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Moral Hesitance in Situations of Child Abuse

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ABSTRACT

In recent decades, after several family tragedies with fatal outcomes in the Netherlands, a critical attitude emerged towards the role of youth care that prompted refinements of procedures and guidelines. These measures partly aim to eliminate moral hesitancy among social workers, defined as hesitation to act while expected to know the morally right thing to do. Yet such efforts were implemented without substantial insight into the phenomenon itself. This qualitative study investigates how social workers experience moral hesitance in situations of child abuse and how such hesitance manifests itself and is managed. In-depth interviews were conducted with twenty workers varying in age, experience, background, and position. Grounded theory analysis revealed three types of moral hesitance: role ambiguity, uncertainty about possible courses of action, and limitations. These categories improve the understanding of moral urgency in child abuse contexts and demonstrate that moral, cognitive, and practical challenges contribute to the development of moral hesitance. While hesitation may persist, fade, or be overridden by external pressures, it can also stimulate deliberate moral reflection and promote moral competence. Further research is needed to identify additional types of moral hesitance, examine their interplay, and develop support for workers who encounter moral hesitance in daily practice.

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Introduction

In recent decades, after several family tragedies with fatal outcomes, a critical attitude emerged in the Netherlands towards the role of youth care (Knijn et al. 2011). Previously, the role of youth care was characterised by supporting the parent–child relationship for as long as possible and by keeping interventions as 'light as possible'. Following serious incidents, youth care policy shifted toward a more supervisory role, recognising the 'boundaries of voluntary care' and grounded in the principle that interventions should be 'as heavy as needed' (Knijn et al. 2011; Kuijvenhoven 2010). This shift became visible in

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legislation, protocols, guidelines, and procedures (Beek et al. 2017; Kuijvenhoven 2010). Also, a national code on reporting child abuse became mandatory (Knijn et al. 2011).

To a certain extent, these measures aim to rule out what has been framed in Dutch as 'handelingsverlegenheid', which can be translated as 'hesitance to act'. This study focuses on the moral dimension of 'hesitance to act' and will translate it as 'hesitance to act morally', or, in shorthand, 'moral hesitance'. It points to (observed or experienced) hesitance to act, while being expected to know that one should do the morally right thing. Interestingly, measures to rule out moral hesitance were taken without insight into the phenomenon itself. To date, empirical research on this phenomenon of moral hesitance is scarce (Kole 2013; Kole 2015). This study aims to compensate for this gap.

Theoretical background: the concept of moral hesitance

The Dutch term 'handelingsverlegenheid' is frequently used in Dutch social and youth care, but there is no English equivalent in the literature. Our study focuses on the moral variant of this phenomenon. It introduces a new term to the English social work ethical literature: 'hesitance to act morally'. We think the concept captures an important phenomenon that involves a set of complex experiences that social and youth care workers frequently have, not only in The Netherlands.

In the beginning of its use in The Netherlands, the term 'hesitance to act' was primarily ascribed to social workers by others, e.g. policy makers, who sometimes 'accused' youth care professionals of a lack of decisiveness and courage or steadfastness to act in urgent child abuse cases (Kole 2013; Van den Hoven 2017). Gradually, it became less judgmental, more neutralised and adopted by other professions in education, health care, and the police, and was transformed into a concept focused on inaction in stressful or complex situations, thereby instigating research on support strategies for professional practice (Jonkers et al. 2012; Mulder 2021; Speelman 2013). However, in most of these studies, the concept of 'hesitance to act' lacks empirical support. As noted above, this study aims to address this gap from an ethical perspective, focusing on inaction while expected to know the right thing to do: moral hesitance.

'Hesitation to act morally' seems to be related to a concept in action theory, namely 'weakness of will (Akrasia)' (Stroud 2025). This phenomenon appears to be reflected in some bystanders' accusations that social workers lack courage and steadfastness. However, 'weakness of will' focuses primarily on the will as a possible impediment to doing the right thing, presupposing an established judgement and the opportunity to act on it. In contrast, our concept of 'moral hesitance' does not preclude, in advance, impediments to decision-making or a lack of opportunities to act.

The meaning of the concept of moral hesitation can be further explored by comparing it to similar conceptualisations of morally difficult situations in (professional) practice. Banks and Williams (2005), and Banks (2006), for example, distinguish between moral issues, problems, and dilemmas based on the degree to which moral agency is experienced. In all three categories, a situation or event is experienced as morally laden, but they differ in the extent to which they are framed as an event in which one acted as a moral agent. Banks (2006) illustrates this distinction with an example in which a social worker must decide whether to grant a parking permit based on a physical disability, even though the applicant does not fully meet all the criteria. A moral issue arises

when the social worker is aware that her decision involves compensating for a disadvantage but sees it primarily as the technical application of criteria to a situation, so that she can deny its application without further pain or discomfort. A moral problem arises when the social worker does feel this discomfort and experiences the decision as a difficult moral one but knows how to decide. A moral dilemma arises when the social worker experiences the situation as a choice between two courses of action, each with undesirable consequences involving a conflict of moral values – for example, strictly adhering to the rules and denying the permit, or bending the rules and granting the parking permit. It seems plausible that a situation experienced as a moral dilemma can lead to hesitation to act morally. Further research should examine the potential role of moral dilemmas in the development of moral hesitation.

Morally challenging situations are also conceptualised in terms of the content of moral tensions at stake (Banks 2006; Lev 2024), such as the conflict between individual rights and collective welfare. Their approach can help map the scope of participants' moral sensitivity. Despite the added value of a refined focus on moral sensitivity, these conceptions primarily concern expectations about what is the right thing to do, rather than the different ways in which actors are puzzled or perplex on what the best action could be. This puzzle characteristic of moral hesitance deserves further inquiry.

Moral hesitance may also be related to concepts of moral adversity concerning the extent to which barriers to action evoke negative emotions, such as moral stress, moral distress, moral injury, and moral decay (Olcon et al., 2021; Rushton 2018). In the development of these concepts, there is ongoing debate about the nature and origin of such barriers – whether they are solely externally imposed by (neoliberal) organisational policies (McMillan 2020), or whether they also arise in interaction with, for example, shortcomings in the individual experiencing moral distress (Lev 2024; Morely 2019). Hesitation to act morally may be accompanied by negative emotions such as moral distress. Further research into the symptoms of these negative emotions during moral hesitation is needed.

