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Experiences of School Counselors During and After Making Suspected Child Abuse and Neglect Reports

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EXPERIENCES OF SCHOOL COUNSELORS DURING AND AFTER MAKING

SUSPECTED CHILD ABUSE AND NEGLECT REPORTS

by

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ABSTRACT

EXPERIENCES OF SCHOOL COUNSELORS DURING AND AFTER MAKING SUSPECTED CHILD ABUSE AND NEGLECT REPORTS

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Old Dominion University, 2009
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The purpose of this study was to explore the experiences of school counselors during or after making suspected child abuse and neglect reports. The survey population for this study consisted of all members of the American School Counselor Association (ASCA) who identified themselves as working in elementary, elementary/middle, middle/junior high, middle/secondary, secondary/high school, and K-12 work settings. Email addresses were obtained from the ASCA online member directory during the summer of 2008. A total of 847 surveys were completed and returned. A total of 11,113 ASCA members were sent surveys. Of those sent, 7,021 were returned undeliverable, suggesting that the on-line directory was out of date. A total of 847 of the 4,092 surveys that were successfully delivered were completed and returned for a 21% response rate.

This study investigated the following broad research question: What are the experiences of professional school counselors in reporting suspected child abuse or neglect? School counselor variables including amount of training, years of experience, and credentials were explored in relation to the experiences of school counselors in making suspected child abuse reports. In addition, this study explored school variables including school setting, school level, and socioeconomic level of school.

No studies that examined the experiences of school counselors after reporting cases of suspected child abuse and neglect were found in the literature. Thus, a survey entitled the Child Abuse Post-Reporting Experiences of School Counselors Survey (CARE) was developed to gather this information.

Results showed that professional school counselors are encountering some interpersonal and intrapersonal negative experiences during and after making reports of suspected child abuse. In this study, elementary school counselors reported more negative experiences in making suspected abuse or neglect reports than secondary school counselors. Results revealed that years of school counseling experience and post-master's degree training events significantly predicted the frequency of negative reporting experiences among school counselors. School counselors with more years of experience and with fewer post-master's degree training events had less negative reporting experiences than school counselors with fewer years of experience and more post-master's degree training events. Additionally, several noteworthy findings emerged from the item analysis for Section I items of the CARE instrument.

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CHAPTER I

INTRODUCTION

Background

Based on statistics gathered through National Child Abuse and Neglect Data

System (NCANDS) of the Children's Bureau, for Federal Fiscal Year (FFY) 2006, an

estimated 905,000 children in the District of Columbia, Commonwealth of Puerto Rico,

and the 50 States were determined to be victims of neglect and abuse (U.S. Department

of Health of Human Services, Administration on Children, Youth and Families, 2008).

During FFY 2006, 3.3 million referrals, including approximately 6.0 million children,

were made to Child Protective Services (CPS). In 2006, educational personnel submitted

the largest percentage (16.5%) of suspected child abuse and neglect reports. As educators

with a mental health perspective (American School Counselor Association, 2008), school

counselors are in a unique position to detect, report, and prevent child abuse and neglect.

Conceptual Framework

Currently, all states in the United States require school counselors to report

suspected child abuse or neglect. The task of recognizing and reporting child abuse is

addressed in a number of counselor education programs, as well in the school counseling

professional literature (Bryant & Milsom, 2005; Lambie, 2005; Mitchell & Rogers,

2003). However, the challenges associated with recognizing and reporting child abuse

does not end when reports have been made. Once reports are made, school counselors

must deal with challenges encountered with students, their parents or guardians, teachers,

administrators, social service workers, and other individuals. Yet, school counselors are

not prepared for those challenges and very little professional literature exists regarding

challenges school counselors must face after they have made reports. In an effort to understand what happens when school counselors make reports of suspected child abuse or neglect, this study explored those experiences, with the notion that this information would help counselor educators improve the preparation of school counselors for dealing with situations that originate after child abuse or neglect reports are made.

Importance of Study

Often, school counselors are faced with the issue of child abuse. As mandated reporters, they are required by law to report suspected cases of child abuse and neglect. Although mandated reporters, such as school counselors, are legally and ethically obligated to report all cases of suspected child abuse, the literature suggests that there is reluctance to report (Alvarez, Kenny, Donohue, & Carpin, 2004; Bryant & Milsom, 2005; Kalichman & Craig, 1991, Kenny, 2001). Determining whether to report suspected child abuse is the second most reported legal issue experienced by school counselors (Hermann, 2002). Understanding why school counselors are sometimes reluctant to make reports may provide insight on the struggles school counselors face when reporting suspected child abuse or neglect.

The process of reporting abuse can be challenging, traumatic, and at times, overwhelming. As mandated reporters, school employees, and child advocates, school counselors are faced with multiple challenges when reporting suspected child abuse. School counselors are challenged with deciding whether to report and understanding proper procedures for reporting. In addition, they may lack support from their administrators, worry about the impact of the report on the child, sometimes experience negative responses from parents, and often experience difficulties with the reporting

agency. School counselors are not only responsible for reporting suspected child abuse, they also provide counseling services to children and their parents or guardians, coordinate resources in the community, and design prevention programs (Kenny & McEachern, 2002). With the numerous demands encountered when reporting child abuse, it is not surprising that feelings of anxiety, confusion, and frustration are common among school counselors.

Currently, little research exists on child abuse reporting behaviors specific to school counselors. Additionally, no research exists that examines the experiences of school counselors during or after reporting cases of suspected child abuse and neglect. This study explored those experiences; specifically, the interpersonal and intrapersonal experiences of school counselors.

The findings of this study provided information regarding the experiences school counselors have after reporting suspected child abuse or neglect. With a better understanding of the challenges school counselors experience after making reports, recommendations for school counselor training and continuing education are provided. Specifically, recommendations for school counselor training in the reporting and post-reporting process of suspected child abuse or neglect. The American School Counselor Association's (ASCA, 2004) *Ethical Standards for School Counselors*, encourages school counselors to maintain professional competence, be knowledgeable of professional information, and continue professional growth throughout the counselor's career (E.1.c). In addition, Section F.2 of the ASCA standards states that school counselors actively participate in local, state, and national associations to enhance the development and improvement of school counseling. Further, the professional school

counselor's role in preventing child abuse and neglect includes, but is not limited to, helping children and adults cope with abuse, reinforcing appropriate parenting skills, providing support to school staff, offering follow-up counseling, and providing on-site programs designed to prevent child abuse (ASCA Child Abuse and Neglect Prevention Statement, 2003).

Results from this study may be used to open a dialogue within the school counseling profession regarding the experiences of school counselors after reporting suspected child abuse or neglect and how to effectively address the needs of school counselors when handling cases of child abuse. Ultimately, this study may help current and future school counselors understand the dynamics of child abuse reporting. Through understanding, hopefully school counselors can prepare themselves better so that negative reporting experiences may be reduced.

Purpose of the Study

The purpose of the study was to explore the interpersonal and intrapersonal experiences of school counselors during and after reporting suspected child abuse. An interpersonal experience is defined as a behavior or set of behaviors experienced by the school counselor from an individual or individuals. The experience can vary in the degree of self-disclosure, feedback, power, respect, and support. An example of an interpersonal experience is the reaction of a school principal toward a school counselor when the counselor reports a suspected child abuse or neglect case. An intrapersonal experience is defined as the school counselor's own feelings, thoughts, or emotions related to an experience. The experience can involve various individuals (e.g., parents, principals, outside agency). An example of an intrapersonal experience is a school counselor feeling

anxiety when making a report. Intrapersonal experiences are influenced by and may influence interpersonal experiences.

This study explored factors associated with the experiences school counselor have had when they have made suspected child abuse reports. Finally, the relationship between school counselor variables and school variables and the number of suspected child abuse and neglect reports were examined.

The independent variables in this study included school setting and level, amount of training, years of experience, socioeconomic level of school, and school counselor credentials. The dependent variables in this study included the type of experiences school counselors encountered while making suspected child abuse or neglect reports and after making the reports.

<div align="center">Research Questions</div>

This study investigated the following broad research question: What are the experiences of professional school counselors in reporting suspected child abuse or neglect? Specific research questions included:

Research Question 1

What is the relationship between school level of school counselors and negative reporting experiences?

Hypothesis 1

There will be a significant relationship between school level of school counselors and reporting experiences in that elementary counselors will report more negative experiences than those practicing in middle/junior high and secondary/high school settings.

Research Question 2

What is the relationship among school setting of school counselors, and socio-economic level of the counselors' school, and negative reporting experiences?

Hypothesis 2

Controlling for socioeconomic level of the counselors' school, there will be a significant relationship between school setting and reporting experiences in that professional school counselors practicing in rural school settings will report more negative experiences than those practicing in urban and suburban school settings.

Research Question 3

What is the relationship between professional school counselors' years of experience and negative reporting experiences?

Hypothesis 3

There will be a significant negative relationship between professional school counselors' years of experience and frequency of reporting experiences in that the more years of experience, the lower will be the frequency of negative reporting experiences.

Research Question 4

What is the relationship between post-master's degree training and negative reporting experiences?

Hypothesis 4

There will be a significant negative relationship between amount of training and frequency in reporting experience in that those with more training will report lower frequency of negative experiences in making reports and following reports.

Research Question 5

What is the relationship between professional school counselors' credentials and negative reporting experiences?

Hypothesis 5

There will be a significant negative relationship between professional school counselors' credentials and frequency of reporting experiences in that the more credentials school counselors hold, the lower will be the frequency of negative reporting experiences.

Research Question 6

Do professional school counselor variables and school variables predict frequency in reporting suspected child abuse?

Hypothesis 6

All six independent variables, amount of training, years of experience, number of credentials, school setting, school level, and SES of school, will significantly predict frequency of negative reporting experiences.

<center>Limitations and Delimitations</center>

The participants in this study were recruited from a sample of professional school counselors practicing in elementary, middle, and high school settings in each of the 50 states. According to Dodson and Borders (2006), school counseling is a "nontraditional" career for males. Therefore, more females than males were more likely to participate, thus making the results less generalizable to male school counselors.

The study was further limited by the ability of the instrument that was developed for this study to gather comprehensive child abuse reporting post-experiences of professional school counselors. For example, the instrument items may not have assessed

the degree of experiences all school counselors face during and after reporting suspected child abuse.

Moreover, child abuse reporting is a sensitive issue. Participants may have been reluctant to share their experiences of child abuse reporting.

Assumptions of the Study

It was assumed that the participants selected from the ASCA member directory are accurately categorized with regards to school counselor and level. For example, it is assumed that school counselors listed as working in an elementary school are employed in an elementary school rather than a middle or high school. Additionally, it was assumed that the Child Abuse Post-Reporting Experiences of School Counselors Survey (CARE) instrument would be understandable to all of the participants. It was also assumed that participants would answer the questions honestly without influence of social desirability and responses will provide accurate data for analysis. Also, all participants recruited for the study were assumed to have Internet access to complete the instrument. It was further assumed that, given current statistics on the prevalence of child abuse and the roles of school counselors, a realistic connection would be made between existing professional literature pertaining to child abuse reporting and negative post-reporting experiences of school counselors.

Definition of Terms

Amount of Training: The amount of training is the number of conferences, workshops, seminars, or other events attended by school counselors on child abuse and neglect after receiving a master's degree.

Child: For the purpose of this study, a child is any person under

                          the age of 18.

Child Abuse: Any recent act or failure to act on the part of a parent or

                          guardian that presents imminent danger or harm, results in

                          death, physical or emotional harm, sexual abuse or

                          exploitation of a child (Child Welfare Information

                          Gateway, 2007a, p.1). The four common types of child

                          abuse are physical abuse, sexual abuse, neglect, and

                          emotional abuse.

Child Protective

Services (CPS):   If child abuse or neglect is suspected, a report must be

                          made to a local social service agency. Usually the division

                          of social service is Child Protective Services (CPS) or a

                          social agency with a different title. Child Protective

                          Services is a child welfare agency that accepts and

                          responds to reports of child abuse and neglect. Depending

                          on the state, CPS is known by a variety of names including

                          the Department of Family and Children Services,

                          Department of Social Services, and Department of Health

                          and Human Services (Crosson-Tower, 2008).

Credentials: Credentials consists of holding a license or certificate to

                          practice as a certified school counselor, national certified

counselor, national certified school counselor, or licensed

professional counselor.

Emotional Abuse: A pattern of behavior that impairs a child's sense of self-

worth or emotional development. Examples include threats,

criticism, put-downs, or rejection.

Interpersonal Experience: Interpersonal experience is defined as a behavior or set of

behaviors experienced by a school counselor in a

relationship with an individual or individuals. The

experience can vary in the degree of self-disclosure,

feedback, power, respect, and support.

Intrapersonal Experience: Intrapersonal experience is defined as the school

counselor's own feelings, thoughts, or emotions related to

an experience. The experience can involve various

individuals (e.g., parents, principals, outside agency).

Mandated Reporter: A mandated reporter is a professional who is required by

his or her state law to report cases of suspected child abuse

and neglect. Such individuals may include school

counselors, teachers, social workers, childcare providers,

lawyers, or physicians (Child Welfare Information

Gateway, 2008b).

Neglect: The deprivation of a child's basic needs such as adequate

food, clothing, shelter, supervision, and medical care (Child

Information Gateway, 2007a). Neglect may be physical,

emotional, educational, or medical.

Number of Years

of Experience: The years of experience are the number of years an

individual has served as a professional school counselor in

a public or private school setting.

Physical Abuse: Any physical injury to the child that is non-accidental or

occurs with intent to harm.

Professional School

Counselors: Professional school counselors are individuals trained in

school counseling to address the personal/emotional,

academic, and career needs of all students. They hold a

master's degree or higher in school counseling or the

equivalent, meet licensure or certification standards, and

abide by laws and policies in their state of employment

(American School Counselor Association, 2004).

School Level: The school level is the level students taught in the school:

elementary, middle, or high school.

School Setting: The school setting is the type of area the school is located;

rural (less than 2,500 population), urban (more than 50,000

population), or suburban (2,500 to 50,000 population; U.S.

Census Bureau, 1995).

Sexual Abuse: An act of commission, including intrusion or penetration,

                       molestation with genital contact, or other forms of sexual

                       acts in which children are used to provide sexual

                       gratification for the perpetrator. This type of abuse also

                       includes acts such as sexual exploitation and child

                       pornography (English, 1998, p. 41).

Socioeconomic Level: Socioeconomic level of school is identified by the

                       approximate percentage of students that receive free or

                       reduced price lunch.

Suspected Child Abuse: Suspected child abuse is defined as any suspicion that a

                       child has been harmed.

CHAPTER II

REVIEW OF LITERATURE

Introduction

This study explored the experiences of professional school counselors after they

make reports of suspected child abuse or neglect. This chapter sets the stage for

understanding those experiences by discussing four types of child abuse, the process of

reporting suspected child abuse or neglect, barriers to child abuse reporting, outcomes of

child abuse reporting, and counseling needs of abused children.

This literature review begins with an overview of child abuse. The four types of

child maltreatment that have been identified, including definitions, indicators, and

prevalence will be discussed. Characteristics of victims and perpetrators will be

presented. Existing literature regarding reporting suspected child abuse, including

mandated reporting and the reporting process will be addressed. Child abuse reporting

behaviors of school counselors and attitudes toward reporting will be reviewed. Existing

literature regarding inconsistencies in reporting among professionals, including lack of

awareness of child abuse signs and symptoms, misinterpreting laws pertaining to

reporting suspected child abuse, lack of training in specific reporting procedures, and

perceptions of the reporting process will also be discussed. Evidence that these issues are

potential sources of negative reporting experiences of school counselors will be provided.

Literature examining the outcomes of child abuse reporting (e.g. what happens to

children after reporting) and counseling needs of abused children will be summarized.

The need for further training and education in the prevention of child abuse will be

reviewed.

Relevant Literature

Overview of Child Abuse

Definitions

Four types of child maltreatment recognized in the professional literature include physical abuse, neglect, sexual abuse, and emotional abuse. According to English (1998), the four types are defined as the following:

(1) Physical abuse: An act of commission by a caregiver that results or is

likely to result in physical harm, including death of a child. Examples of

physical abuse acts include kicking, biting, shaking, stabbing, or punching

of a child. Spanking a child is usually considered a disciplinary action;

although it can be classified as abusive if the child is bruised or injured.

(2) Sexual abuse: An act of commission, including intrusion or

penetration, molestation with genital contact, or other forms of sexual acts

in which children are used to provide sexual gratification for the

perpetrator. This type of abuse also includes acts such as sexual

exploitation and child pornography. (3) Neglect: An act of omission by a

parent or caregiver that involves refusal or delay in providing health care;

failure to provide basic needs such as food, clothing, shelter, affection, and

attention; inadequate supervision; or abandonment. This failure to act

holds true for both physical and emotional neglect. (4) Emotional abuse:

An act of commission or omission that includes rejecting, isolating,

terrorizing, ignoring, or corrupting a child. Examples of emotional abuse

are confinement; verbal abuse; withholding sleep, food, or shelter;

exposing a child to domestic violence; allowing a child to engage in

substance abuse or criminal activity; refusing to provide psychological

care; and other inattention that results in harm or potential harm to a child.

An important component of emotional or psychological abuse is that it

must be sustained and repetitive. (p. 41)

Although each state has defined child abuse and neglect in its mandatory

reporting statutes, the types and definitions of child abuse and neglect varies from state to

state. For example, all states except for Georgia and Washington include emotional

maltreatment as part of their definitions of child abuse. Although all states recognize

neglect as a type of abuse, approximately 21 states include failure to educate the child as

required by law in their definition of neglect. All states include sexual abuse in their

definitions of child abuse. In some of the states, parental substance abuse is an element of

the definition of child abuse and neglect (Child Welfare Information Gateway, 2007a).

Behavioral and Physical Indicators

According to The National Children's Advocacy Center (n.d.), there are

behavioral and physical indicators of the four types of child abuse. The physical

indicators of physical abuse include *unexplained* bruises, burns, and fractures. Areas that

are swollen or cut are also physical indicators of physical abuse. The behavioral

indicators of physical abuse include withdrawing from others, aggressive behaviors,

wearing clothing that is inappropriate to weather and body size, complaining of

discomfort or pain, arriving early to school or leaving late, and being cautious of adult

interaction.

The United States Government Printing Office published a document presenting the physical and behavioral indicators of child abuse and neglect (Wilder, 1991). In this publication, physical indicators of physical abuse included bruises and welts on the face, mouth, lips, back, buttocks, or thighs of children. The bruises may be clustered, reflecting the shape of an article used to inflict pain such as a belt strap, belt buckle, or electrical cord, and on several different areas of the body. It is not uncommon for bruises to appear after a holiday, weekend, or absence from school.

Although, the presence of these indicators may exist, it does not imply physical abuse. Children and adolescents, especially males, are playful and aggressive by nature. For many of them, injuries, including cuts and bruises, are a common part of play.

Unlike physical abuse, sexual abuse is difficult to recognize. According to Cole (1995), symptoms of sexual abuse are not as clear as with other forms of child abuse. The behaviors exhibited by a sexually abused child may be the same as behaviors exhibited by a sexually developing child. Although, there are no precise indicators that sexual abuse has definitely taken place, there are signs to be aware of.

It is important for school counselors to be familiar with the physical and behavioral indicators of sexual abuse. Physical indicators include (a) pregnancy; (b) difficulty sitting or walking; (c) bleeding or bruises in the genital area; (d) bloody, torn, or stained undergarments; and (e) itching, discomfort, or pain in the genital area (Wilder, 1991).

James (1999) classified emotional and behavioral symptoms as externalizing and internalizing. Externalizing behavior consists of actions aimed at other individuals. The

sexually abused child may display anger, aggression, and hyperactivity (James). These children may intentionally attempt to produce harm to others.

Children of abuse may also internalize their emotions. By internalizing, they direct their feelings inward. Internalizing behaviors include (a) anxiety; (b) depression; (c) poor school performance; and (d) self-mutilation (James, 1999). Other warning signs of possible sexual abuse include (a) bedwetting; (b) prostitution; (c) running away from home; (d) participating in sexual activity inappropriate to child's age; (e) poor peer relationships; and (f) an abundant understanding of sexual activity (Lambie, 2005).

One of the most prevalent types of abuse is neglect. According to Lambie (2005), the physical indicators of neglect include (a) abandonment by parents or guardians; (b) consistent hunger; (c) inappropriate clothing; and (d) unattended medical needs. The behavioral indicators of neglect include (a) stealing food; (b) arriving early and leaving late to school; (c) high level of fatigue; (d) delinquency; and (e) alcohol or drug abuse (Wilder, 1991).

The fourth type of abuse, emotional abuse, may involve adults calling the child names, putting the child down, or rejecting the child. According to The National Children's Advocacy Center (n.d.), possible physical indicators include speech disorders, ulcers, and delayed physical development. An emotionally abused child may exhibit extreme passivity and aggression, delinquent behavior, antisocial behavior, or sleep disorders.

Prevalence

The prevalence of child abuse is tragic and alarming. Based on statistics gathered through National Child Abuse and Neglect Data System (NCANDS) of the Children's

Bureau, for Federal Fiscal Year (FFY) 2005, an estimated 899,000 children in the District of Columbia, Puerto Rico, and the 50 States were determined to be victims of neglect and abuse. Since 2001, there has been an increase in the number of reports of suspected abuse or neglect that received an investigation. In 2001, an estimated 3,136,000 children received an investigation to determine whether they were abused or neglected; for FFY 2005, an estimated 3,598,000 cases were reported. Of those children that received an investigation, approximately one-quarter were determined to have been neglected or abused. Nationally, of those children who were determined to have been neglected or abused, 62.8% of children experienced neglect, 16.6% were physically abused, 9.3% were sexually abused, and 7.1% were emotionally maltreated during FFY 2005. Nationally, in FFY 2005, an estimated 1,460 children died of neglect or abuse—a rate of 1.96 children per 100,000 in the national population (U.S. Department of Health of Human Services, Administration on Children, Youth and Families, 2007).

For FFY 2005, 50.7% of child abuse victims were girls and 47.3% of victims were boys. Within the age groups, the youngest children had the highest victimization (U.S. Department of Health of Human Services, Administration on Children, Youth and Families, NCANDS, 2007). From birth to the age of three, the rate of victimization was higher than any other age group. NCANDS data for 2005 found that 41.9% of fatalities were for children younger than the age of 1. Children younger than 4 years of age accounted for 76.6% of fatalities (Child Welfare Information Gateway, 2008a). Younger children are more likely to feel helpless, rely on others to fulfill their needs, and are less able to report abuse or neglect to other adults than are children of older age groups.

Perpetrators

There is not one type of perpetrator. A perpetrator of maltreatment may be a mother, father, brother, uncle, aunt, neighbor, or stranger. He or she may choose to act alone or with another individual. For FFY 2005, mothers acting alone maltreated approximately 40% of child victims. A total of 18.3% of child victims were maltreated by their fathers alone and both parents maltreated 17.3%. Child victims abused by perpetrators that were caregivers, but not the parents, accounted for 10.7% (U.S. Department of Health of Human Services, Administration on Children, Youth and Families, 2007).

English (1998) reported caregiver characteristics linked to child maltreatment as low self-esteem, poverty, domestic violence, depression, and poor impulse control. The association between child maltreatment, specifically neglect, and poverty has been documented extensively in the research literature (Crosson-Tower, 2008; Faulkner & Faulkner, 2004; Miller-Perrin & Perrin, 2007; Slack, Holl, McDaniel, Yoo, & Bolger, 2004). Substance abuse, inaccurate knowledge of child development, unrealistic expectations of the child, and negative attitudes toward parenting were also found to be associated with child maltreatment. According to Thompson and Wyatt (1999), parents who abuse or neglect their children are often socially isolated and lack supportive relationships with family, friends, neighbors, community members, or co-workers.

Possible Consequences

Maltreated children may suffer psychological, emotional, or physical harm as a result of the abuse. There are long and short-term consequences of maltreatment. For some children, abuse results in death. For others, abuse and neglect may result in sexually

transmitted diseases, violence, substance abuse, or lasting growth retardation (English, 1998).

In researching the relationship of childhood sexual, physical, and combined sexual and physical abuse to adult victimization and posttraumatic stress disorder, Schaaf and McCanne (1998) found the highest rate of adult sexual or physical victimization to have been reported by women who were sexually and physically victimized as children. Their results suggested that when sexual abuse and physical abuse were combined during childhood, the risk for adult victimization more than doubled.

English (1998) reported the following regarding the effects of abuse on children:

> As they get older, children who have been abused and neglected are more likely to perform poorly in school and to commit crimes against persons. They more often experience emotional problems, depression, suicidal thoughts, sexual problems, and alcohol/substance abuse. Some children internalize reactions to maltreatment by becoming depressed or experiencing eating disorders, sleep disruption, and alcohol/drug abuse. Others externalize their reactions by engaging in physical aggression, shoplifting or committing other crimes, or attempting suicide. (p. 48)

Yanowitz, Monte, and Tribble (2003) investigated teachers' expectations about the effects of physical and emotional abuse on children's classroom behavior. Results indicated that the teachers' responses fell into the categories of academic difficulties in the classroom, higher levels of aggression, lack of social interaction, and lowered self-esteem. Aggression was perceived as a primary outcome of physical abuse, whereas lowered self-esteem was believed to be a primary outcome of emotional abuse.

Similarly, Eckenrode, Laird, and Doris (1993) examined the relationship of child abuse and neglect to academic achievement and discipline problems in a school-age population of maltreated and non-maltreated children. The results indicated that maltreated children were more likely to repeat a grade than non-maltreated children. Maltreated children also had significantly more suspensions and discipline referrals. Physically abused children reported the most discipline issues, and neglected children exhibited the poorest outcomes on academic performance.

Einbender and Friedrich (1989) examined the psychological functioning and behavior of sexually abused girls in comparison to non-abused girls. Based on the results, sexually abused girls demonstrated significantly greater sexual preoccupation and behavior problems and lower cognitive abilities and school achievement.

Reporting Child Abuse and Neglect

Mandatory Reporting

In 1974 Congress passed the National Child Abuse Prevention and Treatment Act. As part of this law, funds were provided to states that met its guidelines for reporting child abuse and neglect. This federal law required that educators report suspected child abuse and neglect based on reasonable suspicions rather than certainty (Yell, 1996).

School counselors are mandated reporters. As mandated reporters, they and other school personnel are required by law to report suspected child abuse and neglect. According to Remley and Herlihy (2007), failure to report suspected child abuse may result in criminal and civil legal liability. All states except Maryland and Wyoming impose criminal liability for failure to report suspected child abuse and neglect (Small, Lyons, & Guy, 2002).

As mandated reporters, school counselors may be required to testify in a child abuse case. In a study conducted by Davis (1995), child and sexual abuse cases were reported as the second highest incidence of court appearances for school counselors.

Although school personnel are state mandated to report suspected child abuse and neglect, educators have been found to be reluctant to report (Bryant & Milsom, 2005). Hermann (2002) found that determining whether to report suspected child abuse was the second most frequently reported legal issue encountered by school counselors. Reporting child abuse was the highest rank dilemma encountered by a sample of family therapists (Green & Hansen, 1989)

Crenshaw, Crenshaw, and Lichtenberg (1995) studied the recognition and reporting of child abuse in a sample of educators, including teachers, counselors, school psychologists, principals, and district superintendents. School counselors saw themselves more often as very prepared or fairly well prepared to deal with child abuse. Based on school policy and procedures, school counselors may be designated by their principals as the person who must contact the local or state social service agency and report all suspected child abuse cases.

