Exploring the ethics of forewarning: social workers, confidentiality and child abuse suspicions

Helen McLaren, BSW (Hons)
PhD Candidate

Division of Education Arts and Social Sciences
School of Social Work & Social Policy
University of South Australia
St Bernards Road
Magill SA 5072
Australia

Email:
helen.mclaren@unisa.edu.au

Biography:
Extensive experience within the South Australian Child Protection System; providing therapeutic and investigative support to adults and children who have experienced sexual abuse
Exploring the ethics of forewarning: social workers, confidentiality and child abuse suspicions

Abstract

This article reports on exploratory research on social workers’ perceptions and actions regarding ‘forewarning’ clients of their child abuse reporting obligations as a limitation of confidentiality at relationship onset. A brief overview of ethical principles and former research relevant to forewarning is given prior to explaining research methods and research outcomes of the current study. Data obtained in the current study, from South Australian social workers engaged in human service work with families, articulates a strong desire to practice in accordance with professional codes of ethics. However, findings suggest proactive forewarning as extremely infrequent, with minimised forewarning accomplished only in response to client initiated inquiry and where priori suspicions of child abuse may exist. Generally, discomfort with forewarning was found to result in its avoidance due to concerns about client retention, working in tense relationships and personal uncertainties about client’s reactions towards participants. Participants’ attention to their own emotive needs more actively than the rights of their clients is correlated with having a private, not a public, model of professionalism when establishing the practice context – a problematic issue for ethical social work.

Keywords

Code of ethics, social work, child abuse, confidentiality, informed consent, clients’ rights, self-determination, empowerment
Exploring the ethics of forewarning: social workers, confidentiality and child abuse suspicions

Introduction

It has long been argued in social work that confidentiality is the cornerstone of trust, that trust is essential to building effective relationships (Woods & McNamara 1980; Budai 1996; Corcoran 1996; Banks 2001; Hardin 2002) and trust is fundamental to facilitating client recovery (Backlar 2001). However, absolute confidentiality has become elusive in social work, particularly when legal, ethical and practice contexts encourage a wide range of human service workers worldwide, including doctors, nurses and social workers, to report or refer any reasonable suspicions that a child is at risk of harm to their respective child protection agencies, regardless of pre-existing confidentiality arrangements.

In response to international trends in statutory and case law, many human service associations require their members to inform clients of the parameters of confidentiality, including their child abuse reporting obligations, at the onset of worker-client relationships. As a matter of formalising this informative process, a number of social workers and their organisations use standardised client consent forms and/or a variety of verbal procedures to state their child abuse reporting obligations when commencing the worker-client relationship. This practice is known as ‘forewarning’.
Forewarning is a practice guideline that is clearly outlined within a number of social work codes of ethics. For example, the Australian Association of Social Work (AASW) code of ethics states:

At the commencement of a professional relationship, social workers will inform clients or their authorised representatives regarding: the limits of confidentiality in any given situation…” (AASW 1999, 4.2.5).

United States of America’s National Association of Social Workers (NASW) states:

Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients’ right to confidentiality … This discussion should occur as soon as possible in the social worker-client relationship …” (NASW 1999, 1.07e).

Clients having knowledge to make choices and the power to decide whether to make disclosures of child abuse or neglect is embedded within the very definition of social work that values “the empowerment and liberation of people … human rights and social justice [that] are essential to social work” (IFSW & IASSW 2004, 2). This definition, the British Association of Social Workers writes; “applies to social work practitioners and educators in every region and country in the world” (BASW 1994, 2)

Equipped with knowledge of the limitations to confidentiality and possible uses of information at the onset of the worker-client relationship means that every voluntary client has the freedom to consent or refuse services and every competent client is free to determine their own release or withholding of information. Therefore, appropriate knowledge gained via the practice of forewarning allows clients to deliberate rational choice and to do so
according to his or her own authenticity. Knowledge empowers clients to take greater control over the terms of the relationship, affords clients freedom of choice and provides “priority to the client’s interests, no matter what the consequences” (Lowenberg & Dolgoff 1996, p. 133).

Determining relationship parameters to do with confidentiality at the onset of social worker-client relationships is about respect for the person (Collingridge et al 2001). When considering Kantian notions of respect being an ultimate principle of morality, the provision of information via forewarning and preserving clients’ confidential information within agreed parameters respects the basic rights of service users (Banks 2001). Rights based practice falls within notions of social justice and social justice is central to social work’s core values, goals and defining features (McGrath-Morris 2002).

