There has been a pilot study, Prevention Project Dunkelfeld, which tackled the problem in how to effectively provide therapeutic services to pedophiles and child sexual offenders (Beier, et al., 2015). The study is aware of how society's stigma inhibits services and aims to normalize child sexual offender treatment by openly providing these services

in communities. There are no programs or studies taking place in the United States which still holds a relatively strong aversion to pedophilia related issues in comparison to Germany.

Professional Stigma

There are few community resources for this target population so ensuring available services are unbiased and provide fair treatment is critical. A study by Stiels-Glenn (2010) was conducted in Germany, among psychotherapists. Their study found that 95% of their professionals were unwilling to treat this population because of unfavorable feelings and attitudes towards them. Other studies find similar results on negative attitudes, perceptions, and biases, with sexual offenders amongst the professional fields (Jahnke, Phillip, & Hoyer, 2015; Sanghara & Wilson, 2006). Many professionals deem their lack of experience working with this target population as a reason not to offer treatment services (Alanko, Haiko, Laiho, Jahnke, & Santtila, 2015). These findings are significant because these are professional fields that are responsible for treating pedophiles and child sexual offenders.

Sanghara and Wilson (2006) found that experienced professionals who work with sexual offenders are less likely to have negative attitudes and stereotypes of this population. This overlaps with a study by Jung, Jamieson, Buro, and DeCesare (2012) who examined a comparison survey among professionals (therapists) and paraprofessionals (probation officers) regarding their perceptions and responses to sexual offenders. They find that probation

officers have greater regard for a sexual offender's character, and predict more favorable outcomes regarding their recidivism risk, in comparison to therapists (Jung, Jamieson, Buro, & DeCesare, 2012). This could be explained by probation officers tendency to more often interact with sexual offenders in everyday situations, which allows them to connect to the population on a personal, rather than professional manner. It is important for research to seek to understand *why* professionals who have experience with child sexual offenders, have more positive attitudes of this population.

Stigma-Reduction Techniques

Some research has attempted to focus on stigma reduction techniques among professionals. Jahnke, Phillip, and Hoyer (2015) distribute an online intervention that aims to reduce stigma and increase willingness to work with pedophiles. Their study found that negative attitudes and social distance can be reduced after implementing the online stigma-reducing intervention. This study shows how low-cost intervention education techniques could be used to effectively decrease stereotypes with stigmatized populations and increase social workers' willingness to engage and work with a socially distanced population.

Investigating social work stigma can spawn further research and lead to the application of additional cost effective reduction techniques into practice for social workers who may come into contact with pedophiles and child sexual offenders. The NASW Code of Ethics is specific to the social work field. This is what separates the area of practice from other disciplines. The profession is held

to high standards when maintaining fair and equal treatment for all individuals, regardless of one's personal morals or values. The present study will fill the gap with the lack of research discussed within social work and their perceptions of those with pedophilia.

Theories Guiding Conceptualization

There are two distinct theories which can be used to understand the current study; the Sociopsychological Perspective and Modified Labeling Theory.

Sociopsychological Perspective

One theoretical framework for this study will be the Sociopsychological Perspective (Zastrow, Kirst-Ashman, 2016). This theory is drawn from System Theory and focuses on the dynamic between a community and its members. The idea that a member is a part of a larger whole largely influences how the members interact with one another. This particular perspective can be adapted for this research study by applying the idea that social workers are community members and the amount of interaction with pedophiles or child sexual offenders affect the dynamic of the community. The more interactions social workers have with these two populations can positively or negatively influence the exchanges that may occur. Input and output exchanges are crucial in the development of an individual and their interdependency within the community.

Modified Labeling Theory

The next theory applicable to this research problem is Labeling Theory. This is the main theory that has been used to guide previous research that

pertains to this topic. Modified Labeling Theory is an extension on the original and explains how society's stigma affects a criminal's view of themselves, and in turn, has the potential to alter their behavior. Modified Labeling Theory is applicable to this particular research because it investigates how criminals anticipate stigma from others and, therefore, experience *perceived stigma* (Link et al., 1989). Perceived stigma is a criminal's imagined stigma from others. Learned helplessness develops and judgment by others lowers confidence to successfully integrate into society. Real or imagined, stigma can consequently increase a criminal's negative coping skills which can lead to more illicit behavior. While not all pedophiles are criminal offenders, they can still experience perceived stigma and, therefore, still experience negative consequences. Applying the theory towards the research problem would assist in understanding how social work stigma can impact pedophiles or child sexual offender behavior.

Summary

It is necessary to understand all the factors that attribute to stigmatization of pedophiles and how social workers may contribute to that, in order to provide better access to treatment. The methods by which the mental health field takes in working with this population creates an atmosphere which facilitates rehabilitation or unknowingly inhibits it. Social work's contributions should be analyzed to understand its influence on this particular issue.

CHAPTER THREE

METHODS

Introduction

The following chapter will discuss the design of the present study along with the methods utilized to sample participants. Interview questions varied among the group of participants but pertained to the topic of perceptions, participant's knowledge of pedophiles, their experience with this population, and the influence of social work values on the topic. All measures were taken to ensure anonymity and confidentiality because of the sensitivity to the topics being discussed with participants. All efforts to carry out successful research will be discussed in detail.

Study Design

The purpose of this study was to explore social worker bias with the pedophile population. It was important to understand the reasons behind bias; whether the social work field had a bias because they lacked competence and experience working with this population or because of their personal opinion, dislike, and/or stereotypes of pedophiles conflicted with their ability to work with them.