Several empirical studies shed light on challenging situations related to professional practices within subsequent responses to (suspicions of) child abuse. Examples include informing clients about mandatory reporting obligations during intake (McLaren 2007), deciding whether or not to report suspected child abuse (Forsner et al. 2021), home visits (Cook 2020), or responding to allegations of child maltreatment within the context of child custody disputes (Sani 2019). These studies offer insight into the barriers and constraints to moral action, thereby helping to identify the characteristics or types of hesitance to act. However, except for McLaren (2007), these studies are not comprehensively ethically embedded, sometimes leading to new instructions and protocols while overlooking the moral dimension. Furthermore, these studies focus on specific practices and issues, missing out on the dynamics of professional practice in situations of child abuse.

Morally tense situations when suspecting child abuse

In the Netherlands child abuse is defined as

> any form of threatening or violent interaction of a physical, psychological, or sexual nature with a child by the parents or other persons with whom the child is in a relationship of

> dependence or trust, causing or likely to cause serious harm to the child in the form of physical or psychological injury. (Jeugdwet [Dutch Law], 2024)

This definition shows a broad focus on child abuse, including, for example, witnessing home violence. Social work plays a key role in identifying and addressing (suspected) child abuse and includes voluntary as well as mandatory forms of assistance. When abuse is suspected, citizens and professionals can contact Safe Home (Veilig Thuis), the national advice and reporting centre. Safe Home assesses the situation and may refer families to appropriate services or initiate an investigation. Voluntary support is often provided through local neighbourhood teams (community-based social work), school social workers, or ambulatory family support. These services aim to strengthen families and prevent escalation and are usually coordinated and funded by the municipality. If voluntary help is insufficient, mandatory interventions may follow. The Child Protection Board can investigate and provide advice to the court. A judge may impose protective measures, such as supervision orders, after which youth protection services (certified agencies) monitor and support the family.

Social workers suspecting child abuse often enter a morally tense situation in which various conflicting values are at stake, such as mental and physical integrity, family life, confidentiality, inclusiveness, and justice (Mikkonen 2021). Violations of these values upset many in society and quickly cause emotions to run high (Lonne et al., 2016; Warner 2015). Insight into moral hesitancy can help identify the moral competencies that social workers need to address these situations in a better way, thereby contributing to the professional ethics of social work.

This study, therefore, aims to examine the moral hesitance experienced by social workers in situations of child abuse and maltreatment and to explore potential variations in its manifestation. The research questions for this study are: *What are the experienced characteristics of moral hesitance? What types of moral hesitance do social workers encounter in situations of child maltreatment, what are its causes, and how do they deal with it?*

The examples of moral hesitance presented in this paper will be used to identify the competencies required to address moral hesitance in the second part of the project, of which this study is a part.

Methods

Understanding moral hesitance as a new and unstudied concept necessitates a qualitative research approach characterised by openness in data collection, diversity in the sample, and refined grounded theory data analysis.

Data collection

Due to the novelty of the concept and the sensitive and complex nature of the topic, a qualitative research approach was most appropriate. Open, semi-structured, and in-depth interviews were conducted. We decided that we would ask only one initial question with a few follow-up questions in order to allow interviewees to share their own narrative as much as possible (Smith 2022). The starting question was: ‘Can you take me back to a situation involving children that made you insecure about what was the right thing to

do?' This question was chosen to directly relate to the experiences of interviewees. One researcher, the first author, conducted all interviews to decrease differences in scope. The interviewer determined whether the situation described by the participant met the criteria for (a suspicion of) child abuse, using the definition of child maltreatment according to Dutch law (2024).

Follow-up questions were used to clarify or deepen the narrative; guiding questions were used in case the participant got stuck in their flow of thoughts. The interview guide was discussed with the co-authors and further developed and refined during meetings with fellow researchers, to make it as neutral as possible while also maintaining a nonjudgmental and understanding attitude. During these meetings and additional meetings with the third author, attention was also paid to bracketing, thereby preventing the interviewer from infusing their own experiences into the narrative and thereby increasing the reliability and accuracy of the data (Hennink et al. 2020; Smith 2022). At the end of the interview, the interviewer summarised the narrative and asked the participant for any changes and additions. The duration of the interviews varied from 48 to 107 min. The recordings of the interviews were first converted into draft transcripts using speech recognition software (f4 Speech Recognition) and then corrected and pseudonymised with transcription software (f4 Transcript). F4 software is certified for scientific qualitative research. Based on the recordings and an initial review of the corrected transcript, a summarised scenario was constructed and sent to the interviewee, asking whether it evokes a roughly similar experience to that described during the interview and whether it is reminiscent of the actual situation. If permission was granted, the case was included in a file for subsequent research.

Sample and recruitment

To study the diverse characteristics and types of moral hesitance, a cross-sectional sample of social workers was needed, with characteristics and functions as diverse as possible. We included both professionals with a bachelor's degree in social work (or a certification from secondary vocational education that qualifies them to work at this level) and social work students undertaking an internship, assuming that they might experience moral hesitancy in different ways.

Two different recruitment strategies were used. Students performing a full-time social work internship were recruited by ethics teachers during ethics workshop meetings at Hanze University of Applied Sciences, Groningen, The Netherlands. Social work professionals were primarily recruited through their institutions via briefings during regular meetings or announcements on their websites. Neither the ethical teachers at Hanze University nor the team managers at the institutions were informed of who was participating in the research. Some respondents were spontaneously 'recruited' via other respondents (snowball method) (Hennink et al. 2020).

The sample consisted of twenty social workers and students, varying in experience, age, background, and position, all based in The Netherlands. Nine respondents were social work students doing internships. The eleven professionals had 1–31 years of professional experience, working 6 months to 29 years in their current function. The age of the participants ranged from 20 to 64 years. Seventeen of the respondents identified themselves as women, three as men. Five participants had an immigration background.

Thirteen participants provided voluntary assistance, including five as family support workers, two as members of a neighbourhood team, three as youth workers, two as school social workers, and one as a social worker who links volunteers to families. Seven participants worked as child protection workers: one in a Safe Home (Veilig Thuis) agency, three in a Child Protection Board, and three at Youth Protection. A table of the sample's characteristics is omitted to prevent participant identification.

