FACTOR-INWENTASH
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DECISION-MAKING AND THE RELATIONSHIP IN THE MANDATORY REPORTING OF CHILD ABUSE AND NEGLECT

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BACKGROUND

- Dissertation research in mandatory reporting from the perspectives of decision-making and maintaining the relationship
- Electronic survey through the Ontario Association of Social Workers
- Conceptual Framework

EDUCATIONAL TOOLKIT

- Video lectures
- Powerpoints
- Reflection questions

- Case vignettes
- Conceptual framework
- Best practice video

ACKNOWLEDGEMENT

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REFLECTION QUESTIONS

- Have you ever suspected child maltreatment had occurred or was presently occurring?
- Who amongst you has called a Children's Aid Society?
- What was the experience of calling a Children's Aid Society like?
- What happened to your relationship with the client as a result of calling a Children's Aid Society?

SECTION ONE:

INFORMATION ON MANDATORY REPORTING

HISTORY OF CHILD MALTREATMENT LEGISLATION IN CANADA

- The concept of parens patriae
- Act for the Prevention of Cruelty to and Better Protection of Children (1893)

- Juvenile Delinquents Act (1908)
- In the 1960s, provinces began introducing mandatory reporting legislation (Mathews & Kenny, 2008) and since 1980, every province and territory has enacted some form of this legislation (Walters, 1995)

DEFINITIONS OF CHILD MALTREAMENT

- “Child abuse occurs when a parent, guardian or caregiver mistreats or neglects a child, resulting in injury, or significant emotional or psychological harm, or serious risk of harm to the child” (Health Canada, 1997)
- In Ontario, the Child and Family Services Act, R.S.O. (1990), Chapter C. 11 defines child maltreatment as “inflicting abuse on the child or failing to care for and provide for or supervise and protect the child adequately.”

DEFINITIONS OF CHILD MALTREATMENT

- Typology of child maltreatment:
  - Physical
  - Sexual
  - Neglect
  - Emotional
  - Exposure to intimate partner violence
- Contextual reality of child maltreatment

MANDATORY REPORTERS

- Medical personnel
- Mental health professionals
- Educational personnel
- Members of the clergy
- Employees of the justice system
- Occupations specific to children / youth

This list is not exhaustive and those occupations charged with mandatory reporting obligations vary per provincial and territorial legislation

ONTARIO CHILD AND FAMILY SERVICES ACT

- https://www.ontario.ca/laws/statute/90c11
- The act which governs child protection in Ontario
- Part III section 72 concerns the duty to report a child in need of protection
- Is not a static document but is amended from time to time to reflect societal changes with regards to child maltreatment

ONTARIO CHILDREN'S AID SOCIETIES

"To investigate reports or evidence of abuse or neglect of children under the age of 16 or in the society's care or supervision and, where necessary, take steps to protect the children, care for and supervise children who come under their care or supervision, counsel, support families for the protection of children or to prevent circumstances requiring the protection of children and place children for adoption"

(Ministry of Children and Youth Services)

ONTARIO CHILDREN'S AID SOCIETIES

- www.oacas.org
- There are 45 Children's Aid Societies
- Relationship with the Ministry of Children and Youth Services
- Some Children's Aid Societies provide only child protection while others provide broader child welfare services such as counselling.
- Every report received by the CAS is reviewed by a child protection worker to determine the appropriate response within 12 hours, 48 hours or within 7 days

ONTARIO CHILD WELFARE ELIGIBILITY SPECTRUM

- http://www.oacas.org/publications-and-newsroom/professional-resources/eligibility-spectrum/

- The screening tool used by Ontario Children's Aid Societies
- Interpreted by the Child and Family Services Act

- Divided into 10 sections:
  - Sections 1 to 5: Typology of maltreatment and levels of severity (Extremely, Moderately, Minimally and Not Severe)
  - Sections 6 to10: Non-protection activities

CHILD PROTECTION STANDARDS IN ONTARIO

- Consists of the Child Protection Standards
- (http://www.children.gov.on.ca/htdocs/English/professionals/childwelfare/protection-standards/index.aspx)
- and Child Protection Tools Manual
- (http://www.children.gov.on.ca/htdocs/English/documents/childrensaid/Child-Protection-Tools-Manual-2016.pdf)

