IMPACT: COUNSELLING YOUTH CHARGED WITH SEXUALLY OFFENDING

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By

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A Thesis

Submitted to the School of Graduate Studies

in Partial Fulfilment of the Requirements

for the Degree

Master of Social Work

McMaster University

MASTER OF SOCIAL WORK   McMaster University
(2004)   Hamilton, Ontario

TITLE: Impact: Counselling Youth Charged With Sexually Offending

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NUMBER OF PAGES: v, 50

ABSTRACT

This thesis explored how counselling adolescents who have sexually offended impacted on social workers. Four social workers participated in this qualitative study. Four main areas were examined in this thesis: why work with this population is stressful, how work with adolescent sex offenders impacted on the participants world view, the different way colleagues and significant others perceived this work and the impact this had on the participants' own perception of the value of their work and lastly, strategies used by the participants to remain in the field were highlighted. The results demonstrated that work with this population is stressful due to factors such as the amount of responsibility placed on the participants and the minimizations and rationalizations used by the youth. The findings also displayed that this type of work did impact on the participants' world view, but the impact was not always negative. Although the participants' colleagues and significant others did negatively perceive their work, the participants did not value their work any less. The participants used numerous strategies to remain in the field, however these strategies were informal and the participants saw the need for formal strategies to be accessible through their workplace.

The findings of this thesis demonstrated the need for community collaboration in working with this population as well as education for the community in order to better understand the purpose of counselling adolescent sex offenders. More supports for social workers was also made evident as a means to maintain social workers in this field. Also, the need for increased allocation of resources for the youth was seen as a preventative measure. Other areas for further research were highlighted, such as exploring the experiences of social workers who were involved with the youth from assessment to discharge as well as comparing the male and female social workers perceptions of their work.

ACKNOWLEDGMENTS

I wish to thank my advisor Dr. Donna Baines for her guidance and encouragement. I also want to express my gratitude to my friends for their understanding when I had to "peace out" to work on this thesis. Many thanks to my family for their support and interest in this thesis and finally, thanks to Sim for his patience and skill for setting margins.

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INTRODUCTION

Although research in the past has examined how treatment impacts on the client,

historically there has been a limited amount of interest in analyzing how providing

treatment effects the social worker. This qualitative study will examine the impact that

working with adolescents who have sexually offended has on social workers. Data

collection involved semi-structured interviews with four female social workers: two

participants currently work in a detention centre, one participant works in a secure facility

and one participant provided outpatient group counselling, however this participant is no

longer in this role.

Four main areas will be examined in this thesis. The first area will consider why

work with adolescent sex offenders is stressful. Within this area the following issues will

be explored: the conflicting emotions experienced by the participants as well as role

conflict, how thinking errors employed by the adolescent sex offenders can create stress,

the amount of responsibility placed on the participants as well as their limited amount of

control over their clients, safety issues and the mystery surrounding their work. Another

area to be considered is how work with this population can impact on the participants'

world view. Literature on vicarious traumatization and countertransference will be briefly

discussed in relation to the thesis topic. The ways that colleagues and significant others

perceive this work and the impact this had on the participants' own perception of the

value of their work is also discussed. Within this area, the experience of role ambiguity is further examined. Strategies the participants have used to remain working with this population are also considered. These strategies include self-talk, debriefing and lowered expectations. Lastly, future directions in the areas of policy and research are examined.

LITERATURE REVIEW

There are a number of different topics which are related to the issue of how work with adolescent sex offenders impacts on the social worker. The literature on burnout will be considered as there is a high burnout rate amongst social workers who work with this population. The characteristics of adolescent sex offenders and how these can impact counselling will also be examined. Concepts related to occupational stress such as level of responsibility, amount of control over one's work, role ambiguity and conflict will be looked at. The literature on vicarious traumatization and related concepts will also be explored. Existential theory will be used to consider the beneficial aspects of this work. Previous research regarding strategies used by social workers to remain in this field will be discussed. Lastly, consideration will be given to the existing gaps in the current research.

The literature suggests that social workers who counsel adolescents who have sexually offended experience a high level of burnout as well as a high turnover rate (Ryan and Lane, 1997; Farrenkopf, 1992). Burnout is characterized as distancing oneself emotionally and intellectually from work. As well as experiencing feelings of powerlessness which lend to lowered expectations (Baird and Jenkins, 2003; Ryan and Lane, 1997). The literature argues that those who engage in work that involves high interpersonal demands and in which the outcome of one's work is controlled by others are at a high risk for burnout (Baird and Jenkins, 2003; Ryan and Lane, 1997). Relating this to

work with adolescents who have sexually offended, the literature outlines numerous reasons why social work with this specific population is difficult. Typically the clients are mandated to treatment (Etgar, 1996; Farrenkopf, 1992). The literature states that social work with mandated clients is difficult because the social worker is placed into an authoritative role and is expected to make the client change (Farrenkopf, 1992). The literature argues that mandated clients are often hostile for being forced into treatment and the social worker becomes the focus of this hostility (Ryan and Lane, 1997; Etgar, 1996).

Although the literature acknowledges that social work with any type of mandated client is stressful on the social worker, the literature suggests that there is something unique to counselling sex offenders. Sex offenders are often characterized as denying or minimizing the impact of their offending (Etgar, 1996; Farrenkopf, 1992) Listening to and challenging the offenders denial or minimization in respect to their offending at times places the social worker into the role of socializing agent (Farrenkopf, 1992). This role can create stress as the social worker has limited control in stopping the client from re-offending (Ertl and McNamara, 1997; Etgar, 1996; Farrenkopf, 1992; Gardell, 1982).

Literature on occupational stress highlights that a basic human need is to have controllability (Gardell, 1982), however, social workers ultimately are unable to control whether their client chooses to re-offend. Other literature also speaks to the inability of workers to predict behaviour, despite assumptions to the contrary. As Whitaker and Wodarski argue, most social policy in the mental health and criminal justice field assumes that social workers can predict behaviour (1989). Predicting behaviour plays a large role in the safety plan social workers create with the client, whether the client is in a secure

facility or in the community. This dilemma of trying to predict behaviour and ultimately

not having control over whether the client chooses to re-offend places stress on the social

worker (Ryan and Lane, 1997; Etgar, 1996; Farrenkopf, 1992; Gardell, 1982).

Another area of literature that is relevant when looking at the impact treatment has

on the social worker is the area of trauma and the social worker. This is a fairly recent

area of study. In the past most research focused on how therapy impacted the client,

however a greater volume of literature exists which examines how treatment impacts on

the therapist (Baird and Jenkins, 2003; Steed and Bicknell, 2001; Adams et al, 2001).

Although there is no consistent term used to describe the impact, there are four common

terms: compassion fatigue, countertransference, secondary traumatic stress and vicarious

tramatization (Steed and Bicknell, 2001). Secondary traumatic stress, which later became

known as compassion fatigue is defined as "the experiencing of emotional duress in

persons who have had close contact with a trauma survivor" (Baird and Jenkins, 2003).