Data analysis

Coding was performed using the Atlas.ti application. The open structure of the interview invited the interviewees to speak in depth about their experiences, resulting in rich but sometimes unstructured narratives. Information about the same situation was often scattered throughout the interview. Therefore, we first 'defragmented' the transcripts by bringing together segments related to the same situation and placing them in chronological order.

The first author coded all transcripts. Concept codes were discussed with the third author biweekly, including one discussion each month during the full-team meeting, for which the first author prepared a presentation containing coding descriptions, examples, memos, and network diagrams. One transcript was partially coded by fellow researchers and compared for analysis. Saturation in the analysis was reached after examining the first 12 of the 20 transcripts, as no new information emerged that necessitated adjustments to the coding. Participants received a newsletter with the results.

To utilise the rich and detailed data in developing the characteristics and a typology of moral hesitance, the grounded theory strategy was employed. This strategy aims at developing theory inductively from textual data itself rather than testing a pre-existing hypothesis (Hennink et al. 2020; Saldaña 2021). Segments of the dataset related to participants' perceptions of events that triggered them to act, while being hesitant to act on this trigger, were first open-coded, compared, and categorised based on recurring aspects relevant to understanding the characteristics and possible types of moral hesitance. To gain insight into how participants dealt with moral hesitance, a process analysis was conducted. Process analysis applies a grounded theory strategy to the dynamics and developments of events through time (Saldaña 2021). Segments revealing developments in the experiences and handling of the previously detected events of moral hesitation were coded and analysed for recurring characteristics and patterns.

The moral content of these perceptions and experiences was traced back to and coded according to articles, norms, and principles from the following documents: the Global Social Work Statement of Ethical Principles (International Federation of Social Workers 2024), the Convention on the Rights of the Child (United Nations 2024), and the Universal Declaration of Human Rights (United Nations 2024).

Ethical considerations

The Ethical Advisory Committee of Hanze University of Applied Sciences approved the assessment application in February 2023 (no. heac.2022.031a). Informed consent was requested from participants before the start of the interview. Confidentiality was guaranteed by encrypting personal data. The data were stored in a secure folder on the server of

the university. The transcriptions were pseudonomised, and the recordings were destroyed after transcription. Personal data will be destroyed at the end of the project. The mental and physical integrity of the participants was ensured by offering counselling after the interview.

Results

Identified characteristics and types of moral hesitance

The first aspect of moral hesitance, as described by the participants, is a desire or appeal to act in a certain way based on an awareness of events in which something morally significant is at stake. Awareness of these events arises from various sources of knowledge, such as testimonials from stakeholders, briefings from professionals, and firsthand experiences. The evaluation of these events ranges from the simple focus on certain states of affairs or intuitive feelings to an explicit reference to moral values or a well-developed moral belief.

Moral hesitance then emerges because of hesitation to act on this moral appeal. Based on the conditions under which this hesitation occurs, we distinguished three types of moral hesitation, namely:

Role ambiguity (identified in three interviews)

Uncertainty about the preferred course of action (four interviews)

Limitations (five interviews).

In the next section, these three types of moral hesitance will be explored through an outline of the conditions under which they arose (1), identification of their causes (2), and a description of the extent to which they were addressed (3).

An outline of the conditions under which moral hesitance arises will clarify this concept in terms of roles, the identification of possible courses of action, and the performance of action. Furthermore, this analysis will provide insight into the perceived rights and values at stake, thereby confirming the moral underpinnings of moral hesitance. The identification of the causes of moral hesitance may offer suggestions for articulating the moral competences needed to address it. Finally, insight into the way moral hesitance was dealt with can help identify morally competent practices, as well as obstacles to developing moral competencies.

Moral hesitance due to role ambiguity

Role ambiguity

The first type of moral hesitance identified relates to situations when workers become uncertain about their professional role. In the words of Feride, a child protection worker:

> 'I felt like I was wearing multiple hats, or multiple personalities or something. I found it really hard to make it all one [personality].'

This type of moral hesitance was identified in three interviews, in situations primarily concerning whether the role that the social worker takes should be either supportive or supervisory.

The supportive role was called into question when unexpected violations of a child's rights to mental and physical integrity arose. The situation may evolve gradually, as happened to Hannah, a volunteer coordinator intern who was sent to visit a family to introduce a buddy for one of the children. Upon arrival, Hannah first noticed a neglected garden and house, and then encountered a child who preferred not to meet inside the house because of the temper of her father:

> 'Normally we always go inside, so it was a new situation for me. I also visit families where, for example, the house is completely tidy and it is just very pleasant, a cup of tea, a biscuit. Then, you know, that's just easy. So for me, it was also a matter of thinking: what attitude do I take into this? (…) And I didn't really know if I myself had anything to do with it.'

Other participants started to question their supportive role suddenly and urgently, as happened to Antis, a family support worker during an introduction meeting with parents who had requested assistance because their son was often absent from school, when he was unexpectedly confronted by a screaming father:

> 'Then I thought, maybe he's also abusing his children? (…) If that man reacts so angrily, he also hits his children, right? He started talking about his son not listening and not going to school and then talking about how plates used to be thrown if you didn't listen [during his own childhood, RG]. So somehow, I thought, maybe you think that if you do that, your son will listen. Moreover, his son is hiding in the shed and may be afraid to say things. And at that moment I thought (…), what should I actually do in this case?'

Conversely, participants sometimes questioned their initial supervisory role when suspicions of the violations of a child's integrity – on which basis the supervisory role was initially established – turned out to be incorrect, while other values appeared to be at stake. This happened to Feride, an experienced worker, who had just begun working in child protection, during a custody placement of three refugee girls who claimed to be abused by their own father. According to their mother, they lied because they wanted to leave home to go through life as 'Western girls'. Feride considered whether the daughters suffered from an identity crisis, but her supervisory role did not allow her to cancel the placement and assist them with their identity crisis, because:

> 'When a child indicates he has been beaten, you have to take them into custody. (..). If you hit a child, that's not allowed. We are taking your child into custody, that is very clear. (…) I have to act on the evidence in that moment, or what is said at that moment. That is my job. (…) I had doubts about it. A lot.'

Hesitation to act resulting from role ambiguity

Role ambiguity led to hesitation regarding how to act when the participants could not adopt a more suitable role. Participants described three kinds of causes for this. First, the proposed change in role could be perceived to be morally less suitable, as was the case with Antis, who, after suspecting child maltreatment, considered taking on a more supervisory role:

> 'I thought: asking "do you hit your children?" is no way of getting to know each other, making contact. Then it's as if I'm already hitting him right away. It can also be an accusation. Then he can say: "Do you really think I hit my children?" I found that difficult. You quickly reach a stalemate. I'm afraid I'll lose him by asking that question.'