- “These standards provide the framework within which child protection services are delivered and establish a minimum level of performance for child protection workers, supervisors and Children’s Aid Societies” (www.children.gov.on.ca)

DIFFERENTIAL RESPONSE

- (http://www.oacas.org/childrens-aid-child-protection/about-childrens-aid-societies/transformation-agenda/)

- The purpose is to provide customized responses for referrals of non-severe situations, strengthen assessment and decision-making, increase engagement of children and families in service and to involve a wider range of supports in service planning and provision

- The model supports two approaches to an investigation:
  1. Traditional - extremely severe
  2. Customized - lower risk cases

CANADIAN ASSOCIATION OF SOCIAL WORKERS

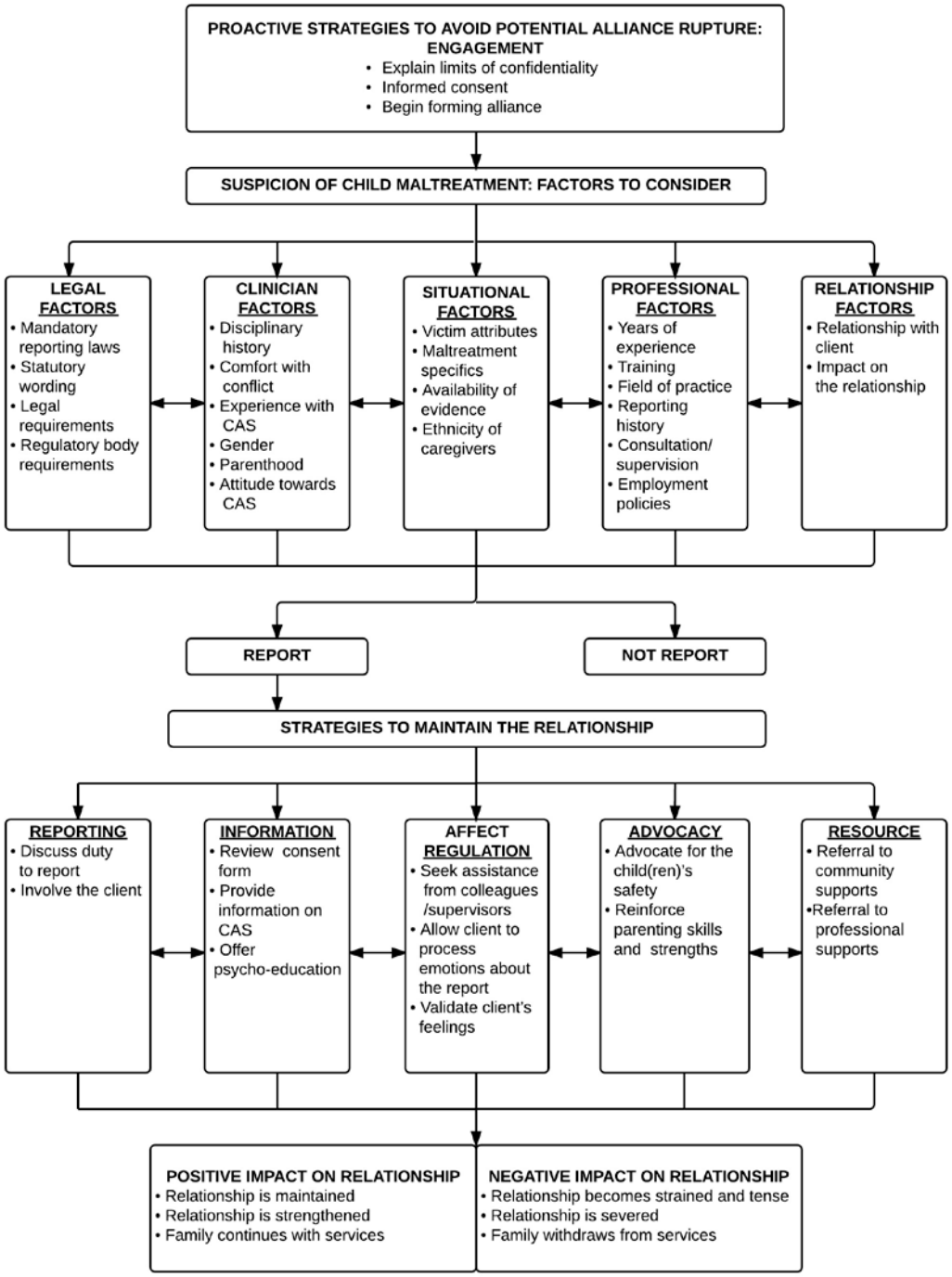
- http://casw-acts.ca
- Governs all registered social workers practicing in Canada
- Guidelines for Ethical Practice
- Review of the Guidelines of Ethical Practice as it pertains to the mandatory reporting of child maltreatment

