DISCUSSION OF ETHICAL ISSUES FOR COUNSELLORS AS RELATED TO MANDATED REPORTING OF CHILD ABUSE

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Abstract

Society progressively alters its attitude towards children and their welfare. Therefore, expectations of parents are reviewed and changed. So to it is with child abuse. Social welfare is guided by the prevailing social beliefs, theories, and knowledge which shape political initiatives legislating the ground work and practices which frame child welfare responses to child abuse. Child abuse consists of neglect, physical and sexual abuse. This study contends that counsellor’s decision around reporting suspected child abuse is influenced by a variety of factors. The defining factors of child abuse and related ethical issues for Counselling Professionals will be examined. Most child abuse occurs within the family, therefore, I will focus in this area. As professionals are mandated to respond to child abuse, this paper will speak to different issues in terms of social work and issues related to reporting child abuse to Child Protection Services. In this paper, I will use the descriptors ‘counsellor’ and ‘therapist’ inter-changeably.
What is Child Abuse?

The history of humankind, be it paleontological evidence or documentation in the Bible (e.g. Genesis 27: 26-29, Exodus 13: 15-16), show children have been mistreated, abandoned, and abused as well as cuddled, nurtured and supported. But, it was in the 1960’s with Henry Kempe’s phenomena of the “battered child syndrome” that identification and description of child abuse initiated advanced research studies to look for the predictors and long-term effects of abuse (Kempe, Silverman, Droegemueller, & Silver, 1962). These causes and effects have traditionally been a part of child welfare, which has been associated with the middle-class view of the right way to live and raise children. With industrialization, poverty became obvious in the cities. With this a new middle class, particularly of women with leisure time on their hands, emerged. These middle class women, along with the churches, started the movement towards social change (Wharf, 1993). Christian women took it upon themselves to do “God’s” work—provide for the poor and neglected children.

Finkelhor, Gilles, Hotaling & Straus (1983) speak of the commonalities of family abuse. One being the abuse of power of the more powerful. In family abuse the more powerful just doesn’t abuse the less powerful, but the most powerful abuses the least powerful. In the physical abuse of a child a similar principle is operating. First, statistics show that the greatest volume of abuse is directed against the most powerless children, those under the age of six (Gil, 1979; Maden & Wrench, 1977: Straus, Gilles, & Steinmetz, 1980). Moreover, the statistics probably should also be interpreted to show
the more common vulnerability to be at the hands of the more powerful parent—the father (Finkelhor et al., 1983, p. 18).

Single mothers seem to be catching up with male abusers. Finkelhor et al. (1983) describes a study where mothers in single parent families showed over twice the amount of negative contact with children, then two parent families. This study was done by Kimball, Stewart, Conger, and Burgess (1980) where three single-parent types were selected from the Commonwealth of Pennsylvania’s Department of Public Welfare. “The three types were selected for the study on the basis of (a) those in which there were authenticated occurrences of nonaccidental injury (abuse) to one or more children by a caretaker; (b) those in which one or more children experienced a lack of parental attention (neglect) so severe that it reached the attention of legal authorities; and (c) families with no official records of abuse or neglect (control) but that were similar to the first two types on a number of dimensions (e.g., age of mother and children, number of children, income, and educational levels)” (Kimball et al., 1980, p. 44-45).

The subject families of the Kimball et al. (1980) study resided in a generally rural environment in central Pennsylvania and all families were caucasian. The single-parent families in the study consisted of abusive (N = 8), neglectful (N = 9), and control (N = 10). The single-parent families included in the study were defined as having no male figure living in the home on a routine basis. The two parent families (17 abuse, 17 neglect, and 19 control) were recruited the same way as the single-parent families. All families were contacted by the project supervisor who obtained written, informed consent, gathered information concerning the family background and then arranged an observation schedule. Observations were done at the families homes for 6 hours over a
given week or consecutive weeks. The behavior was coded into 4 categories—1) type of interaction—verbal/physical, 2) affect of interaction—neutral/positive/negative, 3) person/s interacting, and 4) commands or complies—refusals. It was found across all three family types that there was a higher rate of negative than positive interaction within the single-parent family when compared to intact families.

With the Kimball et al. (1980) study a caution needs to be stated as the subject sample was not random, and all were from a largely rural area. However, a finding worth noting from the study is that there are factors that can exacerbate the potentially negative effects of having just one parent in the home. "Such factors would include the number of children in the home, spacing of births, physical or behavior abnormalities of the child, poor parental health, drug and alcohol abuse, financial difficulties, overcrowded or inadequate living conditions, isolation from effective social support systems, and a lack of effective and appropriate parenting skills (p. 59). These findings of the study suggest that the absence of these additional stress-producing factors could mitigate the negative consequences of single parenthood.

In the late nineteenth century, there was no concept of childhood. A child was seen as a small adult under the control and authority of the traditional patriarchal family structure. Wharf (1993, p. 15) states the "chain of authority of the state was extended to the 'pater familias' whose responsibility it was to ensure the law-abiding behaviour of the family members, servants, apprentices, and employees within his household". The family unit was a social entity unto itself, not to be interfered with or questioned. Child rearing was characterized by lack of parental affection and severe punishment. Looking back, we see that research on physical abuse came first in the late 60's and early 70's as a
response to child welfare concerns. It wasn’t until the late 1970’s that child abuse became a topic of research. Over the years with the concept of childhood, the women’s movement, and the welfare response, legislation and laws were passed to respond to the changing social values and attitudes toward children. Abused, deprived and abandoned children came to be viewed as needing state protection. This was the social context of several Acts, such as the new act of 1893 for the Prevention of Cruelty to and Protection of Children Act in Ontario, and in British Columbia, the Infants Act of 1901, and the 1933 Children and Young Persons Act which introduced the concept of the ‘welfare of the child’.