Second, changing one's role was hindered by a lack of clarity regarding the situation itself. For example, Feride, the child protection worker, had a supervisory role and considered changing this, but she lacked irrefutable evidence to exclude child abuse:

> 'We wanted to physically examine them, but it was not possible at that time anyway. It was too hectic. Also, that must be done by a doctor, physical examination. Well, we weren't able to use all that. I don't know why either.'

Feride also lacked evidence of the presence of an identity crisis induced by the lure of freedom:

> 'It may indeed be the case that the girls want to leave for more freedom, to live more freely. (…) But I just couldn't sense that in those children.'

Third, moral ambiguity was solidified because of the absence of a clear moral framework to guide the participant into taking up a certain professional role. This happened to Hannah, the social work intern: when she came back from introducing the buddy to the child she was there to help, she found the mother yelling at the child's younger brother. She first emphasised her moral framework:

> 'I saw the child just playing, exploring and doing. I would do it differently [than the mother] and encourage the child. Like: "Is it going well? How nice that you are doing this! Are you going to build something?" Instead of cutting off the game, so to speak, and putting it in a negative light. Yes, I immediately thought: "Oh, that's not good for the child".'

But Hannah subsequently downplayed her own moral framework as being subjective:

> 'Um, yeah, this might be my own perspective.'

Dealing with role ambiguity

There were at least three ways social workers could react to moral ambiguity. First, it could lead to thoughtful reflection, which might involve merging aspects of several roles, as was the case with Antis, the family support worker who had previously questioned both the supportive and supervisory roles:

> 'Only in contact I arrange my contact. I thought that it was very important that these people gain confidence. And from there, I sometimes say: "I'm going to say something to you now. Maybe I'm asking a strange question". I apologize and then he will say: "No, that's fine, just say what you want to say". Later I notice that I can speak much more openly with this person. I just want us to be able to create a very open conversation without immediately saying: "I should report that", or something.'

In the end, Antis continued to assist the parents and their eldest son:

> 'The eldest son has picked up school again (…). So, that's going well. (…) And now – about three years later – (…) the parents tracked me down through the school attendance officer and asked me to supervise their youngest son. So I'm coming back to the family now. And I just notice that there is much more harmony. I don't want to claim that I have done that, but there is much more harmony. We can talk about anything.'

Second, role ambiguity could be suppressed by the forced enactment of one role. This occurred with Feride, the child protection worker who was unable to change a

supervisory role into a more supportive one due to procedures and a lack of clarity about the situation itself, and the possible outcomes of any decision:

> 'Once they are placed into custody, this also means that later for the girls it's very difficult to go back to their family. Because they damaged the [family] honour. We just don't take that into account. But there are enough stories about the girls not being able to come back. (…) They more or less betrayed their parents. (…) And some parents also respond by saying that if you no longer want to be here and you betray us, you will never be welcome again.'

Suppressing role ambiguity also meant that Feride could also not perform the supervisory role convincingly:

> 'I couldn't just stand there as a Safe Home employee, because then you would be with your feet on the ground: "You hit a child. That's not allowed. We are taking your child into custody, that is very clear." (…) I could very easily do that with other families; I would have a very different attitude there, but now I was very vulnerable.'

The custody placement was neither reconsidered nor reversed, leaving Feride looking back in uncertainty:

> 'So I just went along with the protocols and with my colleague, (…). Yes, I didn't fully support it and that had a lot of impact on me. To this day I still think about it. And to this day I've always wondered whether I did the right thing.'

Third, moral ambiguity could fade away without further moral considerations – until brought to attention by this study – when the social worker no longer worked with the client. This occurred with Hannah, the social work intern who alternately emphasised and downplayed her moral framework:

> 'And I also didn't really know that, indeed, if I had to do something more with it myself.'

Eventually, the children's case was assigned to another social worker and she lost track of them.

Moral hesitance due to uncertainty about the preferred course of action

Uncertainty about the preferred course of action

The second type of moral hesitance starts with uncertainty about which *course of action* is morally preferable, due to a conflict of values. Four interviews were identified as instances of this type of moral hesitance, uncovering four types of tension when upholding a child's right to mental and physical integrity was perceived to conflict with the rights of other children or parents, and with other human rights.

First, acting to preserve a child's right to mental and physical integrity could come at the expense of their rights to confidentiality and free speech. This was the case with Sophie, a school social work intern who was uncertain whether to immediately tell a mother about information shared by a twelve-year-old girl regarding her secret nighttime escapades, without first asking the daughter for consent. According to the intern, these escapades warranted informing the mother:

> 'These are concerns that you have to share with parents. Because a twelve-year-old girl who apparently runs away and then hangs out somewhere in the evening, that's not quite supposed to happen.'

On the other hand, Sophie always tells children:

> 'Look, what you tell me is not secret, but it is confidential, so I will always consult with you if I have any concerns. I will always tell you first before I pass things on, just to always keep in touch.'

Secondly, acting to preserve the child's rights to mental and physical integrity could come at the expense of the parents' right to provide appropriate parenting, as well as a man's right to honour and reputation. This happened to Amina, a neighbourhood team social worker intern who was assisting parents heading for a divorce. The mother told the intern about her suspicion that the father had sexually abused their daughter and faced the dilemma of whether or not to report it to Safe Home.

Third, acting to preserve the child's rights to mental and physical integrity could come at the expense of the child's right to development and the parents' right to provide appropriate parenting. This occurred with Tess, a child protection worker who, when a child was taken into custody temporarily, faced the dilemma of whether to return the child to his father. On the one hand, remaining in foster care was preferred because:

> 'Things are happening at your home that are really not okay. Dad drank a lot, hit [the child] with the flat of his hand, kicked him in the ass.'

On the other hand, there were also arguments to return the child to his father:

> 'This father wanted help and can also indicate: "Yes, I didn't do that right".

Furthermore, Tess considered:

> 'This happened last year at a time (…) when we had very few good places in foster homes for children. Children are also often moved from foster family to foster family to care home. That does play a role in the back of my mind, because then I think "is that good? Breaking the attachment every time, is that ok?" (…) I have regularly experienced that this had bad consequences for the child.'