Most states identify professionals who work with children in any capacity as mandated reporters (American Humane, 2008). In addition to school counselors and other school staff, professionals such as police officers, mental health providers, lawyers, medical staff, and day care providers, are recognized as mandated reporters in all 50 states (U.S. Department of Health of Human Services, Administration on Children, Youth and Families, 2008). Variations exist among some states in other persons identified as mandated reporters. For example, six states (i.e., Alaska, Arizona, Arkansas,

Connecticut, Illinois, and South Dakota) recognize domestic violence workers as

mandated reporters (Child Welfare Information Gateway, 2008b).

Process of Reporting

      If child abuse or neglect is suspected, a report must be made to a local social

service agency or to a state toll free number, depending upon the mandates of the state

statute. Usually the division of social service that most states refer to when making

suspected child abuse and neglect reports is Child Protective Services (CPS) or a social

service agency with a different title. CPS or the local social service agency must be

notified as soon as abuse or neglect is suspected. Not all child abuse reporting agencies

are identified as Child Protective Services. Depending on the state, CPS is known by a

variety of names such as the Department of Family and Children Services, the

Department of Social Services, the Department of Health and Human Services, and

others (Crosson-Tower, 2008).

      Reporting procedures, including how to make a report and timeframe for

reporting, vary among states (Alvarez, Kenny, Donohue, & Carpin, 2004). An oral (i.e.,

telephone or in-person) report is required by most states within a *reasonable amount of*

time to a child protection agency. A reasonable amount of time to file a report is defined

in some statutes as ranging from 24 to 72 hours (Lambie, 2005).

      In addition to an oral report, a written report may be required. Many states require

a written report as a follow-up to an oral report. In states that require a written report, a

reporting form may be available for use that allows reporters to provide accurate and

thorough information regarding the child. In addition to the information on the form,

Wilder (1991) suggested providing facts such as (a) the age, name, and location of the

victim's siblings, (b) the location of the victim at the time of report, (c) the time students are released for the day, (d) the language used most in the home, (e) additional previous abuse reports made by the school, and (f) previous experience with the parents. If a reporting form does not exist, a mailed or faxed statement from the reporter may be utilized (Alvarez et al., 2004).

The person who contacts CPS and makes the report cannot be identified, according to most state statutes. The information is kept confidential and is not disclosed to the perpetrator. After contacting CPS, school counselors should document the report to CPS and keep a copy of a written child abuse and neglect report. Each school may have a different procedure when reporting child abuse and neglect. It is important for school counselors to know their state's reporting statute as well as their school district's policy.

Reporting Child Abuse by School Counselors

Role of School Counselors in Reporting

To provide an understanding of the professional school counselor's role in recognizing, reporting, and preventing child abuse, the following statements were taken from the American School Counselor Association's (ASCA) Position Statement: Child Abuse/Neglect Prevention (ASCA, 2003):

> Professional school counselors are mandated reporters and need policies,
> referral procedures, and essential knowledge. It is a legal, moral, and
> ethical responsibility to report child abuse. ASCA recognizes it is the
> absolute responsibility of professional school counselors to report
> suspected cases of child abuse/neglect to the proper authorities.
> Responsible action by the professional counselor can be achieved through

the recognition and understanding of the problem, knowing the reporting procedures and participating in available child abuse information programs. Professional school counselors are instrumental in early detection of abuse. (p.1)

Before a report is made, school counselors play various roles. The school counselor serves as a counselor to the student population, including unknown victims of abuse and neglect. School counselors will also serve as consultants with concerned parents, teachers, or other school personnel. They may seek the guidance of the school counselor to react to concerns that they may be feeling regarding possible abuse or neglect.

If concerns of abuse or neglect are reported, a school counselor should speak with the child to gain a better understanding of the situation. When interviewing a child, it may be helpful to ask questions regarding what happened to the child or a time when something happened that made the child feel uncomfortable. Other suggestions include noticing the body language of the child during the interview, allowing the child to tell his or her story about the event, expressing empathy, and using active listening skills (James, 1999). During the interview, the school counselor should not ask leading questions or help with details. This may lead to inaccurate information being provided later by the child.

Once school counselors determine that abuse or neglect may have occurred, they take on various roles including informants, counselors to the victim or perpetrator, employees, liaisons with others, court witnesses, and counselors to the family (Remley & Fry, 1993). In working with sexually abused children, school counselors need to be aware

of behaviors associated with sexual development and sexual abuse symptoms. As consultants, counselors, and coordinators, school counselors promote healthy sexual development (James, 1999).

When working with sexually abused children, Cole (1995) presented ways school counselors may be helpful to students. These included listening alertly, observing parents and students for patterns of behavior, learning information through publications, attending workshops, conferences, and other presentations, and developing networking relationship for treatment referral.

After filing a report, school counselors may initialize individual or small group counseling to support the victims of abuse or neglect. In some cases, referring the students and their families for treatment outside of the school is a necessary step in protecting and supporting students and their families.

Ritchie and Partin (1994) surveyed 149 school counselors employed in Ohio regarding their referral practices. They found that child abuse was the number one reason for referrals in elementary schools and the third most frequently referred concern for middle school counselors.

Reporting Experiences

One recent study of child abuse reporting by school counselors found that school counselors reported an average of approximately four cases of child abuse per year (Bryant & Milsom, 2005). The reporting experiences among school counselors have been found to differ in regards to school and counselor variables. For example, due to the frequency of interaction with students, elementary school counselors may be more likely to report suspected cases of child abuse than those employed in middle or high school

settings. Results of Bryant and Milsom's study revealed that elementary school counselors reported significantly more child abuse cases in comparison to high school counselors. Results of the same study showed school counselors reported more cases of suspected child abuse in schools with higher percentages of students receiving free or reduced price lunch.

Studies examining the experiences of other educators, such as teachers and administrators, have found additional school characteristics associated with underreporting. In a recent study exploring the underreporting and overreporting of child abuse by teachers, Webster, O'Toole, O'Toole, and Lucal (2005) found that rural schools and those with a greater number of students showed an increased probability of underreporting. In addition, Engel (1998) found that the majority of nonteaching school personnel (i.e., school counselors, nurses, and psychologists) with more years of experience and more training in recognizing and reporting child abuse stated they would report in each of the four scenarios of child abuse presented.

Failure to Report Suspected Child Abuse

Although professionals, such as school counselors, principals, teachers, social workers, therapists, psychologists, pediatricians, law enforcement officials, and physicians are required to report suspected child abuse, they often fail to do so. For instance, in a recent study, 58% of 382 mandated reporters, including social workers, physicians, and physician assistants surveyed indicated that they did not report all cases of suspected child abuse or neglect throughout their careers (Delaronde, King, Bendel, & Reece, 2000). Similarly, Reiniger, Robison, and McHugh (1995) found 69% of all cases of suspected child abuse and neglect identified by professionals were not reported to

child protective services. Van Haeringen, Dadds, and Armstrong (1998) discovered that 43% of medical practitioners who suspected a case of child abuse or neglect did not report. Webster et al. (2005) reported 84% of child abuse cases recognized in public schools are not reported. Kenny and McEachern (2002) found that 25% of school counselors failed to report suspected child abuse compared to 6% of school principals. Zellman (1990b) found that more than one third (37%) of elementary school principals and one third (34%) of secondary school principals suspected child abuse at some time in their careers, but did not make a report. Multiple reasons have been identified to account for these failures to report.

Lack of Knowledge in Recognizing Abuse

A common barrier to reporting identified in the literature is lack of knowledge in recognizing child abuse (Alvarez et al., 2004). The signs and symptoms of child abuse and neglect are not easily recognizable. For instance, sexual abuse, neglect, and emotional abuse are difficult to identify and frequently overlooked. In surveying middle and high school counselors, Kenny and McEachern (2002) found that counselors who failed to report cases of child abuse identified *no visible physical injury* as the most common hindrance (p. 68). In examining school counselors' perceptions of their own capabilities in recognizing child abuse, Bryant and Milsom (2005) found that participants felt significantly more confident in their ability to recognize physical abuse than they did to recognize sexual abuse or emotional abuse. These studies suggest that school counselors feel more competent in their ability to recognize physical abuse than other forms of child abuse and neglect.

Additional studies have found similar results in professionals' ability to recognize indicators of child abuse and neglect. Results of a quantitative study examining the experiences of mandated reporting among 101 family therapists found that 10% of the respondents did not report for the reason of waiting for additional evidence (Strozier, Brown, Fennell, Hardee, & Vogel, 2005). In a study of child abuse reporting of educators, including teachers, school counselors, principals, superintendents, and school psychologists, only 9.6% of the respondents felt very well prepared to recognize child abuse (Crenshaw et al., 1995). In the same study, 13% of the respondents reported being poorly or not at all prepared to handle child abuse. Research conducted in South Australia found that teachers felt they lacked the physiological knowledge to accurately identify child abuse (McCallum & Johnson, 1998). Similarly, Reiniger et al. (1995) found that among professionals who participated in training offered by the New York Society for Prevention of Cruelty to Children, teachers were no more knowledgeable about indicators of child abuse than other professionals (e.g., physicians, nurses, optometrists, psychologist, psychiatrists, nurses).

The lack of preparation experienced by many professionals is linked to the low number of courses and training opportunities offered in the treatment of child abuse and neglect to bachelors, masters, and doctoral-level students. In examining training opportunities in child abuse and neglect, including experiences gained in coursework, practicum, and research, in American Psychological Association (APA) accredited clinical, counseling, and school psychology doctoral programs in 1992 and in 2001, few programs reported offering specific courses in child maltreatment. In 1992, 20 of 157 programs reported a specific course in child abuse within the department and 15 of 142

programs in 2001. In addition, a small number of programs reported offering practicum placements in sites serving individuals in treatment related to child abuse. In 1992, 32 programs and in 2001, 31 programs reported offering a practicum placement specific to child abuse and neglect (Champion, Shipman, Bonner, Hensley, & Howe, 2003). Kenny (2001) found that 40% of teachers rated their pre-service (college education) training on child abuse as *minimal*, while 34% reported that their pre-service training inadequately addressed the topic of child abuse.

In addition to the limited child abuse training offered in colleges and universities, *on the job training* is lacking among many professions, mainly education. In examining teachers' perceived deterrents to reporting child abuse, Kenny (2001) found that 45% of the teachers rated their post-service (on the job) training as *minimal*. Lack of awareness in identifying the symptoms of child abuse is linked to the amount of training professionals receive in reporting procedures.

Lack of Knowledge in Reporting Procedures

The lack of clear reporting policies and procedures may also lead to failure to report. In addition to variations in state laws regarding what constitutes child abuse, variations exist in how to report. In school systems, school counselors, nurses, or administrators may be the designate to file a report with the local social service agency. With regard to policy and procedure, Reiniger et al. (1995) found that teachers, optometrists, podiatrists, and chiropractors had little or no prior knowledge of legal and reporting procedures. In a sample of 197 teachers, only a few (3%) reported they were aware of their school's procedure for reporting child abuse (Kenny, 2001). Mental health agencies may designate a particular employee to be a liaison with social services and be

responsible for accepting and reporting cases of suspected abuse (Crosson-Tower, 2008).

However, some state statutes require that the individual who suspects abuse or neglect

make a report, and does not allow reports to be made by designees or supervisors.

Lack of Support

Lack of support is a common concern for professionals with regards to child

abuse and neglect reporting, especially school personnel. Administrators, including

school principals and vice principals, do not always support the reporting of suspected

child abuse or neglect (Crosson-Tower, 2008). School counselors, as well as other school

staff, are in an arduous position and have to decide whether to make reports when they

are not sure whether their supervisor will support them after making the report. Kenny

(2001) found that 40% teachers felt their administrative supervisor would not support

them if they reported child abuse. However, only 3% of school counselors felt that they

would not be supported by their administrator (Bryant & Milsom, 2005). School

counselors, as well other school staff, are in a difficult position and have to decide

whether to accept their supervisor's decision or report independently. The decision to

report may damage the supervisory relationship or result in the school employee losing

his or her job.

Negative Consequences for the Child

In an assessment of factors that influence psychologists' decision to report,

Kalichman and Craig (1991) found that participants most frequently identified protecting

the child as a crucial factor. Eleven percent of the participants indicated that reporting

had harmful effects for the child. In examining factors influencing school counselors'

decision to not report suspected child abuse, 31 participants indicated fear of

repercussions for the child as an influencing factor (Bryant & Milsom, 2005). In a similar study involving elementary teachers, participants identified fear of reprisal to the child as the second most important motivator for not reporting suspected child abuse (Hinson & Fossey, 2000). American Humane (2008) listed fear that the report will make matters worse as a reason why some people do not report. It is not surprising that some professionals do not report out of concern for the child. Possible outcomes, such as increased frequency and severity of abuse, may result from reporting suspected child abuse.

Negative Consequences for the Professional

In addition to the feared negative impact of reporting on the child, negative consequences for the professional has been found as a reason for failing to report suspected child abuse. An area of concern for professionals includes the fear of being identified after they make a report. In examining teachers' decision making about child abuse, McCallum and Johnson (1998) found fear of identification influenced their decision of whether to report. One participant expressed the following regarding this fear, "I'm not scared of reporting but I know some teachers are because they think it will come back at them somehow..." (p. 4).

Ethical dilemmas, such as confidentiality, have also been found to be a deterrent in reporting child abuse for professionals. Lambie (2005) indicated that professional school counselors should disclose the limits of confidentiality to students (i.e., danger to student or others or suspected child abuse). In general, counselors must disclose confidential information when reporting suspected child abuse and neglect (Glosoff & Pate, 2002). In examining the impact of child abuse reporting by mental health

professionals (e.g., psychiatrists, psychologists, and social workers) on the therapeutic relationship, Weinstein, Levine, Kogan, Harkavy-Friedman, and Miller (2001) found that 48 cases (27.3%) showed negative outcomes. For those 48 cases, 40% reported that the relationship between the mental health professional and the client improved after the report. These positive outcomes were related to the therapist "being straightforward with the client and communicating professional ownership of the decision to report" (p. 229).

Professionals are sometimes resistant to reporting due to potential legal outcomes. School teachers reported "not wanting to get caught up in legal proceedings" as one reason for failure to report child abuse (Kenny, 2001, p. 87). Similarly, in a 1998 survey of health care providers (physicians, nurse practitioners, and physician assistants) 13 of the participants reported spending time in court or other legal proceedings as a consequence of reporting child abuse. In addition, one participant was threatened with a lawsuit and one was reported to a state licensing board (Flaherty, Sege, Binns, Mattson, & Christoffel, 2000). In exploring pediatricians' reluctance to report suspected child abuse, 40% of the respondents identified potential court proceedings as a barrier to reporting (Vulliamy & Sullivan, 2000). In accessing the attitudes of medical practitioners regarding their duty to report suspected abuse or neglect, Van Haeringen, Dadds, and Armstrong (1998) found that a concern among the participants included "may result in a lawsuit" (p. 167). Additionally, school counselors reported "fear of legal retaliation" as a factor in deciding not to report a suspected case of child abuse (Bryant & Milsom, 2005, p. 67).

Negative View of Reporting Agency

Perhaps the most frequent deterrent to reporting child abuse is professionals' negative view of the reporting agency. In addition to a lack of visible signs of abuse on the child, Kenny and McEachern (2002) found the most common deterrent to reporting child abuse for school counselors was feeling as though child protective services was ineffective. General responses about family therapists' experiences with child protective services included "CPS does more harm than good," "The real issue is whether DFCS is competent. 95% of the time they are not," "DFCS does more damage than good 90% of the time," and "Their response to the report is mediocre." Specific examples of difficulties with CPS included difficulty in making contact in order to file a report, not taking the report seriously, not providing feedback, and not responding (Strozier et al., 2005, p. 197-200).

Bryant and Milsom (2005) found that 24.7% of school counselors indicated as an influencing factor in reporting child abuse a concern that the Department of Human Services (identified in the study as the reporting agency) would not investigate their report. Seventy percent of pediatricians reported problems with CPS when asked to identify reasons pediatricians may be reluctant to report (Vulliamy & Sullivan, 2000). In assessing services provided by school social workers in collaboration with child welfare agencies, one school social worker communicated that school social workers were "frustrated with the perceived lack of responsiveness" with child protective services and often child abuse reports "were made with the assumption that nothing would happen" (Jonson-Reid et al., 2007, p. 189).

Mandated reporters may be reluctant to report due to the lack of communication from social services. After a report is made, little communication between social services

and the reporting individual exists. In a recent issue of Education Daily, National Association of Elementary School Principals President Mary Kay Sommers expressed her concern regarding the communication that exists between schools and social services. She reported many principals "rarely hear from" social services regarding abuse cases involving their students (Brodie, 2008, p. 3).

Additional studies have found similar themes regarding professionals' perceived inadequacy of response from social services after abuse reports have been made. Using scenarios of child abuse and neglect to study the recognition and reporting of child abuse in a sample of educators, including teachers school counselors, principals, and school psychologists, Crenshaw et al. (1995) found that the idea that CPS was unwilling to deal with child abuse had the greatest impact on the reporting on the emotional abuse and neglect scenarios. Finlayson and Koocher (1991) surveyed 269 doctoral-level pediatric psychologists about their decisions regarding whether to report suspected child sexual abuse. Respondents indicated that their decision to not report was based on the idea that protective services would not adequately handle the case. Sixty percent of family therapists revealed they may be reluctant to report due to the possibility that "CPS may make the situation worse" (Strozier et al, 2005, p. 183).

Outcomes of Child Abuse Reporting

After a report is made, precautions may be taken to ensure the safety of the child. For example, if a child is in imminent danger, he or she will likely be removed from the home and placed in foster care or with relatives. Watters, White, Parry, Caplan, and Bates (1986) indicated that "removal of the child to a place of safety is the legally mandated intervention when a child could be in danger of further abuse" (p. 455). In addition to

removal from home, abused children may be subjected to living with multiple caretakers and attending different schools. The family, including the child, may be referred to mental health providers for counseling services. Additionally, abusing parents or guardians may be referred for parenting classes and provided information about child development. Child Protective Services or an appropriate division of social services may provide services to the family during and after an investigation.

Removal from Home

Abused children removed from their home may be provided with a temporary placement or may be permanently removed from parental custody. For the end of FFY 2005 (September 30, 2005), there were an estimated 513,000 children in foster care (identified as non-relative foster family homes, relative foster homes, group homes, emergency shelters, residential facilities, and pre-adoptive homes). During the same year, 311,000 children entered foster care, while 287,000 children exited. Forty-six percent of the children in foster care were in non-relative foster family homes, 24% were in relative foster family homes, 10% were in institutions, 8% were in group homes, 4% were in pre-adoptive homes, 4% were on trial visits, 2% had run away, and 1% were in supervised living (Child Welfare Information Gateway, 2007b).

In most child abuse and neglect state statutes, the ultimate goal is reunification with the family. Fifty-four percent of children that exited foster care during FFY 2005 were reunited with parents or primary caregivers. In a study comparing data from child welfare and hospital files for each of 422 children identified from the Toronto Hospital for Sick Children's Child Abuse List, Watters et al. (1986) found that 28% of the children were returned to their parents after an average period of five to six months in foster care.

Rather than being placed in foster care settings, non-relative foster family homes, or group homes, some children under child protective services supervision are placed with relatives. Children placed with relatives may be moved around in kinship networks before they are reunited with parents or provided with other permanent placement. In examining the records of 425 children cared for by relatives under CPS supervision, Rittner and Sacks (1995) found that 35% had one caretaker, 40% had two caretakers, and 24% had three or more caretakers in their lifetime. During the first six months of supervision after the intake decision, 145 (32%) children experienced changes in both caretakers and residencies.

In a similar study, Faller (1991) examined what happens to sexually abused children after receiving child protective services intervention. Thirty six children (62%) were placed outside of the home for periods of time between the initial report and follow-up. At the time of follow-up, 25 (43%) of those children placed were out of the home. Eleven children had been returned to their homes. The types of placements for the sexual abuse victims included *other parent, relative, foster care*, and *other*. The placement type coded as *other* was used for children who went into institutional programs or were placed on independent living. The average time in care was 208 days or close to seven months for those children who returned home. For children in care at follow-up, the average time in care was 1,551 days or a little over four years.

In a more recent follow-up study of seriously maltreated children, 55% had been permanently removed from their parents' custody. Many of the children (39%) had been adopted or were in permanent guardianships (12%). A substantial number were still in foster care (26%). Other children had been placed with relatives (6%) and some (7%)

reached age 18 and were living independently. Despite permanent removal from parental custody, a few (8%) had returned home. One child had died and the location of another child was unknown (Bishop et al., 2000).

Although the purpose of removing of a child from the home into foster or other residential care is to protect the child, further maltreatment has been found to occur in out-of-home placements. In a study designed to determine the frequency and pattern of abuse and neglect with children who were placed in foster or residential homes over a six year period in England, findings indicated that some children were abused while in care. Forty-one percent were abused in the foster home by the foster parents. Additionally, 6.3% of children were abused while in the home of relatives of the family of origin. Surprisingly, 20% of child abuse incidents involved another child as the abuser including other foster children, siblings, and children of the foster family (Hobbs, Hobbs, & Wynne, 1999).

In separating the child from the home, additional transitions may occur. The removal of a child from his or her home can result in attending a new school. According to Rittner and Sacks (1995) in the case of children supervised by CPS, new placements often result in school changes. Crosson-Tower (2008) noted "children must first adjust to separation, to a different lifestyle, new surroundings, possibly a new school, and the new parents' own children, neighbors, and friends" (p. 352).

Mental Health Referrals

Out of 441 children under the supervision of CPS, 71 were referred to mental health centers during the first six months of service. Eleven of those children were placed on waiting lists, and 49 received counseling. Six families refused services and there was

no follow-up information on the remaining five referrals (Rittner & Sacks, 1995). Mental health professionals, including psychiatrists, psychologists, social workers, and other counselors, can be helpful in the course of treatment planning and in the treatment of victims (Crosson-Tower, 2008).

Services Provided During and After an Investigation

Once a report is substantiated, services may be offered to families during and after the investigation to prevent future occurrences of child abuse. Child protective services offer two types of services; preventive and postinvestigation. Parents whose children are at risk of abuse and neglect are provided preventive services. Postinvestigation services are provided to families on a voluntary basis by child welfare agencies or ordered by the court system to ensure the safety of children. During FFY 2006, an estimated 3.8 million children received preventive service. Postinvestigation services were received by nearly 60% of child abuse victims (U.S. Department of Health of Human Services, Administration on Children, Youth and Families, 2008).

In examining 293 child abuse and neglect reports in a western New York county, Freeman, Levine, and Doueck (1996) found that cases involving younger children (under age 4) were more likely to receive an increased number of home visits and telephone calls by the caseworker, but not office visits or visits to other locations, such as schools. Interestingly, the researchers also found that few services were being provided to families during an investigation, even when the victim was young and the case was substantiated.

Counseling Needs of Children

Children exposed to abuse have a multitude of needs, including emotional, psychological, social, and academic. Additionally, maltreated children experience an

array of feelings regarding the abuse. Feelings of anger, distrust, guilt, fear, and confusion are common among abused children. Greenwalt, Sklare, and Portes (1998) indicated that "children who are not involved in direct treatment may experience problems later in life, even if they do not manifest problems immediately" (p. 75). In an effort to address the multiple needs and feelings of maltreated children, interventions such as counseling should be implemented.

Emotional Needs

Mistrust is a common feeling experienced by abused children, specifically child sexual abuse victims. In most cases of child sexual abuse, the perpetrator is someone the child cares for and trusts. Over time, the abused child may only develop trust for the counselor. Based on the inconsistent behavior of adults in their lives, abused children have been hurt and have learned not to trust themselves or others (England & Thompson, 1988).

Lowered self-esteem has been found as a substantial outcome of child abuse. Yanowitz et al. (2003) found that 70% of teachers reported lowered self-esteem as the primary outcome of emotional abuse.

Psychological Needs

In examining the gender differences in outcomes after being sexually abused related to school performance, suicidal involvement, disordered eating behaviors, sexual risk taking, substance use, and delinquent behaviors of 370 male adolescents and 2,681 female adolescents who reported that they were sexually abused, significant differences were found. Female adolescents showed higher risk for suicidal ideation and behaviors. For example, 32.9% self-reported trying to kill themselves during their lifetime.

Additionally, 46% of female adolescents reported currently having thoughts about suicide. Twenty six percent of male adolescents reported attempting suicide and 36.9% indicated currently having suicidal thoughts (Chandy, Blum, & Resnick, 1996). Ystgaard, Hestetun, Loeb, and Mehlum (2004) found that 47% of suicide repeaters had been exposed to sexual abuse and 26% of the repeaters had been exposed to physical abuse.

Disorder eating has been found as prevalent among female victims of child abuse. Chandy et al. (1996) found that 52% of female teenagers with sexual abuse history perceived themselves as overweight. Additionally, 40% of the females reported binge eating and 19% reported self-induced vomiting.

Social Needs

Exposure to child abuse has been found to increase risk taking behaviors. For example, Chandy et al. (1996) found that male adolescents reported, more than females, having sexual intercourse, having sexual intercourse nearly every day, and less use of contraception. Female victims of physical abuse, in comparison to females who had not been physically abused, were approximately three times more likely to have been a teen parent (Lansford et al., 2007).

Studies have examined the use of substances among adolescents with sexual abuse history. For example, frequent alcohol use was found among female and male adolescents who had a sexual abuse history (Chandy et al., 1996).

Later delinquent behavior has been linked with early sexual and physical abuse. Chandy et al. (1996) found that adolescents with a history of sexual abuse reported delinquent behaviors. For example, a significant percentage of males who had been abused reported engagement in vandalism, hitting another person, group fighting, and

stealing. Adolescents who had been physically abused in the first five years of life were more likely to be arrested for violent delinquent behaviors (Lansford et al., 2007). Widom (1996) found that 27% of people abused or neglected in childhood were arrested as juveniles, compared to 17% of the people who were not abused or neglected. Overall, these findings indicate that all types of child maltreatment in childhood increase the risk for delinquency in later life.

Academic Performance

Students with current or previous histories of child abuse and neglect are at risk for poor academic outcomes (Jonson-Reid et al., 2007). Regarding school performance, adolescent male victims reported performing below average and had a high or very high dropout risk in comparison to female participants (Chandy et al., 1996). Boden, Horwood, and Fergusson (2007) found that children exposed to sexual and physical abuse are at increased risk of educational under-achievement in late adolescence and early adulthood. Lansford et al. (2007) found that young adults who had been physically abused were 30% less likely to have graduated from high school.

Using the social service and school records as the sources of data for 227 maltreated and 223 non-maltreated children, Eckenrode et al. (1993) found that maltreated children scored significantly below their non-maltreated peers in reading and math on the Iowa Test of Basic Skills. Additionally, results of the study indicated that maltreated children are 2.5 times more likely to repeat a grade than non-maltreated children. Thirty-four percent of the maltreated students had one or more referrals, while 24% of non-maltreated students had one or more referrals. In terms of the type maltreatment, neglect was associated with the lowest level of academic achievement

among maltreated children, whereas physically abused children exhibited the greatest prevalence of both discipline referrals and suspensions.

Research documents the multitude of negative consequences associated with child abuse and neglect. Findings indicate that all types of child maltreatment in childhood increase the risk for delinquency, educational under-achievement, substance use, suicidal ideation, and promiscuous sexual behavior. Children exposed to abuse and neglect need protection, as well as treatment to address the emotional and psychological impact of abuse. In exploring the therapeutic treatment provided by mental health practitioners in cases involving physical child abuse, Greenwalt et al. (1998) found that the family, rather than the child, is considered the primary client in family therapy. Additionally, physically abused children received an average of seven sessions. In order to address effectively the seriousness of childhood abuse, including the feelings of helplessness, guilt, and confusion, prevention and intervention strategies must be implemented by professional school counselors, as well as other mandated reporters.