ONTARIO COLLEGE OF SOCIAL WORKERS AND SOCIAL SERVICE WORKERS

- http://www.ocswssw.org
- Governs all registered social workers practicing in Ontario
- Code of Ethics and Standards of Practice
- Review of the Code of Ethics and Standards of Practice as it pertains to the mandatory reporting of child maltreatment

REFLECTION QUESTIONS

- What information did you already know?
- What was new information for you?
- How can this knowledge inform your practice with children and families?


PROACTIVE STRATEGIES TO AVOID POTENTIAL ALLIANCE RUPTURE: ENGAGEMENT
• Explain limits of confidentiality
• Informed consent
• Begin forming alliance
SUSPICION OF CHILD MALTREATMENT: FACTORS TO CONSIDER
LEGAL FACTORS
• Mandatory reporting laws
• Statutory wording
• Legal requirements
• Regulatory body requirements
CLINICIAN FACTORS
• Disciplinary history
• Comfort with conflict
• Experience with CAS
• Gender
• Parenthood
• Attitude towards CAS
SITUATIONAL FACTORS
• Victim attributes
• Maltreatment specifics
• Availability of evidence
• Ethnicity of caregivers
PROFESSIONAL FACTORS
• Years of experience
• Training
• Field of practice
• Reporting history
• Consultation/ supervision
• Employment policies
RELATIONSHIP FACTORS
• Relationship with client
• Impact on the relationship
REPORT
NOT REPORT
STRATEGIES TO MAINTAIN THE RELATIONSHIP
REPORTING
• Discuss duty to report
• Involve the client
INFORMATION
• Review consent form
• Provide information on CAS
• Offer psycho-education
AFFECT REGULATION
• Seek assistance from colleagues /supervisors
• Allow client to process emotions about the report
• Validate client's feelings
ADVOCACY
• Advocate for the child(ren)'s safety
• Reinforce parenting skills and strengths
RESOURCE
• Referral to community supports
•Referral to professional supports
POSITIVE IMPACT ON RELATIONSHIP
• Relationship is maintained
• Relationship is strengthened
• Family continues with services
NEGATIVE IMPACT ON RELATIONSHIP
• Relationship becomes strained and tense
• Relationship is severed
• Family withdraws from services

SECTION TWO: DECISION- MAKING AND MANDATORY REPORTING

DECISION-MAKING FACTORS TO CONSIDER

- Legal Factors
- Clinician Factors
- Situational Factors
- Professional Factors
- Relationship Factors

LEGAL FACTORS – KNOWLEDGE OF MANDATORY REPORTING LAWS

- Regulatory body requirements constitute a factor in a social worker's decision to report in addition to knowledge of the law, statutory wording, and legal requirements
- Respondents who did not agree with their ethical or legal obligations were less likely to report to the CAS (Tufford, 2014)
- Clarity of understanding concerning legal requirements was most strongly related to the likelihood of reporting (Zellman, 1990)

LEGAL FACTORS – AMBIGUOUS STATUTORY WORDING

- Vaguely worded statements potentially leading to underreporting (Finkelhor, 2005) or over reporting (Besharov, 2005)
- “reasonable suspicion,” “cause to believe,” “reasonable cause to know and suspect” “maltreatment” “neglect”
- Leaves discretion to the reporter (Levi, Brown, & Erb, 2006)

