ETHICAL DECISION MAKING IN RESPONDING TO ABUSE, EXPLOITATION, AND NEGLECT

3 Continuing Education Credits

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ABOUT THE INSTRUCTOR

Kayte Thomas, PhD, LCSW, CCTP, CIMHP is a social worker, educator, clinician and consultant. Her work focuses on trauma, displacement, ethical practice, child and family wellbeing, and systems of care. She has taught social work at the graduate and undergraduate levels. She has also provided clinical services, supervision, training and consultation in community, clinical, humanitarian, and educational settings. Her work is grounded in trauma-informed and anti-oppressive practice which pays close attention to how power, poverty, racism, migration, family separation, institutional authority and historical harm shape people's experiences with helping systems. Dr. Thomas has published and presented on refugee wellbeing, trauma, interfaith practice, and social work ethics. She brings clinical and systems-level experience to questions of abuse, exploitation, neglect, reporting, documentation and professional accountability.

Course Description

This course prepares social workers to make ethical decisions when responding to suspected or disclosed abuse, exploitation, and neglect. Participants will examine how these concerns appear across child, adult, eldercare, disability, and institutional contexts while considering the legal duties, ethical principles, historical harms, and power dynamics that shape professional intervention. The course emphasizes that mandated reporting is sometimes necessary but never the whole response. Social workers must be able to identify the concern clearly, assess risk and protective factors without succumbing to bias or fear, use informed consent and confidentiality protections appropriately, consult when needed, document their reasoning effectively, and provide follow-up that remains accountable to the person most affected.

This course also asks participants to consider how context shapes both harm and professional response. Poverty, racism, disability, migration status, social isolation, institutional power, and unequal access to resources may affect both vulnerability and the consequences of intervention. Dominant norms tied to whiteness, class status, and perceived respectability can also shape how risk is interpreted, often leading to under-scrutiny of some groups and over-surveillance of others. Participants will therefore practice thinking beyond the question of whether a report is required and toward the broader ethical question of what response is proportionate, legally grounded, culturally responsive, and least harmful. Throughout the course, participants are asked to approach protection with humility, recognizing that social work intervention can reduce harm but can also reproduce surveillance, coercion, family separation, and loss of trust when it is not handled carefully.

Learning Objectives

By the end of this course, participants will be able to:

1. *Distinguish abuse, exploitation, and neglect across multiple contexts.*
2. *Identify how legal duties and ethical principles shape professional decision-making.*
3. *Apply ethical decision-making models to situations where professional values and obligations are in conflict.*
4. *Recognize how bias and historical harm can affect assessment and intervention.*
5. *Document actions and decision-making processes in an accountable manner.*
6. *Identify self-care and collective care as part of competent practice.*

I. Introduction

Social workers routinely encounter situations involving suspected or disclosed abuse, exploitation, and neglect. These situations may arise in a variety of settings including but not limited to clinical practice, healthcare, schools, child welfare, disability services, eldercare, residential programs, shelters, substance use treatment, and community-based organizations. Although some cases involve clear legal reporting duties, many are ethically complex and may seem bewildering to even the seasoned practitioner. Social workers may need to balance client self-determination, confidentiality, safety, family preservation, professional competence, organizational expectations, and obligations to vulnerable people or the broader community. Additionally, there may be competing professional guidelines as to how to approach the issue or which value to prioritize, which creates an ethical dilemma.

An ethical dilemma occurs when a social worker must choose between competing courses of action that are each supported by legitimate professional values. The difficulty is not always determining what is right and what is wrong. Rather, the challenge may be deciding which ethical responsibility should receive priority when two or more important obligations conflict. For example, respecting an adult client's autonomy may conflict with concerns about coercion, impaired capacity, or serious harm. Protecting a child may require disclosure of confidential information, while the resulting report may also disrupt the child's family, housing, immigration status, or access to support.

Legal compliance is an essential part of social work practice as well, but it does not provide a complete ethical response. A mandated report may satisfy a statutory requirement without resolving questions about how the client should be informed, what information should be disclosed, whether additional safety planning is needed, or how the social worker should remain engaged after the report. Ethical practice therefore requires more than asking whether a report must be made. It requires careful consideration of how the social worker can act in a manner that reduces harm, preserves dignity, involves the client to the extent possible, and remains accountable to professional standards.

Responses to abuse, exploitation, and neglect do not happen outside of the context of the environment in which people are living, including structural barriers and disparities. Poverty, disability, racism, ageism, migration status, gender, language barriers, social isolation, institutional power, and unequal access to support can all shape both a person's vulnerability to harm and what happens after professionals intervene. This context matters because the same set of facts may carry different meaning depending on the person's resources, culture, family structure, community norms, and prior experiences with systems of authority. A crowded household may indicate unsafe conditions in one situation and collective caregiving in another. Distrust of professionals may suggest avoidance in one case and a realistic response to past harm in another. Social workers need to balance respect for cultural differences with a clear commitment to protecting people from harm, while also avoiding assumptions that mislabel family practices, survival strategies, or poverty-related hardship as abuse or neglect.

This course introduces a structured approach to ethical decision-making in these situations. Participants will review key definitions, relevant provisions of the NASW Code of Ethics, legal and professional responsibilities, risk and protective factors, ethical decision-making models, consultation and documentation practices, and common errors that can cause additional harm. It is neither necessary nor appropriate to have a single uniform approach to every instance in which a concern is raised. Instead, this course equips social workers to make decisions that are supported by competent practice and professional discernment while being culturally responsive and grounded in the rights and well-being of clients simultaneously.

II. Key Terms and Concepts

Before knowing how to respond to abuse, exploitation, and neglect, it is important to understand how to define several aspects of these concepts. The words used to describe harm matter because they shape what social work professionals notice, question, and intervene with. Having clear words for different kinds of harm helps to create a common understanding of maltreatment because without shared language, harmful situations are at greater risk of being misunderstood. Social workers therefore need to be precise with language while also remaining aware that definitions are applied inside systems shaped by power, bias, and dominant norms.

The NASW Code of Ethics, discussed further in the sections below, addresses the need for using clear and understandable language in the provision of services (Standard 1.03(a)). There is also the requirement to use accurate and respectful language and to avoid anything derogatory in all communications to and about clients (Standard 1.12). This includes when reporting and documenting risk. Furthermore, having a functional understanding of key terms is related to competence, one of the six core values of the profession.

Being able to define these terms and articulate differences between various forms of maltreatment is not only crucial to recognizing and responding to these situations, as well as knowing when an issue is genuinely reportable. This is more than a technical skill. It also requires careful attention to how language can misrepresent people's experiences - such as when poverty is labeled as neglect, cultural differences are treated as suspicion, autonomy is framed as "noncompliance," or coercion is mistaken for "choice." These definitions are not intended to replace jurisdiction-specific law, agency policy, or population-specific standards. They provide a broadly applicable foundation for recognizing and discussing abuse, exploitation, and neglect across social service settings. Please review the following terms with attention to both their definitions and the assumptions that may affect how they are used in practice.

- **Abuse**
  - Emotional or psychological abuse – an ongoing pattern of non-physical violence intended to undermine another person's mental or emotional well-being. Common methods include using derogatory words, gestures, humiliation, shame, control, and other detrimental means of causing harm.
  - Financial abuse – intentionally restricting access to finances or economic resources in order to maintain dependency on the abuser. May include monitoring

and controlling the purchases or items obtained by an individual. This type of abuse is present in nearly 99% of all cases of domestic violence.

- Physical abuse – any intentional, aggressive act which purposely causes physical harm to another person. May include pinching, slapping, hitting, pushing, punching, kicking, or use of weapons or other implements to cause harm.
- Sexual abuse – a non-consensual sexual act which may include unwanted or inappropriate touching, kissing, sexual intercourse, rape, sodomy, refusal to use condoms or other STD prevention methods, altering birth control, or threatening to take any of these actions. Non-consensual means that the targeted person directly says no or is unable to consent either by being under age, under the influence of substances, unconscious, or when unequal power dynamics are present which would impact their ability to say no without negative consequence.
- Spiritual or cultural abuse – the purposeful weaponization of religious beliefs, faith practices, or cultural identity to manipulate, control, or demean another person or group of people.

- **Exploitation**
  - Coercion – the act of forcing or compelling someone to take part in certain actions against their will, often through the use of threats or intimidation. Also known as being under duress.
  - Financial exploitation – the illegal, unauthorized, or intentional mishandling of another person's finances for personal gain. While related to financial abuse, the difference is that the main purpose is not to maintain dependency on the abuser. Common methods include changes to wills or sudden increases in expensive gift giving, as well as telemarketing scams or other fraudulent behaviors. Although this is often targeted towards older adults or people with disabilities, this can happen to people of any age or ability at any time.
  - Human trafficking – the exploitation of people for labor or sexual acts through the use of force, fraud, or coercion. This does not have to occur across borders, although it can. Often includes the recruitment, transportation, and transfer of human bodies against their will for monetary gain.
  - Labor exploitation – the abuse of a worker by an employer, typically to increase their profit. Common methods include wage theft, creating unfair demands without additional compensation, intentionally exposing workers to health hazards, or threatening to report employees to authorities without just cause.

- Power-based exploitation – this is present in nearly every scenario of maltreatment and is very important for social workers to understand. It is the presence of an imbalance of power (authority, safety, physical strength, social capital, age, etc.) between two people or groups which is used to create a coercive environment.
- Sexual exploitation – the intentional misuse of a position of power to gain sexual advantage over another person. Closely related to sexual abuse although this may be the precursor to sexual abuse. Common tactics include persuasion, manipulation, and deception.

- **Neglect**
  - Caregiver neglect – failure to provide adequate care, supervision, resources, or services necessary to maintain the general safety and wellbeing of a child or vulnerable adult. May or may not be done intentionally or with malice.
  - Environmental neglect – failure to provide a safe, clean living space which now poses a threat to the health and wellbeing of a child or vulnerable adult due to identified hazards in the area. May or may not be done intentionally or with malice.
  - Institutional neglect – failure of an organization or care facility to provide adequate care, supervision, medical or mental health treatment, resources, or services, to those who are in their care. Often comes through being understaffed, overburdened, lacking funds or resources, poor training, or inadequate managerial oversight rather than one specific person's wrongdoing.
  - Medical neglect – failure of a guardian or caregiver to provide adequate and necessary medical care to a child or vulnerable adult when an illness or medical condition is present which requires medical intervention to maintain health.
  - Self-neglect – a behavioral condition often arising from adverse mental health effects, cognitive decline, substance abuse, or severe social isolation in which an individual no longer cares for their basic needs for health and wellbeing – such as nutrition, hygiene, safe living conditions, financial needs, or medical care - at an adequate level.

- **Related concepts**
  - Capacity – the ability of an individual to understand relevant information, evaluate potential consequences, consider options, and communicate a choice for their own care.
  - Coercive control – a pattern of intentional behaviors designed to gradually reduce or remove entirely a person's agency and autonomy. This is achieved

through a variety of means which may include threats, intimidation, financial abuse, isolation, gaslighting, digital surveillance, and more. The hallmark is ongoing psychological and emotional control through insidious means which are often difficult to track because they are covert (hidden) instead of overt violence. Physical violence may be present but is not usually the primary form of abuse. Coercive control is often missed by helping professionals and institutions, leaving profound damage to survivors of this form of violence.