<div align="center">Prevention and Intervention</div>

School counselors have an important responsibility in promoting prevention of child abuse and neglect. In collaboration with teachers, principals, and community agencies, school counselors can better assist the most vulnerable students and those in need of assistance.

Teachers and school counselors have the best opportunities for having a positive impact on the lives of neglected and abused children. By working together, they implement classroom activities aimed at improving self-esteem and interpersonal skills (Barrett-Kruse, Martinez, & Carll, 1998).

As a preventive measure, school-based child abuse and neglect prevention programs can be implemented. Ko and Cosden (2001) anonymously surveyed 137 high school students in Southern California to examine the impact of school-wide abuse prevention programs on students' knowledge of recognizing and responding to physical and sexual abuse. This study confirmed that, in essence, most students have common knowledge about abuse, but students who participate in abuse prevention programs have a better understanding of important issues.

In-service training of school personnel may assist in the prevention process (James, 1999). School personnel should be familiar with the symptoms of physical abuse, neglect, emotional abuse, and sexual abuse. Establishing a school wide prevention program may also be effective in the prevention of child abuse and neglect (James). Students should be familiar with abuse and the importance of telling adults when they feel violated or harmed.

Children's books that contain themes of physical and sexual abuse can be an effective intervention with victims of abuse. According to Smith-D'Arezzo and Thompson (2006), the reasons for utilizing literature with children included developing a better understanding of the dynamics of society and family, allowing children an opportunity to speak with an adult about the abuse, and gaining a better understanding of issues that other children face and the world we live in.

School counselors can also assist in the prevention of child abuse by (a) knowing child protective services workers in their area, (b) maintaining accurate school counseling records in a confidential file, (c) purchasing materials specific to child abuse to facilitate discussion of feelings and trauma, and (d) having available resources about testifying in

court (James, 1999). Lambie (2005) suggested (a) providing information to new parents, (b) offering parental support groups, and (c) offering life skills training for students to reduce the potential for abuse. The ability to accurately recognize signs and symptoms of child abuse may result in increased reports of suspected child abuse.

Additionally, collaboration between schools and social service agencies is essential in providing services to abused children and their families. Although, a collaborative relationship is important to positive outcomes with abused children, it often does not occur. In assessing the collaborative relationship between school social workers and child welfare social workers, Jonson-Reid et al. (2007) found that fewer than 40% of child abuse or neglect cases entailed collaboration between agencies.

Summary

School counselors are required by law to report suspected child abuse and neglect. Ethically, they are bound to intervene and assist students, teachers, principals, families, and community members. In order to intervene effectively, school counselors must be aware of the occurrence and severity of child abuse and neglect. They must be able to identify symptoms of abuse, report suspected cases of abuse and neglect in a timely manner, and be familiar with child abuse prevention and intervention strategies.

Although the decision to report may be difficult, the school counselor's primary responsibility is to the child, whereas the second responsibility is to the school (James & DeVaney, 1994). School counselors are not required to prove that abuse occurred, are not required to provide their name, do not need parental permission to make a report, and do not have to inform the parent of the report (Commonwealth of Virginia, Department of Social Services, Child Protective Services, 2007).

Six potential factors influencing professionals' decisions whether to report suspected cases of child abuse have been discussed. These factors include lack of knowledge in recognizing the signs and symptoms of child abuse, lack of knowledge in reporting policies and procedures, lack of support from administration or supervisors, negative consequences for the child, negative consequences for the professional and negative view of the reporting agency (i.e., Child Protective Services).

These factors, as well as emerging themes, have been found to impact the reporting experiences of school counselors. Low socioeconomic status of students is associated with increased frequency of child abuse neglect. Schools with a high percentage of students receiving free or reduced price lunch are more likely to encounter abuse issues. Elementary school counselors have been found to report more cases of suspected child abuse; thus resulting in increased likelihood of negative reporting experiences. School in rural settings and those with a greater number of students have been found to show an increased probability of underreporting. Increased years of experience and more training on child abuse, including indicators and reporting process, have been linked to reporting more cases of suspected child abuse.

Findings suggest that education and training opportunities for practicing, as well as future, school counselors should be expanded. Lack of knowledge on how to recognize and report child abuse is prevalent among many professionals. Courses specifically addressing child abuse and neglect should be implemented into the curriculum of counselor education programs. Research shows that such courses exist in a small number of counselor education programs. In addition, practicing school counselors and other professionals have reported a need for more training, specifically in recognizing and

reporting child abuse and neglect (Alvarez et al., 2004; Engel, 1998; Hinson & Fossey, 2000; McCallum & Johnson, 1998). In addition, further training and education is needed on child abuse reporting procedures and the multiple needs of abused children. Possible outcomes of child abuse reporting and post-reporting experiences are an important piece of the reporting puzzle, but little research explores this component.

CHAPTER III

METHODOLOGY

Introduction

Professional school counselors are faced with the responsibility of making suspected child abuse and neglect reports. As mandated reporters, they are required by law to report suspected cases of child abuse and neglect. Currently, the District of Columbia and all 50 states require that professionals, including counselors, teachers, physicians, and mental health providers, report cases of suspected child abuse and neglect (Yell, 1996). No study has investigated the experiences of school counselors after suspected child abuse reports have been made.

Purpose Statement

The purpose of this study was to explore the interpersonal and intrapersonal experiences of professional school counselors during the process of making reports and after reporting suspected child abuse. Professional school counselors are individuals trained in school counseling to address the personal/emotional, academic, and career needs of all students. They hold a master's degree or higher in school counseling or the equivalent, meet licensure or certification standards, and abide by laws and policies in their state of employment (American School Counselor Association, 2004). According to Child Welfare Information Gateway (2007), the Child Abuse and Prevention Treatment Act (CAPTA,) defines child abuse and neglect as the following:

> Any recent act or failure to act on the part of a parent or caretaker, which
>
> results in death, serious physical or emotional harm, sexual abuse, or

exploitation, or an act or failure to act which presents an imminent risk of serious harm. (p. 1)

Suspected child abuse is defined as any suspicion that a child has been harmed, physically, emotionally, or sexually, by a parent, guardian, or caretaker.

Interpersonal Experience is defined as a behavior or set of behaviors experienced by school counselors in relation to other individuals. These other individuals may include students (i.e., suspected victims of child abuse), students' parents, school teachers and administrators, and community professionals (e.g., mental health agencies staff members, social service agency personnel, police). An interpersonal experience may be positive, negative, or neutral for professional school counselors and can vary in the degree of support and type of outcome they receive.

Intrapersonal Experience is defined as school counselors' own feelings, thoughts, or emotions related to reporting child abuse. Similar to interpersonal experiences, intrapersonal experiences can involve various individuals. However, intrapersonal experiences include cognitions and attitudes in response to events while interpersonal experiences involve direct behavioral outcomes that have an impact on professional school counselors. Intrapersonal experiences may be positive, negative, or neutral for professional school counselors. There is an overlap between the two types of experiences.

Interpersonal and intrapersonal experiences were assessed in this study within the context of several school counselor and school variables (i.e., independent variables). The six independent variables included school setting, school level, amount of training, years of experience, socioeconomic level of school, and credentials. The school setting was the type of area the school was located: urban (greater than 50,000 in population); suburban

(2,500 to 50,000); or rural (less than 2,500). According to the U.S. Census Bureau

(1995), urban consists of at least 50,000 in populations and suburban is an area classified

of 2,500 to less than 50,000. All other areas are classified as rural. The school level was

the level in which the school was identified: elementary, elementary/middle,

middle/junior high, middle/secondary, secondary/high school, or K-12. The amount of

training was the number of conferences, workshops, seminars, or other events a

professional school counselor attended on child abuse and neglect after receiving a

master's degree. The years of experience were the number of years an individual had

served as a professional school counselor in a public or private school setting.

Socioeconomic level of the school was identified by the approximate percentage of

students that received free or reduced price lunch. Credentials of counselors consisted of

holding a license or certificate to practice as a certified school counselor, being a national

certified counselor, being a national certified school counselor, being a licensed

professional counselor, or other credential.

<div align="center">Overview of Research Design</div>

This study served as a descriptive measure to ascertain cognitions, attitudes, and

behaviors of professional school counselors and those within the student and school

systems from the perspective of professional school counselors who have reported

suspected child abuse. Further, key school counselor (i.e., amount of training, years of

experience, credentials) and school (i.e., school setting, school level, socioeconomic level

of school) variables were assessed. Both variables were assessed in conjunction with

specific professional school counselor experiences with reporting suspected child abuse.

This study was a quantitative, non-experimental, one-shot survey design. Utilizing the

American School Counselor Association (ASCA) member directory, all persons identified as working in elementary, elementary/middle, middle/junior high, middle/secondary, secondary/high school, and K-12 work settings were selected. The selected participants received a packet via email consisting of the following: (a) letter of participation, (b) informed consent document, and (c) the *Child Abuse Post-Reporting Experiences of School Counselors Survey (CARE)* instrument.

<div align="center">Research Questions and Hypotheses</div>

This study investigated the following broad research question: What are the experiences of professional school counselors in reporting suspected child abuse or neglect? Specific research questions and corresponding hypotheses included the following:

Research Question 1

What is the relationship between school level of school counselors and negative reporting experiences?

Hypothesis 1

There will be a significant relationship between school level of school counselors and reporting experiences in that elementary counselors will report more negative experiences than those practicing in middle/junior high and secondary/high school settings.

Research Question 2

What is the relationship among school setting of school counselors, and socioeconomic level of the counselors' school, and negative reporting experiences?

Hypothesis 2

Controlling for socioeconomic level of the counselors' school, there will be a significant relationship between school setting and reporting experiences in that professional school counselors practicing in rural school settings will report more negative experiences than those practicing in urban and suburban school settings.

Research Question 3

What is the relationship between professional school counselors' years of experience and negative reporting experiences?

Hypothesis 3

There will be a significant negative relationship between professional school counselors' years of experience and frequency of reporting experiences in that the more years of experience, the lower will be the frequency of negative reporting experiences.

Research Question 4

What is the relationship between post-master's degree training and negative reporting experiences?

Hypothesis 4

There will be a significant negative relationship between amount of training and frequency in reporting experience in that those with more training will report lower frequency of negative experiences in making reports and following reports.

Research Question 5

What is the relationship between professional school counselors' credentials and negative reporting experiences?

Hypothesis 5

There will be a significant negative relationship between professional school counselors' credentials and frequency of reporting experiences in that the more credentials school counselors hold, the lower will be the frequency of negative reporting experiences.

Research Question 6

Do professional school counselor variables and school variables predict frequency in reporting suspected child abuse?

Hypothesis 6

All six independent variables, amount of training, years of experience, number of credentials, school setting, school level, and SES of school, will significantly predict frequency of negative reporting experiences.

Participants

Of the approximately 23,000 members of ASCA 11,113 were asked via email to participate in the study. In order to be eligible to participate in this study the following criteria must have been met: (a) identification as a professional school counselor, (b) be employed as a full time school counselor, and (c) made at least one suspected child abuse report in the last 12 months. An initial target sample size of 11,113 professional school counselors was set. Assuming a moderate effect size, 600 responses were needed in order to have a 69% probability of detecting a statistical difference (Cohen, 1988).

The list of possible participants was obtained utilizing the online member directory of ASCA. Email addresses of professional school counselors listed under the following work settings were collected: (a) elementary, (b) elementary/middle, (c) middle/junior high, (d) middle/secondary, (e) secondary/high school, and (f) K-12.

Procedure

Prior to data collection, the Human Subjects Review Board at Old Dominion University reviewed the proposed procedures and instrumentation. An exemption was requested from the board. The categories of human research, anonymity of the survey and research involving observation of public behavior, are exempt from the provisions chapter of the Virginia Code 32.1–162.17. Data collection began after approval was obtained.

Utilizing the ASCA member directory, 11,113 of the approximately 23,000 school counseling professionals were selected. The directory contained a comprehensive listing of professional school counselors practicing in elementary, middle, and high school settings in each of the 50 states.

Each person listed under the work settings (a) elementary, (b) elementary/middle, (c) middle/junior high, (d) middle/secondary, (e) secondary/high school, and (f) K-12 in the directory had a possibility of being selected as a prospective participant. Once Institutional Review Board (IRB) approval was obtained, an invitation to participate in the study was delivered electronically via email. Included with the invitation was a link to the survey. Once participants accessed the survey, a small description of the study along with an informed consent form was provided (see Appendix C and D).

The informed consent statement described the research and asked the potential participant to respond. In the description of the research, information was provided on how the surveys would be collected. The survey software, *SurveyMonkey*, was utilized for data collection (www.surveymonkey.com). *SurveyMonkey* keeps data confidential

and provides only confidential reports; therefore it was not known who completed the survey. Identifying information was not revealed in reporting results.

Instrumentation

The CARE instrument was developed for this study (see Appendix B). The purpose of this instrument was to assess professional school counselors' interpersonal and intrapersonal experiences of the reporting of child abuse. The instrument was developed based on personal experience as a professional school counselor, reported experiences of other school counselors, and a review of the literature. Personal experience and reported experiences of other school counselors in reporting child abuse consisted of accurately indentifying child abuse, knowing when and how to report, and resistance from administration and parents. Items were based on a literature review related to reporting experiences of school counselors while and after making suspected child abuse reports. Item generation and initial validation procedures are discussed in the following section.

The revised instrument consisted of 52 items. Section I assessed frequency of reporting experiences defined by two dimensions. Section I of the survey was created to assess the interpersonal and intrapersonal experiences encountered by school counselors and the prevalence of these experiences. Using a 6-point Likert scale (1 = never, 6 = always) participants were asked to specify the frequency of occurrence for each statement. For example, participants were asked to assess the frequency of support received from the principal or assistant principal when making the report. There were 36 items in this section.

Section II and III of the instrument were created to assess counselors and school variables and demographics, respectively. The following demographic information were collected on the sample and included in the survey: gender, age, employment as a full-time professional school counselor, ethnicity, school setting, student enrollment, and level of school. In this section participants were asked to provide information regarding personal characteristics (e.g., sex, gender, age); school characteristics (e.g., number of students enrolled, racial/ethnic minority composition, socioeconomic composition); and professional characteristics (e.g., years of school counselor experience, credentials, number of trainings received on child abuse). Participants were also asked to indicate the number of times they reported suspected child abuse cases in the past 12 months.

<div align="center">Scoring</div>

The CARE was scored as a unidimensional scale providing only a total score for the 36 items in Section I. This score was obtained by computing the mean rating across all scores. The mean score ranged from 1.00 to 6.00, with higher scores indicating higher frequency in negative intrapersonal and interpersonal child abuse reporting experiences for professional school counselors. Several items had been reverse scored i.e., they were constructed as an item describing a positive reporting experience and thus scores will be reversed to coincide with the purpose and intent of the instrument. Sections II and III outline nominal- and ratio-level items that provided important school and school counselor information. Nominal-level items were dummy coded to examine frequencies, and means were computed for the ratio-level items.

<div align="center">Item Generation and Content Validation</div>

The CARE instrument was developed to assess the child abuse reporting experiences of professional school counselors and additional characteristics of school counselors and school settings. Operational definitions were gleaned from a review of pertinent school counseling and child maltreatment literature. Individual items were initially generated through discussion and feedback with peers and committee members. An attempt was made to ensure clarity of items and to avoid any cultural bias in the items generated. A 78 item instrument was initially generated measuring components of the reporting experiences of school counselors and additional characteristics of the school counselor and school setting.

The initial 78 item instrument was divided into three sections. Section I consisted of 64 items addressing school counselors' interpersonal and intrapersonal experiences of child abuse reporting. The section assessed the frequency of reporting experiences defined by two dimensions. The 8 items of Section II were concerned with variables associated with the school counselor and the school. Section III addressed the personal demographics in its 6 items.

An expert review was conducted on this first version of the CARE. Seven experts in the field of school counseling were identified. Raters consisted of two doctoral students, three school counselor educators, and two practicing professional school counselors. Experts were representative of various cultural groups (i.e., gender, race, socioeconomic status, sexual orientation, and religious/spiritual affiliation). Many of them have published on the subject of school counseling, either in the form of journal articles or textbooks. Each was sent an expert review packet which contained a cover letter, instructions for completing the review, and the instrument. Of the seven experts,

six returned packets. One reviewer did not rate the items according to the instructions and his responses were deemed unusable. Five experts completed the review as requested. Three of the reviewers were Caucasian, while two were African American. Four were females and one was a male. Reviewer feedback and the review procedure are presented below.

For Section I of the CARE, reviewers were asked to rate each of the 64 items on six dimensions (i.e., parental challenge, satisfaction, support, anxiety, competency, and outcome). These six dimensions were selected because they represented components of reporting experiences found in the literature. The experts rated the degree in which the items measured the six constructs by placing a number, 0 as "Not at All" to 7 as "Totally", under the appropriate construct. For example, item 26 in Section I of the reviewer packet (see Appendix D) was rated on the dimension of anxiety as by reviewer two (rating of 7), reviewer three (rating of 7), reviewer four (rating of 7), reviewer five (rating of 7), and review six (rating of 7). They determined whether the experience described in each item was positive, neutral, or negative by marking the corresponding choice with an "X". For example, a positive experience is the principal supported the school counselor's decision to make the report of suspected child abuse. A neutral experience is a conference was held with the child's parent after the report. An example of a negative experience is the child's teacher criticized the school counselor's decision to make the report. The experts provided feedback on the format, including clarity, flow, and wording of each item. The criterion for retaining an item was then based on whether the item was clearly positive or negative in describing reporting experiences i.e., did the item present clearly either a positive or negative reporting experience. Reviewers were

also asked to provide commentary or editorial suggestions per item. For Sections II and III, reviewers were asked to offer their feedback in the form of commentary only.

Originally, the criterion for retaining an item was 100% agreement that an item corresponded with a particular dimension. However, no item received 100% agreement. It was determined not to measure the items using the six dimensions, and perhaps significant distinction was lacking among the proposed dimensions. During the second stage, items were assessed based on their level of strength (i.e., positive, neutral, negative). Items that were not clearly identified by the reviewers as positive or negative were eliminated or revised. From this, 15 items were eliminated (items 4, 6, 9, 11, 20, 28, 29, 34, 36, 45, 47, 52, 56, 58, and 62; see Appendix D). This procedure left 49 items to be considered. Other items were revised based on suggestions from the reviewers. In Section II, six of the eight items were revised based on reviewers' comments. One item in Section III was deleted (item 5). The 5 remaining items have been accepted as part of Section III of the CARE.

In an effort to provide further evidence of content validity, a second expert review process was conducted to assess the remaining 49 items (see Appendix E). The second expert review was distinct from the first expert review process in that a diverse sample of experts ranging in education levels and current work settings were used. Items that were revised during the first expert review were incorporated into the second review. Additionally, eight new items were included in Section I, two new items in Section II, and one new item in Section III. The items were identified as "New Items (not presented to Expert Reviewers in Round 1)." The new items were generated based on suggestions from first round reviewers as well as a second review of pertinent literature. The second

expert review consisted of 17 doctoral students and 10 master's students in the counseling program at Old Dominion University, and 34 local practicing school counselors. Experts were representative of various cultural groups (i.e., gender, race, socioeconomic status, sexual orientation, and religious affiliation). Of the 51 experts, 11 returned packets. One of the 51 was also recruited during the first review. They were given packets similar to the ones used in the first review with the exception of the inclusion of the 11 additional items, 16 deleted items, and multiple revised items resulting from the first review. The six constructs were eliminated for the second round and reviewers were asked to determine whether the experience described was positive, neutral, or negative. They were also encouraged to attend to the clarity, flow, and wording of each item. Also, the length of time to complete each section was requested. A table illustrating the items is presented in Appendix F. Feedback was considered and 22 items were deleted and 1 item was added based on reviewers' suggestions. The average reported time for completion of Section I was 20 minutes. The final version of this section of the CARE contains 36 items.

Commentaries and feedback for Sections II and III were considered and incorporated into these sections. The items in Sections II and III addressed the manner in which information was gained and the type and quantity of engagement behaviors, respectively. Reviewer feedback resulted in the addition of percentages for the school setting (i.e., rural, suburban, urban). The average reported time for completion of Sections II and III was nine minutes. The Child Abuse Post-Reporting Experiences of School Counselors Survey (CARE) is presented in its revised form in Appendix B.

Data Analysis

The statistical software, Statistical Package for the Social Sciences (SPSS) 16.0 for Windows (SPSS, Inc., 2007) was utilized for data analysis. The data analysis procedure consisted of reporting descriptive statistics and correlations of the variables of interest using Analysis of Variance (ANOVA), Analysis of Covariance (ANCOVA), and Multiple Regression. Frequency distributions were utilized to report descriptive data including the participants' gender, age, credentials, and race or ethnic group. Frequency distributions were also used to identify school variables such as student enrollment.

To determine how much variation there was in the group of participants, descriptive statistics were utilized. Measures of central tendency, mean, median, and mode, were utilized to reflect the participants' responses. To provide an index of how much variation there is in the scores, dispersion measures, including range and standard deviation, were utilized.

To explore the relationship between the independent variable, school level and the dependent variable, negative reporting experiences an ANOVA was performed for research question 1. An ANCOVA was conducted to assess the relationship among the independent variable, school setting, socioeconomic status of school, and the dependent variable for research question 2. Socioeconomic level of school was held constant as the covariate. Correlation was utilized to determine the relationship between three of the independent variables (years of experience, amount of training, credentials) and frequency of negative reporting experiences for research questions 3, 4, and 5, respectively. A multiple regression was conducted to determine if all six independent variables would significantly predict frequency of negative reporting experiences for research question 6.

Validity Threats

Internal validity is defined as the basic minimum without which any experiment is

not explained. It asks the question did the experimental treatments make a difference in

this specific experimental instance. External validity asks the question of generalizability;

to what populations or settings can this affect be generalized (Campbell & Stanley,

1963).

Internal validity threats include history, maturation, testing, statistical regression,

selection bias, experimental mortality, and selection-maturation interaction. External

validity threats include interaction effect of testing, multiple-treatment interference, and

reactive effects of experimental arrangements. External validity refers to the

generalizability of the results (Campbell & Stanley, 1963). Internal validity threats for

this study included selection, subject effects, self-report bias, and instrumentation.

Although randomization of subjects was incorporated into the study, the participants had

different characteristics. According to Dodson and Borders (2006), school counseling is a

"nontraditional" career for males. Therefore, the selection included respondents that were

majority female, thus making the results less generalizable to male school counselors.

Self-report bias was a threat to the study. Participants may have responded in a socially

desirable way. Another possible threat to internal validity was instrumentation. Although,

experts in the field reviewed the instrument, there was a threat that it would not be valid.

External validity threats for this study included population and ecological external. A

higher response rate was received from high school counselors, thus making the results

less generalizable to elementary and middle school settings. In addition, access to email

and Internet may not have been available to participants. The conditions in which school

counselors completed the survey, including noise level and quality of technology, may have resulted in external validity threats of the study.

<div align="center">Strengths of Proposed Study</div>

The strengths of this proposed study included the sampling procedure, participants, and content validity procedures utilized. The sampling procedure was effective in obtaining a large representative sample of school counselors, including those employed in elementary, middle, and high school settings. The participants were of various cultural groups (i.e., gender, race, socioeconomic status, sexual orientation, and religious affiliation). Utilizing this data collection technique provided the opportunity to sample a diverse population from various areas of the United States. By utilizing experts to review the instrument, face and construct validity were enhanced. The instrument provided information on how school counselors responded to child abuse reporting, how others responded to the report, and how the counselor felt about the experience.

CHAPTER IV

RESULTS

This study investigated interpersonal and intrapersonal experiences of professional school counselors during the process of making reports and after reporting suspected child abuse and neglect. School counselor and school variables, in conjunction with specific professional school counselor experiences with reporting suspected child abuse were assessed. This chapter reports the results of the study, beginning with a summary of demographic information about the study participants. Following survey demographics, results for each of the 36 items in Section I of CARE are presented. Results of the statistical analyses used to test the hypotheses associated with each of the research questions are then presented in answer to each of the research questions. Pertinent information from the analyses is presented in tabular form.

Demographics

As indicated in chapter three, the survey population for this study consisted of all persons identified as working in elementary, elementary/middle, middle/junior high, middle/secondary, secondary/high school, and K-12 work settings utilizing the American School Counselor Association (ASCA) online member directory as it was published during the summer of 2008. Participants were recruited via an email announcing the study, requesting participation, and providing a link to the informed consent statement and the CARE instrument. A request to participate in the study was sent to 11,113 individuals from October 10, 2008, to December 1, 2008.

Of the 11,113 emails, 7,021 (63%) were returned undeliverable. Thus, 4,092 emails were assumed to have represented accurate addresses. Because so many emails were returned undeliverable, I believe that the email list on the ASCA on-line

membership directory was most likely out of date. Even though 4,092 email messages were not returned undeliverable, I believe many of these that were not returned may not have reached the school counselors they were intended to reach. Because the email list was out of date, it is impossible to determine the exact return rate of participants. The participation rate was at least 21% because 847 of the 4,092 surveys that were not returned undeliverable were completed and returned, but I believe the participation rate for those who actually received requests to participate was higher.

I believe the individuals who returned completed surveys represented the population of ASCA members that were surveyed in this study. School counselors from all states in the United States returned completed surveys. In addition, all levels of school counseling were represented by those who completed surveys. Because the respondents reflected the demographics of the population, I believe the results of this study may be generalized to the population of ASCA members who were practicing school counselors.

Participants were asked to indicate which grade levels were served by their school: elementary, elementary/middle, middle/junior high, middle/secondary, secondary/high, or Kindergarten through twelfth grades. Descriptive data for participants' school level are presented in Table 1.

Table 1

School Level

	Frequency	Percent	ASCA Membership
Elementary	201	23.7	26%
Elementary/Middle	86	10.2	

66

Middle/Junior High	132	15.6	19%
Middle/Secondary	104	12.3	
Secondary/High School	245	28.9	28%
K-12	71	8.4	9%
No answer	8	.9	
Total	847	100.0	

The study participants reflected the ASCA membership related to school level.

Participants were asked to identify their gender as male or female. Descriptive data for participants' gender are presented in Table 2.

Table 2

Gender of Participants

Gender	Frequency	Percent	ASCA Membership
Male	114	13.5	25%
Female	709	83.7	75%
Missing	24	2.8	
Total	847	100.0	

These results indicate that over three fourths of the participants in this study were female. The study participants generally reflected the population that was surveyed.

Participants were asked to identify their ethnicity as African American, Asian American, White/Euro-American, Hispanic or Latin American, Native American, Multiracial, or Other. Descriptive data for participants' responses are presented in Table 3.

Table 3

Ethnicity of Participants

	Frequency	Percent
African American	42	5.0
Asian American	5	.6
White/Euro-American	735	86.8
Hispanic or Latin American	21	2.5
Native American	5	.6
Multiracial	14	1.7
Other	8	.9
No answer	17	2.0
Total	847	100.0

These results indicate that almost 87% of the participants in this study were White/Euro-American.

Participants were asked to identify their school setting as urban (more than 50,000), suburban (2,500 to 50,000), or rural (less than 2,500). Descriptive data for participants' responses are shown in Table 4.