Fourth, acting to preserve the child's rights to mental and physical integrity could come at the expense of the child's rights to development and maintaining contact with parents in the event of a custody placement. This situation occurred with Jasmin, a child protection worker who was supervising a three-year-old child, placed in foster care at six months of age, and was doubting whether to continue the often-turbulent visits with the child's mother, who had mental health challenges:

> 'We would like to teach this child about his background. This is extremely important for his identity development. Who am I as a person? Where do I come from? And what does that mean in my life?'

Hesitation to act as a result of uncertainty about the right course of action

Hesitation regarding how to act occurred when it became impossible to determine the right course of action. Four categories of causes for this were identified. First, it might be impossible to determine the right course of action because of a lack of information about the current situation. For example, Jasmin, the child protection worker who doubted whether to continue visits between a child and the mother who had mental health challenges, was not sure if all available courses of action had been tried:

> 'Has everything been tried? I have to be convinced that we have really tried everything to support this mother and this child in such a way that it is possible to continue contact.'

Secondly, weighing different courses of action could be hindered by the unreliability of the available information. This happened to Amina, the neighbourhood team social worker intern who was unsure whether to make a report to Safe Home when a mother suspected the father of sexually abusing their daughter:

> 'You know that parents argue, are heading for a divorce and both want [custody of] their daughter. So it may be that mother is trying to damage the father's reputation with these accusations. Moreover, you know that the mother has told strange stories before. If it's not true and I respond to it with a report to Safe Home, then I could destroy something and, moreover, I am not willing to unfairly accuse the father. I do not condone that. But I also can't say it's not true, I can't ignore it. Because if it is true and I've ignored it, I've really dropped the ball.'

Thirdly, weighing different courses of action could be hindered by a lack of insight into the possible consequences of the various courses of action in terms of the moral values at stake, as occurred with Jasmin, the child protection worker:

> 'What is better for a child: that we stop contact and thus not be faced with potentially really risky situations? (…) And is that really so much more harmful than not knowing who your mother is?'

Lack of insight into consequences also was at stake for Tess, the child protection worker who doubted whether to return a child to his father:

> 'What is more damaging: being moved from your home to a foster family, with all the consequences that entails. Or [going] back to your father?'

Fourth, weighing different courses of action could be impeded by the absence of clear shared criteria to determine whether a specific situation will actually occur. This was also voiced by Tess, indicating a lack of clear criteria, so that each social worker might make a different decision:

> 'And of course everyone always asks "what is good enough?" And that is of course very difficult. What is good enough? You say, my good enough is different from your good enough, perhaps? I make a sketch of a situation. (…) If you made that sketch, maybe you would make a different sketch. You might put a different emphasis (…). Depending on one's own standards and values.'

Tess also perceived a lack of criteria regarding how to take diversity in children, parents and situations into account:

> 'And good enough for this child with this history, with these parents who are divorced, with this domestic violence, who has already experienced a lot and goes to special education, may not be good enough for another child. It's not cast in concrete or anything. That is of course quite difficult.'

Dealing with uncertainty regarding the best course of action

There were three ways in which social workers addressed this type of moral hesitance. Firstly, they managed uncertainty by weighing the options, despite the limitations. This was the case with Sophie, the school social worker intern, deciding whether to inform

a mother about the information shared by her daughter. Sophie decided that confidentiality in this case was more important than safety based on the knowledge she retrieved from the daughter:

> 'Look, if it were about urgent things, of course, maybe it would be different. But I didn't think it was so urgent that I had to tell the mother.'

Eventually, Sophie informed the mother about her opinion regarding how to act when children share confidential information, and the mother agreed that Sophie should first discuss it with her daughter. After discussing it with the daughter, Sophie shared the information with the mother.

Possible courses of action were also weighed through dialogue with co-workers, as in the case of Tess the child protection worker, doubting whether to return a child to the father:

> 'We opted for a kind of interim solution for him, in which he went to a care facility at the weekends, also to relieve father's burden, and stayed home, with help, during the week. So an intensive care program was initiated to observe and assess whether the father's situation was good enough for the boy'.

The participants recognised the impossibility of ruling out uncertainty, and the way to deal with it:

> 'There is not always supervision. So, there will also be times when things don't go well. And that is an acceptable risk. I accept that by thinking: this is my job and I'm trying to do the right thing.'

Eventually, the decision was carried out, and the surveillance of the child was transferred to another section of the child protection agency.

Secondly, uncertainty was removed by force, as seen in the case of Amina, the neighbourhood social work intern, who was in doubt as to whether to report accusations of sexual abuse by the father during a divorce dispute. The behavioural scientist with whom Amina discussed the situation told her:

> '"We do not find out the truth, that is the task of Safe Home and the police. The mother has raised this with you, there are signals and that means that we are following our protocol." So I had to do that, I couldn't get out of it. It is child abuse you are talking about and not benefit fraud.'

Part of this protocol is the so-called Light Risk Assessment Tool which Amina filled out together with a colleague. The tool indicated the situation was unsafe for the child, and a report to Safe Home was mandated by the protocol. The instability of the relationship between the parents was decisive, since they exposed the child to serious arguments, knowing it could harm their daughter. While sexual abuse could not be substantiated, the seriousness of the suspicion led to a three-month restraining order against the father. The father vehemently denied these accusations, but Amina agreed with the decision of Safe Home:

> 'It may sound very harsh, but if it is an empty accusation, the impact on him is less than the consequences if the accusation is true and he had stayed with his daughter.'

On the other hand, Amina considers:

> 'I still feel a bit bad because if he really didn't do it, then we're kind of accusing him. There's no evidence. I would go completely crazy if someone accused me of child abuse.'

Thirdly, uncertainty could also remain unresolved, as occurred with Jasmin, the child protection worker considering whether to stop visits between a child and their mother, who had mental health challenges. Every month, the involved professionals discuss whether the mother is allowed to see her child, without a lasting decision whether continuing visits:

> 'Well, I can really worry about this for weeks, sometimes even miss out on sleep about it.'

Moral hesitance due to limitations

Limitations

A third type of moral hesitance arose from experienced limitations that made it impossible to determine how to improve a situation in which rights had been violated. Five interviews of this type were identified, uncovering three kinds of limitations, which can be placed on a continuum: those primarily involving children's rights at one end and those involving both children's and parents' rights at the other.

