ETHICAL DILEMMAS ASSOCIATED WITH VIOLENCE IN CYBERSPACE

Sharon W. Cooper, MD FAAP
University of North Carolina Chapel Hill
School of Medicine
Consultant, National Center for Missing and Exploited Children
LEGAL PHASES OF A CASE

• Investigative phase – goal is to determine the extent of victimization, how many children have been affected, who is responsible and was there evidence of aiding and abetting the criminal behavior, assure that the investigative outcomes are acceptable in a court of law;
• Prosecutorial phase – goal is to assure that victims rights are enforced, that the guilty will be brought to justice and that consequences fit the crime;

THERAPEUTIC PHASE OF A CASE

• Therapy may begin with the first responders. Some jurisdictions send trained child mental health care providers to the initial crime scene in an effort to avoid further victim traumatization and to assure that whatever child victims say is well understood by investigators;
• Subsequent therapy may include trauma informed services, trauma focused interventions, and often family counseling whether the offender was a family member or not;
VICTIMS OF VIOLENCE IN CYBERSPACE

- As experience in the field expands, special victim unit investigators, victim advocates, guardian ad litem specialists, forensic interviewers, health care providers, child mental health care providers, child protective services workers, adult mental health care providers, prosecutors and judges are recognizing that numerous ethical quagmires are evident in these types of crimes against children.

FOREIGN NATIONAL ADOPTION VICTIMS

- In cases of sexual exploitation involving intercountry adoption victims, needless to say, there has been resultant national outrage.
- The ethical dilemma stems from disposition of the foreign national adoptee victim:
  - Foster care?
  - Return to home of origin?
  - Mental health services before or after physical disposition?
  - Determine what action is in the best interest of the child?
  - Dealing with diplomatic complications?
WASHINGTON A Duke University official has been arrested and charged with offering his adopted 5-year-old son for sex.

Frank Lombard, the school’s associate director of the Center for Health Policy, was arrested after an Internet sting, according to the FBI’s Washington field office and the city’s police department.

According to an affidavit by District of Columbia Police Det. Timothy Palchak, an unnamed informant facing charges in his own child sex case led authorities to Lombard. Authorities said that Lombard tried to persuade a person, who he did not know was a police officer, to travel to North Carolina to have sex with Lombard’s child.

The detective’s affidavit charges Lombard identified himself online as “perv dad for fun,” and says that in an online chat with the detective, Lombard said he had sexually molested his son, whom he adopted as an infant.

The court papers say Lombard also invited the undercover detective to North Carolina to have sex with the young boy, and even suggested which hotel he should use.

Lombard was charged in federal court in Washington with attempting to induce someone to cross state lines to engage in sex with a child. If convicted, he could face a maximum sentence of 20 years in prison.
NO BEST SOLUTIONS

• Masha Allen is a tragically famous sexual exploitation victim for whom a federal law was named, but as a Russian adoptee, ended in foster care and in the child welfare system for the remainder of her childhood after being rescued from a millionaire pedophile.
• Her abuse was facilitated by major adoption malpractice associated with an incomplete home study and an inadequate post-placement assessment of the child's well-being.
• Though the law supports financial restitution for victims of child abuse images, she has never received this funding.
RESTITUTION IN CHILD ABUSE IMAGES

• Legislation in the US mandates restitution for victims of child sexual abuse images on the Internet to be provided by offenders who download, trade and possess such images;
• In reality, judges continue to be confounded by the concept of proximate harm e.g. that these children would be able to move on in their therapeutic journey but for the continued proliferation of these images online;
• This invasion of privacy is insult to the injury of child sexual abuse;

EXTREME JUDICIAL VARIABILITY
REAL WORLD AND VIRTUAL WORLD PRODUCER

- The tangled web of child sexual abuse images continues to provide ethical dilemmas for the investigator who uncovers images of young family members drugged and photographed by an uncle.
- None of the children appear to know anything as determined by careful and deliberate questioning.
- Their fearful parents refuse to allow more invasive questioning or trauma informed CBT since the children are asymptomatic and the offender no longer has access.
CLINICAL ETHICS

- How does a therapist provide family support to parents hiding such a huge secret – one in which extended family members are selectively informed on a “need to know” basis?
- How does one assist with the parental anxiety over the fact that when the victim children reach 18, it is a requirement that they be informed of their victimization each time someone downloads their images – images of which they were unaware and which would ultimately cause them to learn of parental deception?
- Is there a professional loophole for aiding in deceit?
THE VIRTUAL WORLD

• In this case, the offender, who was a teacher, took normal digital images of his child students (of similar ages to his hands-on victims)
• After morphing these faces onto the pornographic bodies of other children, he derived gratification knowing that overtly these images looked as if children in his classes had exploitive images online
• What is the therapeutic approach to these victims and their families? Is this another scenario to be shrouded in secrecy?