Child welfare reformers, professionals, and the public at large held a confident assumption of the government allocating sufficient resources, appropriate delivery structures and expert staff to provide child welfare services. As child welfare agencies opened up throughout various communities, most professionals agreed that child physical abuse—“refers to any non-accidental injury sustained by a child under 18 years of age resulting from acts of commission or omission by a parent, guardian, or other caretaker” (Finkelhor, 1983, p. 88). If a caregiver denies or fails to provide adequate care, that is providing for the child’s basic emotional, physical, medical and spiritual needs, it is considered abuse. Abuse tends to gravitate between the relationships of greatest power differential. This is especially true in sexual abuse of children. Children are small and compliant and the authority and power of persuasion held by an adult can be achieved without violence. Finkelhor goes on to say, the most widespread form of reported sexual abuse consists of abusers who are both male and in authority positions within the family victimizing girls in subordinate positions.
Finkelhor (1979) conducted a study of sexual experiences with family members of 796 students. A survey was taken of six New England colleges and universities. The surveys were conducted in classes and not sampled systematically, but rather according to the subject matter and receptivity of the professor. Instructions indicated that interviews would only be held with respondents who had some kind of a sexual experience with family members. The two kinds of a sexual experience analyzed were 1) childhood sexual experiences with older persons, and, 2) sexual experience with relatives. All 796 questionnaires were first analyzed for one of these two sexual experiences. Out of these seven hundred and ninety six students, three hundred and fifty reported experiences, and of these three hundred and fifty, 264 individuals provided the data for Finkelhor’s study.

A problem for the study was how to define sexual victimization and if the child recognized the experience as a sexual act. No instances of unlabeled sex emerged. “Instead, what was much more common was for an interviewee to suddenly recall in the course of the discussion a childhood sexual experience that he or she had forgotten about, forgotten not because it was not seen as sexual but because that awareness was painful, shameful or frightening” (Finkelhor, 1979, p. 47).

In this study, 19.2 percent of the women and 8.6 percent of the men had been sexually victimized as children. Consent was difficult to determine. One respondent reported a sexual experience with her uncle who touched her up her leg and into her underpants. She stated—‘I didn’t know what he was doing. I just knew I didn’t like it’. Finkelhor (1979) states that when a powerful and authoritative person in a child’s life, like an uncle, asks her to do something she has never done before, to acquiesce is not to give
consent. “In this case, the child found the activity unpleasant. But even if she had enjoyed it, it is still impossible to see how she could have truly consented to sexual activity with such a powerful authority in her life” (Finkelhor, p. 51).

Almost half of the girls experiences were with family members (43 percent), where as 17 percent of boys experiences were with family members (Finkelhor, 1979). “Our data show the children to be recipients of sexual actions, not the initiators, and also the victims of force and coercion” (Finkelhor, p. 63).

Child Abuse/Neglect

Of all the types of child abuse, neglect is the most difficult to define and identify. Both historically and in the present child welfare work, neglect is fundamentally a legal concept brought about through the succession of legal principles and specific legislation relating to the family. A most salient example of neglect is the ‘home alone’ case discussed by Swift (1995). The parents in December 1992 went on a vacation to Acapulco leaving their two daughters, aged nine and four, to fend for themselves for more than a week. Shock was expressed by the community. Later there were found many incidents of physical abuse and neglect. The neighbors were quick to report incidents and child welfare responded by placing the children with grand-parents. Eventually, the parents ended giving up their two children permanently.

Sexual abuse of children is not as simple as first indicated. Kinnear (1995, p. 2) states—“however most experts agree on certain elements of the definition: exploitation of the child; use of coercion, gentle though it may be; and some level of gratification gained by the adult”. Kinnear (1995) goes on to say in some families or cultures, it is expected that family members kiss on the mouth or have a lot of physical contact. In other families
this behavior would be considered inappropriate. Therefore, in these families, sexual abuse could be considered any contact from kissing, to oral sex, to intercourse. One factor in helping to determine whether the incident is sexual abuse or not, is the lack of consent (Finkelhor, 1979). But, professionals and others agree that children are not free to give consent. Children can be manipulated into consent easily because of the power differential. They could be bought gifts or threatened with punishment, either of themselves or another significant person in their life.

There are commonalities between neglect, physical, and sexual abuse of children. They are seen as an abuse of power, usually in the greatest power differential relationship and the abuse is carried out by abusers compensating for their own perceived powerlessness. In other situations this feeling of powerlessness can be associated with unemployment, lack of control over marital problems or some other traumatic experience. "It is noted men often start to sexually abuse their children when they are unemployed, or failing financially, or have suffered some other setback" (Finkelhor et al., 1983, p. 18).

Sexual activity with relatives by blood, by marriage, or by adoption was considered to be incest. Finkelhor is referring to a 3 year study of fifty-eight cases of incest carried out by Meiselman (1978). The research setting was a Los Angeles psychiatric clinic. Meiselman received incest reports from three psychiatrists, seven psychologists, eleven psychiatric social workers, and four psychology or social work students. In this sample of 58 incest cases, forty-seven were reported by female participants, and eleven by males.

"In this psychotherapy sample, a total of thirty-eight cases of father-daughter and stepfather-daughter incest were found as compared with eleven cases of brother-sister or
stepbrother-sister incest” (Meiselman, 1978, p. 75). The female was the victim in the brother-sister relationships.

There were seven classifications of incestuous fathers, one being ‘situational’ where there was found a series of stressful events—loss of job, divorce, death of family member, accident, or illness—which temporarily broke down the resistance between the father and daughter. Meiselman states about the father—

He is usually an average sort of man, neither very bright nor mentally defective, sometimes chronically unemployed but frequently having a run-of-the-mill work record (1978, p. 141).

Meiselman found that injuries, diseases, financial setbacks, and other kinds of personal losses or conflicts had often left the father in a state of anxiety or depression.

Stated earlier in this paper, perceptions of powerlessness and lack of control underly the propensity to abuse, including sexually abuse. Reder (1993, p. 5) writes “our underlying premise has been that child abuse occurs at times of critical stress in relationships of vulnerable parents”. Reder talks about the histories of the thirty-five families reviewed where the abuse resulted in tragic deaths of the children.

These families, Reder (1993, p. 17) goes on to say “The thrust of recent Acts has been for social workers to engage in preventative work to avoid children coming into care. However, funding for social service departments has been progressively cut, with the effect that social workers are unable to engage in long-term preventative work and only have the resources to do the minimum necessary”. What this means is social welfare agencies do crisis management and act as agents of social control, and from a mandated requirement respond quickly. Therefore, they apprehend children because the option to provide resources is not an option if they are working within cutbacks.
Social control is a part of social structure. A critical factor of social control is labeling and defining the problems in terms of deficiency and need. To quote McKnight (1995, p. 16) - “the power to label people deficient and declare them in need is the basic tool of control and oppression”. So who are these people we define as deficient and in need? Professionals and child welfare agencies now, and historically, are involved with children of the poor and marginalized (Swift, 1995). These are the people we decide are in need. “Modernized societies are now replete with need-defining research. Professionals have recently “discovered” tool-using needs called child abuse, learning disabilities, and “removal trauma” (the need for therapy for children who are traumatized because they are removed from their allegedly traumatic families)” (McKnight, 1995, p. 48). This suggests the person is no longer a problem-definer or solver. Because the professional is the only one who understands the problem and the solution, the problem becomes a professional prerogative and the person no longer exists as a person. “Child welfare becomes a professionalized service. In fact the business of modern society is service” (McKnight, p. 36).