- Consent – the voluntary, uncoerced agreement by an individual who has received all information about the scenario to determine if it is appropriate for their needs or desires, and has full capacity either through age or cognitive ability to make these decisions for themselves.
- Dependency – reliance on another person, caregiver, institution, or system to meet needs which cannot be fully met on one's own. This may include food, shelter, finances, transportation, communication, medication, healthcare, personal care, supervision, safety, or daily functioning. In welfare services specifically, this typically means that a child or vulnerable adult is in the care of the state because there are no other available guardians to provide for their needs.
- Dignity of risk – an ethical principle aligned with self-determination: individuals have the right to make decisions for themselves which may inherently contain risk, recognizing that this is a key aspect of self-discovery, autonomy, and personal growth.
- Imminent danger – an immediate, severe, and identifiable risk to a child or vulnerable adult which may cause significant bodily harm or death requiring urgent intervention to prevent harm.
- Mandatory reporting – a legal obligation requiring certain professionals to disclose suspected abuse or neglect of a child or vulnerable adult to the appropriate authorities within a reasonable timeframe of being suspected, usually within 24 hours.
- Protective factors – characteristics or conditions that reduce the effects of risk, stress, or trauma. These can include personal, familial, community, or systemic attributes.
- Reasonable suspicion – an objective belief that, based upon education, training, and certifications, a professional reviewed the circumstances of a given scenario and believe there is risk present. It is more than a hunch but less than a

provable fact, and there is a strong likelihood that another professional with similar training would arrive at the same conclusion.

- Risk factors - circumstances that may increase the likelihood of harm or make a person more vulnerable to abuse, exploitation, or neglect. These may also include personal, familial, community, or systemic attributes.
- Vulnerability – a person's, group's, or community's higher level of risk and susceptibility to adverse outcomes including abuse, exploitation, and neglect. This is often caused by overlapping disparities and marginalization as well as personal risk factors.

Abuse, Exploitation, and Neglect Across Contexts

Abuse, exploitation, and neglect may appear in different ways in various settings depending on a person's age, abilities, level of dependency, living situation, and relationship to the person or institution causing harm. Social workers must apply general definitions within the specific context of each situation rather than assuming that maltreatment will look the same across all populations.

Child and caregiving contexts: Concerns may include physical or sexual abuse, emotional harm, inadequate supervision, medical neglect, exploitation, or failure to meet basic needs. Social workers must distinguish caregiver maltreatment from conditions created by poverty, lack of childcare, housing instability, disability, or limited access to services. Children cannot always communicate when something reportable is occurring, so it is important to recognize potential signs such as significant changes in behavior, regression in skills or abilities, repetitive play which mimics the abuse, heightened emotional sensitivity, or signs of fear around certain people. The presence of any of these indicators does not mean that a reportable event is occurring by itself but does warrant further assessment.

Adult contexts: Adults may experience interpersonal violence, coercive control, financial abuse, labor exploitation, sexual exploitation, trafficking, or other types of abuse by those around them, including caregivers. Adults who have decision-making capacity retain the right to make choices that professionals may consider unsafe, including choices about relationships, housing, finances, and whether to accept services. This is a key distinction which many helping professionals often struggle with because they recognize that unsafe choices may lead to negative consequences; however, individuals with capacity maintain the right to make poor decisions about their lives just like anyone else does.

Disability contexts: People with disabilities may experience abuse or neglect from family members, paid caregivers, service providers, or institutions. Maltreatment may include withholding communication devices, medication, mobility supports, personal care, or access to the community as well as financial, physical, or sexual abuse. Disability should not be treated as automatic evidence that a person lacks capacity or is unable to describe their own experience.

Eldercare contexts: Older adults may experience physical or sexual abuse, caregiver neglect, financial exploitation, isolation, medication misuse, coercive control, or self-neglect. Assessment must consider capacity, dependency, caregiver strain, access to resources, and the older adult's preferences without assuming that age alone limits self-determination.

Institutional contexts: Abuse and neglect may occur within hospitals, schools, residential programs, correctional settings, nursing facilities, shelters, or other organizations. Harm may be committed by one person, but it may also result from unsafe policies, inadequate staffing, poor training, retaliation, failure to investigate complaints, or organizational decisions that repeatedly place people at risk.

These distinctions matter because ethical decision-making requires more than identifying a possible category of maltreatment. Social workers must distinguish between what is known or only suspected, what legal duties may apply, if any immediate safety concerns are present, the potential for any personal or professional bias to be clouding judgment, and whether professional action could reduce harm or create additional harm. The goal is to make decisions that are informed, culturally responsive, legally grounded, and attentive to the person's autonomy and safety while prioritizing access to appropriate supports. Having a strong foundation in ethical decision-making processes helps to ensure that these decisions made with the best interest of all involved at the heart of the matter.

III. Risk and Protective Factors

Besides understanding various forms of maltreatment, social workers also need to consider how risk and protective factors might appear as well. Risk factors may include circumstances such as social isolation, caregiver strain, mental or physical health needs, limited resources, and systemic barriers to supports. Protective factors may include strengths such as supportive relationships, stable housing, access to resources, reliable transportation, community or cultural connections, and services that help meet daily needs. Risk factors alone do not confirm that abuse is occurring, and protective factors alone do not guarantee safety; however, they must be integrated together to create a full assessment of the situation. These factors should

be understood as indicators that guide further inquiry rather than as definitive proof of safety or harm. Ethical assessment requires social workers to hold tension with both factors simultaneously.

Risk exists at multiple levels, which may intertwine with each other to create additional layers of intensity and concern. At the individual level this may involve health, trauma, substance use, isolation, communication barriers, or reliance on others for care (Centers for Disease Control and Prevention, 2024). At the family or relational level it may involve caregiver stress, power imbalances, dependency, and patterns of control or intimidation that limit autonomy (National Domestic Violence Hotline(b), n.d). At the community level risk may involve limited access to basic needs, essential services, culturally responsive care, and safe places to seek help (Minnesota Department of Health, 2023). At the organizational level this may involve structural inequities and institutional conditions such as discrimination, limited legal or social protections, under-resourced systems, poor training, and cultures that prioritize institutional interests over the safety and wellbeing of individuals (Centers for Disease Control and Prevention, 2024).

This matters because abuse, exploitation, and neglect are not always simply individual events because systemic conditions often shape what can appear to be individual choices. For example, limited access to respite care, public transportation, paid leave, or home-based services - all of which are related to policy initiatives - can strain caregiving systems. Aspects such as social isolation, poverty, healthcare barriers, and coercive control can cause harm by restricting access to meaningful choice. Likewise, housing instability, food insecurity, and lack of affordable childcare can produce conditions that are often misinterpreted as caregiver unwillingness rather than unmet structural need. These distinctions do not remove the social worker’s duty to respond to safety concerns, but they do shape assessment and ethical response.

Protective factors are imperative to understanding the whole picture as they include existing supports and strengths that contribute to safety and stability. These may be individual capacities such as decision-making ability coping strategies, as well as supportive relationships with trusted people. These factors are not included to minimize danger but rather they function as buffers which can reduce risk and support safety, while also reminding social workers not to reduce a person, family, or community to a list of deficits. A clear understanding of protective factors can help social workers identify what positive aspects are able to be strengthened in a support plan (Centers for Disease Control and Prevention, 2024; FRIENDS National

Center for Community-Based Child Abuse Prevention, 2026; Minnesota Department of Health, 2023).

Additionally, protective factors are especially important when considering less intrusive responses, as social workers must balance identified safety concerns with a determination of which supports to put in place without causing unnecessarily restrictive interventions. Financial or material supports such as assistance with rent, utilities, and food may reduce risk in a family experiencing poverty; a trusted caregiver may be part of a safety plan for an older adult; accessible communication may help a person with disabilities participate in decisions. These supports may be used alongside a required report or as part of a safety plan when the reporting threshold has not been met (Centers for Disease Control and Prevention, 2024; FRIENDS National Center for Community-Based Child Abuse Prevention, 2026). Ethical assessment therefore requires social workers to consider whether enhancing protective factors is sufficient enough to minimize the risk, recognizing that it is not enough to name a possible support if the person cannot safely use it.

A culturally relevant lens is also necessary because BIPOC (Black, Indigenous, People of Color) families and communities may carry more layers of risk factors due to systemic conditions rather than individual failure. Poverty, housing instability, medical mistrust, language barriers, immigration stress, under-resourced schools, over-policing, and access to appropriate services are not randomly distributed. They are shaped by systemic racism, marginalization, intergenerational trauma, discriminatory policies, and unequal access to protection and care. The Code of Ethics Preamble as well as Standard 1.05(b) explains that social workers must explicitly take action against racism, discrimination, and inequities in society as part of the provision of culturally informed services.

At the same time, cultural strengths may be misunderstood by dominant systems. Kinship care, multigenerational households, strong faith or spiritual practices, communal support, collective decision-making, reliance on elders, shared caregiving, storytelling, humor, resistance, and distrust of formal systems may all carry protective value. Social workers must be careful not to mistake any of these aspects for dysfunction. Code of Ethics Standard 1.05(a) dictates that social workers must understand the function of culture on human behavior, while recognizing this as a strength. However, they must also be careful not to romanticize cultural differences in ways that excuse harm when it is genuinely present. When completing a risk assessment, it is important to be able to discern what strengthens safety, dignity,

connection, and self-determination within the person's actual cultural and community context, rather than assuming that dominant norms are the measure of health or protection (Dettlaff & Boyd, 2021; Roberts, 2014).

Risk and protective factors should therefore be treated as part of professional reasoning rather than as a checklist. They help social workers ask better questions: What is increasing danger? What is already supporting safety? What resources are missing? What assumptions may be shaping the assessment? What would reduce harm without creating unnecessary restrictions? What does the person most affected identify as helpful or dangerous? Identifying both the presence of risk and protective factors allows social workers to respond with more precision. It also supports decisions that are grounded in a balanced understanding of context and needs while prioritizing safety and autonomy. That is the difference between responding appropriately and thoughtfully to risk and simply reacting to it.

Questions for Reflection and Application

1. *Why should risk and protective factors be understood as guides for further assessment rather than as proof of harm or safety?*
2. *How can social workers consider systemic conditions, such as poverty, isolation, lack of services, or discrimination, without minimizing genuine safety concerns?*
3. *How can identifying protective factors support less intrusive responses while still maintaining accountability to safety and reporting duties?*

IV. Ethical Foundations for Social Work Decision-Making

Code of Ethics

The primary text for social workers to begin their exploration of social work ethics is the Code of Ethics, published by the National Association of Social Workers and revised periodically as needed. It is important to note that social workers do not necessarily have to be members of the NASW to be held to the standards and expectations in the Code of Ethics; this is the foundational text which will be examined and upheld in many – although not all - formal decision making or disciplinary processes. It is also taught as the foundational component of ethical practice in schools of social work as the Council on Social Work Education (CSWE) has adopted this for evaluating competency. (CSWE, 2022; Gross, 2025). Thus, it is important to understand ethics from the perspective of the NASW standards and a general guide to practice.

It is worth noting that the Code of Ethics is the primary framework for ethical practice in the *United States*, and there are several other relevant guidelines both here and abroad. For further independent study beyond the scope of this course, please see: International Federation of Social Workers, National Association of Black Social Workers, National Association of Christians in Social Work, Network to Advance Abolitionist Social Work, and others. It is important to be aware that these other ethical guidelines exist and may be incorporated as necessary and applicable; however, for the purposes of this course, the focus will be on the NASW Code of Ethics.

The Code of Ethics contains the six core values of the social work profession, which are directly relevant to ethical decision-making in situations involving abuse, exploitation, and neglect: Service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These values are found in the Preamble of the Code of Ethics. **Service** notes that the primary goal is to help people in need and address social problems. It also calls social workers to respond to harm appropriately rather than avoiding difficult decisions. **Social justice** requires challenging injustice, paying attention to how poverty, racism, disability, ageism, gender-based violence, migration status, and institutional power shape both vulnerability to harm and the consequences of professional intervention. **Dignity and worth of the person** means that respecting the individual and requires attention to autonomy, consent, culture, capacity, and the person's right to participate in decisions affecting their life. **Importance of human relationships** reminds social workers that this aspect is central to all care, and recognizing that interventions may affect family systems, caregiving relationships, community connections, and trust in helping professionals. **Integrity** requires social workers to behave in a trustworthy manner. This means in part demonstrating honesty about what is within their relevant training and skillset, what is known vs. only suspected, and what must be reported. **Competence** dictates that social workers adhere to their scope of practice and seek continuing education to develop additional skills. This also means that it is necessary to understand relevant laws, reporting duties, population-specific risks, trauma dynamics, and the limits of their own knowledge before taking action.

