

A Comparative Study of Practitioners and Students in the Understanding of Sexual Ethics

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Abstract

Social work practitioners and social work students in one state were surveyed to assess their attitudes about the appropriateness of sexual contact with clients, handling of colleagues who engage in sexual misconduct, and the extent of educational preparation in their programs on sexual ethics. Both groups were found to be critical of sexual contact between social workers and clients. Practitioners were more likely to report incidents to supervisors, licensing boards, NASW, or appropriate authorities. However, students were more likely than practitioners to report having sexual ethics content in their educational training. Results seem to indicate the importance of continued education in this area for social work practitioners and students.

Key Words: Sexual Ethics; Professional Ethics; Social Work Ethics; Social Work Education

Introduction

Sexual contact and sexual intimacies between social work practitioners and clients are unethical and unprofessional, yet they continue to occur. In 1993, the NASW Center for Policy and Practice found that 29% of all complaints to NASW between 1982 and 1992 were for violations of sexual activity with clients (Study cites, 1995). More recently, Strom- Gottfried (2000a) found 107 of 894 ethics cases filed with NASW between 1986 and 1997 were for sexual activities violations.

The National Association of Social Workers (1999) Code of Ethics clearly states, "Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced" (Ethical Standard 1.09 Sexual Relationships). The Code of Ethics further stipulates in other sections that social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship and should not engage in sexual activities with former clients.

But it is not just social workers who prohibit this behavior. The code of ethics for the American Counseling Association, the American Psychological Association, and the American

Association for Marriage and Family Therapy all agree that sexual contact before two years after termination is unethical, although NASW does not specify a time period (American Association for Marriage and Family Therapists, 2001; American Counseling Association, 1995; American Psychological Association, 2002). The code of ethics of the American Association of Pastoral Counselors provides explicit and comprehensive directives concerning what constitutes unethical sexual behavior by stating that all forms of sexual behavior with clients are unethical (Haug, 1999). In addition, professional organizations, accreditation agencies, and state licensing boards recommend or mandate that the educational preparation of mental health professionals provide content on ethics (CSWE, 2001; ACA, 1995).

While values and ethics are of concern for social workers, studies have primarily focused on the number and types of complaints filed with NASW. Although the Council on Social Work Education requires programs to include content on social work values and ethics, there have been limited studies which examine the educational preparation and training of students in this area. In fact, the number of studies which examine sexual ethics is extremely limited in the social work literature. Most of the research reported on sexual misconduct appears to be in other related mental health professions, including mental health counselors, psychologists, psychiatrists, psychotherapists, clergy, and marriage and family therapists. Studies which have focused on sexual ethics among social workers have primarily centered on the number and types of complaints filed with NASW.

This paper reports on an exploratory study that compares social work practitioners and social work students who are members of NASW in one state on their understanding of sexual ethics. More specifically, the study addresses the appropriateness of sexual contact with clients, handling of colleagues who engage in sexual misconduct, respondents' own experience with sexual contact in a therapeutic relationship, and the extent of educational preparation in their programs in sexual ethics. Our study is based on an earlier one that assessed graduate social work students in one program on their attitudes about sexual contact with clients and their perceptions about their training and education in this area (Berkman, Turner, Cooper, Polnerow, and Swartz, 2000).

Review of the Literature

Sexual relationships with clients, former clients, students, and supervisees can be one of the most difficult clinical issues for social workers and other mental health professionals. Sexual impropriety has been found to be among the most common of all malpractice claims filed against

social workers (Reamer, 1995; Study cites, 1995; Strom-Gottfried, 2000a). In a study of 826 NASW members in Michigan, approximately six percent of respondents considered dating a former client appropriate and approximately five percent saw nothing wrong with having sex with a former client (Jayaratne, Croxton, & Mattison, 1997). That study also found one percent of respondents acknowledged having sex with a former client. Their findings also found that men were more likely to approve of feelings of sexual attraction toward a client.

