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### Table of Contents

**Editorial** Clinical Social Workers and 9/11, Steve Marson, Ph.D. & Judi Haberkorn, Ph.D.

#### Articles

Ethical Consequences of Using Social Network Sites for Students in Professional Social Work Programs, Rebecca G. Judd Ph.D., LMSW-IPR & Lon B. Johnston, Ph.D., LCSW

Human Trafficking and the Haitian Child Abduction Attempt: Policy Analysis and Implications for Social Workers and NASW, Nicole Footen Bromfield, Ph.D., MSW & Karen Smith Rotabi, Ph.D., MSW, MPH

You want me to do what? Ethical practice within interdisciplinary collaborations, Portia L. Cole, Ph.D.

Ethics and On-Line Research Methodology, Mary R. Weeden, MSW, Ph.D. Candidate

Ethics Education from a Social Constructionist View, Kevin Geraghty, LCSW

#### Book Reviews

Kelly, D.C., Howe-Barksdale S., Gitelson, D. (Eds.). *Treating young veterans: Promoting resilience through practice and advocacy*. Reviewed by Robert S. McDonnell, MPA

Embarrassed to be White! Book Reviews of: Margolick, D. *Elizabeth and Hazel: Two Women of Little Rock*. and Lusane, Clarence. *The Black History of the White House*. Reviewed by Stephen M. Marson, Ph.D.

Israel, Andrew B. *Using the Law: Practical Decision Making in Mental Health*. Reviewed by Jessica N. Godsey, JD, MCJ

# Editorial: Clinical Social Workers and 9/11

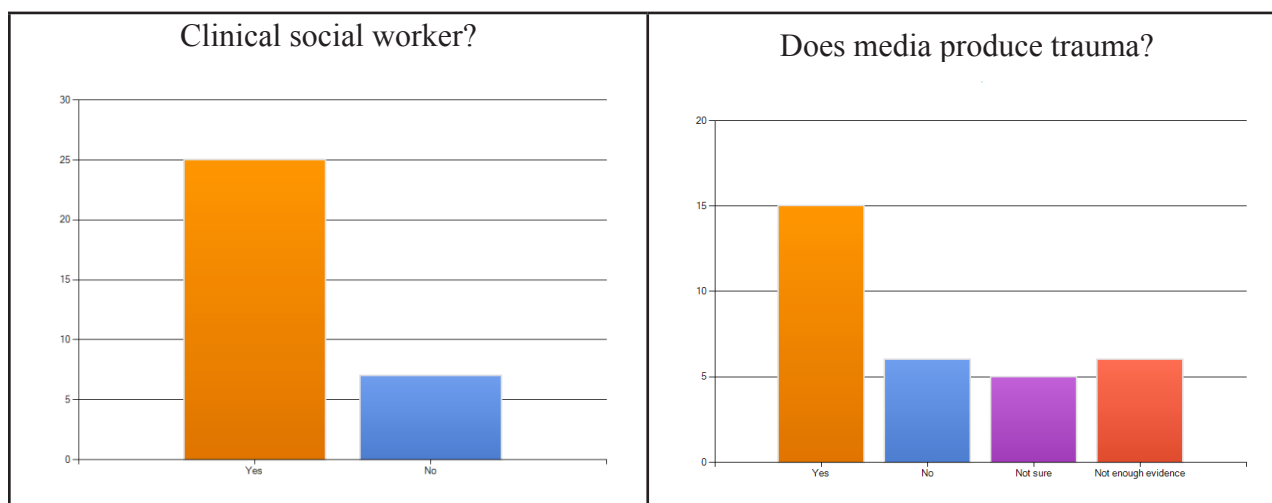
by Steve Marson, Senior Editor, and Judi Haberkorn, Editor

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Within the fall 2011 issue of *The Journal of Social Work Values and Ethics*, I included a survey to obtain our readers' assessment of the media's impact on the victims of 9/11 [see: <http://www.socialworker.com/jswe/fall11/fall111.pdf>].

Following are the descriptive statistics:



Our point biserial analysis ( $r = .41^*$ ) demonstrates a moderate degree of association between years of clinical practice and perceived trauma ( $p < .009$ ). Here, we see that social workers with the greater amount of practice experience are more likely to envision that the media increases trauma among 9/11 victims. Although the sample is *very small* and does not comply with scientific standards of randomization, the data suggests that we have a direction for further research.

\*Based on past experience, if we increased the sample size ( $n = 31$ ),  $r$  would improve.

The most intriguing results of our survey include the comments at the end. We are interested in hearing your continued comments. The survey is still available.

Here are the comments thus far:

Feb 23, 2012 2:22 p.m.

*I have been deeply concerned about this since the OK bombing.*

Jan 23, 2012 8:29 p.m.

*Perhaps revising the 4th question to read: "Based on your clinical experience, do you envision the*

*media as creating ongoing re-traumatization related to survivors of terrorist attacks?” would cause me to declare “yes” beyond a reasonable doubt to question #3.*

Dec 21, 2011 9:15 a.m.

*Survivors must constantly relive the experience, and remember their loved one at that moment of death, as opposed to remembering their loved one at other times.*

Dec 13, 2011 8:50 a.m.

*It largely depends on whether and how the survivors mourn their loss. In some cases individuals need all the help to process a death & being reminded could facilitate this. On the other hand it could be very intrusive as well as minimizing.*

Dec 11, 2011 10:01 a.m.

*Individuals grieve in their own fashions. I suspect those who are affronted by media propaganda may elect to simply isolate away from it. As a multiple tour combat veteran, I eschew any news stations- guarding against the emergence of intrusive thoughts. I have that power- so do the families affected by disaster- man-made or natural. A similar argument might be made for the Holocaust. I wonder how those families were affected by the atrocities committed against them? Some persons in that group might be near-peers to some people directly affected by OKC or 9/11.*

Dec 9, 2011 11:55 a.m.

*Although I have not worked with clients who lost family and friends during the attack of 9/11, I have helped a number of clients work through unresolved grief issues. Based upon my clinical experience I have seen how varied reactions and responses are to grief and loss. What is viewed as comforting and supportive from others is also individually determined. The social work value of beginning where the client is applies in dealing with this issue. We need to hear what clients tell us regarding their experience with loss and what will*

*help them process it. It is indeed possible that the media focus on 9/11 can be a way to raise issues of grief and loss with clients. I appreciated the opportunity to comment on this very interesting editorial.*

Dec 7, 2011 2:56 p.m.

*I not only think that those ‘survivors’ are not able to ‘move on’ I think it’s also a way to keep the anger and hatred fresh toward ‘those terrorists’...and in the name of honoring those who’ve been killed (and those loved ones ‘left behind’) our ‘govt. war machine’ can keep eating up dollars/resources so badly needed for the welfare of this country’s needy/deprived citizens! Just my ‘not so humble’ opinion... Jim Korsog, MSW, LLMSW Dearborn Heights, MI*

Dec 7, 2011 2:52 p.m.

*National tragedies require reporting to process and collectively heal. All of us... family members and the public... can tune in or tune out. No one is forced to read or view anything, or to be interviewed.*

Dec 7, 2011 2:51 p.m.

*With a sudden traumatic loss of my 19-year-old only daughter, the last thing I wanted to do was to have any conversation about her death. I thought I would cry and never be able to stop. However, I found that I needed every opportunity to talk about her and her death so that I could heal. The loss of a child is a life-changing event. I am not the same person but I can live and enjoy life. For over a year my husband and I went to a bi-weekly open ended support group for parents whose children have died and that was the single most important help I got. It forced me to relive her death every time we met. I could have used more opportunities for that.*

Dec 7, 2011 2:40 p.m.

*Clinical Social Workers are frequently asked to participate in crisis or critical incidents due to*

concern about traumatic response in victims of tragedy. Throughout practice over 15 years, those events that receive little media coverage require less aftercare for individuals than those events that receive media coverage for more than 2 days. In my region of practice, individuals and families experienced loss of family members, homes, belongings and friends in a devastating flood. The media coverage occurred the evening of the flood but there were no reports thereafter. Those individuals moved through that trauma much more quickly than individuals in a similar flood that received media coverage for the following week. Individuals that experience a personal tragedy and have to undergo lengthy legal trials for either testimony of their experience or through lawsuits demonstrated a greater degree of PTSD from their experience than those that have no legal involvement. Whether the reminder of the event(s) is media, legal, medical or familial, frequent or constant reminders prolong the healing process and exacerbate the severity of the trauma response (PTSD).

Dec 7, 2011 2:38 p.m.

*It's not logical. Very few survivors will literally have a microphone in their face and would have options about what they read, what phone calls they answer, and/or what requests for information they respond to.*

Dec 7, 2011 11:15 a.m.

*It is difficult to make a broad clinical comment but this is clearly an important issue. The line between informed readers and too much is a challenge. At what point do we protect people from "too much" and accept that the reader or listener can stop reading or listening when it is too much. I do not know the answer but am interested in other social work perspective.*

Dec 5, 2011 6:50 p.m.

*The media has had an active, though covert, role in the re-traumatizing of families and friends of 9/11 victims. Traumatic loss already wears a deep groove into one's psyche; add the repetitive prod-*

*ding by opportunistic, self-interested media and any reconciliation of the loss would seem hopeless, and the trauma is likely enhanced due to repeated re-enactments of the tragedy. Current literature on PTSD would generally support this. Even basic common sense would support it.*

Dec 5, 2011 5:48 p.m.

*This is a clear intrusion into the fundamental right of freedom enshrined in the United States constitution.*

Dec 5, 2011 5:29 p.m.

*I too share concerns about the repeated exposure of victims and loved ones in these major traumatic events. I feel there needs to be more research on the impact, especially of doing interviews immediately after or on anniversaries. I wonder if for some this may be helpful as many people do benefit from telling their stories. But for others this may reawaken trauma "symptoms".*

Dec 5, 2011 5:12 p.m.

*Since you asked: I worked as a social worker in Oklahoma City in the immediate aftermath of the bombing there. Beginning within 24 hours of the blast I was in ongoing contact with individuals who had been directly impacted by the blast itself or who had lost loved ones in the blast. The media there seemed to present a constant threat of intrusion. Some of the threat was valid, some was exaggerated and some is the stuff of folk legend. I clearly saw the emergence of a part of my job that was to protect people who were potentially vulnerable, from the media. And while there were in fact clear troubling intrusions, I want to be clear, on reflection much of the threat seems to have been grossly exaggerated at the time. I was also sent to New York City to work in the immediate aftermath of 9/11. I arrived there on the first morning that air-traffic was resumed. (9/14) In that event, I did not see the media's presence as as great an intrusion or threat as I had experienced in Oklahoma City. I was however extremely concerned about the a portion of the medias portrayal of every reaction and symptom as evidence of PTSD: the airwaves*

in NYC were full of “social workers,” “psychologists” and personalities rattling off diagnostic BS. (Galea’s great epidemiological research performed through the year after 9/11 offers some wonderful insights into this issue!) Upon my return to Kansas City, I did encounter some kids who were becoming distressed with the incessant replaying of images of planes crashing into the towers. Younger kids were not seeing these as replays: each new angle represented a different plane. I heard of more than one child asking plaintively, “Why can’t they make it stop?” (And in fact the parents did have control over that: it is called the remote control.) Now a couple of months after my return home I encountered some circumstances that compelled me to reconsider the definition of “trauma survivors” and their relation to the media: I started encountering children as young as 3, but generally school aged, who were having sleep disturbances or were becoming increasingly phobic about mommy and daddy leaving for work in the morning. There seemed to represent a small epidemic of separation anxiety. (Largely in middle and upper income families.) What was the trigger? It turns out that the evening news magazines and morning news shows began in late November, running special interest interviews with other children and parents describing their final works with loved ones who died on 9/11. “I kissed my daddy goodbye and he went to work and never came home...” And parents in Kansas City (and everywhere else) were watching these shows without a clue to the acuity and sensitivity of little ears playing at their feet. Terrorism is much more about fear and dread than it is about physical destruction. When Hitler’s forces invaded Poland and France in 1939, his Stuka dive bombers were equipped with a wind driven siren that served to panic folks in a much wider circle than were actually threatened by the relatively small bomb load they carried. And the mass of panicked individuals conveniently blocked the avenues upon which possible reinforcements relied. We know the end of that story. Blitzkrieg, lightning warfare, the impact is small but the threat is immense. The TV and radio today can

serve much the same function as that infamous siren. Another clear example is in Orson Wells’ broadcast of “The War of the Worlds.” Now, for what it’s worth, I also think the media’s portrayal of the events of 9/11 contributed to our abdication of social responsibilities and sensibilities as we sought revenge against what seemed to be clear and persistent threats to our nation’s security. You might also want to check out the work done in the late 90s by the Anti-Violence Partnership in Philadelphia. Through a DoJ grant they developed a training model for working with “co-victims” of homicide. Their training manual, developed by Deb Spurgeon contains a chapter on working with the media. Gary Bachman, MSSW, LSCSW

# Ethical Consequences of Using Social Network Sites for Students in Professional Social Work Programs

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## Abstract

The use of Web 2.0 media such as Facebook and Myspace by social work students can result in unanticipated ethical dilemmas. This paper identifies potential areas of concern related to unprofessional behaviors, conflicts of interest, and protecting confidentiality of clients, colleagues, instructors, and agencies as students interact on social network sites.

**Key Words:** Ethics, Social Work, Social Network Sites, Internet, Web 2.0

As students transition from being a typical college student to someone in a professional social work program, the expectation is that they will become assimilated into the culture of the social work profession through the acquisition of values, attitudes, knowledge, and skills (Lay, Khaja, McGuire, & Gass, 2008; Weiss, Gal, & Cnaan, 2004). Professional socialization or the manner in which it occurs for students has not been adequately demonstrated within the social work literature, but is considered to take place within the classroom and through field placements, exposure to professional settings, and modeling behaviors

of peers and professors (Barretti, 2004; Weiss et al, 2004). Although questions remain regarding the process of professional socialization, the rapid expansion of technology and proliferation of online social network sites (SNSs) add yet another environment that warrants consideration for social work students.

At a time in society when an increasingly educated public is placing greater demands on professionals (Randall & Kindiak, 2008), students in an academic program of social work must be made cognizant of potential ethical concerns related to personal privacy, boundary setting, and the persistence and searchability of information shared within virtual communities as they progress to professional status. Actual or potential ethical dilemmas associated with the presentation of a *professional self* include the unprofessional use of bias and derogatory language, as well as encountering conflicts of interest and breaching confidentiality related to clients, peers, colleagues and agencies.

Challenges within the virtual world identified by Palen & Dourish (2003) that could lead to potential pitfalls for students in social work programs include a lack of understanding and management of spatial and temporal boundaries, and the intersection of multiple spaces. This paper

explores potential ethical dilemmas for social work students when they are interacting on social network sites.

### **1.0 Social Networking**

Evolving from a resource for reading content and finding information, the Internet is now also home to Web 2.0 media, in which people actively converse with other users and participate in the creation of content (Giffords, 2009). A primary element of Web 2.0 media is such social network sites (SNSs) as Myspace and Facebook.

SNSs can be defined as:

“a web-based service that allows individuals to (1) construct public or semi-public profiles within a bounded system; (2) articulate a list of other users with whom they share a connection and (3) view and traverse their list of connections and those made by others within the system” (Boyd & Ellison, 2008, p. 211).

Common features of online social networks include a personal profile representing oneself for the purpose of being contacted or making contact with others who share the site (Gross & Acquisti 2005). Social networks and blogs are now the fourth most popular online activity, with member communities being visited by 67% of the global online population (Nielson, 2009). Individual time spent interacting within these communities is growing at three times the overall Internet rate, accounting for almost 10% of all Internet time (Nielson, 2009). The use of social networking web sites has reached almost half (48%) of the American population in 2010, translating into 78% of teens; 77% of those ages 18 to 24; 66% of those ages 25 to 34; and 50% of those ages 35 to 44 having a personal profile page (Webster, 2010).

As social networking has expanded, social work educators, along with those in the medical and teaching fields, are navigating uncharted territory in terms of how online interactions by students should be governed and how to define what represents appropriate professional behavior within online social communities (Brown, 2010;

Chretien, Greysen, Chretien & Kind, 2009; Cuesta, 2006; Garner & O’Sullivan, 2010; MacDonald, Sohn & Ellis, 2010). Research has demonstrated that most users of SNSs do not take advantage of privacy settings (Gross & Acquisti, 2005; MacDonald et al., 2010; Tufekci, 2008). Online postings have been found to reveal personal information that might result in modifying the professional relationship between client and practitioner (MacDonald et al. 2010). The sheer numbers using these sites introduces concerns related to a thinning of boundaries separating the social work student’s personal life from the developing professional image in interactions with peers, instructors, and current or future employers and clients.

Tied to a professional image is the activity of impression management, usually used synonymously with self-presentation, and representing a conscious or unconscious effort to convey specific information about oneself (Goffman, 1959). In an academic social work program, there is an expectation that students will develop a professional self that is guided by a constant awareness of social work’s mission, values, and ethical standards for practice (NASW, 2008). The student’s development of the skills to appropriately manage his or her professional presentation is of utmost importance for the professional socialization process.

### **2.0 Professional Presentation**

As up-and-coming professionals, students must learn how to regulate, control, and set clear boundaries within the context of various personal and professional interrelationships among themselves, clients, organizations, and communities (NASW, 2008). Through this learning process, students become aware of how and when to present themselves in an appropriate manner within the various contexts in which they will interact as professionals.

Because it is impacted by awareness and a sense of being in the public spotlight, impression management, *or the presentation of*

*a professional self*, is associated with boundaries that move dynamically as contexts change (Kelly & Rodriguez, 2006; Tice, 1992; Palen & Dourish, 2003; Schlenker, Dlugolecki & Doherty, 1994). Students learn to adjust their actions based on the setting (i.e., supervision, counseling sessions, staff meetings, and informal conversations) and population with which they are actively involved. Feedback in the physical environment includes verbal and nonverbal communication encompassing visual, auditory, and tactile cues that are key elements in assisting students to learn appropriate interaction techniques. As computer mediated communication (CMC) has expanded within recent years, researchers have initiated investigations into differences that may occur between online and face-to-face communication. Two views can be found within the research. Some feel that CMC is a superior media for communication because it removes physical barriers such as appearance and mediates the effects of social anxiety that can be caused by face-to-face interactions (High & Chaplan, 2009; Joinson, 2001). But CMC can also result in communication loss because there is a lack of contextual cues that may result in depersonalization (Seery, 2010). In relation to the latter, the lack of contextual cues in the virtual world can result in potential missteps in relation to an appropriate presentation of a professional self.