Table 4

School Setting

	Frequency	Percent
Urban	206	24.3
Suburban	435	51.4
Rural	197	23.3
No answer	9	1.1
Total	847	100.0

Participants were asked to identify the percentage of students that received free or reduced price lunch at their school. Percentages of students that received free or reduced price lunch at their school ranged from 0 to 100. The median was 40 percent of students received free or reduced price lunch at the school counselors' schools. The mean was 42.54 (*SD* = 28.69). The highest percentage of participants (31%) reported 25 percent or less of students received free or reduced price lunch at their school. Other responses included, 212 (25%) reported between 26 to 50 percent, 156 (18%) reported between 51 to 75 percent, and 110 (13%) reported between 76 to 100 percent of students receiving free or reduced price lunch at their school. Twelve percent did not respond to the item.

Participants were asked to identify the state in which they were employed as a professional school counselor. School counselors from each state responded to the survey. Two counselors from the United States Virgin Islands and five counselors from outside of the United States also participated. Descriptive data for participants' responses are presented in Table 5.

Table 5

State of Employment

State	Frequency	Percent
Alabama	8	.9
Alaska	1	.1
Arizona	10	1.2
Arkansas	9	1.1
Bangladesh	1	.1
Belize/Central America	1	.1
California	58	6.8
Colorado	28	3.3
Connecticut	10	1.2
Delaware	3	.4
Florida	26	3.1
Georgia	40	4.7
Hawaii	3	.4
Idaho	9	1.1
Illinois	22	2.6
Indiana	9	1.1
Iowa	10	1.2
Kansas	10	1.2
Kentucky	6	.7
London, UK	1	.1
Louisiana	15	1.8
Maine	11	1.3
Maryland	24	2.8
Massachusetts	19	2.2
Michigan	16	1.9
Minnesota	16	1.9
Mississippi	7	.8
Missouri	19	2.2
Montana	1	.1
Nebraska	5	.6
Nevada	8	.9
New Hampshire	7	.8
New Jersey	31	3.7

New Mexico	5	.6
New York	27	3.2
North Carolina	34	4.0
North Dakota	7	.8
Ohio	28	3.3
Oklahoma	10	1.2
Oregon	16	1.9
Pennsylvania	49	5.8
Puerto Rico	1	.1
Rhode Island	2	.2
South Carolina	14	1.7
South Dakota	4	.5
Tennessee	31	3.7
Texas	25	3.0
US Virgin Islands	2	.2
Utah	13	1.5
Vermont	5	.6
Virginia	45	5.3
Washington	18	2.1
Washington DC	2	.2
West Virginia	3	.4
Wisconsin	15	1.8
Wyoming	2	.2
No answer	45	5.3
Total	847	100.0

States with the highest percentage of respondents included California (6.8%), Pennsylvania (5.8%), Virginia (5.3%), Georgia (4.7%), and North Carolina (4.0%). These are highly populated states; therefore, it would be expected that the largest groups of participants would come from these states.

Participants were asked to indicate the number of post-master's degree training events in which they had participated concerning child abuse and neglect. Participants' number of training events in child abuse and neglect ranged from 0 to 50. The median

was 3 post-master's degree training events. The mode was 2 and mean was 4.11 (*SD* = 4.99). Seventeen percent (*n* = 144) of school counselors reported participating in two post-master's degree training events concerning child abuse and neglect. Only 77 (9.5%) reported participating in 10 or more training events concerning child abuse and neglect after receiving their master's degree.

The results indicate that most of the participants in the study had participated in only two training events concerning child abuse and neglect after receiving their master's degree. Eleven percent of the respondents reported not participating in any training events concerning child abuse and neglect after receiving their master's degree.

Participants were asked to indicate their years of experience as a school counselor. Participants' years of experience ranged from 0 to 60. The median was 6 years of experience. The mode was 2 and mean was 8.36 (*SD* = 7.60). Ninety four (11%) participants reported two years of school counseling experience. Only 94 (11%) of the school counselors reported less than two years of experience.

The results indicate that the majority (87%) of the participants in the study had two or more years of experience as a school counselor.

Participants were asked to indicate which licenses and certifications they held (i.e., Certified School Counselor, Licensed Professional Counselor, National Certified Counselor, National Certified School Counselor). Credentials were categorized as one credential, two credentials, three credentials, four credentials, five or more credentials, and no credentials. Five hundred and forty five (64%) participants reported having one credential. Whereas, only 272 (32.5%) reported having two or more credentials. In this study, most of the respondents held at least one credential.

Participants were asked to indicate the highest educational degree they had obtained. Most (87%) of the respondents held a master's degree and almost 10% of the respondents had an advanced certificate, specialist, or doctoral degree.

Section I of the CARE instrument consisted of 36 items that were used to assess school counselors' interpersonal and intrapersonal experiences of child abuse reporting. Out of the 847 individuals who responded to the survey, 725 responded to each item in the first section of the instrument. Specifically, all 847 participants answered at least some items.

Scoring Responses on the Instrument

The CARE was scored as a unidimensional scale providing only a total score for the 36 items in Section I. This score was obtained by computing the mean rating across all scores. The mean score ranged from 1.00 to 6.00, with higher scores indicating higher frequency in negative intrapersonal and interpersonal child abuse reporting experiences and lower scores indicating lower frequency in negative intrapersonal and interpersonal child abuse reporting experiences for professional school counselors. Each participant received a score that indicated their level of negative experiences they had in reporting suspected child abuse. Several items were reverse scored, i.e., they were constructed as an item describing a positive reporting experience and thus scores were reversed to coincide with the purpose and intent of the instrument (items 3, 6, 10, 11, 13, 14, 22, 24, 25, 26, 27, and 29; See Appendix B). Sections II and III outline nominal- and ratio-level items that provided important school and school counselor information. Nominal-level items were dummy coded to examine frequencies, and means were computed for the ratio-level items. Descriptive data for Section I of CARE are presented in Table 6.

Table 6

Descriptive Statistics for CARE

	N	Possible Scores	Range of Scores	Mode	Median	Mean	Standard Deviation
SCORE	725 (valid)	1 - 6	1 - 6	3.08	3.08	3.13	.32

A Cronbach's alpha of .71, indicating moderate internal consistency among items, was determined for the CARE instrument. The range of alphas was .68 to .72.

Participant Responses to Each Item

Results for each of the 36 items of Section I are discussed and presented in tabular form.

Table 7

The principal or assistant principal criticized my decisions to make reports.

	Frequency	Percent
Never	669	79.0
Rarely	125	14.8
Sometimes	41	4.8
Often	4	.5
Very Often	2	.2
Always	3	.4
Total	844	99.6
Missing	3	.4

	Frequency	Percent
Total	847	100.0

School counselors reported that administrators seldom criticized their decision to make reports of suspected child abuse. A total of 794 (93.8%) participants reported that the principal or assistant principal "never" or "rarely" criticized their decisions to make reports. Only 50 (5.9%) school counselors reported that the principal or assistant principal "sometimes," "often," "very often," or "always" criticized their decisions to make reports of suspected child abuse.

Table 8

Parents or guardians have gotten angry because reports were made.

	Frequency	Percent
Never	51	6.0
Rarely	134	15.8
Sometimes	415	49.0
Often	142	16.8
Very Often	72	8.5
Always	26	3.1
Total	840	99.2
Missing	7	.8
Total	847	100.0

School counselors reported that parents or guardians generally had gotten angry because reports were made. A total of 655 (77.4%) participants reported that parents or

75

guardians "sometimes," "often," "very often," or "always" had gotten angry because
reports were made. Only 185 (21.8%) school counselors reported that parents or
guardians "never" or "rarely" had gotten angry because reports were made.

Table 9

I have felt that I have made the right decisions when I have made reports.

	Frequency	Percent
Never	25	3.0
Rarely	3	.4
Sometimes	9	1.1
Often	43	5.1
Very Often	284	33.5
Always	478	56.4
Total	842	99.4
Missing	5	.6
Total	847	100.0

School counselors reported that they generally felt they made the right decision
when they had made reports of suspected child abuse. A total of 805 (95%) of the
participants reported "always," "very often," or "often" feeling that they made the right
decision when they had made reports. Over half (56%) of the participants reported
"always" feeling that they made the right decision. Only 37 (4.5%) reported they

"sometimes," "rarely," or "never" felt they made the right decision. Interestingly, 25

(3%) school counselors reported "never" feeling they made the right decision.

Table 10

I have held conferences with the child's parents or guardians after reporting and the conferences have not gone well.

	Frequency	Percent
Never	331	39.1
Rarely	274	32.3
Sometimes	176	20.8
Often	31	3.7
Very Often	19	2.2
Always	5	.6
Total	836	98.7
Missing	11	1.3
Total	847	100.0

Few school counselors reported holding conferences with parents or guardians

that had not gone well after making reports. A total of 781 (92.2%) of the participants

reported that happened to them "never," "rarely," or "sometimes." Only 55 (6.5%)

reported holding conferences that did not go well.

Table 11

I have felt anxious when I made reports because I was unsure if the reports would be investigated.

	Frequency	Percent
Never	134	15.8
Rarely	160	18.9
Sometimes	219	25.9
Often	129	15.2
Very Often	154	18.2
Always	46	5.4
Total	842	99.4
Missing	5	.6
Total	847	100.0

School counselors reported they generally felt anxious when they made reports because they were unsure if the reports would be investigated. A total of 548 (64.7%) of the participants reported that they "sometimes," "often," "very often," or "always" had felt anxious when they had made reports. Only 134 (15.8%) reported "never" feeling anxious when making reports.

Table 12

The principal or assistant principal has supported my decisions to make reports.

	Frequency	Percent
Never	16	1.9
Rarely	7	.8
Sometimes	24	2.8

Often	43	5.1
Very Often	156	18.4
Always	594	70.1
Total	840	99.2
Missing	7	.8
Total	847	100.0

Overall, school counselors reported that administrators supported their decisions to make reports of suspected child abuse. A total of 817 (96.4%) of the participants reported that the principal or assistant principal "always," "very often," "often," or "sometimes" supported their decisions to make reports. However, 23 (2.7%) school counselors reported that the principal or assistant principal "never" or "rarely" supported their decisions to make reports.

Table 13

I have feared that reporting suspected abuse would lead to negative consequences for the child.

	Frequency	Percent
Never	17	2.0
Rarely	72	8.5
Sometimes	361	42.6
Often	185	21.8
Very Often	162	19.1
Always	44	5.2

Total	841	99.3
Missing	6	.7
Total	847	100.0

School counselors reported they generally feared that reporting suspected child abuse would lead to negative consequences for the child. A total of 391 (46.1%) of the participants reported they had "often," "very often," or "always" feared that reporting would lead to negative consequences for the child. Nearly half (43%) of school counselors reported they "sometimes" had feared reporting suspected child abuse would lead to negative consequences for the child. Only 89 (10.5%) school counselors reported they had "never" or "rarely" feared that reporting would lead to negative consequences.

Table 14

I have had a hard time deciding whether to make reports because of the potential negative consequences.

	Frequency	Percent
Never	189	22.3
Rarely	302	35.7
Sometimes	211	24.9
Often	72	8.5
Very Often	53	6.3
Always	12	1.4
Total	839	99.1
Missing	8	.9

Total		847	100.0

School counselors reported they seldom had a hard time deciding whether to make reports because of the potential negative consequences. A total of 702 (82.9%) of the participants reported they "never," "rarely," or "sometimes" had a hard time deciding whether to report because of the potential negative consequences. Only 137 (16.2%) participants reported that they "often," "very often," or "always" had a hard time deciding whether to make reports.

Table 15

I have worried that my name would be revealed when making reports.

		Frequency	Percent
	Never	275	32.5
	Rarely	239	28.2
	Sometimes	179	21.1
	Often	61	7.2
	Very Often	54	6.4
	Always	32	3.8
	Total	840	99.2
Missing		7	.8
Total		847	100.0

Overall, school counselors reported they seldom had worried that their name would be revealed when making reports. A total of 514 (60.7%) of the participants

reported they "never" or "rarely" had worried their name would be revealed when

making reports. However, 326 (38.5%) school counselors reported they had "sometimes,"

"often," "very often," or "always" worried that their name would be revealed.

Table 16

I have felt that I helped the child when I made reports.

		Frequency	Percent	
	Never	4	.5	
	Rarely	27	3.2	
	Sometimes	180	21.3	
	Often	187	22.1	
	Very Often	272	32.1	
	Always	168	19.8	
	Total	838	98.9	
Missing		9	1.1	
Total		847	100.0	

School counselors reported they generally felt they helped the child when they

made reports. A total of 807 (95.3%) of the participants reported they had "always,"

"very often," "often," or "sometimes" felt that they helped the child when they made

reports. Only 168 (20%) school counselors reported they had "always" felt that they

helped the child when they made reports of suspected abuse. Surprisingly, 31 (3.5%)

school counselors reported they "rarely" or "never" felt that they helped the child.

Table 17

I have felt competent in my ability to make reports.

		Frequency	Percent	
	Never	8	.9	
	Rarely	6	.7	
	Sometimes	14	1.7	
	Often	61	7.2	
	Very Often	298	35.2	
	Always	444	52.4	
	Total	831	98.1	
Missing		16	1.9	
Total		847	100.0	

Overall, school counselors reported that they had felt competent in their ability to make reports. A total of 803 (94.8%) of the participants reported "always," "very often," or "often" feeling competent in their ability to make reports. More than half (52%) of school counselors reported that they had "always" felt competent in their ability make reports of suspected child abuse. Only 28 (3.3%) school counselors reported that they "never" or "rarely" felt competent.

Table 18

I have worried about having to go to court in relation to making reports.

	Frequency	Percent

Never	257	30.3
Rarely	307	36.2
Sometimes	162	19.1
Often	62	7.3
Very Often	38	4.5
Always	14	1.7
Total	840	99.2
Missing	7	.8
Total	847	100.0

School counselors reported that they seldom have worried about having to go to court in relation to making reports. A total of 726 (85.6) of the participants reported they had "never," "rarely," or "sometimes" worried about having to go to court in relation to making reports. However, 114 (13.5%) school counselors reported they had "often," "very often," or "always" worried about having to go to court.

Table 19

I have felt relieved after making reports.

	Frequency	Percent
Never	16	1.9
Rarely	92	10.9
Sometimes	267	31.5
Often	192	22.7

Very Often	200	23.6
Always	75	8.9
Total	842	99.4
Missing	5	.6
Total	847	100.0

School counselors reported that they generally felt relieved after making reports of suspected child abuse. A total of 734 (86.7%) of the participants reported they had "sometimes," "often," "very often," or "always" felt relieved after making reports. Interestingly, 267 (31.5%) of the school counselors reported that they had "sometimes" felt relieved after making reports. Only 108 (12.8%) reported that they have "rarely" or "never" felt relieved.

Table 20

The teacher of the involved student has supported my decision to make reports.

	Frequency	Percent
Never	12	1.4
Rarely	7	.8
Sometimes	70	8.3
Often	111	13.1
Very Often	284	33.5
Always	330	39.0
Total	814	96.1

	Missing	33	3.9
	Total	847	100.0

Overall, school counselors reported the teacher of the involved student had supported their decision to make reports. A total of 795 (93.9%) of the participants reported the teacher of the involved student had "always," "very often," "often," or "sometimes" supported their decision to make reports. Only 19 (2.2%) school counselors reported the teacher of the involved student had "never" or "rarely" supported their decision.

Table 21

I have felt anxious when making reports because I did not know how the child would respond.

		Frequency	Percent
	Never	109	12.9
	Rarely	244	28.8
	Sometimes	286	33.8
	Often	120	14.2
	Very Often	73	8.6
	Always	10	1.2
	Total	842	99.4
Missing		5	.6
Total		847	100.0

More than half of the school counselors in this study reported that they generally had felt anxious when making reports because they did not know how the child would respond. A total of 489 (57.8%) of the participants reported they had "sometimes," "often," "very often," or "always" felt anxious when making reports because they did not know how the child would respond. Of the remaining participants that responded to the item, 353 (41.7%) reported they had "never" or "rarely" felt anxious when making reports.

Table 22

I have felt guilty after making reports.

	Frequency	Percent
Never	410	48.4
Rarely	275	32.5
Sometimes	96	11.3
Often	27	3.2
Very Often	18	2.1
Always	9	1.1
Total	835	98.6
Missing	12	1.4
Total	847	100.0

School counselors reported that they generally had not felt guilty after making reports. A total of 781 (92.2%) of the participants reported they had "never," "rarely," or

"sometimes" felt guilty after making reports. Only 54 (6.4%) school counselors reported

they had "often," "very often," or "always" felt guilty after making reports.

Table 23

Parents have confronted me about making reports.

	Frequency	Percent
Never	198	23.4
Rarely	307	36.2
Sometimes	239	28.2
Often	60	7.1
Very Often	30	3.5
Always	4	.5
Total	838	98.9
Missing	9	1.1
Total	847	100.0

School counselors reported that parents seldom confronted them about making

reports. A total of 744 (87.8%) of the participants reported that parents had "never,"

"rarely," or "sometimes" confronted them about making reports. Only 94 (11.1%) school

counselors reported parents "often," "very often," or "always" confronted them.

Table 24

I have felt apprehensive when making reports.

	Frequency	Percent

Never	150	17.7
Rarely	298	35.2
Sometimes	266	31.4
Often	73	8.6
Very Often	35	4.1
Always	17	2.0
Total	839	99.1
Missing	8	.9
Total	847	100.0

School counselors reported that they generally had not felt apprehensive when making reports. A total of 714 (84.3%) of the participants reported that they "never," "rarely," or "sometimes" felt apprehensive when making reports. However, 125 (14.7%) school counselors reported they had "often," "very often," or "always" felt apprehensive when making reports.

Table 25

Teachers of the involved student have criticized my decision to make reports.

	Frequency	Percent
Never	666	78.6
Rarely	143	16.9
Sometimes	15	1.8
Often	2	.2
Very Often	1	.1

	Always	4	.5
	Total	831	98.1
Missing		16	1.9
Total		847	100.0

School counselors reported that teachers of the involved student seldom criticized their decision to make reports. A total of 809 (95.5%) of the participants reported that teachers of the involved student had "never" or "rarely" criticized their decision to make reports. Only 22 (2.6%) school counselors reported that teachers had "sometimes," "often," "very often," or "always" criticized their decision to make reports.

Table 26

I have felt emotionally overwhelmed related to making reports.

		Frequency	Percent
	Never	266	31.4
	Rarely	273	32.2
	Sometimes	206	24.3
	Often	51	6.0
	Very Often	33	3.9
	Always	9	1.1
	Total	838	98.9
Missing		9	1.1
Total		847	100.0

School counselors reported they generally had not felt emotionally overwhelmed related to making reports. A total of 745 (87.9%) of the participants reported that they "never," "rarely," or "sometimes" felt emotionally overwhelmed related to making reports. However, 93 (11%) school counselors reported they had "often," "very often," or "always" felt emotionally overwhelmed.

Table 27

I have felt challenged by my co-workers after making reports.

	Frequency	Percent
Never	652	77.0
Rarely	155	18.3
Sometimes	19	2.2
Often	5	.6
Very Often	2	.2
Always	4	.5
Total	837	98.8
Missing	10	1.2
Total	847	100.0

School counselors reported that they seldom felt challenged by their co-workers after making reports. A total of 807 (95.3%) of the participants reported they had "never" or "rarely" felt challenged by their co-workers after making reports. However, 30 (3.5%) school counselors reported that they "always," "very often," "often," or "sometimes" had felt challenged by their co-workers.

Table 28

I have felt satisfied after making reports.

		Frequency	Percent
	Never	14	1.7
	Rarely	66	7.8
	Sometimes	191	22.6
	Often	214	25.3
	Very Often	239	28.2
	Always	106	12.5
	Total	830	98.0
Missing		17	2.0
Total		847	100.0

Overall, school counselors reported that they had felt satisfied after making reports. A total of 750 (88.6%) of the participants reported that they had "sometimes," "often," "very often," or "always" felt satisfied after making reports. However, 80 (9.5%) school counselors reported they had "never" or "rarely" felt satisfied after making reports.

Table 29

I have feared that reporting suspected abuse would lead to negative consequences for me.

	Frequency	Percent
Never	354	41.8

Sometimes	220	26.0
Often	78	9.2
Very Often	99	11.7
Always	25	3.0
Total	838	98.9
Missing	9	1.1
Total	847	100.0

School counselors reported that they seldom had been interviewed face-to-face after making reports by officials from governmental agency to which reports are made. A total of 636 (75.2%) of the participants reported that officials from the governmental agency to which reports are made have "never," "rarely," or "sometimes" interviewed them face-to-face after making reports. Only 202 (23.9%) of the participants reported that they "often," "very often," or "always" had been interviewed face-to-face after making reports.

Table 31

I am familiar with the child abuse laws in my state of employment.

	Frequency	Percent
Never	1	.1
Rarely	18	2.1
Sometimes	23	2.7
Often	82	9.7

	Very Often	278	32.8
	Always	442	52.2
	Total	844	99.6
Missing		3	.4
Total		847	100.0

Overall, school counselors reported that they were familiar with the child abuse laws in their state of employment. A total of 802 (94.7%) of the participants reported they were "always," "very often," or "often" familiar with the child abuse laws in their states of employment. However, 42 (4.9%) school counselors reported they were "never," "rarely," or "sometimes" familiar with the child abuse laws in their state of employment.

Table 32

I have given my name when making reports.

		Frequency	Percent
	Never	8	.9
	Rarely	7	.8
	Sometimes	30	3.5
	Often	23	2.7
	Very Often	94	11.1
	Always	678	80.0
	Total	840	99.2
Missing		7	.8

Total   847   100.0

School counselors reported they generally had provided their name when making

reports. A total of 795 (93.8%) of the participants reported they had "always," "very

often," or "often" given their name when making reports. Only 45 (5.2%) school

counselors reported they had "never," "rarely," or "sometimes" given their name when

making reports.

Table 33

Being adequately prepared to respond to suspected child abuse and neglect has helped me have positive reporting experiences.

	Frequency	Percent
Never	5	.6
Rarely	11	1.3
Sometimes	57	6.7
Often	92	10.9
Very Often	314	37.1
Always	359	42.4
Total	838	98.9
Missing	9	1.1
Total	847	100.0

School counselors generally reported that being adequately prepared to respond to

suspected child abuse and neglect had helped them have positive reporting experiences.

A total of 765 (90.4%) of the participants reported that being adequately prepared to respond to suspected child abuse and neglect had "always," "very often," or "often" helped them have positive reporting experiences. A small number, 73 (8.6%), of participants reported being adequately prepared had "sometimes," "rarely," or "never" helped them have positive reporting experiences.

Table 34

I have felt that I did not help the child when I have made reports.

	Frequency	Percent
Never	137	16.2
Rarely	281	33.2
Sometimes	303	35.8
Often	72	8.5
Very Often	45	5.3
Always	5	.6
Total	843	99.5
Missing	4	.5
Total	847	100.0

School counselors reported that they generally felt they helped the child when making reports. A total of 721 (85.2%) of the participants reported that they "never", "rarely," or "sometimes" felt that they did not help the child when they had made reports. Only 122 (14.4%) school counselors reported that they "often," "very often," or "always" felt that they did not help the child when they had made reports.

Table 35

I have felt supported by my co-workers after making reports.

	Frequency	Percent
Never	10	1.2
Rarely	2	.2
Sometimes	25	3.0
Often	86	10.2
Very Often	259	30.6
Always	452	53.4
Total	834	98.5
Missing	13	1.5
Total	847	100.0

School counselors reported they generally felt supported by their co-workers after making reports. A total of 797 (94.2%) of the participants reported they had "always," "very often," or "often" felt supported by their co-workers after making reports. Only 37 (4.4%) of the school counselors reported that they had "never," "rarely," or "sometimes" felt supported by their co-workers.

Table 36

I have not given my name when making reports.

	Frequency	Percent
Never	697	82.3

	Frequency	Percent
Rarely	87	10.3
Sometimes	35	4.1
Often	6	.7
Very Often	4	.5
Always	12	1.4
Total	841	99.3
Missing	6	.7
Total	847	100.0

School counselors reported they generally have given their name when making
reports. A total of 784 (92.6%) of the participants reported they had "never" or "rarely"
not given their name when making reports. Only 57 (6.7%) school reported they had
"always," "very often," "often," or "sometimes" not given their name when making
reports.

Table 37

*Officials from the governmental agency to which reports are made have interviewed me
by telephone but not in person after making reports even though the reported abuse was
severe.*

	Frequency	Percent
Never	213	25.1
Rarely	196	23.1
Sometimes	203	24.0
Often	76	9.0

Very Often	84	9.9
Always	63	7.4
Total	835	98.6
Missing	12	1.4
Total	847	100.0

School counselors reported they seldom had been interviewed by officials from the governmental agency to which reports are made by telephone but not in person after making reports even though the reported abuse was severe. A total of 612 (72.2%) of the school counselors reported that officials from the governmental agency to which reports are made had "never," "rarely," or "sometimes" interviewed them by telephone but not in person after making reports even though the reported abuse was severe. Of the 835 school counselors who responded to this item, 223 (26.3%) of them reported they had "often," "very often," or "always" been interviewed by telephone.

Table 38

I believe that I lack training in specific reporting procedures, such as when to report and how to make a report.

	Frequency	Percent
Never	501	59.1
Rarely	244	28.8
Sometimes	55	6.5
Often	16	1.9
Very Often	10	1.2

	Frequency	Percent
Always	12	1.4
Total	838	98.9
Missing	9	1.1
Total	847	100.0

School counselors reported they generally believed they do not lack training in specific reporting procedures, such as when to report and how to make a report. A total of 745 (87.9%) of the participants reported they "never" or "rarely" believed that they lack training in specific reporting procedures. Only 93 (11%) school counselors reported that they "sometimes," "often," "very often," or "always" believed that they lack training in specific reporting procedures.

Table 39

I have feared that reporting would damage my relationship with children.

	Frequency	Percent
Never	173	20.4
Rarely	260	30.7
Sometimes	291	34.4
Often	64	7.6
Very Often	43	5.1
Always	10	1.2
Total	841	99.3
Missing	6	.7

Total	847	100.0

About half the school counselors in this study reported they had not feared that reporting would damage their relationship with children. A total of 433 (51.1%) of the participants reported they had "never" or "rarely" feared that reporting would damage their relationship with children. However, 408 (48.3%) of the school counselors reported they had "sometimes," "often," "very often," or "always" feared that reporting would damage their relationship with children.

Table 40

I have felt uncomfortable when teachers (or other referral persons) have asked about what children disclosed.

	Frequency	Percent
Never	130	15.3
Rarely	240	28.3
Sometimes	242	28.6
Often	93	11.0
Very Often	97	11.5
Always	34	4.0
Total	836	98.7
Missing	11	1.3
Total	847	100.0

About half of the school counselors in this study reported they had felt

uncomfortable when teachers (or other referral persons) had asked about what children

disclosed. A total of 466 (55.1%) of the participants reported that they had "sometimes,"

"often," "very often," or "always" felt uncomfortable when teachers (or other referral

persons) have asked about what children disclosed. Of the other school counselors, 370

(43.6%) reported that they had "never" or "rarely" felt uncomfortable when asked about

what children disclosed.

Table 41

I have feared that I could be sued by parents or guardians for making false or inaccurate reports of abuse.