Exploring Sexual Abuse

A landmark study of the prevalence of child sexual abuse conducted by Russell (1983) found 38% of the women recalled a sexual abuse incident from their childhood; 18% reported it was a family member who abused. Data were obtained from a random sample of 930 households of adult women in San Francisco. Interviewers underwent 65 hours of training regarding education about rape and incest, being desensitized to sexual words, and rigorous training in conducting interviews. The interviews of the respondents were an average length of one hour and twenty minutes and were held in private. The refusal
rate for this study was higher than desired. Nineteen percent of the women selected as respondents refused to participate after being informed that the crimes to be discussed were rape and other sexual assault. A further 17% of people, men as well as women, declined to give a listing of those in the household prior to being told about the topic to be studied. Russell stated that “Even an imperfect random household sample such as ours is still unprecedented for research in the area of sex or sexual abuse” (Russell, 1983, p. 135).

For the purposes of her study, Russell defined extra-familial sexual child abuse as being sexual activity unrelated by blood or marriage, and involving touching of breasts or genitals, to rape. Intra-familial child abuse was defined as sexual contact between relatives, no matter how distant the relationship, and before the victim turned 18 years, and it involved any kind of exploitive sexual contact between relatives. “Forty percent of intra-familial child sexual abuse occurred within the nuclear family in our survey” (Russell, 1983, p. 138). Forty-two women reported an incestuous relationship with their fathers before the age of 18.

With extra-familial sexual child abuse, 15% were strangers, 42% were acquaintances, and 41% were more intimately related to the victims (friends, friends of the family, boyfriends). Seriousness of intra-familial child sexual abuse was broken down into three categories: 1) very serious---penile-vaginal penetration, to attempted fellatio, cunnilingus, analingus, anal intercourse, 2) serious---digital vaginal penetration to unclothed breast contact, and 3) least serious---forced kissing, touching of respondents legs, breasts. Twenty three percent of respondents were classified as very serious, 41% as serious, and 36% as least serious.
Russell (1983) concluded—

Although we can be virtually certain that some of our random sample of 930 women were unwilling to disclose experiences of child sexual abuse, and although it seems reasonable to assume that these may be a significant number of women who have repressed such experiences from their conscious memories, and despite the fact that the definitions used in our study were narrower than those used in other major surveys, astonishingly high rates of child sexual abuse were nevertheless disclosed (p. 144).

Sexual abuse of children tends to cross all economic levels—“poverty and economic stress have not been shown to increase the risk for sexual abuse as they do for physical abuse” (Finkelhor, 1988, p. 23). Finkelhor has moved somewhat from his earlier position. However a quote from Rush (1980, p. 191)—“There is an old saying that “bed is the poor man’s opera”, and our increasing hostile loveless day-to-day life, sex as a substitute for love, is mistaken for intimacy and offered as a cure for loneliness”, would suggest otherwise. But, Finkelhor (1988) goes on to say that what does create higher risk is when the father is absent from the home or there is a step-father present, and where there is a difficult relationship between mother and child due to the mother being emotionally absent, sick, or incapacitated in some other way. Another factor is low marriage satisfaction and high marriage conflicts and arguments. These high risk factors are consistent with what Kinnear (1995) points out—

We often believe that children’s safety is threatened more by strangers than by those people the children know. At home and in school, parents and teachers emphasize to children that they should not talk to strangers or accept candy or rides. We picture dirty old men in trench coats ready to flash or snatch our children. Most people do not realize that children who are sexually abused are most likely to be abused by someone they know and trust. Sexual abusers come from all walks of life, all races, and all socioeconomic levels” (Kinnear, 1995, p. 17). This is consistent with Finkelhor’s findings.
A difficulty with sexual abuse of children is in its secrecy. Child abuse is not directly observed. Because the family members think they can confront the abuser and stop the abuse themselves; may be afraid of the offender because of power differential and control; the family is embarrassed, and the child or family, may not want 'to ruin the lives' of those involved, abuse is not reported (Kinnear, 1995). Finkelhor (1988) states that only about 10% of all sexual abuse is reported to the police and about a third of these result in convictions. This low percentage in reporting is likely due, for the most part, to the trauma of reporting which impacts the whole family. A family who is investigated by CPS (Child Protection Services) are asked the most personal and intrusive questions. The family members feel violated and abused. They may need to seek legal advice but are constrained because of lack of funds, and they are already marginalized poor. The standards are set by the white middle class who legislate laws to support their value system enforced by the legal system, social workers, health professionals.

Professional Response

There have been repeated reorganizations in health, social services, education and governments within the last decade. Wharf (1993, p. 64) states "Child welfare organizations and practitioners are treated much like the children and families they serve. On one hand, they are often pilloried in the press and public forums when something goes amiss: a child under their care is abused or killed, or parents accuse workers of acting precipitously in apprehending their children. On the other hand, they are chronically neglected most of the time. The daily work of child welfare takes place without notice but often under trying conditions with very limited resources". If professionals with improved training were given a relatively free hand to develop
programs, child welfare would improve accordingly. But, as it is with the constant reorganizations, and lack of resources, the results are closed professional systems, polarization, and exaggeration of hierarchy and role confusion. It is the role confusion within the social welfare organization that impacts families the most. Families are uncertain which branch of social welfare to approach. They also meet ambiguity within the worker. Social workers find themselves working to follow organizational policies and procedures with the awareness of professional and ethical social work standards. There is a push-pull between social welfare professionals and families experiencing difficulties. Social work professionals have dual roles, and it is within these dual roles where confusion is most evident with social workers carrying both caring and statutory responsibilities (Reder et al., 1993). The social worker begins a helping relationship with a family and is then thrust into the position of building a case against the family for court witnessing (Scarth, Wharf & Tyrwhitt, 1995). For the police, the primary function is one of control, and for the medical professional they need to report suspicions of child abuse to social service agencies, the same as the general public. Families experiencing deprivation, financial difficulties, and marital or parenting problems, are pulled between asking for help and resenting the intrusion and persecution by professionals. “We believe that problems of care and control are central in child abusing situations, with regard to relationship within the family and in the family’s interaction with concerned professionals” (Reder et al., 1993, p. 96). Many parents had themselves been subjected to abuse when they were children. They still carry unresolved dependency needs and severe conflicts about control.
Yes, children are being neglected, and physically and sexually abused, as it is defined. Children as persons have a right to be protected, nourished, and not abused. Children are vulnerable, and the younger the age of the child, the more vulnerable and open to manipulation and control. A younger child's circle of resources is limited to the family where they look for social and psychological support and role modeling.