First, a great amount of identity relevant information may be disseminated easily through a social network site – and shared with large and unknown numbers of friends and strangers – including clients, employers (current or future), colleagues, and professional peers. Research has shown a willingness of college students to provide their real names on profiles within social network sites, along with political views, sexual orientation, religion, and romantic status (MacDonald et al., 2010; Tufekci, 2008). Almost one third (30%) of Facebook users are willing to make all of their profile information available to a random stranger and his/her network of friends (Gross & Acquisti, 2005). Personal information

that may not be shared within the context of a social work student's relationship with a client, peer, or employer is now readily available to not only these individuals, but also to a much wider, often unanticipated audience crossing over into other contexts while also becoming persistent in time (Kornblum, 2008).

Second, temporal boundaries reflect the ability of information to be recorded and its consequent persistence for future audiences (Palen & Dourish, 2003). Students' information related to their intimate relationships, social activities, and collegiate work is available for future audiences, thus potentially impacting yet-to-come professional relationships. Increasingly, employers utilize network sites as a component of the screening process with almost half of those surveyed citing information about substance use and inappropriate photos or information as top areas of concern (Havenstein, 2008). Other employers use social network sites to monitor their current employees' behaviors outside of the workplace (Stross, 2008). Teachers are one category of professionals who have experienced publicized incidents related to lapses in judgment resulting in removals or suspensions from employment in states such as Florida, Colorado, Tennessee, and Massachusetts (Shapira, 2008).

As students begin to construct their professional images, interactions within a social network site can compromise control over their own personally relevant information, and ability to construct an accurate moral identity. Others may contribute to this profile by uploading photos or text about the students – often without the students' informed consent (Palen & Dourish, 2003). Although some students may have their personal profiles set to private, their friends may not. Interacting with peers in social settings may result in pictures and references made within the context of a relaxed, nonprofessional atmosphere being posted on the page of a friend who has not set his or her profile to private.

Closely tied to the management of a professional image is the ability to recognize



and eliminate bias and derogatory language within one's professional practices. NASW's Code of Ethics is very specific regarding the use of derogatory language: "Social workers should not use derogatory language in their written or verbal communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients" (NASW, 2008 1.12). Social work students receive instruction on how to recognize bias and incorporate culturally sensitive language when working with clients. Postings on SNSs by students in other professional programs have been shown to include use of profanity; frankly discriminatory language; and depictions of sexually suggestive material (Chretien et al. 2009; MacDonald et al. 2010).

Derogatory language may be unintentional, such as the example of one special education teacher who has multiple bumper stickers posted on her profile page, including one that says "You're a retard, but I love you" (Shapira, 2008), or that of medical students who belonged to a group entitled *Perverts United* (MacDonald et al., 2010). Despite the fact that these actions are not made within the context of a professional setting, they are now transmitted across audiences and may be seen as reflective of the student's ethical makeup. No published literature was found regarding postings by social work students, but research indicates many college students have uploaded questionable content (Chretien et al. 2009; Tufekci, 2008). It is anticipated social work students would not be an exception.

### **3.0 Conflicts of Interest**

The virtual community is the place where multiple offline and online geographical boundaries merge, with each individual setting having differing behavioral expectations and requirements. Boundaries can become blurred as multiple environments – personal, social, and professional – can intersect on the social network site. According to the NASW Code of Ethics (2008, 1.06c):

Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate and culturally sensitive boundaries. Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social or business. Dual or multiple relationships can occur simultaneously or consecutively.

In an offline environment, the student will have a close social network of a few intimate or significant ties, with upwards of 1000 or more acquaintances; while online social networks contain friends in the hundreds and additional friends within three degrees of separation possibly measuring in excess of 100,000 (Gross & Acquisti, 2005). The result is that social network sites offer an underestimated sense of audience, as users cannot be aware of all of those who will view shared information. Thus the management of actual or potential conflicts between the expectations placed upon students within the context of the profession and their social, sexual, religious, and business relationships may become obscured.

In addition, while sharing personal information and opinions, the "words" posted will remain unchanged whereas perspectives shift with each new group viewing the information. Clear, appropriate, and culturally sensitive boundaries in the offline environment disappear in the virtual world. A social work student experiencing difficulty in the current academic setting posted information related to a lack of understanding of the information being presented,

personal struggles impacting her ability to do well in her classes, and opinions about the professor's skills and abilities. This type of self-disclosure may be met with a supportive response from peers and fellow students. However, if viewed by current or former clients, confidence in the social worker's skills and abilities may be eroded. Additionally, a future employer may view this information and have concerns about the social worker's ability to maintain a balance between personal and professional life.

#### **4.0 Privacy and Confidentiality**

Associated with the need to identify and avoid conflicts of interest is the importance of maintaining privacy and confidentiality when posting comments related to the academic setting, instructors, and clinical cases in which the student may be involved. As outlined in the NASW Code of Ethics, social workers are expected to respect clients' right to privacy, including not soliciting private information, and if private information is shared, applying the standards of confidentiality. Confidentiality is also extended to information shared by colleagues in professional relationships and transactions (NASW, 2008). Without physical boundaries, such as an office or the walls of an agency, or tactile cues resulting from the direct visual or auditory contact with a client and/or peer, the potential to engage in the sharing of confidential information increases.

Students may post comments related to their schools, classes, professors, or field agencies in a positive or negative manner. Comments that previously would have occurred only within the walls of a student lounge, library, or dorm setting are now posted on the walls of Facebook and disseminated across multiple environments. There, they may be intercepted by clients, instructors, peers, or agency professionals. One national survey of U.S. medical schools reported incidents of students posting unprofessional online content that included reported violations of patient confidentiality (Chretien et al. 2009).

In the event a client within a field

placement locates the social work student's Facebook or Myspace page and posts information, the client may then become vulnerable to this information being shared across the network of friends and acquaintances of the student, resulting in a potential violation of ethical standards for privacy and confidentiality. A unique area of potential concern can be related to direct practice with clients. Similar to concerns regarding group treatment, clients may fear confidential information being shared with others (Oliver, 2009; Sandstrom, 1996) if the social work student utilizes social network sites. This can obviously indirectly affect the social worker/client relationship.

As social work students gain skills in completing client assessments and obtaining collateral information to enhance treatments, they may be faced with decisions about accessing a client's Myspace or Facebook not only to obtain information but to verify information shared by the client in a therapeutic setting. In the legal realm, postings on social networking sites are being admitted into court proceedings and considered to be public information (Hayden, 2010). Especially in settings that serve non-voluntary clients, social work students may find themselves faced with ethical dilemmas about how such information is used in the treatment process. The NASW Code of Ethics (2008) requires social workers to provide services based on valid and informed consent. If that agency policy allows for searching personal pages of a client's SNSs, the social work student should inform the client that postings will be utilized as a component of service provision.

#### **5.0 Social Work Education**

Faculty and staff within programs of social work are expected to provide a learning environment that facilitates students' acculturation into the professional realm via NASW values and ethical standards. In response to advances in technology, NASW, in conjunction with the Association of Social Work Boards (ASWB), developed Standards for Technology and Social

Work Practice in 2005, targeted at guiding the use of technology as an adjunct to direct practice. However, guidelines and expectations for utilizing Web 2.0 media, including SNSs, by social work students and professionals is severely lacking at this time. There appears to be a large gap in the level of knowledge and expertise of students and that of academics regarding the use of SNSs, along with a paucity of social work literature addressing both the negative and positive aspects of this new frontier.

The NASW Code of Ethics offers the best guidance at this time when encountering ethical dilemmas related to information posted on SNSs. Students who use SNSs will need to be cognizant of upholding the ethical responsibilities of providing informed consent, maintaining confidentiality, and minimizing dual relationships.

As social work educators begin to address professional socialization within the virtual environment, they can learn from those in other academic fields about positive outcomes related to the use of SNSs. Designing courses or educational experiences that create communities of reflective practice on social networks such as Facebook can be used to challenge students to think critically about their online personae and the potential repercussions of inappropriate online activity for themselves, the academic institution, and the profession (Brown, 2010; MacDonald, 2010). "When faculty in preparation programs understand the nature of their students' self-portrayals (through SNS) they can better determine how to prepare these students for a profession that demands high moral and ethical standards," (Olson, Clough & Penning, 2009, p. 450). Incorporating the use of SNSs within the classroom may provide an underutilized tool for such enhancement and a venue for addressing the potential ethical dilemmas that may arise.

## **6.0 Conclusion**

Students in an academic program of social work are taught and evaluated on aspects of professional behaviors to include punctuality,

respectfulness, maintaining confidentiality, appropriate attire, cultural competence, and the demonstration of assessment and intervention skills. Web 2.0 media such as SNSs introduces a new environment for consideration within the evaluation process. Although there are many positive avenues associated with the utilization of online communities (Giffords, 2009), and the social work profession is developing ways to maximize this media for education and advocacy, students must be made aware of potential pitfalls related to posting of personal information. Research needs to examine whether schools of social work have existing policies addressing online behaviors of students. It is also important to determine the effects of policies and curricular programs on students' online behavior and professional development. Sharing content online that may fall into the category of unprofessional behavior can reflect poorly on the student, affiliated institutions, and the social work profession, as well as damaging client relationships. Discussion among students and faculty should occur to help define what is public and private and what constitutes professionalism in the era of Web 2.0. Furthermore, credentialing bodies and professional organizations should explicitly address these issues to provide guidance to educators and students alike.

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# Human Trafficking and the Haitian Child Abduction Attempt: Policy Analysis and Implications for Social Workers and NASW

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## Abstract

Child trafficking, under the guise of intercountry adoption, is a form of human trafficking that is often misunderstood by policy makers, governments, the media, and nongovernmental organizations. The aim of this analysis is to bring awareness and attention to child trafficking disguised as intercountry adoption, to provide an analysis of current policies that address human trafficking and intercountry adoption, and to suggest that in order to support more ethical child welfare practices, social workers and NASW, in particular, should take a more aggressive role in the development of sound approaches to international child welfare and the protection of children, especially during humanitarian emergencies.

We use the 2010 abduction attempt of Haitian children by American missionaries as a case to demonstrate how existing policies are insufficient to provide protection to victims and to prosecute perpetrators of this form of child trafficking. We conduct an analysis of the Trafficking Victims Protection Act of 2000 and provide an application of the Intercountry Adoption Act of 2000.

**Key words:** Haiti, child trafficking, intercountry adoption, disaster, policy, human rights.

## 1. Introduction

The International Labor Organization (ILO, 2010) estimates that at any given time approximately 12.3 million people worldwide are victims of human trafficking. Forms of trafficking can include forced prostitution, forced labor, involuntary domestic servitude, organ trafficking, conscription of child soldiers, and in some cases, intercountry adoption (ICA). Intercountry adoption is much less known and understood, although it has been discussed in detail by a number of scholars, mainly from the disciplines of social work, law, and social policy (Bergquist, 2009; Hollingsworth, 2003; Rotabi, 2008; Rotabi & Bergquist, 2010, Selman, 2009, Smolin, 2004, 2006; Triseliotis, 2000). Despite efforts to bring attention to ICA as a form of human trafficking, current U.S. and United Nations (UN) policies related to trafficking and child human rights abuses, as well as advocacy efforts by nongovernmental organizations (NGOs) such as the National Association of Social Workers (NASW), have not been adequate in addressing or preventing this form of trafficking. Using the 2010 attempted abduction of Haitian children by Americans in the aftermath of Haiti's devastating earthquake as an example, we analyze human trafficking policies as they apply to the Haiti case

and recommend that NASW take a leadership role in developing a firm policy position related to child trafficking that occurs under the guise of ICA.

## **2. Defining Child Trafficking Disguised as Adoption**

While there have been thousands of legitimate ICAs since its inception in the mid-1950s as a global child welfare intervention, the practice has a clouded history. For example, Roby and Ife (2009) focus on adoption fraud in the Marshall Islands and Romania. In their analysis they include a discussion of human rights and adoption reform efforts with a rights-based approach, such as including those affected (i.e., birth families) in the development of social planning for child welfare and adoption. Dickens (2009) further analyzes Romania's history of ICA and its ultimate moratorium, and his abolitionist conclusions demand a cessation of ICA.

Mónico, Rotabi and Alverenga (in press) present child abduction and adoption during El Salvador's war years, underscoring the complex nature of child rescue during civil war. That nation's sad history of adoption fraud is now being addressed more than a decade since the Peace Accords were signed with biological families desperately searching for their children lost to adoption.

In neighboring Guatemala, adoption problems and fraud have been analyzed by Bunkers, Groza, and Lauer (2009) and they include a discussion of payments for infants and young children in exchange for birth mother relinquishment signatures, an illegal practice in that nation. Greshman, Nackerud and Risler (2004) also discuss problems in Guatemala, analyzing the pre-reform system, which allowed unscrupulous entrepreneurs to engage in ICA. Rotabi, Morris, and Weil's (2008) ecological analysis questions the role of ethical social work practice related to the post conflict and human rights context of Guatemala, including violence against women. Rotabi and Bunkers (2008) further explore adoption fraud in Guatemala, in which they include a discussion of birth mother recruiters who secured

healthy infants for adoption by orchestrating paid and/or coerced child relinquishments.

Selman (2009), in his analysis of ICA trends and the radical decline of ICA in recent years, includes a discussion of child trafficking concerns as it relates to ICA while cautioning against over-generalizations. The relationship between ICA and child trafficking is bolstered by Smolin (2004;2006) who analyzes the ways in which child trafficking is carried out in ICA schemes, including what he identifies as "child laundering." Smolin's pragmatic voice is known for his aggressive call for reform based on case studies from nations such as Cambodia.

Hollingsworth (2003) provides important discourse about the social structures that lead to social injustice in ICA. Her argument focuses on exploitation, fraud and abuse in unjust environments with consideration for vulnerable women and children. She also points out a contrasting view of ICA, in which adoption intervention is viewed as an act of social justice given that children are being saved from homelessness or life in institutions.

While concerns about wide spread exploitation and fraud date back to at least the early 1990s (Herrman & Kasper, 1992; Ngabonziza, 1991) with documented evidence (Altstein & Simon, 1991), ICA as a human right is promoted by Bartholet (2007), who views ICA fraud as 'isolated events' and the practice as ethically necessary in a just approach to global child welfare. Roby (2007) pragmatically explores the human rights of orphaned and vulnerable children across a continuum of care before, during, and after adoption with a recognition of ICA as a human right when planned and executed appropriately. Roby sets forth this discourse after researching adoption fraud and human rights abuses in a number of nations, including Cambodia and Ethiopia (see Roby & Ife, 2009; Roby & Matsumura, 2002; Personal communication, J. Roby, March, 2012).

### **3. Child Trafficking and ICA During Humanitarian Emergencies**

An early and infamous case of ICA that received considerable public attention, including serious social critique in the media, was the Vietnam Babylift. “Although reports vary, 2500–3000 children were evacuated, with the majority flown to the USA and the remaining to Canada, Australia and Europe” (Bergquist, 2009, p. 2). Hasty removal resulted in limited documentation or inconsistent or incorrect paperwork regarding the children’s orphan status (Joe, 1978). Bergquist (2009), in her analysis of the Babylift, underscores the issues and problems of child rescue in the context of war and examines the more recent Zoe’s Ark attempt to traffic children from the Sudan region of Africa in 2007, by presenting the incident in this war zone within a foster care and adoption scheme anchored in France (Bergquist, 2009). She observes that there was lack of political will in Chad and France to hold the group legally accountable for their actions. Rotabi and Bergquist (2010) again review the Zoe’s Ark scenario when discussing Haiti and recent attempts to illegally remove and traffic children into adoption from that nation in the weeks following the earthquake disaster in January 2010. This particular analysis was presented with recommendations to prevent child trafficking for ICA in the context of disaster.

More broadly, governments and international NGOs have responded to human trafficking concerns by recognizing that people, particularly women and children, are more vulnerable to becoming trafficking victims during humanitarian emergencies. The 2004 Asian tsunami disaster brought attention to this issue as the media, multiple NGOs, and government organizations voiced concern regarding the potential for human trafficking abuses during this emergency, including concerns about ICA abuses. As the world responded with disaster assistance and goodwill gestures, many NGOs took an aggressive stance that ICA was an inappropriate intervention during this crisis (Bergquist, 2009).

### **4. Guidelines for Child Removal During Humanitarian Emergencies**

Disasters such as the 2004 tsunami led to the development of international child protection guidelines, including the “Inter-Agency Guiding Principles on Unaccompanied and Separated Children” distributed by the International Committee of the Red Cross (2004). This report was developed with input from multiple international humanitarian organizations and is based on refugee law and international human rights, in that it emphasizes the importance of family unity. One of its primary recommendations is that during emergencies, all efforts must be made to avoid child-family separation. The principle of family unity, that “all children have a right to a family, and families have a right to care for their children” (International Committee of the Red Cross, 2004) is a theme throughout. The guidelines also outline that

evacuating children without family members should be a last resort, carried out only after it has been carefully determined that protection and assistance cannot be provided in place and that evacuation of the entire family is not feasible. Separation of these children from their families is meant to be temporary. (p. 24)

In 2006, in response to the 2004 tsunami and the U.S. Hurricane Katrina disaster in 2005, the United Nations Inter-Agency Standing Committee (IASC) published “Protecting Persons Affected by Natural Disasters,” which provides guidelines based in a human rights context, and also emphasizes that early action should be taken to protect children against trafficking. The United Nations Human Rights Council (UNHRC) (2009) developed alternative childcare guidelines which is explicit in its assertion that children are not to be removed from their countries during disasters, except under very specific circumstances like medical evacuation, in which case a relative should accompany the child.



