Decision-Making Factors in the Mandatory Reporting of Child Maltreatment

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Abstract

The goal of this exploratory study was to investigate the factors that may impact a social worker's decision to report suspected child maltreatment. A volunteer sample of social workers ($n = 439$) from Ontario, Canada completed an online survey where they reviewed three hypothetical vignettes of potential child maltreatment (exposure to intimate partner violence, physical, emotional). Social workers responded to questions regarding their decision-making and the factors which would impact their reporting decision (legal requirements, ethnicity of caregivers, circumstances around disclosure, reporting history, consultation or supervision, field of practice). A series of multiple logistic regression analyses were performed for each version of the three vignettes. The study found that consultation or supervision were significant predictors in social worker's decision to report suspected child maltreatment. Peer consultation may assist with emotional regulation and provide an outside perspective to guide decision-making.

Keywords Mandatory reporting · Child maltreatment · Child abuse and neglect · Decision-making · Culture · Social work · Vignette · Survey

Child maltreatment is a global phenomenon and preventing child maltreatment is a high priority in Western nations (Cyr et al. 2013). As a profession, social workers have both an ethical and legal obligation as mandated reporters (National Association of Social Workers (NASW) 2008). In the United States there was an estimated 4.0 million reports of suspected child abuse or neglect in 2015 and professional reporters comprised over 63.4% of all reports to Child Protection Services (CPS), with the highest percentages of reports from education personnel (18.4%), legal and law enforcement personnel (18.2%), and social service personnel (10.9%) (US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau 2017). Likewise, an estimated 235,842 child maltreatment investigations were conducted in Canada in 2008 and as in the

United States, professionals comprised 53% of reporters (Trocme et al. 2010).

Attention to the problems of children and their families is congruent with the traditional mission and values of social work (Barsky 2010), particularly Value 1: Respect for the Inherent Dignity and Worth of Persons (Canadian Association of Social Workers (CASW) 2005), and Standard 1: Social Workers' Ethical Responsibilities to Clients (NASW 2008). The treatment of children and families constitute a core social work specialization. Social workers, with their understanding of and expertise in developmental, systemic, and attachment perspectives, are ideally positioned to intervene with families in crisis or families with long-lasting challenges. Furthermore, the NASW Standard 1.01: Commitment to Clients states "social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients ... Examples include when a social worker is required ... to report that a client has abused a child" (NASW 2008, p. 9). The goal of this exploratory study was to investigate the factors that may impact a social worker's decision to report suspected child maltreatment with special consideration given to the impact of consulting with peers or supervisors, as well as the impact of culture. These specific considerations advance the

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knowledge base of social worker decision-making within the context of mandatory reporting.

Literature Review

Mandatory Reporting of Child Maltreatment

In Canada, child welfare legislation originated with the Latin concept of *parens patriae*, translated as “protector” or “father of the country,” whereby the court may substitute as a benevolent parent on behalf of the state (Reitsma-Street 1989). In the 1960s, Canadian provinces began introducing mandatory reporting legislation and since 1980, every province and territory has enacted some form of this legislation (Mathews and Kenny 2008). Professionals favoring mandatory reporting laws point to their necessity given that mandatory reporting reflects a social and governmental commitment towards respecting and protecting the rights of all family members (Harries and Clare 2002), is effective in revealing maltreatment (Drake et al. 2006; Mathews and Bross 2008), encourages early notification to protect children (Harries and Clare 2002), leads to increased reporting to child-protection agencies (Harries and Clare 2002), and communicates to the family the social worker’s unwillingness to collude in the ongoing maltreatment of children (Courtois 1988). Proponents of mandatory reporting assert that society has a responsibility to those who are unable to help themselves and to support victimized children (Glancy et al. 1998).

Medical, allied health, and mental health professionals are mandated to disclose a “reasonable suspicion” of maltreatment requiring neither firm evidence nor the need to investigate (Levi and Crowell 2011). Both Canada and the United States guarantee mandated professionals legal immunity from civil or criminal prosecution provided the report is made “in good faith” (Brown and Strozier 2004); however, not reporting may lead to criminal liability (Gladning et al. 2001).

In terms of the likelihood that cases are opened when a professional makes the report, a study of 1,260 families at risk for child maltreatment involvement found that mandated reporters are more likely to have their allegations substantiated compared to non-mandated reporters (McDaniel 2006). In addition, Trocme et al. (2009) found that referrals made by police and other professional referrals were 3.8 and 1.3 times more likely to be substantiated than unsubstantiated as compared to referrals from non-professionals. However, the evidence is contradictory as King and Scott (2014) found that maltreatment concerns reported by educators are unsubstantiated by CPS at much higher rates than suspected maltreatment reported by other professionals.