There is no dispute that children must not be sexually abused. The tension between the view that the family's rights to privacy is a sacrosanct civil liberty and the view that the state must continue to intervene in families where there is suspected child sexual abuse, is an ethically controversial one. But, the issue is one of degree—how intrusive do social workers need to be before the rights of families are violated? With the high stress and turn-over of social workers, often the new social worker is young and has limited experience in working with marginalized families, and has been re-located from another area themselves, so are in a 'state of flux'. This then produces a break down in the understanding of family dynamics and in the provision of services to meet families needs. Then, how are the children protected? Parents are told they need to be a 'good' parent, which holds subjectivity and value laden beliefs. What is good enough parenting? Reder et al. (1993, p. 48) suggests "A general principle of good enough parenting is that it requires appropriate demonstration of 'care' and 'control' as well as adequate balance between the two". This involves putting the child's needs above your own, tolerating immaturity, ensuring the child's safety and setting limits on behavior in a non-abusive way. For many parents, be it one parent or two, this is an overwhelming task during crisis. For many parents it is a struggle just to put food on the table.
After removing a child from family, it is a difficult and painful process to re-unite families. Trust has been broken, and often the child was living with a family of higher economic status. With most of the families involved with social service agencies they are the poor or marginalized. Yet adequate provisions of financial support during crisis is not a reality for most clients. Also, clients who approach child welfare professionals are met with overworked and inexperienced social workers. Social services suffer from high staff turnover, unfilled vacancies, and inadequate clerical staff (Reder et al., 1993). Also workers bring into their contact with families their own personal values, beliefs, social standards, sensitivities and blind-spots. Professional training and reflection allows workers to become more aware of these influences, but each professional encounter brings forth one aspect of their “personal baggage” which they work from. Social workers can easily revert back to the familiar when in a crisis situation. In approaching families where there is suspected child sexual abuse, an immediate assessment needs to be done. Sexual abuse is usually more difficult to ascertain then physical abuse due to the lack of physical evidence. This usually involves a medical examination of the child, with or without parental consent. The child is then returned home traumatized.

Social workers look for creative ways to satisfy personal and professional work ethics yet deliver service within the mandate of the employing organization. Child welfare workers are expected to sort out the conflicts on a daily basis in their work with clients and in their internal dialogues with themselves. With limited resources, high caseloads and prioritizing waitlists for services, this internal dialogue can be quite unsettling. Questions about intruding in families lives without adequate resources, professional
knowledge and expertise, leaves the worker with an ethical dilemma between mandate, professional, and personal values and principles.

A case example of how caseloads and waitlists can effect decisions is Gavin Mabey who was removed from his parents when it was found out that Gavin’s brother had been sexually abused by the father. Gavin was then placed, and then removed from three different foster homes due to the foster parents ill-treating him. The last foster home had been approved only three days before. It usually takes weeks before required forms are returned to be assessed and reviewed. Gavin died in the last foster home due to a severe head injury by the foster parent (Reder et al., 1993).

Another case is of Reuben Carthy—Reubin’s mother requested help from social services on a number of occasions, as she admitted feeling like hitting Reubin. Services were never provided. Reubin died of extensive injuries from his mother. These two cases pose several questions: Would Gavin be alive today, in spite of his father’s sexual abuse towards Gavin’s brother, if Gavin had not been removed? What resources or interventions could have prevented Gavin’s removal from his family? What got in the way to prevent the social worker from hearing the requests for help from Reubin’s mother?

Empowering the client in problem resolution supports the client to problem solve. Respect and autonomy are essential pieces to this empowerment. There are several different forms of power in the helping profession, two of those being: mandated legitimate power, and coercive power, which is power to reward or punish. These two powers are being overused. But, one way to equalize the power between social worker and client would be to change the mandate of child welfare. Make child welfare a
provision of support services, striking off abuse and neglect (Wharf, 1993). Child abuse is viewed as a crime, therefore give the responsibility over to the police and the courts. As the fundamental base of child welfare is the interaction between social worker and client, this would be enhanced by removing the need to investigate families suspected of abuse. The role of child welfare agencies could then become more support focused. However, this would not negate the need for the social worker to report suspicions of child abuse to the appropriate agency as any other citizen.

Given the present child welfare system is experiencing major difficulties, the question becomes—how do I know when I as a professional am doing good work? A quote from McKnight (1995, p. 25), “I thought that professional training would lead me to good work, but it has led me to live off some people who don’t need me and others I can’t help”. Ethically, child welfare needs to re-examine and evaluate services and determine what constitutes “good work”.

Summary

This chapter began with a discussion on child abuse. Definitions of neglect and sexual abuse were explored, which will be used in this paper. Child Protective Services are under funded and lack resources to provide to families in need of supports. Effects of these repeated reorganizations were outlined.
CHAPTER II: LITERATURE REVIEW

History of Child Abuse

Before the nineteenth century the concept of childhood did not exist. Children were treated in much the same manner as adults. Children worked in factories and were not considered to be vulnerable or in need of any special nurturing. Child rearing was characterized by lack of parental affection and severe physical punishment. But, what went on inside the home was considered solely the responsibility and discretion of the head of the household, the father and husband.

"The independence and privacy of the family are safeguarded in our society as a bulwark against oppression and as a place of personal freedom. But just as the family provides us with an opportunity to be our best in terms of love and care, it provides us with a private opportunity to be our worst towards family members in terms of violence and oppression (Wharf, 1993, p. 13). Historically the home has been the "man's castle", to do in as he pleases.

Social structures hold prevailing attitudes, values and beliefs within that particular social community---child welfare being one of the social constructs. The defining of child abuse has evolved through specific theoretical concepts developed over the years by concerned citizens. What is critical in terms of concepts is subjectivity and the value placed upon these concepts, such as childhood, need, deficiency, and child abuse. Respect for the family autonomy is historically rooted in civilizations where the child is considered parental responsibility, and yet family systems do break down. The present underlying view of professionals is "most parents can change their behavior with
sufficient help” (American Humane Association, 1992, p. 2). This is one of the premises child welfare services is conducted from— the parent is seen as deficient in some way.