## **5. Ethical Relinquishment for Child Adoption versus Child Rescue**

Legal child relinquishment made with the best interests of the child in mind cannot be made under extreme duress (i.e., fear of loss of life due to conditions of war or disaster). The absence of duress is consistent with legal codes in industrialized nations that have well-developed systems of child welfare and ethical standards for child adoption (American Academy of Adoption Attorneys, n. d.). Such a relinquishment could be considered as coercive or made without full disclosure and capacity (Wiley & Baden, 2005) as the parent or guardian is not capable of making a balanced and long-term legal decision and ultimately due diligence for parental rights is lacking. In other words, because of ethical standards of care, it is impossible for biological parents or relatives in guardianship of children to make a permanent relinquishment decision in the chaos of war or disaster. However, whether the Vietnam Babylift, the Zoe's Ark incident, or the most recent "rescue" attempt in Haiti, this conception has been challenged as humanitarian interventions are organized in an ad hoc manner during crises. Child and parental rights can become blurred when privileged outsiders, who may not understand the cultural and historical context in which they are operating, are making the humanitarian decisions. As a result, International Social Services (ISS) stated the following on Haiti:

International adoption should not take place in a situation of war or natural disaster, given that these events make it impossible to verify the personal and family situation of children. Any operation to adopt or to evacuate children that are victims of the earthquake to another country must be absolutely avoided. (ISS, 2010, p.1)

From a United Nations perspective, rights of children to remain with their families and in their birth nations, even in the most difficult crisis, is identified specifically in the 1948 Genocide Convention (Article 2) in which the forcible

removal of children from one group to another was recognized as a violation (Horvitz & Catherwood, 2006). Just after World War II, which was the catalyst for this international convention, this abuse was particularly obvious as Jewish families were torn apart by the Holocaust, including the forcible removal of children from their parents for re-socialization with other families. Further delineation of the rights of children are found in the U.N. Convention on the Rights of the Child (CRC), which has multiple articles in reference to the state's responsibility to prevent illegal adoptions and to support birth families (Roby, 2007; Rotabi et al., 2008).

In the U.S. history of genocide, the forcible removal of Native American children from their families resulted in the Indian Child Welfare Act (1978) which explicitly protects children and families from unethical practices and promotes their rights. This code requires tribal involvement in child welfare decisions, especially child relinquishments and alternative care planning, to protect cultural identity (Basic, 2007; Rotabi et al., 2008).

Also in the United States, the orphan trains that operated from 1854 to 1929 in which orphaned or homeless children from Northeast were transported by train to the Midwest for adoption resulted in the relocation of well over 200,000 children. In review, these relocations of children were unethical by today's standards, ranging from forcible removal of children to child placements with families who, in some cases, used the children for work such as farm labor (O'Connor, 2004). Many of the "orphan train" children were essentially trafficked internally for servitude (Warren, 2006).

## **6. The Haitian Child Abduction-for-Adoption Attempt**

On January 12, 2010, Haiti was devastated by a 7.0-magnitude earthquake that resulted in the deaths of more than 200,000 people with at least another 300,000 injured (Telegraph, 2010). As in previous disasters, international NGO's and the media regarding the potential trafficking of human

beings, especially children, raised immediate concern. International child welfare experts, including International Social Service (2010) and other organizations in both the United States and Europe (i.e., see Better Care Network, 2010, and the International Committee of the Red Cross, 2010), called for ICA to cease in the context of this disaster. Many of the children already in the queue for adoption were expedited to families in the United States and European nations (Bergquist, in press). However, starting new adoptions was not considered appropriate and this assertion was made clear in the popular press and other communications outlets (Rotabi & Bergquist, 2010).

On January 29, 2010, members of a recently created American mission group, the New Life Children's Refuge (NLCR) (BBC News, 2010), attempted to illegally remove 33 Haitian children ranging in age from 2 months to 12 years from Haiti into the Dominican Republic. The missionaries were stopped at the Dominican Republic border because of inadequate paperwork and later were arrested in Haiti for attempting to illegally remove children from the country (Thompson, 2010). The NLCR's plan was that the children would be kept in a former hotel converted into an orphanage and then later placed with adoptive families (Thompson, 2010). According to an NLCR (2010) document "The New Life Children's Refuge: Haitian Orphan Rescue Mission," the group would provide "opportunities for adoption into a loving Christian family" (2010, p. 3) and "opportunities for adoption through partnership with New Life Adoption Foundation" (2010, p. 3).

Members of NLCR claimed that they were trying to rescue orphans but it was later found that 20 of the 33 children had at least one parent living and that some of the parents understood that they could visit their children at any time (CNN.com, 2010). The international press reported that the group had talked with many of the parents personally and knew that the children were not orphans (MSNBC.com News Services, 2010). This further underscores the complicated nature

of the conception of "orphan," which implies that children do not have parents to care for them (Abebe, 2009), and in the case of these particular children, the evidence is that many of them did have at least one parent if not a fully intact family (MSNBC.com News Services, 2010). NLCR's leader, Laura Silsby, reportedly negotiated with some parents, promising that they could visit their children in the Dominican Republic—ultimately a false promise given her goal of eventually sending the children to the United States as adoptees, as implied in the NLCR's Haiti orphan rescue planning document (2010).

As media outlets carried details of the case, Haiti's Prime Minister Bellerive called the missionaries "kidnappers." However, 9 out of the 10 Americans were released quickly and press reports indicated that Haiti was depending on the United States to carry out justice (CNN.com, 2010), especially given Haiti's limited capacity during this time of devastation and rebuilding. By May, 2010 Silsby was released without further penalty (Rotabi & Bergquist, 2010).

A critical and particularly incriminating piece of historical information about this case is that Silsby had visited an orphanage in Haiti in December 2009, well before the earthquake, and had already signed a lease to rent the former hotel space in the Dominican Republic (CNN.com, 2010). Silsby had been aware of the country's adoption procedures before the earthquake and knew that she did not have the proper paperwork to remove the children from Haiti. Officials of the Haitian government have stated on record that they warned Silsby not to carry out her plan and she ignored their warnings (CNN.com, 2010).

Even with clear evidence of wrongdoing, as the faith group returned to the United States they were greeted with religious hymns and cheers (CNN.com, 2010). As Rotabi and Bergquist (2010) point out, there ultimately was no legal or political will in Haiti to follow through with punishment of these individuals for child abduction or attempted trafficking. The United States government has failed to prosecute their citizens for attempted child kidnapping or human trafficking, including

conspiracy to do so on U.S. soil. The capacity to prosecute, under current human trafficking definitions and laws, is questionable, as will be discussed below.

## **7. Human Trafficking Legislation: U.S. and International Definitions**

In considering the Haitian scenario, it is important to examine some legal definitions. In 2000 the United States passed the Trafficking Victims Protection Act (TVPA) in order to combat human trafficking, both domestically and internationally. The TVPA, which was the first piece of legislation worldwide to comprehensively address human trafficking, is focused on three areas: worldwide prevention of human trafficking, protection of trafficking victims, and the prosecution of traffickers.

About the time that the TVPA passed, the U.N. adopted the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children, which came into effect at the end of 2003. The U.N. Trafficking Protocol, also known as the Palermo Protocol, is a comprehensive treaty with international obligations for the prevention of trafficking, the protection of trafficking victims, and the prosecution of traffickers. To date the U.N. Trafficking Protocol has 117 signatories, including the United States, and widespread support. The definition of human trafficking outlined in the Trafficking Protocol (UN, 2000) is as follows:

- (a) Trafficking in persons shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the

prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.

This definition is particularly important because it is the first legally binding instrument with an agreed-upon definition of human trafficking and is meant to facilitate a convergence of national approaches in establishing criminal punishments for trafficking that would support international cooperation in prosecuting trafficking offenses (UN Office on Drugs and Crime, 2000). Just as with the U.S. TVPA, this particular international agreement failed to specifically or explicitly recognize cases of human trafficking being carried out under the guise of ICA; however, it does leave room for interpretation, especially when one considers fraud and coercion related to false promises.

Concurrent with the development of U.S. and international definitions of human trafficking, the U.S. Intercountry Adoption Act (IAA) was passed in 2000. This legislation was developed to implement the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption. This particular international agreement, referred to henceforth as “the Convention,” was developed to “take measures to ensure that ICAs are made in the best interests of the child and with respect for his or her fundamental rights, and to prevent the abduction, the sale of, or traffic in children” (Hague Conference on Private Law, n.d., p. 1). Each Convention signatory nation, numbering over 80 nations, develops its own internal adoption laws to regulate adoption processes to promote the best interests of the child and prevent child trafficking.

For the United States, the IAA was developed and passed in the year 2000 and as per the Convention, the law identifies the U.S. Department of State as the nation’s “Central Authority” and the Secretary of State as the head of the organization. Other Convention-consistent

provisions are the definition of agency accrediting or approval requirements in addition to definition of the adoption services that require such accreditation to prevent child sales and trafficking (Rotabi, 2008; Rotabi & Gibbons, in press). Further, an adoption agency accrediting body is defined as well as the general obligations of the accredited agencies in carrying out adoptions between two Convention nations (e.g., the United States and China). This particular criterion is particularly relevant to this discussion because Haiti has not ratified the Convention and, as a result, the Convention and the IAA do not apply to adoption-related activities or adoptions between the United States and Haiti. Unfortunately, this makes the IAA impotent in prosecuting the American citizens involved in child abduction for adoption from Haiti. However, it should be noted that international child welfare experts responding to the emergency have called for the spirit of the Convention to prevent child trafficking in the midst of this humanitarian crisis (Balsari, Lemery, Williams, & Nelson, 2010).

### **8. Applying These Statutes to the Haiti Case**

None of the aforementioned legal guidance provides a satisfactory definition or structure to prosecute child trafficking activities that occur under the guise of ICA. According to the TVPA, the Haiti abduction case does not constitute human trafficking because the United States, (2000) defines human trafficking as,

All acts involved in the recruitment, abduction, transport, harboring, transfer, sale or receipt of persons within national or across international borders; through force, coercion, fraud or deception; to place persons in situations of slavery or slavery-like conditions, forced labor or services, such as forced prostitution or sexual services, domestic servitude, bonded sweatshop labor or other debt bondage.

In the Haiti case, a transfer of persons through fraud and deception was attempted but there is no evidence that the Americans were going

to attempt to place these Haitian children into debt bondage, forced labor, or another situation that is included in the trafficking definition of the TVPA.

In the case of the majority of adoption fraud for trafficking of children, individual children have been sold into “adoption” schemes, and they join families who believe that they are paying for legitimate adoptions (Smolin, 2004). This fraud is a blatant form of exploitation for all involved except the traffickers. What confuses the exploitation issue is that the children typically become middle- to upper-class citizens of industrialized nations, with far greater opportunities and markedly improved health and well-being outcomes than they may have had otherwise; as a result, the idea of exploitation gets lost.

On an international level, the Haiti child abduction case does fall into the U.N. definition of human trafficking. The missionary group attempting to illegally remove children from Haiti used fraud and deception to exploit their families’ vulnerability (Thompson, 2010) and specifically compromised the children’s dignity, equality, autonomy, and physical and emotional well-being. Further, the missionaries engaged in fraud and deception during conversations with the children’s parents when making false and unrealistic promises (CNN.com, 2010), as previously discussed.

The United States does not use the U.N. definition of human trafficking in order to prosecute human trafficking occurrences in the United States but uses the definition in the TVPA. In 2008, the Trafficking Victims Protection Reauthorization Act of 2008, authorized the TVPA for four additional years and expanded the reach of U.S. criminal anti-trafficking statutes by allowing the U.S. government to prosecute American citizens who are engaged in human trafficking outside of the United States. The criminal statutes that pertain to trafficking and sex tourism prohibit Americans from crossing international borders to engage in sex trafficking with a child or adult; American perpetrators who commit these offenses outside of the United States now face prosecution

by the U.S. government. Unfortunately, these statutes would not pertain to removing children from a country illegally for ICA. International kidnapping laws would also not apply in the Haiti case because the children never actually crossed an international border (Bajak, 2010).

Although the U.S. government claims to be committed to eradicating human trafficking, the definition used in its legislation is insufficient to prosecute perpetrators of some types of trafficking, such as the attempt by Americans to traffic children out of Haiti. Interestingly, the U.S. State Department has noted in the latest Trafficking in Persons Report (2009) that “A more lasting and effective way to secure a victim’s freedom is through the application of law: holding traffickers and those who exploit trafficking victims accountable under criminal justice systems” (p. 24).

### **9. Implications for Social Work as a Profession: The National Association of Social Work’s Failure to Take a Position on Child Trafficking for Adoption**

In the United States, the legal capacity to prosecute individuals implicated in illegal adoption activities. Rotabi and Bergquist (2010) discuss these concerns as they relate to the Haiti case. Among their observations is that social work is well positioned to take an active role in defining the terms and practices of international child and family intervention in times of disaster. However, they also point out a limited and even nonexistent policy or practice stance that various social work organizations, including the NASW, have taken on the Haiti disaster.

While NASW is a membership body that does not specifically carry out direct social work practice, Rotabi and Bergquist (2010) hold the organization accountable for taking a policy stance and providing leadership in the problems of child trafficking for adoption. These authors state that NASW could, at the very least, remind their members to take caution when working in adoption-related activities related to Haitian children, but the organization has failed to take a

position. This is particularly troubling when one considers that NASW’s ethical code states,

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice. (1999, rev. 2008, Section VI)

The child abduction attempt in Haiti reminds us that others who are not experts in child welfare or social work often dictate “solutions” during crisis. However, social work practitioners—including members of NASW—often inherit the consequences of poorly planned interventions or a lack of legal attention to obvious infractions of human rights. In the future, other vulnerable and impoverished families may again suffer poorly planned and illegal “orphan rescues” motivated by adoption orchestrated during crisis, since there has been a failure to punish trafficking perpetrators in the Haiti case. The social work profession has an obligation to understand the social justice implications and exploitive nature of irregular and illegal ICAs. The profession must also recognize the primary right of children to be raised in their own communities and cultures of origin and by their own biological families (Hollingsworth, 2003). As a profession, it is important for social workers to recognize and support the ideas found in the Hague Convention, including the internationally agreed-upon conception that ICA should be the last resort for a child when all other options have been exhausted in their nation of origin, including family support and kinship care, to ensure the best interests of the child (Rotabi, 2008).

Hodge (2008) notes the social work profession’s lack of attention to human trafficking issues. NASW enumerates its commitment to

social justice on the behalf of vulnerable and oppressed persons in its ethical code and its educational standards; given social work's commitment to the most vulnerable, especially those living in extreme poverty; it is time for our profession to call for the changes necessary to hold child traffickers in all forms accountable for their actions. Changes must include an improvement of the definition found in the TVPA, as well as a demand for changes in Hague Convention implementation and IAA legislation to apply to all ICA cases, promoting worldwide ethical practice standards.

### **10. Conclusion: Child Relinquishment and a Prevention Role for NASW**

In the best of environments, birth parent counseling and child relinquishment is a challenging aspect of ethical child welfare practice (Wiley & Baden, 2005; Joe, 1978). In times of disaster, the practice requires aggressive safeguards recognizing the nature of chaos and coercion of vulnerable people while supporting self-determination, a core ethical principle. Further *competence* (NASW,1999) in social work practice requires informed practitioners to be held accountable for their involvement in fraudulent adoptions.

While the international humanitarian sector has taken a position against removal of children for adoption during disasters, unfortunately, NASW has failed to take such a stand—not even making public statements to help prevent child trafficking under the guise of ICA schemes. This was clear during the Haitian earthquake. Holding NASW accountable for a more aggressive role in the development of sound approaches to international child welfare and protection of vulnerable peoples, especially in times of disaster, may seem like a tall order and even beyond organizational boundaries. However, part of NASW's mission is to “seek to enhance the effective functioning and well-being of individuals, families, and communities through its work and through its advocacy” (NASW, 1999, p. 1). Furthermore, NASW's involvement as a powerful membership organization with 147,000

individual members (NASW, 2009a) in policy processes is well known and the organization has taken aggressive stances on other social issues, including health care and political actions related to race and gender. In December 2009, NASW provided a statement of testimony on the U.S. implementation of human rights treaties for the Senate Judiciary Subcommittee on Human Rights. In this statement NASW (2009b) suggested to the U.S. government that it needs to do more to address children's human rights violations when it asserted,

More must be done to ensure the protection and care of child victims as well as to address the root causes of trafficking. Systems in place to protect children should be adequately staffed and funded, and they should provide services that reflect evidence-based practice and comply with general child welfare practices . . . NASW strongly supports the U.S. ratification of the Convention on the Rights of the Child (CRC). (p. 4)

As stated in the introduction, the CRC contains multiple articles that relate to the child's right to be reared in his or her state of origin and the state's obligations to protect against illegal adoptions, such as Article 21 (Roby, 2007; Roby & Ife, 2009; Rotabi & Bergquist, 2010). Also, adoptions being carried out in the best interests of the child are a paramount principle of child welfare—a value system which social workers have historically played a key role in defining. As such, NASW should heed its own advice and take on a greater responsibility to promote ethical adoptions by protecting child trafficking victims and advocating to influence policy. NASW's ethical code requires a response. It is time for NASW to step up its efforts to bring awareness to and prevent human rights abuses and all forms of human trafficking, including ICA abuses. Specifically, the organization should provide greater leadership in improving human trafficking legislation so that prosecution of individuals

involved in child trafficking for ICA is possible in any U.S. jurisdiction regardless of the foreign nation's compliance with international standards such as the Hague Convention. For to advocate for such changes is to be true to principles of social justice and human rights, core concerns of social workers since the inception of the profession (Healy, 2008).

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# You want me to do what?

## Ethical practice within interdisciplinary collaborations

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### Abstract

The benefits of lawyer and social worker collaborations are numerous. However, due to differences in the ABA Model Rules of Professional Conduct and NASW Code of Ethics, tensions may surface. Potential solutions to give social workers improved ethical guidance are considered for use in a law clinic setting.

**Keywords:** ethical decision-making, value conflicts, social work, Code of Ethics, law clinic

### 1. Introduction

Social workers are increasingly recognized as beneficial members of interdisciplinary teams in addressing the complex needs of clients who seek legal services. Law school clinics are leading the way by introducing partnership initiatives to engage law and social work students (Benson, 2007). The relationship between law and social work is certainly not new. As early as 1917, Mary Richmond, a key architect of modern social work, acknowledged the role of legal authorities in formulating parts of her conceptual framework for casework. The very structure from which Mary Richmond drew her theoretical base could trace its roots from the landmark legislation, the Elizabethan Poor Law, which was a declaration of the legal rights of the poor (Fogelson, 1970). Similarly, Kruse (2004) noted that “the creation of the juvenile

court in the early 20<sup>th</sup> century was an experiment in ‘law as social work’ and it endeavored to conduct its investigations and the supervision of children in accordance with the principles of social work” (p. 58).