The current study tackled the problem by implementing an exploratory, qualitative design. It was necessary to explore what social workers, who have experience working with this population, had done to overcome their initial bias of

pedophiles. Exploring initial bias of experienced social workers assisted in exploring the methods they took to overcome their bias. Understanding how the Code of Ethics played a part in overcoming their bias was a necessary component for this study to understand. Social workers are bound to comply with the Code of Ethics, so incorporating it into effective bias reducing techniques was vital.

The limitations of this exploratory study were emphasized because of the stigma-related issues involved with discussing pedophilia. Because the study has to do with a taboo topic, chances of drop-out were higher among included participants. The strengths were that prospective participants had already been identified. Experienced social workers expressed a high interest in participating because of the issues it highlighted were the populations they had become passionate about working with. Social work student participants had also been identified but ensuring their commitment to the study was not nearly as strong. Social work students were not as passionate about their involvement in this subject, were less likely to commit, and were at a higher risk for dropping out.

The present study answered the following question: What were the origins of social work student's bias regarding pedophiles? How did social workers who have experience working with pedophiles, combat their own stigma all the while remaining adherent to the NASWs Code of Ethics?

Sampling

Snowball sampling was the method by which this study obtained participants. The study obtained an overall total of ten participants. Five social work students were interviewed to explore the reasons for their potential bias. Five experienced social workers who have or have had direct contact and experience working with pedophiles were interviewed in order to explore their methods for overcoming their bias.

Concerns with sampling involved obtaining enough *willing* participants who felt comfortable enough to discuss such a taboo topic. Participants were contacted and ensured their full commitment in participating in the interviews. Since the study obtained social workers who have experience working with the pedophile population, participants that qualified as *experienced* social workers were easier than securing social work students. Social work students did not seem as comfortable discussing the topic and could have been less willing to participate and secure.

Data Collection and Instruments

Demographic quantitative data was collected at the beginning of the interviews. No identifying information such as names were collected. Anonymity was necessary because of the topic being discussed but pseudonyms assisted in discriminating participants from one another. Qualitative data consisted of the interviews that followed the demographic surveys.

Interview questions varied depending on whether the interviewer was speaking with social work students or experienced social workers. Topics that were discussed with social work students focused on; the perceptions of pedophiles, experience and willingness to work with them, knowledge or stereotypes of them, and the origins or reasoning behind their bias. Topics for social workers focused on the following; past and current perceptions of pedophiles, reasons for their previous bias, factors that influenced them working with pedophiles, and what if any influence the NASWs Code of Ethics had on their bias.

Procedures

The participants were handed Informed Consent forms along with a demographic survey prior to the interviewing process. Interviews lasted anywhere from six to 25 minutes. Interviews were recorded throughout the entire interview process and participants were informed that the process was going to be audio recorded. Participation was solicited weeks prior to the interviews, by contacting those who had expressed interest by phone and/or email to notify them of potential interview dates. Interview locations were dependent upon each participant. Private locations were preferred by some interviewees because of the sensitivity to the topics being discussed. This was also done in order to discourage biased responses. In the event locations could not be scheduled, telephone interviews were conducted.

The writer was the one that had conducted all interviews. All interview recordings were then transcribed. Recorded Interviews allowed for more comprehensive data. Participants were solicited around December and January. Interviews took place in February of 2018 and were completed by March of 2018. All interviews were transcribed by the writer and all data was destroyed upon transcription. Data was analyzed in April of 2018.

Protection of Human Subjects

Confidentiality and anonymity was key in this proposed study. Demographic surveys did not contain identifying information such as names or birth dates. Transcriptions and data were identified by a identification number unique to the participant. The master key was held separately from the data in a different locked location so that they were not able to be easily identified. All data and information was destroyed at the conclusion of the research project in June. Informed consent was supplied at the start of the interview and the debriefing statements were supplied at the conclusion of the interviews.

The current study focused on discussing pedophiles, for participants who may have been exposed to sexual abuse or trauma, this could have brought up un/resolved issues or emotions. Since this study had the potential to create distress and discomfort, post-study supportive services were provided. A survey was able to provide agency names, locations, and telephone numbers that participants could call if they wanted to discuss their distress or discomfort further with an appropriate party.

Data Analysis

Qualitative procedures were used to analyze the data. After all interviews had concluded, they were transcribed and a thematic analysis had been conducted in order to identify patterns, recurrent themes, or terminology. Social work student's data were analyzed in order to identify patterns between lack of knowledge and experience with pedophiles on their perceptions and willingness to work with pedophiles. Social worker's data was analyzed in order to identify patterns between experience and knowledge of pedophiles on their perceptions of pedophiles. Social worker data was further analyzed in order to identify recurrent themes or terms in bias reduction techniques and Code of Ethics involvement.

Summary

The proposed study had been planned out ahead of time and in order to anticipate issues associated to sampling, data collection, and procedures were thoroughly investigated. Ensuring the protection of the subjects was vital when carrying out interviews so that confidentiality and consent of the participants was carried out to the best ability by the researcher.

CHAPTER FOUR

RESULTS

Introduction

The following chapter will review the results of interviews with social work students and experienced social workers regarding perceptions of pedophiles, origins of potential bias, and potential ways at reducing any expressed bias. Both sets of interviewees were asked different sets of questions (found in Appendix B). Participant demographics and data analysis reflecting on the answers of both social work students and experienced social workers will be discussed. Themes drawn from the information provided in the interviews will be identified and supported using quotations that encapsulate the idea of the identifiable themes.