Among counselors, sexual misconduct is the leading cause of malpractice suits (Corey, Corey, & Callahan, 1993) and during 2001-2002, the ACA Ethics Committee found that the counseling relationship was the second most frequently mentioned category of informal inquiry concerns (Sanders & Freeman, 2003). In a survey of state licensing boards of complaints made against credentialed counselors, results indicated that 7% of complaints were made for having sexual relationships with a client (Neukrug, Milliken, & Walden, 2001). In an effort to provide counselors and licensing boards a broader view of options, Avery and Gressard (2000) examined state regulations for licensure or certification of counselors regarding sexual misconduct. Of the 41 states and the District of Columbia which license or certify counselors, they found that only 62% of states have proscriptions against sexual misconduct with former clients in their statutes, rules, or regulations for counselors and usually identify ACA standards as their benchmark.

In a national random sample of members of the American Mental Health Counselors Association and the mental health division of NASW, Barnett-Queen and Larrabee (2000) found that members of the American Mental Health Counselors Association reported twice the frequency of sexual contact intimacy as did members of NASW. They also found that female students in both AMHCA and NASW were at far higher risk of sexual involvement with educators than males.

Despite the existence of a two-year time frame prohibiting sexual contact with clients, studies of psychologists and psychiatrists have found that as many as 12 percent have had sexual contact with current clients (Bouhoutsos, Holroyd, Lerman, Forer, & Greenberg, 1983; Gartrell, Herman, Olarte, Feldstein, & Localio, 1986; Herman, 1987; Rawwas, Strutton, & Pelton, 1994). Borys and Pope (1989) found that 3.9 percent of psychiatrists, psychologists, and social workers in their study had sex with a former client, with no significant differences among the professions. As our society becomes more secular, complaints against clergy have also been reported. In 1984, Blackmon and Hart (1990) found that 38% of clergy of four major denominations admitted that they engaged in inappropriate sexual behavior. Ten years later, a report by the Maryland state

regulatory board indicated that 40% of the psychologists accused of sexual misconduct were also ordained ministers (Case, McMinn, & Meeks, 1997).

Sexual contact between educators and graduate students in mental health programs is another area that has received attention in the literature. Pope, Levenson, and Schover (1979) found that 25 percent of female clinical psychologists had experienced sexual contact with their psychology educators. They also found that thirteen percent of the educators surveyed engaged in relationships with students and supervisors, yet only two percent believed that these relationships could be beneficial. In a national study, Miller and Larrabee (1995) found that six percent of female members of the Association for Counselor Education and Supervision reported sexual contact during their educational training. In a study of male counselors who were members of the American Counseling Association, 4% reported having had sexual contact with their teacher, counselor, or supervisor while a student, client, or student under supervision (Thoreson, Shaughnessy, Helmer, & Cook, 1993).

Examining ethics cases filed with NASW from 1986 to 1998 involving social work students, faculty, or field instructors, Strom-Gottfried (2000b) found that approximately ten percent included boundary violations of sexual and dual relationships. In a national study of 87 social work faculty, Congress (2001) found that while an overwhelming majority (98.9%) believed that a sexual relationship with current students was unethical, only 29.9% believed that sexual relationships with former students was unethical. In addition, her study found that only 46% of those surveyed thought it was unethical to become the therapist of a former student.

Present Study

Although Florida only provides licensure for clinical social workers, its statutes provide disciplinary guidelines for sexual misconduct that apply to social workers, mental health counselors, and marriage and family therapists (Chapter 491, Florida Statutes, 2004). However, it is expected that all social work students and practitioners, especially NASW members, will abide by the NASW Code of Ethics. The purpose of this study was to assess the level of understanding of social work practitioners and students in the area of sexual ethics. How do these two groups assess unethical behavior as it relates to sexual contact with clients? What action would they take if they became aware of a colleague who engaged in sexual contact with clients? How much content and in what courses did these two groups receive on sexual ethics in their programs? Had they themselves experienced sexual contact in a therapeutic relationship?

