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Do Parents Support Professional Mandatory Reporting of Child Maltreatment? A Survey of Parents With Young Children

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ABSTRACT

Mandatory reporting (MR) of child maltreatment (CM) has been implemented in many countries, but parents' views on the law are unknown. Hong Kong has very low CM reporting rates and is likely to legislate professional MR soon. To describe the rate of Hong Kong parents with young children who support professional MR, identify factors that predict their support of MR and explore their reasons for or against MR. A convenience sample of 172 Hong Kong parents with children aged under 5 years self-administered an online survey. A cross-sectional online survey examined whether parents support MR. Sociodemographic characteristics, beliefs about child protection and reasons for or against the legislation of MR were assessed using multiple logistic regression and directed content analysis. A majority of parents ($n = 127$, 73.8%) supported professional MR, which was associated with gender (males are less likely to support MR; $OR = 0.24$, $p = 0.025$, 95% $CI = 0.066-0.836$), being employed ($OR = 6.11$, $p = 0.020$, 95% $CI = 1.33-28.1$) and reporting higher perceived behavioural control of professionals ($OR = 1.42$, $p = 0.001$, 95% $CI = 1.17-1.72$) and subjective norm ($OR = 1.75$, $p = 0.002$, 95% $CI = 1.22-2.50$). Reasons to support MR included child safety and professional competence and responsibility. Reasons against MR included mistrust, violation of parental autonomy, increase in unsubstantiated cases and shifting the responsibility to professionals. Most participants supported professional MR of CM. Parental concerns indicate that public education and competency training for professionals are essential before enactment of MR law to ensure such policy will take effect as intended.

1 | Introduction

Child maltreatment (CM) threatens children's physical, psychological and social development and wellbeing (Gilbert et al. 2009; Ho et al. 2021; Norman et al. 2012), which can be life-long and irreversible (Power et al. 2020; Taylor et al. 2016). By implementing mandatory reporting (MR) of CM, timely identification, early intervention and more consolidated efforts at the societal level can help protect children from lasting and irreparable damage. The first MR law was legislated after the recognition of battered-child syndrome in the United States in 1963 (Kempe et al. 1962;

Mathews and Kenny 2008). The law initially only required medical practitioners to report suspected physical abuse inflicted by parents or caregivers, though soon after, a more comprehensive legislation was implemented, known as the 1974 Child Abuse Prevention and Treatment Act (CAPTA). The enforcement of CAPTA requires all professional personnel to report suspicions of abuse and report the severity of such harm caused or suspected to be caused by the abuse (Mathews and Bross 2008; Mathews and Kenny 2008). Subsequently, many countries adopted a similar strategy to implement professional MR of CM, which has increased the identification and substantiation of CM (Afifi

[Correction added on 20 February 2026, after first online publication: The copyright line was changed.]

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Key Practitioner Message

- The majority of Hong Kong parents surveyed support professional mandatory reporting of child maltreatment.
- Supporting mandatory reporting is associated with gender, being employed and reporting higher perceived behavioural control of professionals.
- Reasons to support MR included child safety, professional competence and responsibility.
- Reasons against MR included mistrust, parental autonomy violation, increase in unsubstantiated cases and shifting the responsibility to professionals.

et al. 2014; Mathews et al. 2015; The Legislative Council 2020; Tonmyr et al. 2018). Although more than 50 countries currently have a MR law in place, many are still considering or are opposed to its legislation. Barriers to implementing MR include limited resources, political and financial burdens and mixed views and understanding of CM. Importantly, healthcare professionals who are typically included in MR laws have raised concerns on the over-reporting of unsubstantiated cases, which diverts limited and valuable resources from actual cases, and how the invasion of privacy and confidentiality between the reporter and the victims can discourage children and families from help-seeking (Jay et al. 2022; Mathews and Kenny 2008). Moreover, countries with MR in place for CM have a greater political and financial burden than countries that do not have MR (O'Donnell et al. 2008). However, some continue to argue that social justice far outweighs the potential disadvantages or financial costs of MR (Mathews and Bross 2008).

