

Legal and Ethical Issues in Treating Clients With Pedohebephilic Interests

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Individuals with a sexual interest in children who have not committed a sexual offense are a client population that are currently underserved by psychologists. In the context of accessing and providing mental health services, mandatory reporting laws represent a key issue for clients and psychologists. For clients, mandatory reporting requirements creates a double-bind: They wish to access psychotherapy for a myriad of psychological concerns, yet they fear the implications of psychologists' mandated reporting requirements if they disclose their sexual interest. Psychologists treating nonoffending clients with sexual interests in children face several overlapping and competing ethical and legal obligations created by mandatory reporting laws. To examine these complexities, the present article reviews and discusses legislation in Canada, complaints to provincial professional colleges, and case law related to mandatory reporting requirements. We additionally review principles and standards in the Canadian Psychological Association's *Code of Ethics* (4th ed.) to inform service provision with these clients. Recommendations for practice are provided based on this discussion, and practice case vignettes are given to facilitate ethical decision-making.

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Child sexual abuse is a significant public health issue that results in direct (e.g., mental health) and indirect (e.g., days of lost work) costs to survivors and society (Cotter & Beaupré, 2014; Paolucci, Genuis, & Violato, 2001; Wang & Holton, 2007). *Pedohebephilic interests* refers to sexual interest in prepubescent and/or pubescent children, and in the empirical literature, it is a significant risk factor for the onset and persistence of sexual offending against children (McPhail et al., 2017; Seto, 2008). Despite this association, pedohebephilic interests and sexual offending against children are not synonymous, and there are individuals with pedohebephilic interest who have not committed sexual offenses (Bailey, Hsu, & Bernhard, 2016; Cantor & McPhail, 2016; Jahnke, Schmitt, & Malón, 2017).

The Case for Secondary Prevention

In Canada, the social response to sexual offending against children includes *primary prevention* (i.e., programs aimed at the wider population, such as school programs that teach children about sexual abuse) and *tertiary prevention* (i.e., treatment provided to individuals who have committed sexual offenses to prevent reoffending). One area that has not been adequately addressed is *secondary prevention* (i.e., service delivery to populations at elevated risk for sexual offending), which may involve psychotherapy for clients with pedohebephilic interests who have not committed a sexual offense. Psychotherapy can provide these clients with skills to remain offense-free and improve their quality of life. Despite the successful implementation of secondary prevention programming in countries like Germany (Beier et al., 2015), there are currently no secondary prevention programs in Canada.

The development of secondary prevention in Canada is complicated by mandatory reporting requirements. Although mandatory reporting is crucial for protecting children, it has the unintended consequences of complicating the delivery of secondary prevention. Mandatory reporting has been viewed as a significant barrier for nonoffending individuals with pedohebephilic interests who are interested in accessing psychotherapy (Berlin, Malin, & Dean, 1991; Cacciatori, 2017; Lasher & Stinson, 2017; Saunders & McArthur, 2017). This barrier exists even for those who may wish to consult psychologists for a variety of issues unrelated to their sexuality, such as general mental health problems, distress, stigma-

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related stress, and lack of social support networks (Cacciatori, 2017; Cantor & McPhail, 2016; Freimond, 2013). For those seeking psychotherapy, this creates the double-bind of wanting psychological services, while facing uncertainty regarding the personal consequences that help-seeking could entail.

Mandatory reporting legislation creates ethical and legal tension for those providing services to clients with pedohebephilic interests, such that maintaining confidentiality comes into conflict with legal obligations to report, with an added concern about civil liability for failing to make a report (Renke, 1999). Working with clients with pedohebephilic interests can lead to many situations where a client discloses information that may trigger a mandated report. A psychologist must determine whether the information meets the threshold for making a report, what to include in such a report, and how to continue to provide ethical care to their client. Determining when to make a mandated report and when not to appears to be a key ethical and legal consideration when working with these clients.

Addressing the lack of access to psychotherapy for men and women with pedohebephilic interests requires examining barriers to providing services that psychologists face. The goal of this article is to examine the legal and ethical issues created by mandatory reporting requirements when providing psychotherapy to individuals with pedohebephilic interests who have not offended. To further the potential for psychotherapy service delivery by psychologists in Canada, we provide a review of mandatory reporting in Canada by examining legislation, ethical standards, and case law relevant to mandated reporting.¹ We consider how legislation, complaints to provincial regulatory bodies, ethical standards, and case law informs clinical decision-making regarding mandated reports and providing access to secondary prevention services for pedohebephilic clients.²

Mandatory Reporting Legislation in Canada

Every Canadian province has mandatory reporting laws that govern the behavior of professionals, including psychologists, who may encounter instances of when a child needs protection and who have a duty to report these concerns to child welfare officials.³ There are several key components to highlight regarding the duty to report in legislation (Table 1). The definition of child differs between jurisdiction and can change over time. A child is clearly defined in the legislation, with most provinces stating that a child is under the age of 18 (AB, MB, PE, QC), whereas others define a child as anyone under the age of 16 (ON, NL, SK) or 19 (BC, NB, NS).⁴ Recently, Ontario has enacted legislation that allows for discretionary reporting when the child in need of protection is 16 or 17 years of age. Most provincial statutes identify situations of past abuse, not only ongoing abuse, as reportable (e.g., “child has been sexually abused”; the Nova Scotia *Children and Family Services Act, 1990*, s.22(1); emphasis added). These sections provide a degree of definitional clarity that allows one to determine whether a child is reasonably considered to be in need of protection in a specific circumstance.

Despite these positive developments, there continues to be a degree of interpretation required to understand reporting obligations. Although each provincial statute includes child sexual abuse as a reportable type of abuse, there are key differences in how sexual abuse is defined. The most notable example of differences

in legislation pertains to whether exposure to child pornography (MB, NS, ON, PE) or involvement of children in prostitution (AB, BC, NB, NS, PE, SK) is contained in the definition of sexual abuse. In provinces that have a less well-defined description of sexual abuse, the individual clinician must determine whether the behavior falls within the scope of the guidelines.