To begin on the children's side of this continuum, limitations arose regarding the child's rights to development and their mental and physical integrity. This occurred with Jane, a youth streetworker intern, who reported information from a client about child maltreatment, but was confronted with a child abuse key officer who refused to act on her information because it was indirect. According to the key officer, a direct witness or one of the abused children had to report the abuse directly, leaving Jane to think:

> 'I was now driving home while those children were being spanked, so to speak, with that idea. Shit, what the hell is this? What are we doing? Yes, I was worried, but nothing was done. (…) What should I do?'

Another situation of experienced limitations regarding children's rights to development and mental and physical integrity was perceived by Mary, a family support worker who assisted a single refugee mother with the morning ritual and taking the children to school. When Mary tried to wake up the children, she witnessed the mother:

> '(..) getting emotional. You see her turn a little red. She is visibly frustrated and her face is in a frown, a slightly angry look. And she's going to raise her voice and yell at the kids. (…) And at one point she came over to the little boy and, well, with quite a bit of force, pulled him out of bed and planted him down like, well, that's it. These events followed each other quite quickly and I felt insecure. That was one of those moments where (…) I felt powerless.'

Secondly, limitations arose regarding children's *as well* as parents' rights to mental and physical integrity, as was seen in the case of Charlotte, a social worker who was suddenly confronted with the cancellation of a long-prepared divorce between disputing refugee parents because no permission was given by their extended families. According to Charlotte, the mother was a victim of mental abuse by her husband:

> 'I cannot force people to get divorced or whatever, but I look at the interests of the child. (…) But the signals are not sufficient to say: we have to move on to compulsory involvement, you know? And that's just complicated.'

Wulan, a family welfare worker experienced similar limitations regarding the protection of the rights of all involved, when she assisted social workers from a neighbourhood team during a domestic violence crisis. Wulan had reported the situation to Safe Home, requesting the outplacement of a mother who was in serious danger. After receiving the location of a women's shelter, and getting ready to bring the mother there, her organisation ordered her to withdraw from the case because this was the responsibility of the neighbourhood team. This evoked in Wulan thoughts such as:

> 'What about that mother? (…) How should this be done? How does she get there? Otherwise, she would have to stay [home]. So I've often said: I don't understand it at all.'

Thirdly, limitations emerged regarding children's rights to preserve their identity, including family relations, as well as parents' rights and responsibilities in providing appropriate parenting. This happened to Peter, a child protection worker, who looked back to a situation in which he assisted a refugee child bride to leave her husband, whom she had been forced to marry in her homeland:

> 'What you realize especially afterwards is that she is now completely alone. Her parents had arranged this for her. Her parents have agreed that all this should happen, and by her action she not only broke away from that man, but also from her family.'

Hesitation to act as a result of limitations

Hesitation regarding how to act occurred when the options to act became even more limited when preferred courses of action could not be carried out. Three causes were identified. First, social workers lacked *opportunity* to act, e.g. when clients were unwilling to cooperate, as in the case of Jane, the streetworker intern. Jane, already hindered by a lack of first-hand information, unsuccessfully tried to convince the involved client to report child abuse herself:

> 'But she doesn't want that because she is really afraid that it will lead back to her. Then she will lose a good friend, her best friend, and then they also get her parents after me.'

A lack of cooperation from stakeholders was also seen by Charlotte, the worker of the neighbourhood team, who, after the cancellation of the divorce by the disputing parents, tried to determine the causes for this and the remaining options:

> 'I invited her more often to ask "what do you think about this? We've come so far, what else needs to be done? Do you also need guidance in this situation?" Because first you want a divorce and then you get back together. (…) But nothing more came of it and that was characteristic of that relationship. He continuously spoke up and she clammed up.'

Lacking the opportunity to perform the morally preferred course of action could also result from participants' inability to act, as occurred with Mary, the family welfare worker who witnessed the hard-handed refugee mother, who, to complicate matters, only spoke the language of her country of origin:

> 'If it had been a Dutch family, then I could just have indicated verbally that I saw this. [I might have asked:] "What happens to you when you see this? What does it evoke? What would you do in this case? What might you have done in the past that you are not able to do now?" To explore the situation and also her past.'

Social workers also faced inadequate living conditions and a lack of perspective as obstacles to doing the right thing, as became evident when Mary continued her story:

> 'There are five of them in one room, but it's a mess. (…) Two teenagers, two young children and a mother. Yes, they have no privacy. Those teenagers want to stay up late, the young children need to go to bed early. So, quite contradictory. (…) So they are in that shelter and there is no perspective for the future, that you can get a house here sometime in the future. That you can integrate into society.'

Furthermore, opportunities to act were limited when events unfolded more quickly than the worker could foresee. This happened to the child-protection worker Peter, who assisted a child bride to leave her husband, only to realise too late that the girl would also be separated from her family:

> 'Because at least it took me by surprise. We may not have been able to talk to the girl enough about the possible consequences of her action in the longer term.'

Secondly, action could be hindered by a lack of appropriate facilities, as indicated by the family welfare social worker, Mary:

> 'It will only help if you maintain that routine every morning, because then the children will be able to go to sleep on time in the evening and then wake up early in the morning. (…) My opinion is that 24-hour admission is necessary, especially at least 24-hour [home] care for the family. But then there are all kinds of contra-indications. In the Dutch system, for example, families who speak a different language are not admitted to those types of shelters.'

Thirdly, acting was blocked when e.g. language barriers were a barrier to action:

> 'But I have no idea what she screamed, right? (…) That makes it more difficult for me to place it and then discuss it with the mother.'

Dealing with limitations

Social workers addressed the consequences of such limitations in three ways. First, it could be the starting point for processing their experiences of powerlessness by discussing these experiences with their supervisor and co-workers, as the family welfare worker Mary did when dealing with the hard-handed mother:

> 'As long as I say it, I can deal with it. I discuss it with others so that I can handle it. And also to put things into perspective.'

The inadequacy of the situation itself could be handled by emphasising the need for the piecemeal approach that it likely requires:

> 'steps, very small steps are being taken.'

And by asking assistance from colleagues:

> 'I think it is most useful for me that we also schedule a home visit with my colleague. That we go together.'