Participant Demographics

The participants interviewed were both social work students that were, at the time, enrolled in a Master's of Social Work Program and experienced social workers who had previously or were currently working with pedophiles. There were five social work students and five experienced social workers. Males represented 40% of the sample, while females represented 60%. As shown in Table 1., 70% of the sample had identified as Caucasian, with a 50% majority identifying as Single/Never Married. The mode age of participants ranged between 30-49 years of age. Among experienced social workers, the mode of years in practice were 10 years.

Table 1. *Demographic Information of Participants*

ID	Gender	Age	Ethnicity	Marital	Education	Years
1	Male	50-64	Caucasian	Divorced	MSW	
2	Female	18-29	Hispanic	Single/NM	MSW	
3	Male	18-29	AfricanAm	Single/NM	MSW	
4	Female	18-29	Caucasian	Single/NM	MSW	
5	Female	18-29	Hispanic	Married	MSW	
6	Female	30-49	Caucasian	Married	LCSW	4
7	Female	30-49	Caucasian	Single/NM	LCSW	11
8	Male	30-49	Caucasian	Divorced	LCSW	10
9	Female	30-49	Caucasian	Single/NM	LCSW	4
10	Male	30-49	Caucasian	Married	LCSW	10

Inventory

In order to analysis the interviews, participant responses were categorized in tables reflecting paraphrased responses. Responses were paraphrased for simplicity purposes. When paraphrasing was unsuccessful in capturing their response, quotations were used. Tables were implemented in order to identify themes in a participant's responses, as well as, themes across the two groups of participants. It was important to utilize separate tables since there were different sets of questions for the social work students than there were for experienced social workers; Table 2: Social Work Student Responses and Table 3: Experienced Social Worker Responses. Questions for both groups of participants can be found in Appendix B.

Table 2. *Social Work Student Responses*

Question	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
1	"Piece of shit"	Gruesome details and cases mentioned in the media	Someone who is attracted to and molests children despite knowing it is wrong	Someone who has committed a crime against a child	"I just think, gross"
2	Professional and community experience; admitted having known identified pedophiles	No known experience	Minimal interaction with sex offenders through the criminal justice system	None to my knowledge	No experience working with this population
3	"Piece of shit, is a piece of shit"	Individual who looks at child porn	Someone exclusively attracted to children	Someone in possession of child pornography or who sexually violates a child	An individual who likes children
4	Most perpetrators have been victims	Doesn't know much but wishes to learn more in the MSW program	There is a lack of insight among pedophiles and their affliction is permanent	Someone I have biases against but who may need the most help	Little knowledge of this population
5	They are the same	Pedophiles look at child pornography and want to commit a crime; sex offender has been charged with a crime	Unsure if one is a disease and one is a behavior	No known distinction	Initially thought they were the same; feelings or thoughts versus one who acts on those inclinations
6	There is a need for education in the MSW program	Open to learning more in order to increase our willingness to work with rapists and pedophiles. Social Work field does not discuss perpetrators enough	Interested in learning more in the academic environment as an elective opportunity	Interested in in learning more. Could be applicable to the hospital setting who tend to see all kinds of individuals	Not much to learn; typically more about disenfranchised groups
7	Education about perpetrators and increasing available therapy avenues. Staying true to the Code of Ethics	Talking about this topic would allow social workers to be more empathetic	Improving treatment for pedophiles could lead to improvements for victims	Knowledge is applicable to all environments of social work	There is no point to learning more about this population
8	[Has worked with this population]	Not likely but possible	Small possibility in working with this population	The possibility of encountering a pedophile can occur anytime, anywhere	Would not be able to put biases aside with this population; it's counterproductive to work with them
9	Willing to work with this population	Willing to work with the population	Willing to work with the population	Willing to work with this population	Not willing to work with this population
10	Perceptions had to do with experience with pedophiles, lack of knowledge, and dislike for the	"If we don't work with them who will"	Likelihood of coming across pedophiles in forensics is likely. Biases will not prohibit	Hesitation results from lack of experience understanding the importance increases	Disinterested with this population, no benefits to working with them

	population		willingness	willingness	
11	Interested in training opportunity for professional growth	Very interested in training opportunity to increase knowledge and willingness to work with this population	Interested in training	Interested in training	Interested in training
12	"Absolutely"	A difficult idea but they are marginalized within society	Pedophiles are marginalized but not vulnerable	Personally, they are a marginalized	Marginalized because they are not provided enough services
13	Society does affect their ability to obtain treatment but declined to answer further	Negative views of pedophiles in society do more harm than good	Pedophiles may not seek assistance because of society stigma	Clinician's judgement could affect their willing to seek treatment	Society's intolerance influences lack of willing to treat pedophiles

Table 3. *Experienced Social Worker Responses*

Question	Participant 6	Participant 7	Participant 8	Participant 9	Participant 10
1	Less than 2 years experience	11 years	Sporadic experience over the last 10 years	2 years	Over 2 years spread over my career
2	Someone who has an inclination towards underage children	Someone who has intense sexual attraction towards prepubescent children	Someone who has a sexual orientation towards children	A person who is attracted to children and acts on those desires	Someone who is sexually attracted to children.
3	Logistics; the population was the focus of the job	Did not intentionally seek it out; a psychologist showed the real appreciation for the treatment	No intention to work with them. It was a population that was treated at the job	Internship and work opportunities	Internship and work opportunities
4	That all pedophiles are the same and they're a certain type of person, or they're really evil people; or that they stand out	Male offenders are gay, negative association to the LGBT community, all reoffend, and they can't be treated. Big misconception is that sex offenders are strangers.	They're not monsters, they're human. Everything they are capable of, you are. Experiences that shaped them may have shaped you in the same way	Not typically scary but should not be trusted	Only males perpetrate and that family members don't do it
5	Absolutely	Yes. Most people think lock 'em up and throw away the key, castrate em	Yes. The creepy stranger hiding in the bushes or in a white van. They actually look like you or me.	Yes. People assume groups of people are all pedophiles, like clergymen	Men in vans trying to pick up kids