Another key difference in the legislation is who can be reported (fourth column of Table 1). Most of the statutes state that cases of sexual abuse are only reportable when a parent or someone having charge of child is sexually abusing the child or where the guardian should have known of the abuse and did not protect the child (AB, BC, NL, NS, ON, PE, QC). In the context of secondary prevention, this is particularly relevant because legislation could be interpreted to suggest that cases are only reportable when the person is the parent, has charge of the child, or such a person should have been aware of the abuse. Despite this wording, our review of relevant case law found that there are no legal cases in which this interpretation has been tested. In those provinces where guardians are not listed, it might be assumed that any child who is being abused or is at-risk of being abused should be reported to child protective services (CPS), regardless of the status of the abuser. It is important to consider that legislation beyond child welfare statutes exists that may be relevant. For example, in Alberta, the *Health Information Act (2000)* states that a health care provider can disclose information without consent “to any person if the custodian believes, on reasonable grounds, that the disclosure will avert or minimize (i) a risk of harm to the health or safety of a minor (ii) an imminent danger to the health or safety of any person” (s.35; emphasis added). Sexual abuse would arguably fall into the interpretation of danger, though it is not explicitly stated in the legislation.

Another significant issue is the wording of the legislation regarding what constitutes reasonable grounds to make a report. Although differences in wording may appear minor, it is important because some statutes lack clear definitions of key terms, which can contribute to different interpretations and reporting practices (Flaherty, 2006). The provinces differ in whether they require subjective (e.g., suspicion) or more objective (e.g., reasonable grounds) information to file a report (Walters, 1995). Many provinces require objective information, referencing that the clinician must have reasonable grounds to believe that the individual is perpetrating or is at-risk of perpetrating sexual abuse before filing a report (AB, NB, QC, SK). Although at face value this may appear clear, what constitutes reasonable grounds is at the discretion of the provider. There are of course occasions where the need

¹ This article is distinct from Walters (1995) review of mandatory reporting because it focuses on sexual abuse and provides an update to the review of legislation and case law, considers complaints to colleges, and focuses on how mandatory reporting shapes intervention with non-offending individuals with pedohebephilic interests. The reader is encouraged to read Walters' excellent article.

² This article does not constitute legal advice.

³ In some provinces, such as Ontario, all citizens are mandated reporters.

⁴ It is noteworthy that childhood is socially constructed, and there is significant variation across the world in how a child is defined (e.g., in Canada, the age of consent is 16). This is important because Canada is multicultural, and there are many individuals who may come from countries where childhood is defined differently and there are differences in consent laws.

Table 1
Provincial Legislation Governing Duty to Report Child Sexual Abuse

Province	Legislation	Age	Definition of sexual abuse	Duty to report clause	Punishment for not reporting	Civil liability for reporting
AB	Child, Youth, and Family Enhancement Act (2000)	Under 18	Inappropriate exposure or subject to sexual contact, activity, or behavior, including prostitution related activities	2. Reasonable and probable grounds that a child has been sexually abused by the guardian of a child or the guardian is unable or unwilling to protect child from sexual abuse	Up to \$2,000 fine; up to 6 months prison term if fine not paid	If information is reported maliciously or without reasonable and probable grounds for belief
	Health Information Act (2000)	NA	NA	35(1) Can disclose (...) if the custodian believes, on reasonable grounds, that the disclosure will avert or minimize (i) a risk of harm to the health or safety of a minor; or 37.3(1) Can disclose (...) to police or the Minister of Justice and Solicitor General where custodian reasonably believes information relates to possible commission of an offence and that the disclosure will protect health/safety of Albertians	NA	NA
BC	Child, Family, and Community Services Act (1996)	Under 19	Sexual abuse includes encouragement or help to engage in prostitution or coerced/inveigled into prostitution.	13.1 Child has been or is likely to be sexually abused or exploited by the child's parents or if the child has been or is likely to be sexually abused or exploited by another person and the child's parent is unwilling or unable to protect the child	Fine up to \$10,000 or imprisonment up to 6 months, or both	No action unless knowingly report false information
MB	Child and Family Services Act (1986)	Under 18	Subjected to aggression, sexual harassment or injury because of child pornography	17.1 When child is endangered by the act or omission of a person and illustrations are provided, two of which are subjected to aggression or sexual harassment and being abused or in danger of being abused	Up to \$50,000 fine, up to 24 months prison term, or both	No action if report filed in good faith
NB	Family Services Act (1980)	Under 19	Sexually ill-treated including sexual exploitation through child pornography	30.1. Has information causing them to suspect that a child has been sexually ill-treated	NA	No action if filed in good faith
NL	Children and Youth Care and Protection Act (2010)	Under 16	Sexually abused or exploited	10.1 Child is being, or at risk of being sexually abused or exploited by parents or another person and the parent does not protect the child	Up to \$10,000 fine, up to 6 months prison term, or both	No action unless report filed maliciously or without reasonable cause
NS	Children and Family Services Act (1990)	Under 19	Employment, use, persuasion, inducement, enticement, or coercion of child to engage in or assist any other person to engage in sexually explicit conduct or simulation of such conduct or use of child or exposure to prostitution, pornography, or any unlawful sexual practice	22.1 Child has been sexually abused by a parent or guardian of the child or by another person where parent or guardian should have known of the possibility of sexual abuse and failed to protect the child or in cases of substantial risk (real chance of danger apparent in the evidence) that the child will be sexually abused	Up to \$2,000 fine, up to 6 months prison term, or both	No action unless filed falsely and maliciously

(table continues)

Table 1 (continued)

Province	Legislation	Age	Definition of sexual abuse	Duty to report clause	Punishment for not reporting	Civil liability for reporting
ON	Child, Youth, and Family Services Act (2017)	Under 16	Sexually molested or sexually exploited, including by child pornography	125(1.3) The child has been sexually abused or sexually exploited by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual abuse or sexual exploitation and fails to protect the child; (1.4) There is a risk that the child is likely to be sexually abused or sexually exploited as described (in 1.3)	Up to \$5,000 fine	No action unless person acts maliciously or without reasonable grounds for suspicion
	Regulated Healthcare Professionals Act (1991)	NA	Sexual intercourse or other physical sexual relations, touching of a sexual nature, behavior or remarks of a sexual nature	85.1. Member or facility operator shall report if reasonable grounds, obtained in the course of practicing the profession to believe a regulated healthcare professional has sexually abused a client. 85.2. Not required to report unless one knows the name of the provider	Up to \$50,000 fine for individuals, up to \$200,000 fine for corporations	No action unless report not filed in good faith
PE	Child Protection Act (1988)	Under 18	Sexual abuse/ exploitation, including for purposes of prostitution or harm from exposure to or involvement in the production of child pornography	9. Child sexually abused by a parent or by another person where the parent should have known of possibility of sexual abuse and failed to protect the child or the child is at substantial risk of sexual abuse by a parent or another person where the parent knew or ought to have known of possibility and failed to protect.	Fine up to \$2,000	No action unless report that is false or misleading
QC	Youth Protection Act (1984)	Under 18	Gestures of a sexual nature with or without physical contact.	38. Reasonable grounds to believe security or development of a child is or may be considered to be in danger from sexual abuse. A situation occurs if the child is abused or a situation where the child runs a serious risk of being subjected to sexual abuse by parents or another person and the person fails to take the necessary steps to put an end to the situation	Fine from \$250 to \$2,500	No action if report filed in good faith
SK	Child and Family Services Act (1989–90)	Under 16	Exposure to or likely to be exposed to harmful interactions for sexual purposes, including prostitution and involvement in conduct that may amount to an offense	12.1 every person who has reasonable grounds to believe that a child is in need of protection shall report the information to an officer or peace officer	Up to \$25,000 fine, up to 24 months prison term, or both	No action if report made maliciously and without reasonable grounds for the report
	Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act (2002)	Under 18	Same as the Saskatchewan Child and Family Services Act	4.2 Reasonable grounds to believe child has been or is likely to be subjected to sexual abuse	Up to \$25,000 fine, up to 24 months prison term, or both	No action if report made maliciously and without reasonable grounds for the report