Decision-Making in Child Maltreatment

Decision-making within the context of mandatory reporting of child abuse and neglect may pose specific challenges for social workers. Indeed, over 50% of suspicions of child maltreatment are not reported to CPS (Kenny 2001). Non-reporting may involve not recognizing the signs of abuse and neglect (Alvarez et al. 2004; Tufford et al. 2015), differentiating extreme versus legislatively appropriate discipline (Ashton 1999), distinguishing culturally-based versus unacceptable parenting practices (Merali 2002), allowing others to report (Crenshaw et al. 1995) and not understanding reporting procedures (WHO 2013). Mandated reporters may be concerned about the legal implications if reports are unsubstantiated (WHO 2013) and/or the potential impact of the report on the child (Delaronde et al. 2000).

Fleming et al. (2015) studied the risk judgements of practicing social workers ($n=40$) and social work students ($n=105$). Participants were asked to rate one of three case vignettes for physical abuse, neglect or sexual abuse. The authors found that social work students rated sexual abuse as the most concerning form of maltreatment in comparison to practicing social workers. In addition, social work students were more influenced by their emotional responses to case material in comparison to practitioners. There was no significant difference between the two groups with respect to the perceived ‘risk likelihood’ or ‘general risk’ measures, but students’ ratings for perceived ‘risk severity’ and ‘emotive risk’ were significantly higher.

Bogo et al. (2011) utilized an Objective Structured Clinical Examination (OSCE) to sample social work students, recent graduates of a Masters in Social Work program, and experienced social workers ($n=23$) for a scenario involving child neglect. In the OSCE participants conduct a 15-min interview with a standardized client followed by a reflective dialogue focusing on case conceptualization and emotional awareness. A small number of participants (4 social work students, 1 recent graduate, and 1 experienced social worker) recognized the potential for child neglect in the scenario. A minority of these participants raised the issue during the client interview as they reported lacking the knowledge to broach this topic and how to ask questions to ensure the child’s safety.

Tufford et al. (2018) presented a 3 h training workshop to forty-one Bachelor of Social Work ($n=18$) and Master of Social Work ($n=24$) students which focused on decision-making factors when reporting suspected child maltreatment. Participants were given a case vignette and responded in writing to structured, qualitative questions. These questions were designed to stimulate reflection and heighten awareness of the way in which their cognitive and affective processes affected their decision-making about the duty to report. Results showed two predominant patterns. The

first pattern reflects the case and includes the uncertainty of reporting and factors related to the client such as the client's belief systems around discipline. The second pattern centered on the social worker's own disciplinary history and understanding and managing their emotions about reporting the case.

Consultation in Decision-Making

Gambrill (2005) notes that uncertainty is part of decision-making, as there is often insufficient information to render an accurate decision, as well as time pressures to which the social worker must adhere to have full confidence in one's decisions. Consulting with peers or receiving clinical supervision concerning challenging cases may assist social workers when faced with the mandatory reporting of child maltreatment. Reporting child maltreatment directly to CPS may not necessarily be the first action taken and some institutional policies mandate notification to supervisory personnel about suspected maltreatment prior to reporting (King et al. 1998). In a survey of social workers, psychologists, and physicians, Weinstein et al. (2000) found that the majority of respondents (92%) sought the advice of at least one source prior to reporting including supervisors, colleagues, and the CPS intake line. The high percentage of clinicians who engaged in a process of consultation suggests the need for both clarification and support for the decision prior to making the report to CPS.

Though not focused on reporting child maltreatment, other studies indicate the importance of peer consultation in critical clinical decisions. A study conducted in a large psychiatric hospital of health and allied health professionals ($n = 76$) including nursing, social work, occupational therapy, recreation therapy, case work, and child and youth work examined the role of interprofessional clinical supervision. Results showed that respondents sought and valued the advice of peers and co-workers when faced with clinical decision-making and challenging clinical issues (Bogo et al. 2011a, b). Specifically, clinicians appreciated the shared experience, practice wisdom, values, and perspectives of colleagues and even ranked talking with a colleague as the most important source of high quality information.