1.1 | CM and Its Reporting in Hong Kong

In Hong Kong, CM¹ is defined as 'Any act of commission or omission that endangers or impairs the physical or psychological health and development of an individual under the age of 18' (Social Welfare Department 2020, 24), which can be committed individually or collectively by those in a position of power that makes a child vulnerable (Clayton-Helm 2014; Social Welfare Department 2022). CM reporting remains low in Hong Kong. For example, the Social Welfare Department (2022) reported 1367 newly registered cases of CM in 2022, a minuscule number relative to the local population of over 497,000 children (Hong Kong Census and Statistics Department 2021). Local scholars suggest that the low rate of reported cases indicates that CM remains largely hidden and is being overlooked in Hong Kong (Chan et al. 2008; Lau et al. 1999). Further, some members of the Hong Kong public only consider physical harm as CM, while psychological abuse and neglect, such as verbal assaults or leaving children unattended, were seen as acceptable parenting behaviours (Chan et al. 2008). Therefore, it is likely that many vulnerable children and families are not being identified and supported ('Mandatory Reporting of Child Abuse Bill', 2023; The Hong Kong Committee On Children's Rights 2022).

In the light of several severe child abuse incidents that were widely reported in the media, particularly those that occurred

in children's residential homes (Chui et al. 2023), concerns about child protection and the laws surrounding CM have captured the attention of the Hong Kong public (Chau 2022; Li 2022). In response, the Hong Kong government enacted MR of CM into law, which will take effect in January 2026. However, little research has examined perceptions of and potential implications of MR in this local context. To date, only two studies have been conducted to examine professionals' views on MR in Hong Kong. One study (Leung et al. 2011) found that 67.3% of 171 general medical practitioners did not support MR as they believed that MR is time-consuming, difficult to maintain reporter anonymity, and that it would do more harm than good to the children and families that they served. However, a recent survey of 91 nurses found 58% supported MR as they believed in its potential for effective and early CM detection, the inherent professional responsibility of nurses to protect children, and that it could raise public awareness and promote resource enhancement from the government (Chan et al. 2020). In the same study, those who were against MR were primarily concerned about inadequate training and resources to accurately identify and respond to CM, and the unintended consequences of reporting suspected CM (Chan et al. 2020). It is clear that more research is needed to consolidate the views of key stakeholders to ensure such policy can be implemented and take effect as intended.

1.2 | The Present Study

Parents' opinions about MR of CM are crucial, as they are children's primary caregivers under most circumstances and can act as gatekeepers to ensure child safety in younger people in their wider social circles (e.g., schools and neighbourhoods). As the enactment of professional MR into law is still underway in Hong Kong, building a comprehensive foundation for such legislation enactment will require public support. Although ample research has examined professionals' views on MR (McTavish et al. 2017), to our knowledge, no known study has investigated parents' perspectives. This research gap underscores the limited understanding of how MR is perceived and can be effectively implemented among one of the most salient stakeholder groups, especially given parents' support of MR is an important indicator of whether a society, as a whole, prioritises all children's right to life, safety and wellbeing (Wekerle 2013). Therefore, the present study aimed to provide quantitative and qualitative data on parents' views on MR of CM by describing the rate and characteristics of parents who support MR, identifying predictors of parents' intention to support MR and exploring parents' reasons for supporting or not supporting the legislation of MR.

1.3 | Theoretical Framework

Belsky's ecological framework (Belsky 1978) was adopted to guide the selection of quantitative measures in the present study. This model has been widely used to explain the occurrence of CM and how people perceive it across ecological systems (Belsky 1993; Sidebotham 2001). Based on this framework, views on MR of CM were conceptualised at four levels. First, parental ontogenic background refers to parents' age,

education level, ethnicity and experience of CM (Belsky 1993; Sidebotham and Heron 2006). Second, the microsystem refers to the social system within the family, including the maltreated child (Belsky 1978, 1980). For example, parenting style, parenting stress, marital relationship, children's problematic behaviours and children's health condition (e.g., having chronic disease, disability or neurodevelopmental disorders) are all microsystem factors that might impact risks of CM perpetration (Belsky 1993; Sidebotham and Heron 2006). Third, the exosystem refers to the larger social system in which the family is embedded (e.g., school, neighbourhood, community). Factors in the exosystem, such as social network, social support, social class and housing environment (Belsky 1993), indirectly contribute to CM as it elevates risks of social isolation, impacting children's behaviours (Garbarino 1979). Lastly, the macrosystem refers to the overriding cultural beliefs or values of the larger society (Belsky 1993), which include the laws and policies, organisation of the society and underlying attitudes and beliefs.