Increasing political involvements in social work education, training, supervision, organisational issues and policy implementation has amplified the regulation of social work (Preston-Shoot & Jackson 1995) and encouraged individual social workers and their employing organisations to adopt codified frames of reference and practice protocols to ensure ethical practice. When clients are not forewarned, social workers in the USA may face sanctions associated with failing to operate in accordance with their code of ethics. However, there are clear differences between licensed social workers in the USA and social workers from other nations where licensure is not required to practice social work. In the USA, failure to comply with mandatory association guidelines may result in penalties, such as expulsion from the profession or compulsory retraining. By comparison, Australian and British social workers are encouraged to view codified ethics as aspirational through articulating a framework for reflection. In both cases, codes of ethics remain as guidelines, not definitive
rules, and may affect each social worker differently as a result of reflection and interpretation. By no means, is it necessary that utilisation of a code of ethics should yield the same action by all social workers, but all social workers should value and safeguard human rights and social justice in their work.

The trust argument

The ‘trust argument’ in relation to the boundaries of confidentiality has been extensively referred to in the light of Tarasoff’s case: Prosenjit Poddar, told his treating psychiatrist at the University of California of his intention to kill his former girlfriend, Tatiana Tarasoff. The psychiatrist did tell campus police, who detained and spoke to Poddar before releasing him, but did not breach confidentiality to advise Tatiana of Poddar’s threat. Some two months later, Poddar killed Tatiana. Tatiana’s parents sued the University of California; however the defence argued that the duty to warn not only violated ethical obligations towards client confidentiality, but that confidentiality was fundamental to trust. If confidentiality was violated, people could be deterred from seeking support, would be reluctant to make disclosures and that worker-client relationships would be undermined because of lack of trust. In their joint judgement, the judges agreed that there was a general need to protect confidences, but it “…must yield to the extent to which disclosure is essential to avert danger to others” (Tarasoff v Regents of the University of California 1976).

A similar argument was raised in Edgell’s case in England where a psychiatric prisoner sued his treating psychiatrist for breaching the duty of confidence. The psychiatrist revealed information concerning the prisoner’s mental condition and likelihood of re-offending. This was argued to be detrimental to the prisoner. As in Tarasoff’s case, the court held that there
was a competing duty between protecting confidentiality and duty to disclose, however the public duty towards disclosure prevailed (W v Edgell 1990).

Deriving from the need to balance clients’ rights with responsibilities derived from developments in case law internationally, human service associations oblige members of their vocations to forewarn clients of the potential limits of confidentiality at relationship onset (Budai 1996) in order to clarify what information may be divulged and under what circumstances (Backlar 2001). However, research originating primarily from the USA shows that many human service professionals, including social workers, continue to express concerns when high levels of confidentiality cannot be promised to clients. These concerns centre on client retention, client trust in the worker and client openness upon social workers revealing their child abuse reporting obligations. Others assert that forewarning need not destroy client retention, trust and openness, but extra work may need to be invested. As a result of opposing perspectives and practice experiences, some social workers do tell their clients about their child abuse reporting obligations at the beginning of professional relationships. However, significant quantities of social workers make no mention, whether or not licensure requires them to practice in accordance with a code of ethics and whether or not a breach of confidentiality is eminent (Harper & Irvine 1985; Watson & Levine 1989; Kalichman et al. 1991; Anderson et al. 1992; Crenshaw & Lichtenberg 1993; Levine et al. 1995; Steinberg et al. 1997; Weinstein et al. 2000).

Crenshaw and Lichtenberg (1993) report from their research that 36.9% (N=428) of human service workers (psychiatrists, psychologists and social workers) forewarned clients of child abuse reporting prior to commencing support. More recently, Weinstein et al (2000) report that 54.9% (N= 258) of human service workers forewarned all clients. Both studies
established that workers’ experience, training and personal attitudes had a bearing on comfort levels in the act of forewarning. All acts of forewarning were conducted personally by the human service worker, not by other workers at their agency or via documents.