Cultural Considerations

Accurate decision-making becomes paramount when rendering judgements on the parenting practices of diverse cultures. As an example, female genital mutilation is performed in certain African and Asian countries; however, this practice is considered a form of child maltreatment in Canada (Packer et al. 2015). Many parents immigrating to Canada and the United States may engage in culturally sanctioned child-rearing practices, but those practices may be

considered non-normative or harsh or perceived as maltreatment in Canada and the United States (Chang et al. 2006; Fontes 2005). How social workers differentiate cultural parenting practices from child maltreatment while factoring in legal reporting obligations is unclear (Terao et al. 2001). In Canada, racial disproportionality in child protection services has become a growing concern with almost half (48.1%) of all children under 15 in foster care being Indigenous despite Indigenous children representing only 7.0% of all children in Canada (Statistics Canada 2011). Conversely, Asian-Canadian children are under-represented in the child welfare system compared to their representation in the child population in Canada. For every 1,000 Asian children in the Canadian population, 13.0 (just under one and half percent) were involved in child maltreatment investigations (Lee et al. 2016). Thus, in situations where a case involves parental discipline practices based on cultural norms, it may be advisable to seek consultation to better inform the decision to report suspected child maltreatment (Terao et al. 2001).

Purpose of the Research

The goal of this exploratory study was to investigate the factors that may impact a social worker's decision to report suspected child maltreatment. This study takes into account the following factors: ethical and legal requirements, ethnicity of caregivers, circumstances around maltreatment (evidence of previous maltreatment and recantation), social worker reporting history, and social worker field of practice (medical, community, child, private practice). As previous research has shown that social workers value and appreciate the perspectives of their colleagues when faced with challenging clinical issues, the study has a particular interest in examining to what extent consulting with peers or supervisors impacts a social worker's reporting decisions.

Methods

Recruitment Procedures

Research ethics boards approved all procedures used in this study. A provincial social work association sent an email invitation to all registered members who work in clinical practice with children and families ($N = 2,533$), to voluntarily participate in an online survey. Participants read an electronic version of the information letter and consent form and provided consent by clicking on an "I Consent" button. Participants received one of two versions of the survey. The two surveys differed by a manipulated variable in each of the 3 vignettes. The manipulated variables were included to understand the role of that particular variable on social workers' decision-making. The first half of the membership

list was sent the link to one version of the survey (Group 1) while the second half was sent the link to the second version (Group 2). Participants in Group 1 of Vignette 1 were also in Group 1 of Vignettes 2 and 3.

Sample

Participants provided informed consent prior to their inclusion in the study. The response rate was 17.3%. Initially, 564 followed the web survey link, 480 attempted the survey, and 439 completed or nearly completed the survey. Data from these 439 respondents were included in the analyses. The two groups of respondents were almost equal in size ($n=227$ in Group 1 and $n=212$ in Group 2). The groups were equivalent in demographic characteristics such as gender, type of practice, parenthood status, and the number of years of practice with children or adolescents as confirmed by Chi square tests of independence.

In terms of ethnicity, 92% of the participants were Caucasian and with regards to education, 91% completed their degree in Canada. The mean number of years of overall clinical practice was 17 ($SD=10.611$) years while the mean number of years practicing with children and adolescents was 13 ($SD=10.482$) years. A quarter of participants had a BSW (24.2%), the majority had an MSW (83.8%), and a small percentage had earned a PhD (2.5%) (participants were able to select more than one response for this category). The field of practice was collapsed into four categories: medical (30.1%), private practice (26.9%), child (23%), and community (20%).

Registration with the provincial social work association is not mandatory and the association represents about 30% of Ontario social workers. As such, the sample used in this study cannot be assumed to be representative of the population of social workers in Ontario. Nevertheless, the demographic characteristics of the study sample (gender, age, and level of education) were compared with those for the population of social workers registered with the association. The study sample has similar characteristics to the population of association social workers in terms of gender; however, the study participants tend to be older and slightly more educated than the population of association social workers (as confirmed by the results of Chi square tests of independence).

Vignettes

Three vignettes (with one aspect of the scenario changed) (see Table 1) were designed in consultation with the intake department of a local CPS. The two versions of each vignette were used to see if decision-making of the participants is similar or different for scenarios with changed conditions. The vignettes were based on 2010 child maltreatment

legislation in Ontario, Canada given that the study took place in the Ontario context. These vignette scenarios are still reportable under present child welfare legislation in Ontario.

Vignette 1 involves a child witnessing Intimate Partner Violence. Although exposure to Intimate Partner Violence legislation does not currently exist in Ontario, the Eligibility Spectrum (the screening tool used by the Children's Aid Societies in Ontario) interprets the Child and Family Service Act and has chosen to include Child Exposure to Partner Violence within Section 3 - Emotional Harm (Ontario Association of Children's Aid Societies 2016). The parental behavior in Vignette 1 (both conditions) would be reportable to CPS. Exposure to Intimate Partner Violence was one of the most frequently occurring categories of child maltreatment accounting for 34% of substantiated investigations (Trocmé et al. 2010).