LEGAL FACTORS – LEGAL REQUIREMENTS

- Legal requirements for reporting vary from province to province
- Definitions of maltreatment range from broad and general to narrow and specific (Jones & Welch, 1989)
- When clinicians are clear as to when a report of child maltreatment was legally required, they were more likely to report (Zellman, 1990)

LEGAL FACTORS – REGULATORY BODY REQUIREMENTS

- Social workers in Ontario are required to be members in good standing of the Ontario College of Social Workers and Social Service Workers (OCSWSSW)

- Codes of ethics and standards of practice within the college provide guidelines with regards to issues of confidentiality, informed consent, and mandatory reporting of child maltreatment (CASW, 2005)

CLINICIAN FACTORS – PERSONAL DISCIPLINARY HISTORY

- Social workers who assessed their childhood experiences of discipline as abusive were more likely to suspect potential or questionable abuse (Hansen et al., 1997; Nuttall & Jackson, 1994)

- Conversely punishment not appraised to be abusive or harsh was more likely to be evaluated as appropriate (Hansen et al., 1997; Nuttall & Jackson, 1994)

CLINICIAN FACTORS – COMFORT WITH CONFLICT

- A social worker who experiences difficulty managing conflict and who perceives that a client will become angry or upset may be more hesitant to inform parents that a report will be made despite having the best of intentions to maintain the relationship following the report (Tufford, 2014a; Vullimay & Sullivan, 2000)

CLINICIAN FACTORS – PERSONAL EXPERIENCE WITH CAS

- Social workers who were involved with the CAS during their formative years

- A previous positive experience with CAS may engender a willingness to involve the society whereas those social workers with an unfavourable experience may be reluctant to utilize their services (Tufford, 2014)

CLINICIAN FACTORS - GENDER

- The evidence is contradictory
- Some studies have found gender is a factor (Attias & Goodwin, 1985; Broussard, Wagner, & Kazelskis, 1991; Dukes & Kean, 1989)
- Other studies have found gender is not a factor (Ashton, 2004; Kalichman et al., 1989; Tufford, 2014)

CLINICIAN FACTORS – PARENTHOOD

- Parenting one's own child may surface discipline issues previously unconsidered and may foster opinions about what constitutes acceptable or unacceptable parenting practices
- Some studies show parenthood being a significant predictor (Snyder & Newberger, 1986) while other studies do not support this (Ashton, 2004; Tufford, 2014)

CLINICIAN FACTORS – ATTITUDE TOWARDS CAS

- Indictments of CAS include failure by intake / investigation workers to take reports seriously, negative responses by child protection workers towards the reporter, failure to protect other children residing in the home (Strozier et al,. 2005)

- Previous reporting experiences can foster the development of certain attitudes and an opinion regarding the functioning of the CAS and may influence willingness to report (Brown & Strozier, 2004)

SITUATIONAL FACTORS – VICTIM ATTRIBUTES

- Clinicians are more likely to report younger children as opposed to older children (Kalichman & Craig, 1991)

- Clinicians are less likely to report situations where clients are white and affluent (Newberger, 1983)

SITUATIONAL FACTORS – MALTREATMENT SPECIFICS

- Sexual maltreatment is more likely to be reported than neglect or emotional maltreatment (Nightingale & Walker, 1986; Wilson & Gettinger, 1989; Zellman, 1990b)
- Maltreatment considered not “severe” is less likely to be reported (Green & Hansen, 1989)
- Maltreatment described as presently happening was more likely to be reported than maltreatment described as occurring in the past (Wilson & Gettinger, 1989)

SITUATIONAL FACTORS – AVAILABILITY OF EVIDENCE

- Reporting increases when a child has physical signs of maltreatment, a parent admits to being abusive (Kalichman et al., 1989) or when a child provides a verbal account of being maltreated (Kalichman & Craig, 1991)
- Increased evidence may imply more serious maltreatment (Zellman, 1990a)
- Some social workers wait for additional evidence to confirm if the situation warrants reporting (Strozier et al., 2005)