	Frequency	Percent
Never	538	63.5
Rarely	201	23.7
Sometimes	59	7.0
Often	20	2.4
Very Often	16	1.9
Always	6	.7
Total	840	99.2
Missing	7	.8
Total	847	100.0

School counselors reported they seldom had feared that they could be sued by

parents or guardians for making false or inaccurate reports of abuse. A total of 739

(87.2%) of the participants reported they had "never" or "rarely" feared that they could

be sued by parents or guardians for making false or inaccurate reports of abuse. However,

101 (12%) school counselors reported they had "sometimes," "often," "very often," or

"always" feared that they could be sued by parents or guardians.

Table 42

I have feared that reports would not be addressed once accepted.

	Frequency	Percent	
Never	57	6.7	
Rarely	129	15.2	
Sometimes	280	33.1	
Often	126	14.9	
Very Often	182	21.5	
Always	67	7.9	
Total	841	99.3	
Missing	6	.7	
Total	847	100.0	

School counselors reported they generally had feared that reports would not be

addressed once accepted. A total of 655 (77.4%) of the participants reported they had

"sometimes," "often," "very often," or "always" feared that reports would not be

addressed once accepted. Only 186 (21.9%) of the school counselors reported they had

"never" or "rarely" feared that reports would not be addressed once accepted.

Interestingly, 182 (21.5%) school counselors reported they had "very often" feared that reports would not be addressed.

<div align="center">School Level of School Counselors</div>

Research question 1 stated, "What is the relationship between school level of school counselors and negative reporting experiences?" The purpose of this question was to determine whether counselors at different school levels experienced a difference in negative child abuse reporting experiences. A one-way analysis of variance (ANOVA) was conducted. The independent variable, school level, included six levels: elementary, elementary/middle, middle/junior high, middle/secondary, secondary/high, and K-12. The dependent variable was the total score from the CARE instrument. Hypothesis 1 stated that there would be a significant relationship between school level of school counselors and reporting experiences in that elementary counselors would report more negative reporting experiences than those practicing in middle /junior high and secondary/high school settings. The results of the analysis, including the mean and standard deviations, the homogeneity-of-variance, and the ANOVA, are presented in Table 43.

Table 43

Descriptive Statistics for School Levels

School Level	M	SD	N
Elementary	3.1685	.30338	181
Elementary/Middle	3.1563	.31143	75
Middle/Junior High	3.1081	.30775	112
Middle/Secondary	3.1320	.35692	89

Secondary/High	3.0694	.33941	200
K-12	3.1793	.32818	64
Total	3.1268	.32582	721

Levene's Test of Equality of Error Variances[a]

F	$df1$	$df2$	p
.388	5	715	.857

[a] Design: Intercept+SchLevel

Analysis of Variance for School Level

Source	Type III Sum of Squares	df	M^2	F	p	η^2
Corrected Model	1.256(a)	5	.251	2.388	.037	.016
Intercept	5934.071	1	5934.10	56438.0	.000	.987
School Level	1.256	5	.251	2.388	.037	.016
Error	75.177	715	.105			
Total	7125.698	721				
Corrected Total	76.433	720				

[a] $R^2 = .016$ (Adjusted $R^2 = .010$)

The test revealed a significant relationship between school level and negative reporting experiences of school counselors, $F(5,715) = 2.39$, $p = .04$. Because the p value is less than .05, the null hypothesis that there are no differences among the school levels is rejected. As a result, follow-up tests were conducted to evaluate pairwise comparisons differences among the means. However, the η^2 of .02 indicates a weak effect size for school level and negative reporting experiences. The results of the post hoc comparisons are shown in Table 44.

Table 44

Post Hoc Comparisons for School Level

(I) School Level	(J) School Level	M Difference (I-J)	Standard Error	p	95% Confidence Interval	
					Lower Bound	Upper Bound
Elementary	Elementary/Middle	.0122	.04453	1.000	-.1150	.1395
	Middle/Junior High	.0604	.03898	.633	-.0510	.1718
	Middle/Secondary	.0365	.04198	.954	-.0835	.1564
	Secondary/High	.0991(*)	.03327	.035	.0040	.1941
	K-12	-.0107	.04716	1.000	-.1455	.1240
Elementary/Middle	Elementary	-.0122	.04453	1.000	-.1395	.1150
	Middle/Junior High	.0482	.04838	.919	-.0901	.1864
	Middle/Secondary	.0243	.05083	.997	-.1210	.1695
	Secondary/High	.0869	.04390	.356	-.0386	.2123
	K-12	-.0230	.05518	.998	-.1806	.1347
Middle/Junior High	Elementary	-.0604	.03898	.633	-.1718	.0510
	Elementary/Middle	-.0482	.04838	.919	-.1864	.0901
	Middle/Secondary	-.0239	.04605	.995	-.1555	.1077
	Secondary/High	.0387	.03827	.914	-.0707	.1480
	K-12	-.0711	.05081	.727	-.2163	.0741
Middle/Secondary	Elementary	-.0365	.04198	.954	-.1564	.0835
	Elementary/Middle	-.0243	.05083	.997	-.1695	.1210
	Middle/Junior High	.0239	.04605	.995	-.1077	.1555

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	Secondary/High	.0626	.04132	.655	-.0555	.1806
	K-12	-.0472	.05314	.949	-.1991	.1046
Secondary/High	Elementary	-.0991(*)	.03327	.035	-.1941	-.0040
	Elementary/Middle	-.0869	.04390	.356	-.2123	.0386
	Middle/Junior High	-.0387	.03827	.914	-.1480	.0707
	Middle/Secondary	-.0626	.04132	.655	-.1806	.0555
	K-12	-.1098	.04657	.173	-.2429	.0233
K-12	Elementary	.0107	.04716	1.000	-.1240	.1455
	Elementary/Middle	.0230	.05518	.998	-.1347	.1806
	Middle/Junior High	.0711	.05081	.727	-.0741	.2163
	Middle/Secondary	.0472	.05314	.949	-.1046	.1991
	Secondary/High	.1098	.04657	.173	-.0233	.2429

* $p < .05$

Post hoc comparisons were conducted with Tukey HSD. There was a significant difference in the means between elementary ($M = 3.17$) and secondary/high school ($M = 3.07$) levels and negative reporting experiences ($p = .04$), but no significant differences between elementary school and elementary/middle, middle/junior high, middle secondary, and K-12 and negative reporting experiences. Elementary school counselors reported a higher frequency in negative reporting experiences than secondary/high school counselors. Therefore, hypothesis 1 was supported.

<center>School Setting and Socioeconomic Level of School</center>

Research question 2 stated, "What is the relationship among school setting of school counselors, and socioeconomic level of the counselors' school and negative reporting experiences?" The purpose of this question was to examine the relationship between school setting and negative child abuse reporting experiences of school counselors, holding constant the socioeconomic level of the counselors' school. An analysis of covariance (ANCOVA) was conducted. The independent variable, school setting, included three levels: urban, suburban, and rural. The dependent variable was the total score from the CARE instrument and the covariate was the socioeconomic (SES) level of the counselors' school. Hypothesis 2 stated that controlling for socioeconomic level of the counselors' school, there would be a significant relationship between school setting and reporting experiences in that professional school counselors practicing in rural school settings would report more negative reporting experiences than those practicing in urban and suburban school settings. Before conducting an ANCOVA, the homogeneity-of-slopes assumption was tested. The results of the preliminary analysis are presented in Table 45.

Table 45

Test of the Homogeneity-of-Slopes Assumption between School Setting and SES

Source	Type III Sum of Squares	df	M^2	F	p	η^2
Corrected Model	.910(a)	5	.182	1.736	.124	.014
Intercept	1190.30	1	1190.30	11354.2	.000	.947
SchSetting	.050	2	.025	.238	.788	.001
LunchPercent	.286	1	.286	2.731	.099	.004
SchSetting * LunchPercent	.282	2	.141	1.347	.261	.004
Error	66.148	631	.105			
Total	6305.221	637				
Corrected Total	67.058	636				

[a.] $R^2 = .014$ (Adjusted $R^2 = .006$)

The homogeneity-of-slopes indicated that the relationship between the covariate and the dependent variable, labeled schsetting*luchpercent, did not differ significantly as a function of the independent variable, $F(2, 631) = 1.35$, MSE = .11, $p = .26$, partial $\eta^2 = .00$. This suggests that the differences among the total score of the CARE instrument did not vary as a result of socioeconomic level of the counselors' school. Based on this finding, an ANCOVA was conducted to evaluate differences in the adjusted means.

Results of the analysis indicate that the null hypothesis that the population adjusted means are equal, should fail to be rejected, $F(2,633) = 1.42$, MSE = .11, $p = .24$.

School Setting	M	Std. Error	95% Confidence Interval	
	Lower Bound	Upper Bound	Lower Bound	Upper Bound
Urban	3.090(a)	.027	3.037	3.143
Suburban	3.142(a)	.018	3.105	3.178
Rural	3.143(a)	.027	3.091	3.196

[a.] Covariates appearing in the model are evaluated at the following values: Percent receiving free or reduced price lunch = 42.48.

School setting is not related to negative reporting experiences, controlling for lunch percent. Therefore, hypothesis 2 was not supported.

Years of Experience and Negative Reporting Experiences

Research question 3 stated, "What is the relationship between professional school counselors' years of experience and negative reporting experiences?" The purpose of this question was to examine the relationship between years of school counseling experience and negative child abuse reporting experiences of school counselors. Hypothesis 3 stated that there would be a significant negative relationship between professional school counselors' years of experience and frequency of reporting experiences in that the more years of experience, the lower the frequency of negative reporting experiences would be found. The results of the correlation analysis, including the mean and standard deviations, are presented in Table 47.

Table 47

Descriptive Statistics for Years of Experience and SCORE

	M	SD	N
Years of School Counseling Experience	8.36	7.593	831
SCORE	3.1266	.32537	725

Correlation between Years of School Counseling Experience and Reporting Experiences

		Years of School Counseling Experience	SCORE
Years of School Counseling Experience	r	1	-.041
	p		.271
	N	831	716
SCORE	r	-.041	1
	p	.271	
	N	716	725

The correlation between years of school counseling experience and the frequency of negative reporting experiences was not significant, $r(714) = -.041, p = .27$. A weak negative correlation between years of school counseling experience and frequency of negative reporting experiences was reported. Therefore, hypothesis 3 was not supported.

Post-Master's Degree Training and Negative Reporting Experiences

Research question 4 stated, "What is the relationship between post-master's degree training and negative reporting experiences?" The purpose of this question was to examine the relationship between number of post-master's degree training events and negative child abuse reporting experiences of school counselors. Hypothesis 4 stated that there would be a significant negative relationship between amount of training and frequency in reporting experience in that those with more training would report lower frequency of negative experiences in making reports and following reports. Descriptive data for post-master's degree trainings and negative reporting experiences are presented in Table 48.

Table 48

Descriptive Statistics for Number of Post-Master's Degree Trainings and SCORE

	M	SD	N
SCORE	3.1266	.32537	725
Number of Post-Master's Degree Trainings	4.11	4.990	746

The correlation between number of post-master's degree training events and the frequency of negative reporting experiences was significant, $r(649) = .11, p < .01$. A positive correlation between amount of post-master's degree trainings and frequency of negative reporting experiences was reported. In general, the results suggest school counselors who participate in more trainings on child abuse and neglect after receiving their master's degree do not experience negative child abuse reporting experiences less

often than school counselors that attend few or no trainings. Therefore, hypothesis 4 is not supported. Instead, the opposite was found in that school counselors with more post-master's degree training in reporting child abuse reported more negative experiences in reporting suspected child abuse.

<div align="center">Credentials and Negative Reporting Experiences</div>

Research question 5 stated, "What is the relationship between professional school counselors' credentials and negative reporting experiences?" The purpose of this question was to examine the relationship between number of credentials held and negative child abuse reporting experiences of school counselors. Hypothesis 5 stated that there would be a significant negative relationship between professional school counselors' credentials and frequency of reporting experiences in that the more credentials school counselors hold, the lower will be the frequency of negative reporting experiences. The results of the correlation analysis, including the mean and standard deviations, are presented in Table 49.

Table 49

Descriptive Statistics for School Counselor Credentials and SCORE

	M	*SD*	*N*
SCORE	3.1266	.32537	725
School Counselor Credentials	1.48	.823	820

Correlation between Credentials and Negative Reporting Experiences

	SCORE	School Counselor Credentials

SCORE	r	1	-.006
	p		.883
	N	725	704
School Counselor Credentials	r	-.006	1
	p	.883	
	N	704	820

The correlation between number of credentials and the frequency of negative reporting experiences was not significant, $r(702) = -.01, p > .01$. A weak negative correlation between amount of school counselors' credentials and frequency of negative reporting experiences was found. In general, the results suggest school counselors that hold more credentials do not experience negative child abuse reporting experiences less frequently than school counselors with few or no credentials. Therefore, hypothesis 5 was not supported.

School Counselor Variables and School Variables

Research question 6 stated, "Do professional school counselor variables and school variables predict frequency in reporting suspected child abuse?" The purpose of this question was to examine how well the school counselor variables of credentials, years of school counseling experience, and number of post-master's degree trainings, and school variables setting, percent of students receiving free or reduce price lunch, and level predict frequency of negative reporting experiences. Hypothesis 6 stated that all six

independent variables including amount of training, years of experience, number of

credentials, school setting, school level, and SES of school, would significantly predict

frequency of negative reporting experiences. Descriptive data for school counselor

variables, school variables, and frequency of negative reporting experiences are presented

in Table 50.

Table 50

Descriptive Statistics for School Counselor and School Variables and SCORE

	M	SD	N
SCORE	3.1363	.32028	562
Number of Post-Master's Degree Trainings	4.05	4.798	562
Percent receiving free or reduced price lunch	41.45	27.745	562
Years of School Counseling Experience	7.77	7.068	562
School Level	3.29	1.714	562
School Setting	2.00	.685	562
School Counselor Credentials	1.50	.849	562

Collinearity diagnostics were conducted for all six predictor variables in the

regression equation and tolerance and VIF data indicate that the predictor variables are

appropriately distinct from one another. The linear combination of school counselor and

school variables was significantly related to the frequency of negative child abuse

reporting experiences, $F(6, 555) = 3.71$, $p < .01$. The sample multiple correlation coefficient (R) was .20, indicating that approximately 4% of the variance of the negative reporting experience in the sample can be accounted for by the linear combination of school counselor and school variables. Further, t-tests of the predictor variables highlight two significant variables: years of school counseling experience, $p = .03$, and number of post-master's degree trainings, $p = .00$. Therefore, hypothesis 6 was supported.

Summary

This study examined interpersonal and intrapersonal experiences of professional school counselors during the process of making reports or after reporting suspected child abuse. The CARE instrument was developed to measure those experiences. Participants were members of the American School Counselor Association (ASCA). This was a national study which included school counselors from every state and a few from outside of the United States.

Results showed that professional school counselors are encountering interpersonal and intrapersonal experiences during and after making reports of suspected child abuse. In this study, school counselors from all school levels and settings reported anxiety, fear, worry, and discomfort regarding their child abuse reporting experiences. The study also discovered factors influencing professional school counselors' decision to report suspected child abuse which include school level, years of experience, and number of post-master's degree trainings in child abuse. Results revealed that years of school counseling experience and post-master's degree training events significantly predict the frequency of negative reporting experiences among school counselors. School counselors with more years of experience and with fewer post-master's degree training events had

less negative reporting experiences than school counselors with fewer years of experience and more post-master's degree training events.

CHAPTER V

DISCUSSION

This chapter presents a discussion of the results of the study. Discussion of the results is presented by analysis of Section I survey items, each research question, and relationship of the findings to findings of prior research. Following the summary of findings, limitations of the study are presented. The chapter concludes with implications for school counselors, counselor educators, future research recommendations, and a summary.

Summary of Findings

Analysis of Section I Survey Items

Several noteworthy findings emerged from the analysis of the responses of participants to Section I items of the CARE instrument. An interesting finding was the participants' general feelings regarding reporting suspected child abuse. School counselors reported that they generally felt they made the right decision when they have made reports of suspected child abuse, but 25 (3%) school counselors reported "never" feeling that they made the right decision. Additionally, 80 (9.5%) of the school counselors in this study reported they had "never" or "rarely" felt satisfied after making reports. Overall, school counselors reported they generally had not felt emotionally overwhelmed related to making reports. However, 93 (11%) of the respondents reported they had "often," "very often," or "always" felt emotionally overwhelmed. Similarly, 125 (14.7%) of the school counselors reported they have "often," "very often," or "always" felt apprehensive when making reports. Sixteen percent of the participants reported that they "often," "very often," or "always" had a hard time deciding whether to make reports

because of the potential negative consequences. More than half (55%) of the participants reported that they had "sometimes," "often," "very often," or "always" felt uncomfortable when teachers (or other referral persons) had asked about what children disclosed. These results suggest that a notable minority of school counselors struggle internally with the decision of whether to report and are uneasy after reporting suspected child abuse.

A total of 16% of the school counselors who participated in this study indicated they had a hard time deciding whether to make reports because of the potential negative consequences to the child, and 3% of the respondents said they never felt as if they had made the right decision after making a report. A total of 9.5% said they did not feel satisfied after making reports. These findings suggest that perhaps the procedures state governments use to investigate suspected cases of abuse and neglect are not effective in assuring school counselors that children will be protected in the process. Ideally, all school counselors should feel confident that children will be protected and cared for appropriately after suspected abuse reports have been made.

A notable percentage of school counselors in this study reported some distressing feelings following their reports of suspected abuse. Almost 15% of the respondents in this study indicated that they felt apprehensive when making reports. A majority of the school counselors in this study (55%) said they felt uncomfortable when being questioned by others about what children had said that lead to them making reports. A total of 11% of the respondents indicating they had felt overwhelmed when making reports. School counselors need to be supported when making mandated suspected child abuse and neglect reports. Even though making suspected child abuse or neglect reports will never

be a pleasant experience, school counselors should not be feeling apprehensive, uncomfortable, or overwhelmed when they make such mandated reports.

The feared negative impact of reporting on the child was a common intrapersonal experience among participants in this study. For example, a total of 391 (46.1%) of the participants reported they have "often," "very often," or "always" feared that reporting would lead to negative consequences for the child. Only 89 (10.5%) school counselors reported they have "never" or "rarely" feared that reporting would lead to negative consequences. In addition, 408 (48.3%) of the school counselors reported they have "sometimes," "often," "very often," or "always" feared that reporting would damage their relationship with children. In Bryant and Milsom's (2005) study, 31 school counselors indicated fear of repercussions for the child as an influencing factor in their decision to report suspected child abuse. The feared negative impact of reporting on the child further supports the findings of Kalichman and Craig (1991), who found that reporting had harmful effects for the child.

In this study, most school counselors reported negative reporting experiences in regards to the reporting agency. School counselors reported anxiety when they made reports because they were unsure if the reports would be investigated. A total of 548 (64.7%) of the participants reported that they "sometimes," "often," "very often," or "always" had felt anxious when they had made reports. Only 134 (15.8%) reported "never" feeling anxious when making reports. In addition, a total of 655 (77.4%) of the participants reported they had "sometimes," "often," "very often," or "always" feared that reports would not be addressed once accepted. Interestingly, 182 (21.5%) of the school counselors reported they had "very often" feared that reports would not be addressed.

These findings are concurrent with those of Bryant and Milsom (2005), who found that 24.7% of school counselors indicated as an influencing factor in reporting child abuse a concern that the Department of Human Services (identified in the study as the reporting agency) would not investigate their report. Similarly, Kenny and McEachern (2002) found that school counselors' primary reason for not reporting suspected child abuse, other than lack of visible signs of abuse, was that "child protective services does not help children" (p. 71).

Other mandated professionals have reported similar negative experiences with child abuse reporting agencies. For example, 70% of pediatricians reported problems with the governmental agency that accepts reports and investigates incidents when asked to identify reasons pediatricians may be reluctant to report (Vulliamy & Sullivan, 2000). In a recent study of pediatricians, the majority reported that the governmental agency did not keep them informed about the child abuse investigation (Flaherty et al., 2006). This finding parallels that of earlier research (Zellman, 1990a; Zellman, 1990b).

Additionally, school counselors in this study reported that they seldom have been contacted by officials from governmental agency to which reports are made. A total of 636 (75.2%) of the participants reported that officials from the governmental agency to which reports are made have "never," "rarely," or "sometimes" interviewed them face-to-face after making reports. A total of 612 (72.2%) of the school counselors reported that officials from the governmental agency to which reports are made have "never," "rarely," or "sometimes" interviewed them by telephone, but not in person after making reports even though the reported abuse was severe. Similarly, Brodie (2008) found that many principals *rarely* receive communication from social services regarding child abuse cases

involving their students. This lack of communication from social services after a report is made seems to be a consistent theme among school counselors and other mandated reporting professionals (Flaherty et al., 2006; Haase & Kempe, 1990; Vulliamy & Sullivan, 2000; Zellman, 1990b).

Interestingly, lack of knowledge of child abuse laws and reporting procedures was not reported as a concern by the school counselors who participated in this research study. A total of 802 (94.7%) of the participants reported they are "always," "very often," or "often" familiar with the child abuse laws in their states of employment. With regards to reporting procedures, 745 (87.9%) of the participants reported they "never" or "rarely" believe that they lack training in specific reporting procedures. More than half (52%) of school counselors reported that they have "always" felt competent in their ability to make reports of suspected child abuse. Along these lines, Hermann (2002) found that over 90% of school counselors felt well prepared to determine whether to report suspected child abuse. Conversely, the finding that 3% of the school counselors in this study reported that they "never" or "rarely" felt competent in their ability to make reports of suspected child abuse is different from the findings of Crenshaw et al. (1995) and Kenny and McEachern (2002). Crenshaw et al. found in a study of child abuse reporting of educators, including teachers, school counselors, principals, superintendents, and school psychologists, that only 9.6% of the respondents felt very well prepared to recognize child abuse. In Kenny and McEachern's study, they suggested that 50% of school counselors do not feel adequately prepared in child abuse identification and reporting. These findings are consistent with other research studies (Bryant & Milsom, 2005; Hinson & Fossey, 2000; Kenny, 2001; Kenny & McEachern, 2002; Kesner & Robinson, 2002) which have found

that school personnel, including principals and teachers, do not feel adequately trained to make child abuse reports. This discrepancy merits further investigation.

In this study, school counselors indicated they generally felt supported by principals, assistant principals, and teachers when making reports of suspected child abuse. A total of 817 (96.4%) of the participants reported that the principal or assistant principal "always," "very often," "often," or "sometimes" supported their decisions to make reports. Similarly, a total of 795 (93.9%) of the participants reported the teacher of the involved student had "always," "very often," "often," or "sometimes" supported their decision to make reports. Only 19 (2.2%) of the school counselors reported the teacher of the involved student had "never" or "rarely" supported their decision. A total of 809 (95.5%) of the participants reported that teachers of the involved student had "never" or "rarely" criticized their decision to make reports. A total of 807 (95.3%) of the participants reported they had "never" or "rarely" felt challenged by their co-workers after making reports. However, in other studies, school personnel reported not feeling supported by administration or co-workers. For instance, Kenny (2001) found that 40% of teachers felt that administrators would not support them if they made child abuse reports. In surveying elementary school teachers, Hinson and Fossey (2000) found that *alienation* from administrators or co-workers influenced their decisions of whether to report suspected child abuse. In a recent study, 41% of school counselors reported support of administrators as a factor influencing their decision to report child abuse (Bryant & Milsom, 2005). Based on these conflicting findings, further study of this issue is needed to determine whether school personnel do feel adequately supported when making reports of suspected child abuse.

Research Question One

The first research question, "What is the relationship between school level of school counselors and negative reporting experiences?" examined the relationship between school level and negative reporting experiences of school counselors. Elementary school counselors reported more negative reporting experiences than secondary/high school counselors. This result coincides with the professional literature related to reporting behavior of counselors by school level. Bryant and Milsom (2005) surveyed school counselors and found that elementary school counselors reported significantly more child abuse cases in comparison to high school counselors. In addition, Ritchie and Partin (1994) surveyed 149 school counselors regarding their referral practices and found that child abuse was the number one reason for referrals in elementary schools.

This study, which surveyed school counselors at all school levels, found that elementary school counselors are having more negative experiences than high school counselors, which may mean that they are reporting more child abuse cases than counselors at secondary and other school levels. This finding likely reflects that elementary school counselors, due to the high frequency of direct contact with students (e.g., classroom guidance, individual counseling), may be more likely to report suspected cases of child abuse than those employed in middle or high school settings. Therefore, elementary school counselors have the potential to encounter more challenges with students, their parents or guardians, administrators, teachers, social service workers, and other individuals.

The reporting experiences of elementary school counselors are more negative than the reporting experiences of school counselors at other levels for a variety of suggested reasons. Lack of support from administrators is an issue that some elementary school counselors face during and after reporting suspected child abuse. For example, elementary school principals often know parents better than principals at middle and secondary levels, and, as a result elementary school principals may be more reluctant to support counselors making reports against parents who are known to the principal. Also, children, especially males, are playful and aggressive by nature. Therefore, elementary school principals may excuse signs of abuse, including cuts and bruises, as results of play, and, as a result not support counselors' decisions to report suspected abuse.

Additionally, parents are often more involved with younger children, so they are more likely to show up at school and challenge a counselor who has made a report. Parents may assume that the school counselor made a report, question the counselor, and express anger or frustration toward the counselor. In this study, 655 (77.4%) participants reported that parents or guardians "sometimes," "often," "very often," or "always" have gotten angry because reports were made. The obstacle of having to deal with angry parents has been reported by school professionals in previous research (Bryan & Milsom, 2005; VanBergeijk, 2007). The findings of this study suggest that school professionals are concerned about negative reactions from parents when reporting suspected child abuse.

Research Question Two

The second research question, "What is the relationship among school setting of school counselors, and socioeconomic level of the counselors' school and negative

reporting experiences?" examined the relationship between school setting and negative child abuse reporting experiences of school counselors, holding constant the socioeconomic level of the counselors' school. As reported in chapter four, there are no significant differences in negative reporting experiences for participating school counselors based on school setting controlling for percent of students receiving free or reduced price lunch. Professional school counselors practicing in rural, urban, and suburban settings did not report significant differences in their negative reporting experiences when controlling for socioeconomic level of their school.

In a recent study examining the underreporting and overreporting of child abuse by teachers, Webster, O'Toole, O'Toole, and Lucal (2005) found that rural schools showed an increased probability of underreporting. Unexpectedly, school setting was not related to the negative reporting experiences of professional school counselors in this study. Perhaps this finding was due to the low percentage (23%) of participants that reported practicing in rural school settings. Therefore, the frequencies used for analysis may not have been fully representative of the negative reporting experiences of school counselors practicing in rural school settings. Or perhaps, similar to Webster et al.'s findings, school counselors practicing in rural schools did not report more negative reporting experiences in this study because they have failed to report cases of suspected child abuse.

<center>Research Question Three</center>

The third research question, "What is the relationship between professional school counselors' years of experience and negative reporting experiences?" examined the relationship between years of school counseling experience and negative child abuse

reporting experiences of school counselors. Interestingly, years of school counseling experience was not related to negative reporting experiences. It was expected that school counselors with more years of counseling experience would report less negative child abuse reporting experiences, but this was not the case. This finding suggests that years of school counseling experience do not determine the frequency of negative child abuse reporting experiences of school counselors.