Vignette 2 portrays the use of physical force on a child by their caregiver. While *Section 43* of the *Criminal Code* in Canada permits the use of reasonable force to discipline a child (Bennet 2008), the Ontario child protection system may deem this as "physical harm" or "risk that the child is likely to be harmed" (OACAS 2016). According to the Eligibility Spectrum this behavior would fall within Section 1 – Physical / Sexual Harm by Commission, Moderately Severe as the behavior is performed by a caregiver. The behavior in Vignette 2 (both conditions) would be reportable to CPS.

Vignette 3 involves emotional maltreatment. The Ontario Eligibility Spectrum recognizes emotional harm or risk of emotional harm, including "belittling, degrading, and other nonphysical forms of overtly hostile or rejecting treatment; shaming and/or ridiculing the child for showing normal emotions such as affection, grief or sorrow" (OACAS 2016, p. 58). The parental behavior in Vignette 3 (both conditions) would be reportable to CPS. Final versions of the vignettes, with the changed condition highlighted in bold, are presented in Table 1. The survey questions that accompanied the vignettes are presented in Appendix Table 4.

The following variables were included as predictors in these analyses: (a) legal factors (legal requirements in the mandatory reporting of child maltreatment); (b) clinician factors (gender, parenthood, and attitude toward CPS); (c) situational factors (ethnicity of caregivers and circumstances around disclosure); and (d) professional factors (reporting history, consultation / supervision, field of practice [medical, community, child, private practice], and comfort with conflict). All these variables (except gender, parenthood, and ethnicity) were based on survey responses indicating the extent to which they would influence the decision to report the situation described in each vignette. Each survey based variable was measured on a 5-point Likert scale.

Table 1 Vignette description and changed condition

Vignette	Changed condition	Vignette description (changed content is bold)
1	Recantation of Abuse (Group 1) Confirmation of Abuse (Group 2)	<p>You are a social worker at a community mental health centre. You have been seeing a mother and 13-year-old daughter regularly for the past 2 months for the daughter's noncompliant behaviour. They are recent immigrants from Bosnia. While meeting individually with the daughter she tells you that last week, she entered her parents' bedroom and saw her father punch her mother in the stomach. The daughter becomes very upset when relating this incident and begins to cry</p> <p>You invite the mother into the session and the daughter recants her story while the mother vehemently denies the incident (Group 1)</p> <p>You invite the mother into the session and she confirms the incident; however, she states that this is a family matter, can be handled within the family and leaves the session with the daughter (Group 2)</p> <p>The mother accuses you of fabricating the story to try to break up their family and the two leave the session abruptly</p>
2	Maltreatment from Immigrant Parents (Group 1) Maltreatment from Canadian Born Parents (Group 2)	<p>You are a social worker in a family counselling centre where you have been seeing a mother and her 3-year-old son regularly for the past 4 months. The father has not attended counselling</p> <p>The family emigrated from Southeast Asia 4 months ago (Group 1)</p> <p>The family is 3rd generation Caucasian Canadian (Group 2)</p> <p>You find the mother to have a short temper and she has become angry with you in past sessions if she perceives you as not agreeing with her opinion. While in the interview, the mother reports that her son knocked over a lamp breaking it. The father reportedly hit the son on the buttocks with his hand. You are uncertain if a mark has been left on the child and are uncertain of the child's well-being given the mother's temper. With the verbal permission of the mother, you speak to the father on the phone. He acknowledges hitting his son with his hand and indicates his willingness to attend counselling to discuss the incident further. The mother, however, thinks you are overreacting and leaves the session with her son</p>
3	Individual Alleging Abuse – Parents (Group 1) Individual Alleging Abuse – Child (Group 2)	<p>You are a social worker in a hospital paediatric unit. Your client is a seven-year-old Caucasian girl hospitalized for the past 7 weeks due to heart problems. One day you hear the girl whining and crying in her hospital room. You notice her parents shut the door to her room, scream at her for 10 min and call her “good for nothing.”</p> <p>When the parents leave her room you ask why they screamed at her. The parents explain that this stops their daughter's whining and is effective with their two younger children (Group 1)</p> <p>When the parents leave the unit you ask the daughter why her parents screamed at her. The daughter explains that it stops her whining and is effective with her two younger siblings (Group 2)</p>

In order to determine the factors that contribute to a social worker's decision to report or not report suspected child maltreatment, the survey also asked respondents to rate their top three decision-making factors. Respondents were asked to choose from the following factors: duty to report, fine for not reporting, ethical obligation to the Ontario College of Social Workers and Social Service Workers (OCSWSSW), comfort speaking to caregivers about your concerns, type of maltreatment, the effectiveness of your local CPS, the opinion of your supervisor or manager, the opinion of your colleague(s), who in the family discloses the abuse, and other.