Note. NA = not applicable.

to make a report would be quite clear (e.g., client stated that they were sexually abusing a child in their care); however, there are occasions where reasonable grounds may not be clear, particularly in the context of secondary prevention programming (e.g., client discloses specific attraction to a child, but is in treatment and is committed to not offending). Ambiguous situations involve more professional judgment and a strong understanding of the legislation, case law, and ethical obligations.

A similar issue is the vague terminology of “at-risk” because all provinces, except for Alberta and New Brunswick, include phrasing that providers should report a child who is at-risk of being sexually abused. As seen in Table 1, the specific wording for this reporting obligation differs. For example, when referring to at-risk, the statute in British Columbia uses the term “likely,” whereas the Manitoba statute states “in danger of.” In all legislation, except for in Nova Scotia, there is no further information on the operationalization of “at-risk.” In the Nova Scotia *Children and Family Services Act* (1990), “substantial risk” is defined as a “real chance of danger apparent in the evidence” (section 6). The concept of risk is vaguely defined and requires the clinician to invoke professional judgment, which helps explain why clinicians have different thresholds for making a report (e.g., Levi & Loeben, 2004).

Given the vagueness in some provincial statutes, it is expected that clinicians with different training backgrounds and expertise might come to different conclusions. For example, a clinician with no forensic experience might automatically assume that someone with pedohebephilic interests represents a risk to a child and report them without further follow-up. Some clinicians may assert that any semblance of risk is sufficient to make a report. This is in contrast to a forensically trained clinician, who may have completed a risk assessment and determined that the individual poses a low risk to commit a sexual offense and may determine that they do not need to report because of the low risk of offending. We have included sample vignettes in the appendix of the article that may be helpful in working through these issues (see Appendix, which is available in the online supplemental material).

In addition to definitional issues, there are also notable differences in protection from civil liability, consequences of not filing a report, and exceptions to mandated reporting. All laws include a clause that states the reporter is not liable for reports made in good faith (variation of the terminology is included in Table 1). This provision is in place to protect those from civil liability when a client’s confidentiality is breached; however, this does not mean that clients cannot file complaints or civil suits. In addition, there are significant consequences (e.g., fines or possible imprisonment) if one does not make a report. Last, most provincial legislation has traditionally stated that mandatory reporting does not apply to information gathered in the context of solicitor–client privilege (Walters, 1995). It is notable that revised legislation in Newfoundland and Nova Scotia no longer states that information subject to solicitor–client privilege is exempt from mandatory reporting legislation. It is possible that conflict may arise when psychologists are retained by lawyers to conduct assessments of their clients because psychologists are bound by mandatory reporting laws, whereas in many provinces lawyers are protected by solicitor–client privilege laws (e.g., Dixon, Embelton, & Dixon, 2006; Lareau, 2015).

Case Law

Ambiguity in the language of mandatory reporting statutes requires psychologists to be familiar with relevant case law in their jurisdiction (Walters, 1995). As outlined earlier, there are interpretive issues in child protection statutes, and case law in Canada may help to inform ethical decision-making in the context of secondary prevention interventions for clients with pedohebephilic interests.

Reasonable Grounds for Making a Report

Most child protection legislation in Canada identifies that a report can be made, and that the reporter will be protected from liability, if reasonable grounds exist for making the report. Reasonable grounds clauses raise the issue of determining when available information about child welfare becomes reasonable for making a report. Too little information, or information based on suspicion alone, may not be enough to make a report. Case law provides some detail for identifying when a mandated reporter may not have reasonable grounds to make a report.

Perhaps the most influential case examining reasonable grounds is *Young v. Bella* (2006) decided by the Supreme Court of Canada (SCC). In this case, the plaintiff (Young) was enrolled in a social work program. As part of her coursework, she submitted a paper containing an appendix that described a first-person narrative of a female sexually abusing a child. The narrative was not attributed to a source, and the professor speculated to the director of the social work program the narrative may be an account about abuse Young committed against a child. The director made a report to CPS without discussing the narrative with Young. After a period of two years, CPS approached Young about the report, which was clarified when she provided a copy of the book containing the narrative. Given the small community Young lived in and where she hoped to practice social work, the original report to CPS had a deleterious impact on her career as a social worker, which was the cause of her liability suit.

In *Young v. Bella* (2006), one of the issues before the court was determining what qualifies as “reasonable cause” for making a report to CPS of suspected child abuse or a child in need of protection. The respondents (Bella and the university) argued that any potentially relevant information should be reported, and that reasonable cause may be interpreted as the absence of bad faith (i.e., making a report knowing the information it is based on to be false or inaccurate). The majority disagreed and found the report was made on grounds that fell short of being reasonable and were instead based on conjecture and speculation, which did not grant the reporter protection from liability. Young was awarded damages in the amount of \$839,400.

In its ruling, the SCC stated that reporters are obliged to have reasonable cause for making a report. The court defined reasonable cause as having information in one’s possession that CPS might reasonably be asked to investigate. Furthermore, the court stated the inclusion of a reasonable cause standard in child protection legislation necessitates balancing the interests of the person under suspicion of abusing a child with the interests of the child and the reporter (Hilborn, 2006). In contrast, the court indicated reporters are not required to have reasonable cause to believe abuse has occurred or to investigate the information to establish that abuse

has occurred. In this balanced reasoning, the court reaffirmed the low threshold for having reasonable cause to make a report.