Countertransference focuses on the "possible consequences of the counselor's past

experiences for the client" (Baird and Jenkins, 2003). It is argued that secondary

traumatic stress, compassion fatigue and countertransference focus on symptoms. For

example, a social worker who is experiencing secondary traumatic stress/compassion

fatigue may re-experience their client's trauma, develop avoidance in response to

reminders of the trauma and display persistent arousal (Baird and Jenkins, 2003). With

countertransference, for example, the social worker experiences anger towards their client

because of their offense. The social worker may develop hostile feelings towards their

client which in turn may create feelings of guilt within the worker for having these feelings

(Gil and Cavanagh-Johnson, 1993). The literature suggests that vicarious traumatization concentrates on the therapist as a whole instead of symptoms (Steed and Bicknell, 2001). The concept of vicarious traumatization focuses on the role of meaning and adaptation as opposed to symptomatology (Steed and Downing, 1998). There are four aspects of the self which can be disrupted when experiencing vicarious traumatization: cognitive schemata, psychological needs, the memory system and frame of reference. For instance, the literature argues that therapists who experience vicarious traumatization may begin to believe that there is no safe place in the world, they have no power to care for themselves and that they are different from others (Steed and Downing, 1998). This change in cognitive schemata can lead to psychological distress in which the therapist experiences intense feelings of guilt, shame and anger (Steed and Downing, 1998) The therapist can also internalize the client's memories or stories and experience flashbacks or intrusive thoughts (Steed and Downing, 1998). The therapists frame of reference can also change and impact on their world view, which can be distressing (Steed and Downing, 1998). As stated above, social workers who work with adolescents who have sexually offended may begin to believe that the world is unsafe and everyone is a potential victim (Lane and Ryan, 1997). The literature on the perception of risk argues that "exposure to risk is related to an increased perception of risk" (Drottz-Sjoberg, 2000). Since safety is an issue when working with adolescent sex offenders, given the nature of the offense (Ertl and McNamara, 1997), it makes sense that the social worker's world view may change even if the change is unrealistic (Ertle and McNamara, 1997). As Lane and Ryan argue, "fear of the known may in this case be greater than fear of the unknown" (1997). Since social

workers in this field are exposed to the rationale and strategies that their clients use to manipulate their victims, social workers can be left to feel vulnerable (Ryan and Lane, 1997).

Since the concept of vicarious traumatization does not specifically focus on symptomatology and instead considers meaning and adaptation (Steed and Downing, 1998), the concept provides room to consider positive changes that may come from work with adolescent sex offenders. Although one's world view can change and assumptions may be shattered (Gabriel, 2001) the transformed world view can be positive. (Ruzek, 1993).

The literature on existentialist theory argues that when faced with horror, an individual's belief system is shaken (Robbins et al, 1998). One's sense of identity and how the world is supposed to be is disrupted (Robbins et al, 1998). However, Existentialists' propose that being aware of the injustice of the world can lead to a sense of meaning and purpose (Robbins et al, 1998). Although faced with disturbing information and images, social workers are able to incorporate and adapt their experiences into a sense of purpose.

Another area of literature that is relevant to this study is the context in which social workers provide treatment. In general, there are a number of factors which lead to occupational stress. One factor is role ambiguity, this occurs when the worker is unclear about his or her work objectives, his or her colleagues' expectation of their work role as well as the responsibilities of their role (Cooper and Marshall, 1976). The literature demonstrates that role ambiguity occurs with social workers who counsel adolescents that have sexually offended in that colleagues at times view the objective of the work they do

as being an advocate for the sex offender instead of wanting to reduce victimization (Ryan and Lane, 1997).

Another area of occupational stress is role conflict (Cooper and Marshall, 1976). Role conflict occurs when the worker is pulled by conflicting job demands or does things which he or she does not want to do or does not think is part of their job (Cooper and Marshall, 1976). Again, role conflict is evident in social workers who counsel adolescent sex offenders as they have to balance the needs of their clients as well as consider the safety of the community as well as themselves. This can lead to conflict over whose needs take priority (Ryan and Lane, 1997).

Another factor the literature discusses in relation to occupational stress is taking responsibility for other people (Cooper and Marshall, 1976). As stated earlier, work with sex offenders entails safety planning as well as prevention planning, which places a great deal of responsibility and consequently stress on the social worker (Lane and Ryan, 1997; Etgar, 1996). The literature also points to the quality of relationship with colleagues as impacting on the experience of stress in the work place (Gardell, 1982; Cooper and Marshall, 1976). Poor relationships among colleagues are characterized as having low trust and low supportiveness (Cooper and Marshall, 1976). As stated earlier, colleagues of social workers who work with adolescents who have sexually offended are sometimes viewed as advocating on behalf of the sex offender or think social workers in this field should take a punitive approach (Lane and Ryan, 1997; Etgar, 1996), which can lead social workers to feel isolated and undervalued by their colleagues (Etgar, 1996).

Working with this population can also be very isolating due to its highly confidential

nature (International Society for Traumatic Stress Studies, 2003). For example, when socializing, most people discuss the type of work they do. However when working with adolescent sex offenders, family and friends may feel overwhelmed when hearing about the population with whom the social worker works with. This can lead to not being invited to social events and further feelings of isolation (Gil and Cavanagh-Johnson, 1993).

Also, feelings of isolation develop in social workers in this field because of the stigmatizing nature of the client's offence (Etgar, 1996). Just as the adolescents feel isolated because of the social unacceptability of their offences, so do the social workers who work with them (Etgar, 1996). In Etgar's study one social worker asserted that, on the one hand he felt like a pioneer due to the relative newness of the field, but also worried that others may consider him a pervert for choosing to work with sex offenders (Etgar, 1996). Even seemingly positive identities such as being an "expert"are isolating because others in the field may want the social worker to make all the decisions and take on all the responsibility for decisions regarding the offender (Etgar, 1996).

The literature discusses resources and strategies that may be useful to social workers in this field. A consistent theme in the literature is the use of supervision and consultation as a means to decrease the impact of stress (Ertl and McNamara, 1997; McCallum, 1997; Ryan and Lane, 1997; Steed and Downing, 1998; Farrenkopf, 1992)). Supervision and consultation are useful in that they limit feelings of isolation and provide another perspective or expertise (Ryan and Lane, 1997). However, this strategy is not always utilized as it may not be available, offered or the social worker may believe that asking for assistance means they are incompetent or giving up power over their work (Kaplan and

Wheeler, 1983). Diversifying the population one works with, limiting or stopping work with sex offenders altogether is another strategy discussed in the literature (Farrenkopf, 1992). Being exposed to non-clinical adolescents who are the same age as the clients with whom social workers counsel, can provide a sense of normality (Ryan and Lane, 1997). Finally, being able to debrief with other professionals who work with this population and attending conferences for service providers also reduces feelings of isolation (Ryan and Lane, 1997; McCallum, 1997).

Other coping strategies develop in response to this work. However, they are not necessarily positive strategies and coping does not mean resolution (Ryan and Lane, 1997). What may have been a beneficial coping strategy in the beginning can become harmful later on (Ryan and Lane, 1997; Farrenkopf, 1992). For example, the social worker may become desensitized to the offences as a means to defend themselves against the overwhelming nature of the offences (Ryan and Lane, 1997; Farrenkopf, 1992). Although protecting oneself from becoming overwhelmed is adaptive. Being desensitized can become a problem if the offences are no longer seen as requiring intervention because nothing phases the social worker (Ryan and Lane, 1997). Some social workers also use adaptation to cope with their work (Farrenkopf, 1992). For instance, the social worker may lower their expectations regarding the usefulness of treatment or become detached from their client as a defense mechanism (Farrenkopf, 1992). If the social worker adopts a detached stance, this can impact on the rapport level and ability of the client to connect with the social worker (Farrenkopf, 1992). However, the literature does acknowledge that the symptoms that social workers may develop as a response to this work should not be

used as a measure of their ability or inability to do the work (Ryan and Lane, 1997; Ruzek, 1993).