Data Analysis

The outcome variable in this study was the binary (“Definitely Report” or “Not Sure / Not Report”) responses of the participants to the first statement of the survey; *I would report this situation to CPS* for each vignette. This variable

was created by combining the Strongly Agree and Agree categories of the 5 point Likert scale into a “Definitely Report” category. A second variable was created by combining Uncertain, Disagree and Strongly Disagree into a “Not Sure or Not Report” category. Participants who were uncertain regarding their decision to report were included in this latter category in an effort to predict what factors would definitely contribute to reporting. The decision to convert Likert scale responses to binary responses was guided by the sparse nature of responses in the original Likert scale variable.

To investigate which characteristics of the social workers and vignettes contribute to the likelihood of reporting each situation, a series of multiple logistic regression analyses were performed. Separate analyses were conducted for each version of the three vignettes. This stratified approach allowed us to avoid overcomplicating the logistic regression analyses model by including the interaction terms between the versions of the vignette and each predictor of interest.

Table 2 Likelihood of reporting suspected child maltreatment by vignette and group

	Vignette 1: Child witnesses father hit mother		Vignette 2: Father spanked 3 year old		Vignette 3: Hospitalized child yelled at by parents	
	Group 1 Recantation of abuse	Group 2 Confirmation of abuse	Group 1 Maltreatment from immigrant parents	Group 2 Maltreatment from Canadian born parents	Group 1 Individual alleging abuse - parent	Group 2 Individual alleging abuse - child
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Definitely report*	181 (71.8%)	182 (79.8%)	123 (48.8%)	113 (49.8%)	164 (65.1%)	153 (67.4%)
Not sure or Not report**	71 (28.2%)	46 (20.2%)	129 (51.2%)	114 (50.2%)	88 (34.9%)	74 (32.6%)

*includes Strongly Agree and Agree

**includes Uncertain, Disagree, and Strongly Disagree

Prior to answering the research question in this study, Chi square tests of independence and correlation coefficients were computed to determine which variables were significantly associated with the outcome variable. The variables that did not show significant associations with the reporting of any scenarios were not considered in further analyses. These variables included gender, parenthood, attitude towards CPS, and comfort with conflict. Thus, only 6 variables (Regulatory Body Requirements, Consultation / Supervision, Culture, Religion & Ethnicity, Circumstances around Disclosure, Reporting History and Field of Practice) remained in the study. Since there was a changed condition in Groups 1 and 2, separate analyses were performed for each group and vignette.

Results

The proportions of respondents who would report suspected child maltreatment to CPS in each of the scenarios as described in the vignettes are shown in Table 2. As can be seen from Table 2, between 20.2 and 51.2% of respondents would not report or were not sure they would report the suspected child maltreatment described in the different vignettes. Overall, the highest report rates were observed for Vignette 1, followed by Vignette 3, and then by Vignette 2.

The results of the logistic regression analyses investigating the factors that predict a social worker's tendency to report suspected child maltreatment for each vignette and group are reported in Table 3. In all vignettes and groups, "regulatory body requirements" which refers to respondents' ethical and legal reporting obligations, significantly predicts the tendency to report or not report suspected child maltreatment, ($p < 0.001$). The OR for this predictor is very large for all three vignettes in both groups 1 and 2, ranging from 9.09 to 100.00, indicating that agreement with ethical and legal obligations to report is positively related to the likelihood

of reporting the scenarios. In other words, respondents that agree with their ethical and legal obligations tend to report the vignettes with 9 to 100 times higher odds than respondents that do not agree with ethical and legal obligations.

In vignettes 1 (groups 1 and 2), vignette 2 (group 1), and vignette 3 (group 2) "consultation or supervision" also significantly predicted the tendency to report or not report suspected child maltreatment, ($p < 0.05$). Respondents that are more likely to report these situations to CPS tend to disagree with the need to consult with others or seek supervision. "Circumstances around disclosure" and "field of practice" of the respondent were not significantly related to the likelihood of reporting any situations described in the vignettes.

In examining the results from survey respondents' top three decision-making factors, the overwhelming first factor when making the decision to report suspected child maltreatment for study respondents was the "opinion of your colleague(s)", while the "opinion of your supervisor or manager" was rated minimally. All of the respondents mentioned opinion of a colleague among the top three factors for decision-making. The "ethical obligation to the OCSWSSW" and the "duty to report" both figured prominently as the second factor. Finally, the "ethical obligation to the OCSWSSW" and to a lesser extent, "type of maltreatment" and "duty to report" comprised the third factors. The most frequent rated factor in the "other" category was the "safety and well-being of the child."