6	Perception influenced by TV shows. Concerned about safety and self-care going care	Had a misconception about recidivism rates	They were sick or disgusting	Had an uneasiness around them that has not yet ceased	That they can't be helped
7	Influenced by working with them and providing treatment	Popular culture, news, & media.	TV and the media. Basic stereotypes	General knowledge from school and television programs	Perceptions were influenced by society's stereotypes
8	They're not one type of person, they're not strangers. More vigilant in society about others	Working in the treatment field	Compassion and empathy has grown. Perception changes as stereotypes fell away	More knowledgeable but perception has changed for the worse	I am now willing to work with them and they can develop coping skills
9	Working with them and providing sex offender treatment groups	Training, supervision, and conferences	Contact experience	Most of my stereotypes have not changed	Education, reading and training
10	Understand everyone has a bias and you will go in with a bias. Understand some schools may not want to stress this idea	Starting with schooling, possible electives. Get people interested in it and understanding if you can't do it, you shouldn't	Through schooling, starting with students	Perpetrators cannot go ignored or more crimes will occur. Bring light to the population in order to stop the cycle	Educate and train
11	<i>Meeting the person where they're at</i>	Integrity; know your limits	The Core Values and Code of Ethics. Start where the clients are at. Understanding ethical dilemmas.	Pedophiles deserve treatment as much as anyone else, per the code of ethics	Very little. Most people have an aversion to them
12	If you can't work with them don't	Consultation, trainings, supervision.	Recognize your stigma & don't pass judgement	It is a personal choice	Education and training
13	Yes, they are a marginalized population; push back from the community	Yes. Policies and poor legislation prevent addressing child sexual abuse as a public health issue.	Absolutely. They are a marginalized population, within a marginalized population	Yes. Their crimes marginalize them	Yes. Most do not want to work with them or believe they cannot be helped
14	"Treatment will derive from those who offer it and if the people who offer it cannot do a good service, that's where the problem is"	Providing the best possible care helps prevent future victims. Marginalizing them does not provide proper access to treatment	Obstacles in society make it difficult to obtain treatment. If you're worried about your most basic needs, treatment is not a priority	Limited treatment options because people don't want to work with them	People's aversion produce very limited treatment options

Identified Themes

The tables provide clarity and increased objectivity when analyzing the data. In Table 2., Social Work Student Responses mentioned more frequently terms that were connected to strong emotions against pedophiles. They also used less clinical terms and openly expressed their lack of knowledge regarding pedophiles. Social work students also mentioned the influence of the news and media on their perceptions. Despite the presence of bias in a few respondents, they still expressed interest in learning more. Even more students stated their willingness to learn more about pedophiles through training and educational opportunities. As reflected in Table 3., Experienced Social Worker Responses used more clinical terms, stressed the importance of discussing the pedophile population and possible implications increased interest could have on victims of offending pedophiles.

Identifiable themes were taken from social work student and experienced social worker responses. Some themes could also be noticed in both sets of participants. After reviewing the tables and responses from all participants, the following themes were identified and best described as; *Bias, Lack of Knowledge, Media and Popular Culture Influences, Education and Training Opportunities, Macro Implications, Social Work Values, and Generating Interest.*

Summary

Analyzing participant demographics and tables were all necessary when working towards identifying important themes across respondents. While both

sets of participants had different sets of questions geared towards eliciting specific information about bias, new and important themes were identified which encouraged avenues not yet explored or foreseen in the present study. The initial importance of the study was to explore potential bias, it's origin influences, and ways in which individuals could possibly overcome bias. During the interview process, vital information arose and identifiable themes important to the course of this study were found.

CHAPTER FIVE

DISCUSSION

Introduction

The following chapter will continue with the discussion of themes that were identified in the previous chapter. All efforts were made to objectively analyze participant's responses and use them in conjunction with the other participant groups. There were themes that were unique to each group of participants and themes that were seen across respondents. Implications for social work practice and recommendations for future research will be discussed, in addition to the limitations and strengths of the present study.

Discussion of Themes

All themes were drawn from the respondent interviews and quotations were taken from interviews which efficiently encapsulated each of the following themes. Some statements may be repetitive in nature but were used to emphasize the similarities across respondents.

Bias

The first identified theme that will be discussed is *bias*. Research often discusses this using terms, such as, attitudes and perceptions. The social work field uses the term bias as does the present study. All these terms' meanings imply a partiality towards one thing over another. Terms relating to, associated with, or explicitly stating bias were found among social work students. Participant

1 described pedophiles as being “pieces of shit” and stated their “own personal bias” with the population. Participant 2 expressed that it is “difficult for me to think of pedophiles” and when the participant does, “gruesome things is what [they] think about”. Participant 3 said that because of their “own personal bias” they “may not be able to work with them”. This individual also stated they might “consider them marginalized” but does “not view them as vulnerable in society”. Participant 4 expressed that a pedophile is “someone who I would have a lot of biases against”. Participant 5 expressed that “they’re gross” and that “it would be counter-productive to work with pedophiles”. This participant also stated, “I don’t care to learn about [pedophiles]” and “what’s the point of learning about [these] perpetrators”. Social workers with experience working with pedophiles used real life experiences to describe the population and did not use pejorative terms. There was one instance of misinformation where Participant 9, stated how “treatment outcomes were bleak” and involves changing a pedophiles sexual preference. This is in direct contrast to research and could be due to bias or to their limited experience working with pedophiles; a few months. Generally, among social workers, there were no responses that appeared biased, therefore, more student responses suggest a bias against the population being discussed.