Methodology

The purpose of this study was to describe situations and events. Consequently, descriptive research was used to study the attitudes of MSW practitioners and BSW students (Rubin and Babbie, 2005). The survey was sanctioned by the Florida Chapter of NASW.

Sample

A systematic sample of 400 MSW full-members and 400 BSW student members of the Florida Chapter of NASW was utilized for this study. At the time of the study, there were 4445 NASW members in the Chapter: 3592 (80.8%) MSW full members and 853 (19.2%) BSW student members. Surveys were sent to 400 members from each group. A sampling interval of 9 was used for the full members and a sampling interval of 2 was used for the student members. A self-addressed, stamped envelope was sent with each survey. Because the survey was anonymous, a second mailing was sent to the entire sample six weeks after the initial mailing. An overall return rate of approximately 35% (N=280) was achieved.

Of those responding to the study, 77 (27.5%) were students, 195 (69.6%) were practitioners, and eight (2.9%) did not indicate their practitioner/student status. Eighty-seven percent were female, with a median age of 45 years. The overwhelming majority were Caucasian (78%), followed by Hispanics (10%), African American (7%), with the remaining 5% being of other groups. On average, the respondents had 14 years of post-degree practice experience. To determine whether the sample was demographically representative of the population, these characteristics were compared to the profile of NASW members in the 2003 NASW membership survey. The characteristics of the sample closely resemble the characteristics of the general membership as reported in the membership survey (NASW, 2003).

Instrument

The instrument used for this study was based on the questionnaire used by Berkman, Turner, Cooper, Polnerow, and Swartz (2000) in their study of MSW students. The survey was divided into five sections: Ethical Behavior, Personal Experience, Educational Preparation, Educational Information, and Demographic Information.

“Ethical Behavior” presented respondents with a list of eleven conditions or mitigating circumstances in which sexual contact might be considered acceptable by the respondent. These eleven conditions were preceded by the statement: “Sexual contact with a client is acceptable when:” To assess how social workers would respond to sexual misconduct of a colleague, respondents were provided a list of seven responses preceded by “If I knew of a colleague who

was having sexual contact with a client”. Using a Likert scale, respondents were to indicate whether they strongly agreed (response = 1), agreed (response = 2), disagreed (response = 3), or strongly disagreed (response =4) with each of the conditions of ethical behavior and reactions toward their colleague.

“Personal experience” was assessed by asking respondents if they had engaged in sexual involvement with a physician, therapist, social worker, social work professor, field instructor, professor in another discipline, or other mental health professional during or after the course of the professional relationship. In addition, respondents were asked if they had ever been in therapy.

“Educational preparation” was measured by asking respondents to indicate if content on sexual ethics had been covered “significantly”, “moderately”, “slightly”, or “not at all” in their social work education. Courses listed in this section included: Human Behavior and the Social Environment, Social Work Practice with Individuals, Social Work Practice with Families, Social Work Practice with Groups, Social Work Research, Psychopathology, Interviewing, Field Placement, Field Seminar, and Other. In addition, respondents were asked to indicate the level to which they were trained to recognize their own sexual feelings toward a client, to cope with the issue of sexual contact with clients, and to what extent their field placement had prepared them to cope with sexual contact initiated by a client.

“Educational Information” included questions as to level of social work education, year of degree, the state in which they had received their social work degree, and the number of years of post-social work degree practice experience. Sociodemographic characteristics included gender, age, and racial/ethnic identity.

Results

Of the 280 respondents, only 42 (15%) were males. The average age of respondents was 43 years, and approximately half of the respondents in the sample (48.9%) were 45 years old or younger. While 84.4% of students were in this age group, only 37.6% of practitioners were under the age of 45.

The sample as a whole was 81.7% Caucasian and 18.3% composed of other ethnic groups. However, a higher proportion of students were members of minority groups (32.9%) than practitioners (12.7%).