**Mandated Reporting**

Mandated reporting of child abuse to Child Protection Services (CPS) agencies is both controversial and confusing. Child abuse definitions vary from province to province, country to country, but there is generally agreement that abuse is a power dynamic of either an act of omission or commission. Lindsey (1994, p. 168) states specifically that “child abuse involves the intentional physical harm a parent inflicts upon a child”. As noted earlier in this paper, child abuse is usually at the hands of parents, usually the father, where there is critical stress in the relationships, which could be related to unemployment, financial concerns, and/or the lack of the provision of much needed services by the local under-funded Social Services agency. Families who are poor and marginalized, have compounded problems, which make them highly visible and vulnerable. They vacillate between asking for help and fearing the intrusion of professionals in their lives. There is much debate in the literature about the appropriateness of mandated reporting of child abuse to CPS when such families are so vulnerable and marginalized (e.g. Hutchison, 1993, Besharov, 1990, & Zellman & Antler, 1990).

Zellman and Antler (1990) conducted a study of child abuse reporting behavior and Child Protection Service agency reporting. Zellman and Antler found that reports to CPS have steadily increased since state-reporting laws were passed. In Zellman and Antler’s study, a survey was mailed to over 2000 general and family practitioners, pediatricians, child psychiatrists, clinical psychologists and social workers who were sampled from
directories of their various professional organizations. Surveys were also mailed to school principals and day-care centres sampled from commercial lists.

Survey respondents were asked whether they had ever reported child abuse or neglect and why they had decided to report. They were also asked to give reasons for any times they had not reported any suspected abuse or neglect.

Survey data indicate that the potential reporter’s attitude towards the affectiveness of the local CPS agency was an important predictor of the use of discretion and of failure to report. One key factor separating those who failed to report at some time from those who consistently reported was a belief that reporting might actually worsen the child situation (Zellman & Antler, 1990, p. 32).

Zellman and Antler’s (1990) study found that 44 percent of mandated respondents consistently report to CPS, while 33 percent of the respondents said they used discretion in reporting child abuse to CPS. Another 6 percent indicated while they had never reported abuse or neglect, they had suspected it at least once, and had chosen not to report it. An open-ended item which invited respondents to give reasons for not reporting, indicated previous similar cases had been mishandled or ignored by CPS. These respondents stated that ignored, or reports which don’t result in needed services, impose high costs on families.

Fragile family. Nothing would have been done. Report would have disrupted therapy. Major problem is that the reporting law requires virtually everything to be reported, making it impossible to investigate and deal properly with most cases, putting the child and therapy at greater risk (Zellman & Antler, 1990, p. 34).

Mandated reporting of suspected incidences of child abuse developed out of the “battered child syndrome” where the condition of the battered child came to the attention of the physician. In fact “the early intent was to require reporting only by physicians” (Hutchison, 1993, p. 56). However, the American Medical Association objected to the
single attention to physicians as reporters. Presently legislated laws and Welfare Acts require “any person” to report child abuse to CPS.

There are assumptions underlying the mandated reporting laws. “First, it is assumed that children cannot use protection of the law for themselves and therefore need others to act for them” (Hutchison, 1993, p. 57). This assumption is well founded in as much as a non-verbal young child cannot ask for help. However, once the child is verbal and out of the home for periods of time, it becomes feasible that the child can self-request protection, either from extended family or a children’s help line.

Hutchison (1993) points out two more assumptions; the professional involved is likely to have the knowledge for early detection and secondary prevention, and the Child Welfare systems will provide resources to meet the increased reporting. It is likely that professionals working with families where there is child abuse, will uncover it once there is trust established in the relationship. The last assumption of the Child Welfare agency having adequate funding to provide needed services to respond to the increased reports of child abuse and neglect, has been suggested in this paper as being erroneous. Funding and services are being cut because of economic budgetary restraint.

Social work in it’s purest form is built upon a client being willing to participate in a therapeutic process. In this way, social work is a helping process of offering services to clients who may be experiencing difficulties which are seen as negatively effecting their ability to live an independent and productive life in their community. If the client refuses services, the case is closed. However, CPS view the client as uncooperative if they refuse services, and then the CPS worker must determine if a child is in such danger to impose services and/or treatment. “Thus the process of child protection is a social work process
set within law's power to coerce parental cooperation" (Besharov, 1988, p. 63). Besharov goes on to say that "now, however, the level of child protective intervention into private family matters has reached unprecedented levels, moreover, much of the present high level of intervention is unwarranted and some is demonstrably harmful to the children and families involved" (p. 63).

Unfortunately, a CPS worker only makes a finding that a report is 'unfounded' after an often traumatic investigation where families are asked the most intimate and personal questions. Besharov (1988) found from the data he collected from 1975-1979, when he was the First Director of the National Center on Child Abuse and Neglect in the United States, that "more than sixty-five percent of all reports of suspected child maltreatment involving over 750,000 children per year—turn out to be unfounded" (p. 63). Every State requires that a report of suspected child abuse be made to the appropriate agency, and then placed in a central registry repository. This repository provides for 1) the accumulation of reports of abuse by parents, 2) for the information to be used as a diagnostic tool, since the presence or absence of abuse in previous reports may affect suspicions about the current report, and 3) it provides a statistical record. Besharov suggests the statistical records of unfounded abuse, show a need to narrow the grounds for state intervention. However, Finkelhor refutes Besharov's premise. Finkelhor states:

A more rigorous evaluation of recent national trends in substantiation rates is now finally available, thanks to the completion of the Second National Incidence Study of Child Abuse and Neglect. In this study, researchers picked a random sample of countries in 1980 and 1986 and monitored all reports to child protective services (CPS) agencies using a standardized set of definitions and data collection procedures. This methodology was the best way to control inconsistencies and changes in state child abuse counting systems. The NIS actually found an increase in the substantiation rate, up from 43 percent in 1980

Finkelhor (1990) suggests this is the only data set using completely equivalent definitions and sampling procedures at two different times. Therefore, it is the most reliable indicator of substantiated reports.

Although the methodology within the Finkelhor study was considered the best way to control inconsistencies and changes in state child abuse counting systems, one problem with this study could be the use of different ways of calculating a substantiation rate. Also definitions may change over time; states may define substantiation differently at different times. But, it is easy to see that mandated reporting is not a simple phenomena, and is cause for debate.

Summary

Before the phenomena of the “battered child syndrome”, children were under the total supervision, and care, and discretion of parents, in particular the father. Child abuse and neglect were not concepts of everyday thinking. The motto of “spare the rod and spoil the child” was the underlying principle of child rearing and discipline. Child abuse, especially sexual abuse, was not readily discussed. In fact, for the most part, there was no recognition and the larger community left such matters to the family, or were in denial that it existed.