One of the most important rights that clients have is the right to self-determination, which social workers uphold and promote with great care. Self-determination includes the ability for clients to make choices about their care and to participate in the decision-making processes at all stages of treatment (Chaumba & Locklear, 2021). It is a serious matter for social workers to consider limiting the right to

self-determination in any instance. The very first ethical standard in the Code of Ethics addresses the duty to clients and the possibility of temporarily overlooking their right to self-determination in instances of abuse or imminent danger.

> *1.01 Commitment to Clients*
> *Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may, on limited occasions, supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)*

Self-determination is then further explained in the next section, which details the obligation to promote self-determination in all instances with the exception of the presence of significant risk. It is important to note that the suspected presence of abuse, exploitation, or neglect by itself does not automatically authorize overriding self-determination – but it does warrant further scrutiny and consideration.

> *1.02 Self-Determination*
> *Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.*

Social workers are also given guidance on the importance of informed consent. Informed consent helps to build trust while upholding the client's right to self-determination and respecting autonomy. Clients must be aware of all aspects of professional engagement from the moment they start services, including the fact that there may be instances where the reporting of abuse or neglect is necessary. When a report does need to be made, social workers should discuss this with the client whenever possible and include them in the process. There are very few instances when this would not occur, such as when discussing the need to make a report with a client holds significant potential to cause imminent harm to themselves or someone else, as in instances of retaliatory violence.

> *1.03 Informed Consent*

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

In practice, informed consent should not be treated as a form signed at the beginning of services and then forgotten. It is an ongoing conversation about the client's rights and responsibilities, the social worker's role, expectation of services, the limits of confidentiality, and what may happen if abuse, exploitation, or neglect is disclosed. This matters because a client may experience reporting as a betrayal if they were never clearly told what information could not remain undisclosed. Clear boundaries of what may be reportable events should be provided at the initial session with a client, prior to the opportunity to disclose any potentially reportable information so the individual is informed in advance before disclosure may occur. Social workers should also explain the reporting process prior to a crisis event using language the client can understand instead of technical jargon. Should a concern arise, the social worker will need to revisit the conversation to explain the next steps and possible outcomes. Whenever possible, the client should also be offered the opportunity to participate in the reporting process should they choose to do so, unless this would raise risk factors or concerns for retaliation. Informed consent can help reduce confusion and distress by making expectations clear while allowing the client a chance to ask questions and feel more prepared if a report needs to be made.

Additionally, the Code of Ethics mandates that social workers maintain confidentiality, or in other words to keep the information that clients discuss with them private. There are exceptions to this though, especially when serious risk is present. Social workers are given guidance on how to handle breaches in confidentiality including the preference to include clients in the disclosure of reportable events.

1.07 Privacy and Confidentiality
(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons.

> *The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.*
>
> *(d) If social workers plan to disclose confidential information, they should (when feasible and to the extent possible) inform clients about the disclosure and the potential consequences prior to disclosing the information. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.*

Despite the guidance provided being the standard of the profession in the United States, there are criticisms of the Code of Ethics, including that it portrays a universal viewpoint on the "correct" way to handle issues (Gross, 2025). However, the Code of Ethics explains that it is "not a set of rules that prescribe how social workers should act in all situations" (see: Preamble) and explicitly acknowledges that conflicts can and do arise amongst social work values, principles, and standards (NASW, 2021a). Additionally, the Code of Ethics does not explicitly outline how to handle instances of abuse, exploitation, or neglect. Rather, it provides guidelines for how to uphold the ethical requirements of the profession while recognizing that there may at times be conflicts between professional expectations. It is in these conflicts that ethical dilemmas may arise, which we will discuss in the next section.

The Belmont Report

Besides the Code of Ethics, ethical decision-making in situations involving abuse, exploitation, and neglect also draws from broader ethical principles that appear across multiple professional contexts. A key text for this is The Belmont Report, which was developed in response to historical abuses in human subjects research and established a framework for protecting individuals who may be vulnerable to harm or exploitation. The report identifies respect for persons, beneficence, and justice as foundational ethical principles in research involving human participants. In this framework, **respect for persons** incorporates two aspects: that individuals should be treated as autonomous agents, and that persons with diminished autonomy are entitled to protection. **Beneficence** means upholding the obligation to protect people from harm while maximizing possible benefits and minimizing potential risks. **Justice** states that the risks and benefits of research must be

distributed fairly and equitably, intending to protect the vulnerable and marginalized from being exploited in the name of scientific inquiry.

These principles have influenced ethical thinking across many helping professions and provide a useful lens for considering complex decisions involving safety, autonomy, and protection. Additionally, they are useful here because they address common value conflicts in the ethical decision-making process: honoring autonomy while protecting people, seeking to provide relevant support while minimizing harm, and considering fairness in who bears risks and who receives protection (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). These principles align closely with social work ethics, including the profession's commitments to client self-determination, privacy and confidentiality, service, social justice, dignity and worth of the person, and professional competence (NASW, 2021a).

In practice, these principles often overlap with each other. Respect for persons centers on recognizing individuals as leaders and active participants in decisions about their lives, while also acknowledging that this participation may be limited in specific legal or safety contexts. Beneficence requires social workers to act in ways that support safety, wellbeing, and access to needed care or protection. At the same time, the Belmont Report frames beneficence as including both the obligation to do good and to avoid harm, a concept often described in practice as **nonmaleficence.** This tension highlights that interventions intended to protect can also carry unintended consequences that must be carefully considered. Justice requires social workers to ask whether risk, protection, reporting, and intervention are being applied fairly, including a requirement to assess whether poverty, racism, disability, ageism, gender, immigration status, or institutional power are shaping how a situation is understood. Professional competence holds these principles together by requiring social workers to understand relevant law, policy, ethical standards, trauma dynamics, population-specific risks, and the limits of their own knowledge before acting. Together, these principles do not remove the difficulty of decision-making, but they provide a structure for asking better questions before deciding whether to and how to intervene.

Overall, the Code of Ethics and the Belmont Report help to guide social workers towards the nuances of ethical care. In practice, this means naming the values that are in tension before acting upon them. It also means asking whether the client has meaningful choice, whether disclosure is truly necessary, whether the response

reduces or increases harm, and whether the intervention is appropriate. These frameworks are most useful when social workers use them as tools for judgment rather than as a rigid tool or language to justify a decision after it has already been made. When responding to abuse, exploitation, or neglect, practical application begins with pausing to assess the entire situation while thinking about potential positive and negative ramifications of action.

Questions for Reflection and Application

1. *Review the Code of Ethics and identify two ways its principles might conflict or create tension in practice; for example, balancing client self-determination with the duty to protect clients from harm.*
2. *How can social workers honor autonomy and dignity while still recognizing that some situations require protection or intervention?*
3. *How do the principles of respect for persons, beneficence, justice and nonmaleficence help social workers ask better questions before deciding whether and how to intervene?*

V. Legal and Reporting Duties

Legal duties are part of everyday social work practice. Although social workers are not legal experts, they are responsible for understanding the laws that apply to their role, setting, and jurisdiction. In cases involving abuse, exploitation, and neglect, this most often includes knowing whether the social worker is a mandated reporter, what populations are covered by the reporting law, what types of harm must be reported, what level of suspicion is required, how quickly a report must be made, and which agency or authority receives the report. In the United States, these requirements vary by state and may also differ across settings. Therefore, social workers should not rely only on general professional knowledge or even agency expectations without knowing which legal standard applies to the specific situation in front of them.

Reporting laws vary significantly by state, population, setting, and professional role. For example, child abuse reporting laws are not identical across jurisdictions. States differ in who is required to report, what types of harm must be reported, how quickly reports must be made, what level of suspicion is required, and where the report must be sent (Child Welfare Information Gateway, 2023). Similar variation exists for older adults and adults with disabilities. Adult Protective Services may respond to similar allegations, but eligibility, definitions, investigative authority, and available services differ across jurisdictions (Administration for Community Living, 2024). Awareness of these variations matter because reporting duties are not attached to the concern

alone, but rather are shaped by where the social worker is practicing and which system has legal authority to respond.

To gain understanding of applicable laws and policies, social workers can begin by reviewing appropriate legislation, state child welfare and Adult Protective Services guidance, professional licensing board rules, agency policies, and relevant professional guidance from organizations such as NASW. Child Welfare Information Gateway provides state-specific summaries and statute searches for child abuse and neglect reporting laws, while APS reporting duties are usually found through state or local Adult Protective Services agencies. When the reporting duty is unclear, social workers should seek supervision, legal consultation, risk management guidance, or ethics consultation rather than relying only on memory or informal workplace practice.

It is also important to remember that social workers are not investigators in the legal or forensic sense. The role of the social worker is not to prove that abuse, exploitation, or neglect occurred before taking appropriate action. Rather, the task is to gather enough information to understand the concern, assess immediate safety, determine whether a reporting threshold may be met, and decide what ethical or legal steps are required next. Trying to prove what happened can create additional harm, especially if the client is asked to repeat painful details or made to feel responsible for providing enough evidence to be believed. Social workers should also avoid confronting the person alleged to have caused harm or engaging in investigative behaviors as this could compromise safety or interfere with a formal investigation in the future. The social worker's role is to assess risk and take steps that prioritize safety while respecting the client’s dignity and privacy.

Assessing possible abuse, exploitation, or neglect also requires attention to protective factors. Protective factors do not erase danger or remove a reporting duty, but they help social workers understand what supports, relationships, capacities, and resources may reduce risk or strengthen safety. This can include stable and nurturing relationships, access to food, housing, healthcare, childcare, social supports, community connection, and concrete assistance in times of need. Looking for protective factors helps prevent an assessment from becoming only a list of deficits and can point toward supports that may be used before, during, or after formal system involvement (Centers for Disease Control and Prevention, 2024; FRIENDS National Center for Community-Based Child Abuse Prevention, 2026; Minnesota Department of Health, 2023).

Additionally, the key terms from the previous section matter here because different forms of harm may trigger different duties. Physical abuse, sexual abuse, and

emotional abuse are distinct forms of maltreatment, just as caregiver neglect, environmental neglect, and medical neglect describe different failures to meet basic needs. Self-neglect and financial exploitation raise separate concerns, and concepts such as coercive control, dependency, capacity, and imminent danger refer to different conditions and must be assessed individually. A child who is inadequately supervised, an older adult experiencing self-neglect, an adult with a disability whose communication device is being withheld, and a teenager being trafficked through coercion may all raise reporting concerns, but they do not raise the same legal or ethical questions. Social workers must be precise about what they are identifying and addressing and whether or not they are mandated to make a report.

It is helpful to think of mandated reporting as a minimum requirement rather than the entire intervention. A social worker may be legally required to report reasonable suspicion of abuse, exploitation, or neglect, but making the report does not cover the social worker's full responsibility. The social worker must still consider what immediate safety concerns are present, what information should be shared with the client when it is safe to do so, what information must be disclosed in the report, how the decision should be documented, and what support is needed after the report is made. A report without safety planning, documentation, consultation when needed, or follow-up can meet the legal requirement while still being ethically inadequate (Child Welfare Information Gateway, 2023; NASW, 2021a; Reamer, 2018; 2022).