Research Question Four

The fourth research question, "What is the relationship between post-master's degree training and negative reporting experiences?" examined the relationship between number of post-master's degree training events and negative child abuse reporting experiences of school counselors. Unexpectedly, this study found that participants with more post-master's degree training reported more negative reporting experiences. School counselors may be participating in post-master's degree trainings that focus only on a specific component of child abuse (e.g., recognizing abuse) rather than those that address multiple facets of child abuse. In addition, school counselors may be limited in their opportunities for participating in comprehensive training events. For example, they may not be able to attend conferences due to financial constraints or training events in their school districts only address pre-reporting behaviors, such as how to recognize abuse. Another possible reason for this study's finding is that perhaps school counselors who do attend more suspected child abuse training sessions are more aggressive in making suspected child abuse reports, and therefore have more negative experiences in making those reports. Further research would be required to explore the possible reasons for this finding, including the content of child abuse training session.

Research Question Five

The fifth research question, "What is the relationship between professional school counselors' credentials and negative reporting experiences?" examined the relationship between number of credentials held and negative child abuse reporting experiences of school counselors. This study found that number of credentials school counselors hold is not significantly related to the frequency of negative reporting experiences. However, a negative correlation was found between the amount of credentials and frequency in negative reporting experiences. Therefore, school counselors who hold more credentials may experience negative child abuse reporting experiences less frequently than school counselors with few or no credentials. Also, perhaps school counselors with more credentials know how to navigate the child abuse reporting process better, and, as a result, have less negative reporting experiences. Future research studies might consider examining differences in experiences for school counselors with regards to the number of credentials they hold as these differences may relate specifically to post-reporting experiences.

Research Question Six

The sixth research question, "Do professional school counselor variables and school variables predict frequency in reporting suspected child abuse?" examined how well school counselor variables (e.g., credentials, years of school counseling experience, and number of post-master's degree trainings) and school variables (e.g., setting, percent of students receiving free or reduce price lunch, and level) predicted frequency of negative reporting experiences. Findings indicate that all six variables are significantly predictive of negative reporting experiences. Collectively, these six variables account for

4% of the variance of the negative reporting experiences in the sample. This finding is supported by that of Engel (1998), who found that the majority of nonteaching school personnel (i.e., school counselors, nurses, and psychologists) with more years of experience and more training in recognizing and reporting child abuse stated they would report in each of the four scenarios of child abuse presented. Thus, the more suspected child abuse cases reported, the increased likelihood of negative reporting experiences.

Studies examining the experiences of school counselors and other educators, such as teachers and administrators, have found additional school characteristics associated with reporting behaviors and experiences. Bryant and Milsom (2005) found a significant positive relationship between the percentage of students in a school who qualify for free or reduced price lunch and number of child abuse cases reported by school counselors in the past year. Hermann (2002) found that school counselors who were licensed as professional counselors felt better prepared to respond to pressure to reveal confidential information, such as disclosing suspected child abuse or neglect. Thus, indicating that school counselors with credentials such as state licensure or national certification, may feel more confident when responding to cases of suspected child abuse or neglect.

<div align="center">Limitations of this Study</div>

Several important limitations should be considered when interpreting the results of this study:

(1) The return rate was low (21%), making it difficult to determine potential differences between school counselors who are members of ASCA who participated and those who did not participate in this study.

(2) The population sample was primarily White/Euro-American females; thus results are less generalizable to male school counselors and school counselors of diverse ethnic groups.

(3) The sample for this study was selected from the American School Counselor Association (ASCA) on-line member directory of email addresses published during the summer of 2008. Of the 11,113 emails sent, 7,021 (63%) were returned undeliverable. Because so many emails were returned undeliverable, I believe that the email list on the ASCA on-line membership directory was most likely out of date. Because the email list was out of date, it is impossible to determine the exact return rate of participants. Therefore, the return rate was most likely much higher than reported because it appears that the majority of the email addresses used was not accurate.

(4) Email access may have not been available to some non-respondents during the participation request time frame, October 10, 2008 to December 1, 2008.

(5) Members of the professional organization, ASCA, may have more access than non-members to professional literature and professional development activities. Thus, these school counselors may have more knowledge on child abuse reporting issues.

(6) Data were gathered through self-report and results may be skewed because of social desirability issues.

(7) Child abuse is a sensitive issue. Therefore, participants may have been reluctant to respond to the survey.

(8) Participants may not have known answers to some survey questions. For example, participants were asked to estimate the percent of students in their school that receive free or reduced price lunch. They may not have had access to this type of information.

(9) Because participants were asked to recall experiences, it may have been difficult for them to accurately recall all of the information requested in this study.

(10) Some survey items may have different meanings to participants. For example, participants were asked to indicate the number of post-master's degree training events they had participated in regarding child abuse. In addition, participants may have over or under-estimated items asking for a number or percentage.

Implications for School Counselors

Professional school counselors are encountering interpersonal and intrapersonal experiences during and after making reports of suspected child abuse. A notable minority of the participants of this study reported fear, anxiety, worry, and discomfort regarding their reporting experiences. In addition, many school counselors are experiencing challenges associated with reporting suspected child abuse. In an effort to effectively address the negative feelings and challenges associated with reporting suspected child abuse, school counselors might collaborate with others to advocate for improvements in training and education opportunities. In addition, school counselors may want to invite officials from their local reporting agency to district level training sessions to discuss the process and possible outcomes of reporting.

Because elementary school counselors report more negative reporting experiences in making reports, they need extra training in how to deal with reporting issues. Also, school counselors with more experience have more negative reporting experiences. Perhaps more experienced school counselors need to be asked to help explain why child abuse reporting leads to negative experiences. Additionally, they could be asked to help suggest solutions to the problem of school counselors having negative reporting

experiences when they make child abuse reports. The same reasoning could be applied to the finding that school counselors with more credentials have more negative child abuse reporting experiences.

Results from this study can be used to open a dialogue within the school counseling profession regarding the experiences of school counselors after reporting suspected child abuse or neglect and how to effectively address their needs when handling cases of child abuse. An open dialogue among current and future school counselors could increase their understanding of what happens after child abuse reports are made. As a result, school counselors may increase frequency of reporting suspected child abuse and negative reporting experiences may decrease.

Implications for Counselor Educators

School counselors in this study reported being familiar with the child abuse laws in their state of employment and reporting procedures, such as when to report. Therefore, it seems the task of recognizing and reporting child abuse is being addressed in most counselor education programs. However, to help professional school counselors deal with situations that originate after child abuse or neglect reports are made, counselor education programs must expand their curriculum to include instruction specific to child abuse and neglect. Instruction in recognizing and reporting child abuse and relevant child abuse laws should be incorporated into counselor education programs. Possible outcomes of child abuse reporting and multiple needs of abused children should be highlighted. Additionally, based on the findings of the prevalence and range of child abuse reporting experiences encountered by school counselors in this study, the examination of child

abuse related to possible interpersonal and intrapersonal reporting experiences is strongly recommended.

The results of this study suggest that counselor educators need to prepare school counselors for what they will experience after they make suspected child abuse or neglect reports, in addition to instructing future school counselors regarding their requirement to report and how to report.

<div align="center">Implications for Future Research</div>

In this study, school counselors indicated they felt prepared to recognize and report suspected child abuse. Overall, this finding is not supported by professional literature examining educators in general (Crenshaw et al., 1995; Hinson & Fossey, 2000; Kenny, 2001; Kesner & Robinson, 2002), and school counselors specifically (Bryant & Milsom; 2005; Kenny & McEachern, 2002). Based on these conflicting findings, further study of this issue is needed. Are school counselors adequately prepared to make suspected child abuse and neglect reports? Which areas of preparation are adequate and which areas need to be improved?

Another issue for additional study is the amount of support school counselors receive from administrators and other school personnel with regards to child abuse and neglect reporting. According to Crosson-Tower (2008), principals and vice principals do not always support the reporting of suspected child abuse or neglect. However, participants in this study indicated that administrators supported their decisions to make reports of suspected child abuse. Only 2.7% of school counselors reported that the principal or assistant principal "never" or "rarely" supported their decisions. Additionally, 94.2% of the participants in this study reported they have "always," "very

often," or "often" felt supported by their co-workers. This finding, in comparison to other studies (Bryant & Milsom, 2005; Hinson & Fossey, 2000; Kenny, 2001) related to support when reporting suspected child abuse, is worthy of future study as well.

Similar to previous studies (Bryant & Milsom, 2005; Kenny & McEachern, 2002; Vulliamy & Sullivan, 2000), participants in this study reported negative experiences with regards to the child abuse reporting agency. Nearly 50% of the school counselors reported that officials from the governmental agency to which reports are made "never" or "rarely" interviewed them by telephone after making reports. Other experiences of school counselors after making reports included fear that the report would not be addressed once accepted, not being interviewed face-to-face by officials from the reporting agency, and feeling anxious because they were unsure if the reports would be investigated. Future research exploring the roles and responsibilities of child abuse reporting officials would be beneficial. Specifically, the reporting process and what happens after reports are made. This type of information would increase understanding and possibly strengthen the relationship between school counselors and child abuse reporting officials.

Conclusion

The study was a descriptive study of the experiences of school counselors during and after making suspected child abuse and neglect reports. The purpose of the study was to explore the interpersonal and intrapersonal experiences of professional school counselors during the process of making reports or after reporting suspected child abuse. School counselor and school variables, in conjunction with specific professional school counselor experiences with reporting suspected child abuse were assessed. The results of

this study can help counselor education programs provide education and training in child

abuse issues being encountered by school counselors. Finally, these results can help

school counselors and mandated reporters increase their awareness and understanding of

what happens after reports of suspected child abuse are made.

CHAPTER VI

MANUSCRIPT

Experiences of School Counselors During and After

Making Suspected Child Abuse and Neglect Reports

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Abstract

The purpose of this study was to explore the experiences of school counselors during or after making suspected child abuse and neglect reports. A total of 847 school counselors who were members of the American School Counselor Association (ASCA) participated in this study. Results showed that professional school counselors are encountering some interpersonal and intrapersonal negative experiences during and after making reports of suspected child abuse. In this study, elementary school counselors reported more negative experiences in making suspected abuse or neglect reports than secondary school counselors. School counselors with more years of experience and with fewer post-master's degree training events had less negative reporting experiences than school counselors with fewer years of experience and more post-master's degree training events.

Experiences of School Counselors During and After Making

Suspected Child Abuse and Neglect Reports

Based on statistics gathered through National Child Abuse and Neglect Data

System (NCANDS) of the Children's Bureau, for Federal Fiscal Year (FFY) 2006, an

estimated 905,000 children in the District of Columbia, Commonwealth of Puerto Rico,

and the 50 States were determined to be victims of neglect and abuse (U.S. Department

of Health of Human Services, Administration on Children, Youth and Families, 2008).

During FFY 2006, 3.3 million referrals, including approximately 6.0 million children,

were made to Child Protective Services (CPS). In 2006, educational personnel submitted

the largest percentage (16.5%) of suspected child abuse and neglect reports. As educators

with a mental health perspective (American School Counselor Association, 2008), school

counselors are in a unique position to detect, report, and prevent child abuse and neglect.

Often, school counselors are faced with the issue of child abuse. As mandated

reporters, they are required by law to report suspected cases of child abuse and neglect.

Although mandated reporters are legally and ethically obligated to report all cases of

suspected child abuse, the literature suggests that there is reluctance to report (Alvarez,

Kenny, Donohue, & Carpin, 2004; Bryant & Milsom, 2005; Kalichman & Craig, 1991,

Kenny, 2001). Understanding why school counselors are sometimes reluctant to make

reports may provide insight into the struggles school counselors face when reporting

suspected child abuse or neglect.

Although professionals, including school counselors, principals, and teachers, are

required to report suspected child abuse, they often fail to do so. For instance, Webster,

O'Toole, O'Toole, and Lucal (2005) reported 84% of child abuse cases recognized in

public schools are not reported. Kenny and McEachern (2002) found that 25% of school

counselors failed to report suspected child abuse compared to 6% of school principals.

Zellman (1990) found that more than one third (37%) of elementary school principals and

one third (34%) of secondary school principals suspected child abuse at some time in

their careers, but did not make a report. Multiple reasons have been identified to account

for these failures to report.

A common barrier to reporting identified in the literature is lack of knowledge in

recognizing child abuse (Alvarez et al., 2004) and reporting procedures (Kenny, 2001). In

examining school counselors' perceptions of their own capabilities in recognizing child

abuse, Bryant and Milsom (2005) found that participants felt significantly more confident

in their ability to recognize physical abuse than they did to recognize sexual abuse or

emotional abuse. In a sample of 197 teachers, only a few (3%) reported they were aware

of their school's procedure for reporting child abuse (Kenny).

Lack of support is a common concern for professionals who are required to report

suspected child abuse and neglect, especially school personnel. Administrators, including

school principals and vice principals, do not always support the reporting of suspected

child abuse or neglect (Crosson-Tower, 2008). School counselors, as well as other school

staff, are in an arduous position and have to decide whether to make reports when they

are not sure whether their supervisor will support them after they have made a report.

Other common barriers to reporting suspected child abuse and neglect include

negative consequences for the child (Bryant & Milsom, 2005; Hinson & Fossey, 2000;

Kalichman & Craig, 1991), negative consequences for the professional (Kenny, 2001;

McCallum & Johnson, 1998; Vulliamy & Sullivan, 2000), and holding a negative view of

reporting agency (Brodie, 2008; Bryant & Milsom, 2005; Kenny & McEachern, 2002; Strozier, Brown, Fennell, Hardee, & Vogel, 2005).

These factors, as well as emerging themes, have been found to have an impact on the reporting experiences of school counselors. Low socioeconomic status of students is associated with increased frequency of child abuse neglect. Schools with a high percentage of students receiving free or reduced price lunch are more likely to encounter abuse issues (Bryant & Milsom, 2005). Elementary school counselors have been found to report more cases of suspected child abuse (Bryant & Milsom); thus resulting in increased likelihood of negative reporting experiences. Schools in rural settings and those with a greater number of students have been found to show an increased probability of underreporting (Webster et al., 2005). Increased years of experience and more training on child abuse, including indicators and reporting process, have been linked to reporting more cases of suspected child abuse (Engel, 1998).

The process of reporting abuse can be challenging, traumatic, and at times, overwhelming. As mandated reporters, school employees, and child advocates, school counselors are faced with multiple challenges when reporting suspected child abuse. School counselors are challenged with deciding whether to report and understanding proper procedures for reporting. In addition, they may lack support from their administrators, worry about the impact of the report on the child, sometimes experience negative responses from parents, and often experience difficulties with the reporting agency. School counselors are not only responsible for reporting suspected child abuse, they also provide counseling services to children and their parents or guardians, coordinate resources in the community, and design prevention programs (Kenny &

McEachern, 2002). With the numerous demands encountered when reporting child abuse, it is not surprising that feelings of anxiety, confusion, and frustration are common among school counselors.

The challenges associated with recognizing and reporting child abuse does not end when reports have been made. Once reports are made, school counselors must deal with challenges encountered with students, their parents or guardians, teachers, administrators, social service workers, and other individuals. Yet, school counselors are not prepared for those challenges and very little professional literature exists regarding challenges school counselors must face after they have made reports.

Study Purpose

The purpose of this study was to explore the interpersonal and intrapersonal experiences of professional school counselors during the process of making reports or after reporting suspected child abuse or neglect. School counselor and school variables, in conjunction with specific professional school counselor experiences with reporting suspected child abuse, were assessed.

Currently, little research exists on child abuse reporting behaviors specific to school counselors. Additionally, no research exists that examines the experiences of school counselors during or after reporting cases of suspected child abuse and neglect. This study investigated the following broad research question: What are the experiences of professional school counselors in reporting suspected child abuse or neglect? School counselor variables including amount of training, years of experience, and credentials were explored in relation to the experiences of school counselors in making suspected

child abuse reports. In addition, this study explored school variables including school setting, school level, and socioeconomic level of school.

Method

Participants

The survey population for this study consisted of all members of the American School Counselor Association (ASCA) who identified themselves as working in elementary, elementary/middle, middle/junior high, middle/secondary, secondary/high school, and K-12 work settings. Email addresses were obtained from the ASCA online member directory during the summer of 2008. A total of 847 surveys were completed and returned. A total of 11,113 ASCA members were sent surveys. Of those sent, 7,021 were returned undeliverable, suggesting that the online directory was out of date. A total of 847 of the 4,092 surveys that were not returned undeliverable were completed and returned for a 21% response rate.

The respondents included 201 (23.7%) elementary school counselors, 86 (10.2%) elementary/middle school counselors, 132 (15.6%) middle/junior high school counselors, 104 (12.3%) middle/secondary school counselors, 245 (28.9%) secondary/high school counselors, 71 (8.4%) K-12 school counselors, and 8 (.9%) who did not indicate the level of their schools. The sample of school counselors consisted of 13.5% males and 83.7% females. Three percent of the participants chose not to indicate their gender. The participants were African American (5%), Asian American (.6%), White/Euro-American (86.8%), Hispanic American (2.5%), Native American (.6%), Multiracial (1.7%), Other (.9%), and 17 (2%) who did not indicate their race. The participants ranged in age from 23 to 68 years with a mean of 41 (*SD* = 11.09). Most (87%) of the respondents held a

master's degree and almost 10% of the respondents had an advanced certificate, specialist, or doctoral degree. School counselors from every state participated in the study. Two counselors from the United States Virgin Islands and five counselors from outside of the United States also participated.

Participants' years of school counseling experience ranged from 0 to 60 with a mean of 8.36 (SD = 7.60). Eleven percent of the participants had less than two years of experience and 87% of the participants had two or more years of experience as a school counselor. Two percent of the participants did not indicate their years of school counseling experience.

Participants' number of training events in child abuse and neglect ranged from 0 to 50 with a mean of 4.11 (SD = 4.99). The highest (17%) percentage of participants in the study had participated in only two training events concerning child abuse and neglect after receiving their master's degree. Participants were asked to indicate which licenses and certifications they held (i.e., Certified School Counselor, Licensed Professional Counselor, National Certified Counselor, National Certified School Counselor). Five hundred and forty five (64%) participants reported having one credential. Whereas, only 272 (32.5%) reported having two or more credentials.

The highest (31%) percentage of participants reported that 25 percent or less of the students in their schools received free or reduced price lunch. A total of 212 (25%) reported between 26 to 50 percent of the students in their schools received free or reduced price lunch, 156 (18%) reported between 51 to 75 percent, and 110 (13%) reported between 76 to 100 percent. Twelve percent did not respond to the item. Participants were asked to identify their school setting as urban (more than 50,000),

suburban (2,500 to 50,000), or rural (less than 2,500). Twenty four percent of the participants identified their school setting as urban, 51.4% as suburban, 23.3% as rural, and 1% did not provide an answer.

Instrument

No studies that examined the experiences of school counselors during or after reporting cases of suspected child abuse and neglect were found in the literature. Thus, a survey was developed to gather this information. This survey was entitled the Child Abuse Post-Reporting Experiences of School Counselors Survey (CARE).

The purpose of this instrument was to assess professional school counselors' interpersonal and intrapersonal experiences of the reporting of child abuse. The instrument was developed based on personal experience as a professional school counselor, reported experiences of other school counselors, and a review of the literature. Personal experience and reported experiences of other school counselors in reporting child abuse consisted of accurately indentifying child abuse, knowing when and how to report, and resistance from administrators and parents. Items were based on a literature review related to reporting experiences of school counselors while and after making suspected child abuse reports.

Section I of the survey was created to assess the interpersonal and intrapersonal experiences encountered by school counselors and the prevalence of these experiences. Using a 6-point Likert-type scale (1 = never, 6 = always) participants were asked to specify the frequency of occurrence for each statement. For example, participants were asked to assess the frequency of support received from the principal or assistant principal when making the report. Section I of the CARE instrument consisted of 36 items that

were used to assess school counselors' interpersonal and intrapersonal experiences of child abuse reporting. Out of the 847 individuals who responded to the survey, 725 responded to each item in the first section of the instrument. All of the 847 participants answered at least some items.

Section II and III of the instrument were created to assess counselor and school variables and demographics. Participants were also asked to indicate the number of times they reported suspected child abuse cases in the past 12 months.

An expert review was conducted on the first version of the CARE to test content validity. The survey was sent to seven experts in the field of school counseling. These experts were asked for feedback on the survey, including whether each item of Section I was clearly positive or negative in describing reporting experiences. Reviewers were also asked to provide feedback on the format, including clarity, flow, and wording of each item. For Sections II and III, reviewers were asked to offer their feedback in the form of commentary only. In an effort to provide further evidence of content validity, a second expert review process was conducted to assess the remaining items of the survey. The second expert review consisted of 17 doctoral students and 10 master's students in a CACREP accredited counseling graduate program, and 34 local practicing school counselors. Reviewers were asked to determine whether the experience described was positive, neutral, or negative. They were also encouraged to comment on the clarity, flow, and wording of each item. Also, the length of time to complete each section was requested. Commentaries and feedback about the survey was used to enhance the survey's clarity.

Procedure

After obtaining approval from the Human Subjects Review Board at Old Dominion University, participants were recruited via an email message announcing the study, requesting participation, and providing a link to the informed consent statement and the CARE instrument. A request to participate in the study was sent to 11,113 individuals from October 10, 2008, to December 1, 2008.

Scoring

The CARE was scored as a unidimensional scale providing only a total score for the 36 items in Section I. This score was obtained by computing the mean rating across all scores. The mean score ranged from 1.00 to 6.00, with higher scores indicating higher frequency in negative intrapersonal and interpersonal child abuse reporting experiences and lower scores indicating lower frequency in negative intrapersonal and interpersonal child abuse reporting experiences for professional school counselors. Participants received a score that indicated their level of negative experiences they had in reporting suspected child abuse. Several items were reverse scored, i.e., they were constructed as an item describing a positive reporting experience and thus scores were reversed to coincide with the purpose and intent of the instrument (items 3, 6, 10, 11, 13, 14, 22, 24, 25, 26, 27, and 29). Sections II and III outlined nominal- and ratio-level items that provided important school and school counselor information. Nominal-level items were dummy coded to examine frequencies, and means were computed for the ratio-level items. A Cronbach's alpha of .71, indicating moderate internal consistency among items, was determined for the CARE instrument. The range of alphas was .68 to .72.

Results

School Level of School Counselors

An analysis of variance (ANOVA) was conducted, revealing a significant relationship between school level and negative reporting experiences of school counselors, $F(5,715) = 2.39$, $p = .04$. A Tukey HSD post hoc test indicated significant difference in the means between elementary ($M = 3.17$) and secondary/high school ($M = 3.07$) levels and negative reporting experiences ($p = .03$), but no significant differences between elementary school and elementary/middle, middle/junior high, middle secondary, and K-12 and negative reporting experiences. Elementary school counselors reported a higher frequency in negative reporting experiences than secondary/high school counselors.

School Setting and Socioeconomic Level of School

Using three school setting levels (i.e., urban, suburban, rural) as the independent variable, the total score from the CARE instrument as the dependent variable, and the socioeconomic (SES) level of the counselors' school as the covariate, an analysis of covariance (ANCOVA) was conducted . Before conducting an ANCOVA, the homogeneity-of-slopes assumption was tested. The homogeneity-of-slopes indicated that the relationship between the covariate and the dependent variable did not differ significantly as a function of the independent variable, $F(2, 631) = 1.35$, MSE $= .11$, $p = .26$, partial $\eta^2 = .00$. This suggests that the differences among the total score of the CARE instrument did not vary as a result of socioeconomic level of the counselors' school. Based on this finding, an ANCOVA was conducted to evaluate differences in the adjusted means. Results of the analysis indicate that the null hypothesis that the population adjusted means are equal, should fail to be rejected, $F(2,633) = 1.42$, MSE $=

.11, p = .24. There was not a relationship between the school setting and negative reporting experiences, controlling for lunch percent.

Years of Experience and Post-Master's Degree Training

The correlation between years of school counseling experience and the frequency of negative reporting experiences was not significant, $r(714)$ = -.041, p = .27. The correlation between number of post-master's degree training events and the frequency of negative reporting experiences was significant, $r(649)$ = .11, p < .01. A positive correlation between amount of post-master's degree trainings and frequency of negative reporting experiences was reported. In general, the results suggest school counselors who participate in more trainings on child abuse and neglect after receiving their master's degree do not experience negative child abuse reporting experiences less often than school counselors who attend few or no trainings. Therefore, hypothesis 4 was not supported. Instead, the opposite was found in that school counselors with more post-master's degree training in reporting child abuse reported more negatives experiences in reporting suspected child abuse.

Credentials and Negative Reporting Experiences

The correlation between number of credentials and the frequency of negative reporting experiences was not significant, $r(702)$ = -.01, p > . p = .88. In general, the results suggest school counselors who hold more credentials do not experience negative child abuse reporting experiences less frequently than school counselors with few or no credentials.

School Counselor Variables and School Variables

Collinearity diagnostics were conducted for all six predictor variables in the regression equation and tolerance and VIF data indicate that the predictor variables are appropriately distinct from one another. The linear combination of school counselor and school variables was significantly related to the frequency of negative child abuse reporting experiences, $F(6, 555) = 3.71, p < .01$. The sample multiple correlation coefficient (R) was .20, indicating that approximately 4% of the variance of the negative reporting experience in the sample could be accounted for by the linear combination of school counselor and school variables. Further, t-tests of the predictor variables highlighted two significant variables: years of school counseling experience, $p = .03$, and number of post-master's degree trainings, $p = .00$.

Discussion

Results showed that professional school counselors are encountering some negative interpersonal and intrapersonal experiences during and after making reports of suspected child abuse. In this study, school counselors from all school levels and settings reported anxiety, fear, worry, and discomfort regarding their child abuse reporting experiences. The study also discovered factors associated with professional school counselors' decision to report suspected child abuse which include school level, years of experience, and number of post-master's degree trainings in child abuse. Results revealed that years of school counseling experience and post-master's degree training events significantly predicted the frequency of negative reporting experiences among school counselors. School counselors with more years of experience and with fewer post-master's degree training events had less negative reporting experiences than school counselors with fewer years of experience and more post-master's degree training events.

Analysis of Section I Survey Items

Several noteworthy findings emerged from the analysis of the responses of participants to Section I items of the CARE instrument. An interesting finding was the participants' general feelings regarding reporting suspected child abuse. School counselors reported that they generally felt they made the right decision when they have made reports of suspected child abuse, but 25 (3%) school counselors reported *never* feeling that they made the right decision. Additionally, 80 (9.5%) of the school counselors in this study reported they had *never* or *rarely* felt satisfied after making reports. However, 93 (11%) of the respondents reported they had *often, very often,* or *always* felt emotionally overwhelmed. Similarly, 125 (14.7%) of the school counselors reported they have *often, very often,* or *always* felt apprehensive when making reports. These results suggest that a notable minority of school counselors struggle internally with the decision of whether to report and are uneasy after reporting suspected child abuse. Even though making suspected child abuse or neglect reports will never be a pleasant experience, school counselors should not be feeling apprehensive, uncomfortable, or overwhelmed when they make such mandated reports.

The feared negative impact of reporting on the child was a common intrapersonal experience among participants in this study. For example, a total of 391 (46.1%) of the participants reported they have *often, very often,* or *always* feared that reporting would lead to negative consequences for the child. Only 89 (10.5%) school counselors reported they have *never* or *rarely* feared that reporting would lead to negative consequences. In Bryant and Milsom's (2005) study, 31 (11.8%) school counselors indicated fear of repercussions for the child as an influencing factor in their decision to report suspected

child abuse. The feared negative impact of reporting on the child further supports the findings of Kalichman and Craig (1991), who found that reporting had harmful effects for the child.

In this study, most school counselors reported negative reporting experiences in regards to the reporting agency. School counselors reported anxiety when they made reports because they were unsure if the reports would be investigated. A total of 548 (64.7%) of the participants reported that they *sometimes*, *often*, *very often*, or *always* had felt anxious when they had made reports. In addition, a total of 655 (77.4%) of the participants reported they had *sometimes*, *often*, *very often*, or *always* feared that reports would not be addressed once accepted.