Pejorative terms were noted in regards to pedophiles and these terms suggest an extreme misunderstanding and absence of empathy. One might also assume a strong dislike towards pedophiles because of the words used to describe this population. These words evoke a strong idea or feeling, in addition

to the terms' original meaning and lead to the idea that there are negative feelings or ideas associated with this population. These attitudes towards pedophiles have the potential to be expressed outwardly and physically in ways others may be able to observe, such as; verbal language, tone, and body language. Expressing bias could impede the field's ability to carry out its values and compromise *integrity* (National Association of Social Workers, 2018).

It was also noted by one social worker respondent that addressing counter transference at this *schooling* stage [graduate program] is vital:

In forensics invariably you're going to work with someone and it's going to be tough. [Students] need to know that. Many people think ew gross, lock them up, throw away the key, and castrate them. When you get into the treatment it isn't easy. These people have done really bad things but they're here for treatment. Provide them the best care possible because you're helping prevent a future victim. (personal communication, Participant 7, February 2, 2018)

Lack of Knowledge

A *lack of knowledge* was also noticed across social work student respondents. When these participants were asked about their knowledge about pedophiles, many stated; "I don't know much" (Participant 2), "I don't know the formal definition" (Participant 4), and "I don't know a lot about this population" (Participant 5). Clinical terms were used more frequently among experienced social workers who described pedophiles as; individuals "who have an intense

sexual interest towards prepubescent children” (Participant 7), a “sexual orientation towards children” (Participant 8), or are “sexually attracted to children” (Participant 6 and 10). Social worker respondents frequently used terminology commonly found in the DSM-5 and/or research, such as; *pedophilic disorder*, *sexual attraction*, *sexual orientation*, and *prepubescent children* (American Psychiatric Association, 2013; Hall & Hall, 2007; Jahnke, Philip, & Hoyer, 2015).

There are discrepancies between the two groups of participants’ responses. The differences in their responses implies a lack of knowledge among social work students, with social workers commonly communicating and effectively articulating their knowledge, which was more than likely gained through experience, training, or research familiarity. While a lack of knowledge is expected among social work students who have little experience in the field, this can greatly impact one’s ability to carry out social work values; *dignity and worth of the individual*, *importance of human relationships*, *integrity*, and *competence* (National Association of Social Workers, 2018).

Media and Popular Culture Influences

The next theme identified was *media and popular culture influences*. Taking into account the lack of knowledge about pedophiles introduced the impact media has on the understanding of this particular population. Many students expressed the significance *news* and *television shows* have on their understanding of pedophiles. One student, Participant 2, stated they “think about people that are seen on the news” and Participant 3, referenced the television

show, *Law & Order: Special Victims Unit* when describing society's view of pedophiles. Multiple social workers identified *news*, *television programs* and *popular culture* as influencing their original perceptions of pedophiles. General responses from experienced social workers stressed and understood the impact media has on society's understanding of pedophiles. Media's misconceptions and stereotypes marginalize, "sadly marginalization makes our communities more unsafe" (personal communication, Participant 7, February 2, 2018). This ties into a essential macro issue which will be explored in the Macro Implications section.

Incorporating popular culture as a source for information might be a clue to the social work field to enhance their understanding of stigmatized populations. Relying on sources other than research may impact the field's ability to carry out competent social work practice and impede our long-standing fight to prove social work is an evidenced-based field. These responses that rely on media and popular culture do not place blame on anyone or anything but highlight an area of improvement for the field that could further solidify our place alongside other evidence-based sciences.

Education and Training Opportunities

Across respondents, both sets of groups expressed a need for continued *education and training opportunities*. In regards to learning opportunities about pedophiles social work students stated, "I wish I could know more" (Participant 2), "if they had a class with that component..[people] would be interested in it"

(Participant 3), and “I would be open to learning more” (Participant 4). Social worker responses reflecting on the importance of education and training stress the need to encourage work with pedophiles and other stigmatized populations; Participant 7 mentioned, “you would have to have a clinician or teacher that has had some exposure to that” and “having more electives based in mental health”. Multiple social workers mentioned that the best way to get over misconceptions and counter transference is consultation, trainings and supervision. Lastly, when exploring ways to encourage work with perpetrators, Participant 8, another social worker stated “it would start with our school[ing]”.

The statements imply a desire of students, not to necessarily learn more about pedophiles, but to have resources available to them to learn more about the population if interested. This might be a clue for programs to inquire of their students about; other options for electives, having guest speakers from a variety of social work fields, or networking opportunities in fields of social work not commonly spotlighted. These responses also suggest that providing or linking to educational resources could have future implications on building the propensity of social work students to work with stigmatized populations such as pedophiles.

Social Work Values

Among both students and social workers was an identifiable theme about the importance of *social work values* when thinking about working with pedophiles. Participant 1, a social work student mentioned, “to not learn how to address that vulnerable population [would] not [be] sticking true to our code of

ethics". This testimony implies that encouraging work with pedophiles or other stigmatized populations, among the student population, would adhere to the Code of Ethics. The particular value it describes is advocating for *vulnerable* and *marginalized populations* (National Association of Social Workers, 2018).