A related legal issue is the duty to warn or protect, often associated with *Tarasoff v. Regents of the University of California* (1976). This duty may arise when a client communicates a serious threat of violence toward an identifiable person. Depending on the jurisdiction, a mental health professional may be required or permitted to warn the potential victim, notify law enforcement, take reasonable steps to protect the person at risk, seek hospitalization, consult with another qualified professional, or follow other specific statutory procedures. Social workers should not assume that *Tarasoff* means the same thing in every state. When a serious threat is disclosed, the social worker should treat the situation as urgent, review the applicable state law, seek appropriate consultation, document the decision-making process, and follow the steps required in that jurisdiction (*Tarasoff v. Regents of the University of California*, 1976; National Conference of State Legislatures, 2022).

Some reporting situations are more complicated because the person affected is an adult with decision-making capacity. Adults generally retain the right to make choices that others view as unsafe, unhealthy, or unwise, and risk alone does not automatically remove autonomy. In these cases, the social worker has to figure out whether the person is choosing freely or being pressured, whether there is a real

and immediate safety risk, and whether the situation meets the legal threshold for reporting. Other situations are complicated because the concern does not come through a straightforward current disclosure from an active client. Abuse, exploitation, or neglect may be disclosed after the fact, reported by a collateral contact, may involve a former client, or the allegation might be towards an institution rather than one individual person. In these cases, the challenge is not just whether the legal threshold for reporting is met, but how to interpret incomplete, secondhand, or historical information and determine whether it creates a current duty to act.

It is important to remember that confidentiality still matters when reporting is required. Reporting laws create exceptions to confidentiality, but they do not negate the obligation to protect privacy or involve the client when it is safe and appropriate to do so. Social workers should disclose the information necessary to meet the reporting duty and support safety, not every personal detail they know. Code of Ethics Standard 1.07(j) specifically instructs social workers to continue protecting client confidentiality when records must be disclosed by providing only the narrowest amount of information required if disclosure could cause further harm to the client. This is especially true in formal legal proceedings. Additionally, whenever possible without increasing risk, social workers should inform the client of the need to disclose information to a third party (Standard 1.07(d)). Before involving a client in the reporting process, the social worker should consider whether doing so could increase danger, expose the client to retaliation, or compromise an investigation. Client involvement may not be appropriate when the person alleged to have caused harm is present, monitoring communication, or likely to retaliate if they learn that a disclosure has been made. When it is not safe to include the client before a report, the social worker should document the reason and return to client-centered support as soon as safety allows. (NASW, 2021a; Reamer, 2018; 2022).

Finally, a word of caution. While it may be tempting to utilize the internet to seek out missing information about a client, this is strictly prohibited in social work ethics without a strongly justifiable cause. Social workers should not search for clients online, review social media, or seek out other digital information about them without a clear ethical reason and informed consent. Standard 1.03(i) explicitly states this, with the exception of serious foreseeable imminent harm. The fact that information is publicly available does not mean it is ethically appropriate to access or use it. Searching for information without the client's knowledge can damage trust, expand surveillance, and introduce information that may not be accurate or relevant to the concern being assessed. The final takeaway is that ethical practice requires intentional restraint: just because information can be accessed does not mean it

should be, and protecting client trust and privacy must remain the priority even when disclosure is required in some areas for safety purposes.

Questions for Reflection and Application

1. *Identify and consult the relevant laws, statutes, and professional guidelines in your jurisdiction or workplace setting to determine the criteria for mandatory reporting. What do you notice?*
2. *If a report is required, how can social workers meet the legal duty while still protecting the client's privacy, safety, and dignity as much as possible?*
3. *How can social workers determine what information should be shared in a report, and what information should remain confidential because it is not necessary to meet the reporting duty?*

VI. Ethical Decision-Making Models

Before reviewing specific ethical decision-making models, it is important to discuss why these models are needed. Social workers are frequently presented with ethical dilemmas when deciding whether and how to respond to suspected abuse, exploitation, or neglect. An ethical dilemma occurs when a social worker must choose between competing actions grounded in conflicting professional values, where more than one option may be ethically defensible. In these cases, the duty to protect may conflict with confidentiality, self-determination, family preservation, cultural context, legal obligations, or the client's stated wishes. Ethical decision-making also requires attention to risk tolerance, or the social worker's comfort with uncertainty and potential harm. A very low tolerance for risk may lead a social worker to override autonomy or move too quickly toward formal intervention, while a very high tolerance for risk may lead a social worker to minimize danger, delay action, or miss a reportable concern (NLASW, 2015).

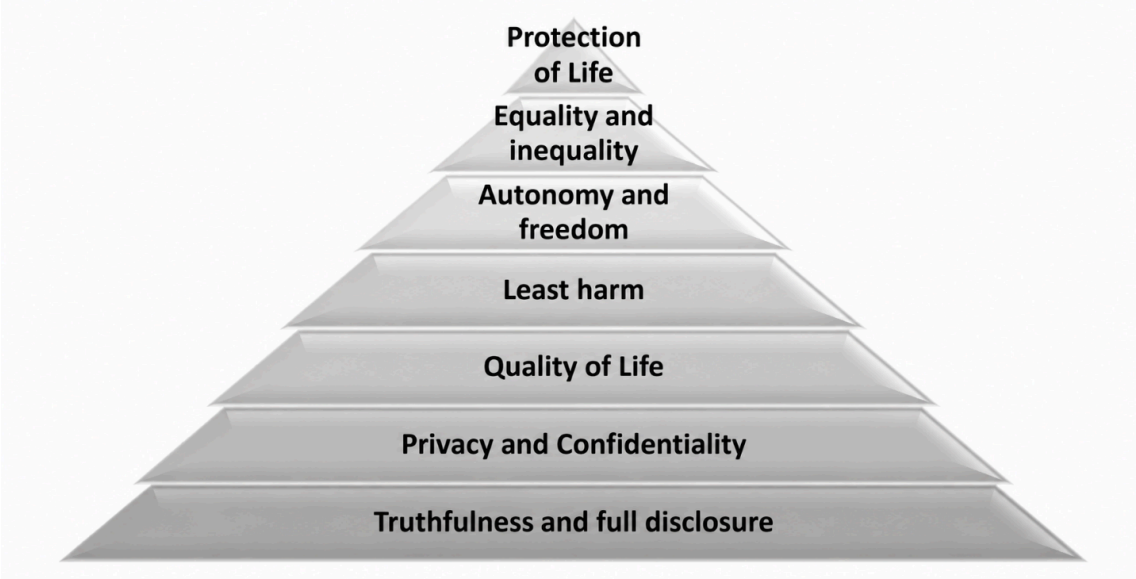
Ethical decision-making models exist to support professional judgment, not replace it. While many social workers are taught the importance of the Code of Ethics, they may not always be familiar with formal models that provide a more structured process for working through complex cases. This matters because situations involving abuse, exploitation, and neglect can create pressure to act before the ethical conflict has been clearly identified. A model gives the social worker a way to synthesize the available information and decide whether the next step is grounded in

law and safety rather than fear or agency habit. This section presents two models for consideration.

Dolgoff, Loewenberg, and Harrington's Ethical Principles Screen

Dolgoff, Loewenberg, and Harrington's (2009) ethical decision-making framework is useful because it recognizes that social workers often face situations where more than one ethical principle matters at the same time. In cases involving abuse, exploitation, and neglect, the social worker may be trying to protect life, respect self-determination, preserve confidentiality, prevent harm, follow the law, and avoid unnecessary system involvement all at once. These duties may at times conflict with each other. For example, a report may be necessary to protect a child or vulnerable adult, but it may also introduce the potential for escalated violence via retaliation. Ethical decision-making requires the social worker to pause and identify which principles are in conflict rather than treating the decision as only a question of policy compliance.

Their Ethical Principles Screen is presented as a ranked hierarchy for thinking through competing obligations. The triangle begins visually with truthfulness and full disclosure at the base and moves upward through privacy and confidentiality, quality of life, least harm, autonomy and freedom, and equality and inequality, it ultimately culminates in protection of life as the highest-order principle. In other words, the model is intended to help social workers determine which ethical principle should carry the greatest weight when values conflict, with protection of life taking precedence over lower-ranked principles when the circumstances warrant it. This type of structure can be especially helpful in abuse, exploitation, and neglect cases, where social workers may be weighing safety, autonomy, confidentiality, and potential harm all at once. At the same time, the model should still be applied thoughtfully rather than mechanically. The hierarchy provides a clear ranking of principles, but social workers must still use professional judgment in determining how the specific facts of the case, the level of danger, the person's capacity, and the consequences of intervention shape the ethical decision (Dolgoff et al., 2009; Harrington & Dolgoff, 2008). [See image below]



Applied this way, the model helps social workers move from ranking principles to examining the actual ethical conflict in front of them. Is there imminent danger? Is someone's capacity impaired or being undermined? Is the person able to exercise self-determination, or is coercive control limiting that freedom? Would reporting reduce harm, or could it create additional harm without increasing safety? What information can be protected, and what must be disclosed? These questions help prevent automatic reactions and support decisions that are thoughtful, documented, and ethically defensible.

Reamer

Frederic Reamer is one of the central scholars in contemporary social work ethics because his work has shaped how the profession understands ethical decision-making in complex scenarios. His writing is especially important because it does not treat ethics as abstract theory or straightforward compliance. Instead, Reamer focuses on the actual decisions social workers face in practice, including situations where legal duties, professional values, agency policies, client autonomy, confidentiality, and risk of harm do not align neatly (Reamer, 2018; 2022).

Reamer's work is particularly useful because it treats ethical decision-making as a process rather than a single moment of choice. In situations involving abuse, exploitation, and neglect, social workers may feel pressure to act quickly, especially when safety concerns are present. Sometimes urgent action is necessary; however, speed should not replace ethical thinking. Reamer emphasizes the importance of

identifying ethical dilemmas, clarifying which values and duties are in conflict, reviewing relevant laws and standards, consulting with others, considering possible courses of action, and documenting the reasoning behind the final decision (Reamer, 2018). Relevant and timely documentation is always an important aspect of reporting so that tangible evidence exists of what decisions were made and why. This matters because many reporting decisions are made under stress or with incomplete information, and resulting actions hold real consequences for clients and families. Documentation allows social workers to demonstrate what actions were taken and helps to create both continuity of care if the case is later transferred and a record in case of legal or other authoritative action. The goal is not to make the record look perfect, but rather to show that the social worker made a careful and professionally responsible decision based on what information was available at the time.

Drawing from Reamer's approach, social workers can slow the decision down by asking: What is the actual ethical issue here? What am I required to do by law or policy? What values are in conflict? Who could be helped or harmed by each option? What am I assuming? Who do I need to consult? What needs to be documented? In reporting situations, the social worker may not be able to remove every risk or predict every outcome. However, they should be able to explain what they knew at the time, what options they considered, why they chose the action they took, and how they continued to support the client afterward. Reamer also gives attention to professional risk, but this is not simply to protect the social worker from liability. Consultation, supervision, documentation, informed consent, boundaries, and knowledge of relevant law and policy also protect clients from rushed or careless decision-making (Reamer, 2018; 2022).

There are multiple ethical decision-making models in existence, and no single model can resolve every situation involving abuse, exploitation, and neglect. The purpose of including these two specific models presented here is not to suggest that social workers must memorize one rigid sequence or force every case through the same formula. Rather, these models are included because they help organize the decision-making process and provide frameworks to consider when complex cases arise. Dolgoff, Loewenberg, and Harrington's work is especially useful for identifying competing ethical principles, while Reamer's work is especially useful for thinking through process, consultation, documentation, and professional accountability. Together, they offer a practical structure for slowing down, identifying conflicting values or obligations, and making a decision that can be explained and defended.