Perhaps deserving special attention in *Young v. Bella* (2006) is what counts as reasonable cause to make a report in the context of the duty of care. The SCC reasoned that a report cannot be based wholly on conjecture and speculation. This is important because one of the decisions a psychologist can make when they have any information potentially indicative of a child in need of protection is to simply make the report without further consideration. This kind of automatic reporting policy may not be defensible in light of *Young v. Bella* because this case suggests that not all reports are protected from liability. While the court maintained that a reporter with information about child welfare is not required to investigate whether abuse occurred, the professor and director owed a duty of care to the student and were required to meet the standards of care. This standard of care likely required them to discuss the information with the student prior to making a report. In the words of the court, “as this case illustrates, it is also important that persons in positions of authority (such as university professors in relation to their students) act responsibly and avoid unfounded and damaging reports of suspicion” (pp. 113–114). Legal scholarship, however, underscores the complexity of differentiating between reasonable cause and conjecture and speculation (Hilborn, 2006). This complexity likely results in variability in how individual practitioners identify a situation as qualifying as reasonable grounds for a report (Deisz, Doueck, George, & Levine, 1996).

Young v. Bella (2006) illuminates some of the key issues for decision-making by psychologists determining whether information disclosed by clients requires a mandated report. Considering this SCC decision in the context of providing treatment services to clients with pedohebephilic interests, a psychologist may need to consider whether the grounds for their suspicion that a child is in need of protection is reasonable, whether another reasonable psychologist in their position would have reached the same conclusion, the legal duty imposed to protect children, the potential and foreseeable harm that could come to the client by making a report (including their duty of care toward their client), and the ways in which the psychologist is and is not protected as a mandated reporter.

The case of *G. (R.), Re* (1999) in British Columbia also has some relevance for establishing reasonable grounds for making a report. In this case, R.G. had been found guilty of two counts of sexually assaulting younger children and causing them harm, was diagnosed with pedophilia, and was assessed as being at high risk to reoffend. He had fathered a child and was looking to play an active role in the child’s life. The issue in the case was whether to grant an order for the Director of the Ministry of Children and Families to disclose *Young Offender Act* (1985; *YOA*) records pertaining to R.G. to the mother of the child, the family of the mother, and other parents or guardians. In reaching a decision on whether disclosure was appropriate, the judge relied on a three-pronged test from s.38 (1.5) of the *YOA*, namely: whether R.G. had been found guilty of an offense involving serious personal injury, whether he posed a risk of serious harm, and whether the disclosure was relevant to the avoidance of this risk.⁵ The judge identified that the case met the test and that some disclosure of R.G.’s young offender record to a third party was appropriate to protect the child, given his recent offenses, pedophilia diagnosis, and high level of risk. The judge ruled that no copies of reports would be

released to the third parties, but that the mother of the child, the family of the mother, and any other parent or guardian of children to which R.G. has regular access can be informed that he has been diagnosed with pedophilia and as being high risk to reoffend. This disclosure was contingent upon the Director being satisfied that such a disclosure was necessary to ensure the well-being of a child.

In this case, the judge weighed the important protections of privacy afforded by the *YOA* against the need for child protection, ultimately ruling that disclosure, in this instance, was the important concern and that the duty to protect a child at-risk overrides privacy protections in the *YOA*. The legal issue in this case, providing the Director of a provincial ministry with an order permitting disclosure of information to third parties to facilitate child protection, is likely a higher bar than the reporting requirements for psychologists that are defined in child welfare legislation. In an indirect way, *G. (R.), Re* (1999) may provide some guidance in identifying a situation where a report to CPS may be warranted. A client with pedophilic interests, who has a recent history of convictions for sexual assaults against minors, is identified to be at high risk for reoffending, and is wanting to have unsupervised access to a child in their family or other children, may meet the threshold for making a report to CPS.

In *Almeida v. Grand River Hospital* (2010; Ontario), the court decision provides an example of a mandated report by a health care professional that was protected from liability. In this case, the plaintiff had given birth at the hospital and a nurse made a report based on her suspicion that the infant would be harmed by neglect by the plaintiff. The nurse based her suspicion on an assessment of various factors during follow-up appointments with the plaintiff, namely: the baby had lost an abnormal amount of weight since birth and that the plaintiff had a history of cocaine abuse, had previously given up twins for adoption, was a poor historian, and had requested narcotic painkillers during a follow-up appointment. The issue at trial was whether this information constituted a reasonable suspicion for a report to CPS. The judge ruled that the grounds on which the nurse based her report exceeded the threshold for reasonableness and was therefore protected from liability. In reaching the decision, the judge reaffirmed the low threshold for having reasonable suspicion for a report, stating, “The child protection statute requires professionals to report a reasonable suspicion. The legislature decided to enact a very low threshold for reporting. The defendant, on any reasonable view of the evidence, met or exceeded this threshold” (para 8). A possible application of this decision to psychologists working with clients with pedohebephilic interests would be to conduct an assessment using risk factors related to sexual offending for a client with pedohebephilic interests. Such an assessment, in combination with the presence of an at-risk child, may or may not establish reasonable grounds for a mandated report.

Maliciously “and/or” Without Reasonable Cause

Child protection legislation includes protective subsections that provide criteria exempting mandated reporters from liability. A key issue in interpreting these protective subsections is the use of

⁵ The *Youth Criminal Justice Act* (2003; *YCJA*) came into effect on April 1, 2003, replacing the *Young Offenders Act*. In the *YCJA* (2003), s.127(1) contains the same provisions as s.38(1.5) of the *YOA*.

the terms “and” or “or” to join the characteristics of a protected report. In *G. (R.) v. Christison* (1996), the judge interpreted the protective subsection in Saskatchewan’s *Child and Family Services Act* (1990) as requiring both malice and a lack of reasonable grounds before a reporter was not protected from liability. In contrast, in Newfoundland, legislation separates maliciousness and reasonable cause with “or,” and the Newfoundland Court of Appeals, in considering *Young v. Bella* (2004), interpreted the protection of reports subsection as indicating that either malice or lack of reasonable cause were needed to be present for a report to not be protected from liability. In the context of treating clients with pedohebephilic interests, a psychologist working in a legislative framework that uses “and” to join *lack of reasonable grounds* with *malice* may have a greater degree of protection from liability than a jurisdiction that uses the conjunction “or” in the legislative framework. The legal concept of malice involves intentionally committing an act to cause another some form of injury (Coughlan, Cotter, & Yogis, 2013). A psychologist making a mandated report in a jurisdiction such as Saskatchewan may need to be acting without reasonable grounds and with malice to be liable for such a report.