Mental Health Quagmire

• Primary mental health services are geared to clear diagnoses associated with mainstream problems.
• Exploring the “what ifs” with families who are caring for children unaware of their online victimization places therapists in uneasy positions which would all fall into the category of anxiety related symptoms
• Most therapists are unprepared for these complex nuances, and may have poor understanding of the non-delusional paranoia often associated with knowing that images are online
COMMUNITY RESPONSE TO MULTIVICTIM ONLINE VICTIMIZATION

• What are the ethical responsibilities of professional health care providers who worry that a colleague may have pedophilia, but there is no concrete evidence of wrongdoing?

• If a report were to be made to a licensing agency without patient complaints or other evidence of guilt, would the report be screened out and if subsequent confirmation occurred, would even the licensing agency by libel?
LONG TERM VICTIMIZATION

• Dr. Early Bradley was a Pediatrician who brutally sexually abused his patients, memorializing this on video.
• He had more than 100 victims, most of whom were very young toddlers less than 3 years of age.
• Community outreach revealed petrified parents who refused to bring their children in, lest there be a slip of harmful information to children who were not complaining.

APPROACH

• Is there a role for group therapy in such circumstances so that parents can provide mutual support to each other through the difficult times of awaiting trial and sentencing?
• Is the “silence” that settled over the community healing, or mass numbing to the aversive nature of the abuses?
• How informed should the therapists be regarding the content of the abusive images for these preverbal children?
NATIONAL IMPACT FOR HEALTH CARE PROVIDERS

• Peer review is required for medical competency, but when the concern for possible inappropriate sexual behaviors became apparent, professionals chose to look the other way and talk themselves out of concern as they each resigned from the offender’s practice.

• Medical record review revealed an inordinate number of injections given to toddlers in the upper inner thighs – which ultimately gave parents a false sense of security when children fussed as their diapers were changed.
RESPONSIBLE BYSTANDERS

• This case had so many failures to respond to highly concerning behaviors that the highest ranking legal scholar for the state provided a “white paper” on systems that need to be fixed so that bystanders would be held accountable.

• The betrayal of parental trust was so severe, that the majority of parents with known victim children refused to bring them for a recommended medical assessment for child sexual abuse.

• No surveillance for STIs were provided for these young children which would have been the medical standard of care. This non-provision was strictly related to parental refusal.
SELF-PRODUCED IMAGES AND CULPABILITY

• Efforts to address the ethical and legal management of youth who produce sexually explicit images lack uniformity
• Youth who were groomed by adults are seen as compliant enticement victims and are not seen as demonstrating delinquent behavior
• Alternatively, youth who exchange with other youth are at risk for federal charges and prosecution for production of illegal images.

SEXTING: A TYPOLOGY (Wolak & Finkelhor, March 2011)
KNOWN MENTAL HEALTH DISORDERS

• In one case, a teen recovering from anorexia nervosa after being in residential treatment was lured and groomed by 3 schoolmates (2 of whom were hidden in this conspiracy) to self-produce an explicit short video; The teen was taking 2 psychotropic medications at the time.
• Upon returning to school shortly afterwards, she was informed that all of her classmates were provided with the video and she was hazed persistently for a year and fell into the throes of deep depression.

RE COURSE

• When her parents sought recourse from school officials after the boys confessed to the principal, they were informed that the victim was at the highest risk of arrest and they should leave matters alone;
• After removing the child from the parochial school and sending her away to a boarding school where she flourished and became once again a successful student, the parents sued the families of the offender youths.
GUILT, SELF-BLAME AND SHAME

• Guilt, self-blame and shame are noted to cause significant negative behaviors to include eating disorders, substance abuse and habituation, and risk taking and self-injurious behaviors in the teen victim.
• In addition, because guilt, self-blame and shame typically result from adverse childhood experiences (ACE), a victim’s actual lifespan may be shortened.
ATYPICAL VICTIMIZATION WITH NO EASY ANSWERS

- A local film developer noted highly concerning images of minority Hispanic children taken at what appeared to be a local elementary school.
- Investigators were notified and ultimately a teacher was arrested for producing images of school children, gagged and blindfolded who were forced to ingest cookies.
- Later the cookies tested positive for the teacher’s semen.
- These images had been produced over a 3 year period – no children disclosed as best anyone could tell.
CONTINUED INVESTIGATION

• When 2 other school personnel in the same institution were arrested for possible child sexual abuse with fondling accusations, school personnel took drastic measures.
• The children were sent home for a few days
• Upon return, the entire staff of the school had been changed – every teacher, aide, worker, etc. Many of the children and parents were distressed because the children loved the teachers.
CHILD AND FAMILY COUNSELING

• This case drew national attention in the media. These child victims were at great risk for tabloid exposure.
• This constituted an atypical sexual contact. Interviews with the children cited that the victimization came during role playing in games as well as a form of discipline for misbehaviors which hindered their disclosure to parents.
• Treatment must include addressing parental anxiety, anger, and a sense of human rights violations.
SUMMARY

• Children who are victims of violence in cyberspace continue to be enigmas to mainstream mental health therapists, investigators and prosecutors.
• Lack of understanding of the impact of online victimization continues to be a major concern for the present workforces of social workers, counselors and psychologists.
• In addition, the ethical and moral dilemmas surrounding many of these cases may be best met with professional bioethicist consultation as these cases remain complex and compelling.