Legislation regarding mandated reporting followed the recognition of the battered child, and there continues to be much debate about over-reporting of child abuse. Zellman and Antler’s (1990) findings show professionals use discretion in making a decision whether to report or not. The data suggest that reporting child abuse results in worsening
the child’s situation because of CPS workers failure to respond or provide much needed services to the family.

Hutchison (1993) suggests the assumptions underlying the mandated reporting – 1) children cannot use the protection of the law for themselves and therefore need others to act for them, 2) professionals reporting because of their skilled ability to discover child abuse, and 3) the provision of services by CPS in response to the increased reporting, are not absolute. Children, once verbal can and do seek help—this is not to say that a vast number of children do not need protection, they do, professionals use discretion in reporting, which is directly related to the third assumption....families are not receiving much needed services. Therefore, it could be harmful to the child, and/or family, to break the trust formed in the therapeutic counselling relationship if much needed services are not provided.

Besharov (1988) states increases in child abuse reports, because we are mandated to do so, has resulted in families being subjected to invasion of personal life. Besharov states there are extremely high levels of unsubstantiated reports which leave the family traumatized. However, Finkelhor (1990) suggests the Second National Incidence Study of Child Abuse and Neglect actually show an increase in the substantiation rate of child abuse reports.
CHAPTER III: ETHICAL IMPLICATIONS FOR COUNSELLORS

There are many ethical implications for counsellor/therapists regarding child abuse and mandated reporting. In this paper I will be focusing on two issues: 1) dual relationships for counsellors, and 2) the lack of Ministry funding in terms of providing resources and services.

Dual Relationships

Families or individuals who are experiencing difficulties will likely come to the attention of a counsellor through a community agency referral process, or will self-refer. The therapist then becomes involved in sorting out the issues. Within this context child abuse may be disclosed, either by the children themselves, or the parent/s who is/are abusing the child in some way. The counsellor, then confronted with suspicions or disclosure of child abuse, is placed in an ethical dilemma between mandated reporting to CPS as legislated by law, and careful discernment and deliberation following the ethical guidelines set out by professional regulatory organizations, practice guidelines and ethical codes.

"Laws against child abuse and neglect reflect a recognition that society has a compelling interest in stopping child maltreatment" (Walters, 1995, p. 163). Societal values demonstrated through legislated laws, clearly show a desire to protect children from harm, and mandated reporting is considered one method. For the therapist then, informed consent becomes important. Informed consent requires the counsellor discuss with the individual the limitations to confidentiality within the treatment. Age then becomes particularly relevant in the decision to inform, especially with young children, in terms of developmental understanding. “The therapist’s challenge is to balance the client’s
rights to consent with the mandate of preventing harm, reflected in the principle of nonmaleficence” (Haverkamp & Daniluk, 1993, p. 135). Counsellors thus find themselves in a dual role: providing necessary therapeutic counselling to families, and mandated reporting of suspicions and/or disclosure of child abuse. As community citizens, counsellors are presently not excluded from mandated reporting laws. “It is therefore prudent for all psychologists to become familiar with both the specific child protection statutes applicable in their jurisdictions as well as relevant case law. Moreover, these actions enable psychologists to better fulfill their duty to uphold the law, a requirement enshrined in the C.P.A. code of Ethics (Standard IV. 15)” (Walters, 1995, p. 165).

The therapist then becomes involved in a risk-benefit analysis with ethical implications. “It is possible that the action of reporting may actually have a beneficial effect on therapy given that reporting often facilitates the process by which the child will be protected while the abuser receives therapy” (Walters, 1995, p. 176). However, decisions are being made to postpone reporting. Walters goes on to state—“decisions to postpone reporting after a practitioner has reasonable grounds to believe a child is in need of protection must only be made following careful deliberation” (Walters, 1995, p. 176). So, practitioners are carefully deliberating decisions whether, and when, to report suspicions of child abuse to CPS. Decisions regarding child protection are inherently complex, raising ethical issues of conflicting interests, values and resources. These decisions are generally made using the ‘best interest of the child’ criteria, and above all ‘do no harm’.

Therapists are faced with the critical issue of reporting to CPS suspicions of child abuse. The law requires persons report child abuse to CPS. “However, the intervention of
authorities may result in serious physical, financial and emotional disruption and injury for all family members” (Haverkamp & Daniluk, 1993, p. 136). Although reporting is the appropriate action in most cases, it is the possibility of precipitating greater harm to the child and/or innocent family members which creates the dilemma for counsellors. The counsellor is bound by professional ethics to do no harm; maintain fidelity to the client/s; maximize client autonomy, and keep disclosed information confidential. The question becomes how to maintain professional ethics in the face of legal requirements. The counsellor’s decision becomes one of subjectivity and individual client based within the legal and professional parameters.

There are potential negative consequences if not reporting child abuse. There is the likelihood of the continued victimization of the child, and for parents who were themselves victims of abuse, it reinforces a belief that society cannot protect children from abuse. If the therapist does report, this lack of willingness to collude with the abuse could have a far reaching positive significance, for both the child and the previously victimized parent. The abuse will be addressed and the abuser will have the opportunity to change his behavior. The family can eventually move towards a more nurturing and healthy relationship, following the validation of the abused child. Where ethical responsibilities clearly conflict with legal requirements, Haverkamp and Daniluk (1993) suggest the consequences of forced intervention must be carefully weighed against its potential harm.

However, counsellors also have an ethical responsibility to each family member. The six general principles to guide ethical decision making are: autonomy, fidelity, justice, beneficence, nonmaleficence, and self-interest (Haverkamp & Daniluk, 1993).
Client autonomy is central to psychotherapy. It is the maximizing of the persons ability to freely chose in a competent manner how to conduct their lives (American Association for Marriage & Family Therapy, 1985, Sec. 1). One way to maximize client autonomy is to keep information shared in the therapeutic session confidential. However, if information about occurring child abuse is received by the counsellor, the present mandated reporting laws require the counsellor to make a report to CPC for investigation. However, if the limits to confidentiality are stated initially, client autonomy can be protected. In fidelity (AAMFT, 1985, Sections 1, 4 & 7), the therapist promises to assist the family, protect family interests, maintain confidentiality and do no harm.

Within the context of the client-counsellor relationship, the client develops trust that the therapist will maintain fidelity. This fidelity is seen by the client as broached if the counsellor makes a report to CPS, unless there is a discussion regarding this issue, because the therapist’s fidelity is not limited to the family as the client, but also to the larger community and societal laws. The therapist must adhere to societal laws the same as any other citizen in the community. This is specifically stated in child protection legislation.