A limited amount of literature addresses the positive aspects to working with adolescents who have sexually offended. Some social workers state that this type of work has made them more empathetic towards human suffering and being more sensitive towards others (Farrenkopf, 1992). As mentioned earlier, the literature on vicarious traumatization argues that this concept acknowledges the meaning the social worker gives to his or her experience. When one is able to consider the meaning of experiences they are also able to transform the meaning from something negative to something positive (Ruzek, 1993). Although social workers in this field are exposed to the darker side of human capabilities. As mentioned above, they can use this experience to empathize with the suffering of humans (Farrenkopf, 1992).

Although the coping mechanism of lowered expectations can seem negative (Farrenkopf, 1992), it can lend to a positive experience in that the social worker can see the process and incremental progress their clients may be making. For example, an offender may remain a moderate risk to re-offend after treatment, however the offender has improved his or her ability to socialize with pro-social peers. Since offence specific treatment does not guarantee a cure (Ryan and Lane, 1997), social workers can take encouragement from the smaller gains while at the same time striving towards lowered recidivism.

Overall there is a lack of literature which specifically addresses the impact counselling adolescent sex offenders has on social workers. This may be related to the fact

that research into adolescents who sexually offend is fairly recent as well as the research into the impact of treatment on the social worker is also a relatively new area of study (Steed and Downing, 1998). The literature that does exist typically focuses on the negative aspects of working with this population as well as the symptomatology that may develop in response to this field of social work. Positive aspects tend to be under researched and if they are mentioned, the rationale behind the positive aspects is ignored. For instance, studies will use social workers who have provided treatment to sex offenders for over four years, however the study does not explore any factors that kept these social workers in the field for so long. (Steed and Bicknell, 2001).

There is also a gap in the literature regarding what types of safeguards can be put into place to assist social workers in this field of work. This gap may be related to the assumption that burnout amongst social workers in this field is inevitable (Ryan and Lane, 1997). This assumption leads to a lack of discussion surrounding safeguards to maintain social workers.

As discussed earlier, the literature acknowledges that social workers who work with this population can feel isolated because others may view them as advocates for sex offenders or perverted for choosing to work with this population (Ryan and Lane, 1997; Etgar, 1996). The literature fails to acknowledge that this experience of isolation can also be related to the mystery that surrounds social work with adolescent sex offenders. Others may not be aware of the research that exists around the assessment and treatment of adolescents who sexually offend and therefore may question the validity of the work social workers engage in with this population.

METHODOLOGY

The design of this study is qualitative. Qualitative research attempts to "make sense of, or interpret, phenomena in terms of the meanings people bring to them" (Denzin and Lincoln, 1994:2). Seeing as I am examining how work with adolescent sex offenders impacts on social workers, a qualitative design allows the sample to share their narratives and enables me to understand how social workers view the impact on their personal and professional lives. A qualitative design also enables me to identify any patterns that may exist in the sample's responses (Gilgun, 1994:120).

Data collection involved four in-depth interviews. An interview guide was employed to carry out the interviews (please see appendix). There are numerous advantages to using an interview guide (Rubin and Babbie, 1993:374). An interview guide allows the researcher to ask open-ended questions and offers flexibility to explore further the participants responses. Another advantage to using an interview guide is that the open ended questions provides the participants the opportunity to use their own words and to describe the context of their particular experience. Since the researcher has to administer the interview, the researcher can try to establish rapport with the participants which in turn increases the chances of receiving valid data. The interviews took approximately one and a half hours. The interviews were conducted in a location of the participants choice. The interviews were audio- recorded with the consent of the participants.

The sampling process used was snowball sampling, in which the key informants provided names and phone numbers of other social workers working with this population. This type of sampling is used when the population is small and well-known to one another (Glesne and Peshkin, 1992) and are not accessible in other ways. My sample consists of four female social workers and each were contacted by phone and sent an information sheet (please see appendix) which outlined the purpose of my study as well as the risks and benefits. Once the participants read the information sheet, they called me to set up an interview. Three participants interviewed are currently working with adolescent sex offenders and one participant stopped working with this population approximately one year ago. Purposive sampling (Rubin and Babbie, 1994:255) was also utilized in that I only used social workers who have experience in working with adolescent sex offenders. The advantage of purposive sampling is that it allows the researcher to "select your sample on the basis of your knowledge of the population, its elements and the nature of your research aims" (Babbie, 1995:225). While the minimal amount of experience that a social worker needed to have in order to participate in this study is six months, a purposive sample ensured that workers with a range of years of experience in working with adolescent sex offenders were interviewed. By setting a minimum of experience, I was able to gather richer data as the participants had insight into how the work has impacted on them personally and professionally over the long term. The sample also included a mix of experience of work with adolescent sex offenders in different settings. The mix in this sample included detention centers, phase one secure facilities and outpatient treatment. The average age of the sample was thirty, the average length of service was six years and

all the participants had a degree in social work.

The study received approval from the McMaster University Research and Ethics Board and all participants signed a consent form (please see appendix).

I used Grounded Theory to assist in my data analysis. Grounded Theory is a methodology for developing theory during the entire process of the research (Strauss and Corbin, 1994:273). Grounded Theory provides the researcher with flexibility to establish a theory which is reflective of why the sample experiences certain types of impacts on their personal and professional lives (Strauss and Corbin, 1994:273). Grounded Theory also enables the researcher to compare emerging analysis to other existing theories. For example, it may be helpful to compare preliminary results to social constructionist theory. This allows the researcher to "modify" the existing theory in relation to the data (Strauss and Corbin, 1994:273). The data was coded by hand in which similar themes were coded and sorted until patterns emerged. Ground Theory is concerned with "patterns of action and interaction between and among various types of social units" (Strauss and Corbin, 1994:278), which lent itself well to the hand coding and detailed manual sorting and resorting for patterns and themes.

FINDINGS

The following four subsections will be addressed. Why work with adolescents who have sexually offended is stressful, how work with this population impacts on the participants' world view, do significant others and colleagues perception of the participants' work impact on their own perception of the value of their work, what strategies the participants use to remain in the field and future directions for policy and research.

Why Stressful

. A common theme arose amongst the participants in respect to why it is stressful to counsel adolescents who have sexually offended. Each participant spoke about how this type of social work leads to conflicting feelings. Two social workers who work in a detention setting acknowledged that they have struggled with the issue of advocating for a youth's rights when the youth has taken away the rights of his or her victim. As one participant responded, "you feel that the victim has these experiences and now your job is to make sure they (the offender) are okay but nobody is really making sure the victim is okay" (Tape 2, 3). These conflicting emotions are also related to experiencing role conflict. Role conflict occurs when the worker feels he or she is being pulled by conflicting job demands (Cooper and Marshall, 1976:17). As the above participant discussed, she was conflicted in regards to assuring that her client was safe but worrying about who was

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looking out for the victim's well-being.