Content of a Report

A recent summary judgment in Alberta examined the issue of whether the entirety of a counsellor’s report regarding risk of physical abuse made with reasonable grounds is protected and whether the nature and content of a report may affect a reporter’s protection from liability (*DD v. Calgary Counselling Centre*, 2017). In her report, the counsellor included information about the mother’s mental health diagnoses that the counsellor based solely on interviews with the husband, did not include pertinent information about the husband, and presented the husband’s allegations as fact. The judicial reasoning included a consideration that for a report to be protected, the content of the report must not be materially misleading. A materially misleading report is present if the reporter, “(1) was materially inaccurate in communicating the information in his (sic) possession; (2) withheld certain information where for example, there are two or more versions of events told to the informant; or (3) did not properly attribute the source of the information (for example, stating as fact what is merely an allegation of another party). There may be other ways in which a report can be materially misleading” (p. 13, para. 69; *DD v. Calgary Counselling Centre*, 2017). The judge further reasoned that for a report to be protected, the content of the report must be tied to the reasonable and probable grounds for making the report. While the judge ruled that the defendants did not prove their case for a summary judgment and included the above line of reasoning in the judgment, this case is still working its way through the courts with the final verdict to be determined. These considerations suggest psychologists should consider what information they disclose and how they frame information when making a report, as information shared with CPS may be shared with others to protect a child (e.g., *G. [R.], Re.*, 1999).

Risk or Danger of Abuse

Most provincial mandatory reporting legislation includes the concept of a child at-risk of harm, likely to be harmed, or in danger

of being harmed. A few legal cases provide insight into how the concept of a child being at-risk of harm has been considered by Canadian courts. *G. (R.), Re.* (1999) suggests three factors may increase the risk for sexual abuse by a person: recent sexual offenses against children that caused injury, a diagnosis of pedophilia, and being assessed at high risk to sexually reoffend. This, however, is limited in application to clients with pedohebephilic interests who have previously committed sexual offenses against a child. *Almeida v. Grand River Hospital* (2010) includes some understanding of how a health professional can justify making a report about a child at-risk of harm. The judge accepted a clinical assessment as giving the nurse reasonable grounds for suspecting sufficient risk to the infant existed. In Alberta, the judge in *DD v. Calgary Counselling Centre* (2017) reasoned that the language in the *Child, Youth and Family Enhancement Act* (2000) requires reporting when there are reasonable and probable grounds that a child *is* in need of protection. This line of reasoning may suggest that legislation in some jurisdictions may not refer to situations when a child *may be* in danger; however, if a child is in imminent danger, this would invoke duty to warn (see discussion of *Smith v. Jones*, 1999).

An interesting and relevant case comes from a British Columbia Collective Agreement Arbitration hearing (*Coquitlam Public Library Board v. Canadian Union of Public Employees, Local 561*, 1997). In this case, the grievor, who was an employee at the Coquitlam Public Library, had a history of sexually abusing male children and was diagnosed with homosexual pedophilia.⁶ He was convicted for multiple sexual offenses and served a sentence within a federal penitentiary. He had participated in sexual offense-specific treatment during his incarceration and while he was living in the community under parole supervision. When his parole order expired, he continued to seek treatment services, especially in times of distress, to prevent reoffense. After completing parole, he obtained employment shelving books at the library. During the grievor’s employment, his supervisors at the library were informed by a community member that he was a convicted sexual offender. When the grievor was confronted with this information, he indicated the information was true and admitted he was diagnosed with homosexual pedophilia. The library board decided he presented an unacceptable risk to both children who frequented the library and to the library’s reputation, given his convictions and diagnosis and fired him.

In the reasons for decision, the arbitrator stated that although the grievor was a convicted sexual offender, diagnosed with homosexual pedophilia, and working at the library, these facts did not constitute an unacceptable risk to the library’s child patrons. In reaching this conclusion, the arbitrator reasoned because the grievor had attended treatment beyond when he was legally obligated to attend and sought treatment during periods of distress, this suggested he continued to use the coping and stress management methods he had learned and was committed to preventing reoffense. Furthermore, the arbitrator reasoned that the grievor’s position at the library was to shelve books and he did not hold a position where he had contact with patrons, particularly child

⁶ This is the diagnostic wording used by the arbitrator. More recent and precise diagnostic wording would likely be pedophilic disorder, sexually attracted to males (American Psychiatric Association, 2013).

patrons. The specific position he sought suggests he was not attempting to increase his contact with children.

In the context of mandated reporting when working with clients with pedohebephilic interests, this case raises the possibility that a client may not be of sufficient risk to children they are in contact with at their place of employment based on their sexual interest in children and prior offense history.⁷ An individual may need to be acting in ways to increase their proximity or contact with children to be considered at elevated risk to harm a child. An important caveat to interpreting this decision in the context of mandated reporting is that the threshold the arbitrator was considering was whether the library board was justified in firing the greivor, not whether the specifics of the case warranted a mandated report.

Duty to Warn

Psychologists treating clients with pedohebephilic interests may also face situations where they have an additional duty to warn potential victims or police, beyond a mandated report to CPS. The Supreme Court of Canada decision in *Smith v. Jones* (1999) has relevance when working with clients with pedohebephilic interests. This decision raises the issue of an identifiable group of potential victims, not only a single, identifiable victim, as being cause for the duty to warn. In *Smith v. Jones* (1999), the court established that for solicitor–client privilege to be set aside, there needs to be a clear risk to a group, even if that group of intended victims is large, or an identifiable person. The majority stated that “it may be sufficient to engage the duty to warn if a class of victims, such as little girls under five living in a specific area, is clearly identified” (p. 483, para 68; emphasis in original). However, the threat of harm should not be so vague as to include everyone in a community or anyone the client may encounter. In evaluating the clarity of the risk, the court recommended consideration of the following questions: Is there evidence of long range planning? Has the method for effecting the specific attack been suggested? Is there a prior history of violence or threats of violence? Are there prior assaults or threats of violence similar to that which was planned? Is there a history of violence and has the violence increased in severity? Is the violence directed to an identifiable person or group of persons? The court also indicated that setting aside privilege requires seriousness (i.e., the danger involved being killed or suffering serious bodily harm) and imminence (i.e., the nature of the threat creates a sense of urgency).