The definition of vulnerable is defined as something which is susceptible to harm (Dictionary.com, 2018). The definition for marginalized is "to relegate to an unimportant or powerless position within a society" (Merriam-Webster Online, 2018). While Participant 5 said they did not see pedophiles as either vulnerable or marginalized, the rest of students participants agreed that they are, with statements such as; "absolutely" (Participant 1), "it's hard to think of them as a vulnerable population but they could be considered that" (Participant 2), "I would consider them marginalized" (Participant 3), and "yes, but the general population would not" (Participant 4). These accounts confirm the field's responsibility to highlight the need for professionals to work with not only pedophiles, but all stigmatized populations. While respondents were able to come to this conclusion, by method of observation, it was noted that this process took effort and participants often mentioned that they had never thought of pedophiles in such a way with Participant 2 stating, "that's a difficult question" and "the more I start to think about it they are". Even Participant 3 who came to conclusion that they are marginalized said "I have a hard time with that [question]".

Social worker's statements often referenced the values of *integrity* and *competence* which stress the importance of working responsibly, ethically, and in

a way which seeks to promote or enhance the values of our field (National Association of Social Workers, 2018). One respondent reflected on the idea of *counter transference* and expressed, “It is not my job to convince [others] to work with sex offenders [or pedophiles], it’s important to know your limits. It may be damaging for them and for the population” (personal communication, Participant 7, February 2, 2018). This statement implies that our values validate how necessary it is to have professionals in this field who are genuinely interested in the population. Another social worker said “I really have bought into social work values and ..embody social work whether I’m working with a murderer or pedophile”, this statement emphasizes how intertwined social work values are with those who are carrying out work with stigmatized populations (personal communication, Participant 8, February 15, 2018).

Macro Implications

Another theme that was noticed throughout interviews was the presence of *macro implications* when discussing pedophiles. One striking quote mentioned previously by Participant 7 was, “These people have done really bad things but they’re here for treatment. Provide them the best care possible because you’re helping prevent a future victim”. The treatment this social worker was discussing focuses on managing urges and had been shown to be a successful when treating this population. This individual stated, “the goal isn’t to cure, the goal is to manage”. Providing and making available treatment options for this population would be crucial in order to prevent or decrease recidivism.

Working with pedophiles does not initially spark the idea that you may be assisting in preventing future child sexual abuse but that is what was mentioned among social workers; “We marginalize them because of our own fear. We need to address treatment as a task..it’s a public health issue” along with “sadly, marginalization makes our communities more unsafe” (Participant 7). This social worker also expressed that;

[Society] is in a phase where there is a lot of fear and anger. I hope we can move towards finding solutions. We need fear and anger to drive us forward but in order to..prevent these things from happening we have to respond in other ways. (personal communication, Participant 7, February 2, 2018)

These statements reflect on the impact social work could have on professionals working with stigmatized populations. While one could see the positive impact working with perpetrators could have on the rest of the community, generating interest to do so has stalled.

Generating Interest and Creating a Dialogue

The last and most impactful theme that was identified was *generating interest*. The focus of the present study was to identify ways to decrease stigma in social work with pedophiles, one of the most stigmatized populations. Efforts were made to explore what stigma reduction techniques may be applied or utilized among the social work community. The intention was that if stigma reduction techniques unique to social work were identified and successful with

one of the most stigmatized populations in society, they could be utilized for other stigmatized populations.

Stigma reduction techniques were not identified but the idea of generating interest was. Social workers already working with or having worked with pedophiles stressed the importance of discussion. As previously mentioned, they emphasized not pushing professionals to work with the population in order to avoid counter transference issues and avoiding harm to either party; "Treatment will derive from those who offer it and if people who are trying to offer it cannot do a good service, that's where the problem is" (personal communication, Participant 6, February 9, 2018). Avenues social workers frequently recommended were; conferences, speaking to professionals in the field, educating students, having professionals working at schools, having speakers come in and talk, and lastly attending trainings. Participant 7 said that having opportunities like these "opened up a whole new world to me". All these avenues revolve around the idea of *creating a dialogue*. Creating a dialogue and discussing not only stigmatized populations but stigmatized topics could prove to be highly impactful for the field considering the social workers who have worked with this population started out because of a multitude of factors associated with generating interest.

Implications for Social Work Practice

The social work field is currently more progressive than other fields. They are more willing to acknowledge inconsistencies in practice in an effort to

maintain adherence to their Code of Ethics. In order to tackle serious issues of child sexual abuse out in the community it is necessary to learn more about the source of the problem. While not all social workers may want to work with pedophiles, stressing the importance of working with these difficult populations lies on the shoulders of the social work field.

Starting at the beginning would be most beneficial: social work programs. Discussing taboo topics and populations at universities before social workers start in the field can facilitate interest for those already apt to work in the field. Creating interest and pushing for an open dialogue could increase the amount of social workers willing to work with difficult populations and hopefully put a dent in societal issues. There could be social workers out there who may be unaware of their potential and interest in this area, creating a dialogue can bridge that gap.

Recommendations for Future Research

While creating a dialogue in the social work community understandably can dramatically increase willingness to work with stigmatized or offender populations, it has not been researched. Future studies could see whether this dialogue can actually have an effect on increasing social worker willingness to work with difficult or stigmatized populations. Researching the potential of creating macro change would be vital for the social work field. Many of the research does not focus on the social work population but rather all professionals that provide services to pedophiles. More research should be done with social

workers specifically because of their responsibility to adhere to their social work values and work with marginalized or vulnerable populations.

Limitations and Strengths of the Study

Limitations of this study are that it was limited to studying only social work students and social workers in the Inland Empire. In addition to that, the sample only consisted of 5 social work students and 5 experienced social workers. Those who expressed interest participated in the study. This could have affected results because individuals who were not comfortable discussing pedophiles were not interviewed. It could be assumed that those who had a true bias against pedophiles were not questioned and, therefore, certain vital information was never obtained. Those who expressed interest could have felt the need to modify their statements to provide less biased responses. Strengths of this study rely on the ability to access and interview social workers who are experts and have experience working with or who have worked with pedophiles. They provide experience and knowledge that social workers inexperienced working with pedophiles, would not have been able to provide. It was also advantageous drawing comparisons between experienced workers and students.