Lesser and Pickup (1990) argue that the medium for forewarning does not matter; merely that forewarning should be done because it marks out the boundaries for informed consent. However, there are perceptions that forewarning discourages clients from engaging much needed services; that forewarning could stop clients from seeking support and revealing child abuse, thus depriving children of the benefits of child protection measures. Faustman and Miller (1987, p. 196) propose that forewarning may, in fact, circumvent the intent and effectiveness of important strategies designed to protect children and be “contributing to a lack of detection or protection of innocent victims”.

For this very reason, Adler (1995) objects to forewarning and speculates that clients would be unwilling to disclose “anything that could be even vaguely incriminating” if they were forewarned. To the contrary, Kalichman (1991) found that a significant number of mental health clients (67%) were not discouraged from seeking support and disclosing child abuse upon being forewarned of the limits of confidentiality; with 83% of human service workers who reported the child abuse believed it was helpful to their client, helpful in developing professional trust and helpful in stopping the abuse. Kalichman (1991) agreed that some clients may avoid support services and avoid disclosure due to lack of confidentiality but, of those who did not engage in support and who made no disclosure, avoidance cannot be attributed to lack of confidentiality with any certainty.
Stenberg (1994, in Weinstein et al. 2000) suggests that clients need to feel secure in the worker-client relationship before revealing sensitive information and established that clients did not disclose child abuse until an average of three months, whether or not they had been forewarned. He concluded that forewarning does not diminish the benefits and effectiveness of child protection strategies because clients generally will disclose once they trust the worker will not abandon them following disclosure. In particular, Hardin (2002) writes that clients seek signs that others will remain committed to a relationship; positive relational signals provide clients with a sense of security towards a mutually rewarding relationship, which is imperative to maintaining trust.

Budai (1996) suggests that human service workers who do not forewarn are encouraging clients to rely on false beliefs about confidentiality in order for them to reveal incriminating material. Hence, they breach client assumed levels of confidentiality to make child abuse reports when disclosures are received. Particularly in countries such as Australia and USA where statute mandates human service workers (e.g. doctors, nurses, social workers) to make child abuse reports when beliefs or suspicions arise, these workers rely on the benefit of anonymity that mandatory reporting laws afford; carelessly not realising that clients are likely to deduce who made the report, which may be more detrimental to future trust. Budai (1996, p. 799) says that the Australian legal system is not premised on the principle of ‘the end justifies the means’, thus questioning Adler in asking, “Why base therapeutic relationships on this principle?” In the same light, Crenshaw and Lichtenberg (1993) question whether it is ethical not to forewarn, thus allowing a client to build their trust in the worker on superior levels of confidentiality, then subsequently become entrapped by their own disclosure.
Methods

This current research obtained data from in-depth interviews with social workers in South Australia, who have both undergraduate and postgraduate qualifications in social work. Participants were recruited from organisations that provide both primary and ancillary counselling support services to parents and their families; one each from education, hospital based health, mental health, family support, domestic violence and refugee services. As a small exploratory study, a representative sample was not sought. Rather, cross-section of social workers in a range of social work settings was thought would provide a diversity of viewpoints.

Each participant interview was approximately two hours in duration. Using a semi-structured interview schedule, areas for discussion broadly covered the following topics: 1) approaches to using the code of ethics in practice; 2) practice examples of forewarning; 3) perceived benefits and implications of forewarning on the worker-client relationship; and 4) how perceptions of forewarning implicate future action. Participants were asked for their own viewpoints as well as to reflect on their observation of others in formulation of their perceptions of forewarning.

Semi-structured interviews aimed to “learn from” social workers their diverse perceptions, not “learn about” the participants (Reinharz 1992, p. 264). When considering the nature of ethical decisions being located within personal constructions of moral meaning in action, the utilisation of a phenomenographic research framework enabled the examination of perceptions of the phenomenon, ‘forewarning’, and how participants’ perceptions thereof guided action and/or inaction. A ‘hermeneutic attitude’, through the use of recursive
responding was adopted in order to acknowledge and minimise the influence of researcher
pre-understanding and potential biased perceptions (Heidegger 1962), in so far as possible.

Tape recorded interviews were transcribed verbatim and pseudonyms allocated. Using a
discovery approach towards qualitative analysis, in accordance with phenomenographic
principles, themes and relationships between categories were identified from the data, not
from pre-determined researcher categories. Data was condensed and grouped into
representative statements to establish sources of uniqueness, variation and/or agreement.