Eighty (43.2%) of the practitioners reported that they had ten or less years of post-social work degree practice, while none of the students reported eleven or more years of post-social work degree practice. The average post-degree practice experience for the respondents was 14 years.

Sexual Conduct Considered Inappropriate

Both students and practitioners who responded to the survey agreed that sexual contact with clients was unacceptable in each of the eleven scenarios presented in the survey. Over 95% of respondents in each group found sexual interactions unacceptable when:

- The clinical relationship has been terminated and lasted only one year (99.6%)
- The social worker engages in sexual contact in order to help the client gain a sense of self-worth because the client felt undesirable (99.6%)
- The clinical relationship was terminated less than one year ago (98.9%)
- The sexual contact only happened once (98.9%)
- The social worker is in love with the client (98.9%)
- The clinical relationship has been terminated and lasted less than two sessions (98.6%)
 - The social worker and client are in love with each other (97.8%)
 - The social worker and the client are mutually consenting (97.8%)
 - The social worker's role was to provide intensive psychotherapy (97.4%)

Ninety-one percent of respondents (88.3% for students and 92.6% for practitioners) found sexual contact between social worker and client unacceptable when “the social worker’s role was to assist the client with concrete services only.”

The only question for which practitioners and students differed significantly ($X^2 = 5.501$; $df = 1$; $p < .05$) was the question which stated that “the clinical relationship was terminated more than five years ago”. For this scenario practitioners were much less likely than students to accept the scenario of having a sexual relationship with a former client. Only 69.3% of students compared to 82.4% of practitioners found sexual behavior unacceptable. Some of this difference may be related to age and maturity. While 84.4% of students were under the age of 45, only 37.6% of practitioners were in this age category ($X^2 = 49.057$; $df = 1$; $p < .001$).

Response to Colleague Having Sexual Contact with a Client

Respondents were asked to indicate the action they would take if a colleague had sexual contact with a client. Eighty-nine percent of respondents indicated that they would speak with a colleague if they became aware of such a situation. Over three-fourths (76.2%) would report such a situation to the colleague’s supervisor. Lower numbers of respondents would report their colleague to the licensing board (65.7%), NASW (50.4%), or proper authorities (60.2%). Fifty-two percent would consult with another colleague about what should be done.

Students and practitioners differed in how they would respond to an incidence of sexual contact between a client and a colleague. There was a statistically significant difference between the two groups on several responses to this situation. Practitioners were much more likely than

students to indicate willingness to report such incidents to a supervisor. Students were much more likely to indicate that they “would not do anything. These findings are further described in Table 1.

Table 1. Percentage of Respondents Agreeing to Take Actions Regarding a Colleague Having Sexual Contact with a Client

If I knew of a colleague who was having sexual <i>n</i> contact with a client	n	Students	Practitioners
I would speak with my colleague about his/her behavior.	261	92.1%	89.2%
I would speak to another colleague about what I should do.	259	43.4%	55.7%
*I would report my colleague to his/her supervisor.	254	63.5%	81.1%
**I would report my colleague to the licensing board.	260	39.2%	76.3%
***I would report my colleague to NASW.	255	37.8%	55.2%
****I would report my colleague to the proper authorities.	254	46.1%	66.3%
*****I would not do anything	259	11.8%	2.7%

Note: The *n* differs due to missing data

* $\chi^2 = 8.889$ df = 1 p<.01; ** $\chi^2 = 32.461$ df = 1 p<.001; *** $\chi^2 = 6.369$ df = 1 p<.01;

**** $\chi^2 = 9.109$ df = 1 p<.01; ***** $\chi^2 = 8.716$ df = 1 p<.01

Sexual Involvement Reported by Respondents

Respondents were asked to indicate whether they had ever been in therapy and whether they had engaged in sexual involvement during or after the course of a professional relationship. Forty-seven students (61.8%) and 149 practitioners (77.6%) reported that they had received therapy at some point in their lives. This difference was found to be statistically significant ($\chi^2 = 6.885$; df = 1; p <.01).