There are several benefits to collaborative arrangements between these two professional groups, including promotion of social support in the work environment, which can in turn reduce stress, as well as empathy training (Galowitz, 1999; Weil, 1982). In spite of these benefits, Taylor (2006) noted that “these collaborations are often characterized by conflict as professionals negotiate roles, duties, and varying ethical responsibilities” (p. 639). The fact that social workers are mandated reporters of child abuse/neglect, while lawyers are not, is a critical issue. Another issue is that of ethical and legal imperatives of client confidentiality. Corbin (2007) used the term “conundrum of confidentiality” to describe points of contention between the mental health system and the criminal justice system as each has an ethical responsibility to maintain client confidentiality. The California Supreme Court decision, *Tarasoff v. Regents of the University of California* (1974; 1976), set a standard for practitioners to reveal confidential information in their duty to warn others of the potential dangers from a client. Reamer (2003) outlined a series of steps to be taken by clinicians if their clients pose a threat to another party such

as consulting an attorney who is familiar with state law concerning duty to warn and/or protection of third parties. Undoubtedly, these types of concerns often serve as sources of ethical tension within interdisciplinary partnership(s). In the midst of these tense moments, a social worker might silently ask a rhetorical question: “They [lawyer colleagues] want me to do what?”

The NASW *Code of Ethics* outlines a range of ethical responsibilities for professionals working within interdisciplinary collaboratives. For example, Section 2.03 (a) states, “Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established” (p. 262 as cited in Reamer, 2006) and Section 2.03 (b) states, “Social workers for whom a team decision raised ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.” (p. 262 as cited in Reamer, 2006). Reamer (2006) noted, “Ethical decision-making is a process... social workers should take into consideration all the values, principles, and standards in this *Code* that are relevant to any situation in which ethical judgment is warranted...decisions and actions should be consistent with the spirit as well as the letter of this *Code*” (pp. 252-253). It seems that when ethical questions do arise, the *Code’s* standard regarding interdisciplinary collaboration and guidelines will be a critical point of reference and may assist in clarifying for a social worker when one might be wading in “muddy” ethical water.

## **1.1 Purpose**

This paper explores pathways by which ethical differences emerge and are addressed within lawyer-social worker interdisciplinary collaborations. The paper will begin with a brief overview of the evolution of social work and law in terms of each profession’s ethics and values. Several scholars in the legal profession have written about collaborations with social workers

in law school clinics as well as law firms (Benson, 2001; Faller and Vandervort, 2007; Norwood and Patterson, 2002). Case examples will be cited from law journals to provide further insight into the emotionally charged questions that linger in the aftermath of ethical tensions and/or dilemmas. Finally, the author addresses potential solutions that social workers may find useful for guidance in ethical decision-making.

## **2. History of Ethics and Values in Social Work**

Abraham Flexner may have provided some impetus for the social work field’s developing a unique code of ethics by posing the question of whether social work was, in fact, a profession. In his paper entitled “Is Social Work a Profession?” published in 1915, he posited that social work had not met all of the criteria of a profession but that in some ways it was closer to doing so than law and medicine. He also stated that another important requirement of a profession is that it should have “spirit” or “values.” According to Flexner (1915), “in the long run, the first, main and indispensable criterion of a profession will be the possession of a professional spirit” (p. 24). The social work community began to have a conversation about ethics shortly after Flexner’s report. Interestingly, Mary Richmond has been credited with drafting an early social work code of ethics as early as the 1920s (Reamer, 1987).

Reamer (1998) identified distinct periods of development for the social work code of ethics: the morality period; the values period; the ethical theory and decision making period; and the ethical standards and risk management period (p. 488). The morality period began in the late nineteenth century when social work began to emerge as a profession. During this period, social work was much more concerned about the morality of the client than about the morality or ethics of the profession or its practitioners. The values period, which began in the early twentieth century, ushered in a focus on social justice concerns. External influences of society such as poverty, disease, and education opportunities

were appreciated (Sparks, 2006, p. 53). This period is relevant to developments today as many law schools around the country are seeking to fill the legal needs of their communities and to ensure better access to justice for underserved and marginalized populations.

According to Margolin, Berensen, Martin, Pearlman, and Zavez (2010), the legal profession appreciates the need to support underserved families who often face legal issues alone. Typically, if any legal assistance is available, it is very limited. In essence, the focus is on empowering clients and not on assessing whether the client is worthy or unworthy of receiving assistance due to a divorce or modification of child support payments. In this way it seems that both professional groups have some commonalities regarding “what ought to be” for marginalized populations.

Social workers operate under broad ethical principles which are based on six core values: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (NASW Code of Ethics, 1999). Values serve as ideals of what is right. Inevitably, there will be a “collision” involving one’s personal values and those values cited in a professions’ *Code* (Spano and Koenig, 2007). In recent years, cases relating to controversial issues such as abortion, HIV/AIDS transmission, assisted suicide and genetic technologies have prompted social workers to re-evaluate the ways in which they went about tackling ethical dilemmas.

Before attempting to identify, understand, and comment on ethical dilemmas, social workers should examine their personal values. These personal values influence how dilemmas are viewed and whether or not a practitioner accepts the profession’s core values. Understanding differences in individual value bases has special relevance as practitioners interact with clients operating from value positions different from their own (Sparks, 2006). For example, the social work value of self-determination may come into conflict with the attorney role of advisor. A lawyer’s goal is to win the case for a client, and in order to do

so, it is usually necessary and appropriate to give advice to the client. In social work, the goal is not to give advice to clients. At times, clients seek and ask for advice. The ultimate goal is for clients to think and act for themselves.

Anticipation of potential conflicts between personal and professional values among professionals might explain why ethical decision-making models have enjoyed increasing prominence in the literature. Reamer (2006) noted that “to approach the analysis of ethical dilemmas deliberately and systematically, social workers and other professionals sometimes draw on a wide range of theories and principles developed by moral philosophers known as ‘ethicists’ concerning issues of right and wrong” (p. 10). Reamer (1990) provides six guidelines that prioritize some ethical principles over others. Loewenberg, Dolgoff, and Harrington (2000) suggest an “Ethical Principle Screen” that orders seven ethical principles in a hierarchy. Rhodes (1991) argues for a “kind of informed relativism” (p. 45) that engages in dialog and that considers the context in which ethical decisions are made. Spano and Koenig (2007) propose a six-stage ethical decision making model addressing conflicts between professional and personal worldviews. Hartsell (2006) presents a model that defines three elements—i.e., life, choice, and relationship—and suggests that maximizing each element is the best possible resolution to an ethical dilemma.

Sadly, robust discussions of ethical decision-making model(s) for use by social workers in legal settings is lacking based on this author’s preliminary review of the literature. According to Anderson, Barenberg and Tremblay (2007), “the basic idea is that a lawyer working with a social worker will have to adjust his/her role responsibilities away from the typical unfettered zeal and commitment to client autonomy that has been taught in law school...while social workers attend to a larger ‘moral community’ and to social justice concerns, lawyers attend to the wishes of their clients” (p. 2). The dialogue among professionals that emerges as a result of these dissimilar orientations suggests that an ethical

decision-making model could assist professionals in making sense of salient points within the discourse. Furthermore, ethical decision-making models might be utilized differently within lawyer and social worker collaborative(s) as compared to other settings such as hospice or child welfare. Future research should seek to generate a compendium of case examples compiled by social workers to help assess the validity of this claim.

## **2.1 History of Ethics and Values in Law**

The American Bar Association (ABA) adopted the Canon of Professional Ethics in 1908. Over the past couple of decades, emphasis on legal ethics has increased in both classroom and career settings. Ethical practices of lawyers received significant attention during the Watergate scandal, as it is widely regarded as an example of misconduct among lawyers (Reamer, 2006, p. 5). Once the details became public, it was undeniable that a more comprehensive set of ethical standards was needed. In 1969, the *Model Code of Professional Responsibility* was adopted, in which there were three subdivisions: canons, disciplinary rules, and ethical considerations. The latest iteration (currently referred to as the *Model Code of Professional Conduct*) includes a statement of purpose, scope and a list of 58 rules that are divided into eight different subject areas such as Conflict of Interest, Responsibilities regarding Nonlawyer Assistant, and Truthfulness in Statements to Others (ABA Center for Professional Responsibility, 2008). McCauley (2000), in his final report on behalf of the ABA Multidisciplinary Commission which sought to understand the dynamics of multidisciplinary practice in the legal profession, concluded that independence, loyalty and confidentiality were fundamental values.

## **3. The Practice of Law and Social Work**

According to the American Bar Association's (ABA) *Model Rules of Professional Conduct*, a lawyer is a representative of clients, an officer of the legal system and a public citizen

having special responsibility for the quality of justice (ABA, 2008). A lawyer's varied roles include advisor, advocate, negotiator, intermediary, and evaluator. Lawyers are generally only concerned with legal issues and conditions that directly affect a specific case. In addition, the legal profession commonly reflects an individualistic and non-collaborative view. The lawyer seeks to maintain a role as legal counselor by working with the client's emotional concerns to provide effective legal representation, and not "working through" them in the therapeutic sense (Anderson, Barenberg, and Tremblay, 2007).

The social worker's role is typically defined by the particular model of interdisciplinary practice being employed—social worker as direct service provider (counselor, therapist, social service/case management provider), social worker as expert consultant, or social worker as member of a legal team (Zavez, 2005). The social worker will understand that, although the scope of the lawyer's counseling may be more comprehensive with social worker input, the lawyer's role is ultimately to represent the client's stated interest. Thus when entering into collaborative practice, it is the responsibility of both lawyer and social worker to clarify practice models, define role expectations, and identify potential professional responsibility concerns (Anderson, Berenberg, and Tremblay, 2007; Coleman, 2001).

The literature sheds light on the underlying processes that lead to role identity confusion. According to Taylor (2006), "since professional social identity can serve so many functions for individual workers and the workgroup... it important to consider how social identities of social work and law students evolve in graduate school and ultimately reflect their organizational work roles" (p. 641). Dickens (2006) used semi-structured interviews to study the perspectives of lawyers and social workers who worked together on child welfare cases in England. Direct care social workers and their managers viewed the lawyers' roles differently. Direct care workers considered the most successful lawyer interactions

to be those in which lawyers exhibited care and understanding, but managers thought the lawyers should perform in the “zealous advocate” role for which they are known. Confusion also existed among lawyers as to their roles in the cases. The lawyers knew they were responsible for the legal aspects of the case, but this could be interpreted to cover nearly all of the social worker’s duties as well, since these are bound to have legal ramifications. This confusion was compounded by the fact that many direct care social workers welcomed an enlarged role of the lawyers who often had greater experience in the field.

In her research, St. Joan (2001) surveyed law and social work students and primarily focused on their perceptions of a “collaborative model.” The social work interns noted how power seemed to be fully in the hands of the legal professionals and that the social work students sometimes felt that the law students and faculty with whom they interacted dismissed their concerns. It was uncertain whether this was due to the law professionals’ focusing their attention on the legal concerns of their clients and leaving social workers to cover their other needs or to there being a perception of how involved each discipline needs to be in the other’s element.

St. Joan further explored how differing opinions regarding collaborative models also compounded this issue. There were two main models of collaboration, the “hand-in-hand” and “side-by-side” models. In the former, social work and law students worked together on most issues, whether they were dealing with more legal aspects of the case or helping their clients with their social work needs. In the latter, social work and law students delegated duties and each worked separately to accomplish what needed to be done. While both collaborative models accomplish the same goals in regards to the client, they have different implications for the collaborative process. Social workers and law students who incorporated the “hand-in-hand” technique shared that they felt more knowledgeable about the needs of their client and also felt more support from their partners.

Triangulation was also less likely to occur when lawyers and social workers work hand-in-hand. St. Joan (2001) used this term to capture instances where a client would complain about the law student to the social work student and then complain about the social work student to the law student.

In terms of “side-by-side,” several law students expressed a preference for working independently, each working separately on separate issues, but wanting to come together to talk when needed.

One student expressed concern that “if we do everything jointly, we may get group-think” (St. Joan, 2001, p. 6). What this means for social worker-lawyer interaction is that social workers may be more inclined to a collaborative model that emphasizes the different fields working more as a team together for most issues, and there being less power disparity in the workplace. Social workers may also lean more toward the “hand-in-hand” collaborative model than the “side-by-side.” On the other hand, lawyers may be more solitary and, if needed, may desire to work “side-by-side.” It is not known which collaborative style might increase the likelihood of ethical tensions; thus, future research should focus on the risk factors associated with each model to fill the gaps in the knowledge base.

#### **4. Ethical Decision-Making Model and Resolution of Ethical Tensions**

This discussion of collaborative models illustrates the pathway by which tensions emerge. An ethical decision-making model could be used to guide ethical practice(s) between social workers and clients but could also be used within interdisciplinary collaborative(s) as the critical thinking tool(s) to address the underlying assumptions of ethical tensions. The aim of social workers within such collaborative(s) is to exert their influence through their status and through their well-developed systems, such as the *Code*, for recognizing ethical issues or dilemmas. Collaborative relationships do not tend to entertain

power balances very well. The outcome may not be in the best interest of the client from a social work perspective but at least it is an attempt to sort through the issues in a rational manner that promotes critical thinking.

Hartsell (2006) conceptualized an approach to ethical decision-making that attempts to reduce choices to a set that is necessary and sufficient. In its simplest form, this approach has three values and one principle. In his model, Hartsell (2006) suggests that a small set of elements constitutes the context in which ethical decisions are made. The three elements are life, choice, and relationship. Only the living can make ethical decisions, so life is a necessary part of the context. Ethical decisions involve choices about behaviors in relationships with other people. Therefore choice and relationship are also essential elements of the context. Together, the elements life, choice, and relationship form the context in which an ethical decision is made, and they therefore provide the values necessary for an ethical decision.

An underlying assumption in this model which is a departure from most models is the belief that “there is no resolution to a genuine dilemma” (p. 6). Therefore, when an ethical dilemma exists, the best one can do is to maximize all three elements of the context, and this is the one overriding ethical principle in the Hartsell model. Maximizing means maintaining as much as possible without compromising any of the three elements. To maximize life means to support life and processes. To maximize choice means to acknowledge available options and to allow free selection from among them. To maximize relationship means to communicate in ways that promote continued communication. Relationship is the voluntary interaction between two individuals. It includes the spoken and unspoken rules about that interaction. Relationship is part of context because the ethical dimensions of choices that exist outside of relationships are immaterial. No individual may ethically violate the context. Context, as stated previously, includes life, choice, and relationship. For one to make

decisions regarding the life, choice, or relationship of another violates the ethical context.

## **5. Case Examples**

In order to further an understanding of ethical tensions within the context of the Hartsell ethical decision-making model, we examine two cases that are likely to be seen in law clinic settings as cited in the literature (Anderson, Tremblay & Barenberg 2007; Benson, 2001; Galowitz, 1999; St. Joan, 2001).

It should also be noted that social work interns and social work faculty members in law clinic settings are typically asked to sign a confidentiality agreement protocol before meeting with clients (See Appendix). The agreement does not say that social work interns cannot report to the Social Services department if child abuse or neglect is suspected (although this may vary among law clinics depending on the state or jurisdiction). For example, in Virginia, lawyers are not mandated reporters of child abuse or neglect, and there is no case law or attorney general opinion on interdisciplinary collaboration (D.S. Margolin, personal communication, March 20, 2012). On the other hand, social workers in the state of Virginia are mandated reporters of child abuse or neglect (D.S. Margolin, personal communication, March 20, 2012). In this case, The Virginia State Bar Association Ethics Panel should be consulted for guidance in developing a written protocol for all students and faculty (D.S. Margolin, personal communication, March 20, 2012).

According to a protocol approved by the Virginia State Bar Association Ethics Panel and administered at the University of Richmond Family Law Clinic (See Appendix), any time a social work student or faculty member identifies a potential obligation to report, the law clinic director must assess the severity of the situation, which may include further investigation with the client’s consent. The client must be counseled on each step and ultimately must consent to report. If the client does not want to report their alleged



role as the perpetrator of child abuse, the law clinic director is ethically bound to report the abuse if there is strong evidence that imminent bodily harm is about to occur to a child (Margolin, Berenson, Martin, Raab and Zavez, 2010). An ethical dilemma may emerge for a social work student or social work faculty member in terms of deciding whether to breach confidentiality by reporting the suspected abuse. A circumstance such as this might occur if the law clinic director did not assess that a report is warranted but the social work student and faculty member disagree with the assessment. As such, the following case examples will provide further insight into the etiology of an ethical dilemma within a law clinic setting.

### **5. 1. Case Example 1: Sally and Ted**

A social work intern is serving as part of an interdisciplinary team at a law clinic and is working with four faculty supervisors who are also lawyers, one faculty social work field instructor, as well as 25 law students practicing law under a state statute treating them as lawyer-equivalents. A law student, faculty supervisor, and social work intern meet with Sally, 40 years old, whom the clinic represents in a contested divorce proceeding against her husband, Ted. During the meeting, Sally tells her legal team that Ted, when drinking, sometimes hits his six- and eight-year-old children with his fists. The most recent incident of this violence occurred a month ago, when the family was reunited for a short spell. At present, the children reside with Sally. Visitation and custody are matters for which the clinic is working on Sally's behalf. Sally believes that the children are safe as long as they are not left unsupervised with her husband. She does not want Social Services to get involved in her life.

The law student who has heard the information cannot reveal it unless Sally consents. By contrast, unless the social work role within the clinic provides some exemption, the social work intern might be obligated to report what has been learned to the state agency authorized

to investigate child abuse (although laws will vary from state to state). According to the clinic protocol, if a social work intern identifies a potential obligation to report, the law and social work faculty supervisors must assess the severity of the situation, which could include further investigation with the client's (Sally) consent. If faculty supervisors have strong evidence that imminent bodily harm is about to occur to Sally's children, the social work intern is exempted from the mandated reporting requirement. The legal team will determine the next step and the social worker will assume a consultative or advisory role. If it is deemed that Sally's children are in imminent danger, the law students and law faculty may ultimately decide to report the abuse to Social Services with or without Sally's consent depending on the severity of the circumstances.

### **5.2. Case Example 2: Joe and his Family**

The second case scenario involves the same team as listed in our first case example. The team is representing Joe, a 15-year-old 9<sup>th</sup> grader who lives with his mother, stepfather and 10-year-old sister. Because of Joe's recent truancy, Joe's school filed a Child in need of Services (CHINS) petition with the local District Court. In an upcoming hearing, a judge will order a plan recommending particular interventions to address truancy. In the course of the team's interview with Joe, he mentions that his stepfather is an alcoholic and that when drinking he has a "bad temper." Joe informed the team that his stepfather has hit him on several occasions in the past two years. These incidents have been escalating in frequency and intensity. The most recent incident occurred four weeks ago when his stepfather slapped him in the face and pushed him against a wall. This was about the time Joe stopped going to school. Joe's mother is not aware of these incidents, and Joe states emphatically that he does not want the team to tell anyone about these incidents. He does not want Social Services involved, he wants to stay at home (and does not want foster care or residential

placement), and he wants to try to graduate with his friends. He is also concerned that if his mother learns about these incidents it will create more tension between her and his stepfather. The law student and supervising attorney feel strongly about representing Joe's stated interest. He wants to stay at home and says he will make every effort to attend school.

