

Child Maltreatment and the Duty to Report

Should you report?

It's complicated. Clients may disclose a situation of ongoing violence that doesn't require midwives to report but does require practicing trauma-informed care to ensure clients receive the support they need. However, when midwives believe a child is being abused or mistreated, they have a legal obligation to report. Get informed about the difference between disclosure and reporting as there are grey areas. Being informed can help avoid creating more harm.

Be cautious

Before reporting, learn about the [social determinants of health](#) and how they influence health inequities. If clients live in different socio-economic circumstances than your own, you may have conscious or unconscious biases. Check your biases to assess how they impact whether to report. It's important to realize that reporting or not reporting has consequences. Failure to report child maltreatment or exposure to intimate partner violence may aggravate an existing situation and increase the probability of further abuse. At the same time, reporting when the partner/children are still at home can also be harmful.

Keep in mind that professional obligations are clear — midwives and other healthcare workers are expected to have the expertise needed to identify and report 'suspected' cases. Based on your observation of [signs and symptoms](#), there is a legal obligation to report if you believe a child is being harmed. Abuse or neglect does not have to be proven for a report to be made. Instead, you are expected to report if you have reasonable grounds to contact a child protection agency.

It is important to restate the importance of checking your biases.

Ask yourself:

- Do I have reasonable grounds to report?
- What am I observing that raises concerns about a child's safety?
- Am I comparing my client's situation to how I was raised or how people I know were raised?
- Does this look like child maltreatment or could it be something else?
- Do I know the difference between poverty and neglect?



Get informed

Canada has a decentralized child welfare system that consists of 13 Canadian provincial and territorial child welfare systems. There are also Métis, First Nations and urban Indigenous child and family service agencies that provide a range of child protection services.

Child welfare agencies are responsible for investigating reports. If your report is made in good faith, a midwife is protected from legal proceedings. It's important that you act quickly on your concern about child maltreatment and keep the best interests of the child as your priority.

When speaking with clients, don't make false promises to the child like keeping the disclosure confidential. Trained investigators need to gather facts and details, which may involve talking to the child.

When in doubt, midwives can ask their local child protection services office for consultation or to make an anonymous call to disclose the situation and seek guidance to report suspected child maltreatment. When asking for advice, explain the [signs and behaviours](#) that led to your concerns. The professional you consult needs to map your concerns in terms of [risk factors](#). Keep in mind that in some provinces, like Ontario, even if you call to report anonymously, you will be asked your name, and it will be kept on file and possibly even disclosed.

Consult the [First Nations Child & Family Caring Society](#) for more information on how child protection agencies work in Indigenous communities.

A pregnant person with no additional children at home does not have a legal obligation to engage with child protection services until the baby is born. However, they can voluntarily engage with the agency.

Midwives do not have a legal obligation to report a pregnant client when there are no living children in the client's care.

Child Protection Agencies and Indigenous Communities

Since colonization, Canadian and provincial/territorial policies and practices have directly mandated the removal of hundreds of thousands of Indigenous children from their families and communities by the residential school and child welfare systems. Indigenous peoples continue to face the overrepresentation of First Nations children in the Canadian child welfare system and in out-of-home care.

A 2019 study of child welfare investigations involving First Nations and non-Indigenous children found that in Canada:

- First Nations children (aged 0-15 years) were 3.6 times as likely to be the subject of a child maltreatment-related investigation compared to non-Indigenous children.
- The primary concern in 71% of maltreatment investigations involving First Nations children was neglect (44%) or exposure to intimate partner violence (27%).
- First Nations children are 12.9 times more likely to be placed out-of-home compared to non-Indigenous children.

The report speaks to overrepresentation resulting from policies of assimilation, structural inequities, and discrimination that limit the resources needed for First Nations families and communities to thrive. It calls for action to redress the disparities cited in the report.

In this context, what can midwives do to support families when considering how to keep children safe?

Five Actions to Mitigate Harm



1. OFFER SUPPORT

Some people have limited resources and capacity to meet their parental goals. Consider offering resources to support your client before involving authorities. The reality is that reporting can negatively impact a child and their parents for the rest of their lives.

Not sure where to start? Find a community champion such as another health or social services professional in the community. This could include a health nurse, community social worker or crisis worker. Work together to support the family as a group. In Indigenous communities, the duty is to care for the families in a way that avoids a report. It is about taking care of each other as a community and avoiding colonial interference.



2. WORK WITH CHILD PROTECTION AGENCIES (IF YOU NEED TO)

If you do have to report, inform your client before making a report to child protection services and provide them with the opportunity to participate in reporting. This can help your client feel more in control and will help build rapport. If a social worker is part of your caregiving team, they will typically become the primary liaison with the child welfare agency.



3. KEEP LEARNING

There are many resources available to build your knowledge and capacity. Take workshops, know reporting laws, consult with colleagues on how to best support clients, build rapport with child protection agencies in your community, learn about the structural inequalities that create the conditions for the overrepresentation of Indigenous children in the Canadian child welfare system.



4. CHECK YOUR BIASES

This means examining your judgments around how other people choose to do things. Every family is different, and people have different parenting approaches. Also, people may have a different standard of living than you do but that doesn't necessarily mean that a child is being harmed or that it is necessary to report this to another authority. Everyone has biases, take the [implicit bias test](#) to help you become aware of biases you might not recognize you have.



5. DO YOUR RESEARCH: POVERTY DOES NOT EQUAL NEGLECT

Some families struggle to adequately feed, clothe, or house their children. This is often perceived as child neglect although the struggle to meet basic needs may be a result of poverty due to systemic factors. This is especially true for [Indigenous families](#). According to the [2022 Report Card on Child and Family Poverty in Canada](#), more than 1 million children live in poverty in Canada. Midwives can [check their biases](#) to challenge their assumptions about neglect. They can also find out more about [child poverty](#) and help families meet their basic needs by connecting them to local resources.

ADDITIONAL RESOURCES

- First Nations Child & Family Caring Society
fncaringsociety.com
- Canadian Child Welfare Research Portal
cwrp.ca

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