The principle of justice refers to fairness and equality in treatment. However, the notion of justice extends to the provision of services—how the services one individual receives compares to that of other family members. Clearly, this would suggest where inequality exists, the right to be treated differently is relevant, as in the case of child abuse.

Beneficence is the core principle of therapy—that of doing ‘good’. This principle is central to all professional codes of conduct and which hold therapists ethically accountable for their actions. The principle of nonmaleficence, can be restated—above all
else, do no harm. This underlies the ethical responsibility of counsellors in making decisions which directly impact individuals and families. “Many ethicists have concluded that, other factors being equal, the obligation to avoid harm overrides the principle of beneficence” (Haverkamp & Daniluk, 1993, p. 135). Both beneficence and nonmaleficence are clearly stated in the AAMFT, 1985, code, Sections 3 & 4.

Ethical decision making is enhanced when therapists are aware of their own personal needs and motivation—self interest. Self interest then reflects the need for self improvement, self knowledge, self protection and self care for the counsellor. Self care can be directly related to making a decision to report suspected child abuse to CPS. In this way therapists protect themselves from being charged with failing to make a report to CPS. If counsellors are unaware of their own needs, values, personal beliefs and limitations, the therapeutic process may be impacted in terms of indirect and direct treatment decisions. This self interest duty is embedded in Section 3 of the AAMFT, 1985, code.

Families often present issues unrelated to child abuse, but provide clues during the therapeutic sessions which suggest that abuse may be occurring ---

Therapists are faced with the ethical dilemma of deciding how to proceed with ascertaining whether these clues warrant suspicion of incestuous abuse. Autonomy is also implicated because families have not explicitly consented to pursue the issue. Justice is clearly implicated, in that the therapist’s decision to report may be perceived as discriminating against one or more members of the family.

(Haverkamp & Daniluk, 1993, p. 136)

There are many other issues where dual relationships for counsellors have ethical implication. For the purposes of this paper, I have presented different views regarding mandated reporting and the positioning of a therapist into a dual role. Pope and Vetter
(1992) suggest there is a need for more clearly stated ethical principles, particularly around confidentiality. Relating to mandated reporting, Pope and Vetter state that sometimes psychologists believe it is better to break the law. “The psychologists are likely to have encountered dilemmas in which following legal requirements seemed clinically and ethically wrong, perhaps placing the client or third parties at needless risk for harm and injustice” (Pope & Vetter, 1992, p. 400). The current ethics code states that psychologists must adhere to the law “in the ordinary course of events” (American Psychological Association, 1990, p. 391). This could suggest that in extraordinary situations resistance to a particular law may be ethically acceptable.

Child Welfare Funding: Resources & Services

Often social work is limited to crisis management and social control due to fiscal restraints and financial cutbacks. This creates a stressful working environment where workers tend to practice from a defensive posture. “As part of the public services, their resources and practices are prey to political initiatives and interests and neither society nor government demonstrably value their efforts, which are readily criticised but rarely praised” (Reder et al., 1993, p. 122). Because of the defensive posturing, social workers spend time and energy keeping copious notes and records in case they are held up to public scrutiny.

Social workers are expected to protect children from abuse, and when a child dies at the hands of the mother after she has made several requests for services, which were never provided (Reder, 1993—case: Reuben Carthy), the worker receives judgement and criticism from the child welfare political organization, the larger social community. The worker engages in self-recriminations compounded with feelings of inadequacy and guilt.
In looking at the business sphere, consideration is given to the welfare of staff as it has been shown this increases dividends in the attitude and work of employees. However, if an organization supports its staff and shows concern for them as people, this investment will result in more contented and efficient staff. “There is no rational reason why the same principles should not apply to the public services and it is remarkable that child protection practice takes place against a backdrop of appalling resources, severe underfunding, little social or political encouragement and ever-changing organizational structures” (Reeder et al., 1993, p. 122). Reeder goes on to say that there is a glaring inconsistency between the prime responsibility placed upon social workers and the inadequate resources at their disposal.

With the high level of mandated reports, lack of child welfare resources, political underfunding for services, and overworked social workers, the reluctance of counselling professionals to report suspicions of child abuse can be easily understood. To report the suspicions of child abuse to CPS when the therapist is aware of the severe underfunding and inability of CPS to provide needed services to families, and other relevant issues, produces an ethical dilemma, as there is no guarantee of help, but possibility of harm.

Legislated law mandates counsellors and other professionals to report suspicions of abuse; practitioners who fail to do so may be considered to have committed an illegal act. “In R. V. Cook (1993), an Ontario physician was charged for failing to report the abuse of a child after having received the information from the child’s mother”(Walters, 1995, p.169). The physician believed the mother would follow through with counselling. The mother failed to go for counselling and a later CPS investigation resulted in the arrest of the child’s step-father and the physician was charged with failing to report. The judge
made a few comments regarding the case. He stated that he didn’t want this to be interpreted to mean that all professionals were to trigger state investigation at the slightest sign of some family pathology. He further suggested that if the professional, using his professional judgement, believes the problem can be better solved without state intervention, he will be given the benefit of the doubt. So, although the physician in the R. V. Cook case was charged, the judge cautioned against over-reporting when it doesn’t feel prudent to do so.

Given the many issues involving mandated reporting of child abuse, this discussion will likely continue for some time. Issues such as client confidentiality within the counsellor/client relationship, and the ethical consideration of “above all else, do no harm”, impact the decision to report when much needed CPS resources and services are unavailable due to political budgetary decisions of underfunding.

Summary

There are many factors involved in mandated reporting of suspicions of child abuse: 1) lack of confidence in child protective services, 2) negative consequences for the child and family, 3) potential for a break down in the therapeutic relationship (dual responsibility), 4) uncertainty over how much evidence is required to report in terms of legal implications, and 5) blurred lines of the different levels of what constitutes child abuse.

In this paper I have attempted to put forth the effects of underfunding in child protective services on social workers who are working to respond to the reports of child abuse. Besharov (1988) posits that there is an increase in child abuse reports since the legislating of the mandated reporting law. Besharov, in his study, found that sixty-five percent of these mandated reports were unfounded. Besharov gathered his data in the
United States from the First National Incidence Study of Child Abuse and Neglect. Finkelhor (1990) found in his study, the Second National incidence Study of Child Abuse and Neglect, an increase in the substantiation rate of child abuse in reports. With both studies, different ways of calculating the substantiation rate and the possibility of definitions changing over time, could have impacted the data received. Although the data for these studies was gathered in the United States, it is likely the findings could be generalized to other country’s, such as Canada.