Summary

This study provided a look into the knowledge experienced social workers have to contribute to increasing participation with difficult populations, such as, pedophiles. Offender populations require study and understanding in order to

address the problems they create in society. After concluding interviews with students and social workers, important identifiable themes were drawn on that would facilitate understanding in how to make an important contribution to the social issues society faces. Understanding the importance of generating interest and creating a dialogue could have a great impact on the way social workers continue to practice.

APPENDIX A
DEMOGRAPHIC SURVEY

DEMOGRAPHIC SURVEY

Gender

- ☐ Male
- ☐ Female
- ☐ Other

Age

- ☐ 18 – 29
- ☐ 30 – 49
- ☐ 50 – 64
- ☐ 65+

Ethnicity

- ☐ African American
- ☐ Asian American
- ☐ Caucasian
- ☐ Hispanic
- ☐ Native American
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other

Marital Status

- ☐ Single/Never Married
- ☐ Married
- ☐ Divorced
- ☐ Widowed

Education

- ☐ Master's of Social Work
- ☐ Licensed Clinical Social Worker

Years in Practice: _____

Licensure: _____

APPENDIX B
INTERVIEW GUIDE

INTERVIEW GUIDE

Social Work Students:

1. "What comes to mind when I say the term pedophile?"
2. "What is your experience working with pedophiles?"
3. "What is your definition and perception of a pedophile?"
4. "What do you know about this population?"
5. "How do you distinguish between a pedophile and a child sex offender?"
6. "What would you think about learning more about this population? How about in the MSW program?"
7. "What do you think would be the possible benefits of learning about pedophiles?"
8. "What are the chances of you working with this population? Can you explain why you may or may not need to know more about them?"
9. "Are you willing to work with pedophiles? Why or why not?"
10. "Does it have to do with lack of experience, dislike for the population, or another reason?"
11. "Would you be willing to participate in a training that might increase your knowledge and participation to work with this population?"
12. "Do you consider pedophiles a marginalized population? Why or why not?"
13. "How do you think society's views of this population affects their ability to obtain treatment?"

Experienced Social Workers:

1. "How much experience have you had working with pedophiles?"
2. "What is your definition and perception of a pedophile?"
3. "What made you work with this population?"
4. "What is the general misconception, if any, working with this population?"
5. "Do you think society has a stereotype of what a pedophile may be?"
6. "What was your original perception of pedophiles (prior to working with them)?"
7. "What was your original perception influenced by? (Ex. lack of experience, dislike for the population, or another reason?"
8. "How has your perception changed overtime?"
9. "What helped you overcome possible stereotypes you may have had?"
10. "How might we encourage work with perpetrators in Social Work?"
11. "What influence does the Code of Ethics play in overcoming potential negative perceptions?"
12. "How can people move past their stigma? What made you move past it?"
13. "Do you consider pedophiles a marginalized population? Why or why not?"
14. "How do you think society's views of this population affects their ability to obtain treatment?"

Developed by Dana Rose Montes, 2018

APPENDIX C
INFORMED CONSENT



California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 1/17/2018 VOID AFTER 1/16/2019
IRB# SW1817 CHAIR *[Signature]*

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are being asked to participate is designed to explore Social Worker perception when working with pedophiles. Social Workers and MSW Students from the Inland Empire will be utilized. The study is being conducted by Dana Rose Montes, a graduate student, working under the supervision of Dr. Thomas Davis, Professor in the School of Social Work at California State University of San Bernardino (CSUSB). This study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of this study is to explore social workers and MSW students' perceptions of pedophiles and methods to facilitate effective communication and treatment with this population.

DESCRIPTION: All participants will be asked demographic questions, their experience working with pedophiles, and a brief explanation of their perception or knowledge of this population. Others will be asked how their perception of this population has changed.

PARTICIPATION: All participation in this study is completely voluntary. Should you refuse to participate in the study or choose to discontinue participation at any time, there will be no consequences for doing so.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and all data and forms with listed pseudonyms shall be destroyed upon completion of the study.

DURATION: The interview could take as little as 15 minutes or as long as 45 minutes to complete.

RISKS: The following study may cause some emotional distress to the interviewee by inquiring about personal attitudes about pedophiles which can elicit uncomfortable feelings dependent upon personal experience.

BENEFITS: There will no direct benefits from participation in this study.

CONTACT: If you have questions about this study, please feel free to contact Thomas Davis at (909) 537-3839

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2018.

.....
I agree to having this interview audio recorded: ____ YES ____ NO (required if you are recording interview for qualitative or mixed method study)

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX D
DEBRIEFING STATEMENT

Study of Social Work Bias with Pedophiles

Debriefing Statement

This study you have just completed was designed to explore potential bias against pedophiles and the origin of that bias, as well as, explore and attempt to identify bias reduction techniques. Social Work Students were interviewed in order to explore potential bias and possible origins of that bias. Social Workers who have worked with pedophiles or other highly stigmatized populations were also interviewed. Interviewing those with experience in the field was important in order to explore how to overcome bias or specific reduction techniques that have worked. Thank you for your participation and for not discussing the contents of the decision question with others participating in the same study.

CONTACT: If you have any questions about the study, please feel free to contact Dana Rose Montes (951) 203-9695 or Professor Thomas Davis (909) 537 -3839 at (CSUSB; Building SB-411) at the end of Spring Quarter of 2018.