In relation to experiencing conflicting feelings, one participant spoke about her trying to find "compassion" for the adolescents while at the same time "not wanting to strangle them" (Tape 4, 2). The participant also commented on the struggle of maintaining a therapeutic relationship with the youth while at the same time telling the youth that he or she could not participate in a certain activity due to safety reasons (Tape 4, 4). This stressor is more intense because of its overlap with the worry that the youth will feel judged by the social worker and disengage from the therapeutic relationship.

Similarly, another participant spoke about her struggle with not allowing her own personal feelings about the offense enter into the therapeutic relationship,

> So sometimes that's hard, always being aware of how you are presenting and the expressions on your face. What you are saying, how you are saying it. And that you are continuing to be the things you were all along. Because otherwise no matter what you do, they will sense that change as you reacting to what they've told you... And I think that's what I find hardest is that making the stress around, making sure that everything appears the same so that they don't feel that you are judging them or changing (Tape 3, 2).

This participant acknowledged that her personal feelings are stronger regarding counselling adolescents who have sexually offended as opposed to youth who were charged with theft due to the sexuality piece of the offence, the discomfort the youth have in discussing it, and the personal questions she is required to ask in relation to sexuality . These stronger feelings may also be related to the social unacceptability of sexual offending (Etgar, 1996:60).

Another theme that emerged in respect to the stressful aspects of working with adolescent sex offenders is being exposed to the thinking errors often used by the youth to

justify their offenses. One common thinking error is rationalization, this is defined as "using logic to explain or justify irrational thoughts or behaviours" (Ryan and Lane, 1997: 460). One participant was concerned with controlling her own reaction to the youth's rationalizations,

> And it's hard when they have some very obvious thinking errors that they tell you. Or rationalizations to make what they did sound okay. It is very hard to walk that line of confronting them and holding them accountable. But not allowing your personal feeling which (is) you can think that way (Tape 3, 2).

Another participant described how she felt when listening to the youth's rationalizations,

> ... and at times I almost found it difficult to even work with them because I just, you have to sit across from them and listen to their, you know, their, I was gonna say B.S., but listen to them you know what I mean, trying to rationalize their behaviour (Tape 1, 7-8).

Also related to rationalizations, two other participants spoke about the minimizations used by the youth when discussing their offense. Minimization is often used by adolescent sex offenders as a means to avoid accepting full responsibility for the offence (Ertl and McNamara, 1997:203) One participant thought that work with youth who demonstrated remorse for their offenses were less stressful to work with as opposed to youth who minimized their offense, "A lot of the sexual offenders minimize their behaviour, are in denial, um, I didn't do anything wrong. Um, just, it's just self-talk to make them believe that there's nothing wrong with me" (Tape 1, 2).

Another participant also discussed how minimization creates stress for her,

> That's another stressful piece. Because most of them will minimize the impact... It makes you angry, right? And you really have to redirect, like okay, that's not an excuse. There are all kinds of people who have been abused, that doesn't make them offenders. You need to take responsibility... (Tape 2, 5).

Thinking errors such as rationalization and minimization can be stressful on social workers due to the need to confront adolescents so that they can be encouraged to take responsibility for the offence. At the same time, the worker must keep a positive relationship with the youth so that the he or she will remain in counselling.

As discussed earlier, the stress also stems from the participants conflicting feelings. As one participant stated, the thinking errors made her feel angry, however, the participant could not allow this anger to impact on the relationship with the youth. These feelings of anger and stress that the participants experienced are to be expected given the fact that they view the adolescents to be "responsible agents" (Fischer and Ravizza, 1998:5). If one person views another person as a responsible agent then "we react to that person with a unique set of feelings and attitudes- for example, gratitude, indignation, resentment, love, respect, and forgiveness" (Fischer and Ravizza, 1998:5).

Just as the participants strove to have their clients take responsibility for their offences, the participants all experienced stress in respect to their own responsibility for the adolescents. The literature on occupational stress confirms that taking responsibility for other people can lead to significant stress (Cooper and Marshall, 1976:17). Being responsible for other people often translates into having to "spend more time interacting with others, attending meetings, working alone...(Cooper and Marshall, 1976:18).

One of the major components to working with adolescent sex offenders is developing safety plans in order to keep others as well as the offender safe. The participants who worked in a detention setting saw their primary responsibility as assuring the youth were

adjusting to custody. For those youth who were convicted or charged with a sexual offence, the participants developed detailed safety plans which included determining whether the youth could cell with another person, as well as informing the youth not to disclose their offence to any other inmates as they may be victimized. However, these safety plans produced stress for the workers as they did not want to inadvertently label the youth as a sex offender and place the adolescent in potential danger from other inmates. For example, other inmates generally assume that an inmate who has his or her own cell is in custody because of sexual offences.

Another participant highlighted how she felt responsible for the youth because no one else would advocate for them,

> I am protective of them because I feel like people don't give them a chance. They write them off. They are in jail, they are bad, they are awful. And I think that is more so with kids who sexually offend. And so I feel like if they don't get an advocate here, they're not going to get one anywhere. So for me I feel an extra responsibility I guess (Tape 3, 4).

The advocacy role is critical to accessing services and resources for the youth in order to minimize the risk of re-offending. Participants spoke about the stress they felt in respect to their feelings of responsibility that the youth might re-offend because they were unable to connect with needed services. As one participant noted,

> So it is stressful because you're angry because you don't want this to happen again. Or you want to put everything in place that you can to make this a good outcome and yet there are not enough programs in place, there aren't the resources, there aren't the people who will work with them and then, I think I feel like that they are going to go out and re-offend (Tape 3, 4).

Another participant reflected on how the responsibility for safety planning was placed on her with no support from other community partners such as probation or other mental

health service providers, "...so that was really incredibly frustrating and stressful for me because there were lots of kids I had lots of worries about in terms of their isolation, re-offending, risks and that. And there were no supports in place" (Tape 4, 2).

The stress experienced by the participants in relation to multiple responsibilities was exacerbated by the lack of control they had over the youth re-offending. One aspect to well-being in the workplace is having controllability (Gardell, 1982:33). However, in working with adolescent sex offenders, the social worker is not able to control whether the youth re-offends. As Ryan and Lane state, "Functioning and feelings are both affected by one's perception of control...When the outcome of one's work is controlled by others, the risks of detachment and depression increase" (1997:458). One participant recalled how she felt after a client she discharged re-offended,

> But I think it was stressful because there I was the one that worked with (him). And I think you feel somehow like there is some blame. You know that there isn't but you feel still really terrible because you are the one who did the discharge plan...(Tape 2, 9).

In respect to predicting behaviour, there is an assumption that social workers can predict behaviour, specifically dangerous behaviour (Whitaker and Wodarski, 1989:53-54). However, it has simultaneously been argued that dangerous behaviour cannot be predicted (Whitaker and Wodarski, 1989:54). The responsibility placed on the participants to develop safety plans creates stress because of the unrealistic expectation that the participants can predict behaviour in different settings. However there is no guarantee that prediction can ever be correct. As one participant noted, "And how do you know. There are so many things that come into play around that. The group in itself, the participation in

the group is not going to give a lot of information around whether youth were going to re-offend" (Tape 4, 3).