These findings are concurrent with those of Bryant and Milsom (2005), who found that 24.7% of school counselors indicated as an influencing factor in reporting child abuse a concern that the reporting agency would not investigate their report. Similarly, Kenny and McEachern (2002) found that school counselors' primary reason for not reporting suspected child abuse, other than lack of visible signs of abuse, was that "child protective services does not help children" (p. 71).

Interestingly, lack of knowledge of child abuse laws and reporting procedures was not reported as a concern by the school counselors who participated in this research study. A total of 802 (94.7%) of the participants reported they are *always*, *very often*, or *often* familiar with the child abuse laws in their states of employment. With regards to reporting procedures, 745 (87.9%) of the participants reported they *never* or *rarely* believed that they lack training in specific reporting procedures. More than half (52%) of

school counselors reported that they have *always* felt competent in their ability to make reports of suspected child abuse.

Conversely, the finding that 3% of the school counselors in this study reported that they *never* or *rarely* felt competent in their ability to make reports of suspected child abuse is different from the findings of Crenshaw et al. (1995) and Kenny and McEachern (2002). Crenshaw et al. found in a study of child abuse reporting of educators, including teachers, school counselors, principals, superintendents, and school psychologists, that only 9.6% of the respondents felt very well prepared to recognize child abuse. In Kenny and McEachern's study, they found that 50% of school counselors did not feel adequately prepared in child abuse identification and reporting. These findings are consistent with other research studies (Bryant & Milsom, 2005; Hinson & Fossey, 2000; Kenny, 2001; Kenny & McEachern; Kesner & Robinson, 2002) which found that school personnel, including principals and teachers, did not feel adequately trained to make child abuse reports. This discrepancy merits further investigation.

In this study, school counselors indicated they generally felt supported by principals, assistant principals, and teachers when making reports of suspected child abuse. A total of 817 (96.4%) of the participants reported that the principal or assistant principal *always, very often, often,* or *sometimes* supported their decisions to make reports. Similarly, a total of 795 (93.9%) of the participants reported the teacher of the involved student had *always, very often, often,* or *sometimes* supported their decision to make reports. Only 19 (2.2%) of the school counselors reported the teacher of the involved student had *never* or *rarely* supported their decision. A total of 807 (95.3%) of the participants reported they had *never* or *rarely* felt challenged by their co-workers after

making reports. However, in other studies, school personnel reported not feeling

supported by administration or co-workers. For instance, Kenny (2001) found that 40%

of teachers felt that administrators would not support them if they made child abuse

reports. In surveying elementary school teachers, Hinson and Fossey (2000) found that

alienation from administrators or co-workers influenced their decisions of whether to

report suspected child abuse. In a recent study, 41% of school counselors reported

support of administrators as a factor influencing their decision to report child abuse

(Bryant & Milsom, 2005). Based on these conflicting findings, further study of this issue

is needed to determine whether school personnel do feel adequately supported when

making reports of suspected child abuse.

Limitations

Limitations should be considered when interpreting the results of this study. The

population sample was primarily White/Euro-American females; thus results are less

generalizable to male school counselors and school counselors of diverse ethnic groups.

In addition, the return rate was somewhat low (21%), making it difficult to determine

potential differences between school counselors who are members of ASCA who

participated and those who did not participate in this study.

The sample for this study was selected from the ASCA on-line member directory

of email addresses published during the summer of 2008. Of the 11,113 emails sent,

7,021 (63%) were returned undeliverable. Because so many emails were returned

undeliverable, the email list on the ASCA on-line membership directory was most likely

out of date. Because the email list was out of date, it is impossible to determine the exact

return rate of participants. Therefore, the return rate was most likely much higher than 20.7% because it appears that most of the email addresses used were not accurate.

Participants may not have known answers to some survey questions. For example, participants were asked to estimate the percent of students in their school that receive free or reduced price lunch. They may not have had access to this type of information. Because participants were asked to recall experiences, it may have been difficult for them to accurately recall all of the information requested in this study. Some survey items may have different meanings to participants. For example, participants were asked to indicate the number of post-master's degree training events they had participated in regarding child abuse. In addition, participants may have over or under-estimated items asking for a number or percentage. To strengthen the CARE items, further psychometrics and factor analysis is needed.

The study was further limited by the self-report nature of the data. For example, data were gathered through self-report and results may be skewed because of social desirability issues. Also, child abuse is a sensitive issue. Therefore, participants may have been reluctant to respond to the survey. In addition, members of the professional organization, ASCA, may have more access than non-members to professional literature and professional development activities. Thus, these school counselors may have more knowledge on child abuse reporting issues.

Implications for School Counselors

Professional school counselors are encountering interpersonal and intrapersonal experiences during and after making reports of suspected child abuse. A notable minority of the participants of this study reported fear, anxiety, worry, and discomfort regarding

their reporting experiences. In addition, many school counselors are experiencing challenges associated with reporting suspected child abuse. In an effort to address in an effective manner the negative feelings and challenges associated with reporting suspected child abuse, school counselors might collaborate with others to advocate for improvements in training and education opportunities. In addition, school counselors may want to invite officials from their local reporting agency to district level training sessions to discuss the process and possible outcomes of reporting.

Because elementary school counselors reported more negative reporting experiences in making reports, they may need extra training in how to deal with reporting issues. Also, school counselors with more experience reported more negative reporting experiences. Perhaps more experienced school counselors need to be asked why child abuse reporting leads to negative experiences. Additionally, they could be asked to help suggest solutions to the problem of school counselors having negative reporting experiences when they make child abuse reports. The same reasoning could be applied to the finding that school counselors with more credentials have more negative child abuse reporting experiences.

Results from this study could be used to open a dialogue within the school counseling profession regarding the experiences of school counselors after reporting suspected child abuse or neglect. School counselors should consider ways to address their needs when handling cases of child abuse. An open dialogue among current and future school counselors could increase their understanding of what happens after child abuse reports are made.

Implications for Future Research

In this study, school counselors indicated they felt prepared to recognize and report suspected child abuse. Overall, this finding is not supported by professional literature examining educators in general (Crenshaw et al., 1995; Hinson & Fossey, 2000; Kenny, 2001; Kesner & Robinson, 2002), and school counselors specifically (Bryant & Milsom; 2005; Kenny & McEachern, 2002). Based on these conflicting findings, further study of this issue is needed. Are school counselors adequately prepared to make suspected child abuse and neglect reports? Which areas of preparation are adequate and which areas need to be improved?

Another issue for additional study is the amount of support school counselors receive from administrators and other school personnel with regards to child abuse and neglect reporting. According to Crosson-Tower (2008), principals and vice principals do not always support the reporting of suspected child abuse or neglect. However, participants in this study indicated that administrators supported their decisions to make reports of suspected child abuse. Only 2.7% of school counselors reported that the principal or assistant principal *never* or *rarely* supported their decisions. Additionally, 94.2% of the participants in this study reported they have *always*, *very often*, or *often* felt supported by their co-workers. This finding, in comparison to other studies (Bryant & Milsom, 2005; Hinson & Fossey, 2000; Kenny, 2001) related to support when reporting suspected child abuse, is worthy of future study as well.

Similar to previous studies (Bryant & Milsom, 2005; Kenny & McEachern, 2002; Vulliamy & Sullivan, 2000), participants in this study reported negative experiences with regards to the child abuse reporting agency. Nearly 50% of the school counselors reported that officials from the governmental agency to which reports are made *never* or

rarely interviewed them by telephone after making reports. Other experiences of school counselors after making reports included fear that the report would not be addressed once accepted, not being interviewed face-to-face by officials from the reporting agency, and feeling anxious because they were unsure if the reports would be investigated. Future research exploring the roles and responsibilities of child abuse reporting officials would be beneficial. Specifically, the reporting process and what happens after reports are made. This type of information would increase understanding and possibly strengthen the relationship between school counselors and child abuse reporting officials.

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APPENDICES

APPENDIX A

Human Subjects Application and Approval

APPENDIX B
OLD DOMINION UNIVERSITY
APPLICATION FOR EXEMPT RESEARCH

Note: For research projects regulated by or supported by the Federal Government, submit 10 copies of this application to the Institutional Review Board. Otherwise, submit to your college human subjects committee.

Responsible Project Investigator (RPI)
The RPI must be a member of ODU faculty or staff who will serve as the project supervisor and be held accountable for all aspects of the project. Students cannot be listed as RPIs.

First Name: Theodore	Middle Initial: P	Last Name: Remley, Jr.
Telephone: 683-6695	Fax Number: 683-5756	E-mail: tremley@odu.edu

Office Address: Darden College of Education, ED 110

City: Norfolk	State: VA	Zip: 23529

Department: Educational Curriculum and Instruction	College: Darden College of Education

Complete Title of Research Project: Experiences of School Counselors During and After Making Suspected Child Abuse and Neglect Reports	Code Name (One word): Abuse

Investigators

Individuals who are directly responsible for any of the following: the project's design, implementation, consent process, data collection, and data analysis. If more investigators exist than lines provided, please attach a separate list.

First Name: April	Middle Initial: N/A	Last Name: Sikes
Telephone: 757-683-6101	Fax Number: 757-683-5756	Email: asikes@odu.edu

Office Address: 250-2 Education Building, Old Dominion University

City: Norfolk	State: VA	Zip: 23529

Affiliation: __Faculty   _X_ Graduate Student   __ Undergraduate Student
              __Staff   __Other

List additional investigators on attachment and check here: __

Type of Research

1. This study is being conduced as part of (check all that apply):

__	Faculty Research		Non-Thesis Graduate Student Research
X	Doctoral Dissertation	__	Honors or Individual Problems Project
__	Masters Thesis	__	Other_____

Funding

2. Is this research project externally funded or contracted for by an agency or institution which is independent of the university? Remember, if the project receives ANY federal support, then the project CANNOT be reviewed by a College Committee and MUST be reviewed by the University's Institutional Review Board (IRB).

___Yes (If yes, indicate the granting or contracting agency and provide identifying information.)
__X_No

Agency Name:
Mailing Address:
Point of Contact:
Telephone:

Research Dates

3a. Date you wish to start research (MM/DD/YY)   08/15/2008
3b. Date you wish to end research (MM/DD/YY)   08/15/2009 (ending some point before this date)

Human Subjects Review

4. Has this project been reviewed by any other committee (university, governmental, private sector) for the protection of human research participants?
___Yes
_X_ No

4a. If yes, is ODU conducting the primary review?
__Yes
__No (If no go to 4b)

4b. Who is conducting the primary review?

5. Attach a description of the following items:

    X Description of the Proposed Study
    X Research Protocol

X References
X Any Letters, Flyers, Questionnaires, etc. which will be distributed to the study subjects or other study participants
N/A   If the research is part of a research proposal submitted for federal, state or external funding, submit a copy of the FULL proposal

Note: The description should be in sufficient detail to allow the Human Subjects Review Committee to determine if the study can be classified as EXEMPT under Federal Regulations 45CFR46.101(b).

Exemption categories

6.   Identify which of the 6 federal exemption categories below applies to your research proposal and explain why the proposed research meets the category. Federal law 45 CFR 46.101(b) identifies the following EXEMPT categories. Check all that apply and provide comments.

SPECIAL NOTE: The exemptions at 45 CFR 46.101(b) do not apply to research involving prisoners, fetuses, pregnant women, or human in vitro fertilization. The exemption at 45 CFR 46.101(b)(2), for research involving survey or interview procedures or observation of public behavior, does not apply to research with children, except for research involving observations of public behavior when the investigator(s) do not participate in the activities being observed.

____(6.1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

Comments:

__X__(6.2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) Information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; AND (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.
Comments:

____(6.3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if:
(i) The human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.
Comments:

____(6.4) Research, involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a

manner that subjects cannot be identified, directly or through identifiers linked to the subjects.
Comments:

____ (6.5) Does not apply to the university setting; do not use it

____(6.6) Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.
Comments:

PLEASE NOTE:

1   You may begin research when the College Committee or Institutional Review Board gives notice of its approval.
2   You MUST inform the College Committee or Institutional Review Board of ANY changes in method or procedure that may conceivably alter the exempt status of the project.

Responsible Project Investigator (Must be original signature)   **Date**

Description of Proposed Study & Research Protocol

<u>Study Title</u>: Experiences of School Counselors During and After Making Suspected Child Abuse and Neglect Reports

<u>Primary Purpose</u>: The purpose of this study is to explore the experiences of school counselors during and after reporting suspected child abuse or neglect. As mandated reporters, school counselors are constantly faced with challenges related to child abuse and neglect. Currently, little research exists on child abuse reporting behaviors specific to school counselors. Additionally, no research could be found that examines the experiences of school counselors after reporting cases of suspected child abuse and neglect. This study will attempt to explore those experiences; specifically, the interpersonal and intrapersonal experiences of school counselors. The study will also explore problems associated with suspected child abuse and neglect reporting by school counselors. Finally, the relationship between school counselor variables and school variables and the number of suspected child abuse and neglect reports will be examined. This study will survey school counseling professionals to determine the experiences of school counselors after making reports of suspected child abuse or neglect.

<u>Units of Analysis</u>: Participant responses to 1 item: Child Abuse Reporting Evaluation (CARE) instrument. A pilot study will be conducted to identify any potential issues with the survey packet and to determine the average length of time needed to complete the packet.

<u>Sampling Strategy</u>: Utilizing the American School Counselor Association (ASCA) member directory, 11,114 of the approximately 23,000 school counseling professionals will be selected. The directory contains a comprehensive listing of professional school counselors practicing in elementary, middle, and high school settings in each of the 50 states. Utilizing purposeful sampling, a sample of professional school counselors identified as elementary, middle, and high school counselors will be selected.

The informed consent statement will describe the research and ask the potential participant to respond. In the description of the research, information will be provided on how the surveys will be collected. The survey software, *SurveyMonkey*, will be utilized for data collection (www.surveymonkey.com). The survey will be distributed to the participants in the early fall. As a follow-up, the survey may be distributed again in late fall. **SurveyMonkey keeps data confidential and provides only confidential reports; therefore it will not be known who completed the survey. Identifying information will not be revealed in reporting results.** Participant recruitment will continue until the target sample size is achieved or until six months after the initial survey distribution, the first to occur between the two.

<u>Data Collection and Analysis</u>: The statistical software, Statistical Package for the Social Sciences (SPSS) 16.0 for Windows (SPSS, Inc., 2007) will be utilized for data analysis. The data analysis procedure will consist of reporting descriptive statistics and correlations of the variables of interest using Analysis of Variance (ANOVA), Analysis

of Covariance (ANCOVA), and Multiple Regression. Frequency distributions will be utilized to report descriptive data including the participants' gender, age, credentials, and race or ethnic group. Frequency distributions will also be used to identify school variables such as student enrollment.

To determine how much variation there was in the group of participants, descriptive statistics will be utilized. Measures of central tendency, mean, median, and mode, will be utilized to reflect the participants' responses. To provide an index of how much variation there is in the scores, dispersion measures, including range and standard deviation, will be utilized.

To explore the relationship between the independent variable, school level and the dependent variable, negative reporting experiences a one-way ANOVA will be performed for research question 1. The statistical analysis one-way ANCOVA will be conducted to assess the relationship among the independent variable, school setting, socioeconomic status of school, and the dependent variable for research question 2. Socioeconomic level of school will be held constant as the covariate. Correlation will be performed will be utilized to determine the relationship between three of the independent variables (years of experience, amount of training, credentials) and frequency of negative reporting experiences for research questions 3, 4, and 5. A multiple regression will be conducted to determine if all six independent variables will significantly predict frequency of negative reporting experiences for research question 6.

The CARE will be scored as a unidimensional scale providing only a total score for the 36 items in Section I. This score will be obtained by computing the mean rating across all scores. The mean score will range from 1.00 to 6.00, with higher scores indicating higher frequency in negative intrapersonal and interpersonal child abuse reporting experiences for professional school counselors. Several items have been reverse scored i.e., they were constructed as an item describing a positive reporting experience and thus scores will be reversed to coincide with the purpose and intent of the instrument. Sections II and III outline nominal- and ratio-level items that will provide important school and school counselor information. Nominal-level items will be dummy coded to examine frequencies, and means will be computed for the ratio-level items.

Validity and Confidence in Findings: Internal validity threats for this study may include selection, subject effects, self-report bias, and instrumentation. Although randomization of subjects was incorporated into the study, the participants will have different characteristics. According to Dodson and Borders (2006), school counseling is a "nontraditional" career for males. Therefore, the selection may include respondents that are majority female, thus making the results less generalizable to male school counselors. Self-report bias may be a threat to the study. Participants may respond in a socially desirable way. Another possible threat to internal validity may be instrumentation. Although, experts in the field will review the instrument, there is a threat that it will be not valid.

External validity threats for this study include population and ecological external. A higher response rate may be received from elementary school counselors, thus making the results less generalizable to middle and high school settings. In addition, access to email and Internet may not be available to participants. The conditions in which school

counselors complete the survey, including noise level and quality of technology, may result in external validity threats of the study.

The sampling procedure was effective in obtaining a large representative sample of school counselors, including those employed in elementary, middle, and high school settings. The participants were of various cultural groups (i.e., gender, race, socioeconomic status, sexual orientation, and religious affiliation). Utilizing this data collection technique will provide the opportunity to sample a diverse population from various areas of the United States. By utilizing experts to review the instrument, face and construct validity were enhanced. The instrument may provide information on how school counselors respond to child abuse reporting, how others respond to the report, and how the counselor felt about the experience.

Confidentiality: There are no foreseeable risks associated with this project. All information obtained about participants in this study is strictly confidential unless disclosure is required by law. The results of this study may be used in reports, presentations, and publications, but the researcher will not identify individual participants. Participation in this study is voluntary.

Informed Consent Document

Old Dominion University

Project Title: Experiences of School Counselors after Making Suspected Child Abuse and Neglect Reports

The purpose of this form is to give you information that may affect your decision whether to say YES or NO to participating in this research project, and to record the consent of those who say YES. If you are willing to participate in this research project, your completion of the attached demographic sheet will serve as record of your consent. You may keep these instructions for your records.

The primary investigator of this study is April Sikes, M.Ed., a doctoral candidate in the counseling program in the Department of Educational Leadership and Counseling of the College of Education at Old Dominion University. The project will be supervised by Dr. Ted Remley, a Professor in the Department of Educational Leadership and Counseling.

The purpose of this study is to explore the interpersonal and intrapersonal experiences of school counselors after reporting suspected child abuse. The study will also explore factors associated with suspected child abuse reporting by school counselors. Finally, the relationship between school counselors' reported level of knowledge and demographic variables and the number of reported experiences will be examined.

Data collection and data analysis will occur between August 2008 and April 2009. If you decide to participate, you will be asked to (a) complete a demographics questionnaire, and (b) complete an instrument. Completion of the full survey packet should take approximately 15 minutes. The primary investigator will have no knowledge of your identity.

There are no foreseeable risks associated with this project. All information obtained about you in this study is strictly confidential unless disclosure is required by law. The results of this study may be used in reports, presentations, and publications, but the researcher will not identify you.

The primary investigator wants your decision about participating in this study to be absolutely voluntary. It is OK for you to say NO. Even if you say YES now, you are free to say NO later, and walk away or withdraw from this study at any time. If you say YES, your consent in this document does not waive any of your legal rights. However, in the event of harm arising from this study, neither Old Dominion University nor the researcher are able to give you any money, insurance coverage, free medical care, or any compensation for such injury. In the event you suffer injury as a result of participation in this research project, you may contact April Sikes at 912-282-5405 or Dr. Ted Remley at 757-683-6695 who will be glad to review the matter with you.

By completing the attached survey, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied with your understanding of this form, the research study, and its risks and benefits. The researcher should have answered any questions you may have had about the research. If you have any questions at a later time, please contact the primary investigator, April Sikes, at 912-282-5405 or asikes@odu.edu.

Invitation to Participate in Study

August 15, 2008

Dear Fellow School Counselor:

     I am conducting a study related to the experiences of school counselors reporting suspected child abuse. The results of this study will provide valuable information which can be utilized to prepare school counselors in recognizing and reporting suspected child abuse and neglect. It may provide insight for school counselors and future research.

     I am a doctoral candidate at Old Dominion University in Norfolk, Virginia, and would appreciate your assistance with my research. My dissertation chair is Dr. Ted Remley, tremley@odu.edu. If you have any questions or comments about this study, please contact me at asikes@odu.edu.

     I would greatly appreciate your assistance with my research project. The survey will take approximately 15 minutes of your time. You may access the survey at (insert link).

     Participation in this project is voluntary and confidential. All procedures have been approved by the Old Dominion University Institutional Review Board (IRB insert approval #).

     Thank you for your time and assistance with this research project.

Sincerely,

April Sikes, M.Ed., LPC
Doctoral Candidate, Old Dominion University

Child Abuse Reporting Evaluation (CARE)

Section I: Experiences

Please mark the circle below to indicate the frequency of your experience when reporting suspicion of child abuse.

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	Always

1. The principal or assistant principal criticized my decisions to make reports.
   O   O   O   O   O   O

2. Parents or guardians have gotten angry because reports were made.
   O   O   O   O   O   O

3. I have felt that I have made the right decisions when I have made reports.
   O   O   O   O   O   O

4. I have held conferences with the child's parents or guardians after reporting and the conferences have not gone well.
   O   O   O   O   O   O

5. I have felt anxious when I made reports because I was unsure if the reports would be investigated.
   O   O   O   O   O   O

6. The principal or assistant principal have supported my decisions to make reports.
   O   O   O   O   O   O

7. I have feared that reporting suspected abuse would lead to negative consequences for the child.
   O   O   O   O   O   O

8. I have had a hard time deciding whether to make reports because of the potential negative consequences.
   O   O   O   O   O   O

9. I have worried that my name would be revealed when making reports.

O   O   O   O   O   O

10. I have felt that I helped the child when I made reports.

O   O   O   O   O   O

11. I have felt competent in my ability to make reports.

O   O   O   O   O   O

12. I have worried about having to go to court in relation to making reports.

O   O   O   O   O   O

13. I have felt relieved after making reports.

O   O   O   O   O   O

14. The teacher of the involved student has supported my decision to make reports.

O   O   O   O   O   O

15. I have felt anxious when making reports because I did not know how the child would respond.

O   O   O   O   O   O

16. I have felt guilty after making reports.

O   O   O   O   O   O

17. Parents have confronted me about making reports.

O   O   O   O   O   O

18. I have felt apprehensive when making reports.

O   O   O   O   O   O

19. Teachers of the involved student have criticized my decision to make reports.

O   O   O   O   O   O

20. I have felt emotionally overwhelmed related to making reports.

O   O   O   O   O   O

21. I have felt challenged by my co-workers after making reports.

O   O   O   O   O   O

22. I have felt satisfied after making reports.

O   O   O   O   O   O

23. I have feared that reporting suspected abuse would lead to negative consequences for me.

O   O   O   O   O   O

24. Officials from the governmental agency to which reports are made have interviewed me face-to-face after making reports.

O   O   O   O   O   O

25. I am familiar with the child abuse laws in my state of employment.

O   O   O   O   O   O

26. I have given my name when making reports.

O   O   O   O   O   O

27. Being adequately prepared to respond to suspected child abuse and neglect has helped me have positive reporting experiences.

O   O   O   O   O   O

28. I have felt that I did not help the child when I have made reports.

O   O   O   O   O   O

29. I have felt supported by my co-workers after making reports.

O   O   O   O   O   O

30. I have not given my name when making reports.

O   O   O   O   O   O

31. Officials from the governmental agency to which reports are made have interviewed me by telephone but not in person after making reports even though the reported abuse was severe.

O   O   O   O   O   O

32. I believe that I lack training in specific reporting procedures, such as when to report and how to make a report.

O   O   O   O   O   O

33. I have feared that reporting would damage my relationship with children.

O   O   O   O   O   O

34. I have felt uncomfortable when teachers (or other referral persons) have asked about what children disclosed.

O   O   O   O   O   O

35. I have feared that I could be sued by parents or guardians for making false or inaccurate reports of abuse.

O   O   O   O   O   O

36. I have feared that reports would not be addressed once accepted.

O   O   O   O   O   O

Section II: Counselor and School Variables

Please read each question or statement and provide the most appropriate response.

1. What is the setting for your school?

a. Urban (more than 50,000 population)   b. Suburban (2,500 to 50,000 population)
c. Rural (less than 2,500 population)

2. What are the grade levels served by your school?

a. Elementary   b. Elementary/Middle   c. Middle/Secondary
d. Middle/Junior High e. Secondary/High School   f. K-12

3. What is the majority of the racial/ethnic population of the students at your school?

a. African American   b. Asian American   c. White/Euro-
American
d. Hispanic or Latin American   e. Native American   f. Multiracial
g. Other: _____

4. How many years of post-masters' degree school counseling experience do you have?

_____ Years   _____ Months

5. What is your school's approximate current total student enrollment number?

_____

6. Approximately what percentage of students receives free or reduced price lunch at your school?

_____

7. Indicate the number of post-master's degree training sessions you have participated in concerning child abuse and neglect (e.g., workshops, conferences, seminars).

_____

8. Approximately how many times in the past 12 months did you make a suspected child abuse or neglect report?

_____

9. Indicate the number of training sessions you have participated in concerning child abuse and neglect (e.g., workshops, conferences, seminars, class sessions) while in graduate school. _____

10. Estimate the percentage of male and female students in your school.

_____ % male   _____ % female

Section III: Personal Information

1. What is your age?   _____

2. What is your gender?

a. Female   b. Male

3. In which state are you employed as a school counselor?

_____

4. What licenses and certifications do you hold? (Circle all that apply.)

a. Certified School Counselor   b. Licensed Professional Counselor (LPC)
c. National Certified Counselor (NCC)   d. National Certified School Counselor
(NCSC)
e. Other: _____

5. What is your race or ethnic group?

a. African American   b. Asian American   c. White/Euro-
American
d. Hispanic or Latin American   e. Native American   f. Multiracial
f. Other: _____

6. What is the highest educational degree you have obtained?

_____

August 12, 2008

To: Theodore P. Remley, Jr., J.D., Ph.D., Professor
      Batten Endowed Chair in Counseling
      Department of Educational Leadership and Counseling

From: Steve W. Tonelson, Chair
      Old Dominion University College of Education Human Subjects Research
      Committee

This letter serves as official notice that your research project (HSR 09.20) entitled "Experiences of School Counselors During and After Making Suspected Child Abuse and Neglect Reports " has been found exempt by the Old Dominion University Darden College of Education's Human Subject Research Committee. Research may begin.

By acting as the responsible project investigator of this research project, Dr. Ted Remley has agreed to conduct a responsible and ethical research investigation and to notify the Old Dominion University Darden College of Education Human Subject Research committee of any changes that may occur during the course of the investigation. If changes have occurred that cause a need for the Old Dominion University Institutional Review Board to review the research investigation due to change in exempt status or Federal funding, it is your responsibility as the responsible project investigator to notify that committee immediately.

Good luck with your research investigation. Please deliver a signed, hard copy of your application to the Committee Chair at your earliest convenience.

Sincerely,

Stephen W. Tonelson
Chair, Human Subjects Research Committee

APPENDIX B

Instrument

Child Abuse Post-Reporting Experiences of School Counselors Survey (CARE)

Section I: Experiences

Please mark the circle below to indicate the frequency of your experience when reporting suspicion of child abuse.