Table 2 shows the percentage of students and practitioners who reported experiencing sexual involvement during or after the course of a professional relationship with the professional. The largest percentage of respondents reported this type of behavior with other professors (3.6%), physicians (2.5%), therapists (2.2%), social workers (1.4%), social work professors (0.7%), and field instructors (1.4%). However, 5.2% of practitioners reported sexual involvement with “other mental health professionals”. For this category of questions, no statistical significance was found between students and practitioners.

Table 2. Percentage of Respondents Indicating Sexual Involvement in a Professional Relationship

Sexual involvement during or after the course of the professional relationship	n	Students	Practitioners
Physician	267	1.3%	3.1%
Therapist	268	1.3%	2.6%
Social Worker	268	0.0%	2.1%
Social Work Professor	268	0.0%	1.0%
Field Instructor	268	0.0%	2.1%
Professor in Another Discipline	268	3.9%	3.6%
Other Mental Health Professional	268	0.0%	5.2%

Social Work Education on Sexual Ethics

Respondents were asked to indicate whether they had received training in sexual ethics as part of their social work education, and if so, in which courses. They were most likely to report receiving such training in practice courses (67.6% for courses in practice with individuals, 52.0% for courses in family practice, and 48.2% for courses in group practice). Other courses where this content was often covered included Human Behavior and the Social Environment (49.0%), psychopathology (37.1%), interviewing courses (48.2%), field placement (51.4%), field seminar (44.3%), and “other” courses (51.2%). Sexual ethics were least likely to be covered in research (25.9%). Students were more likely to report learning about sexual ethics than practitioners in several categories of classes, including practice classes and research. As noted in Table 3, these differences were statistically significant.

Table 3. Social Work Education on Sexual Ethics

My social work program covered sexual ethics in:	n	Students	Practitioners
Human Behavior and the Social Environment	256	57.3%	45.9%
*Social Work Practice with Individuals	259	87.7%	60.2%
**Social Work Practice with Families	253	66.2%	46.7%
***Social Work Practice with Groups	250	65.7%	41.1%
****Social Work Research	257	36.5%	21.3%
Psychopathology	227	28.8%	39.4%
Interviewing	249	59.2%	44.5%
Field Placement	243	56.9%	49.7%
Field Seminar	234	55.8%	41.2%
Other	84	64.7%	49.3%

* $\chi^2 = 18.148$ df = 1 p<.001; ** $\chi^2 = 7.778$ df = 1 p<.01; *** $\chi^2 = 12.223$; df = 1; p<.001; **** $\chi^2 = 6.358$; df = 1; p<.05

To assess the amount and type of content received on sexual ethics in their social work education, respondents were asked three questions. There were 139 respondents (52.9%) of respondents who indicated that they had been trained to recognize their own sexual feelings toward a client. Approximately 62% of respondents indicated that they had received appropriate training to cope with the issue of sexual contact with clients. However, less than half (46.8%) reported that they were prepared by their field placements to cope with sexual contact initiated by a client. Detailed findings are reported in Table 4.

Table 4. Respondents Indicating Moderate to Significant Preparation in Sexual Ethics

Preparation in Sexual Ethics	n	Students	Practitioners
Trained to recognize my own sexual feelings toward a client	261	49.3%	54.3%
Appropriate training to cope with the issue of sexual contact with clients	262	59.2%	62.3%
Prepared by my field placement to cope with sexual contact initiated by a client	249	52.7%	45.0%

Discussion

The purpose of this study was to assess the level of understanding of sexual ethics of the NASW Code of Ethics by social work practitioners and social work student members of NASW in one state. As stated earlier, this study is based on a previous one conducted on social work students in their final semester of an MSW program (Berkman, et al., 2000). That study found relatively high levels of approval for sexual contact between social workers and clients, especially when the clinical relationship had been terminated for more than five years (31.2%), when clients had only received concrete services (17.5%), and if clients had only been seen twice and the clinical relationship had been terminated (17.3%). On the other hand, most students (88%) stated that they would speak to a colleague who was having sexual contact with a client, although only 56% would report the colleague to the appropriate authorities.