If Joe told his story to the social work intern, there would be a potential obligation to report the stepfather's violent behavior to Social Services based on what is stipulated in the law of that particular state. In this scenario, the social work intern is meeting with Joe and his mother alone to complete a social history intake form. The social work intern would notify the faculty supervisors to determine whether the violent behavior would be reported. If Joe were to tell his story to the entire legal team (inclusive of the social work intern), they would have no such obligation to report the incidents of abuse to Social Services but would still notify the faculty supervisors. Even if the members of the legal team have no statutory obligation to disclose the stepfather's behaviors, they cannot act as though they never learned about the violence. While they may opt not to make a report, they will acknowledge the difficult position in which Joe finds himself. Effective legal representation will include careful, thoughtful counseling of Joe about his needs, wants and interests, including his safety, as he lives with the stepfather.

### **5.3 Application of Hartsell model to Case Examples**

There are recurring themes in the lingering questions at the conclusion of each case example. Each question points to the need for the social worker to come to terms with or resolve internal conflicts regarding the ethical "duty to report." For the purposes of illustration, the Hartsell model will be applied to the case examples.

According to Hartsell, in order to maximize life, the team would seek to protect Joe's life by removing him from the abusive relationship

with his father. In Sally's case, the children are not living in the home with their father but visit him while the divorce is in process. In order to maximize life for the children, there must be no unsupervised visits. Court ordered supervised visitation for Ted to see his children is reasonable. Sally's children would be protected by having a third party present during visits. Regrettably, a court mandate is not in place because the allegation of child abuse was not reported to Social Services so there is no official record. In order to maximize Joe's right to make choices that he perceives are in his best interest, the social work intern could support the client's choice to remain in the home and also present potential consequences to the team (e.g., if client remains in the home there will be substantial risk of harm). Similarly, Sally has a right to determine whether there is a need for intervention from Social Services. It seems that, thus far, more weight is being given to each client's right to choice as opposed to life. If the members of the legal team (inclusive of the social work intern) in both of these cases want to support life, it would have to be determined that Joe as well as Sally's children are in imminent danger.

It is important to note that *Model Rules 1.6(b)(1)* states that "the lawyer may disclose to prevent reasonably certain death or substantial bodily harm." The lawyer would need to determine whether the previous abuse makes it "reasonably certain" that Joe or Sally's children will be abused or whether the violence constitutes substantial bodily harm. In Joe's case, if the lawyers fear for Joe's safety in a palpable and urgent way, one trusts that they will seek outside intervention even if their client refuses to authorize them to do so. Sally's children are in a vulnerable position and need to be protected. Sally will not always be able to guarantee while the divorce is in progress that visits with Ted will be supervised. Since there is no restraining order in place, the legal team needs to determine if there is risk of "substantial bodily harm" for Sally's children. This author is not aware of an American Bar

Association (ABA) guideline or checklist to identify which sets of circumstances indicate the threat of “substantial bodily harm.”

How does legal counseling differ from the counsel of a social worker? In Joe’s case, the lawyers will want to ensure that he understands that they (lawyers) are his allies and his confidants, but that they are still worried about his protection. They will explore with him his competing needs to remain in his current home and at the same time not to be hurt. The lawyers may not persuade Joe that a report to some authority will serve his longer term interests, but they must be sure that Joe understands that option and its potential advantages. His perceptions and his predictions may not be realistic—not necessarily because he is a child, but because many clients, young and old, can benefit from a more objective viewpoint. This counseling is consistent with considerations that a social worker would make in accordance with sound ethical practice. According to Koenig, Chapin, and Spano (2010), “a social worker who is part of a multidisciplinary team must identify possible alternatives and determine which alternatives are most feasible for dealing with the situation...creatively brainstorming about potential interventions and their consequences demonstrates ethical practice and seems critical to successful outcomes” (p. 143).

The lawyers may hope that Joe will give them permission to intervene to protect him against his stepfather (while they simultaneously hope that some intervention will actually lead to his protection). But unless their worry about his well-being is immediate and desperate, one might assume that the lawyers will not betray Joe’s wishes about confidentiality and will not disclose the violence to any other person. This result may be more comfortable for the lawyers to accept than for the social worker, who has been trained differently and might seem to be more paternalistic. Similarly, in the case of Sally, the social work intern could make a professional judgment that it is best to betray Sally’s wishes regarding intervention from Social Services. If the overarching goal is to keep the children safe, it

seems that reporting the abuse might also present a set of consequences, such as court ordered counseling for Ted, not currently in place. In either scenario, there is a need to engage in a series of soul-searching conversations about respective roles (social work and law) in an effort to avoid role identity confusion.

In order to maximize the relationship element, terms/expectations of the relationship for clients in both scenarios need to be clarified. Spano and Koenig (2003) note that competent practice rests on the realization that relationships between workers and clients, as well as among team members, are the vehicle that creates the possibility to manage difficult dilemmas. In both case examples, terms and expectations of the social work intern and social work faculty field instructor with respect to the legal team should be clarified. Joe needs to understand that the social work professionals have a duty to both him and his mother. In Joe’s case, the social work intern would need to clarify Joe’s expectations for confidentiality and for protecting him from potential abuse from his father. The objective here is for Joe to have the opportunity to make fully informed choices about how to continue. If the social work intern is unable to fulfill the expectations that both Joe and his mother have for the professional relationship regarding confidentiality, the Hartsell model would lead the social work student to request removal from the case or to decide, in consultation with social work faculty, to negotiate with Joe and his mother to find acceptable terms.

Hartsell suggests that this model could be taught to clients such as Joe and Sally. In Sally’s case, if she thought about her dilemma in terms of life, choice, and relationship, she may come to a different conclusion. She might decide that she would rather waive her right to confidentiality in order to protect the lives of her children, who may still have a relationship with their father in the form of court ordered visitation after the divorce is finalized. In Joe’s case, if the social worker does not report the abuse and Joe goes back home and is brutally beaten by his stepfather, the principle

of life has been violated. If the social worker consults with a personal attorney, determines that Joe is in imminent danger and decides to report against the wishes of the legal team, a violation of Joe's wishes regarding choice will occur.

This exercise helps us to understand Hartsell's assertion that "attempting to resolve a dilemma by prioritizing one value over another is ineffective because although doing so may reduce distress—in effect by changing the intensity with which one holds a belief and thereby reducing the dissonance—it does not eliminate the dissonance because the two beliefs remain inconsistent...in some cases, the best we can do is to accept that the dilemma is unresolvable" (p.6). Although the underlying principles in this model—i.e., life, choice, relationship—may not square with a legal plan of action, if members of the legal team are receptive to engaging in this type of discourse, they might conclude that plausible arguments are being made by social work team members. If this process works well, the lawyers will have a better understanding of their role obligations and social workers will feel that their voices have been heard.

## **6. Conclusion**

Interdisciplinary collaborations between social workers and lawyers are expected to increase as social work skills are recognized as an enhancement to client services (NASW, 2008). Observers who have addressed the concept of social worker collaboration all agree that the positive impact on client representation clearly outweighs the potential challenges raised by such arrangements (NASW, 2008; Colarossi and Forgey, 2006).

Most practitioners and educators would agree that ethics are lived and practiced in every moment of social work and are therefore one of the "most important aspects of social work education" (Swindell and Watson, 2007, p. 2). Swindell and Watson also point out that social work students should be engaged in a pedagogical framework that enables them to see ethics as something that they "are" and not merely a *Code* to follow. Social

work students who intern in the legal aid setting(s) have an opportunity to experience the benefits of this type of collaboration and develop ethical problem solving skills early on in their careers.

In light of the distinct ethical mandates between the two professions, one potential solution could involve the use of a framework to manage conflicts among social workers' personal worldviews, their professional code, and the code of another profession (law). In the short term, the model proposed by Hartsell (2006) would be a logical starting point because it sets the parameters for critical thought processes and provides a rational framework to guide "soul-searching" conversations that take place among team members.

One should also be mindful of the fact that the *Code of Ethics* of the National Association of Social Workers loosely follows the *ABA Model Rules of Professional Conduct* but provides less protection for social work professionals regarding malpractice and other liabilities (Woodcock, 2011). The development of a companion statement to accompany the *Code's* existing standard regarding interdisciplinary collaboration, with specific language pertaining to legal settings, may be warranted and could give social workers improved ethical guidance.

A long-term solution according to Woodcock (2011) is for the social work profession to adopt an explicit legal model. If social workers wish to have a complete and effective ethical code, capable of guiding them in many varied situations similar to scenarios outlined in this paper, there is no need to reinvent the wheel. One potential solution might be for the social work profession to adopt ABA's *Model Rules of Professional Conduct* as a first step. Woodcock (2011) notes, "Indeed, why not use what lawyers use to limit their own malpractice exposure, and enlist the natural sympathies of judges who tend to be familiar with the *Model Rules* in the process?" (p. 23). Woodcock (2011) acknowledges that there will be times when a social worker should proceed somewhat differently from how a lawyer would

proceed in similar circumstances. Furthermore, the legal code might be completely wrong for social workers on a particular issue. In that event, social workers might have to invent their own rule above and beyond what already exists in the NASW Code.

The types of collaborative models outlined in this paper provide a blueprint upon which to build. The continued exploration of these issues should be embraced to ensure that interdisciplinary collaboration(s) can continue to flourish. The ultimate goal is to transition from the question "You want me to do what?" to "What pathway will I use to navigate through ethical tensions in order to enhance the clients' best interest and well-being?" Application of an ethical decision-making model in a law clinic setting should be encouraged. A concerted effort among those involved in interdisciplinary training may increase the probability of professionals' engaging in sound ethical practice irrespective of complex realities on the ground.

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**Appendix**  
Confidential  
FAMILY LAW CLINIC  
POLICY AND PROCEDURE REGARDING  
MANDATORY REPORTING OF CHILD ABUSE OR NEGLECT

Introduction

As a social work or psychology consultant to the Family Law Clinic (“the Clinic”), you are a member of the legal team<sup>1</sup> for each client. As such, you are required to follow the rules of the attorney-client privilege.<sup>2</sup> All communications between a lawyer and client are confidential. Client confidentiality is a fundamental and weighty professional obligation.

Attorneys, including guardians ad litem for children, are **not** mandated reporters of abuse and neglect Virginia.<sup>3</sup> Social workers and psychologists are among the mandated reporters; when there has been reasonable cause to suspect that a child is abused or maltreated they are required to report to the statewide central register of child abuse and maltreatment. However, you, as a member of the legal team do **not** fall within the category of mandated reporters.

The legal team is **forbidden** from unilaterally overriding the attorney-client privilege to disclose suspicions of child abuse or neglectful acts that have **occurred in the past**.

Procedure for adult clients when there is reasonable cause to believe the client will commit immediate bodily harm to a child

If a member of the legal team believes that serious bodily harm to a child is about to be committed by a client, the team member must immediately contact Professor Margolin on her cellular phone and leave a message for her with the Clinic’s Coordinator.

The team members shall, after consultation with the Law Clinic Director, conduct further investigation as to the veracity of the information and whether the information has already been reported to child welfare authorities. The Law Clinic Director and the supervising social work and psychology professors will ultimately decide whether the matter is reported.

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1 The “legal team” refers to Law Clinic Director; the Clinic’s law students, masters of social work students and professor supervisors, Ph.D. psychology students and professor supervisors; the Clinic’s Coordinator; and other professionals, working as staff or volunteers, on matters related to client representation at the Family Law Clinic.

2 The obligations of each member of the legal team were discussed and affirmed with Ethics Counsel at the Virginia State Bar.

3 Ann. Code § 63.2-1509

## ***Appendix***

### Procedure for child clients when new abuse/neglect allegations come to light during an interview

In some cases, the Family Law Clinic will represent a child. As with adults, attorney-client privilege attaches to all communications between the child and the legal team. A lawyer representing a child is **not** obligated to report any new abuse or neglect charges that come to light during an interview with the child.

However, when the Clinic is representing a child and believes that it is in the child's interest to disclose the new information, the proper course is to discuss the matter with the child and attempt to obtain permission to speak to the authorities on the child's behalf. If the child does not consent, the legal team may not reveal the information.

If the child is clearly too young to make an important decision, and would be in danger if the information is not revealed, the team member must immediately contact the Law Clinic Director on her cellular phone and leave a message for her with the Clinic's Coordinator.

The team members shall, after consultation with the Law Clinic Director, conduct further investigation as to the veracity of the information and whether the information has already been reported to child welfare authorities. The Law Clinic Director and the supervising social work and psychology professors will ultimately decide whether the matter is reported.

### Procedure for child clients when there is reason to believe that the child client will be the victim of imminent bodily harm

When the Clinic is representing a child and a team member believes that child client will be the victim of imminent bodily harm, the team member shall first attempt to obtain permission to speak to the authorities on the child's behalf. If the child does not consent or is clearly too young to make an important decision, the team member must immediately contact the Law Clinic Director on her cellular phone and leave a message for her with the Clinic's Coordinator.

The team members shall, after consultation with the Law Clinic Director, conduct further investigation as to the veracity of the information and whether the information has already been reported to child welfare authorities. The Law Clinic Director and the supervising social work and psychology professors will ultimately decide whether the matter is reported.

\_\_\_\_\_  
Law Clinic Director

\_\_\_\_\_  
Student

\_\_\_\_\_  
Professor (Social Work)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# Ethics and On-Line Research Methodology

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## Abstract

The ethical concerns and strategies involved with using computer technology for research purposes are still being debated. The purpose of this paper is to explore specific areas of concern with on-line research regarding recruitment, informed consent, privacy and confidentiality, deception, and avoidance of harm. Starting from a historical perspective, an analysis of the impact on various stakeholders is discussed along with strategies to address and resolve ethical issues associated with on-line research.

**Key Words:** On-line research, ethical principles, Internet, virtual community, virtual research, social work

## Ethics and On-Line Research Methodology

### 1. Introduction

The Internet offers a multitude of communication opportunities. With the advancement of computer technology in the 1980s to develop simple databases and statistics, Reamer (1986) raised ethical concerns with privacy issues and the misuse of privileged information. During the 1990s, improvement of computer hardware and programming brought many developments. Advanced databases, assessment and screening

capabilities, electronic e-mail, high-speed access, and the ability to use the Internet as an adjunctive learning tool are just some examples (Birnbaum, 2004; Giffords, 1998). Using these technological advancements for research; both qualitative and quantitative, has created significant prospects for obtaining information from specific populations, target groups, and communities previously obtainable or only with considerable cost, time, and effort or not at all (Buchanan, 2000, Brownlow & O'Dell, 2002).

The web page for The American Psychological Society (APS, 2008) designates a link under on-line psychology experiments to various Internet-based research projects. During the course of obtaining resources, the author of this paper was able to connect to a research project regarding personality traits. In the age of cyberspace, the use of the Internet in social work research is inevitable. However, policies related to the ethics of methodological Internet research are still in the developmental phase. Differing perspectives on what ethical framework should prevail are still being hotly debated (McCleary, 2007; Israel & Hay, 2006; Pauwels, 2006).

The present paper focuses on five areas of concern specific to on-line or virtual research; (a) recruitment and enrollment of participants, (b) informed consent, (c) protection of privacy and confidentiality, (d) deception, and (e) avoidance of harm. Starting from a historical perspective, this paper will analyze the impact on stakeholders including: participants, researchers, and the research funding sources. Strategies will be

suggested to address and assist in resolving ethical issues with this venue.

## **2. Historical Perspective**

The Internet is a relatively new medium in the world of research. Prior to its development, behavioral research was primarily based on paper and pencil collection of data, mail surveys, and face-to-face interviews. Ethical considerations with privacy, informed consent, methodologies, experimental control, debriefing, and communication were thus more easily controlled. Pre-internet, behavioral research was more limiting not only in the difficulty of reaching certain populations and data collections, which required labor intensive efforts, but also in the cost of conducting research experiments. As a result, many groups of specific populations were under-researched or limited in the scope of availability (Flicker, Haans & Skinner, 2004). The capability to do on-line research has allowed for the transcendence of “geographical, physical and time barriers that previously limited the scope and content of individual research studies, making accessible the actual communications and artifacts of individual Internet users” (Stern, 2003, pg. 252).

Waskul and Douglass (1996) noted that the social and behavioral science fields found the computer a viable means for expanding research opportunities. The first Internet psychological experiments involving manipulated variables were completed via by Welch & Kranz in 1996 (Musch & Reips, 2000). Home Internet use in general has expanded exponentially and as of September 2008, more than two hundred twenty million Americans used this form of communication in their homes or at work, while forty million mobile phone subscribers had Internet capability (Nielsen/NetRatings, 2008). Internet usage has extended to virtually all areas where communication exists. Data sources not only include Internet web-pages and e-mail, but have expanded to message boards, electronic mailing lists, newsgroups, blogs, discussion groups, chat rooms, instant messaging and virtual worlds that address a seemingly

unlimited number of subjects; information that previously was not available. The virtual community, with its advancements, however, has also brought additional ethical concerns with human participation and Internet research (Cwikel & Cnaan, 1991; Childress & Asamen, 1998; Giffords, 1998; Flicker et al., 2004).

## **3. Scope of the Issue**

While there are multiple advantages in conducting human participant research using the Internet, ethical issues surrounding recruitment, enrollment, informed consent, protection of privacy and confidentiality, the use of deception and avoidance of harm must be sufficiently addressed for ethical compliance by an Institutional Review Board or IRB (Azar, 2000; McCleary, 2007; NASW, 2008). The responsibilities of the IRB are listed in the Code of Federal Regulations (CFR) 45.46 (U.S. Department of Health and Human Services, 2005). The ethical foundation of these regulations is taken from the Belmont Report published in April 1979. The Commission for the Protection of Human Subjects of Biomedical and Behavioral Research developed the Belmont Report to summarize the basic ethical principles identified by the Commission during a conference held at the Smithsonian Institute’s Belmont Center in February 1976. Based on this report, ethical protection of human subjects in research adheres to the principles of how human subjects are to be treated in a research setting. Specifically, the three principles of the Belmont Report are respect for persons, beneficence, and justice (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). The responsibility of the IRB in authorizing research studies centers on these three principles for which the potential benefits should outweigh the probable costs to the subjects (McCleary, 2007). Efforts to understand and address ethical issues of Internet research have been approached, but there remains no set formal standard of practice or official guidelines in this particular

area. Lacking such formal standards, ethical dilemmas that occur in the course of Internet research are best resolved by applying the ethical principles of the Belmont Report (Childress & Asamen, 1998; Flicker et al., 2004; Keller & Lee, 2003).