In the context of providing treatment to clients with pedohebephilic interests, considering a client to be a risk to children *in general* may be too vague a group of potential victims to set aside confidentiality. A client disclosing that they have a plan to use their access to children at the school where they work to sexually assault a minor may trigger a duty to warn, because children at a given school may qualify as an identifiable group of potential victims. Imminence of the threat remains a vaguely defined concept, which requires that individual clinicians need to use judgment regarding when a threat can be considered imminent.

Ethical Standards Relevant to Treating Clients With Pedohebephilic Interests

In addition to legislation and case law, ethical standards guide the work of psychologists, with the most applicable being the

Canadian Psychological Association (2017) Code of Ethics. Several of the standards are relevant and the following discussion explicitly refers to the standards contained in the ethical guidelines.⁸ Psychologists are also encouraged to consult their own provincial standards of practice, in addition to the CPA (2017) guidelines.

Respect for the Dignity of Persons and Peoples

Within the value statement for this ethical principle, distributive and social justice are outlined as important considerations. According to the CPA (2017, p. 11), this means that everyone is “entitled to benefit equitably from the contributions of psychology [distributive justice] and to equal quality in the processes, procedures and services being conducted by psychologists [social justice], regardless of their characteristics, condition, or status.” The guidelines state that psychologists may refuse services because of limited competency (see section Respect for the dignity of persons and peoples); however, they must not refuse services on a “discriminatory basis.”

Based on the principles of distributive and social justice, it could be argued that psychologists have an ethical responsibility to provide psychological services to marginalized groups. Individuals with pedohebephilic interests are highly stigmatized (e.g., Jahnke, Imhoff, & Hoyer, 2015) and arguably marginalized. Many with pedohebephilic interests are interested in mental health support; however, there are significant barriers, including concerns that they will be reported and/or further stigmatized if they present for services (Lasher & Stinson, 2017). Principles of distributive justice suggest that psychologists have an ethical duty to ensure psychological services are available for this population. The consistent finding that treatment is difficult to access for this population or has resulted in significant consequences to the person seeking services (Cacciatori, 2017; Saunders & McArthur, 2017) is inconsistent with these principles.

In addition, many providers may feel uncomfortable providing services to this population. Although this may in part be because of limited clinical competency, it is arguable that in some cases

⁷ While outside the scope of the present article, this case raised the issue of whether pedophilia is a mental disability under the British Columbia Human Rights Code (1973). The arbitrator reasoned that homosexual pedophilia did qualify as a mental disability when applying the criteria that a mental disability is “a physiological state that is involuntary, has some degree of permanence, and impairs the person’s ability, in some measure, to carry out the named function of life” (p. 86). On these grounds, the grievor’s firing was determined to be discriminatory to the extent it was based on his homosexual pedophilia. A few caveats to this analysis is that the decision is relatively dated, human rights issues have likely evolved since that time, and our review of the relevant case law does not reveal further decisions that conclusively determine pedophilia as a mental disability. We cannot provide this issue with the space it demands, but this issue may have ramifications for ethical practice that a psychologist may wish to consider when working with clients with pedohebephilic interests who work in settings where they have contact with children.

⁸ For further information on ethical decision-making, interested readers are directed to Walters (1995), who includes an excellent discussion on the ethical decision-making process in reference to mandatory reporting. We also refer interested readers to our sample vignettes to practice ethical decision-making specific to providing secondary prevention services to clients with pedohebephilic interests.

discomfort may extend beyond clinical competency. More specifically, the disclosure of pedohebephilic interest in a clinical setting may evoke a strong visceral reaction (e.g., disgust, fear) on the part of the psychologist that may compel them to refuse services or report the individual immediately to CPS without a careful analysis of ethical guidelines and legal requirements. The principle of social justice would suggest that allowing this strong visceral reaction to dictate whether the psychologist can reasonably provide services is deeply problematic. According to the principle of social justice, psychologists have an ethical responsibility to provide services to all social groups if they are competent to do so. Individuals with pedohebephilic interest may present for psychological services for other reasons (e.g., depression, anxiety) that are within the psychologist's scope of practice, and it may be unethical for the psychologist to refuse services based solely on their visceral reaction to a client's sexual interests. The psychologist arguably has an ethical responsibility to put their visceral reaction aside and to provide needed psychological services within their bounds of competency.

In addition to distributive and social justice, principles regarding informed consent and confidentiality are important considerations. Across the country, there is a legal requirement to obtain informed consent, and the ethical code addresses the process by which informed consent should be obtained. The CPA (2017) guidelines suggest that psychologists must engage clients in a transparent informed consent process that provides the person with as much information about service provision to make an informed decision about involvement with the psychologist, and which may need to be revisited on multiple occasions (I.15, I.17, I.23). This may extend beyond simply advising a client of the mandatory reporting requirements (in addition to the other limits of confidentiality) to include a detailed exploration of the risks and benefits of a client's disclosure of pedohebephilic interests and the various potential outcomes of such a disclosure (e.g., risk of removal of their children from the home, requirements to undergo a costly risk assessment, or the disclosure of one's pedohebephilic interest by CPS to people in their life). Another major issue is confidentiality, because psychologists have an ethical duty to safeguard confidential information that should only be shared with expressed consent, unless "required or justified by law, or in circumstances of possible imminent serious bodily harm" (I.46).

These standards have implications for secondary prevention. Similar to other services, a clear consent process is needed, but given the services that will be provided, a clear discussion of the legal obligations of the individual clinician is required. It is important to note that individual clients may not view themselves as being at-risk or necessarily agree with the clinician that an issue is reportable. The CPA guidelines also suggest that these individuals should be involved as much as possible in the decision-making process regarding their care, which arguably could be extended to discussing the best way to approach mandatory reporting, if required (e.g., involvement of the client in calling child protective services). According to these standards the clinician has an important ethical responsibility to balance client confidentiality and mandatory reporting obligations, which highlights how tension can exist between ethics and law.

Responsible Caring

Within this principle, the value of general caring states that psychologists avoid harming clients (II.2), accept responsibility for their actions (II.3), and ensure that knowledge gathered in the context of their duties is not misused (II.5). There is an obligation to provide services that benefit clients, but to also ensure that if a report is made that psychologists accept responsibility and attempt to avoid harm to the client. It is debatable whether a report can be filed without resulting in some level of harm to the client. To avoid undue harm, it is important to conduct a careful analysis of the situation and to consult with others to determine whether a report should be filed. If after this process a report appears warranted, psychologists should try to minimize harm. Furthermore, these standards also imply that we have an obligation to ensure that CPS has a clear understanding of the information that we share with them (e.g., providing appropriate caveats to our opinion, communicating information in a clear manner without the use of jargon) and that we work to ensure this information is not misused to cause unnecessary harm to the client.