Resources

In the event this interview has triggered intense or uncomfortable emotions which may require additional assistance please feel free to:

1. In the event of an emergency call 911.
2. If a non-emergency, make an appointment with your medical provider to see your primary care physician (PCP) for a possible referral to a therapist or make an appointment with your therapist.
3. For CSUSB students, contact the Health Center at (909) 537-5241.
4. The following resources have also been provided:

Riverside County Crisis Resources

CRISIS HOTLINES

HELPLine - 24 Hour Crisis/Suicide Intervention

The HELPLine is a free, confidential Crisis/Suicide Intervention service. Operated by highly trained volunteers, the line is open 24-hours a day, seven days a week.

Phone: (951) 686-HELP (4357)

National Suicide Prevention Lifeline

By calling 1-800-273-TALK (8255) you'll be connected to a skilled, trained counselor at a crisis center in your area, **anytime 24/7**.

Phone: (800) 273-TALK (800-273-8255)

Spanish line: (888) 628-9454

TTY: (800) 799-4TTY (4889)

Veterans Crisis Line

The Veterans Crisis Line is a Department of Veterans Affairs (VA) resource that connects Veterans in crisis or their families and friends with qualified, caring VA professionals. Confidential support is available 24 hours a day, 7 days a week.

Phone: (800)-273-8255 Press 1

The Trevor Lifeline

National organization providing crisis and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) Youth

866-4-U-TREVOR (866-488-7386)

EMERGENCY PSYCHIATRIC HOSPITALS

Provides psychiatric emergency services 24 hours a day, 7 days a week for all ages, which includes evaluation, crisis intervention, and referrals for psychiatric hospitalization, as needed for adults, children, and adolescents. Consumers may be referred to the Inpatient Treatment Facility (ITF) or other private hospitals.

9990 County Farm Road, Ste. 4

Riverside, CA 92503

Phone: (951) 358-4881

Se Habla Español

47-825 Oasis Street

Indio, CA 92201

Phone: (760) 863-8600 or (760) 863-8455

Se Habla Español

San Bernardino County Crisis Services

Crisis Walk-In Clinics

The Crisis Walk-In Clinics (CWIC) provide urgent mental health services to residents of San Bernardino County. CWIC provides crisis intervention, crisis risk assessments, medications, referrals to county, contract and community resources, education and when necessary evaluations for hospitalization. In collaboration with the Community Crisis Response Teams (CCRT), the CWICs work to reduce inappropriate hospitalizations and improve the quality of life for DBH clients. Consumers will be screened for appropriateness of service and will either be provided referrals or admitted in to CWIC for additional assessment. A consumer may meet the criteria to see a psychiatrist, which will be arranged same day for adults and an appointment will be scheduled for children (Rialto) or within 24 hours for both adults and children (High Desert and Morongo Basin).

CWICs are open 24/7, with the exception of the CWIC in Rialto which operates Monday through Friday 8 a.m. to 10 p.m., and Saturday 8 a.m. to 5 p.m. All CWICs are open holidays with the exception of the Rialto CWIC which is closed on July 4th, Thanksgiving, Christmas, and New Year's Day.

Rialto

850 E. Foothill Boulevard
Rialto, CA 92376
Ph: (909) 421-9495 • 7-1-1 for TTY for Users
Fax: (909) 421-9494
Hours of Operation:
Monday-Friday 8:00 a.m. – 10:00 p.m.
Saturdays 8:00 a.m. – 5:00 p.m.

High Desert

Valley Star Behavioral Health, Inc.
12240 Hesperia Road
Victorville, CA 92395
Ph: (760) 245-8837 • 7-1-1 for TTY Users
Hours of Operation: 24 hours a day, 7 days a week

Morongo Basin

Valley Star Behavioral Health, Inc.
7293 Dumosa Ave., Suite 2
Yucca Valley, CA 92284
Ph: (855) 365-6558
Hours of Operation: 24 hours a day, 7 days a week

Community Crisis Response Team

The Community Crisis Response Team (CCRT) is a community-based mobile crisis response program for those experiencing a psychiatric emergency. CCRT utilizes specially trained mobile crisis response teams to provide crisis interventions, assessments, case management, relapse prevention, and medication referrals. Additional services include linkage to resources through collaboration with law enforcement, hospitals, Children and Family Services, Adult Protective Services, schools, and other community organizations.

East Valley

Rialto, CA 92376

Ph: (909) 421-9233 • Fax: (909) 421-9411

*Pager number (909) 420-0560 (24 hours a day,
7 days a week)

High Desert

Hesperia, CA 92345

Ph: (760) 956-2345 • Fax: (760) 956-3761

*Pager number (760) 734-8093 (24 hours a day,
7 days a week)

West Valley

Ontario, CA 91764

Ph: (909) 458-1517 • Fax: (909) 944-2917

*Pager number (909) 535-1316 (24 hours a day,
7 days a week)

Morongo Basin

Joshua Tree, CA 92252

Ph: (760) 499-4429

Hours of Operation: Hours vary

*Pager Instructions: After the tone, enter the callback number and press # and the Crisis Response Team will return your call. (The pager does not accept voicemail.)

APPENDIX E

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Dana Rose Nites

Proposal Title Social Work - San Bern. Pediatrics

SW1817

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- ☒ approved
☐ to be resubmitted with revisions listed below
☐ to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- ☐ faculty signature missing
☐ missing informed consent ☐ debriefing statement
☐ revisions needed in informed consent ☐ debriefing
☐ data collection instruments missing
☐ agency approval letter missing
☐ CITI missing
☐ revisions in design needed (specified below)

James Ch...
Committee Chair Signature

1/17/2018
Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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