Reder et al. (1993) suggest the recent focus on preventative work to avoid children coming into care, and the inability to do this, has been an indicator of services being progressively cut. Long-term preventative social work becomes crisis intervention with minimum resources. Wharf (1993) supports this premise. But Wharf takes it one step farther. He states that child welfare organizations and practitioners are treated much like the families they serve. They are held up to public scrutiny when something goes amiss and then chronically neglected in terms of personal support and the availability of much needed services for families to enable social workers to do their work.

Once therapists have established a therapeutic treatment alliance with the individual or family, to report suspicions or disclosure of child abuse, presents a critical dilemma for the therapist. Involved are the principles of informed consent, fidelity, and nonmaleficence, to name a few. Once a decision to report has been made, further consideration may be necessary. Haverkamp and Daniluk (1993) recommend that “Given the overburdened nature of most child protection services, it is recommended that the therapist fully inform the child protection workers of the potential risks of retaliation within the particular
family constellation, and assist as much as possible in helping to diminish the potential negative consequences for all family members” (p. 137).

It is further suggested that the therapist works as cooperatively as possible with social service personnel and the police and try to strike a balance in continuing an effective helping relationship with clients. “If the therapist is convinced that reporting will result in severe retaliation to family members by the abuser, reporting may need to be timed in such a way as to ensure the safety of the family members who are at risk” (Haverkamp & Daniluk, 1993, p. 137). So, what is being suggested is that breaking the law by not reporting is not condoned by professional organizations. However, the reporting may need to be delayed to try to prevent retaliation against vulnerable and powerless family members.

The placing of a therapist in a dual role, of providing therapeutic treatment for a client where there is suspicions or disclosure of child abuse, produces several ethical questions which can easily be linked to how much evidence is required before making a report, and the definitions of child abuse. It is agreed that physical and sexual abuse of children is not acceptable. But these activities can be placed on a continuum. Is it physical abuse when a parent slaps a child’s hand? or sexual abuse when a parent or caregiver kisses a child on the lips? The answer is not as simple as one might think at first glance. What is to be considered is the risk and rights of the child along with the rights of the parent. If harm is suspected, then consideration of the power dynamics, age of the child and the potential for retaliation against the child must be considered.

“Standard 11.36 of the C.P.A. [Canadian Psychological Association] Code of Ethics (1991) requires psychologists to do everything reasonably possible to stop or offset the
consequences of actions by others when these actions are likely to cause serious physical harm or death” (Walters, 1995, p. 173). So, a decision whether to report may need to be delayed until reasonable grounds are found that show the child is in need of protection. “The important issue here, is that psychologists need to take as many contextual factors into account before deciding whether or not there are reasonable grounds to file a report” (Walters, 1995, p. 174).

More research is needed regarding mandated reporting of suspected child abuse. Is the legislation doing what it is intended to do—bring to the attention of CPS children who are being abused, and who are in need of protection. I would also suggest more research is needed regarding the impact on the therapeutic relationship between therapist and client when a suspicion or disclosure of child abuse is reported to Child Protection Services.

I would like to close with Walter’s (1995, p. 177) “guidelines for meeting ethical and legal requirements regarding mandatory reporting of child abuse laws”---

1. Become familiar with reporting laws.
2. Obtain informed consent.
3. Consult with colleagues.
4. Report whenever you suspect a child to be in need of protection.
5. Use self scrutiny before reporting.
6. Inform clients of the intention to report.
7. Limit disclosure to what is essential.
8. Keep accurate records.
9. Minimize the negative consequences of disclosure.
10. Upgrade skills.

The different types of abuse looked at in this paper are similar in some ways, and yet are quite different in others. “Perhaps one of the most important differences among types of abuse is the way in which public institutions, agencies, and professions have responded to them. If there is a somewhat unnatural separation among efforts to deal with each type
of family abuse, the divergent institutional responses may be partly to blame” (Finkelhor, 1983, p. 25). The role of counsellors, the police, child protection services, and other professionals, may need to be analyzed, assessed and reviewed to break down separations in how society responds to the protection of children.
Suggestions for Practice

A suggestion by Wharf (1993), which bears repeating, is to change the mandate of child welfare. If child abuse is considered a crime punishable through the attorney general, then it is logical to carve child protection out of Social Service agencies and make child protection the responsibility of the police and the courts. Social workers could then give their time to more of a supportive role to clients. It would free up social workers to advocate more effectively for the provision of much needed services for clients, without needing to expend energy and time responding to child protection reports.

In looking at the ethical dilemmas that counsellors find themselves in, two issues stand out: one, the definitions in a reporting statute, such as “abuse”, “neglect”, and “in need of protection”, and two, reporting procedures. The definitional guidelines in a reporting statute are often lengthy and vague, provincial and territorial statutes vary in defining terms such as neglect and need of protection. Careful attention must be placed on the terminology, as this varies from province to province. Manitoba (Child and Family Services Act, 1985-86) legislation states that knowledge that a child “is abused or is in danger of abuse” is requisite for reporting. British Columbia – Child, Family, and Community Services Act (1994) states that “where a child is likely to be abused” reporting is required. A clearer and more consistent provincial definition of terms stated within statutes would assist counsellors in their decisions and would lessen the subjectivity placed on those decisions.

Improved reporting procedures are needed. This could include a more collegial and less adversarial approach—for social workers to become familiar with the Canadian Code
of Ethics for Psychologists, and for counsellors to become familiar with the reporting statute in the community and the mandate that social workers work within. An open discussion between social workers and counsellors would increase the knowledge of each and would provide a base for respect and understanding of each others professional role. This respect could be fostered by open communication and reporting-back to the counsellor the investigation outcome of the report which would support the counsellor in providing an appropriate therapeutic treatment plan with the client. Under the British Columbia statute, there is an expectation the social worker will report back the outcome to the reporter. However, in my experience, this is not always the case, and it is not surprising given the many demands placed upon a child protection workers time.

We need to do a much better job of identifying suspected child abuse. Children are dying because they are not being reported to the authorities. At the same time, we also need to reduce inappropriate reporting. Child protection agencies do not have the resources to investigate an unlimited number of reports and the dual role that counsellors find themselves in within the client-counsellor relationship regarding mandated reporting of suspected child abuse, produces an ethical dilemma which impacts the trust developed within the relationship, thereby affecting the therapeutic outcome. But, both counsellors and child protection workers have at the centre of their profession the welfare of families, and to this end, need to continue to strive for legislation and protocols that support this.