The principle of responsible caring also includes standards regarding competency (II.6, II.8, II.9). The consideration of competency is important because service provision to individuals with pedohebephilic interests is a specialized and evolving area, which requires knowledge in human sexuality and paraphilic interests. It could be argued that, given the salient issues of risk, clinicians with a forensic specialty may be particularly suited to providing secondary prevention services. Nonetheless, as previously discussed, this population may seek services for other problems that fall within the scope of a nonforensic psychologist's competencies.

Standards regarding maximizing benefits and minimizing harm to clients instruct psychologists to examine whether the provision of services to marginalized populations could result in harm and to not engage in the practice if there are significant concerns that it would (II.8, II.30). In the context of secondary prevention, this may involve using evidence-based approaches for the assessment and treatment of this population, while acknowledging to clients that there is limited knowledge on the effectiveness of secondary prevention programming (to date, only Beier et al., 2015, have examined treatment outcomes). Despite limited research in this area, there is a broad literature on working with individuals detected of sexual offenses, some of whom have pedohebephilic interests, that suggests a small treatment effect (e.g., Schmucker & Losel, 2015). Last, we are also directed within this principle to offset harm in cases of imminent serious bodily injury, which may include disclosing confidential information about a client to third parties (II.42). Although we advocate for careful decision-making regarding mandatory reporting, in cases of acute risk where psychologists have an ethical responsibility to offset harm to potential victims, they should make a report to CPS and/or legal authorities.

Integrity in Relationships and Responsibility to Society

Consistent with this principle and as previously discussed, clinicians who provide secondary prevention services should inform clients about the state of the field. It would be important to avoid, for example, assuring the client of possible outcomes. The CPA code also instructs psychologists to seek consultation (III.35), which suggests that secondary prevention providers consult with others. It also suggests that if psychologists come across clients

with pedohebephilic interest in their practice who are seeking services for other clinical issues that they may want to consult with those who specialize in forensic psychology or sex therapy. Given the legislative complexities, it would also be prudent to consult with their regulatory body and perhaps a lawyer and ethicist to resolve some of these issues, in advance of providing services. Similarly, psychologists must be aware of laws and regulations that govern the context they work in and the standards explicitly note mandatory reporting as an example (IV.17). This highlights the importance of being aware of legislation, regulations, case law, and to consult with others.⁹

Provincial College Complaints

Given that many provincial standards include language that one can breach confidentiality in cases where there is a legal duty to report, we contacted each of the provincial regulatory bodies for psychologists to enquire about complaints against members related to the duty to report child sexual abuse. Most regulatory bodies responded and provided us with helpful information about their complaints. The majority reported that they had not received complaints regarding mandatory reporting (BC, MB, NL, NS, PE, SK), and the College of Psychologists of New Brunswick reported that there had been no disciplinary action taken against individual psychologists regarding mandatory reporting.

Regulatory bodies have received complaints relating to mandatory reporting. Publicly available documents indicate that a psychologist in Quebec was fined \$1,000 for failing to report a situation where two children were at-risk because of parental alienation; however, no further details about the case were available. The College of Alberta Psychologists received a complaint that a psychologist reported suspected child abuse “in error, without sufficient information”; however, the complaint was resolved outside of the official disciplinary process. The College of Psychologists of Ontario stated that there had only been one complaint since 2012 where the member allegedly failed to report sexual abuse and the member received an oral caution. In addition, there were four complaints regarding alleged failure to report nonsexual child abuse or neglect. In three of the cases, no further action was taken, and in one case, the member received a written caution and continuing education requirements. For both Alberta and Ontario, we were unable to gather any further information about the complaints, because the Colleges cited guidelines that prohibit the release of this information.

Recommendations for Practice

To prevent sexual abuse and improve mental health of Canadian citizens, providing psychotherapy to men and women with pedohebephilic interests is an important and complex aim for psychologists. A goal of the present article is to provide recommendations to clinicians who provide or are looking to provide psychotherapy to clients with pedohebephilic interests. These recommendations are based on our review of the relevant legislation, case law, ethical standards, and regulatory body complaints, and are included to facilitate ethical decision-making.

1. Be familiar with provincial mandated reporting legislation. Ongoing familiarity with case law is also encour-

aged, because case law facilitates an understanding of how legislation has been applied to various situations. One option involves searching court and regulatory body (i.e., College of Physicians and Surgeons) rulings via The Canadian Legal Information Institute. Because legislation cannot specify when a belief becomes reasonable (Swain, 1998), case law in Canada can allow for some understanding of how reasonable belief/grounds are conceptualized by the courts. Familiarity with research on correlates of offending in individuals with pedohebephilic interests and correlates of sexual offending in general may inform clinical judgment about when a belief about a client being at-risk of harming a child becomes reasonable (see Bailey, Bernhard, & Hsu, 2016; Mann, Hanson, & Thornton, 2010; McPhail et al., 2017; Whitaker et al., 2008). When trying to determine when information qualifies as reasonable grounds to make a report, it may be important to identify what additional risk factors tip the balance from protecting client confidentiality to making a report.

2. Engage in self-reflection prior to meeting clients and be clear on one’s moral boundaries and limitations. Many providers feel they are morally obligated to do anything possible to protect a child, even if it extends beyond what the legislation and ethical requirements allow. As discussed previously, psychologists are not necessarily protected from complaints or civil liability if they disclose confidential information without sufficient cause to do so.
3. Prepare detailed consent forms and engage in a detailed consent process to explain mandatory reporting. Clients may be informed about mandatory reporting of risk to a child and believe it does not pertain to them, because they do not believe they pose a risk. This can make for a difficult conversation should the psychologist believe there is a duty to report and references the informed consent process that occurred at the beginning of services. While every situation that may require a report to CPS cannot feasibly be detailed at the outset of services, providers can highlight examples of situations that could be reportable, particularly when providing secondary prevention services. Informed consent is an ongoing process throughout the duration of services, which is discussed in the [Canadian Psychological Association \(2017\) Code of Ethics](#), provincial standards, and legislation. The goal of therapy is not to “catch” a client in the disclosure of

⁹ Given the substantial overlap with the CPA Code of Ethics, we do not exhaustively review the provincial regulatory body standards. Most provincial standards state that psychologists should only break confidentiality to protect the client or others from serious imminent harm (AB, BC, MB, NB, NL, QC, SK,) or when required by law. Many of the standards also note that psychologists should be familiar with legal limits to confidentiality and inform clients of this practice (e.g., AB, BC, PE, NS, ON). In addition, in some of the provincial standards, child abuse is mentioned and it is explicitly stated that psychologists have a duty to report child abuse and to comply with provincial and federal legislation (BC, NB, NL, PE).

information that would necessitate a report, but to ensure that their disclosure of information is done with awareness as to the provider's legal and ethical requirements.