The lack of a collaborative approach with community partners also created stress for the participants. One participant discussed not being aware when a youth was returning home. The participant knew that returning home would be a high risk situation for this particular youth and inevitably the youth re-offended. The participant strongly believed that had there been collaboration between all the youth's service providers, the youth would not have been placed in that particularly high risk situation. However, there was an assumption, in the community, that group treatment was sufficient and no other resources needed to be provided. In the above example, collaboration between community partners and the sharing of responsibility would have reduced the risk of re-offending for this youth.

Although concerns for their own personal safety was mentioned by the participants as a component of working with adolescent sex offenders, they felt more stress in respect to concerns that their own need for safety might negatively impact on the needs of the youth. For example, one worker discussed how she has a correctional officer be present if she thinks a youth is a potential threat or she will keep her blinds open so others can see if a problem arises. However, the participant struggled with how her own safety plan effected the youth,

> But, you see it's hard to have an officer stand in with you when you are trying to work on this kind of stuff or when they see an officer standing outside the door and they're feeling they're being watched. They're not going to want to share any information...So in away you want to make sure you're safe but in the other way you don't want it to impede upon being able to do treatment with this kid (Tape 1, 11).

The sense that no one really knows or supports what they do was also a theme amongst the participants. One participant commented that her supervisor and union did not know what she did and that they were more security oriented as opposed to treatment based. The participant commented,

> ...because there are definite low points when you're like why the hell am I here, no one gives a shit. Like, especially when you are told, like a, if I say oh I'm gonna take holidays, oh yeah we don't care, we don't know what you do any ways, we'll stick a teddybear in your place (Tape 1, 20).

Another participant had a similar experience of others not understanding the work she was engaging in with the youth,

> I remember sitting at a table discussing whether this (group) was going to continue, and people saying I don't even know what happens in groups and why we should have a group. I remember thinking, oh my god, if people don't even have the basics around recognizing this is an important component or agreeing that this is an important component, then why the hell are we doing it (Tape 4, 12).

For these participants, the lack of understanding or recognition of the role of social workers lead to feelings of self-doubt and questioning themselves about why they are engaged in this work. As one participant noted, "So sometimes they don't always value what you do. Part of that is not understanding and part of that is not thinking it is all that important" (Tape 3, 5).

This experience of people not understanding the participants' role as social workers seemed to be related not just to counselling adolescent sex offenders, but instead to a general air of mystery around what it is exactly that social workers do.

World view

When discussing how their work with adolescents who have sexually offended impacted on their world view, the participants' responses were similar to the literature on vicarious traumatization. Vicarious traumatization is a useful concept as it employs a holistic approach to overall impact as opposed to just considering symptomatology (Steed and Downing, 1998:2). The literature on vicarious trauma argues that the "therapist's cognitive world can be altered by verbal exposure to the client's traumatic material" (Baird and Jenkins, 2003:73). Four aspects of the self can be disrupted when experiencing vicarious traumatization: cognitive schemata, psychological needs, the memory system and frame of reference (Steed and Downing, 1998:3).

Amongst the participants there was a common theme regarding their cognitive schemata around safety. One participant spoke about having heightened concerns for her own personal safety: "I think I was very naive in the past...I'm a lot more alert now to what's going on around me. I'm a lot more alert to safety issues" (Tape 1, 23). She went on to provide an example of the thoughts she had when she saw one of the youth she worked with out in the community: "It's like, oh great, are they going to follow me to my car... are they going to write down my license plate number and find out where I live" (Tape 1, 23).

Other participants spoke not about safety concerns for themselves but instead for other significant people in their lives. This appears to be related to their exposure to the strategies and manipulations used by the youth to victimize others. As Ryan and Lane

state, "fear of the known may in this case be greater than fear of the unknown" (1997: 463). A participant who thought the identities of adolescent sex offenders should be included on the sex offender registry explained her fears, "So that's scarey, that's scarey when you think that you are going to have kids or your nieces are going to go out in the community and there are always people that have all these rights" (Tape 2, 6).

The same participant also felt that her stress level would increase in relation to working with these youth if she had children of her own, "Well, because you know then you start to feel it. You know. Thinking that your own child could get in the hands of someone like that. I think that would really have an impact... on me" (Tape 2, 5).

Another participant's world view was impacted to the extent that she and her partner at one point were not going to have children because "the world was not the happy place" (Tape 3, 8). Although she and her partner decided to have children, she views herself as more protective because of her knowledge of adolescent sex offenders,

> ... I don't let my kids out of my sight. I remember being young and being able to run around and do whatever. The world was a different place. But I would say the increased knowledge we have makes us more protective. More paranoid about, about what happens to my kids (Tape 3, 8).

Although the participant made reference to the world being a different place then when she was younger, it is more likely that the world is not so different but instead her view of the world has changed.

One participant described herself as "more cautious" as a consequence of working with adolescent sex offenders. However, this cautiousness was related to her being protective of others,

> So if I know (someone) is involved with a new person and usually it is around men unfortunately. You know, I want to know sort of more information than they would think. That they would necessarily want to know...I want to have more information and you know and be much more suspicious and cautious about who they are dating,... Whose house they are going to stay at, you know, what do they know about that person (Tape 4, 8).

The participants' views of themselves also changed along with their world view. As one participant noted, "It (the work) messes you up in some way....My world view is a bit warped because of the work I have done and may be I am being too cautious than I need to. So it is a constant balancing" (Tape 4, 9). Another participant saw herself as "more paranoid" (Tape 3, 8) in respect to protecting her children.

Since the concept of vicarious traumatization allows one to consider the role of meaning and adaptation, there is room to explore the positive outcomes for social workers who counsel adolescent sex offenders (Steed and Downing, 1998:2). Although the descriptions of being messed up or paranoid are not positive self-reflections, the participants recognized how their work with adolescent sex offenders has positively impacted on their view of themselves. One participant spoke about herself being narrow minded as a teenager and dividing genders into two categories, men are perpetrators and women are victims. However, she acknowledged that her work with youth has expanded her mind set,

> Then you come here and I think it changes your perception because you realize that it is not true. I have worked with female offenders as well. And wow, and that blew me away... but it was put more in perspective when you're working with adolescent males who are so often victimized (sexually) (Tape 2, 10).

Two participants spoke about having a better understanding about human behaviour. As

one participant stated,

> I am less of a black and white thinker now in terms of why people do the things they do... I hope that I am much more compassionate... I know people have done the things they have done and try to understand where they are coming from. And try to understand given what they have experienced how can we expect sometimes for them to be anywhere but where they are (Tape 4, 8).

Another participant felt that working with adolescent sex offenders enabled her to have a better understanding of the issues that effected the youth, "I think I'm a lot more aware of the issues of poverty, of abuse and neglect and those kinds of things. How they impact on the perp..." (Tape 1, 24). This participant also thought that the issues the youth had to deal with put her own worries into perspective, "...I try to always think where they've come from and it really made me evaluate my own life. Like I have a good life... I'm like this is crazy, like I would've never appreciated some of the things I have now" (Tape 1, 24). The participants' ability to identify positive changes within themselves as a part of their work with adolescent sex offenders can partly be explained by existentialist theory. Existentialist theory argues that an individual's belief system is disrupted as a result of exposure to some type of horror (Robbins et al, 1998:365). However, this disruption does not have to be negative, instead it can lead to a better sense of purpose or meaning in life (Robbins et al, 1998:365). The participants' use of statements such as "more compassionate" (Tape 4, 8) and "never appreciated some of the things I have now"(Tape 1, 24) suggest that although their previous assumptions about life have been shaken, they have been able to gain a new positive perspective on life.