SITUATIONAL FACTORS – ETHNICITY OF PARENTS OR CAREGIVERS

- Parents immigrating to Canada and the United States may engage in child rearing practices considered non-normative or harsh compared to those deemed acceptable in Canada and the United States and may be mistaken for maltreatment (Chang, Rhee, & Weaver, 2006; Dubowitz, 1997; Fontes, 2002; Maiter, 2004)

- Culture of the parents / caregivers was not a significant predictor in the decision to report suspected child maltreatment (Tufford, 2014)

PROFESSIONAL FACTORS – YEARS OF EXPERIENCE

- Professionals with more work experience were more likely to report a case of suspected child maltreatment while professionals with less experience were less likely to report (Barksdale, 1989; Haas et al., 1988; Nightingale and Walker, 1986)

- Clinicians with more years of experience may be more cynical about their ability to intervene successfully in a case of suspected child maltreatment (Haas, Malouf, & Mayerson, 1988)

PROFESSIONAL FACTORS – TRAINING IN RECOGNISING CHILD MALTREATMENT

- Evidence is contradictory

- Clinicians with prior training in maltreatment identification were more likely to report suspected maltreatment (Nightingale & Walker, 1986) while another study found clinicians were less likely to report child maltreatment than those who had not received such training (Kalichman & Brosig, 1993)

PROFESSIONAL FACTORS – FIELD OF PRACTICE

- Majority of studies focus on the distinctions between mental health professionals but fail to delineate field of practice within each profession

- Field of practice (medical related practice, community related practice, child related practice, private practice) was not a significant predictor in the decision to report suspected child maltreatment (Tufford, 2014)

PROFESSIONAL FACTORS – REPORTING HISTORY

- Reporting that results in the cessation of maltreatment or facilitation of therapy may increase the likelihood of future reporting
- Reporting that is met by disruptions in therapy or litigation against the therapist will most likely decrease future reporting
- The effects of reporting on subsequent reporting decisions directly relate to the consequences of the decisions rather than the decisions themselves (Brosig & Kalichman, 1992)

PROFESSIONAL FACTORS - CONSULTATION / SUPERVISION

- The opinion of colleagues was the top factor influencing decision-making to report suspected child maltreatment (Tufford, 2014)

- Consultation offers perspective, provides guidance, validates conflicting feelings, and reduces feelings of isolation (Bogo, Paterson, Tufford, & King, 2011a, 2011b; Rothery, Babins-Wagner, & Schleifer, 2010)

PROFESSIONAL FACTORS - EMPLOYMENT POLICIES

- Employment policy may dictate that suspicions of child maltreatment be discussed first with the social work supervisor prior to filing a report (Tufford, 2014a)

- Examples:
  - Children's Mental Health
  - Pediatric Hospital
  - Mental Health Research and Counseling Center

RELATIONSHIP FACTORS - RELATIONSHIP WITH THE CLIENT

- Clients had been in treatment for roughly three months prior to the disclosure of reportable child maltreatment material (Weinstein et al., 2000)
- 44% of pediatricians chose to not report for fear of jeopardizing the relationship with the parents (Vullimay & Sullivan, 2000)

RELATIONSHIP FACTORS - CONCERNS ABOUT THE IMPACT OF REPORTING ON THE RELATIONSHIP

- Alliance outcome studies in cases of mandatory reporting have consistently shown that roughly one-quarter of cases were classified as having a negative outcome with regards to the alliance (i.e., termination, missed appointments, lateness, client expressed anger, or threatened violence during session) (Steinberg et al., 1997; Weinstein et al., 2000)

- Which factor or factors impact your decision-making the most?
- Which factor or factors impact your decision-making the least?
- Are there additional factor or factors you had not considered prior to this workshop?