2 | Methods

A cross-sectional online survey was conducted between January and April 2023 to examine parents' perceptions of professional MR of CM in Hong Kong. Quantitative and qualitative data were collected anonymously at one time point. Ethical approval was obtained from the first author's affiliated institution prior to the study commencement (HSEARS20230309003). All potential participants read the study information sheet online and provided implied consent by way of survey completion. All study materials were presented in Chinese, and no personal or identifiable information was collected.

2.1 | Participants and Setting

Convenience and snowball sampling were utilised to recruit participants. The study was advertised on social media (Facebook and Instagram), major online discussion forums for Hong Kong parents (e.g., BabyKingdom) and by posting flyers in community organisations serving families with children. Parents aged 18 or above with at least one child under 5 years old and currently residing in Hong Kong were eligible to participate. The child age was selected, given data showing children in this age group are disproportionately affected by CM and unlikely to independently report CM experiences (Social Welfare Department 2020; World Health Organization 2020). Participants were asked to support study recruitment at the end of survey completion by sharing our survey link with other parents they know.

A minimum sample size of 162 was calculated a priori based on the Green's heuristic for regression analysis (i.e., $50 + 8 \times 14$ predictor variables) (Green 1991). In total, 517 survey responses were obtained, of which 345 were incomplete (i.e., blank or responded to less than 90% of the questions). The final analysis included data from 172 participants who provided complete responses.

2.2 | Study Measures

Participants were asked to indicate if they support MR of CM, and provide an open-ended written response describing their reasons for supporting or against MR. Definitions of CM and MR in accordance with the new law were provided. Then, participants were asked to provide a yes/no response to the following question: 'Do you support the legislation of mandating all professionals who have direct contact with children (e.g. doctors, nurses, teachers, and social workers) to report suspected cases of child abuse and neglect?' Parental ontogenic background, microsystem, exosystem and macrosystem variables were also measured.

Parental ontogenic background included parents' age, gender, education level, history of having experienced CM, knowing someone (friend or relative) who has experienced CM, history of reporting suspected CM, history of not reporting CM if suspected and history of being suspected as a perpetrator of CM.

Microsystem variables included parents' marital status, number of children in the household and whether their children had any chronic health condition or disability.

Exosystem variables included employment status, receiving Comprehensive Social Security Assistance (CSSA) and housing type as proxies for their socioeconomic status and social environment. Whether they regularly interfaced with children in their workplace (yes/no) was also assessed.

Macrosystem variables were measured using subscales adopted from the Child Abuse Report Intention Scale (CARIS) (Feng and Levine 2005), a 35-question questionnaire originally developed for assessing nurses' intention to report CM with sound reliability and validity (Cho and Kim 2013; Fraser et al. 2010; Leung et al. 2011; Natan et al. 2012; Sebastian 2014). The CARIS includes five subscales measuring attitudes towards CM (child discipline, punishment for perpetrator, and professional responsibility), knowledge of CM, subjective norm (i.e., perceived social pressure of reporting suspected CM), perceived behavioural control (i.e., perceived control and confidence in reporting suspected CM) and intended reporting behaviours. In this study, four subscales were modified to measure parents' (1) attitudes regarding childrearing belief and discipline (six items on a 6-point Likert scale), (2) attitudes regarding culpability of offenders of CM (five items on a 6-point Likert scale), subjective norm of CM reporting (two items on a 5-point Likert scale) and perceived behavioural control of professionals' CM reporting (eight items on a 6-point Likert scale). Scores were calculated per instrument guidelines. Higher scores indicate higher endorsement of physical discipline, higher culpability and support of offender punishment, higher perceived social pressure of reporting CM and higher perceived control of professionals making a CM report, respectively.

2.3 | Pilot Testing

Prior to survey deployment, 10 target participants were recruited to conduct a pilot testing of the survey to determine whether they were able to understand the questions and the time required to

complete the survey. Minor modifications were made based on their feedback to enhance the readability and understandability of the survey questions.

2.4 | Data Analysis

Quantitative analysis was performed using SPSS 26.0. Parental ontogenic background, microsystem, exosystem and macrosystem variables were described; bivariate associations between these variables with parents' support of MR (yes/no) were assessed using chi-square and independent sample *t*-tests. Then, multiple logistic regression was performed to identify significant predictors of supporting MR (Wang et al. 2019). All predictors with bivariate association at $p < 0.25$ were entered in the regression model (Bursac et al. 2008).