Phenomenographic analysis, primarily employed in the examination of learning tasks
(Entwistle 1997), has in recent times been applied to broader research contexts in order to
describe the qualitatively different ways in which people experience, perceive, understand and
conceptualise various aspects of a phenomenon around them (Marton 1986). It assumes that
how phenomena is perceived affects individuals’ subsequent behaviours and is based on the
assumption that humans act in relation to their own unique perceptions of their life events in
the world.

The limitation of this research is the small sample size, which restricts generalisability. Nor
does it provide a client’s view of forewarning, which could lead to a useful analysis of
feedback on ethical practice. However, it is not an intention to present research findings that
are representative of all social workers who work with families and who consider the practice
of and implications of forewarning. Individual readers should be the final arbiter on how a
particular facet of practice has worked for them, harmed their relationships or helped through
recognising, reflecting and responding to their own ethical challenges that human service
work may set upon them. Through comparing, contrasting and generalising the findings
presented herein to their own practice experiences, it is hoped that, readers will engage in the re-authoring of their own ethical practice through “conscious practical work” (Freire & Macedo 1987, p. 35).

**Results**

In accordance with phenomenographic research, the results are sorted into categories of description that depicts how the phenomenon is perceived by individuals, the meaning they ascribe to the phenomenon and how this affects their own behaviour (Marton & Booth 1997).

*Forewarning is avoided because it scares clients*

*At the start of the relationship it scares, it scares the horses. Some of the issues you are dealing with are very sensitive and the most important thing is constructing a relationship with the couple or the person, individual, that they are happy with. The topic, sort of hand-grenade of confidentiality at the start of the relationship; people are often spooked.*

John works with a family support service. As a result of perceiving that most of his clients are more than likely to have issues of child abuse and neglect within their families, he expressed concerns about the disruptive nature of forewarning when attempting to construct new relationships. John believed that forewarning unnerves clients, causing them to avoid him and display reticence. For this reason, John chooses not to forewarn his clients because, he states, it is an ‘unnecessary barrier’ for him in provision of support to families in need:
What I think about being effective is that when you do it that counts and I don’t agree with the idea that you have to do it at the outset of your conversation because I think that can ruin the effectiveness of the relationship or the outcome that you want to achieve.

John’s decision not to forewarn his clients are influenced by his own personal motives, which are not clearly respecting clients’ rights, freedom and justice. By not forewarning, John retains knowledge and retains power to be used against clients when he feels necessary:

In the end you are leveraging ... That is the critical thing because if you are not, you may have a tool to help you achieve your outcome which you can’t use because you have expended it at the start. You have kind have told your whole, you know, you have given away part of your power that you might need to exercise later on.

Unexpectedly, principles to do with the basic rights of service users, including provision of knowledge as it relates to informed consent and self-determination, were not proposed by any participants when contemplating forewarning. This is most evident in the previous participant’s statement where child abuse reporting information is withheld and potentially used as a ‘means to an end’.

Most social workers in this study perceive that forewarning clients may be received by clients as an authoritarian act, thus creating suspicion and mistrust in the social worker. Carmel said:
I think there is a little paranoia about child protection agencies out there, so they tend to worry about if they say something ... are they going to get in a lot of trouble or are their kids going to get into a lot of trouble or are social workers going to come knocking on their door for all sorts of things. So I think there is paranoia, so sometimes I don’t want to create that.

However, it could be interpreted that forewarning is avoided because it not only scares people, but more so, it creates obstacles for the worker in building what they perceive as a serviceable relationship that will culminate in workers in achieving their goals. Carmel who works in an education setting and Jane who works within the social work department of a public hospital similarly expressed views about forewarning evoking client fears, which makes engagement of and working with clients more difficult for them:

I don’t want them to feel so totally paranoid even before we start work. It can make working with them very difficult for me.

If someone felt that we might breach confidence and it got out there that the service was not completely confidential no one would come to see us.

Elizabeth, who works with culturally diverse populations in a refugee service, had very strong feelings against forewarning:

I can assure you of that. I would not even - it is just not an issue - just forget it.
Elizabeth thought that people would feel threatened when forewarned, particularly if they had previously experienced negative effects of totalitarian regimes in their homelands. With a similar frame of mind, John talked about working with Australia’s Indigenous populations when viewed forewarning as a threat to repeat historical injustices of removing Indigenous children from their families.