When choosing an ethical decision-making model, social workers should consider what specific insight is required to make more sense of the situation. Some situations require help identifying which ethical principle should carry the most weight while others require more intentional process for sorting legal issues or determining what to document. A model should fit the ethical problem rather than becoming another rigid system imposed onto the client or treated as a checklist. It is also important to ask whether the model leaves enough room for power, culture, historical harm, and the person's own understanding of safety. In summary, the best model is the one that helps the social worker think more clearly about the specific concern they are faced with in an accountable manner. The social worker should always engage in critical self-reflection after any potentially reportable event has occurred as well, to review their decision-making process, actions, and outcomes as a learning experience for future scenarios and to strengthen their professional discernment.

Questions for Reflection and Application

1. *Why is a structured ethical decision-making model useful when legal duties, professional values, and client needs do not point in the same direction?*
2. *How does ranking ethical principles help social workers think through difficult decisions, and what are the limits of relying on a hierarchy?*
3. *Why is documentation part of ethical decision-making rather than something that happens only after a decision has been made?*

VII. Common Pitfalls

Even experienced social workers can make poor decisions when responding to abuse, exploitation, or neglect. The sense of urgency combined with fear of liability can create a cascade of stress hormones through a sympathetic nervous system response, which can at times cloud judgment. However, strong training in ethical decision-making processes can strengthen insight and reduce this concern. This includes understanding common pitfalls which often occur when responding to these scenarios. Identifying and discussing common pitfalls is not intended to shame social workers, but to strengthen ethical practice by making these patterns easier to recognize before they cause harm (Reamer, 2018, 2022). These pitfalls are not listed in any hierarchical order.

One common pitfall is treating mandated reporting as the entire intervention. A report may be legally required, but it does not meet the full ethical responsibility to

the client or family. Social workers still need to consider immediate safety, informed consent to the full extent possible, emotional support, practical resources, documentation, consultation, and follow-up. Making a report and then disappearing can leave clients feeling exposed, punished, or abandoned and may cause additional harm (NASW, 2021a; Child Welfare Information Gateway, 2024).

A second pitfall is confusing poverty with neglect. Families may lack food, housing, transportation, medical care, childcare, or other resources because they are unavailable or unaffordable. These conditions may create real risk, but risk caused by material deprivation should not automatically be interpreted as caregiver unwillingness or failure. Ethical practice requires social workers to ask whether the concern is caused by maltreatment, lack of access to resources, or both. When the problem is poverty, the first ethical response should be to include concrete support, remove barriers, and provide resources instead of reporting the family to formal authorities (Palmer et al., 2022; Shook Slack et al., 2004).

A third pitfall exists around issues of autonomy. This presents itself in two ways: assuming that risk automatically cancels autonomy; and overcorrecting in the other direction and using autonomy as a reason to avoid intervention. Adults with decision-making capacity have the right to make choices that professionals may view as unsafe or unwise. This can be difficult when the person is experiencing interpersonal violence, substance use issues, or unsafe living conditions for example. However, the presence of danger does not automatically mean the social worker can override the person's choices, which can be difficult for social workers to accept if they can see another available pathway when different choices are made. Social workers must determine if a reportable event is occurring or if it is within the person's right to make poor life choices. (NASW, 2021a; NAPSA, 2012). Likewise, respect for self-determination does not mean ignoring coercion, cognitive decline, fear, vulnerability, or imminent threats. A person may also appear to be choosing freely while being controlled in ways that limit their autonomy and self-determination, thus introducing the question of whether reporting needs to occur regardless of if the client states that they are acting in their own volition. Ethical practice requires social workers to ask whether the person has meaningful choices available, not only whether they verbally agree to the situation (National Domestic Violence Hotline(b), n.d.; NAPSA, 2012).

A fourth pitfall occurs when social workers miss abuse or exploitation because the person does not appear as they expect a victim to appear. This means that bias does not only lead to unfair suspicion of some groups; it can also cause professionals to overlook harm in others who do not fit common stereotypes.

Families who are poor, Black, Brown, Indigenous, disabled, immigrant, or otherwise marginalized may be over-scrutinized, while families with wealth, whiteness, professional status, private insurance, or strong community reputation may be under-scrutinized. Letson and Crichton (2023) note that child abuse reporting can reflect both overreporting of minoritized and low-income families and underreporting of high-income and White families. Various aspects of personal and social identity – both the social worker's and the client's - may all shape whether professionals recognize harm. A child in an affluent family may be neglected, a teenage boy may be trafficked, a disabled adult may be accurately describing abuse, and an older adult may be financially exploited by a person who appears loving and responsible – but a social worker may overlook these concerns if they do not fit their expectations of what abuse looks like. Ethical assessment requires attention to the specific facts of the situation rather than reliance on stereotypes about who is vulnerable or who is dangerous (Administration for Children and Families, 2025; Letson & Crichton, 2023; National Human Trafficking Hotline, 2026a; Thomas et al., 2022).

Another way bias appears is through both how people choose to present themselves under scrutiny and how they are received by professionals. A person or family may appear calm, polite, educated, religious, high-achieving, cooperative, or well-resourced while harm is still occurring. An appealing or easy to navigate presentation should not be treated as proof of safety. At the same time, fear, anger, guardedness, mistrust, disorganization, limited eye contact, or refusal to answer questions should not automatically be treated as proof of danger. These can easily be trauma responses or cultural factors in communication. Many people have good reasons to distrust systems, especially when prior contact with helping professionals has resulted in harm. Social workers therefore need to notice presentation without interpreting it through their own worldview. The question is not whether the person appears respectable, grateful, or compliant per the social worker's perspective. The focus should instead be on the available facts, the context that may explain how someone is presenting, the risks that are present, and what additional information is needed before making decisions.

Another pitfall is disclosing too much information once a report is required. Reporting laws create exceptions to confidentiality, but they do not erase the obligation to protect privacy. Social workers should disclose what is necessary to meet the reporting duty and support safety. This is especially important when information involves sexuality, trauma history, substance use, undocumented status, survival strategies, or family conflict. Unnecessary or unrelated details can increase shame, immigration risk, family separation, can "out" someone, or cause institutional harm (NASW, 2021a).

A related pitfall is failing to consult. Social workers may avoid consultation because they feel they should already know what to do or fear being judged. They may also feel pressed for time and believe that a consultation may delay safety. Consultation is not a sign of incompetence but rather part of competent practice. Consultation can help clarify legal duties, reporting thresholds, ethical conflicts, safety concerns, cultural contexts, and possible unintended consequences. When consultation occurs, it should be documented, including who was consulted, why they were selected, what was discussed, and how the consultation informed the decision (Reamer, 2018; 2022). Conversely, poor documentation is a problem in itself. Documentation that only states whether or not a report was made is inadequate. As previously discussed, documentation is part of ethical accountability because it demonstrates the reasoning behind the decision, and becomes a record should the decisions need to be defended in the future (NASW, 2021a; Reamer, 2022).

Finally, social workers may fail to consider the harm caused by systems themselves. Child welfare, Adult Protective Services, law enforcement, healthcare systems, schools, residential programs, and courts can provide protection, but they can also create surveillance, coercion, family separation, retaliation, financial harm, racialized discrimination, or loss of trust. Ethical practice does not mean refusing to use systems when they are necessary. It means entering those systems with awareness, caution, advocacy, and continued responsibility to the people most affected by the decision (Dettlaff & Boyd, 2021; Roberts, 2014; Reamer, 2018).

Overall, these pitfalls show that ethical mistakes do not only happen when social workers ignore harm. They can also happen when professionals act from fear, rely on stereotypes, trust systems too easily, or mistake compliance with policy for meaningful care. Anti-oppressive practice, a core social work perspective, requires social workers to ask not only whether they are allowed or required to act, but also who may be harmed by the response and whose safety is being centered. This means adopting a critical approach to understanding underlying assumptions, selecting the least harmful response, and remaining accountable for outcomes so that protection - whenever necessary - does not become another form of control.

Questions for Reflection and Application

1. *Why might social workers confuse fast action with ethical action when responding to abuse, exploitation, or neglect?*
2. *How can bias lead social workers to both over-identify harm in some families and miss harm in others?*
3. *What does it mean to recognize that systems can be necessary for protection while also being capable of causing harm?*

VIII. Historical Harms

Ethical decision-making cannot be separated from the history of the social work profession or the systems in which social workers practice. Social workers have often been positioned as protectors of children and families, but the profession has also participated in and supported systems and practices that caused - and continue to cause - significant harm. NASW has formally acknowledged that social work has not always lived up to its commitment to social justice and has apologized for supporting policies and practices that harmed people of color. This apology explicitly includes acknowledgment of supporting segregation, removal of indigenous children from their families, and the presence of bias affecting equitable provision of care (NASW, 2021b). Despite the formal stated apologies, significant and often irreparable harm has occurred which social workers must always be cautious of and consciously resist repeating. It is both through understanding of historical errors and through consistent self-examination and professional discernment that this can be prevented from repeating again.

Furthermore, the Code of Ethics explicitly requires that social workers pay attention to these issues. Besides the directives discussed in the Preamble and Standard 1.05, the Code also addresses responsibility to broader society. Standards 6.01 and 6.04 require the promotion of the general welfare of society in ways that promote social justice while also taking concrete social and political action to ensure that all people have their basic needs met and can develop fully. This, combined with the obligation in Standard 1.05(c) for cultural humility and critical self-reflection creates a strong foundational requirement for social workers to understand historical harms and the impact these may have on current client situations.

Indigenous Boarding Schools

One of the clearest examples is the forced removal of Indigenous children from their families and communities. For more than a century, Indigenous children were forcibly taken from their homes and placed in government-funded and often church-operated boarding schools that were intended to separate them from their languages, cultures, spiritual practices, and family relationships (NNABSHC, 2020; U.S. Department of the Interior, 2024). Social workers were not separate from these processes; in fact, they were a central component of facilitating them. They participated in and upheld colonial policies that promoted assimilation, separated Indigenous children from their families and communities, and treated Indigenous cultures and ways of life as problems to be corrected. CSWE has formally acknowledged that the profession contributed to these harms and has called for

accountability, repair, decolonization, and support for Indigenous self-determination (CSWE, 2021). Furthermore, Indigenous-led research continues to document the psychological effects of boarding school history and the ongoing distress connected to cultural loss, family separation, and renewed public attention to boarding school abuses (Evans-Campbell et al., 2012; Sebwenna-Painter et al., 2023). These histories demonstrate that professional authority and stated concern for children do not automatically make an intervention ethical. In reality, those practices can be deeply unethical when a lack of cultural competence, a colonized worldview, and unchecked power dynamics are present.

The federal government has acknowledged that these policies intentionally targeted Indigenous children for forced assimilation and that the boarding school system was both traumatic and violent (U.S. Department of the Interior, 2022; 2024). Children were stripped of their clothing, belongings, and hair, punished for speaking their Native languages or engaging in cultural and spiritual practices, and subjected to physical, sexual, cultural, and spiritual abuse and neglect (NNABSHC, 2020). Research continues to document the mental health, substance use, physical health, and intergenerational effects associated with boarding school attendance (Evans-Campbell et al., 2012; Running Bear et al., 2019). For many children, the harm extended up to and including death. A federal investigation has confirmed that at least 973 American Indian, Alaska Native, and Native Hawaiian children died while attending federal Indian boarding schools in the United States, and has identified at least 74 marked and unmarked burial sites at 65 school locations. It is acknowledged that the actual number of deaths is likely much higher (U.S. Department of the Interior, 2024). These practices were frequently presented as education, protection, or improvement - demonstrating how systems can claim to act in a child's best interest while actively causing harm.