Our study found that the overwhelming number of both practitioners and students disapproved of sexual contact with clients in any situation. However, practitioners were much more likely than students to find such behavior unacceptable. When the clinical relationship had been terminated for more than five years, 69% of students and 82% of practitioners found sexual behavior unacceptable. There were also differences between students and practitioners in terms of actions they reported that they would take. While 89% of respondents indicated willingness to speak to a colleague who was having sexual conduct with a client, there were major differences in the percentages of students and practitioners who indicated willingness to take action beyond this: 81.1% of practitioners versus 63.5% of students would report the colleague to a supervisor; 76.3% of practitioners versus 39.2% of students would report the incident to a licensing board 55.2% of practitioners versus 37.8% of students would report the colleague to proper authorities; 66.3% of practitioners versus 46.1% of students would report the colleague to NASW. Finally, 11.8% of practitioners versus 2.7% of students indicate that they “would not do anything.”

In terms of preparation to deal with the issue of sexual ethics, students were much more likely than practitioners to report that they had received educational preparation on the topic in their practice and research classes: 87.7% of students versus 60.2% of practitioners reported studying the issue of sexual ethics in courses on practice with individuals; 66.2% of students versus 46.7% of practitioners had studied the issue of sexual ethics in courses on family practice; 65.7% of students versus 41.1% of practitioners had studied the issue in courses on group practice; and 36.5% of students versus 21.3% of practitioners had studied this issue in research classes.

We find these differences between students and practitioners disturbing. What factors account for students having more preparation but less willingness to take action? Is this pattern specific to the state where this study was conducted, or would the patterns documented in this study be replicated if the study were conducted in other geographic areas? Future studies in other parts of the country are required to address this issue.

The differences between students and practitioners may imply confusion in understanding the NASW Code of Ethics as it relates to sexual conduct. The NASW Code of Ethics is very clear that this type of behavior is not permitted under any circumstances. What contributing factors might account for the fact that students report more preparation to handle issues of sexual ethics but less willingness to take steps to address the issue? One important difference between the students and practitioners in the study was age. While 84.4% of students were 45 or younger, only 37.6% of practitioners were in this age category. Although the difference was not quite statistically significant, none of the students versus 43.2% of the practitioners in the study reported ten or more years of post- social work education practice experience. One might hypothesize that concern with the issue of sexual ethics grows as social workers age and mature professionally. In pragmatic terms, seasoned social workers are much more likely to be aware of the ramifications of sexual behavior with clients in terms of liability and licensure issues, particularly if they are engaged in clinical practice. One might hypothesize that students and practitioners have different reasons for taking action in issue of sexual misconduct. A future study might ask respondents to indicate the contributing factors to their decision to report a colleague who was engaged in sexual behavior with a client. One might hypothesize that practitioners would be more likely than students to indicate both ethical concerns and pragmatic concerns with issues such as licensure, image of the profession, and increase in the cost of liability insurance.

This study further reinforces the importance of required education focused on how ethics are applied to one's own day to day practice, as well as the steps one is required to take to address sexual misconduct of colleagues. This responsibility falls to the Schools and Departments of Social Work, Social Work Licensing Boards, and NASW to advocate for course work and required continuing education for ethical studies and training for all levels of social workers. A successful program should provide a safe environment in which honest and forthright discussions of sexuality, sexual attraction, sexual socialization issues, sexual exploitation, and other relevant topics may be explored to sensitize social workers to ethical issues so that they may be able to make ethical judgments.

The study also raises some interesting questions for future consideration. How can we more effectively teach future and current social workers to apply ethical standards to real life situations? What factors can we enlist as social work educators and practitioners to continually raise and monitor our standards of care? We owe it to our clients.

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