SECTION THREE:

THE THERAPEUTIC RELATIONSHIP

HISTORY OF THE THERAPEUTIC RELATIONSHIP

- Relationship formation is based on collaboration and mutual respect (Richert, 2010)
- Three integral components of the relationship: bond, goals, and tasks (Bordin, 1979)
- One of the most consistent and strongest predictors of treatment success (Horvath, 2001; Horvath & Symonds, 1991; Lambert & Barley, 2001; Martin, Garske, & Davis, 2000)

ENGAGEMENT

- Begins from the first point of contact
- The social worker's warmth, genuineness, interest, and friendliness serve to create an inviting space for clients to tell their story (Rogers, 1951)
- Engagement is an on-going process

RELATIONSHIP RUPTURES

- Emerge from both clinician and client contributions, may waver in intensity, duration, and frequency and may go undetected by either clinician or client (Safran & Muran, 2000)

- It becomes critical for the clinician to recognize when the relationship is in jeopardy and address the rupture in a sensitive fashion to allow exploration and a minimum of client anxiety (Safran, Samstag, Muran & Stevens, 2001)

CLIENT FEELINGS AND REACTIONS TO A CAS REPORT

- Positive
  - Relieved
  - Validated
  - Appreciative of the support
  - Understands reason for report
- Negative
  - Anger / Defensiveness
  - Anxiety
  - Fear
  - Shame
  - Suspicion
  - Violated
  - Judged
  - Denial
  - Blame

IMPACT ON THE CLINICAL RELATIONSHIP AND CLINICAL WORK

- Positive Impacts:
  - Relationship is maintained or strengthened
- Negative Impacts:
  - Relationship becomes strained or tense
  - Family withdraws from treatment

STRATEGIES FOR MAINTAINING THE RELATIONSHIP (Tufford, 2014b)

- Reporting Strategies
- Information Strategies
- Affect Regulation Strategies
- Advocacy Strategies
- Resource Strategies

REPORTING STRATEGIES

- Notify the family either before or after reporting to CAS to remove a sense of betrayal
- Involve the family in the reporting process or have the family present as the report is made via telephone (Pietrantonio et al., 2013; Steinberg et al., 1997)
- Encourage clients to self-report
- Report in conjunction with the family

INFORMATION STRATEGIES

- Review the signed consent form to remind parents of this agreement (Bean et al., 2011; Davidov et al., 2012; Steinberg et al., 1997)
- Share with clients what occurs during a typical CAS investigation to allay parents' fears (Turney, 2012)
- Explain how the CAS can help parents with concrete, in-home strategies around parenting struggles
- Clarify the role of CAS as a protector and supporter of children

AFFECT REGULATION STRATEGIES (SOCIAL WORKER)

- Many respondents describe intense, adverse feelings after reporting to the CAS and when facing families' anger and wrath

- Respondents engage in a process of introspection around the report with colleagues and supervisors which ultimately allows them a measure of calmness when interacting with the family (Tufford, 2014b)

AFFECT REGULATION STRATEGIES (FAMILY)

- Allow the family time to process their emotions (Tufford, 2014b)
- Validate and normalize family's negative emotions
- Do not abandon families during the investigation process but maintain connection through in-person and telephone contact
- Meet with the CAS worker and the family together to support the family and promote transparency regarding the process

ADVOCACY STRATEGIES

- Express concern for the child's physical and emotional safety
- Reinforce parenting skills and strengths
- Communicate to parents your belief that they have the ability to do better (Tufford, 2014b)
- Advocate on behalf of the family with CAS by pointing out strengths the family has shown in seeking assistance

RESOURCE STRATEGIES

- Refer families to community supports such as food banks (Tufford, 2014b)
- Liaise with school personnel to reach out to children in their educational contexts
- If the family is too upset to continue working with you as the reporting social worker, turn to professional supports such as members of your team to keep the family engaged in treatment
- Utilize cultural resources

LINKING STRATEGIES TO CLIENT NEED

- Social workers practice a multiplicity of strategies in tandem

- It is imperative that strategies be used in a purposeful fashion according to client need (Tufford, 2014b)

REFLECTION QUESTIONS

- Which strategies do you currently use?
- How effective are these strategies?
- Which strategies are beneficial for your client population?
- Are there additional strategies you could use?

VIDEO DEMONSTRATION

- Interview with a mother of a 4 year old child at a children's mental health centre
- Disclosure of physical maltreatment
- Subtitles which outline the strategies to maintain the relationship

QUESTIONS

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THANK YOU

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