Black Youth and Child Welfare

The child welfare system has also disproportionately investigated, removed, and placed Black children into foster care. Black children have been particularly affected by racial injustice throughout child welfare systems, including higher rates of contact with Child Protective Services, investigation, removal, and placement outside of their homes. This overrepresentation is not explained only by actual rates of maltreatment. Because of structural inequities, Black families are more likely to experience poverty, housing instability, unequal access to healthcare and supportive services, and contact with institutions whose professionals are required to report suspected maltreatment. These conditions are themselves shaped by structural

racism and long-standing systemic barriers to housing, employment, healthcare, education, and economic stability. The result is a discriminatory loop: racism increases exposure to material hardship and institutional surveillance, and those same hardships are then interpreted as evidence of parental failure or family risk. This increases both the visibility of Black families to child welfare systems and the likelihood that unmet material needs will be treated as neglect rather than as consequences of structural inequality. Research also identifies racial bias, discriminatory decision-making, and differences in how risk is assessed as factors contributing to disproportionate welfare system involvement (Dettlaff & Boyd, 2021; Font et al., 2012; Thomas et al., 2022).

Disproportionality is produced across multiple decision points rather than through one single act of discrimination. A referral may be shaped by a teacher's, healthcare provider's, social worker's, or other professional's perception of risk. An investigation may be influenced by the resources available to a family, the neighborhood in which they live, or how a caseworker interprets parenting practices and household conditions. At any point in this process, unrecognized bias and negative assumptions may cloud the decision-making ability of people involved and affect the outcome. Decisions about removal, placement, reunification, and termination of parental rights may then build upon the inequities present at earlier stages. Social workers therefore need to consider not only whether harm may be present, but also whether racial bias, institutional policies, surveillance, poverty, or unequal access to support are shaping how a family is viewed and what interventions are considered necessary. A professional action may appear neutral when reviewed in isolation while still contributing to a larger pattern of unequal investigation, family separation, and state involvement (Roberts, 2014; LaBrenz et al., 2023).

Poverty

Furthermore, poverty has repeatedly been confused with neglect, and this confusion is connected to the history of the social work profession itself. Early social work developed in part through charity organization societies and the use of "friendly visitors," who entered the homes of people living in poverty to assess their behavior, determine whether they were considered deserving of assistance, and encourage conformity with dominant societal expectations about work, family life, morality, and self-sufficiency. Although these efforts were often presented as help, they also positioned volunteers as professional authorities over poor families and treated poverty as evidence of personal failure rather than as the result of unequal social and economic conditions. This history is important because social work has not

always been solely about helping people meet their needs in an altruistic and benevolent manner. At different points, the profession has also played a role in monitoring and regulating the lives of people experiencing poverty, often reflecting broader social beliefs about who was deserving of support and how families should live (Richmond, 1899; Reisch, 2019).

That same tension remains present when families are reported for conditions created by material hardship. Families may lack food, stable housing, childcare, transportation, medical care, or safe living conditions because necessary resources are unavailable or unaffordable, rather than because caregivers are unwilling to meet their children's needs. Research has consistently found a strong relationship between poverty and reports of child neglect despite the fact that poverty, financial hardship, and harmful parenting practices are not synonymous and must be assessed separately (Shook Slack et al., 2004; Palmer et al., 2022). Reporting or removing children does not correct the material conditions that created the concern and often causes additional harm and trauma while leaving the source of the problem untouched. Ethical practice requires social workers to consider whether a caregiver is unwilling to provide adequate care or is unable to do so because of poverty, discrimination, or lack of access to necessary support. A family's need for material resources should lead social workers to ask what access to tangible assistance is missing, connect the family with adequate resources, and pursue supportive interventions before considering removal or family separation.

These historical harms continue to shape how many families experience social workers, child welfare agencies, and other systems of authority. Mistrust may be grounded in personal, family, or collective experience due to the immense nature of the trauma that was experienced by engaging with social workers, either voluntarily or otherwise. Ethical decision-making must therefore account for historical harm, institutional power, and racial and economic inequity, while recognizing that actions taken in the name of protection can also reproduce control, family separation, and loss of autonomy. The ethical social worker understands that a seemingly hesitant or negative reaction towards social work interventions may be a result of historical harms and will become curious about ways to engage effectively that do not recreate past traumas.

Questions for Reflection and Application

1. *How do historical harms caused or supported by the social work profession continue to shape trust, fear, and engagement with helping systems today?*

2. *How can social workers distinguish between actions that genuinely protect people and actions that primarily increase surveillance, control, or family separation?*
3. *What responsibilities do social workers have to recognize historical harm and prevent current practice from repeating those patterns?*

IX. Case Narratives and Applications

Using the Case Narratives

The following case narratives are designed to help participants apply the ethical concepts discussed throughout the course. They are not intended to have a single obvious answer and different social workers may come to different conclusions as to what should be done. This is an acceptable outcome as long as each decision can be adequately justified. Each case contains partial information or pieces where more context might be needed because that is often how these issues appear in real-world practice. Social workers rarely receive a fully organized set of facts before they are expected to assess risk, consider legal duties, protect confidentiality, consult when needed, and decide what should happen next.

While reviewing each case, it is important to slow down the decision-making process and think through various aspects of what has been discussed in the course. Rather than moving immediately to whether a report should or should not be made, it is recommended to first identify what is known, what is suspected, what remains unclear, and what assumptions may be shaping interpretation. It is also important to consider which definitions may apply, what legal duties may be relevant, what protective factors are present, and what harms could result from action or inaction.

The cases also ask participants to notice how bias and social location can show up in practice and shape professional judgment. Take time to consider how personal assumptions and broader social narratives might influence what is assumed in each situation. These patterns are not included to make the cases more complicated for the sake of complexity, but rather because ethical decision-making requires social workers to understand how harm can be overlooked, exaggerated, or misread depending on who is involved and what systems are activated.

Participants should therefore use the cases as practice in professional discernment. A strong response should take into consideration the relevant laws and policies while remaining attentive to context, grounded in social work ethics, and inclusive of

protective factors and cultural considerations. Be mindful that the purpose is not necessarily to find the perfect answer, but to practice a decision-making process in a justifiable manner.

Case #1: Limited Resources and Suspected Elder Neglect

Ms. Evelyn Brooks is a 79-year-old woman who has lived in the same home for more than forty years. She has diabetes, limited mobility, and difficulty completing some daily tasks without assistance. Her adult grandson, Isaiah, moved into the home eight months ago and has become her primary source of support. He prepares meals, provides transportation, helps organize medications, and assists with household tasks. Ms. Brooks is clear that she trusts Isaiah and wants him to remain involved in her care.

During a home visit, the social worker notices that the refrigerator contains very little food, several utility bills are overdue, and parts of the home need repair. Ms. Brooks explains that her fixed income does not cover all of her expenses and that Isaiah recently lost his job. Isaiah confirms that they are struggling financially and says he has applied for several assistance programs but has received little response. There is no evidence that Isaiah is withholding food, misusing funds, threatening Ms. Brooks, or refusing to provide care. Instead, both appear to be doing the best they can with very limited resources.

The social worker becomes concerned that the conditions in the home may meet the definition of neglect and begins considering a report to Adult Protective Services. The social worker worries that failing to report could place Ms. Brooks at risk and is aware that agencies often expect professionals to act quickly when older adults appear to be living in unsafe conditions. At the same time, the social worker has not yet fully assessed the family's financial situation or explored available community resources. It remains unclear whether the concerns stem from caregiver neglect, self-neglect, poverty, or a combination of factors.

Ms. Brooks states that she does not want an investigation and is afraid that outside involvement could result in Isaiah being blamed, removed from the home, or pressured to stop providing care. She tells the social worker, “We need help paying for things. We do not need someone coming in here and acting like my grandson is hurting me.”

The social worker must decide whether there is reasonable suspicion of neglect, whether a report is legally required, what additional assessment is needed, and whether the more ethical response is to begin with practical support rather than immediate system involvement.

Questions for Reflection and Application

1. *What evidence in this case supports a concern about neglect, and what evidence suggests that the primary issue is poverty and lack of resources?*
2. *How might racism, ageism, assumptions about family caregiving, and professional discomfort with visible poverty shape the social worker's interpretation of the situation? What assumptions if any did you make about this family's race?*
3. *What resources and less intrusive interventions should the social worker explore before deciding that formal protective involvement is necessary?*
4. *How should Ms. Brooks's wishes and Isaiah's role as a supportive caregiver be included in the decision-making process?*
5. *What would distinguish an ethical protective response from one that simply shifts the consequences of systemic failure onto the family?*

Case #2: Suspected Child Neglect

Claire and Michael Whitmore are a white married couple living in an affluent suburban community. Claire is a physician, and Michael is an attorney who travels frequently for work. Their 11-year-old daughter, Sophie, attends a private school where she performs well academically and participates in competitive gymnastics. The family is well known in the community and regularly contributes to school fundraisers.

Over several months, Sophie begins arriving at school extremely tired and occasionally falls asleep in class. She tells the school social worker that she is often alone in the evenings because her parents work late or attend professional events. A housekeeper is present several days each week, but she usually leaves by early evening. Sophie prepares frozen meals for herself, manages her own medications for asthma, and is responsible for setting an alarm and getting herself ready for school. She says that her parents monitor her location through her phone and text her throughout the evening.

Sophie also reports that she injured her wrist during gymnastics practice several weeks ago. Her parents told her it was probably a sprain and instructed her to wear an old brace because they did not have time to take her for an evaluation. She continues to experience pain but is afraid to miss practice because her parents have emphasized the importance of maintaining her position on the team. When the social worker contacts Claire, she is irritated by the concern and states that Sophie is mature, highly capable, and has access to everything she needs. Michael later tells the principal that the social worker is overreacting and asks whether the school intends to treat every independent child as neglected.

Several school staff members hesitate to pursue the concern. They describe the Whitmores as responsible parents, note that Sophie is well dressed and academically

successful, and assume that the family could immediately obtain any service she needs. The social worker must determine whether Sophie's circumstances create reasonable suspicion of inadequate supervision or medical neglect and whether the family's wealth, whiteness, education, and professional status are influencing how seriously the concerns are being taken.

Questions for Reflection and Application

1. *Which facts raise concerns about inadequate supervision or medical neglect, and what additional information is needed?*
2. *How might the family's wealth, whiteness, professional status, and community reputation reduce professional scrutiny or cause concerning behavior to be reframed as independence?*
3. *Would the same circumstances be interpreted differently if Sophie lived in a low-income household or if her parents belonged to a racially marginalized group?*
4. *How should the social worker respond to pressure from the parents, school leadership, or other professionals who believe the family's social position makes neglect unlikely?*
5. *What legal and ethical responsibilities should guide the social worker's decision, regardless of the family's ability to privately obtain services?*

Case #3: Suspected Human Trafficking

Ethan is a 17-year-old Asian American student from a middle-class family. He attends a private school and is being recruited by several colleges for swimming. His parents are both highly involved in school and community activities. Ethan is referred to the school social worker after a teacher notices that he has become increasingly withdrawn, has missed several practices, and appears exhausted.

During their meeting, Ethan shares that he has been spending time with a 28-year-old man he met online. The man buys him clothing and electronics, gives him cash, and pays for hotel rooms where they meet. Ethan describes the relationship as consensual and says that the man is the only person who knows he is attracted to other men. He is adamant that his parents cannot be told because they have made openly homophobic comments and may remove him from school, restrict his phone, or force him to participate in religious counseling.

As the conversation continues, Ethan explains that the man has begun arranging for him to meet other adults in exchange for money. Ethan says that he does not want these encounters but has continued because the man has threatened to share private photographs and messages with his parents, coaches, and classmates. The man has

also told Ethan that no one will believe he was exploited because he accepted gifts, returned voluntarily, and did not attempt to leave during their meetings.

Ethan does not identify himself as a victim of trafficking and becomes angry when the social worker raises the possibility. He states, “I knew what I was doing. I just need him to stop threatening me.” He is afraid that involving law enforcement or his parents will result in public exposure, punishment, and the loss of his school and athletic opportunities. He asks the social worker to help him end the threats without telling anyone else.