Discussion

The goal of this exploratory study was to investigate the factors that may impact a social worker's decision to report suspected child maltreatment with special consideration given to the impact of consulting with peers or supervisors as well as the impact of culture. "Regulatory Body Requirements" was the most significant predictor of the likelihood of

Table 3 Logistic regression results regarding the factors that predict a social worker's tendency to report or not report suspected child maltreatment

Variables	Vignette 1			Vignette 3			Vignette 2		
	Group 1			Group 2			Group 1		
	OR	95% CI		OR	95% CI		OR	95% CI	
Regulatory body requirements	20.00***	50.00, 7.69	9.09***	20.00, 4.55	50.00***	100.00, 16.67	25.00***	100.00, 11.11	33.33***
Culture, religion & ethnicity	2.70	14.29, 0.54	5.56*	25.00, 1.04	0.93	4.76, 0.18	0.54	3.85, 0.08	1.28
Circumstances around disclosure	0.66	0.17, 2.56	3.7	1.00, 14.29	0.97	0.27, 3.45	1.54	0.53, 4.35	0.27
Reporting history	2.50	8.33, 0.75	2.22	7.14, 0.69	3.7*	12.50, 1.05	1.89	5.26, 0.66	3.03
Consultation or supervision	0.44*	0.91, 0.21	0.45*	0.88, 0.23	0.35*	0.76, 0.16	0.61	1.05, 0.36	0.38*
Field of practice (Other) – reference category									
Field of practice (Medical)	0.75	4.00, 0.14	0.80	2.94, 0.22	1.45	7.14, 0.29	1.59	5.88, 0.44	0.60
Field of practice (Child related)	0.42	2.33, 0.07	0.36	2.78, 0.05	1.01	5.88, 0.19	0.85	3.33, 0.22	2.22
Field of practice (Community related)	2.94	14.29, 0.58	1.22	5.26, 0.28	1.54	9.09, 0.26	0.81	3.33, 0.19	0.91

OR Odds Ratio, CI Confidence Interval, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

reporting suspected child maltreatment in all three vignettes with changed conditions for the two groups of respondents. This result indicates that respondents who agree that they have either an ethical obligation to the OCSWSSW or a legal obligation to the Ontario provincial mandatory reporting laws were more likely to report this situation to CPS.

The only other significant predictor that was consistent across most vignettes was the need to consult with a colleague or supervisor before making the decision to report. This predictor was negatively related to the likelihood of reporting which means that social workers who strongly agree with reporting the vignette scenario are less likely to consult about their decision. One possible explanation could be that for these specific scenarios the respondents were confident in their decision and did not feel the need to seek consultation or supervision. It is also noteworthy that these respondents appeared to be more confident in their decision-making with vulnerable groups (e.g., child of immigrant parents in Vignette 2 and a hospitalized child in Vignette 3). It is possible that a higher degree of certainty in respondent decision-making correlates with a higher degree of perceived client vulnerability.

However, in regards to the practice of decision-making to report suspected child maltreatment, the “opinion of your colleague(s)” was the number one factor (77.7%). This result indicates that for a variety of situations that social workers face in their decision-making, when in doubt, the opinion of their colleagues is the most important factor for them. This finding is consistent with a survey conducted by Weinstein et al. (2000), which found that 90.3% of respondents consulted with a supervisor, a colleague, or a CPS Hotline prior to reporting suspected child maltreatment to the authorities. This finding suggests that the decision to report to CPS is not routine despite a clinician's level of experience.

In examining this finding in relation to the psychology literature, turning to colleagues when rendering important clinical decisions gives credence to the fact that decision-making does not occur in an emotional vacuum (Finucane et al. 2003). Respondents who consult with others prior to contacting CPS may recognize that emotions such as fear, anger, judgment, anxiety, or compassion can affect the decision-making process either positively or negatively by changing priorities or distorting thinking (O'Sullivan 1999). As noted earlier, it is essential that clinicians demonstrate awareness of their decision-making processes including the impact of these emotions. Turning to colleagues may help regulate emotions for the reporter and facilitate reasoned decision-making. However, social workers need to exercise caution in consulting with those who will simply agree with their decision-making. Critical thinking involves the ability to consider information from sources that have opposing points of view (Healy 2009; PART Canada 2012; Paul and Elder 2006). Finally, the social work literature also helps explain the role of consulting with colleagues. As noted

earlier, Gambrill and Shlonsky (2000) explore a host of personal and environmental based factors which may bias decision-making, and consultation with colleagues may limit the impact of these factors. Sharing a suspicion of child maltreatment with a colleague may expand a social worker's perspective as to the most appropriate course of action.