*I don’t go out and talk about reporting child abuse and confidentiality … in the Anangu Pitjantjatjara Lands … where that authority is identified with stealing generations of children.*

Other participants expressed similar apprehensions to do with forewarning. They believed that forewarning might cause clients to avoid their service, hence, failure to engage would put children at risk through removing workers’ ability to monitor clients and their families. However, underlying all participants concerns seemed to be associated with their inability to work with clients that had been unsettled by, what they perceived as, abrasive, unsettling and unnecessary information.

**Forewarning is avoided because it makes workers feel uncomfortable**

*It kind of feels funny when you are trying to establishing a relationship with someone to say, “Well if you or your child tells me anything about such and such I am going to have to report.”*
Carmel’s statement is typical of participants expressed discomfort when considering notion of forewarning. Consistently, participants perceived that clients may think poorly of them. Jane stated:

_in some cases it is taken so personally. They would just look at me and think I am some hard nosed social worker that is not really there for them._

Both Carmel and Jane expressed ethical positions that favoured forewarning as a process that would empower clients with knowledge, yet towards the end of their interviews they admitted a lack of confidence in their own abilities to forewarn and deal with the relationship consequences. This was particularly evident when Carmel cited a practice example about working with a family after she had heard about the clients’ unpredictable moods from another worker:

_there was no way in the world that I would have told that family that I was required to report child abuse. I would not have put myself in that position. I would have felt like I left myself right open._

Even further into relationships, Carmel and others felt that talking with clients about child abuse reporting complicated social worker-client relationships and made future conversations unpleasant and awkward:

_there would be times that I would think, “I am not going to muddy the waters by putting the child protection system into the middle of this by saying stuff.”_
Client retention was another concern, particularly when workers feel to blame for actions that may cause clients to flee their service. Elizabeth reflected on her practice experiences and illustrated her feelings of responsibility towards her clients with the following reflection with the following statement about one client who was struggling to care for her children:

This mother was wary of any sort of social service intervention and, to push that too far, there was a risk of her actually staying away from all the services that actually intended to support her and her children ... I think sometimes we try to go soft on people and err on the side of caution.

Carmel also imagined that she would feel to blame if she told a client she was required to report child abuse and lost the client to her service. However, she primarily talked about making a child abuse report and did not realise before participating in this research that forewarning could actually provide clients and their families with knowledge of where they stand in the social-worker client relationship and choice on whether to disclose in the first place:

On numerous occasions clients have withdrawn after a child abuse report has happened ... The most common thing is that parents will not allow their children to be at family meeting ... I find that the single hardest issue with working with families is that I feel often that I end up putting children at more risk. That sounds a bit melodramatic ... Ultimately I feel my intervention has been worse for the family ... another case I can think of and I believed it was a significant abuse ... the family acted very, very
negatively and they marched into the service and said that they were never going to see me again ... I felt really sick about that case because I still believe that child is at significant risk.

Although personal discomfort and potential self-blame as a result of forewarning was considerable amongst participants, some forewarning was achieved in particular circumstances, albeit minimised.

*Forewarning is more achievable when cued*

Forewarning was cued by various means; agency intake forms, client questions about confidentiality and preconceptions of family dysfunction formulated via referrals from other agencies and conversations with co-workers.

Kate, who works for a domestic violence service that requires an intake form to be completed with a ‘tick-box’ to indicate that clients have been advised about confidentiality. She suggests that workers at her agency are required to address issues to do with limitations of confidentiality, however, the scope of that dialogue remains at the discretionary judgement of each individual worker who may, or may not, explain their responsibility to report child abuse as a limitation of confidentiality. In Kate’s case, her observations of her clients cause her to delay the client intake and information giving process:

*They are pretty stressed and pretty traumatised because they have had to sort of hold onto their issues ... we would just let them settle and go through it with them a couple weeks later.*
Kate suggested that formalisation of the intake process helped to impersonalise the information provision on confidentiality, thus taking the focus away from her as the ‘regulator’ of the relationship and its boundaries.