### **3.1 Recruiting and Enrolling Participants**

Recruitment of individuals for research studies via the Internet is impacted by the manner in which enrollment is done and who will choose to participate. Dependent upon this point is the type of advertising used to recruit and the accessibility of the study (Hewson, Laurent, & Vogel, 1996; Nosek & Banaji, 2002). Open accessibility will provide the broadest sample of participants but brings with it the disadvantage of trying to control who is recruited and the nonrandom nature of this type of sample. Specific accessibility allows for setting criteria which individuals must meet before being allowed to participate and may include variables such as age and gender as conditions for selection. Invited accessibility is designed to control participation to a randomly selected group of individuals through the use of unique access codes and a specific link to a web site. This procedure also allows the researcher to track and verify that an individual only participates once in a study (Nosek & Banaji, 2002).

Widespread recruitment through the registering of a research web site with popular search engines may not be adequate to obtain sufficient samples in a relatively short period of time. This process may be enhanced with the use of postings in newsgroups and mailing lists. Traffic can increase if interest is generated and the Web site address is forwarded to others. The downside to this approach is the possible loss of control over what is stated about the web site. This poses as a risk for having misleading information being passed on and leading to possible sampling bias or even worse (Nosek & Banaji, 2002; Birnbaum, 2004; Childress & Asamen, 1998).

Targeted advertising directly to electronic mailing lists or news groups will contact specific populations who may have an interest in the area to be studied. Advertising by this method allows for an increase in the control over who receives the information and how it is presented. Often, it is accompanied by screening measures such as a password to assure that a web site will only be visited by individuals who have been directly contacted (Nosek & Banaji, 2002; Benoit, Jansson, Millar, & Phillips, 2005; Hewson et al., 1996). However, once information is received from a mailing list, there is no control over to whom the message is forwarded. The type of advertising and accessibility employed for the study can affect participation of subjects and their commitment to the study. Bias within populations that have low Internet access (e.g., lower-income, minorities, and extremely rural populations) can place limitations on the reliability of an Internet study (Nosek & Banaji, 2002; Childress & Asamen, 1998).

The Belmont Report directs researchers to show “respect for persons” by ensuring the autonomy of individuals and their right to self-determination. Under the principle of justice, researchers need to consider the role of social, racial, sexual, and cultural biases in the selection of subjects. Without face-to-face contact, the selection process can be difficult, but limitations within the virtual community can be reduced by how the recruitment process is approached (Nosek & Banaji, 2002; McCleary, 2007).

### **3.2 Informed Consent**

Informed consent involves the capacity of individuals to choose, to the best of their ability, whether to participate in the study based on an accurate description about what will happen to them in the process of the research. While this may appear to be straight forward, informed consent cannot occur without three fundamental elements: (a) information that allows for an understanding of what is involved in the research, including the possible risks, (b) comprehension of the information that is presented, and (c) recognition

that coercion is not used to control or influence participation (McCleary, 2007; Israel & Hay, 2006; Azar, 2000). This can be accomplished via e-mail or as a direct link during the enrollment and registration in the study; however, there are no concrete assurances that survey respondents either read and/or understand on-line consent forms (Keller & Lee, 2003; McCleary, 2007; Azar, 2000). E-mail correspondence for informed consent may seem intrusive and limit anonymity (Eysenbach & Till, 2001; Birnbaum, 2004). Several authors, (Madge, 2007, Childress & Asamen, 1998; Michalak & Szabo, 1998), encouraged the use of e-mail to offer the opportunity for prospective participants to ask questions pertinent to the project, decrease the chance for coercion, and allow for the option of withdrawing from the study. In a report published by the Board of Scientific Affairs Advisory Group (Kraut, Olson, Banaji, et al., 2004) in an effort to prevent minors from participating in a study, recommendations were made to have subjects be asked information that is generally applicable only to adults or directing them to register with a trusted web site authority that requires significant verification. Even with safe guards in place to decrease the likelihood of underage participants and ensure that subjects have read the consent, there is no concrete method of assurance to eradicate this risk (McCleary, 2007, Kraut, et al., 2004).

Considerable discussion has taken place regarding the need for informed consent, arguing that the majority of web sites, discussion boards, and chat rooms cannot be considered *private* spaces but are construed as *public domains*. Madge (2007) notes that the boundaries of what is considered private or public is “blurred and fuzzy” with no internationally binding agreement determining whether on-line messages are considered private correspondence or if *lurking* in chat rooms or discussion boards is construed as a defensible online research methodology. This paradigm was reflected by Herring (1996) who viewed posts on communal forums as public data. Researchers should take into account the purpose of the postings and discussion forums in

an effort to gauge whether participants view their communications as public or private (Sixsmith & Murray, 2001). Often e-mail participants post from home or work with the mistaken belief this type of communication is not traceable and therefore private. With self-help and support groups, disclosure may hinge on the belief that if the material posted is being observed for research, the site cannot be trusted and alter the participation and content of the discussions (Sixsmith & Murray, 2001).

Cyberspace has generated great debate as to what the expectations of privacy may be among different virtual venues. As classified by Herring (1996) in naturalistic research, there is the need to avoid disturbing the order of the research object as much as possible; while in critical research, the participants’ performance is tested under specific principles such as fairness, justice, or freedom from ideological distortions. This leaves the researcher in a difficult position if informed consent is sought. In justifying not using informed consent, Herring explains that significant changes in subjects’ behavior would have occurred had informed consent been sought with on-line studies involving the virtual population. In an article related to ethical issues with on-line visual research, Pauwels (2006) notes that choosing the web as a means of public communication implies the role of being a mass communicator, thus alleviating the need for informed consent. This sentiment is echoed by Pittenger (2003) in that *virtual communities* are essentially public arenas, which should not uphold the expectation of privacy. Garton, (1997) views researchers as “only participating in the electronic equivalent of hanging-out on street corners... where they would never think of wearing large signs identifying themselves as ‘Researcher’” (pg. 2 on-line).

Based on the ethical principle of respect for persons, the need for informed consent from participants is not entirely clear when applied to on-line research in varying available venues. The concept of obtaining informed consent from a consequentialist perspective may not be realistic given the vast and complex network of information

systems available on the Internet (Bassett & O’Riordan, 2002). The opposing position suggests the use of e-mail material for research purposes without the consent of the person who wrote it could pose potentially damaging threats to on-line research as members of a group may view this as an invasion of their personal privacy. Perceptions of this sort may lead to distrust of e-mail sites, discussion boards and other forms of on-line communication (Sixsmith & Murray, 2001; Elgesem, 2002). The NASW Code of Ethics adheres to the value of *integrity*, upholding the ethical principle of trustworthy behavior (NASW, 2008). The issue of informed consent is an integral part of the social work professional standards and observance of these principles needs to be vigorously reviewed when considering on-line research projects.

Bakardjieva and Feenberg (2001), pose the concept of *alienation* and not privacy, as the key ethical considerations in virtual or on-line research. These researchers propose a collaborative model and view participants as engaging in a partnership, thereby facilitating research development. The interests of the participants are minimized or restricted without their informed consent. This prevents what can be valuable interactions with their capabilities using Internet correspondence. In her research of a breast cancer on-line discussion forum, Sharf (1997) indicated that while she was primarily lurking on this site, she did occasionally post messages; always indicating that she was a researcher but also held a personal interest with the topic. Sharf secured permission from each individual to use quotes in her research project citing an ethical responsibility due to the sensitive nature of the dialogue and discussions.

The Code of Conduct set by the APA (1992) would convey that in research, informed consent is not necessary if the observations and recordings of behavior are completed in a public place and are not used to harm the participants of the study. Without set standards and guidelines that are consistent but lack actual legal case review, the IRBs in one institution may view informed

consent as being unnecessary, while IRBs in other academic communities may find it unacceptable not to obtain some type of informed consent (Pittenger, 2003; Eysenbach & Till; 2001, Israel & Hay, 2006; McCleary, 2007). Clearly, the issue of informed consent requires further study.

### 3.3 Protection of Privacy and Confidentiality

Although the Internet does afford a perception of anonymity, this may be false in certain circumstances, primarily in how the data is transmitted and stored (Nosek & Banaji, 2002). In addition, there are distinguishing differences between anonymity and confidentiality. The term anonymity implies secrecy, obscurity, and without a name; confidentiality denotes privacy and discretion (Webster’s, 1973).

Many research designs may not require identifying information and therefore, Internet research can result in complete anonymity, excepting if an individual’s screen name or e-mail address is published. There are research projects that do require some form of identifying information and under these circumstances the use of data transmission, storage and the possibility of post study interaction with participants require protection of confidentiality. The use of a portable diskette or flash drive can allow for easy transfer of data and afterwards specialized software to remove any remnants of files from a computer’s hard drive. Conducting a webpage-based study with the use of a secure server line technology utilizes encryption methods that encode information from a participant, making it meaningless to someone who might intercept this data in transit. To minimize the identification of individuals and increase the prospect of maintaining anonymity, pseudonyms can be used by participants. Also, the name and locations of lists and newsgroups along with the use of exact quotes should be avoided. Implementation of identifying labels, algorithms, and separation of identifying information from transmissions can be used to protect confidentiality and thus increase

the level of privacy of the participants in virtual communities (Nosek & Banaji, 2002; Pittenger, 2003, Sixsmith & Murray, 2001; Keller & Lee, 2003; Israel & Hay, 2006).

Pittenger (2003) issues a call for concern with how research data is stored, noting that a state's open records law may allow for contents of e-mails and other correspondence to be considered a matter of public record. While this may be specific only to certain states and public institutions, it presents ethical considerations along with possible legal ramifications.

Israel and Hay (2006) suggest the option of offering limited assurances or extended confidentiality. In their book, the authors provide examples of how the legal system may ultimately cause compromise of confidentiality of subjects in research projects with guidelines to minimize the effects of such action. Pittenger (2003) also urges the researcher to obtain the specific rules of a virtual community and establish guidelines relating to the issue of respect and privacy with communications by way of an informed consent.

Ethically and morally, social work researchers have an obligation to uphold the NASW Code of Ethics, (NASW, Sections 5.01, 5.02 and 6.04, 2008) but legally may find themselves in a state of conflict and possible violation of the law. Consider these aspects when looking at methodologies in research with the collection, analysis and storing of data decreases possible breaches of confidentiality with legal interventions. This awareness helps to minimize the discrediting of the study, the researcher, and that of the institution or agency with which he or she is connected (Israel & Hay, 2006; Pittenger, 2003).

### **3.4 Deception**

Deception is the practice of deliberately concealing the true purpose of a study to the participants. Lying, manipulation, misleading or exaggerating information are forms of deception that may be used in covert research projects where revealing the true reasons for the purpose of the

study would jeopardize the goal of the research. Israel & Hay (2006) pointedly present cases such as the Tuskegee study, Humphrey's Tearoom research, and Milgram's experiments in the 1960s as examples of how the use of deception can produce adverse situations, sometimes with severe consequences for the participants as with the Tuskegee study. Theoretically, under the principles of avoiding harm and respect for persons, deception should not be involved in research, but this has been argued both ways by a number of authors. Controlling the research environment through the use of deception can facilitate the validity of a study. Operationally, Burger (2009) revealed this in his effort to partially replicate Milgram's experiment on obedience. The use of deception has been termed justifiable under certain circumstances within the Internet community. This lends itself to the idea that postings to public forums with chat rooms, discussion boards, and other areas do not fall under the heading of private domain (Madge, 2007; Pittenger, 2003). Keller and Lee (2003) agree with the premise that mandating informed consent will be counterproductive and pose risk in the form of academic censorship under these circumstances. While researchers may not intend to use deception, on-line research, extending over a period of time and/or involving high turnover forums such as chat rooms or discussion boards), may cause inadvertent covert deception as new individuals enter a forum and existing subjects forget the basis of previous discussions (Madge, 2007).

Another argument against the use of deception in research on the Internet is the inability to allow for adequate follow up with dehoaxing or debriefing. Judging reactions to manipulations is nearly impossible with on-line interaction. Normally, debriefing or dehoaxing is done after the research process with onsite studies in face-to-face meetings or with written reports, which makes visual observation of reactions an important part of the procedure. Since the Internet does not allow for face-to-face debriefing, this may become an issue for IRB committees (Madge,

2007). In addition, individuals who choose to end participation in the research process either deliberately or due to computer error would not have the opportunity to be made aware of available follow-up without access to a dedicated website or on-line materials. Further, those subjects who dropped out would not have the capability of being made aware of research results from the information gathered during the study. In situations with cross-cultural research, debriefing may be complicated due to the need for sensitivity with the cultural make-up and values of the particular research venue utilized (Pittenger, 2003, Madge, 2007, Keller & Lee, 2003).

Flicker et al., (2004), and Nosek and Banaji (2002) address concerns with participants who are either unknowingly or knowingly misrepresenting who they are or having multiple users be represented as a single participant in effect a case of reverse deception. Both articles offer suggestions to decrease this incidence with the use of asking the same question in multiple formats or repeated at intervals throughout the study and then checking for discrepancies. Implementing the use of more personal identifying information, while seen as an option, is also viewed as being intrusive; increasing the likelihood of anonymity and confidentiality concerns. This avenue may also conflict with NASW's Code of Ethics, (NASW, Section 5.02, 2008)

Applying the deontological perspective, deception is not an acceptable path and needs to be a consideration when deciding upon the course of methodology. The act of deception may violate the Belmont principles of respect for persons. The lack of autonomy and self-determination without the use of informed consent and beneficence limits the ability to predetermine the types of harm that may ensue without proper debriefing or dehoaxing. The long-term ramifications in the use of deception in research are not known and problems associated with its application in on-line studies are at variance with more traditional methods (McCleary, 2007; Madge, 2007).

### **3.5 Avoidance of Harm**

Researchers have responsibility to protect participants from intended and unintended harm resulting from the research process and results. On-line research presents some unique concerns as participants cannot be seen by researchers, therefore eliminating visual and auditory cues related to distress. Stern (2003) raises the issue of the researcher's responsibility when encountering distressing disclosure in the process of an on-line study. She raises concerns about the principle of beneficence in contrast to the American value and constitutional right of free speech, asking which value should be held above the other. The lack of visual cues and the inability to verify the level of acuity still do not relieve the researcher from some form of response in most cases (Buchanan, 2000). Difficulties in how to address the problem arise from the circumstances of when the disclosure was written, the level of anonymity of the discloser, and the site where the discovery was found. Public forums such as message boards, blogs, and chat rooms allow for anonymity but also for public access, which may actually increase self-disclosure by Internet users and the potential physical or psychological stressors research participants may experience because of it are often unknown. Qualitative research designs, especially ethnographic forms, may be especially vulnerable to these concerns (Bier, Sherblom, & Gallo, 1996; Childress & Asamen, 1998; Keller & Lee, 2003, Buchanan, 2000).

The issue of harassment or "flaming" which Madge (2007) describes as "hostile and aggressive interactions on-line" can extend itself to verbal abuse or threats and has the potential for libel (pg. 664). O'Sullivan and Flanigin (2003) note because of different expectations and experiences, what is acceptable will vary between individuals. Flaming can also be a source of harassment or cyberstalking, which lends itself to moral implications of possible harm. Researchers who engage in controversial studies may find themselves the recipient of harassment. Such was the case with Raphael Golb who used multiple

Internet aliases to attack and attempt to discredit scholars over the archeology of the Dead Sea Scrolls (Kolowich, 2009). Concerns about negative consequences give rise to assessing would-be risks of harm against the potential benefits when determining the methodology of a research study. The accessible nature of web sites combined with the capability for anonymity make the potential for negative effects more difficult to control when compared to off-line research (Stern, 2003; Madge, 2007; Elgesem, 2002; Waskul & Douglas, 1996).

From a positive perspective, Nosek and Banaji (2002) focus on how the physical absence of a researcher may give greater freedom for a participant to terminate a study, thus eliminating perceived pressure to continue in a situation an individual may find “uncomfortable or unrewarding” (pg. 164). The implicit social norm of politeness is decreased in this instance and helps to protect the participant from feelings of coercion.

Avoidance of harm incorporates all of the ethical principles of respect for persons, beneficence and justice identified in the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). The previous issues addressed in this paper represent the underpinnings of this final category. The unique nature of on-line research requires careful consideration before engaging in studies that can not only impact individuals, but have far-reaching consequences within a virtual community (McCleary, 2007).

#### **4. The Impact on Stakeholders**

The use of the Internet for on-line research with human participants is still evolving and the long-term impact is difficult to determine as technology continues to rapidly advance, further complicating this process (McCleary, 2007; Elgesem, 2002).

#### **4.1 Participants**

The on-line community is composed of various individuals and groups of individuals. Reactions to researchers by participants are variable and appear to depend on the disposition and type of research involved. On-line support groups may view recruitment of participation as invasive in nature, while individuals posting blogs and interacting in chat rooms can view engaging in a research study as a setting for being able to offer opinions and thoughts through anonymous channels (Childress & Asamen, 1998; Madge, 2007). Eysenbach & Till (2001) address concerns as to whether research participants view on-line research as a type of voyeuristic activity, reacting with hostility at the idea of having a support group viewed as “a fishbowl for a bunch of guinea pigs” (pg. 1104). Describing a misguided estimation of risk, Bassett and O’Riordan (2002) suggest there is no hard line of delineation related to what is considered public and private domains with privacy related to the Internet.

Culturally, researchers may find themselves in a position to interpret comments from individuals about whom they have little or no knowledge. This can foster resentment of a virtual community who perceive such activity as being underhanded and negative. Misinterpretation can also lead to alteration of meaning, thus changing the dynamics of a study (Sixsmith & Murray, 2001; Madge, 2007; Elgesem, 2002).

Positive changes can also pose ethical dilemmas as on-line research may offer access to information, education or technology not otherwise available to certain populations or marginalized groups. Bier et al., (1996) reported positive changes with self-identity, education and a sense of community with lower-socioeconomic groups of individuals who were provided with computers and Internet access for a research project. An unexpected consequence of this study was related to the ethical responsibilities associated with having to retrieve the borrowed computers from the participants at the completion of the project. This resulted in the elimination of



their means of contact, thus adversely affecting their connection to others.