The similar likelihood of reporting suspected child maltreatment of immigrant parents (48.8%) versus Canadian-born parents (49.8%) is in contrast to the findings from Lee et al. (2017). Lee et al. (2017) found that substantiated child maltreatment-related investigations involving Asian-Canadian children that were referred by professionals were 14.6% higher than White-Canadian children (90.2 vs. 75.6%, respectively). The current study findings suggest that perhaps social workers' decision-making process may be taking into account the cultural context of the family or alternatively applying a 'colour-blind' approach.

The use of corporal punishment is considered an acceptable means of disciplining in many Southeast Asian cultures (Liber et al. 2006; Tang 2006; Zhu and Tang 2012). Hong and Hong (1991) conducted a study using vignettes to compare the perspectives of Chinese, Hispanics, and White perspectives of child abuse and neglect. The study found the Chinese participants were less critical of the use of physical force by parents and less frequently recommended child welfare intervention than Hispanics and Whites. Kriz and Skivenness (2010) termed this as "hands-off" intervention in which workers are less responsive to discipline methods or relationship dynamics that they deem to be "normal" practice for particular ethno-cultural communities. An alternative perspective is a 'colour-blind' approach in which workers consider other factors in their decision-making, and culture, religion and ethnicity are not a factor of significant importance. It may be that workers are uncertain how to differentiate cultural parenting practices from child maltreatment (Terao et al. 2001) and thereby ignoring the cultural specific context of the family and alleged child maltreatment.

Limitations

In light of the research findings, there are several limitations to note. First, it cannot be determined how respondents differed from non-respondents (Sue and Ritter 2007). Second, the overall response rate is 17.3% which is quite low and severely limits generalizability of findings to a broader population of social workers. Third, vignette research may not reflect what the social worker does in actual practice, thus decreasing the validity of this methodology (Wilks 2004). Fourth, it was not possible to randomly assign participants to the two study groups as the first half of the respondents were assigned to Group 1 and the second half were assigned to Group 2. However, the comparison of demographic characteristics collected for the two groups showed their equivalence with respect to

those characteristics. Fifth, the sample used in this study was not randomly selected as the respondents volunteered to complete the survey. Sixth, the main statistical method was logistic regression and all assumptions specific to this method were satisfied (independence, linearity of the logit, absence of multicollinearity, and adequate cell count if categorical predictors are included). The assumption that was violated is randomness of the sample selection.

Implications for Future Research

The depth and breadth of this study's findings point to the need for specific research on the decision-making around the mandatory reporting of child maltreatment. Given the low response rate, surveying a larger sample of social workers (new graduates, mid-career and later career clinicians) may yield a more representative sample which would strengthen and potentially generalize the findings. Specifically, a survey of this nature would probe how consulting with peers, ethical and legal reporting obligations and previous reporting history contribute to social workers' decision-making in a diversity of clinical situations. What do colleagues offer and how is it offered that enables social workers to move forward in their decision-making? Insight into these processes will, in turn, help social work educators prepare students to function as good colleagues upon graduation. In addition, future research could investigate additional methods to increase the response rate. This study took several steps including an honorarium, the option of hard copy or electronic completion, multiple email reminders, and administration at optimal points in the workday. However, other methods may yield an increased response rate.

Practice Suggestions

The following practice suggestions may assist social work clinicians respond to and function effectively as colleagues when a suspicion of child maltreatment arises.

1. **Maintain knowledge of ethical and legal responsibilities.** Social workers are encouraged to stay current with their Code of Ethics and jurisdictional mandatory reporting legislation. This will ensure social workers remain knowledgeable with regards to their reporting responsibilities and assist colleagues in need. In addition, should social workers move to a new jurisdiction, it is important to become familiar with mandatory reporting legislation in the new locale as it may differ from the former. For example, not all provinces and territories include exposure to intimate partner violence as a circumstance where a child is in need of protection (Mathews and Kenny 2008). In the present study, which took place in Ontario, not all respondents viewed the vignette describing Intimate Partner Violence as reportable.