Another concept that assists in explaining some of the participants responses is the concept of countertransference. Countertransference is defined as the "thoughts,

emotions, and behaviours that the therapist brings into the relationship with clients" (Gil and Cavanagh-Johnson, 1993:312). One participant spoke about feeling that a youth she was working with was likely guilty of a vicious sexual assault, however the youth had not been to trial yet. Having found him guilty in her mind before he went to trial created feelings of guilt for her, "I look at this kid and I think there is no way that you are not responsible. There is something about it. There is something about him. There is a feeling... I know that is not good" (Tape 2, 11). The participant's anger toward the youth for not taking responsibility for the assault he had been accused of also created feelings of guilt in her for holding him responsible before the law did. However, what is missing in the concept of countertransference is consideration of how morality enters into the equation for social workers who work with a population that is repulsed by most of society.

Although social workers are taught to be objective in their work, it is increasingly difficult to be so when one is "working at the moral edge with clients" (Goldner,1999:334). As Goldner discusses,

> It is mystifying to pretend otherwise and, thus, instead of disclaiming our enormous, if implicit, moral authority by narrowly focusing on the art and craft of the interview, we ought to think about ways of enhancing our sense of responsibility about that authority by cultivating a stance of self-conscious moral engagement in our work (1999:333).

The above mentioned participant went on to describe her role with this particular youth, "My role is simply, how is court going?, do you know anything more, have you changed your plea... So my role, honest to god is to make sure that he is okay" (Tape 2, 11). As Goldner spoke about, this participant is focused on the structure of the questions she is supposed to ask the youth. Yet she experienced strong emotions regarding him being

guilty and taking responsibility for the assault and in turn felt guilty herself because the emotions did not fit into the objective role she felt she was supposed to maintain.

Perceptions-others and own

As discussed earlier, given the social unacceptability of sexual offending, others will have strong opinions regarding the work done by social workers with this population. The literature notes that others perceive social workers who work with adolescent sex offenders are advocating for the clients' rights instead of viewing advocacy as a necessary measure towards reducing further victimization (Ryan and Lane, 1997:467). A lack of social understanding of the social worker's role can lead to role ambiguity. The literature on occupational stress highlights role ambiguity as a factor in determining what makes a job stressful (Cooper and Marshall, 1976:16) The participants in this study spoke about both having to defend their role, as well as the youth themselves. The participants found that other social workers did not have a negative perception of their role but others outside the field did. These others consisted of correctional officers, child and youth workers as well as significant others in their lives.

Although two participants found that the majority of correctional officers in their setting were supportive of their work, the participants thought the officers may have more difficulty separating the person from the behaviour. As one participant described a correctional officer's response, "Like, how can you advocate for that kid, he's a piece of shit"(Tape 1, 19).

Most participants felt that they had to defend the youth to other people in their work

environment, as one participant stated,

> ... I think most times when I talk about the work or the work that I have (done)
> with youth who have sexually offended, people are more interested. In terms of
> why, understanding why people do the things they do. And sort of getting into
> more of a discussion as opposed to why I am doing the work (Tape 4, 6).

Another participant believed that part of her role as a social worker was to assist the child

and youth workers in her setting to see the youth as being more than their offense, "Their

tendency is to look at those kids differently than they look at other kids, in a voyeuristic

kind of way... they look at a kid, something the kid has done on the unit for example and

they will firstly attribute it to the sexual offense" (Tape 3, 5).

In respect to significant others in their lives who do not work in the field, some

participants found that their reactions were more negative then their colleagues. As one

participant explained, "Actually, their reaction are probably worse than in here because I

mean here we are doing a job and we are dealing with the kids and we try to be objective"

(Tape 2, 8).

Just as the participants felt they needed to defend the youth they work with to their

colleagues, the participants all felt they had to defend the adolescents to people outside

their work environment,

> ... I wouldn't say justifying my role. I would say, it's more... defending the kids to
> a certain extent. Trying to keep that objectivity, saying yeah you're right they are
> doing terrible things... but... you know they still think they still should be beaten
> up... I still don't like it when people get hurt... It is not accepted (Tape 2, 8).

Another participant spoke about how her partner had a difficult time understanding why

she chose to work with this population, "... he'd become upset that why you in this kind of

job, why are you working in a place where people can say these kind of things to you and treat you poorly" (Tape 1, 15). The participant found it difficult to explain how her day at work was to her partner due to the confidential nature of the work. Although no other participants spoke about confidentiality as limiting their ability to explain their role, the literature does comment on the highly confidential nature of work with sex offenders (International Society for Traumatic Stress Studies, 2003:2). Confidentiality is further compounded in detention and secure facilities.

Even if confidentiality was not a major concern, the literature also highlights that friends and family may find it overwhelming to hear that their significant other works with sex offenders (Gil and Cavanagh-Johnson, 1993:323). As mentioned earlier, due to the highly social unacceptability of sexual offending, there is a social construction regarding sex offenders as monsters. However, the qualities that enable an adolescent to offend are not entirely different from the personal qualities of adolescents who do not offend (Ryan and Lane, 1997:468)   One participant spoke about her father's reaction if he knew she worked with adolescent sex offenders, "... my dad would be like get out of there. They see that as a fear. And I just don't see the kids that way. But that is what it looks like from the outside" (Tape 3, 6).

The literature argues that since social workers in the field are limited in who they can talk to about their work, this can lead to a sense of isolation (Gil and Cavanagh-Johnson, 1993:323). In this study only one participant spoke about feelings of isolation. However, the participant framed her experience of isolation as a positive experience in the beginning which eventually turned into a negative one. The participant explained that when she first

began facilitating a treatment group, there was tension in the community regarding the validity of providing treatment groups for men who were abusive. This tension carried over to the adolescent male population as well. As the participant explained,

> At the beginning we were trying to keep a low profile. Some of the things that were to our advantage is that there was no money being put into doing groups... because we were volunteer... So we didn't have to justify the money piece of it. But you didn't want to really advertise you were doing it either (Tape 4, 5).

This participant initially felt that having a low profile and working in isolation was to her advantage due to the conflicting philosophies around treatment groups for men. Staying "under the radar" (Tape 4, 5) allowed the participant to facilitate the group without criticism from the community. However, enjoying the isolation did not last forever, as the participant explained, "Not really having a community response around that then I started to feel more isolated and less that this work was valued as much" (Tape 4, 6). This participant's experience of isolation also relates to the earlier discussion about responsibility being left with one person. That, too, can have isolating effects.

The participants all developed ways to deal with other people's perceptions of their work they did with adolescent sex offenders. One common approach was to carefully select to whom they would disclose their work. This is a strategy similar to that provided to the adolescent sex offenders in custody. That is, adolescents were encouraged not to disclose their offense to any other youth, as it is likely they would be victimized. The literature discusses how social workers in this field worry people will stigmatize them for working with this population (Etgar, 1996:60). However, the participants in this study were more hesitant to discuss their work with others outside the field because they did not

want to defend the youth. As one participant stated,

> Sometimes I am more vague about my work until I get to know people better... I don't want to have to explain everything outside of work. I don't want to have to keep going in to it and defending it. I mean my work outside of work. I mind less doing it at work (Tape 3, 7).