## **4.2 Researcher**

Faced with a barrage of ethical considerations, researchers using Internet studies have few precedents from which to judge best practice structures of methodology. While computer technology became more available in the 1980s, information technology expanded exponentially in the 1990s. E-mail capability, chat rooms and other forums of on-line communication have opened up new territory for social scientists with a wealth of possibilities in exploring fresh avenues of potential research (Reamer, 1986; Birnbaum, 2004; Nosek & Banaji, 2002). Basic design issues, increased opportunity for loss of experimental control with virtual laboratories, unanticipated encountering of distressing information and reactions or unexpected consequences compel researchers to re-evaluate ethical responsibilities with Internet research (Bier et al., 1996). Buchanan (2000) suggests the virtual researcher may have an ethical obligation to an even higher standard of conduct.

The Internet has permitted access to populations previously unattainable or inaccessible via past research paths. Researchers have the ability to study individuals in the bio/psycho/social contexts that would have been highly impractical using traditional research methods. Without clear guidelines as to what constitutes public or private forums, researchers are left to reflect on their own ethical principles to determine whether conduct with informed consent, confidentiality and deception will meet the standards imposed by the Belmont Report. As Madge (2007) declared, there continues to be widespread differences of opinion as to what is considered appropriate ethical conduct with the Internet.

## **4.3 Research Funding Sources**

Funders of research need to consider the difficulties that may be encountered but unanticipated by researchers. Legal concerns by

academic institutions may influence restrictions of Internet research thus affecting funders on whether this would justify financial support of projects if the benefits derived from the research would be inhibited. Pittenger (2003) notes that poorly conceived methodologies and inaccurate conclusions, because of unjustified inferences, may result in damages to those who pay for the research, either directly or indirectly.

## **5. Strategies to Address Concerns and Resolution of Ethical Dilemmas**

Ambiguity, uncertainty and disagreement are inevitable where clear boundaries and guidelines do not exist (Madge, 2007). However, strategies to address current and potential ethical dilemmas have been well documented and addressed to varying degrees throughout this paper. In addition, Birnbaum (2004) offers a detailed description on techniques and methodology on human research via the Internet.

Using the principle of respect for persons, Michalak and Szabo (1998) discussed the need for having researchers identify themselves, their affiliation, and the purpose of study when recruiting subjects. Inquiries and comments from participants can be used to verify legitimacy of the study along with providing the opportunity for feedback by subjects, which can facilitate future research methodology. Flicker et al., (2004) and Madge (2007) assert that researchers need to consider the autonomy of individuals when considering informed consent. Tantamount to this is the need for protection of privacy, confidentiality within the researcher's ability, and protection from harm through the removal or disguising of identifying data. Assurances must be made to potential subjects that their participation in a study is voluntary and confidential and can be discontinued should physical or psychological stress occur during the informed consent process. Accommodations need to be in place either via a web link or direct contact information. Collection of qualitative and quantitative data can be relatively easy on Cyberspace but the amount of

information needs to be reasonable.

Variables with Internet research may be more difficult to control compared to more traditional research studies. Geographical, cultural and linguistic considerations should be calculated as much as possible in the design of the research study. Sociological issues, where cultural factors could influence the data, and thereby impact the results of a study should be examined. An unknown or unanticipated event such as encountering disturbing or distressing information while conducting on-line research not only entails ethical responsibilities in the need to respond, but legal accountabilities in some instances. Researchers are required to consult with the IRB when submitting a research proposal. They should also consider consulting with other researchers involved with on-line studies. Both methods can decrease negative and unanticipated consequences (Michalak and Szabo, 1998; Childress and Asamen, 1998; Stern, 2003; McCleary, 2007).

## **6. Conclusion**

The Internet has an increasing impact on almost every aspect of society. With this relatively uncharted but enormous frontier, the Internet presents valuable possibilities and opportunities that can result in a positive impact in the research world. The avenue of virtual research also has far-reaching and unexplored consequences. While guidelines on ethical conduct have been offered, there are no set standards in place to determine specific boundaries and regulations. Complicating the equation even further is the rapidly explosive onslaught of technological advances. In response, IRBs need to develop a framework to assist researchers in determining ethical implications utilizing the principles of the Belmont Report (Azar, 2000). How IRBs develop guidelines for Internet research will be determined by whether one follows the deontological or utilitarian approach to ethical perspectives. As further data is collected and more publications emerge, the establishment of these formal guidelines for Internet research can be instituted. (Michalak & Szabo, 1998; Flicker et al, 2004; McCleary,

2007). All research involving humans, whether done in the traditional manner or in cyberspace should embody the basic ethical principles of preserving the integrity and dignity of the individuals involved- which is echoed in the APA Code of Conduct and the NASW Code of Ethics (APA, 1992; NASW, 2008). This embodiment must be applicable to both quantitative and qualitative methodological approaches. By following guidelines and the ethical principle to *do good* with beneficence, the integrity of both of the researcher and the field of social work are maintained.

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# Ethics Education from a Social Constructionist View

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## Abstract

This article describes ethical distinctions in clinical social work that became apparent to the author after training in narrative therapy for a number of years. Social constructionism and narrative therapy are briefly described. The author presents a three-hour ethics class that he developed to advance these perspectives and to move ethics education beyond rules, into a more collaborative conversation.

**Key words:** social constructionism, narrative therapy, Code of Ethics, authorship, values.

## 1. Introduction

In my former role as a state ethics committee chairman, I spent many hours in consultation with social work peers. These conversations often amounted to risk assessments in which social workers wanted to discuss the boundaries of professional practice. The focus was often on the avoidance of *unethical* practice rather than promoting a more ethical practice (Geraghty, 2005). The situation reminded me of growing up in a culture that offered a lot of knowledge about sin and very little about holiness.

Many of these consultations ended with a decision to talk to a lawyer, which, of course, has limited connection to ethical inquiry. Indeed, it can be alarming to consider how the concepts of

ethical practice and legality are so often confused. These experiences led to my interest in providing an ethics education opportunity based more on professional and personal values than on legalistic considerations.

In recent years, I have come to practice clinical social work from a social constructionist perspective (Gergen, 1985 Chambon, 1999 White & Epston, 1990, Freedman & Combs, 1966). I have studied and developed skills in narrative and collaborative therapy that have invited me to think in different ways about ethical practice in the mental health arena. The structural view that I had used for more than twenty years had me imagining a basic, fundamental, pure human nature that is transhistorical and transcultural. This “essentialism” had me seeing people complete with internal personality structures and drives that were best understood by professional experts of the mental health community.

In my experience, this expert role often seemed like a strained match with core social work values that refer to respect, collaboration, and social justice. Moreover, I worked in hospitals and clinics where these values were out-weighted by the empiricism of medicine and psychology. Learning a social constructionist point of view provided me some room outside the constraints of traditional professional discourse. I found a place to stand

in questioning my previously taken for granted ways of working with people. I found both philosophical and anthropological support:

... the vast majority of psychotherapy theories do not take into consideration the sociohistorical conditions that shaped the illnesses they are responsible for healing. Theorists often hold ideas aloof from any social context, claiming a privileged epistemological position uncontaminated by the rough and tumble of the local values and politics of their respective eras (Cushman, 1995).

In this study of social constructivism, I began thinking that something akin to identity or self is constantly being created in a fluid and inter-subjective way (Lock and Strong, 2010). I no longer imagine a preexisting self or some essential core inside of people. My comments and questions neither “get in” nor “bounce off the defenses” of the other person. When done well, they simply open conversational space for that other person to come forward in seemingly new ways (White & Epston, 1990).

Narrative therapy has encouraged me to consider the idea that every life has multiple stories that offer multiple meanings. Some of these potential stories and meanings offer new ways for clients to think about their lives, but can go untold and unrealized in a more traditional therapy session. The work of narrative therapy is concerned with telling and retelling those stories that best advance a client’s preferred sense of self. It promotes two notions; a person is always bigger than the problems that afflict his/her life, and that persons and problems should not be confused with each other. To that end, narrative approaches often use externalizing language to make out this distinction, e.g., “What does depression have planned for the rest of your day? How does that compare with your own wishes and plans?”

Although I was never content in knowing only a “chart self,” which can too easily take the

place of a complex human being, I did not have many good ways to acknowledge that complexity in my old ways of working. Daily experiences suggested that a chart self had a clear advantage in commanding my attention.

I recognize that common professional discourses, especially medical models, require a lot of attention for problems, including a professional set of categories for those problems, and a professional language to use in discussing them. While these factors serve the delivery of services and make possible systems of reimbursement, they can also promote knowledge of a static chart self over a more fluid and complex person.

After I recognized this choice about how I “see” people, and then recognized the effects of that choice, I saw an ethical decision point. During the course of a one-hour therapy session, *some* story will be made more clear, more real, and more influential. Whether it is the well-established story of a self that is dominated by some problem and documented in a chart, the less known story that highlights the limits of that problem, or a refusal by the person to be fully dominated; stories will be told, meanings and identities will be constructed. As the person holding the power advantage in the conversation, it is my responsibility to consider the role I play in determining which stories and meanings are made more real and more clear and more influential. This is not a kindness to clients; this is a professional responsibility consistent with NASW ethical principles. “Social workers respect the inherent dignity and worth of the person (NASW, 2006).” “Social workers recognize the *central importance* [emphasis added] of human relationships (NASW, 2006).” This central importance takes on even more potency for those who practice from a social constructionist perspective and see the self as a *product* of conversation and relationship.

After I let go of the idea that reality is “out there” waiting to be objectively described in language and began to view it

as being constructed by the *use* of language, another responsibility came into view. It seemed apparent to me that language choices define the possibilities of our work (Anderson & Goolishian, 1988). Depending on the words in use, some options become more available, and others less available. For instance, a client who feels some competency and a sense of urgency in coping with “the blues” may feel much less of that after the situation has been redefined by psycho education on the neurology of clinical depression. One of the traditionally defining features of social work practice is the profession’s earnest attempt to address problems in a social context (Reamer, 1999). Therefore, we ask, “What defines and constructs a social context more than the language choices?”

Professional language was a well-established habit, but to hear my clients and to know their realities, I had to listen to their language and use it the way they used it. This puts the client more in charge of their story and allows me a closer connection to their social context. After all, it is their context in their own words, not a translated version. If our sense of reality is constructed in language, a translation is the creation of another reality that is preferred by the social worker, at the expense of the one known to the client. Marginalized people are allowed a voice only when they are allowed their own vocabulary as well. This perspective has me asking other questions about ethical practice. Does respect for the client *require* me to know something about the aspects of their life that are not so dominated by problems? If so, is this knowledge an afterthought, or a primary concern? Following Madsen, to what degree does our approach require “a *foundation* [emphasis added] of client competence, connection and hope to be built as a support structure for the consideration of problems?” (Madsen, 2007). Does the client’s speech from a position of competence, connection and hope make a difference in how the problem and the person are known to us? Does it influence how the client sees him/herself? Does this difference have real effects in the client’s life?

From *Narrative Therapy* (Freedman and Combs, 1996) we are offered these (slightly revised) questions, reportedly listed by Michael White and David Epston as guides to ethical practice:

- What sort of “selves” and relationships does your work bring forth?
- How does your approach invite you to conduct yourself with the people who consult you?
- How does it invite them to conduct themselves with you?
- How does it have them see themselves?
- How are people redefined or redescribed in your approach?
- To what degree does your approach invite people to see therapists or to see themselves as experts about themselves?
- To what degree does it divide and isolate people, or give them a sense of community?
- To what degree do questions lead in generative, or in normative directions? Do they propose tailor-made projects, or one-size fits-all ways?
- To what degree does your approach require the client to enter the therapist’s expert knowledge, as opposed to the therapist entering the client’s knowledge?
- To what degree does your approach include the solicitation of feedback about the clients’ preferences for the direction of therapy, and the effects of your actions on them?

These questions suggest much about the world view that they come from (White, 2004). However, I have found them to be useful questions for professionals who have other world views as well. They promote the idea that ethics can be more than a top-down list of rules. They focus on the *effects* of our practices, “so that we evaluate ourselves not on how well we follow rules, but what effects we have in peoples’ lives (Freedman and Combs, 1996).” They have us consider more closely the responsibilities that come with having influence, power and privilege. They invite us to more closely examine the effects of race, gender and economics on the services we provide.

I don't want to imply that social workers who practice from other perspectives are any less concerned with ethics. I was certainly no less concerned when I practiced from a more traditional perspective. I simply want to say that my current clinical practice has ethical dimensions that I could not see very well from my previous world view.

I learned to apply these perspectives to my work over the past five years. My friends and colleagues learned to tolerate a lot of attention to language choices and the questioning of many taken-for-granted practices. During this period of development, I had opportunities to consult with work teams and participate in culture development in the health system where I work (Geraghty, 2010). When I had a request to provide some ethics training to a small group of professionals, it was a chance to talk about values and ethics in a more substantive way, rather than a reading of rules by an expert.

## **2. A Different Look at Professional Relationship Ethics, A three-part class**

The class was provided in three one-hour sessions. We did not allow anyone new to join after the first meeting. The following description covers much of what we did and talked about. Some of the steps shown below were thought of later, and included here as improvements.

### **2.1 Session one**

2.1.1. Introduction of myself and the world view that I favor.

This step allows participants a chance to look ahead regarding the way ethics will be viewed, and to decide if my biases are acceptable. It includes a very brief personal story about how I have developed my world view.

2.1.2. Agreement of confidentiality among the participants.

2.1.3. Values that support professional social work.

This short review covers the six values stated

in the NASW Code of Ethics (NASW, 2006) and then allows participants a chance to claim some of the personally-named values that inform their own versions of professional practice. This third step involves a dyad exercise. In pairs, participants interview each other with the following set of questions and instructions as a guide:

- Please describe a recent time when you were pretty tired and frustrated or discouraged about your work and still put forth the energy to get something of high quality accomplished.
- How did you arrive at this place of frustration and discouragement?
- Why do you think that you made the effort that you did, when you could have gotten by with less?
- What do you think made this effort possible?
- What does this story tell us about you and the values that you want to uphold?
- Was this brand new for you, or do you have a history with these values?
- If it was new, what might have prepared or motivated you?
- If you have a history with this kind of action, will you tell me more about that?

After both partners are interviewed, we invite comments about the process. We are sure to acknowledge frustration and discouragement as powerful problems, separate from the people who experienced them. When thus acknowledged, we create even greater contrast and context for the responses that tell us about the people.

We discuss the differences between pursuing the story of making extra effort vs. pursuing the story of frustration or discouragement. We ask, "Which story invited the interviewer to believe that they might already 'know' something about the other person that had not been stated, and based on that, had something helpful to offer?" This tends to highlight how well-practiced we are in "reading" a person, which can also be seen as "writing" a person.

In contrast, "Which story created curiosity in the interviewer and allowed for authorship and agency to remain with the person who owned the



story?” Here we notice that we tend to be more curious and out of the way, when we focus on how people find the skills and abilities to *respond* to problems.

It often seems that professional helpers enjoy “knowing” and having helpful ideas for clients. While this is not surprising, we are able to have some lively discussions about the relative merits of knowing and offering ideas vs. “not knowing” and staying curious (Anderson & Goolishian, 1988, 1990, 1992).

We can ask about the ethical implications of knowing vs. not knowing about clients and their lives. Does knowing, or having expert knowledge about another person’s life, limit what is possible for that person and their therapist? If so, where do we stand regarding this kind of limitation? What ethical concerns arise in this?

#### 2.1.4. The role of the expert vs. the decentered position.

This step involves a brief overview of Michael White’s concept of a decentered therapist (White, 2002). His position would have us thinking within the narrative metaphor again, noticing how the client’s authorship of life stories can easily be lost to a therapist who assumes the expert position of knowing “what’s really going on.” The decentered position, in contrast, would have us as experts on questions that open space for people outside the shadow of a problem: “What do you think your action against addiction says about you? What made it possible? What sort of future does it point toward?”

We discuss how well trained we are at having professional understandings that put us at the center (author) of other people’s stories, and how little encouragement we have in remaining curious.

We notice, again, that questions about people’s abilities and values are more likely to keep us curious, while questions about problems invite us back into being the expert or the author of someone else’s story. We consider some of the institutional requirements and professional

discourses that seem to hold us in this predicament (Madsen, 2007).

## 2.2 Session two

We begin the second session with “An Experiential Exercise to Demonstrate Social Construction” (Taos Institute, 2004). This exercise separates participants into four sub-groups titled fire inspectors, painters, interior decorators, and burglars. Each sub-group then meets for a few minutes to come up with a description of our meeting room. A spokesperson for each sub-group presents their description to the others. Each sub-group will have different ideas about “what is there,” with their view telling us more about the observer and their filters than the room itself.

Discussion:

- Does any view ever see the whole of a person or a life?
- What kinds of filters come with different theories of professional helping?
- How do we position ourselves, or constitute ourselves to create the most helpful therapeutic relationship?
- What role does a client have in helping us see beyond certain filters? How is their help engaged?
- What ethical principals or core values are honored when we ask these questions?
- Do you appreciate being linked with these values or not? What difference, if any, does it make to link your work to these values and principals?

## 2.3 Session three

2.3.1. In this first step we review the ethical proposals to date.

- We respect the inherent dignity and worth of individuals (NASW, 2006) when we see people as bigger than the problem stories of their lives, and make sure to learn about those aspects of life that tell other stories that occur outside of, or in spite of the influence of the problem.
- We recognize the central importance of human relationships (NASW, 2006) when we stay away from authoring the lives of clients and

maintain a respectful curiosity about the words and descriptions that they use in talking to us.

- We demonstrate respect and we engage people in the helping process (NASW, 2006) when we make room for their expertise and competence through questions that bring these into the conversation.

2.3.2 We begin this step with a question, which could also be sent to participants a couple days in advance, “We would like to know if you have experienced anything interesting in your work since we last met that relates to these ideas or came out of our discussions.”

A volunteer is chosen and the rest of the participants are provided with pen and paper and the following instructions:

Please jot down any specific words or phrases that catch your attention or stand out as meaningful to you. After this interview, you will be invited to comment in a very specific way. This is an adaptation of an Outsider Witness exercise, as developed by Michael White and other narrative-style therapists (White, 2005, 2007). We will not be interested in an *evaluation* of what has been said. No critique or admiration is invited, as this would put your interpretations ahead of the authorship of the person who owns the story. We will also avoid advice or teaching that you might be tempted to offer. I will be asking questions later about the words that resonated with you and the effects that they had on you.

2.3.3. The interview of the volunteer proceeds, with a conversation about the interesting event, why the person valued it, what difference it made at the time, what it might suggest about the persons’ value base and their intentions, how it fits their preferred ways of working, how it might influence them in days to come, and what they

might value about that future.