Open-ended responses on parents' reasons for supporting or not supporting MR were analysed using directed content analysis (Hsieh and Shannon 2005). This deductive approach was selected, given that the data already provides a clear framework to organise reasons for or against MR. First, open-ended responses were reviewed to gain an overall impression. Then, two research team members independently extracted relevant responses using predetermined codes to organise the reasons supporting MR and reasons for not supporting MR. After discussion, the codes were synthesised into categories, and exemplary quotes were used to illustrate the findings.

3 | Results

The demographic profile of the respondents ($n = 172$) is presented in Table 1. Most of the participants were between ages 28 and 37 years (39.53%), female (67.44%), had a bachelor's degree (36.63%), married or cohabiting (74.42%), living in private housing (68.60%), employed (77.91%), not receiving CSSA (97.09%), had only one child (63.95%) and did not have children with chronic illness or disability (93.60%). For CM-related experiences, 18.6% of the respondents reported they were exposed to CM as children, 33.14% knew someone with CM experience, 9.30% had a history of reporting suspected CM, 13.95% had suspected CM but did not report and 3.49% had been suspected as a perpetrator of CM. Overall, 73.8% ($n = 127$) of respondents supported MR of CM.

The results of bivariate analyses (shown in Table 1) showed participants who supported MR were significantly more likely to be aged between 28 and 37 years, females, have a bachelor's degree and have no experience of reporting a suspected CM. Those who supported MR also reported higher perceived behavioural control of professional CM reporting, subjective norm of CM reporting and attitude towards punishment and culpability of CM offenders, and lower endorsement of harsh child-rearing and disciplinary practices.

Findings of the multiple logistic regression are presented in Table 2. Males had a 76.5% lower odds of supporting MR ($p = 0.025$, $CI_{95\%} = 0.066-0.836$), whereas being employed conferred 6.11 times higher odds of supporting MR ($p = 0.020$, $CI_{95\%} = 1.33-28.1$). After accounting for all macrosystem and

relevant parent background variables, only perceived behavioural control of professional CM reporting ($OR = 1.42$, $p = 0.001$, $CI_{95\%} = 1.17-1.72$) and subjective norm of CM reporting ($OR = 1.75$, $p = 0.002$, $CI_{95\%} = 1.22-2.50$) remained significant.

Directed content analysis of open-ended responses revealed three categories of reasons for supporting MR, including (1) building a safer environment for children, (2) professionals' responsibility and accessibility to report CM and (3) professionals having knowledge and power to report CM. Additional supportive quotes are provided in Table 3. Among parents who supported MR, they believed that the legislation of MR of CM would help to build a safer environment for our children, as the following parent noted:

Children need to be protected and they may not be able to express themselves being maltreated.
(Female, aged 38–47, married/cohabited, unemployed)

Some participants also explained that professionals have the responsibility to report CM, and they are also in a prime position with access to vulnerable children suspected of maltreatment; therefore, legislation of MR can reinforce and motivate them to report CM:

Professionals are always the first touch of maltreated children, and they should make report immediately.
(Female, 48 or above, separated/divorced, unemployed)

Last, parents also expressed their support of MR because they believed professionals have sufficient knowledge and power to help them report suspected CM:

Professionals have knowledge and experience to identify suspected CM.
(Female, aged 28–37, married/cohabited, employed)

Conversely, parents did not support MR due to (1) mistrust of professionals, (2) violation of parents' autonomy, (3) potential increase of unsubstantiated cases and (4) shifting the responsibility of child protection to the professionals. For example, some responses showed doubts regarding whether professionals are capable and competent to make the right decisions to report CM:

It is subjective to decide whether a child is being maltreated or not and I don't believe professionals are capable to do so.
(Female, aged 18–27, separated/divorced, unemployed)

These participants also expressed that parents should maintain their rights and be involved in CM reporting decisions, and that MR of CM would violate their autonomy and damage the parent–child relationship.

Parents are responsible for their children, thus health professionals could discuss with the parents first before reporting.
(Male, aged 38–47, married/cohabited, employed)

TABLE 1 | Characteristics of the full sample and those who supported or were against MR of CM ($N = 172$).