2. **Remain current with mandatory reporting legislation.** Mandatory reporting legislation is not static but is amended from time to time. As an example, in 2008, the Ontario Child and Family Services Act was amended to include a section on child pornography. In 2017, the province of Ontario introduced Bill 89, which if passed, will raise the age of “a child in need of protection” from 16 to 18 (Retrieved May 9, 2017 from http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=4479). Legislation may also shift with the ascendancy of electronic technologies and the ever-increasing impact of social media (Mishna et al. 2012).
3. **Understand your position on mandatory reporting legislation.** Professionals have fallen on either side of the debate on the value of mandatory reporting legislation with some professionals advocating its use (Drake et al. 2006; Mathews and Bross 2008) with others decrying the need for the legislation (Gilbert et al. 2009; Lonne et al. 2008). It becomes imperative to understand one’s position on mandatory reporting legislation. In this study, respondents who agreed that they had either an ethical obligation to the OCSWSSW or a legal obligation to the Ontario provincial mandatory reporting laws were more likely to report the situation to CPS.
4. **Acknowledge the value of colleagues.** Colleagues can play a valuable resource in assisting social workers to make complex clinical decisions although it is ultimately the social worker’s decision to report or not report suspected child maltreatment (McLaughlin et al. 2010). Specifically, colleagues can help reporting social workers acknowledge their personal biases and the impact previous experiences can have on judgments about clients. In this study, the opinion of colleagues was the number one factor in the decision to report suspected child maltreatment. In addition, often mid-career social workers are attracted to the benefits of working in private practice. In the present study, 26.9% were in private practice (Tufford 2012). One of the potential disadvantages of private practice concerns the loss of peer contact. The reality of working in relative isolation becomes even starker in rural or northern communities where one may be the sole social worker in a wide geographic area (Graham et al. 2008; Humble et al. 2013). In these cases, it becomes imperative to find colleagues, potentially via electronic means, with whom to consult around challenging cases. An additional option for social workers is to consult with the CPS intake service on an anonymous basis to determine the need for reporting. Despite the advantages of consultation, abuse and neglect may be life threatening for the child and social workers must weigh the advantages of consulting with the risk of abuse to the child (Office of the Auditor General of Ontario 2015).
5. **Understand the limitations on collegiality.** This study focused on the role colleagues play for social workers facing a suspicion of child maltreatment; however, social workers can easily find themselves receiving questions from colleagues about a case of suspected child maltreatment. At times, functioning as a good colleague may involve challenging a colleague’s flawed decision-making regarding the necessity of mandated reporting (Lau et al. 2009). In these instances, the safety and protection of a child must surpass the desire to cede to a colleague’s opinion. It is equally important to note that the opinion of colleagues is but one factor in the decision to report to CPS. The opinion of a colleague needs to be considered in tandem with other decision-making factors such as the safety and well-being of the child and mandatory reporting legislation (Tufford 2012).
6. **Consider the cultural background and context of the family.** There is no universal definition of child maltreatment and some parents may not be aware that culturally normative child-rearing practices may be perceived as maltreatment in the Canadian and United States contexts (Chang et al. 2006; Dubowitz 1997; Fontes 2005; Maiter 2004). Engaging in open dialogue about differences in child-rearing practices across cultures can provide insight and information to inform social workers’ decision-making practices.
7. **Engage in critical self-reflection regarding child maltreatment.** While it is important to consider your stance on mandatory reporting legislation, it is equally important to consider your perspective on what does and does not constitute child maltreatment. As an example, this study found respondents equally split on what constitutes reportable physical maltreatment. Reflection of this nature was found to be an effective practice in social worker’s decision to report or not report suspected child maltreatment (Tufford et al. 2018).

Conclusion

The goal of this exploratory study was to investigate the factors that may impact a social worker’s decision to report suspected child maltreatment. Mandatory reporting is often a challenging clinical situation rife with uncertainty and competing demands. Findings from this quantitative study tentatively suggest that social workers draw upon the perspectives of their colleagues as one source in their decision-making within the context of child maltreatment; however, further research with a representative sample would need to be undertaken to support this finding.

Compliance with Ethical Standards

Conflict of Interest None

Appendix

Table 4 Survey questions and responses

Likert scale - Questions and responses Strongly agree, agree, uncertain, disagree, strongly disagree, no response	
A1	I would report this situation to the Children's Aid Society
A2	I have an ethical obligation under the College of Social Workers and Social Service Workers to report this situation
A3	I have a legal obligation under the Ontario provincial mandatory reporting laws to report this situation
A4	In arriving at my decision to report or not report this case, I am comfortable discussing my concerns with these parents/caregivers
A5	I would seek the advice of a colleague in deciding whether or not to report this situation
A6	I would seek the advice of a supervisor/manager whether or not to report this situation
A7	The cultural background of the parents would influence me in my clinical decision to report or not report this case
A8	The circumstances around disclosure (who discloses maltreatment or recantation) are important to me in my clinical decision to report or not report this case
A9	My overall previous experience in calling the Children's Aid Society influences my decision of the current case
A10	I am concerned that the therapeutic alliance with the family would be affected if I chose to report the situation to the Children's Aid Society

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