Limitations could also invoke reflection on the initial approach, as it did for the streetworker intern Jane, who was hindered by the absence of direct information and lack of cooperation by stakeholders:

> 'This situation may have made me more aware that I should be careful when asking about what things are like at home (…) because I am quite direct. It does make me more careful. This means that you may not find out a lot, but it also means that you may actually learn more.'

Secondly, feelings of falling short could persist, even after the worker was removed from the situation. For example, the family welfare worker Wulan, whose organisation stopped her taking the abused mother to the women's shelter, did not receive any support:

> 'That whole situation made me doubt myself a lot. Because if I can no longer rely on my intuition or my experience to make the right choices, then I can no longer do this work.'

Thirdly, feelings of falling short could disappear as quickly as they arose without further attempts to handle the situation, as occurred with the child protection worker Peter, regarding the long-term consequences of assisting the child bride to leave her husband:

> 'It is impossible to know how it ended.(…) I have to be honest, you do make me think, and I also notice that, well, maybe I need to think more carefully about everything I'm doing (…).'

Feelings of falling short could also disappear when the worker was no longer involved with the client, or when they refused to cooperate any further, as happened to the social worker Charlotte when the divorce of her clients was cancelled.

Discussion

The aim of this study was to explore the concept of moral hesitance as experienced by social workers in situations of child abuse and maltreatment and to identify its potential manifestations in practice. This qualitative research provides insights into characteristics of moral hesitance, its possible types, its causes, and how it is dealt with.

The study indicates that social workers experience hesitation to act in situations of child abuse. However, they do not always explicitly identify the experience by using this term. Moral hesitation is first characterised by an appeal or trigger to act, based on awareness of morally salient events, informed by witnesses such as stakeholders and other professionals, direct observation, or a combination of these (Table 1). The content of these triggering events comprised (threatened) violations of several core values of social work (International Federation of Social Workers 2024; United Nations 2024; United Nations 2024). The second characteristic of moral hesitance contains the hesitation to act on this moral appeal. Based on the conditions under which it arose, three types of moral hesitancy are discerned: role ambiguity, uncertainty about the preferred course of action, and limitations. Role ambiguity refers to uncertainty about how to align the supportive and supervisory aspects of your professional role. This may stem from a lack of a personal vision of the profession, difficulty in fulfilling one of these roles, or encountering opposing interpretations in a given situation. Uncertainty about the preferred course of action can arise from a lack of (reliable) knowledge about the situation, insufficient understanding of the consequences of possible actions, or the absence of a shared criterion for what is considered morally desirable in a given context. Limitations refer to uncertainty about how to improve a situation in which rights have been violated. Limitations may result from a lack of cooperation from the client system, unfavourable social conditions, the absence of prospects, the unavailability of necessary

Table 1. Characteristics, types, causes, and extent dealt with moral hesitation.

Characteristics of moral hesitation	Types of moral hesitation	Causes moral hesitation	Extent dealt with moral hesitance
Appeal to act morally Hesitance to act on his appeal	Role ambiguity: uncertainty about how to align the supportive and supervisory aspects professional role	Difficulty in fulfilling one of these roles Opposing interpretations of events Lacking professional vision	Prolonging Evaporating Resolved under compulsion Processing
	Uncertainty about the preferred course of action	Lacking (reliable) knowledge Lacking insight into the consequences of available actions Absence shared criterion of what is morally desirable in the given context	
	Limitations: uncertainty about how to improve a situation in which rights have been violated	Lacking cooperation client system Unfavourable social conditions Absence of prospects Unforeseen developments Unavailability resources Insufficient mastery family's language	

resources, insufficient mastery of the family's language, or unforeseen developments. Moral hesitance can persist, be resolved under compulsion, evaporate due to a weakening of the moral appeal, but processed, it can also serve as a stepping stone toward morally responsible action.

Social workers, like several policy-makers suggested in the period when the concept of 'handelingsverlegenheid' was coined, can be hesitant to *intervene* in urgent situations of (suspected) child abuse. However, the study uncovered that workers can also be hesitant to *withdraw* from (suspected) unnecessary interventions in families. This happened, for example, with Feride, when the mother declared that her children were not being abused, but that they wanted to involve child protection services so they could live like Western girls. It also happened with Tess, who considered returning a child who had been removed from her home.

Based on the results, the role of moral dilemmas in the development of moral hesitation can now be explained. Moral hesitation, as demonstrated in this study, can arise from a moral dilemma in which one is faced with a choice between two courses of action, both with undesirable consequences, involving a conflict of moral values, and where it is unclear which choice is the correct one. This study, however, showed that moral hesitation can arise not only from moral dilemmas but also from role ambiguity and limitations (Table 1). Uncertainty about one's professional role and how to achieve desired moral outcomes when values are violated are also morally challenging situations that require attention.

The three types of moral hesitation can stem from different causes (Table 1). We distinguished cognitive, practical, and ethical challenges. Cognitive challenges include shortcomings regarding relevant knowledge of the current situation and the consequences of available courses of action (Table 1). Sometimes knowledge is unreliable or arrives too late. Practical challenges include a lack of opportunities to act morally due to social conditions, limited facilities, prospects, and cooperation, and limited language skills. Ethical challenges include (a) a weak or one-sided moral framework to guide the professional

role, (b) a difficulty articulating the consequences of courses of action in terms of the values at stake, and (c) a lack of shared criteria for what is considered morally desirable in a given context. How can these challenges be addressed in the three types of moral hesitance we distinguished?

First, role ambiguity can be addressed by strengthening cognitive and moral competencies. Cognitive competencies can support the management of role ambiguity, such as the ability to examine opposing interpretations and explanations of the situation at hand (Opačić et al., 2022), particularly in urgent and morally laden situations. Moral competencies such as cultivation of and commitment to the whole range of professional values; being aware of the interrelatedness of these values and their relation to one's own personal values, and the ability to revise accepted professional values in the light of new moral challenges (Banks et al. 2009). This study illustrates this competence through the case of the family support worker Antis, who seeks to balance the supportive and supervisory aspects of the professional role.

Secondly, uncertainty regarding courses of action can be addressed by strengthening cognitive competencies to conduct reliable and valid investigations of a given situation and the consequences of available courses of action. Moral competencies can include the perception of the moral dimension of events, moral literacy, moral imagination, and the capacity for moral deliberation (Banks et al. 2009). This study illustrates these competencies through the cases of Sophie and Tess, who thoughtfully reflect and deliberate with stakeholders, weighing the different courses of action in terms of ethical values while acknowledging the impossibility of completely ruling out risks.