<i>Parental ontogenic background</i>	Full sample ($N = 172$)		Support MR ($N = 127$)		Against MR ($N = 45$)		<i>p</i>
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Age							0.031*
18–27	35	20.35	29	22.83	6	13.33	
28–37	68	39.53	55	43.31	13	28.89	
38–47	39	22.67	26	20.47	13	28.89	
48 or above	30	17.44	17	13.39	13	28.89	
Gender (female)	116	67.44	96	75.59	20	44.44	<0.001**
Education level							0.005**
Under bachelor	55	31.98	32	25.20	23	51.11	
Bachelor	63	36.63	50	39.37	13	28.89	
Above bachelor	54	31.40	45	35.43	9	20.00	
History of being a victim of CM (no)	140	81.40	107	84.25	33	73.33	0.121
Knowing someone being maltreated in childhood (no)	115	66.86	90	70.87	25	55.56	0.068
History of reporting a suspected CM (no)	156	90.70	111	87.40	45	100	0.013^a*
History of not reporting a suspected CM (no)	148	86.05	109	85.83	39	86.67	1.00
History of being suspected as a perpetrator of CM (no)	166	96.51	124	97.64	42	93.33	0.185 ^a
<i>Microsystem variables</i>							
Marital status (married/cohabitation)	128	74.42	94	74.02	34	75.56	0.847
Number of children							0.802 ^a
1	110	63.95	80	63.00	30	66.70	
2	52	30.23	40	31.50	12	26.67	
3 or above	10	5.81	7	5.51	3	6.67	
Children's health condition (no chronic disease or disability)	161	93.60	117	92.13	44	97.78	0.292
<i>Exosystem variables</i>							
Housing type							0.305 ^a
Private housing	118	68.60	98	77.17	30	66.67	
Public housing	29	16.86	20	15.75	9	20.00	
Others/refused	15	8.72	9	7.09	6	13.33	
Employment status (employed)	134	77.91	102	80.31	32	71.11	0.214
Working with children (no)	137	79.65	97	76.38	40	88.89	0.073
Receiving CSSA (no)	167	97.09	125	98.43	42	93.33	0.113 ^a
<i>Macrosystem variables</i>							
Perceived behavioural control of professional	172	100	31.54	3.86	25.22	3.81	<0.001**
Subjective norm of CM reporting	172	100	8.20	1.47	5.29	2.02	<0.001**
Attitude regarding childrearing belief and discipline	172	100	14.82	5.52	19.73	6.53	<0.001**
Attitude regarding punishment and culpability of CM offenders	172	100	22.29	4.08	17.33	3.91	<0.001**

^aBivariate analysis performed by Fisher's exact test.* $p < 0.05$.** $p < 0.005$.

TABLE 2 | Factors predicting parents' support of MR of CM ($N=172$).

Factors	<i>n</i>	Wald χ^2	OR	CI95%	<i>p</i>
Gender					
Female	116		Reference		
Male	56	5.00	0.235	0.066–0.836	0.025*
Age					
18–27	35		Reference		
28–37	68	3.17	0.209	0.037–1.17	0.075
38–47	39	3.48	0.149	0.020–1.10	0.062
48 or above	30	3.43	0.131	0.015–1.13	0.064
Education level					
Under bachelor level	55		Reference		
Bachelor level	63	1.54	0.399	0.094–1.70	0.214
Above bachelor level	54	1.77	0.344	0.071–1.66	0.183
Working status					
Unemployed	38		Reference		
Employed	134	5.41	6.11	1.33–28.1	0.020*
Working with children					
No	137		Reference		
Yes	35	0.014	1.09	0.264–4.51	0.905
History of being a victim of CM					
No	140		Reference		
Yes	32	0.001	0.978	0.221–4.33	0.976
History of not reporting a suspected CM					
No	148		Reference		
Yes	24	3.20	4.92	0.859–28.1	0.074
Perceived behavioural control	172	12.93	1.42	1.17–1.72	0.001**
Subjective norm	172	9.39	1.75	1.22–2.50	0.002**
Attitude regarding childrearing belief and discipline	172	0.009	0.995	0.899–1.10	0.925
Attitude regarding punishment and culpability of offenders or victims of CM	172	1.75	1.11	0.995–1.29	0.185
Constant		16.24	0.000		0.000
Model summary					
		–2 log likelihood	H-L test (<i>p</i> value)		0.676
		91.25	$\chi^2_{(8)} = 3.87 (0.868)$		0.676

Note: Variables included in the model: (1) gender, (2) age, (3) education level, (4) working status, (5) working with children, (6) history of being a victim of CM, (7) history of not reporting a suspected CM, (8) perceived behavioural control of CM reporting among professionals, (9) subjective norm of making CM report, (10) attitude regarding childrearing belief and discipline, (11) attitude regarding punishment and culpability of offenders or victims of CM. Method of building regression model: 'Enter', all variables were entered simultaneously.