2.3.4. Next, we interview the witnesses about their experiences. The witnesses speak to the interviewer, allowing the person who was interviewed to relax and listen without responding.

- What words or phrases caught your attention, or stood out for you? What do these words or phrases suggest to you about the persons’ values in life? (Again, no evaluation is invited.)
- What images came to your mind as you listened? What do the images suggest about the persons’ intentions, hopes or commitments?
- How do these words and images resonate with your own life? What experiences in your own history lit up and came into memory because of the words and images?
- Where does listening to this take you, in regards to thoughts about your own life or career? What ideas or possibilities are coming to you because you were here, instead of out shopping?

2,3,5. Returning to the person who was interviewed, we ask:

- What do you think about the words and phrases that stood out for the witnesses? What is it like to hear your words repeated and commented on?
- What do you think of the images that the witnesses described?
- Any thoughts about how your words resonated in the lives of other people?
- What do you think about the ways that our conversation moved some people to new thoughts or ideas? Did listening to those new ideas bring any new thoughts to mind for you; thoughts that you would not be having without having been here?

2.3.6. If time allows, the witnesses could have a chance to speak again. “What is it like for you to hear the effects of your comments on the person who was interviewed?”

2.3.7. We wrap-up the training with an opportunity for questions and reflections on the overall experience. We hope that the last exercise modeled a number of key principles, including the social construction of a preferred reality, interviewing from a decentered position, respecting the language choices of others, respecting the authorship position of clients, appreciating the multi-storied possibilities in life, and experiencing the effects of our thoughts and actions in the lives of others.

### 3. Conclusion

The class that I have described was provided with one month between each session. I anticipated some drop-outs before completing the series but had none. In fact, a number of participants asked if we could pursue our discussions beyond the three sessions. They used similar language to describe their experience of the class: “refreshing,” “a relief,” “thought-provoking,” “uplifting.” This contrasts strongly with my experience in providing more traditional ethics education that reminds and cautions social workers about rules. I have come to believe that both clients and social work peers prefer a collaborative experience in which they are invited to think and talk about the values they stand on in shaping their lives. I would invite social workers to have a rule book handy when they are at the boundaries of professional practice, but to also consider all of the territory at the heart of our work.

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## Book review

Kelly, D.C., Howe-Barksdale S., Gitelson, D. (Eds.). *Treating young veterans: Promoting resilience through practice and advocacy*. New York, NY: Springer.

Reviewed by Robert S. McDonnell, MPA, Lecturer at the University of North Carolina at Pembroke.

When I was first approached about reviewing this text, I did a quick review, and realized that frankly I was not qualified as a professional in the mental health field and therefore felt ill equipped to evaluate its value. However, when I approached the Editor he quickly informed me that he capable of finding mental health professionals to provide clinical reviews. He explained that he was more interested in a viewpoint based on my personal background as a veteran. With this caveat in mind, I moved forward and have given every effort to provide an unbiased review of a subject that I have a profound interest.

I am proud to say that I am a veteran and have the greatest respect for those who answer the call to serve the United States of America. I served as an officer in the Marine Corps from 1971 to 1974; however, perhaps even more importantly, I was the dependent son of a career Marine or a “veteran by proxy” as labeled in the book. My father served for 30 years, including war zone duty during World War II, Korea and Vietnam. As such, I have lived my entire life around the military. I know firsthand the pressures placed on families and communities when military members are deployed and return home from the combat zone. From 1967 to 1969 our family had two members, my father and older brother, serve with the Marines in Vietnam. Although, I was a product of the Vietnam Era, I would opine that my experiences are somewhat comparable to those endured by the veterans and families of our Iraq and Afghanistan veterans. My family and I were forced out of on base housing when our father was transferred on permanent orders to the Republic of Vietnam in 1967. I also experienced being pulled out of a freshman undergraduate class in 1967 and being told to call home

immediately because there was a death in my family. I later felt guilty because I was so relieved my grandmother had died and not my father. My brothers and I were extremely fortunate we had a strong mother to help us deal with the pressures presented by war. As all military families, we then adapted as our family members returned home and resumed life outside the combat zone. I know this war was tough on my father. You could see it in his eyes. The veterans and their loved ones were forced in many ways to just “suck it up” and move on. Any revelation of mental health problems had the potential for the death of a career. Even the dependents knew that reality. Unfortunately, the system failed many of them and history has documented those personal tragedies. That is why the work and research presented in this book is critical to anyone who loves their country and deeply cares about the men and women who serve it and its people.

Veterans are entitled to not only our gratitude and respect, but our guarantee that we as a nation will do everything in our power to ensure self-determination through mental health support. Any book that addresses this need is truly welcome. The editors clearly state their purpose is to not only enhance the practice and continued research services for veterans but also to serve as a source of information as to what support is available to those of the veteran community. As a veteran, I was quite heartened by the lofty goals and diversity of ideas that emerged in the creative process in bringing this project to fruition. This is no easy challenge. I am confident the editor’s kept asking themselves, “What have we left out?” In my humble opinion, not much is missing. I was hoping for not only a text that would provide contemporary guidance

to today's practitioner based on solid empirical evidence but also a wealth of ideas that would stimulate future research and touch everyone in our country who cares about this issue. More importantly, I was hoping the text would be something that the veteran's and their families could use as a reference not only for information and guidance but encouragement that comes with the knowledge that somebody cares about your mental well-being. I am pleased to state that this book has something for everybody whether it be a veteran, veteran by proxy, mental health professional, veteran's advocate, policy maker, or even a member of the criminal justice community. I hope they take advantage of the resource and it stimulates further research and discussion. It is a must read. I was particularly impressed with the diversity of veteran subjects addressed in the book, which includes Active Duty Regulars, National Guard, Reservists and the families from which these brave men and women hail from. This is essential because each veteran is unique in themselves and the editors and contributors recognized this fact and made sure they each received coverage.

The editors and contributors have also shown great courage by taking on the critical contemporary veteran mental health issues such as suicide and Post Traumatic Stress Disorder (PTSD) to name just two. They support their findings with credible research results and sound reasoning and identify those areas where more research is needed. I found the identification of best practices to be with the Maryland Project and Buffalo Veteran's Treatment Center as just two examples of the work currently being done that is particularly noteworthy. These practices give others a solid foundation for which to build their own programs. The reader will learn that very important research has been undertaken by the mental health field on behalf of our veteran community and the results are being shared and utilized to improve treatment. Again, I am particularly impressed with the need to individualize treatment as there is no one

size fits all with the diversity of our military force and to do otherwise is insane.

In summary, as a veteran I am quite heartened by the work that is being done in the mental health field for our veterans as presented in this book. Yes, there is more to be done but that is expected with such a challenging field. This book is a must read for veterans and their families, mental health professionals, policy makers, criminal justice professionals, academics, employers, and any citizen interested in the health of our combat veterans. This book is not only for "Young" veterans but for "All" veterans. The editors and contributors have my greatest respect for the service they have done with this publication and their continued efforts in support of our nation's veterans.

## Book review

### Embarrassed to be White!

*The Black History of the White House* and *Elizabeth and Hazel: Two Women of Little Rock*

Reviewed by Steven M. Marson, Ph.D., Editor

I have just completed reading two important books that were scheduled for review in JSWVE. They are:

[Margolick, D. \(2011\). \*Elizabeth and Hazel: Two Women of Little Rock\*. Hartford: Yale University Press.](#)

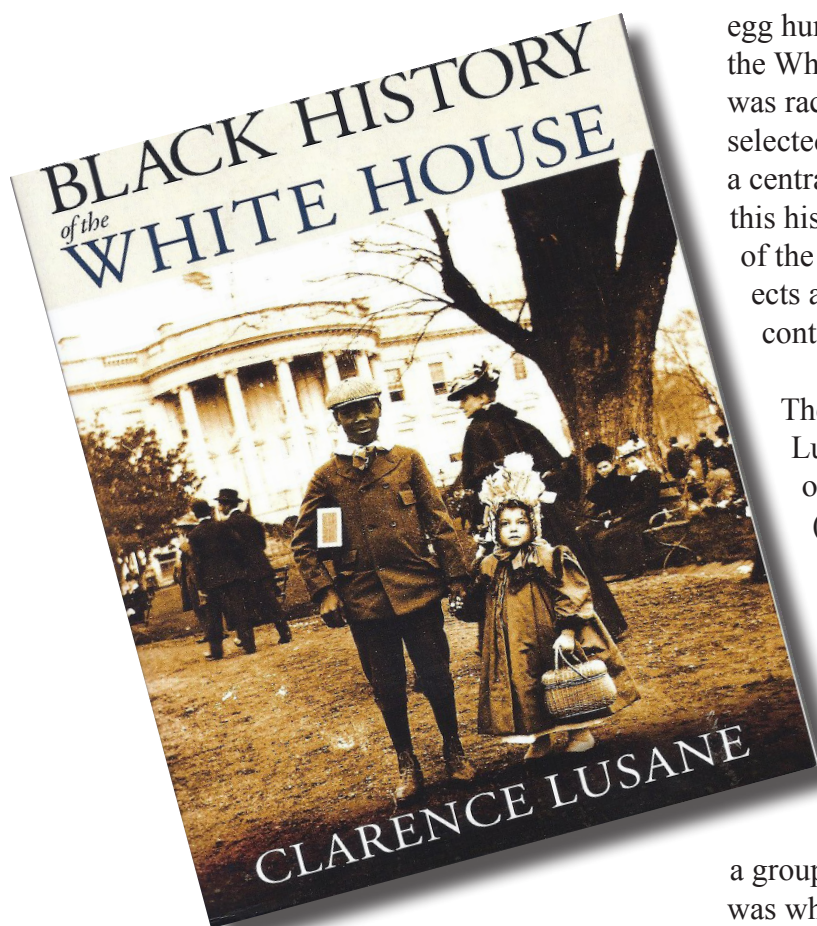
[Lusane, Clarence. \*The Black History of the White House\*. San Francisco: City Lights Open Media, 2011.](#)

If the reader happens to be white, I suspect that feelings of gross embarrassment and perhaps anger will emerge during and after reading these excellently written books. Because of my shared emotional reaction in response to these books, I am reviewing them together under the heading “Embarrassed to be White!”

I was introduced to Clarence Lusane’s work entitled, *The Black History of the White House* while watching Q & A on C-Span (August 28, 2011). This program is available online at <http://www.q-and-a.org/Program/index.asp?ProgramID=1354>. After seeing the program, I emailed the publisher and requested a copy to review for JSWVE. For those who have a continuing interest, the program is well worth the hour of time. In addition, reading the book would make a *great* homework assignment for BSW and MSW students. Frankly, anyone who watches the program will want to immediately read the book.

I almost lost interest in the book while reading the introduction entitled, “Black People, White Houses.” Anyone with a BSW degree would immediately realize that there was nothing new to learn within these pages. The contents include nothing more but information acquired as part of most liberal arts degrees in *any* social science major. Thus, skip pages 15 through 34. However, the rest of the book is mesmerizing and provides a critically important dimension to a well-informed social work practitioner and educator.

As a white man, I found myself embarrassed and angry as I read the historical patterns found within the histories of the presidents between John Quincy Adams and Abraham Lincoln. The level of viciousness, heartlessness, and corruption among these men propelled me to wonder how our nation could survive under the stewardship of these \_\_\_\_\_ [insert your favorite and appropriate curse word here]. I do not feel that I am exaggerating or attempting to add a dash of humor when I note, *these men make President Nixon look like a saint*. I do not accept the position that these men were a product of their time. Some of these activities are nothing less than evil within *any* timeframe of our history. When a president hides his action that is unrelated to national security, we know that he knows he did wrong. To me, what is absolutely unforgivable is the intentional malice directed toward slaves. It is bad enough for a president to be a passive observer to social injustice. It is a thousand times worse for a president to actively participate and create severe hardships on a population that already faces severe hardships.



Lusane organizes his work chronologically, starting with the well-known debate regarding the Declaration of Independence. Although all of us are acutely aware that “All men are created equal” does not really mean “All men are created equal”, Lusane provides a new insight to the debate. In my initial study of the Declaration of Independence at Bishop Watterson High School, I noted a critical wrinkle but did not give it sufficient reflection. Lusane offers a level of charity that should be included in American History textbooks.

Although one cannot judge a book by its cover, the cover of *The Black History of the White House* is worthy of some commentary. The photo was taken in 1898 by Frances Benjamin Johnston. Other than the photographer’s name nothing else is known, but it appears to be a photo of a father

and daughter at the annual White House Easter egg hunt. Although Jim Crow was alive and well, the White House was one of the few places that was racially integrated. The author and publisher selected this photo because the White House plays a central role in Black History – no suggestion that this history is positive. Regardless of the rationale of the publisher and author, the book cover projects an accurate image of the theme of the book’s content.

The historical patterns elucidated within Lusane’s work will have a profound impact on the perceptions of social work students (BSW and MSW). Concepts of race relationships will be altered. In addition, I found that the biographical sketches are reminiscent of Kennedy’s *Profiles in Courage*. They become a model for students and professors. Immediately after reading the book, I shared the content with a large group of freshmen. I do not recall ever witnessing a group of freshmen as mesmerized as this group was when I retold these stories. I found that Lusane’s work facilitates students’ ability to have a deeper appreciation for theories found within Human Behavior and Social Environment courses. The book will be a great asset to the intellectual and emotional development of social work students.

I was introduced to David Margolick’s work entitled, *Elizabeth and Hazel: Two Women of Little Rock* while watching Book TV on C-Span2 (November 6, 2011). This program is available online at <http://www.booktv.org/Program/12892/Elizabeth+and+Hazel+Two+Women+of+Little+Rock.aspx>. After seeing the program, I searched for it on Amazon and acquired the Kindle version of



the book. This will be the first time I have read an entire book on a Kindle. It was a GREAT experience and I recommend it to others. Like the Q & A program noted earlier, the Book TV program is well-worth the hour of time for those who have a continuing interest. In addition, the program would be a *great* homework assignment for BSW and MSW students.

This photo documents the immorality of the integration event at Central High School in Little Rock, it could be found on the front page of most newspapers across the world. Hazel is the white 15-year-old on the left, screaming “Go home n\*\*\*\*r!” Elizabeth is shown on the right, attempting to be strong. This photo caused the US to lose some international prestige. The USSR employed the photo to demonstrate the hypocrisy within the US’s international position on human rights.



The entire event began with an unfortunate mistake. Elizabeth did not receive the message informing her of the proper location to meet the rest

of the group. As a result, she found herself isolated. Elizabeth had been told by her mother, if she was ever in a situation where she was being threatened by whites she was to find an elderly white woman and ask her for help. Elizabeth found that the authorities would *not* protect her. In fact, they were egging-on the near-riotous group. As instructed, Elizabeth went to an elderly white woman and asked for help. She spat in the 15-year-old’s face. The entire event lasted approximately a half hour, but had long lasting effects on both the micro and macro levels.

On the macro level, the event induced an incredible embarrassment among whites in the North and many quasi-racist whites in the South. At the time, it appears as if racist attacks on African American adults were forgivable while racist attacks on African American children were not. The photo generated support for the civil rights movement amongst whites. After seeing it, few white parents could be neutral.

The implications for the micro level are complex, but critically important to the education of clinical social workers. Every Monday, I am in my doctor’s office getting 4 allergy shots. After getting the shots, my doctor monitors me for 10 minutes. On one such occasion, I had my Kindle with me. I showed my doctor the photograph and described Elizabeth’s emotional state since the epic event. My doctor replied, “It sounds like she is experiencing PTSD.” I learned later that Elizabeth had been diagnosed with PTSD. As a white guy, I ask myself “Can racism be the catalyst for an emotional

trauma severe enough to induce African American young adults to give up before they have a chance to start their lives?” While I was working in the prison system with young African American in-

mates, I noticed none would say their names loud enough to be heard. The entire affect suggested people who were ashamed to be alive.

*Elizabeth and Hazel: Two Women of Little Rock* is the BEST source I have ever read able to facilitate the application and understanding of the Ecological System Model, which is so often used in social work curricula. This book offers a GREAT platform to demonstrate the linkage among various social forces and the impact found on both micro and macro interactions. This book offers a level of profound insight that will not be achieved by reading a textbook.

I end these book reviews by quoting Frank Zappa who once cried out, "I'm not black, but there's a whole lots a times I wish I could say I'm not white."

## Book Review

Israel, Andrew B. *Using the Law: Practical Decision Making in Mental Health*. Chicago, IL: Lyceum Books, 2010.

Reviewed by Jessica N. Godsey, JD, MCJ

As an attorney who has worked with mental health professionals on a routine basis, it has often been obvious to me that there has been a dissonance between the two professions. Practitioners of both professions struggle, often on a daily basis, with decisions that involve both ethical and legal issues that have cultural and practical considerations. It is rare to find a book that so successfully addresses and explains both the ethics and legal aspects of practical decisions in the mental health field as does *Using the Law: Practical Decision Making in Mental Health*.

The organizational format is simple—most chapters consist of a duty relevant to mental health practitioners. Such duties include practicing in a reasonably competent manner, seeking informed consent, identifying the primary client, treating clients and coworkers with due process and equal protection, and maintaining confidentiality.

Each chapter provides a decision-making framework that focuses on four steps. First, the ethical duty is reviewed. Next, the text discusses the law applicable to that duty. Then, the ethical canons and their take on the duty are noted. Finally, the text uses vignettes to focus on potential and practical considerations.

Ethical decisions are inherently difficult to apply to real-life, culturally-specific case decisions. The author's well organized, unified approach makes this text stand out from others. Furthermore, Israel's use of case vignettes that take into account legal precedent as well as ethical canons highlight the intricacy of these professional issues.

This framework creates a valuable learning tool for students who have not had advance practice experience. The only very slight downside is that, on occasion, these vignettes do seem to become slightly repetitive. This is a result of Israel's use of minute differences in the ethical obligation to elucidate the complexity of such issues, which does in itself have educational value.

Although more experienced service providers may have developed a healthy grasp of their own professional code of ethics, it would be less likely that they have a polished understanding of the applicable laws. Those who consult an attorney in the field may discover that law-specific responses remain a challenge or even a contradiction to the ethical codes. The author's framework in this text is one that can be an equally tantalizing reference for professionals as they make a plan of attack for challenging case decisions. Likewise, supervisors should be excited to have this as a resource to guide others in the mental health field.

*Using the Law* is easy to read and use, and as such is a valuable learning tool for those students in the mental health field. It also provides a structured approach to mental health decision-making that is an excellent and applicable reference for mental health and legal practitioners. I highly recommend this book for members of both professions.