Thirdly, limitations can be managed through cognitive competence, such as closely examining a situation across multiple opportunities, anticipating developments, utilising experiential knowledge, explanatory theories and empirical studies (Cook 2020). Practical competence can be deployed through a rich repertoire of actions, methods, and skills (Databank Effectieve Jeugdinterventies [Catalogue of Proven Youth Interventions]., 2024). Moral competence can play a role here by determining the social work values needed to guide action, as well as the moral scope and blind spots of the available methods and skills (Banks et al. 2009; Opačić et al., 2022). This study demonstrates ways to reduce limitations by gradually gaining more control, learning from the past, and processing feelings of powerlessness.

The study uncovered four ways in which hesitance to act morally was dealt with (Table 1). Prolonged moral hesitation risks violating moral integrity. The findings indicate symptoms of such violation, such as sleepless nights, agitation, feelings of powerlessness and self-doubt (Morely et al., 2019; Rushton 2018). Further research is essential to understand the risks of moral distress, which can undermine moral competencies and may lead to moral decay (Rushton 2018).

Forcing a social worker to act in a specific way when faced with moral hesitation can lead to feelings of vulnerability, alienation, and an inability to identify with their professional role. This is evident in the child protection worker, Feride, who, despite lingering doubts, acted in accordance with a procedural directive. Another case involved Wulan, whose responsibilities were taken over by other disciplines. Although Wulan agreed with their decision, she appeared unable to process these events with a clear conscience and felt uneasy. In both cases, the worker's moral motivation can become entangled with obedience to authority and self-interest (Bauman 2000; Narvaez et al., 1995).

Moral hesitation can also evaporate without a change in the events that initially triggered it. This happened, for example, when these events were experienced as beyond one's scope of action, or when the worker became preoccupied with other tasks. Passing a moment of moral hesitation risks missing an opportunity for a morally sound action.

A challenging task for further research would be to elucidate the possible dynamics among the three identified types of moral hesitance. For example, it might be explored how limitations can lead to uncertainty about courses of action or to role ambiguity. For example, the family support worker Mary, who was uncertain about how to safeguard a child she was helping with school attendance, was considering intervening to assist the mother with nonviolent parenting. Furthermore, uncertainty about these courses of action may lead Mary to questioning one's role, particularly whether to support or supervise the family.

'Weakness of will' (Stroud 2025), earlier considered to be a moral hesitance-related concept, was not identified in the study. Moral hesitation appeared primarily as uncertainty about the role, course of action, or way to act, rather than as a lack of courage or steadfastness to act when one knew what to do and had the opportunity to do so. This does not rule out weakness of will as a form of moral hesitation. Perhaps the sample did not include these situations, participants exhibited socially desirable behaviour, or this phenomenon requires a less open, more structured research design.

Strengths and limitations of this study

The strength of this study lies in the empirical substantiation of the concept of moral hesitation across a diverse sample, leading to the identification of more specific moral characteristics associated with it.

However, the study also had limitations. The open-ended research design, for example, could make it more difficult to detect potential, more hidden forms of moral hesitation, such as 'weakness of will'. Despite the measures taken, the fact that the first author conducted all interviews and most of the analyses introduces a risk of bias, both personal and theoretical. Moreover, the results could be influenced by overly prepared narratives and socially desirable responses, as participants often view moral hesitation as a failure, which can discourage employees from sharing their experiences. The sample was also limited in diversity: only three were men, and employees with a master's degree in social work were not included. Finally, a weakness is that this is only the first study of the concept, and other studies may change the picture of the concept and the experiences, especially since interviews were conducted only in a specific region of the Netherlands. Expanding the study to other countries could be interesting, as the concept is only used in the Netherlands, but experiences abroad will be recognised as such.

Conclusion

This study uncovered that social workers in situations of (suspected) child abuse do experience hesitation to act morally. It shows what it can look like, what forms it can take, and how it was addressed, inviting policymakers to reexamine their policies. One point of attention, for example, is that workers may not only be hesitant to intervene in situations of (presumably) child abuse but also be hesitant to *withdraw* from situations of (presumably) *unjustified intervention* in family situations.

Moral hesitation can arise not only from moral dilemmas but also from uncertainty about one's professional role or how to carry out a particular course of action when values are violated. Role ambiguity and limitations are also morally urgent situations that require attention in ethical education. To address moral hesitation, merely exercising moral deliberation about moral dilemmas will not suffice here.

Moral hesitation arises from cognitive, practical and ethical challenges. To address moral hesitation, social workers need to be cognitively prepared to conduct reliable and valid investigations, utilising diverse forms of knowledge, anticipating the consequences of available courses of action, examining situations across multiple opportunities, and evaluating competing explanations of events. Practically, they need to be prepared through a rich repertoire of actions, methods, and skills. Ethical competence is required to confer professional legitimacy and motivation on these cognitive and practical competencies. It is necessary to determine one's professional role, articulate the consequences of courses of action in terms of the professional values at stake, weigh them, guide action and assess the moral scope and blind spots of available methods and skills. Thus, to address moral hesitancy, ethics education needs to be explicitly embedded in other subjects, such as research, explanatory and practice theory; in interventions at both the micro and macro levels; and in personal development. A promising line of research would examine how this embedding can occur.

The results show that moral hesitation can provide an impetus to process it through reflection on one's professional role, moral deliberation, and assessment of limitations. However, moral hesitation can also prolong, be removed by force, or evaporate. In these cases, workers risk violating their moral integrity, risk having moral motivation become entangled with obedience and self-interest, and risk missing an opportunity for morally sound action. A challenging task for further research is to understand how organisations, behavioural scientists, and management can better guide social workers in recognising and addressing moral hesitancy.

This study introduces a new term to the English social work ethical literature. 'Hesitance to act morally' broadens the focus of morally urgent and challenging situations in the context of (suspected) child abuse and underlines the role of moral, cognitive and practical challenges in the emergence and development of these situations. Additional research is needed to identify other forms of moral hesitation, such as weakness of will, and to map the possible dynamics among them.

By an appeal to act morally while hesitant, the social worker opens up the moral dimension of a situation of (suspected) child abuse. It is up to policymakers, ethics education, social work organisations, and social work research to provide workers with the preconditions and competencies to enter this dimension professionally.

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