The social worker recognizes that commercial sexual activity involving a minor may meet the legal definition of human trafficking regardless of whether force, fraud, or coercion can be established (National Human Trafficking Hotline, 2026b). At the same time, reporting the situation could expose Ethan’s sexual orientation, increase conflict within his family, and reduce his sense of control over what happens next. The social worker must determine what legal reporting obligations apply, what information must be disclosed, how Ethan can be included in the process, and what immediate steps are necessary to reduce the risk of continued exploitation without causing additional harm.

Questions for Reflection and Application

1. *What details in Ethan’s situation indicate possible trafficking, coercion, or exploitation, even though he describes the relationship as consensual?*
2. *How might Ethan’s age, gender, race, sexual orientation, family status, academic success, and athletic identity affect whether professionals recognize him as someone experiencing exploitation?*
3. *How should the social worker balance mandatory reporting responsibilities with Ethan’s fear of being outed, punished, or harmed by family and institutional responses?*
4. *What information should be disclosed, to whom, and how can the social worker limit unnecessary loss of privacy and control?*
5. *How can Ethan be included in safety planning and decision-making without placing the burden of stopping the exploitation entirely on him?*

Case #4: Institutional Neglect in a Residential Program

Andre is a 34-year-old man with cerebral palsy who lives in a residential support program for adults with disabilities. He uses a wheelchair and communicates verbally, although his speech becomes more difficult to understand when he is tired or upset. Andre has lived in the program for three years and has generally described several staff

members as kind and helpful. Over the past two months, however, he has become increasingly withdrawn during visits with his outpatient social worker.

During one meeting, Andre says that the program has been short-staffed and that some staff members are “too busy” to help him when he needs assistance. He reports that he has missed showers, meals have sometimes been left across the room where he cannot reach them, and his medication has been given late several times. He also says he has developed skin irritation because he has not always received help changing position or completing hygiene routines. When the social worker asks whether he feels safe, Andre looks away and says, “I do not want anyone to get in trouble. If I complain, they will know it was me.”

Andre says he has asked to speak with the program director, but the director told him that “everyone is doing their best” and that he needs to be patient because staffing is difficult everywhere. Andre also reports that one staff member became irritated with him after he asked for help several times in one evening and said, “You are not the only person here.” Andre does not describe being hit or directly threatened, but he says he has started avoiding certain requests because he does not want staff to become annoyed with him.

When the social worker contacts the program, the supervisor explains that the agency is facing severe staffing shortages and that no one is intentionally neglecting Andre. The supervisor states that Andre has “high needs,” that the staff are exhausted, and that making a formal report would make it even harder to recruit workers. The supervisor also points to a recent policy change in state reimbursement rates that limit staffing capacity and discusses broader workforce shortages in the region, all of which may contribute to delays in care and discourage escalation of concerns. The supervisor asks the social worker to handle the concern informally first and not “escalate” unless there is clear proof of abuse. The social worker is also aware that Andre has limited alternative housing options and worries that a report could disrupt his placement or lead to retaliation from staff.

The social worker must determine whether the facts raise reasonable suspicion of neglect, whether institutional neglect or caregiver neglect may be present, what immediate safety concerns exist, and whether a report is legally required. The social worker also needs to consider Andre’s right to participate in the decision-making process and balance that with his fear of retaliation. The social worker must also determine if only staffing shortages may explain the problem without excusing the harm, and consider if there is any broader sociopolitical action required due to the policy changes. The central question remains whether Andre’s basic needs are being met and whether the institution responsible for his care is providing safe and adequate support.

Questions for Reflection and Application

1. *What facts in this case raise concern for institutional neglect, caregiver neglect, or both?*
2. *How should the social worker consider Andre's fear of retaliation while still responding to possible neglect?*
3. *Why is staffing shortage relevant to context but not automatically an ethical defense for unmet care needs?*
4. *What information should the social worker document, and how can the record avoid blaming Andre given the staff's perceptions of him?*
5. *What should the social worker do next and why?*

X. Documentation, Consultation, and Follow Up

Documentation, consultation, and follow-up are the parts of ethical decision-making process that show what the social worker actually did after identifying a concern. There is an old adage in social work: "if it isn't documented, it didn't happen", which speaks in part to the fact that accountability requires written form in order to be considered as relevant evidence in various social services systems. In situations involving abuse, exploitation, and neglect, documentation should be specific enough that another professional can understand what factors raised the concern, any deliberations that were made, and what happened next. The record should separate direct observations from client statements, collateral information, professional interpretation, and unanswered questions. "Client reported that her son took her debit card without permission" is different from "son appears to be financially exploiting client." Both may matter, but they are not the same kind of information.

Documentation should also name the legal or ethical concern being considered. If the concern involves possible neglect, financial exploitation, trafficking, institutional abuse, or imminent danger, the record should say so. If a report is made, the record should explain the basis for reasonable suspicion. If a report is not made, the record should explain why the threshold was not met and what will happen next. This is especially important because mandated reporting laws depend on specific thresholds, definitions, and reporting requirements that vary by jurisdiction and population (Child Welfare Information Gateway, 2023).

The written record should also indicate that the social worker considered less intrusive options and include an explanation as to why those options were or were not sufficient. This emphasis comes from core social work ethics and legal principles such as the duty to use the least restrictive intervention, respect for client autonomy, and awareness of how systemic inequities can influence risk assessments and

reporting decisions. If in the moment support, voluntary services, safety planning, or caregiver assistance could reduce risk without unnecessary harm, the record should show that these options were considered and implemented. If those options were not adequate because the danger was immediate or the person could not safely use the available supports, that reasoning should also be documented. Documentation is not intended to demonstrate that the social worker arrived at a perfect solution, but to show that the response was well thought out and based on a comprehensive assessment rather than fear, bias, or automatic referral.

The language used in documentation also matters because records do not remain neutral once they enter systems of authority, and the way social workers describe clients or their circumstances creates the foundation for understanding all aspects of a case. A phrase such as “family is noncompliant” communicates something very different than “family declined the referral because they are afraid of child welfare involvement.” Describing a client as “manipulative,” “resistant,” “difficult,” or “refusing help” may reflect the worker’s frustration more than the client’s actual behavior or motives. In situations involving abuse, exploitation, and neglect, documentation can affect whether or not a client's perspective is believed and how the systems around them respond. Anti-oppressive perspectives in documentation require social workers to describe the person(s) and setting without using labels that pathologize them or impose dominant social norms. The social worker must also be cautious not to hide the role of poverty, racism, disability, fear, trauma, culture, or prior system harm. This requires case notes that are honest yet thoughtful enough to ensure that the write up does not cause additional harm.

Consultation matters most when the social worker is unsure what standard applies, whether they have the appropriate training or competence, need a second opinion, or want to check for bias or blind spots. Determining who to consult with is also part of ethical decision-making. An agency supervisor may be the first point of contact depending on the specific service setting. However, in-house supervision alone may not be enough when the issue falls outside of the regular practice context or has a high level of complexity. In those situations, social workers may need to seek additional consultation from someone with the relevant expertise to the concerns with a high level of skill. Therefore, best consultant is not always the person who is most readily available but rather the person with the most appropriate insight into the issue. Additionally, social workers should share the least amount of information needed to achieve the consultation purpose in order to protect client privacy (NASW, 2021a, Standard 2.05).

Additionally, having another professional to consult with is also important when the social worker has the presence or potential presence of a dual relationship. Code of Ethics Standard. 1.06 explains that social workers should not engage in dual relationships when there is a risk of exploitation or harm to the client. There are some instances, such as living in a rural town or being part of a marginalized local community, where dual relationships are unavoidable. When this occurs, it is imperative to seek outside guidance as overlapping relationships can affect judgment, confidentiality, and the appearance of impartiality (NASW, 2021a, Standard 1.06).

Consultation should be valued and respected as a standard part of practice because of the power that social workers hold over people's lives in these instances, and this is one way to minimize risk to clients. According to Tufford & Lee (2018), common conversations may involve questions about capacity, retaliation, client refusal, institutional pressure, or whether the reporting threshold has been met. Additionally, they can be used to test reasoning, identify blind spots, and support a justified decision rather than to transfer responsibility. Consultation is intended to clarify issues while still leaving the final decision with the social worker. This may differ from a supervisory relationship where the supervisor may have the final say in a reporting decision. Any time a consultation occurs, the record should identify who was consulted, what guidance was given, and how it shaped the final decision.

Follow-up is compassionate and necessary as part of continuity of care. A report may be necessary, but the person or family may still need support after it is made. This may mean explaining what happens next, checking for immediate safety, helping with basic needs, coordinating with providers and other resources, or staying alert to new risk. Follow-up also matters when no report is made. Not reporting does not mean the concern disappears, it simply means it did not meet the threshold to break confidentiality and inform authorities. In this instance follow-up is a critical component to ensure the situation does not worsen. The social worker may still need to safety plan, offer referrals, address material needs, reassess capacity, support voluntary services, or return to the issue if new information emerges.

Follow-up should be guided by the client whenever possible. This may include asking what support they want, what they are afraid will happen, who they trust and why, what has helped before, and what could make the situation worse. This is particularly important when there is a risk of retaliation or increased danger after

disclosure as survivors of violence are most likely to know their perpetrator's patterns. Safety planning resources when violence is involved emphasize that planning should be individualized and responsive to the survivor's own circumstances, fears, resources, and assessment of danger (National Domestic Violence Hotline(a), n.d.). Additionally, follow-up practices should strive to reduce harm and preserve dignity throughout the process.

Overall, documentation, consultation, and follow-up are the practices that help move ethical decision-making from intention into practice. They show that the social worker did not simply react to fear or agency habit, but rather took time to identify the concern clearly, consider the least harmful available response, seek appropriate guidance, protect client privacy, and remain engaged after the decision was made. In situations involving abuse, exploitation, and neglect, the decision itself matters, but so does the process surrounding it. Ethical practice requires social workers to be able to explain not only what they did, but why they did it, who was consulted, what alternatives were considered, what information was protected, and how the person or family continued to be supported afterward.

Questions for Reflection and Application

1. Why are documentation, consultation, and follow-up part of ethical decision-making rather than only administrative tasks?
2. How does consultation strengthen ethical decision-making and improve accountability?
3. Why is follow-up important after a decision has been made, regardless of whether a report was filed?

XI. Self-Care and Collective Care

Work involving abuse, exploitation, and neglect asks social workers to repeatedly witness human suffering. How we walk with others on their journeys can contribute to healing or can cause additional harm, but the same is true for the effects this has on the social workers themselves. Hearing about violence, coercion, abandonment, institutional failure, family separation, and survival under impossible conditions can affect the nervous system of the professional, which may cause vicarious trauma, compassion fatigue, or burnout (Stamm, 2010). Vicarious trauma refers to the deeper shifts that may occur when repeated exposure to others' trauma changes how a professional sees safety, trust, power, control, or meaning. Compassion fatigue refers to the emotional and physical exhaustion that can come from sustained empathic engagement with suffering. Burnout is often tied to chronic

workplace stress, overload, moral distress, and systems that demand more than people can safely give.

Self-care is often named as the answer to these stressors and is a required component of ethical practice (see: Purpose), but self-care alone is not enough. A breathing exercise cannot fix impossibly high caseloads. A walk after work cannot repair chronic understaffing. A therapist cannot “wellness plan” their way out of exploitative labor conditions, racist systems, poverty wages, constant exposure to trauma, or agencies that treat workers as replaceable. Individual practices may still matter, and they do help to partially regulate overwhelmed nervous systems, but they cannot be the full supportive measure of care. Social workers also need collective care, supervision, peer support, workload advocacy, community connection, and organizational structures that make sustainable practice possible. More importantly, the profession as a whole needs to be working towards the creation of systems that are not exploitive and that do not continue traumatizing people.