Abbreviations: CI, confidence interval; OR, odds ratio.

**p* value < 0.05.

***p* value < 0.005.

TABLE 3 | Categories and supporting quotes from parents who were supportive of or against MR of CM.

Categories	Supporting quotes (respondent gender, age, marriage status, employment status)
	Support MR of CM
Building a safer environment for children	<i>'MR of CM could be beneficial to the children as they are vulnerable in the society.'</i> (Male, aged 18–27, separated/divorced, unemployed)
Professional's responsibility and accessibility to report CM	<i>'Who else if the professionals do not take up the responsibility to protect children?'</i> (Female, aged 28–37, married/cohabited, employed)
Professionals having knowledge and power to report CM	<i>'Professionals are the authorities on the aspect of child protection, they could be the role model for the public to promote child protection.'</i> (Female, aged 18–27, married/cohabited, employed)
	Against MR of CM
Mistrust of professionals	<i>'Professionals may not fully understand the background of each case and therefore the report may be not reliable.'</i> (Male, aged 38–47, separated/divorced, employed)
Violating parent's autonomy	<i>'I do not want to wash their dirty linen in public.'</i> (Male, aged 38–47, married/cohabited, employed)
Increase of unsubstantiated case	<i>'If the guideline of MR is not clear, professionals may over-report CM cases.'</i> (Male, aged 38–47, married/cohabited, employed)
Shifting the responsibility to the professionals	<i>'Professionals would bear extra responsibility and risk if they need to make MR of CM.'</i> (Male, aged 18–27, separated/divorced, unemployed)

Another concern from the participants is that professionals may over-report CM cases to avoid criminal liability, thus inadvertently increasing the number of unsubstantiated or false reports and diverting valuable resources from those actually in need:

Criminalising misreporting of CM may make professionals be over-sensitive and report innocent case.

(Male, aged 38–47, married/cohabited, employed)

Lastly, some participants do not support MR as they worry that the responsibility and pressure of protecting children will be shifted wholly to the professionals:

Legislation of MR would provide unnecessary pressure on healthcare professionals as it is difficult to identify CM.

(Male, aged 18–27, separated/divorced, unemployed)

4 | Discussion

This was the first study to examine parents' views on professional MR of CM. In the present sample of Hong Kong parents with young children, the proportion of parents supporting MR was high (73.84%) compared with local studies showing that only 33%–58% of healthcare professionals support MR (Chan et al. 2020; Leung et al. 2011). One of the reasons why professionals did not support MR is that they believed parents do not support MR due to privacy concerns or beliefs that it would

violate the client's autonomy. However, most parents in this study did not share these concerns; rather, they placed more importance on children's rights and safety.

Our results also showed that parent gender is significantly associated with their support of MR. Specifically, fathers were less likely to support MR. This may be explained by previous observations that women were more nurturing and empathetic, which made them more attuned to the signs of CM and more supportive of the MR of CM as a means of child protection (Christov-Moore et al. 2014). Besides, mothers may also have a higher awareness of CM due to their child-rearing roles and engagement with child-caring institutions (e.g., school, health clinics); thus, they may have access to more CM-related information than fathers. Being employed was also associated with parents' support of MR. Indeed, previous research found that parents who are employed have better economic stability, which may be directly related to parents' mental health (Conger et al. 2010)—a significant indicator of CM as parents with poor mental health were more likely to be the perpetrators of CM (Lopes et al. 2021). Further, being employed could positively affect a parent's perception of the social system and structure, including those related to child protection. Conversely, unemployment could lead to a sense of helplessness and mistrust in the social system, which may explain why unemployed people may have a lower tendency to support MR (Ross 2017). Parents who are employed may also be more likely to share the responsibility of child-rearing with others (e.g., relatives, domestic helpers, child care facilities) and spend less time directly with their children; therefore, they may be more supportive of child protection measures, including MR of CM (Bullinger et al. 2021).