When client initiated the confidentiality and child abuse conversations, participants felt less like authoritarian agents of social control. Cued forewarning was easier than proactive forewarning because it remained within the contextual flow of conversation and was not perceived as a personal attack or judgement on the client. Such processes provided participants with opportunities to forewarn without perceiving forewarning as a relationship inhibitor. Statement from Elizabeth, Mary who works in mental health and Jane, respectively, illustrate this point:

*It is easy enough if they ask the question ... It is never an issue if they ask you outright.*

*Where matters of child protection in general are raised with me, I will raise the issue up front.*

*When people ask ... “I want to come and see you and talk about something, but is that confidential? ... I then go into a spiel ... I say, “Yes, however I would have to breach confidentiality if you were a risk to yourself, a risk to others or any suspicion of child abuse.”*
Participants were more likely to contemplate forewarning when cued by priori-information from other agencies and colleagues that aroused suspicion of child abuse within particular family units. Although such forewarning informed clients of potential outcomes should a disclosure take place, it was largely an act of self-preservation through minimising worker responsibility and future feelings of guilt. For example, Elizabeth said:

> I felt it was important to acknowledge the limitations, but catch it in a way, look don’t put me in that position that I have to report.

Similarly, John said:

> Information is given, but in a way that doesn’t focus any attention on my responsibilities to dob somebody in.

Carmel, who was aware of other people’s allegations of child abuse within a particular family, expressed discomfort in exposing her legal responsibilities to report child abuse. She forewarned her client, but enveloped her words “by the way, I legally have to report child abuse”, within her introductory spiel. This may have satisfied this social worker’s sense of moral obligation to forewarn, but the cloaked nature of this information and lack of explanation meant that forewarning was not fully achieved. It could not be assumed that the client understood this statement in terms of their rights within the relationship.

Uniquely, Jane presented two case scenarios where she had a priori-suspicion of child abuse and her clients disclosed regardless of being forewarned. Jane hypothesised that her clients made disclosures as acts of seeking help. In reflection, she perceived forewarning as a source
of support that provides clients with power to direct the course of conversation, rather than an inhibitor to relationship development.

**Participants and codified practice**

Only one participant was a member of a social work association. Nevertheless, all participants stated a desire to align their practice closely with social work ethics and principles endorsed by the AASW code of ethics. Despite this, the study found that all the participants were not familiar with recommendations within the code of ethics in relation to forewarning and at what point during the relationship this should be done. For example:

I am a social worker. I work in accordance with the code of ethics ...I am not sure what it says ... but I have the code of ethics in my filing cabinet.

Most of the participants expressed a moral duty towards following the code of ethics. They perceived ‘ethical’ social work practice to be somewhat aligned with ‘rule-based’ or ‘codified’ practice. Only one participant was forthcoming in admitting a lack of cognisance with the principles espoused in the code of ethics and reflective work therewith. This participant expressed confidence in his own moral values and beliefs to guide his perception of good practice, suggesting that when studying the code of ethics at university:

It did not teach me anything that I did not already have integrated into my personality and my value system.
This may hold some truth for many social workers. For other social workers, their ways of practicing social work may align closely to some aspects of a code of ethics, whilst at that same time being vastly different to other components.

Forewarning was an infrequent practice amongst all participants. Not only was forewarning of child abuse reporting obligations infrequent, but explanations of any limitations to confidentiality at the commencement of professional relationships were uncommon, limited or void. Findings clearly suggest a contradiction between the participants’ stated ‘codified’ ethical practice, or ethically aligned value based practice, and the lack of forewarning that actually took place.

**Discussion**

During the early stages of interviews, it seems likely that participants provided responses that portrayed a close alignment to codified practice to both please the researcher and to reduce their own doubts about being judged. However, as individual interviews progressed, participants’ became more forthcoming about how their personal views and discomfort with forewarning guided their actions and, primarily, inaction. When preconceptions existed about possible child abuse, consideration of forewarning as a codified ethical responsibility was more prevalent. Inaction was based more closely on personal attitudes, value judgements and uneasiness with forewarning, than reflection on codes of ethics and/or social work principles.

Kugelman and Reamer (1997, p. 167) write, “actions necessary to put principles into fruition in practice must emerge from the professional self of the practitioner”. With the nature of social work often behind closed doors, between one worker and their client and devoid of
scrutiny by others, foundations for autonomous ethical decisions become essentially situated within each individual. Social workers may draw upon and reflect on their own learning, service frameworks and codes of ethics when making ethical decisions about forewarning, however, it remains an individual act that ultimately located within the moral realm of each individual worker, which in this study, seems to be associated more with personal feelings and viewpoints.