Attending to self- and collective care matters ethically because impairment is not only a private problem. The NASW Code of Ethics states that social workers should not allow personal problems, psychosocial distress, substance use, mental health difficulties, or other concerns to interfere with professional judgment or jeopardize the people for whom they hold professional responsibility. It also states that social workers should seek consultation and take appropriate steps when such concerns interfere with judgment or performance (NASW, 2021a, Standard 4.05). In the context of abuse, exploitation, and neglect, this means social workers must be attentive to how their own distress may shape assessment, risk tolerance, documentation, client communication, and reporting decisions. This also includes being aware about how their own past experiences with abuse, exploitation, or neglect in their personal histories may affect their judgment when responding to issues with clients that may present similar scenarios. In these instances, consultation could be considered a form of self-care as well, as another professional may be able to identify when the social worker may be over-relating to a client’s experience because of countertransference.

One practical tool for self-assessment is the Professional Quality of Life Scale, Version 5, often called the ProQoL 5. The ProQoL 5 is designed to measure compassion satisfaction, burnout, and secondary traumatic stress among helping professionals who work with people experiencing trauma (Stamm, 2010). Social workers may benefit from completing the ProQOL 5 every six to twelve months, as a proactive self-assessment measure to maintain awareness of personal wellbeing.

The purpose is not to be diagnostic, but to notice patterns early enough to respond effectively and prevent further emotional decline. This kind of self-assessment can help the worker recognize when emotional and behavioral strain are beginning to affect professional judgment. It can also support more honest conversations in supervision or consultation about what the worker needs in order to continue practicing safely and ethically. When used appropriately, the ProQOL 5 should support reflection and can help to advocate for conditions that make trauma-exposed work more sustainable.

It is important to note that staying well enough to practice ethically cannot be treated as only an individual responsibility. Anti-oppressive practice requires social workers and organizations to ask why so many helping professionals are expected to function inside systems that harm both clients and workers (Dominelli, 2002; Baines, 2017). Agencies need policies that support manageable caseloads and adequate time off, meaningful supervision, paid time for documentation, trauma-informed leadership, safety planning for staff, culturally responsive consultation, and actions plans to process grief after exposure to violence and loss. Collective care also requires broader policy and structural change, including adequate funding for services, labor protections, equitable resource distribution, and accountability mechanisms that prioritize both worker well-being and client outcomes.

Taking care of oneself is part of ethical practice, but it must be understood inside a larger commitment to collective care and systems change. Social workers cannot respond well to abuse, exploitation, and neglect while ignoring the conditions that make ethical practice unsustainable. Being aware of this and striving for change is a necessary part of staying connected to humanity and avoiding indifference to injustice. The systems in which social workers work should not traumatize the people seeking help, and they should not traumatize the people trying to provide it. Focusing on self-care and collective care is one way to ensure that both practitioners and those they serve can thrive within systems that support dignity, safety, and justice.

Questions for Reflection and Application

1. *Why should self-care and collective care be understood as part of competent ethical practice rather than as personal wellness alone?*
2. *How can vicarious trauma, compassion fatigue, and burnout affect professional judgment in situations involving abuse, exploitation, and neglect?*
3. *What responsibilities do agencies and systems have to create conditions where social workers can remain healthy and compassionate in trauma-exposed work?*

XII. Conclusion

Responding to abuse, exploitation, and neglect requires social workers to hold several truths at the same time. Safety matters. Autonomy matters. Legal duties matter. Context matters. Power matters. So does the reality that professional intervention can both protect and harm. Ethical decision-making begins by recognizing that these situations rarely come with complete information or a single obvious answer.

Throughout this course, abuse, exploitation, and neglect have been examined across the contexts in which social workers often encounter them, including child welfare, adult services, eldercare, disability services, caregiving relationships, and institutions. These distinctions matter because the language used around a concern and the way it is framed in context shapes the response that follows. This course has addressed that each type of concern does not necessarily raise the same questions or trigger the same reactions and reporting duties. Each requires attention to the person affected, the type of harm involved, the legal standard that may apply, and the risks created by action or inaction. The social worker must weigh all of these factors when deciding how to intervene.

Ethical practice also requires awareness of professional power. Social workers often enter situations shaped by fear, vulnerability, family conflict, limited resources, institutional failure, and historical mistrust. While a report may interrupt harm or connect someone to protective measures, it may also increase surveillance, retaliation, stigma, family separation, or loss of trust. This does not mean social workers should avoid reporting when reporting is required. It means reporting should be conducted with caution, awareness, and professional accountability. Social workers must always be aware that they hold power in any scenario and must be attentive to the effects this can have on the lives of individuals and families.

The decision-making models, ethical foundations, case narratives, and common pitfalls reviewed in this course point toward the same responsibility: act with urgency when safety requires it but take the appropriate amount of time needed to understand what is actually happening. Social workers need to be clear about what they believe is a concern, what legal requirements apply, whether consultation is needed, and what follow-up will occur. The documented record should clearly show all of these actions to support why their decision was defensible based on what was known at the time.

In the reality of practice, clear answers are often not available and yet decisions still have to be made. These decisions should be grounded in careful, competent, and accountable practice. Social workers must be willing to act when action is required but they must also resist fear-based reporting, avoidance, bias, overreach, and the

assumption that formal systems are automatically neutral or protective. They must also recognize that ethical practice requires self- and collective care. Witnessing trauma holds the potential to change people, and no social worker can remain fully balanced inside systems that demand endless exposure without adequate support. The intention of protecting those who are vulnerable must never become another form of harm for clients or practitioners. Ethical practice requires self-awareness, humility, collective responsibility, and accountability to the dignity, safety, and self-determination of the people most affected by the decisions social workers make.

The final measure is not whether the decision and resulting actions felt ideal. In this work, many decisions will remain uncomfortable because real people have to live with the consequences, and those consequences often involve loss, risk, or competing needs that cannot all be satisfied at once. Social workers are frequently required to choose between imperfect options and even times when any action may cause some form of harm or distress, thus making it impossible to reach a solution that feels fully right or complete. What matters is whether the social worker actively challenged power imbalances, centered the voices and rights of those most affected, and worked to resist oppression while remaining accountable for their actions. That is what makes ethical decision-making more than compliance, but a whole-hearted commitment to justice, dignity, and ongoing learning.

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Post-Test Questions

1. In situations involving abuse, exploitation, or neglect, legal compliance should be understood as:

A. The complete ethical response
B. A minimum requirement that may still require safety planning, documentation, consultation, and follow-up
C. Less important than client self-determination in every situation
D. Only relevant when a client directly asks for help

2. An ethical dilemma occurs when:

A. A social worker is unsure which agency policy applies
B. A client refuses to accept the social worker's recommendation
C. A social worker must choose between actions supported by competing professional values
D. A mandated report is required by law

3. Which of the following best describes reasonable suspicion?

A. A feeling that something may be wrong
B. A conclusion based only on what a supervisor recommends
C. An objective belief based on the circumstances, professional training, and available information
D. Proof that abuse, exploitation, or neglect has occurred

4. When reporting laws vary by state, population, setting, and professional role, social workers should:

A. Rely on general knowledge of mandated reporting
B. Follow agency habit, since workplace practice is usually enough
C. Review the applicable legal standard and seek consultation when the duty is unclear
D. Wait until abuse, exploitation, or neglect has been proven

5. Which of the following is an example of coercive control?

A. A single argument between two adults
B. A pattern of threats, isolation, financial control, monitoring, or intimidation that reduces a person's agency
C. A caregiver making one poor decision during a stressful week
D. A client choosing to remain in a relationship the social worker dislikes

6. When material hardship is present in a possible neglect concern, the social worker should first ask:

A. Whether the caregiver appears deserving of assistance
B. Whether the concern reflects caregiver unwillingness, lack of access to resources, or both
C. Whether the family's living conditions create discomfort for the professional
D. Whether they should ignore material hardship unless abuse is also present

7. The concept of dignity of risk means that:

A. Professionals should avoid intervening even when imminent danger is present
B. Individuals have the right to make decisions that may involve risk when they have capacity to do so
C. Risk always proves that self-determination should be limited
D. Clients should be protected from all possible negative consequences

8. According to the course, protective factors are important because they:

A. Cancel out any concern about abuse, exploitation, or neglect
B. Help social workers understand existing supports, resources, and less intrusive options
C. Prove that formal system involvement is unnecessary
D. Matter only in child welfare cases

9. Which ethical value is most directly connected to challenging poverty, racism, disability discrimination, ageism, gender-based violence, migration status, and institutional power?

A. Integrity
B. Competence
C. Social justice
D. Service

10. The NASW Code of Ethics allows social workers to limit self-determination when:

A. A client makes a decision the social worker believes is unwise
B. A client's actions or potential actions pose a serious, foreseeable, and imminent risk to self or others
C. A family member disagrees with the client's decision
D. The social worker feels uncomfortable with uncertainty

11. In the Belmont Report, respect for persons includes:

A. Treating individuals as autonomous agents and recognizing that people with diminished autonomy may need protection
B. Making decisions for clients when professionals believe they know best
C. Prioritizing institutional policy over client preference
D. Avoiding all intervention when a client refuses services

12. Why are ethical decision-making models useful in abuse, exploitation, and neglect cases?

A. They replace professional judgment
B. They guarantee that every social worker will make the same decision
C. They help organize competing values, legal duties, uncertainty, consultation, and documentation
D. They eliminate the need to understand state law

13. In Dolgoff, Loewenberg, and Harrington's Ethical Principles Screen, the highest-order principle is:

A. Privacy and confidentiality
B. Autonomy and freedom
C. Truthfulness and full disclosure
D. Protection of life

14. A common pitfall in responding to abuse, exploitation, and neglect is:

A. Seeking consultation when the reporting threshold is unclear
B. Disclosing only the information necessary to meet the reporting duty
C. Assuming that risk automatically cancels autonomy
D. Documenting the reasoning behind the final decision

15. Which statement best reflects the course's discussion of bias in assessment?

A. Bias is only a concern when social workers are assessing families from marginalized communities
B. Bias can shape which families are scrutinized, which families are trusted, and which harms are recognized
C. Bias is mostly avoided when the social worker has good intentions
D. Bias matters less when the person or family has access to money, education, or professional status

16. Why does the historical harms section matter for ethical decision-making today?

A. It shows that social work intervention has always been harmful
B. It reminds social workers that actions taken in the name of protection can also reproduce surveillance, control, family separation, and loss of trust
C. It proves that mandated reporting should be avoided whenever possible
D. It applies only to past practice and not current professional decisions

17. According to the NASW Code of Ethics, social workers should avoid searching for clients online or reviewing their social media without informed consent unless:

A. The information is publicly available
B. The social worker is curious about whether the client is telling the truth
C. There is a clear ethical reason such as serious, foreseeable, and imminent harm
D. The agency usually allows staff to look up clients online

18. In Ethan's case, the social worker must recognize that commercial sexual activity involving a minor may meet the legal definition of trafficking even when:

A. The minor accepted gifts or returned voluntarily
B. The minor does not identify as a victim
C. The minor fears being exposed, punished, or harmed by the response
D. All of the above

19. In the Whitmore case, Sophie's family context matters because it may cause professionals to:

A. Interpret signs of possible neglect as independence, maturity, or high achievement
B. Assume wealthy families are more likely to neglect children
C. Treat defensiveness from parents as proof that neglect occurred
D. Ignore Sophie's statements because children cannot reliably describe their own needs

20. Why are self-care and collective care included as part of ethical practice?

A. Because personal wellness replaces the need for supervision
B. Because impairment, burnout, vicarious trauma, and compassion fatigue can affect professional judgment and client care
C. Because trauma-exposed work should be managed privately by each social worker
D. Because agencies have no responsibility for working conditions