Parents who perceived professionals to have greater control over making CM reports and higher social pressure to make a CM report also predicted their support of MR. Our qualitative findings corroborate these quantitative results. For example, parents who supported MR expressed that professionals regularly come into contact with children and it is their responsibility to report suspected CM, given their access to this population; they also believed that professionals have the knowledge and power to protect those who are vulnerable. Conversely, parents who did not support MR cited mistrust of professionals and potential increase of unsubstantiated cases as reasons against the law. Previous research showed that parents were more cooperative in the MR process when they trust the professionals involved (Mathews and Bross 2008), and our results further demonstrated that those who viewed professionals have higher perceived behavioural control of CM reporting were more likely to support MR. Parents' normative evaluation of the perceptions of MR of CM in those around them is also associated with their support of MR. This was expected given that social norms significantly influenced one's behaviour and beliefs (Gilbert et al. 1998; Nishimura et al. 2020). Our qualitative findings showed that a reason to support MR was its potential to build a safer environment for children, which represents these parents' general view that children are vulnerable and should be protected. Overall, in line with Belsky's ecological framework (1978), we identified factors across parental ontogenic background and microsystem, exosystem and macrosystem levels that were associated with parents' views on MR of CM.

As the legislation of MR of CM remains a controversial topic worldwide, all stakeholders' views should be carefully considered before its implementation. In Hong Kong, the government proposed that people must not wilfully inhibit or obstruct a mandated reporter from making a CM report; however, the definition of inhibiting or obstructing the MR process is not clear, and parents may unintentionally violate the law if they want professionals to discuss concerns with them before making a report ('Mandatory Reporting of Child Abuse Bill', 2023). The current findings also showed that approximately one in four parents does not support MR. Given our results demonstrating perceived behavioural control of professionals' CM reporting as a significant predictor of whether parents support MR, professional competency on handling MR of CM is critical for parents' buy-in. For example, strengthening professional training is necessary before the implementation of MR of CM, as it is a major concern among different countries and professionals (Chan et al. 2020; Feng et al. 2009; Kenny 2001; Lazenbatt and Freeman 2006; Lee and Kim 2018; Leung et al. 2011). Wider public education initiatives to generate awareness of child protection and the law are also needed to shift perceptions about MR and the subjective norms regarding its necessity and implementation. Continued public inquiry and research are needed to assess ongoing changes in attitudes towards MR of CM among key stakeholders. CM is an insidious and hidden public health problem, and previous studies showed that parents will hide or under-report CM even if they are not the abuser (Ammerman 1998; Chaffin and Valle 2003; Mathews and Bross 2008). Although we found that parents in Hong Kong generally supported professional MR of CM, more detailed investigations are needed to ensure the policy will be implemented and take effect as intended.

4.1 | Study Limitations

Several study limitations require consideration. First, parents' views of MR may be influenced by the multitude of potential confounding factors across different ecological systems that were not included in this study, such as parents' cultural background or place of birth, stress level, knowledge of CM and children's behavioural problems. Future studies should aim to capture these potentially confounding extraneous variables. Second, the convenience sampling strategy and inherent limitations of online surveys are likely to reduce the representativeness of the sample and generalisability of the findings. Further, we only targeted parents with young children, and it is not known whether the support of MR might differ among parents with older children. Third, some parents expressed that they had different considerations on the policy of MR depending on the types of CM when asked why they did not support MR. This was not assessed in the current study, and parents may have different views on MR depending on the types of CM involved. Future investigations should examine parents' perceptions of supporting MR for each type of CM to understand their concerns.

5 | Conclusion

The majority of Hong Kong parents in this study support MR, and four significant predictors were identified. As the first study to examine parents' perceptions of MR of CM, the present findings provide a preliminary understanding of why parents in Hong Kong support or do not support MR. These results have important implications for the design and implementation of the professional MR law that is currently being considered by the local government. Specifically, public education and competency training for professionals are essential before the enactment of the MR law.

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Ethics Statement

Ethical approval was obtained from the first author's affiliated institution prior to the study commencement.

Consent

All participants provided implied consent by way of survey completion.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The authors confirm that the data supporting the findings of this study are available within the article.

Endnotes

¹ CM was adopted in this literature instead of child abuse (CA) as CM is an umbrella term for any form of child abuse or neglect; in the Hong Kong context, CA is used in all official documents.

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