Another participant shared a similar response, "And it's like you're defending here and defending at home and it's like okay I'm not going to fight this battle all day long" (Tape 1, 16). The participants did not give the impression that they thought that the youth were not worth defending, but instead viewed being a defender as part of their role at work This was not a role they wanted to carry on outside of work.

Although the participants did not want to defend their role or the youth they worked with outside of their work, they did strive to assist other colleagues to understand possible developmental pathways to sexual offending. This consisted of researching the youth's background and explaining to colleagues what factors may have led up to the sexual offense. Another participant also worked with colleagues to change their view about the role they had with the youth. So, instead of the co-workers thinking their only role was to ensure the youth carried out the court sentence, the participant encouraged them to look at the long term factors that needed to be in place so the youth did not re-offend. Another participant found value in defending her work to colleagues as it served as a reminder to herself about why she chose to work with this population.

The participant whose partner struggled with how she was treated at work eventually was better able to understand her role after he met her colleagues, "and it's almost like he's now become desensitized... Where before he was like he was personalizing it" (Tape

1, 22). Meeting her colleagues assisted her partner in becoming more comfortable with her role because he felt part of that area of her life. The participant thought her partner's increased understanding strengthened their relationship as he became more considerate of her needs. As the participant explained, "... I think more of a partnership happened, like he's more considerate as to, you know what she has to deal with shit all day long, so lets try to make it a little bit better at home" (Tape1, 22).

The participants also spoke about surrounding themselves with other people who were doing similar type of work. This likely accounts for the fact that most of the participants did not experience feelings of isolation. All the participants had family members who did similar type of work or were employed in a similar type of facility. As one participant discussed, "And just sort of having some people in my personal life who had also been involved in doing similar kinds of work and being able to use those people as resources to bounce ideas off them" (Tape 4, 4).

Another participant explained how helpful it was to her that her sibling did similar work, "... she's been in the business for a lot longer so she can tell me... you know what this is a really good battle for you to fight" (Tape 1, 29).

Strategies to remain in the field

There is an assumption in this field that burnout amongst social workers is inevitable (Ryan and Lane, 1997:457). This assumption leads to a limited amount of research regarding means to assist social workers to remain working with this population. When the participants in this study were asked what has enabled them to remain working with

this client population, a theme of self-care emerged. A common technique used was self-talk. Self-talk was employed to explain to themselves why the youth had sexually offended as well as to reassure themselves why they chose to work with this population. As one participant explained, "... I just keep reminding myself that you know what I'll be here for the kids and that's it" (Tape 1, 20). Another participant would go home early if she had a particularly difficult session or rescheduled an appointment if she felt she was not able to handle it that day.

Another strategy used was debriefing amongst the participants. Debriefing was not formally set up by their employers, instead it was a system they set up informally with other colleagues. As a participant explained, "what probably helps is having other social workers like "Lee" to debrief with or to talk to about things that make you feel yucky" (Tape 2, 13). One participant did have the option of accessing formal debriefing with her supervisor, however, this was only offered once a month and the participant found that having a colleague to debrief with at the moment it is needed was more beneficial. The participants found debriefing with colleagues to be helpful because they could identify with each others' struggles. This normalized experience and reduced feelings of isolation.

Although the strategy of lowering one's expectation may seem negative, the literature argues that this may be used as a means for the social worker to adapt to the reality that progression with this population can be incremental (Farrenkopf, 1992:221). With the exception of one worker all the participants experienced lowered expectations. Although all the participants worked towards lowering the recidivism rate, they also looked for progression in the youth such as reduced suicidal feelings or not smoking "pot"

as often. One participant did not think she lowered her expectations, instead she felt her expectations became more realistic. Having realistic expectations enabled the participants to reconcile to the fact that although they could not guarantee that the youth would not re-offend, they can see progress in other areas of the youth's life. The participants also spoke about hoping that they had assisted in interesting the youth in receiving treatment and that they will seek it out again if needed.

The literature on vicarious traumatization noted that therapists sometimes have flashbacks or images similar to the trauma that their client describes to them (Steed and Downing, 1998:2). Two of the participants felt that since they did not hear about the details of their client's offense they were able to continue in the field. As one participant explained, "Cause you know, I think that when you hear it you can't help the images come into your head. And those images are a lot harder to get rid of" (Tape 4, 4).

However, not all coping strategies are necessarily positive. As Ryan and Lane argue, coping does not mean resolution (1997:459). One participant spoke about becoming desensitized to her work. Although this strategy maybe helpful in assisting the worker to not become overwhelmed by the stories she hears, it could become a problem if she became so desensitized that she did not view the offences as warranting intervention.

As mentioned earlier, one participant initially enjoyed working in isolation because it protected her work from criticism. However, the participant acknowledged that over time this isolation made her think that the community did not value the work she did with this population. The lack of involvement and recognition from the community eventually led to this participant's decision to stop working with adolescents who sexually offend. This lack

of recognition by the community in relation to the importance of treatment groups and lack of support created feelings of self-doubt in the participant. As she discussed,

> "... they were expecting that the youth went to this group and that would be enough... I think it was about not doing a good enough job. Not feeling like we are doing the kind of work we should be doing. And people thinking or having those expectations" (Tape 4, 2).

Having one's work recognized as important may confirm for that person that their work is valued. However, if there is no recognition, then this can lead to feelings of self-doubt (Strauss, 2003:39), as is evident in the above participant's statement.

Future Directions

There are a number of areas in the data collected for this study that impact on policy. The need for community collaboration in working with adolescents' who have sexually offended is very important. Using a collaborative approach is likely to assist in reducing social workers' experience of isolation as they will not be solely responsible for the youth. Also, more thorough safety and prevention plans are likely to be developed when other service providers are able to give their input. For example, it is essential that the social worker providing treatment consults with the children's aid worker in order to establish when a youth is ready to return home. This will reduce incidents of youth being placed in high risk situations while simultaneously reducing the risk of further victimization of others.

A collaborative approach will also assist in educating the community regarding developmental pathways to sexual offending and treatment objectives. This education will

hopefully enable community partners to further understand what preventative measures can take place to reduce incidents of victimization as well as assist the community in understanding the validity of treating adolescent sex offenders. A better understanding by the community will in turn reduce feelings of isolation or self-doubt for social workers.

Another area of policy implication is the development of supports for social workers who work with this population. Although the participants were resourceful in developing their own supports such as debriefing with colleagues, it is important that administrators recognize the stressful nature of this work and offer formal supports such as counselling through Employee Assistance Plan or weekly debriefing groups. These supports will not only normalize the feelings that social workers experience in relation to their work but it also lets social workers know that others recognize the stress and that their well-being is important.

More resources for adolescents who have sexually offended is also needed. As the participants discussed, they are concerned with the lack of resources for youth especially after their release from custody or when discharged from group. Connecting youth to services such as counselling to address issues related to self-esteem or family therapy are seen as measures to increase protective factors for the youth with the ultimate goal of reducing risk of re-offending (Ertl and McNamara, 1997:202).