The strong feelings of participants towards perceived negative aspects of forewarning and personal uneasiness with this practice served to justify and reinforce inaction respectively. Nevertheless, the right of all clients to a process of informed consent, where client self-determination is esteemed through dialogical exchange of knowledge, was broadly void of consideration. As discussed earlier, withholding rightful information can result in clients being unfairly treated as ‘a means to an end’ (O'Neill 1991). By not providing information, the key social work principle of respect for the person, too, is not fulfilled. When forewarning is avoided, client respect is denied.

The results of this study conform findings from previous research that suggest personal attitudes bear on comfort levels with forewarning (Crenshaw & Lichtenberg 1993; Weinstein et al. 2000). Low comfort levels indicate the likelihood that forewarning will not be done. With little conscious reflection on their practice, participants’ lack of forewarning suggests a shift from respecting client rights and needs, to meeting their own emotive needs in the social worker-client relationship. Hence, participants’ anxieties about revealing their child abuse reporting obligations give rise to a routined lack of forewarning.
Parton (1996, p. 99) suggests that concerns about risk to themselves or the relationship can be understood in terms of social workers “increased anxieties, uncertainties and insecurities” in practice, and as a result of their “coping, understanding and responding to the new situation”. In terms of a changed social and political climate in social work, clients are expected to be given increased choice, autonomy and responsibility for their own actions but resources become scarcer. Personal feelings about forewarning may be a major influence for inaction, although limited resources to deal with perceived consequences of forewarning may, too, be a contributing factor.

Whether it is conscious avoidance of issues concerning child abuse reporting, or not, avoidance serves to alleviate the human service worker from a range of emotive discomforts, including uncertainties about their own abilities to effectively deal with practice consequences. Both Johnson (1997) and Collingridge et al (2001) suggest that this denial of information to clients is used to conceal incompetent practice. Although these practices are not intended to hurt the client, they disadvantage clients by misbalancing knowledge and power within the relationship and denying respect for client’s rights. Deliberate or unconscious avoidance of forewarning supports a private model of professionalism that empowers the worker in the social worker-client relationship, not a public model of professionalism that might offer greater power to the client (Gleeson & Knights 2006).

Albeit, tensions arise when workers are faced with conflicting choices between public practice and self-preservation (Corey et al 1998). As Margolin (1997, p. 132) states, “social workers are forced to live by mutually exclusive mandates: to use and not to use knowledge; to practice and not to practice power; to be conscious of complete truthfulness” and suggests that omissions of information may be akin to the “telling of carefully constructed lies”.

Archived at Flinders University: dspace.flinders.edu.au
Conclusion

Corey et al (1998) argue that the common sense approach to ethical decision making involves personal reflection on the effect that practice has on client welfare. This type of ethical reasoning, says Corey et al (1998), provides a higher level of ethical functioning than rule-based methods. The participants in this study often rejected forewarning practices due to the discomfort it may cause clients and themselves. On the flipside, there was a lack of reflection on the effect that withholding information may have on their clients and future trust in their relationships should issues of child abuse arise.

A primary issue in any professional relationships is the role of the social worker as a person in that relationship. Social workers acquire an extensive theoretical knowledge through education and practice knowledge as a basis for their work. But they also bring life experience and human qualities to every experience. If they are to promote change in their clients, they must be willing to reflect on their own personal values and practice ethics to promote growth in themselves. Because social workers are asking clients to look honestly at themselves and to be open about their lives, it is important that social workers be honest and open to the same scrutiny. The willingness to be open goes towards making a trustworthy, respectful and effective human service professional. When social workers deny their clients particular knowledges, it is doubtful that they can inspire clients to respect and value the social worker-client relationship as a medium for making autonomous life changing choices (Corey et al 1998).
References

Adler, R 1995, 'To tell or not to tell', *Australian and New Zealand Journal of Psychiatry*, vol. 29, no. 190-198.


Faustman, WO & Miller, DJ 1987, 'Considerations in prewarning clients of the limitations of confidentiality', *Psychological Reports*, vol. 60, no. 195-198.

Freire, P & Macedo, D 1987, *Literacy - reading the word and the world*, Bergin and Garvey, Massachusetts.


*Tarasoff v Regents of the University of California* 1976, 551 P 2d 334.

*W v Edgell* 1990, 2 WLR 471.