Clients with pedohebephilic interests are likely apprehensive about sharing their experiences for fear of judgment and negative consequences. Having a detailed discussion of the risks and benefits of disclosing information related to pedohebephilic interests and how you will try and respond to mandated reports with client involvement is also encouraged.

4. When clients disclose information that may constitute a report, providers are often left evaluating in the moment whether this is sufficient to breach confidentiality. If it is not clear if the client's disclosure meets the requirements of mandatory reporting or invokes a duty to warn, consider the risks and benefits of letting the client know that they have shared information that may necessitate further action. This of course has the potential to have significant emotional and psychological impact on the client. The nature and quality of the therapeutic relationship, along with the client's stability, need to be considered (Steinberg, Levine, & Doueck, 1997). When the provider shares this information with the client, it allows for further follow-up (often by phone) with the client once a determination has been made and the provider has consulted as appropriate, given the expectation in some jurisdictions that reports are made to child protection as soon as the provider becomes aware of the risk.

Consulting with other psychologists affiliated with a regulatory body may assist in resolving whether a report is required and how to approach a report within the context of the therapeutic relationship. If other providers are not easily accessible in person, consult with providers using a provincial listserv of other psychologists, or have a roster of predetermined providers who are available for time-sensitive consultations in this regard. Many hospitals include legal counsel and ethicists on staff. In addition, if the psychologist works outside of a system with an ethicist, they may be able to consult with an ethicist through other hospitals and/or organizations (e.g., Joint Centre for Bioethics at the University of Toronto).

Consider calling the relevant protective services agency with a hypothetical scenario, without breaching confidentiality, to determine whether the intake worker believes a report is required. In the third writer's experience, this often results in the intake worker confirming a report is required, so the clinician is advised to be prepared to respond accordingly in the moment with relevant confidential information.

5. If a report is needed, providers are encouraged to involve the client in that process as much as possible. The third author most often contacts CPS while the client is in the office, and the report is then made jointly. This is done for various reasons. First, CPS often requests information about the child, the child's parents, or their school that is

not often known to the provider and can be provided by the client. Second, this approach allows the client to hear exactly what information was conveyed to CPS, and often the intake worker will convey to the client what the next steps will be. This takes away the mystery of what was said about the client and what will happen next and may help to alleviate anxiety. Third, upon completion of the report, the client and provider can explore the client's reactions, the impact on the therapeutic relationship, and how to move forward.

6. The way a client is informed that a breach in confidentiality will occur is essential to managing the impact on the therapeutic relationship. Providers are encouraged to role-play with colleagues, or at least rehearse for themselves in advance, how they would convey this type of breach in confidentiality to a client.
7. While making a report, CPS may ask several questions and request information that, while they believe it helpful for their intake, extends beyond what is needed to make a report about risk to a child. For example, the third author has been asked when making a report, whether or not a client was diagnosed with pedophilic disorder, how long they have been in therapy, and what the course of therapy will be going forward. This information may extend beyond what is needed to make an initial report. It is prudent to consult the legislation regarding mandatory reporting and release of personal health information, in conjunction with a legal opinion, to determine the nature of the information that can be released as part of a report.
8. Documentation at each stage is essential. A psychologist is wise to document any information provided to them related to a possible child protection issue, regardless of whether a report is made. All subsequent consultations, evaluation of risk and benefits, review of legislation or ethical codes, and mandatory reports (including the name and contact information for the protective services intake worker) should be recorded. Documentation should be specific, detailed, and comprehensive. This record will be essential for the psychologist should any future legal action or complaints be undertaken with respect to the detailed and deliberate steps that were taken with the information provided to the psychologist.
9. At a systems-level, specific graduate training in mandated reporting issues is essential to improve trainees' understanding of the issues involved and to increase capacity of psychology as a discipline to provide services to clients with pedohebephilic interests. This training should focus on graduate students' role as a mandated reporter (see Golomb, Sears, Drozd, Kotori, & Vera-Hughes, 2017) and how this role may have additional or distinct characteristics in differing clinical settings (e.g., when treating clients with pedohebephilic interests vs. when treating children).

Conclusion

We conclude that it is possible to provide secondary prevention services in the context of the current mandatory reporting laws in Canada. One of the effects of mandatory reporting legislation is to dissuade individuals with pedohebephilic interests from accessing psychotherapy. As a discipline, psychology is well suited to provide psychotherapy for men and women wanting support for issues associated with their pedohebephilic interests or other clinical issues. Such service provision requires careful consideration of legal and ethical complexities related to mandated reporting to protect children, clients, society, and psychologists. This article represents an initial step toward improving access to such psychotherapy by examining a significant barrier faced by both clients and psychologists.

Résumé

Les personnes affichant un intérêt sexuel pour les enfants et n'ayant pas commis de délit sexuel représentent une population cliente mal desservie par les psychologues. Dans un contexte d'accès et de prestation de services de santé mentale, les lois de signalement obligatoire sont un enjeu important pour les clients et les psychologues. Pour les clients, les exigences en matière de signalement obligatoire créent un dilemme : ils aimeraient avoir accès à la psychothérapie pour une variété de préoccupations psychologiques mais craignent les implications liées aux exigences de signalement obligatoire s'ils dévoilent leur intérêt sexuel. Les psychologues traitant les clients non-abuseurs affichant un intérêt sexuel pour les enfants sont confrontés à de nombreuses obligations éthiques et légales concurrentes et chevauchantes en raison des lois de signalement obligatoire. Pour examiner ces complexités, le présent article étaye et examine la législation au Canada, les plaintes déposées dans des collèges professionnels provinciaux et la jurisprudence en lien avec les exigences de signalement obligatoire. Nous examinons aussi les principes et les normes du Code d'éthique (4e édition) de la Société canadienne de psychologie afin d'éclairer les décisions relatives à la prestation de services à cette clientèle. Des recommandations relatives à la pratique sont formulées à la suite de cette discussion et des cas-types sont fournis pour faciliter la prise de décisions.

Mots-clés : pédophilie, attirance aux mineurs, psychothérapie, signalement obligatoire, éthique.

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