In respect to further areas of research there are a number of issues that need consideration. Participants in this study were not involved in treatment of clients from start to finish, for example workers were never involved in the initial offense specific assessment, treatment and follow-up to treatment, typically a two year intervention. It

would be interesting to explore whether social workers who are connected to youth from the initial assessment to follow-up have qualitatively different experiences then did the participants in this study.

This study only involved female social workers. It would also be relevant to compare how male social workers who work with this population perceive the impact on their personal and professional lives and whether their experiences differ from females. As this was an exploratory study variables such as the race, culture, ethnicity were not taken into consideration. These are all important factors to consider in future research as these variables will likely impact on one's perceived experience.

CONCLUSION

This qualitative study examined how work with adolescents who have sexually offended impacts on social workers. Four areas were analyzed: why work with this population is stressful, how this type of work impacts on the participants' world view, how others perception of their work effects the participants' own perception of the value of their work and what strategies the participants employ to remain working with this population.

It is evident that work with this population can be highly stressful. However, in light of the many stressors faced by the participants, they were still able to reflect upon how this work had positively impacted them, from seeing oneself as more compassionate to appreciating one's life circumstances. Although faced with the darker side of human behaviour, the participants remained hopeful that the work they engaged in with these youth could lead to positive changes.

In order to keep this hope alive a number of policy implications were addressed. The need for community collaboration in the treatment of adolescent sex offenders in order to reduce feelings of isolation for social workers and improve safety and prevention planning. In respect to the workplace environment, access to formal supports such as debriefing groups to address the stressful nature of the work was discussed. More resources for the youth such as long-term counselling was also highlighted.

Further areas of research to explore include studying social workers who are involved with adolescent sex offenders from their assessment to discharge. Also, examining if there are qualitative differences between male and female social workers experience of counselling this population. Future research should also consider how race, culture and ethnicity impact on one's experience with adolescents who have sexually offended.

APPENDIX

1)   Interview Guide

2)   Information Sheet

3)   Consent Form

Interview Guide

1) What is your understanding of work place stress?

2) How have you experienced stress in relation to counselling adolescents who have sexually offended?

   How is this stress reflected in your personal and professional life? Can you share an example with me ?

   Why do you think this type of social work is stressful? (e.g. mandated clients, high rate of responsibility; safety issues)

3) How do your colleagues and significant others in your life view the type of work you do? (e.g. view you as advocate for sex offenders, perverted) Can you share a story with me ?

   How does their view impact on your own perception of the value of your work? Can you provide an example of this?

4) How has your work with adolescents who have sexually offended influence your world view? (e.g. feel more or less vulnerable, view of humanity)

5) What are the rewarding aspects of your work and what are the frustrating aspects? Can you share a story with me?

6) Given the high turnover rate in this area of social work practice, what assists you in continuing in this field? (e.g. informal supports, supervision)

Information Form

Thesis Title: **Impact: Counselling Youth Charged With Sexually Offending**

Investigator: **Michelle Pearce**
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(905) 384-9551 ext.231

Thesis Advisor: **Dr. Donna Baines**
Labour Studies and Social Work
McMaster University
Hamilton, ON L8S 4M4
(905) 525-9140 ext. 23703

Introduction:

You are being asked to participate in a study entitled, Impact: Counselling Youth Charged With Sexually Offending. This study will involve social workers who work with this population. The study is exploring the impact work with adolescents who have sexually offended has on the personal and professional lives of social workers.

Your participation is entirely voluntary. You can refuse to participate or withdraw from the study at any time with no consequences. The study and its risks and benefits are explained below. Please do not hesitate to discuss any questions or concerns you may have about this study at any point with the researcher listed above.

The Interview:

The interview will take one and a half to two hours. It will follow an interview guide. The interview will be conducted by Michelle Pearce in a location of your choice. I will be asking you such questions as "how have you experienced stress in relation to counselling adolescents who have sexually offended? Personal or professional"?, "can you share an example"?, "How do your colleagues and significant others in your life view the type of work you do"? "do they value your work".

Tape Recording:

The interview will be audio-taped recorded and later transcribed. You have the right to turn off the tape recorder at any point in the interview. You have the right to contact the researcher after the interview and ask that any portion of the interview or the interview in its entirety be removed from the study. In this situation, the tape and any copies of transcriptions will be destroyed by Michelle Pearce. You also have right to not answer any question that you want and you can also request to review the transcript of the interview and revise or remove any statements.

Confidentiality:

You will not be identified as a study participant in the thesis. Themes coming out of the data will be discussed in a general way and no identifying information will be used. None of what you say will be told to your employer. Interview tapes and transcriptions will be kept in a locked file cabinet. Only the researcher and her advisor will have access to them. All identifying information will be deleted from the transcripts, notes and tapes at the end of this research project. After this cleansing they will be deposited in an appropriate archival site. Your confidentiality will be maintained and respected.

Risks and Benefits:

There are possible social, psychological and professional risks to participating in this study. Feelings of guilt or embarrassment may be experienced in relation to answering certain questions. You may also experience concern for your personal and/or professional reputation in answering certain questions. The benefits include having the opportunity to share one's experiences as a social worker working with this population. In doing so, this may assist the profession as well as the community in developing a clearer understanding of the impact work with this population has on social workers. In the event that negative feelings are stirred up by this interview, Michelle Pearce will have referral information for any follow-up counselling.

Questions or problems:

You have the right to ask questions about the study at any time. Please contact Michelle Pearce at the number and e-mail address above if you have any questions or concerns. This study has also been approved by the McMaster University Research Ethics Board, you can contact them at (905) 525-9140 x.23142.

Consent Form

Thesis Title: Impact: Counselling Youth Charged With Sexually Offending

Investigator: Michelle Pearce
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Tape Recording:
  The interview will be audio-taped recorded and later transcribed. You have the right to turn off the tape recorder at any point in the interview. You have the right to contact the researcher after the interview and ask that any portion of the interview or the interview in its entirety be removed from the study. In this situation, the tape and any

copies of transcriptions will be destroyed by Michelle Pearce. You also have right to not answer any question that you want and you can also request to review the transcript of the interview and revise or remove any statements.

Confidentiality:

You will not be identified as a study participant in the thesis. Themes coming out of the data will be discussed in a general way and no identifying information will be used. None of what you say will be told to your employer. Interview tapes and transcriptions will be kept in a locked file cabinet. Only the researcher and her advisor will have access to them. All identifying information will be deleted from the transcripts, notes and tapes at the end of this research project. After this cleansing they will be deposited in an appropriate archival site. Your confidentiality will be maintained and respected.

Risks and Benefits:

There are possible social, psychological and professional risks to participating in this study. Feelings of guilt or embarrassment may be experienced in relation to answering certain questions. You may also experience concern for your personal and/or professional reputation in answering certain questions. The benefits include having the opportunity to share one's experiences as a social worker working with this population. In doing so, this may assist the profession as well as the community in developing a clearer understanding of the impact work with this population has on social workers.

Questions or problems:

You have the right to ask questions about the study at any time. Please contact Michelle Pearce at the number and e-mail address above if you have any questions or concerns.

Consent

I have read this consent form. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in this study.

_____

Printed Name

_____   _____

Signature   Date

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