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	Always

1. The principal or assistant principal criticized my decisions to make reports.

O   O   O   O   O   O

2. Parents or guardians have gotten angry because reports were made.

O   O   O   O   O   O

3. I have felt that I have made the right decisions when I have made reports.

O   O   O   O   O   O

4. I have held conferences with the child's parents or guardians after reporting and the conferences have not gone well.

O   O   O   O   O   O

5. I have felt anxious when I made reports because I was unsure if the reports would be investigated.

O   O   O   O   O   O

6. The principal or assistant principal have supported my decisions to make reports.

O   O   O   O   O   O

7. I have feared that reporting suspected abuse would lead to negative consequences for the child.

O   O   O   O   O   O

8. I have had a hard time deciding whether to make reports because of the potential negative consequences.

O   O   O   O   O   O

9. I have worried that my name would be revealed when making reports.

O   O   O   O   O   O

10. I have felt that I helped the child when I made reports.

O   O   O   O   O   O

11. I have felt competent in my ability to make reports.

O   O   O   O   O   O

12. I have worried about having to go to court in relation to making reports.

O   O   O   O   O   O

13. I have felt relieved after making reports.

O   O   O   O   O   O

14. The teacher of students has supported my decision to make reports.

O   O   O   O   O   O

15. I have felt anxious when making reports because I did not know how the child would respond.

O   O   O   O   O   O

16. I have felt guilty after making reports.

O   O   O   O   O   O

17. Parents have confronted me about making reports.

O   O   O   O   O   O

18. I have felt apprehensive when making reports.

O   O   O   O   O   O

19. Teaches of students have criticized my decision to make reports.

O   O   O   O   O   O

20. I have felt emotionally overwhelmed related to making reports.

O   O   O   O   O   O

21. I have felt challenged by my co-workers after making reports.

O   O   O   O   O   O

22. I have felt satisfied after making reports.

O   O   O   O   O   O

23. I have feared that reporting suspected abuse would lead to negative consequences for me.

O   O   O   O   O   O

24. Officials from the governmental agency to which reports are made have interviewed me face-to-face after making reports.

O   O   O   O   O   O

25. I am familiar with the child abuse laws in my state of employment.

O   O   O   O   O   O

26. I have given my name when making reports.

O   O   O   O   O   O

27. Being adequately prepared to respond to suspected child abuse and neglect has helped me have positive reporting experiences.

O   O   O   O   O   O

28. I have felt that I did not help the child when I have made reports.

O   O   O   O   O   O

29. I have felt supported by my co-workers after making reports.

O   O   O   O   O   O

30. I have not given my name when making reports.

O   O   O   O   O   O

31. Officials from the governmental agency to which reports are made have interviewed me by telephone but not in person after making reports even though the reported abuse was severe.

O   O   O   O   O   O

32. I believe that I lack training in specific reporting procedures, such as when to report and how to make a report.

O   O   O   O   O   O

33. I have feared that reporting would damage my relationship with children.

O   O   O   O   O   O

34. I have felt uncomfortable when teachers (or other referral persons) have asked about what children disclosed.

O   O   O   O   O   O

35. I have feared that I could be sued by parents or guardians for making false or inaccurate reports of abuse.

O   O   O   O   O   O

36. I have feared that reports would not be addressed once accepted.

O   O   O   O   O   O

Section II: Counselor and School Variables

Please read each question or statement and provide the most appropriate response.

1. What is the setting for your school?

a. Urban (more than 50,000 population)   b. Suburban (2,500 to 50,000 population)

c. Rural (less than 2,500 population)

2. What are the grade levels served by your school?

a. Elementary   b. Elementary/Middle   c. Middle/Secondary

d. Middle/Junior High   e. Secondary/High School   f. K-12

3. What is the majority of the racial/ethnic population of the students at your school?

a. African American   b. Asian American   c. White/Euro-American

d. Hispanic or Latin American   e. Native American   f. Multiracial

g. Other: _____

4. How many years of <u>post-masters' degree</u> school counseling experience do you have?
_____ Years _____ Months

5. What is your school's current total student enrollment number?

_____

6. Approximately what percentage of students receives free or reduced price lunch at your school?

_____

7. Indicate the number of <u>post-master's</u> degree training sessions you have participated in concerning child abuse and neglect (e.g., workshops, conferences, seminars).

_____

8. Approximately how many times in the past 12 months did you make a suspected child abuse or neglect report?

_____

9. Indicate the number of training sessions you have participated in concerning child abuse and neglect (e.g., workshops, conferences, seminars, class sessions) while in graduate school. _____

10. Estimate the percentage of male and female students in your school.

_____ % male   _____ % female

Section III: Demographics

1. What is your age?   _____

2. What is your gender?

a. Female   b. Male

3. In which state are you employed as a school counselor?

_____

4. What licenses and certifications do you hold? (Circle all that apply.)

a. Certified School Counselor   b. Licensed Professional Counselor (LPC)

c. National Certified Counselor (NCC)   d. National Certified School Counselor
(NCSC)

e. Other: _____

5. What is your race or ethnic group?

a. African American   b. Asian American   c. White/Euro-
American

d. Hispanic or Latin American   e. Native American   f. Multiracial

f. Other: _____

6. What is the highest educational degree you obtained? _____

APPENDIX C

Invitation to Participate in Study

Subject: Invitation to Participate in a Suspected Child Abuse Study – Please Respond

Dear Fellow School Counselor:

I am collecting information from school counselors regarding their experiences of reporting suspected child abuse and neglect.

This is part of my dissertation in the counseling program at Old Dominion University. The project will be supervised by Dr. Ted Remley, a Professor in the Department of Educational Leadership and Counseling.

This survey, which takes 6 to 12 minutes to complete, is followed by informed consent. If you are willing to complete the study, click "Next" at the bottom of the page.

The survey may be found at the following link:

http://www.surveymonkey.com/s.aspx?sm=E5W2Tw1E17_2fjM90ctWu6Wg_3d_3d

If you have **not** reported suspected child abuse, please **do not** complete this survey.

Thank you for your assistance.

April Sikes

APPENDIX D

Informed Consent

Informed Consent Document

Old Dominion University

Project Title: <u>Reporting Experiences of School Counselors During and After Making Suspected Child Abuse and Neglect Reports</u>

The purpose of this form is to give you information that may affect your decision whether to say YES or NO to participating in this research project, and to record the consent of those who say YES. If you are willing to participate in this research project, your completion of the attached demographic sheet will serve as record of your consent. You may keep these instructions for your records.

The primary investigator of this study is April Sikes, M.Ed., a doctoral candidate in the counseling program in the Department of Educational Leadership and Counseling of the College of Education at Old Dominion University. The project will be supervised by Dr. Ted Remley, a Professor in the Department of Educational Leadership and Counseling.

The purpose of this study is to explore the interpersonal and intrapersonal experiences of school counselors after reporting suspected child abuse. The study will also explore factors associated with suspected child abuse reporting by school counselors. Finally, the relationship between school counselors' reported level of knowledge and demographic variables and the number of reported experiences will be examined.

Data collection and data analysis will occur between August 2008 and April 2009. If you decide to participate, you will be asked to (a) complete a demographics questionnaire, and (b) complete an instrument. Completion of the full survey packet should take approximately 15 minutes. The primary investigator will have no knowledge of your identity.

There are no foreseeable risks associated with this project. All information obtained about you in this study is strictly confidential unless disclosure is required by law. The results of this study may be used in reports, presentations, and publications, but the researcher will not identify you.

The primary investigator wants your decision about participating in this study to be absolutely voluntary. It is OK for you to say NO. Even if you say YES now, you are free to say NO later, and walk away or withdraw from this study at any time. If you say YES, your consent in this document does not waive any of your legal rights. However, in the event of harm arising from this study, neither Old Dominion University nor the researcher are able to give you any money, insurance coverage, free medical care, or any compensation for such injury. In the event you suffer injury as a result of participation in this research project, you may contact April Sikes at 912-282-5405 or Dr. Ted Remley at 757-683-6695 who will be glad to review the matter with you.

By completing the attached survey, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied with your understanding of this form, the research study, and its risks and benefits. The researcher should have answered any questions you may have had about the research. If you have any questions at a later time, please contact the primary investigator, April Sikes, at 912-282-5405 or asikes@odu.edu.

This study has been approved by Old Dominion University Institutional Review Board (HSR 09.20).

APPENDIX E

Invitation to Review CARE

Round One

Invitation to Review the

Child Abuse Post-Reporting Experiences of School Counselors (CARE) Survey

Enclosed you will find descriptions of a 78-item survey that measures components of the child abuse post-reporting experiences of school counselors and additional characteristics of the school counselor and the school setting.

The instrument is divided into three sections. Section I addresses the components of child abuse post-reporting experiences of school counselors. Section II explores school counselor and school variables including school enrollment. Section III collects information on the school counselor's knowledge and personal demographics.

Your participation is needed in order to verify that items correspond to the related dimensions. I am most appreciative of your willingness to help me with this research project. Please attend to the following tasks:

1) Complete the one-page demographic sheet.

2) Read the description for each of the 6 dimensions (i.e., parental challenge, satisfaction, support, anxiety, competency, and outcome) for Section I.

3) Rate the degree to which each item assesses <u>EACH</u> of the 6 dimensions according to the following scale:

Not at All   Totally
   0   1   2   3   4   5   6   7

Place the appropriate number on the line below each dimension label. I would like feedback regarding the degree to which you believe each item corresponds to all six dimensions.

4) Determine whether the experience described in each item is positive, neutral, or negative and mark the corresponding choice with an "X".
5) Attend to the clarity, flow, and wording of each item. Please provide comments beside the items (left column) as you see necessary. Additionally, <u>you are encouraged to edit items as appropriate.</u> Feel free to add additional items that you feel would be relevant to the scale.

It is not necessary that you are knowledgeable about each item. I am most concerned with the clarity of the items and the degree to which an item corresponds with one or more dimensions. Please note that an "(RS)" after an item indicates this item will be reverse-scored.

Thank you for your participation.

Reviewer Demographic Sheet

Today's Date: _____

Name: _____

Title: _____

Certification(s)/ Licensure: _____

Area(s) of expertise: _____
_____
_____

Other areas of interest: _____
_____
_____

Experience with test development process? If yes, please explain. _____
_____
_____

To ensure review panel diversity, please describe your cultural identity. *(Optional)*

Gender: _____

Race/ethnicity: _____

Sexual orientation: _____

Religion/spiritual affiliation: _____

Socioeconomic status: _____

Other: _____

Child Abuse Post-Reporting Experiences of School Counselors Survey

The purpose of this instrument is to assess school counselors' interpersonal and intrapersonal experiences of the post-reporting of child abuse. Section I assesses frequency of post-reporting experiences defined by two dimensions. This instrument may provide information on how school counselors respond to child abuse reporting, how others respond to the report, and how the counselor felt about the experience. Sections II and III of the instrument explore counselors and school variables and demographics, respectively. It may provide insight for school counselors and future research.

The instrument will be labeled **Child Abuse Post-Reporting Experiences of School Counselors Survey** and the following directions will be given:

Section I: Experiences

"When you have made suspected child abuse reports in the past, please mark in the circle below that indicates frequency of that experience."

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	Always

<u>Dimensions include:</u>

1. Parental Challenge (PC): Parental challenge is defined as any behavior exhibited by a parent that is non-supportive.

2. Satisfaction (CS): Satisfaction is defined as a feeling of contentment when the school counselor made an appropriate decision or fulfilled a need or want.

3. Support: Support is defined as an administrator or teacher agreeing with the school counselor and corroborating a decision.

4. Anxiety: Anxiety is defined as a school counselor feeling distressed or uneasy with the decision to make a report.

5. Competency: Competency is defined as school counselors perceiving themselves qualified to make reports.

6. Outcome: Outcome is defined as an end result from reporting suspected child abuse.

Reviewer Instructions: Please place the number corresponding to the degree to which you think an item measures the construct(s) listed. You may rate an item on more than one construct if appropriate. There is an open comments/edit section provided for each item. Feel free to make direct edits. Feedback will be appreciated.

	Not at All							**Totally**
	0	**1**	**2**	**3**	**4**	**5**	**6**	**7**

Section I

Support

1. The principal criticized my decision to make the report. (RS)

PC	**CS**	**Support**	**Anxiety**	**Competency**	**Outcome**
_____	_____	_____	_____	_____	_____

Is item: _____ positive _____ neutral _____ negative

Additional comments/edits:

2. I felt comfortable making a report.

PC	**CS**	**Support**	**Anxiety**	**Competency**	**Outcome**
_____	_____	_____	_____	_____	_____

Is item: _____ positive _____ neutral _____ negative

Additional comments/edits:

3. The child's parent got angry because a report was made to Department of Social Services.

PC	**CS**	**Support**	**Anxiety**	**Competency**	**Outcome**
_____	_____	_____	_____	_____	_____

Is item: _____ positive _____ neutral _____ negative

Additional comments/edits:

4. I referred the child to a mental health professional outside the school.

PC	CS	Support	Anxiety	Competency	Outcome
_____	_____	_____	_____	_____	_____

Is item: _____ **positive** _____ **neutral** _____ **negative**

Additional comments/edits:

5. I felt that I made the right decision when I made a report.

PC	CS	Support	Anxiety	Competency	Outcome
_____	_____	_____	_____	_____	_____

Is item: _____ **positive** _____ **neutral** _____ **negative**

Additional comments/edits:

6. The child's grades improved.

PC	CS	Support	Anxiety	Competency	Outcome
_____	_____	_____	_____	_____	_____

Is item: _____ **positive** _____ **neutral** _____ **negative**

Additional comments/edits:

7. I held a conference with the child's parent after the report.

PC	CS	Support	Anxiety	Competency	Outcome
_____	_____	_____	_____	_____	_____

Is item: _____ **positive** _____ **neutral** _____ **negative**

Additional comments/edits:

8. I felt anxious when I made report because I was unsure if the report would be investigated.

PC	CS	Support	Anxiety	Competency	Outcome
___	___	___	___	___	___

Is item: ____ positive ____ neutral ____ negative

Additional comments/edits:

9. The child was removed from the home as a result of report findings.

PC	CS	Support	Anxiety	Competency	Outcome
___	___	___	___	___	___

Is item: ____ positive ____ neutral ____ negative

Additional comments/edits:

10. An official from Department of Social Services interviewed me via telephone.

PC	CS	Support	Anxiety	Competency	Outcome
___	___	___	___	___	___

Is item: ____ positive ____ neutral ____ negative

Additional comments/edits:

11. The child's parent expressed appreciation. (RS)

PC	CS	Support	Anxiety	Competency	Outcome
___	___	___	___	___	___

Is item: ____ positive ____ neutral ____ negative

Additional comments/edits:

12. The principal supported my decision to make the report.

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

13. I had a hard time deciding whether to make a report. (RS)

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

14. I worried that my name would be revealed when making a report.

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

15. I felt that I helped the child when I made a report.

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

16. The child refused to return to me for counseling. (RS)

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

17. I felt competent in my ability to make a report.

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

18. The police interviewed me.

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

19. I worried about going to court.

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

20. I felt proud after making a report.

PC	CS	Support	Anxiety	Competency	Outcome
___	___	___	___	___	___

Is item: ___ positive ___ neutral ___ negative

Additional comments/edits:

21. The child was willing to return to me for counseling.

PC	CS	Support	Anxiety	Competency	Outcome
___	___	___	___	___	___

Is item: ___ positive ___ neutral ___ negative

Additional comments/edits:

22. I felt relieved making a report. (RS)

PC	CS	Support	Anxiety	Competency	Outcome
___	___	___	___	___	___

Is item: ___ positive ___ neutral ___ negative

Additional comments/edits:

23. The child's teacher supported my decision to make the report.

PC	CS	Support	Anxiety	Competency	Outcome
___	___	___	___	___	___

Is item: ___ positive ___ neutral ___ negative

Additional comments/edits:

24. I felt anxious when making a report because I did not know how the child would respond.

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: _____ **positive** _____ **neutral** _____ **negative**

Additional comments/edits:

25. The child's parent got angry because the child was removed from the home. (RS)

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: _____ **positive** _____ **neutral** _____ **negative**

Additional comments/edits:

26. I felt anxious when making a report because I did not know if the child would be removed from the home.

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: _____ **positive** _____ **neutral** _____ **negative**

Additional comments/edits:

27. I felt guilty after making a report. (RS)

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: _____ **positive** _____ **neutral** _____ **negative**

Additional comments/edits:

28. I feel that I play a critical role in suspected child abuse cases.

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ positive ____ neutral _____ negative

Additional comments/edits:

29. I feel that I am a vital source in educating others about child abuse.

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ positive ____ neutral _____ negative

Additional comments/edits:

30. The parent asked me if I called Department of Social Services and made the report.

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ positive ____ neutral _____ negative

Additional comments/edits:

31. I felt apprehensive when making a report.

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ positive ____ neutral _____ negative

Additional comments/edits:

32. The child's teacher criticized my decision to make the report. (RS)

PC	CS	Support	Anxiety	Competency	Outcome
____	____	____	____	____	____

Is item: ____ positive ____ neutral ____ negative

Additional comments/edits:

33. The parent visited the school after being interviewed by Department of Social Services.

PC	CS	Support	Anxiety	Competency	Outcome
____	____	____	____	____	____

Is item: ____ positive ____ neutral ____ negative

Additional comments/edits:

34. The parent was arrested.

PC	CS	Support	Anxiety	Competency	Outcome
____	____	____	____	____	____

Is item: ____ positive ____ neutral ____ negative

Additional comments/edits:

35. I felt overwhelmed making a report.

PC	CS	Support	Anxiety	Competency	Outcome
____	____	____	____	____	____

Is item: ____ positive ____ neutral ____ negative

Additional comments/edits:

36. I felt angry making a report. (RS)

PC	CS	Support	Anxiety	Competency	Outcome
_____	_____	_____	_____	_____	_____

Is item: ____ **positive** ____ **neutral** ____ **negative**

Additional comments/edits:

37. Department of Social Services investigated the report.

PC	CS	Support	Anxiety	Competency	Outcome
_____	_____	_____	_____	_____	_____

Is item: ____ **positive** ____ **neutral** ____ **negative**

Additional comments/edits:

38. I feel challenged by my co-workers after making a report. (RS)

PC	CS	Support	Anxiety	Competency	Outcome
_____	_____	_____	_____	_____	_____

Is item: ____ **positive** ____ **neutral** ____ **negative**

Additional comments/edits:

39. The perpetrator was arrested.

PC	CS	Support	Anxiety	Competency	Outcome
_____	_____	_____	_____	_____	_____

Is item: ____ **positive** ____ **neutral** ____ **negative**

Additional comments/edits:

40. I felt satisfied after making a report.

PC   CS   Support   Anxiety   Competency   Outcome

_____   _____   _____   _____   _____   _____

Is item: ____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

41. An official from Department of Social Services interviewed me face-to-face.

PC   CS   Support   Anxiety   Competency   Outcome

_____   _____   _____   _____   _____   _____

Is item: ____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

42. Department of Social Services did not contact me regarding the report. (RS)

PC   CS   Support   Anxiety   Competency   Outcome

_____   _____   _____   _____   _____   _____

Is item: ____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

43. I am familiar with the child abuse laws in my state of employment.

PC   CS   Support   Anxiety   Competency   Outcome

_____   _____   _____   _____   _____   _____

Is item: ____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

44. I testified in court or at a legal proceeding regarding the report.

PC   CS   Support   Anxiety   Competency   Outcome

_____   _____   _____   _____   _____   _____

Is item: ____ positive ____ neutral _____ negative

Additional comments/edits:

45. I was glad that Department of Social Services contacted me regarding the report.

PC   CS   Support   Anxiety   Competency   Outcome

_____   _____   _____   _____   _____   _____

Is item: ____ positive ____ neutral _____ negative

Additional comments/edits:

46. I was comfortable with being contacted by Department of Social Services via telephone.

PC   CS   Support   Anxiety   Competency   Outcome

_____   _____   _____   _____   _____   _____

Is item: ____ positive ____ neutral _____ negative

Additional comments/edits:

47. I gave my name when making a report.

PC   CS   Support   Anxiety   Competency   Outcome

_____   _____   _____   _____   _____   _____

Is item: ____ positive ____ neutral _____ negative

Additional comments/edits:

48. I felt obligated to give my name when making a report.

PC	CS	Support	Anxiety	Competency	Outcome
___	___	___	___	___	___

Is item: ____ positive ____ neutral ____ negative

Additional comments/edits:

49. The child was removed from the school and placed in a different school district.

PC	CS	Support	Anxiety	Competency	Outcome
___	___	___	___	___	___

Is item: ____ positive ____ neutral ____ negative

Additional comments/edits:

50. The child was not removed from the home as a result of the report findings.

PC	CS	Support	Anxiety	Competency	Outcome
___	___	___	___	___	___

Is item: ____ positive ____ neutral ____ negative

Additional comments/edits:

51. I informed the principal before making a report.

PC	CS	Support	Anxiety	Competency	Outcome
___	___	___	___	___	___

Is item: ____ positive ____ neutral ____ negative

Additional comments/edits:

52. I have an ethical obligation to report suspected abuse.

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ positive ____ neutral _____ negative

Additional comments/edits:

53. I feel adequately prepared to respond to suspected child abuse.

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ positive ____ neutral _____ negative

Additional comments/edits:

54. Department of Social Services did not investigate the report. (RS)

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ positive ____ neutral _____ negative

Additional comments/edits:

55. I feel that I am not helping the child when I make a report.

PC   **CS**   **Support**   **Anxiety**   **Competency**   **Outcome**

_____   _____   _____   _____   _____   _____

Is item: ____ positive ____ neutral _____ negative

Additional comments/edits:

56. The parent was not arrested.

PC　　**CS**　　　**Support**　　　**Anxiety**　　　**Competency**　　　**Outcome**

_____　_____　　_____　　　_____　　　_____　　　_____

Is item:　　____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

57. I felt supported by my co-workers after making a report.

PC　　**CS**　　　**Support**　　　**Anxiety**　　　**Competency**　　　**Outcome**

_____　_____　　_____　　　_____　　　_____　　　_____

Is item:　　____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

58. I did not refer the child to a mental health professional outside the school. (RS)

PC　　**CS**　　　**Support**　　　**Anxiety**　　　**Competency**　　　**Outcome**

_____　_____　　_____　　　_____　　　_____　　　_____

Is item:　　____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

59. I did not feel obligated to give my name when making a report.

PC　　**CS**　　　**Support**　　　**Anxiety**　　　**Competency**　　　**Outcome**

_____　_____　　_____　　　_____　　　_____　　　_____

Is item:　　____ **positive** ____ **neutral** _____ **negative**

Additional comments/edits:

60. The police did not interview me. (RS)

PC	CS	Support	Anxiety	Competency	Outcome
____	____	____	____	____	____

Is item: ____ positive ____ neutral ____ negative

Additional comments/edits:

61. Department of Social Services did not interview me via telephone. (RS)

PC	CS	Support	Anxiety	Competency	Outcome
____	____	____	____	____	____

Is item: ____ positive ____ neutral ____ negative

Additional comments/edits:

62. I believe that I play a role in preventing child abuse and neglect.

Interpersonal Experience   **Intrapersonal Experience**

____   ____

Comments/Edits:

63. Department of Social Services did not interview me face-to-face. (RS)

PC	CS	Support	Anxiety	Competency	Outcome
____	____	____	____	____	____

Is item: ____ positive ____ neutral ____ negative

Additional comments/edits:

64. I did not inform the principal before making a report. (RS)

PC	CS	Support	Anxiety	Competency	Outcome
_____	_____	_____	_____	_____	_____

Is item: _____ **positive** _____ **neutral** _____ **negative**

Additional comments/edits:

Section II

For Sections II and III, please provide any comments/edits for either the rating scales or the items themselves as appropriate.

Counselor and School Variables: refers to a set of variables associated with the counselor and the school. The variables included (1) school setting, (2) school level; (3) population of students, (4) training received by the school counselor, (5) years of school counseling experience, (6) student enrollment, (7) percentage of free or reduced price lunches, and (8) the number of times in the past 12 months a suspected child abuse report was made by the school counselor.

Directions to respondents will be "Read each statement and select most appropriate choice."

1. What is your school setting (rural, urban, and suburban)?

Comments/Edits:

2. What is your school level (elementary, middle, high)?

Comments/Edits:

3. What is the majority racial/ethnic population of the students at your school?

a. African American   b. Asian American   c. White/Euro-
American

d. Hispanic American   e. Native American

f. their race/ethnicity is not listed above. Other: _____

Comments/Edits:

4. How many years of school counseling experience do you have?

Comments/Edits:

5. What is your school's current approximate student enrollment?

Comments/Edits:

6. Approximately what percentage of students receives free or reduced price lunches at your school?

Comments/Edits:

7. Indicate the number of post-master's degree training(s) you have ever received on child abuse and neglect (workshops, conferences, seminars).

Comments/Edits:

8. Approximately how many times in the past 12 months did you make a suspected child abuse report?

Comments/Edits:

Section III: Personal Demographics

The directions for this section will be "Please put an accurate response in the blank provided."

1. What is your age?

Comments/Edits:

2. What is your gender?

Comments/Edits:

3. In which state are you employed as a school counselor?

Comments/Edits:

4. What licenses and certifications do you hold? (Circle all that apply.)

      NCC   LPC   NCSC   Other not specified

If currently licensed, indicate in which state(s) _____

Comments/Edits:

5. Are you certified or licensed as a school counselor in your state?

Comments/Edits:

6. Race or Ethnic Group

a. African American   b. Asian American   c. White/Euro-American

d. Hispanic American e. Native American

f. My race/ethnicity is not listed above. Other: _____

Comments/Edits:

Additional comments or events, thoughts, or additional reflections on child abuse reporting experiences:

Please return the document with your feedback to me at asikes@odu.edu by Monday, March 24, 2008 by 5pm.

APPENDIX F

Invitation to Review CARE

Round Two

Invitation to Review the

**Child Abuse Post-Reporting Experiences of School Counselors (CARE)
Survey**

Enclosed you will find descriptions of a 73-item survey that measures the child abuse
post-reporting experiences of school counselors and additional characteristics of the
school counselor and the school setting.

The instrument is divided into three sections. Section I addresses the components of child
abuse post-reporting experiences of school counselors. Section II explores school
counselor and school variables including school enrollment. Section III collects
information on the school counselor's knowledge and personal demographics.

Your participation is needed in order to verify that items reflect experiences associated
with reporting child abuse. I am most appreciative of your willingness to help me with
this research project. Please attend to the following tasks:

1) Complete the one-page demographic sheet.

2) Complete the survey by marking the point on the Likert scale you feel represents the
frequency of that experience.

3) Determine whether the experience described in each item is positive, neutral, or
negative and mark the corresponding choice with an "X".

4) **Provide feedback in the comments box to the right of the items**. As you complete
the survey, attend to the clarity, flow, and wording of each item. Are the items clear? Are
they really getting at school counselors' experiences when making or after making a
report? Additionally, you are encouraged to edit items as appropriate. Feel free to add
additional items that you feel would be relevant to the scale.

It is not necessary that you are knowledgeable about each item. I am most concerned with
the clarity of the items and whether the experience described in each is positive, neutral,
or negative.
Thank you for your participation.

Reviewer Demographic Sheet

Today's Date: _____

Name: _____

Title: _____

Certification(s)/ Licensure: _____

Area(s) of expertise: _____

_____

_____

Other areas of interest: _____

_____

_____

Experience with test development process? If yes, please explain. _____

_____

_____

To ensure review panel diversity, please describe your cultural identity. *(Optional)*

Gender: _____

Race/ethnicity: _____

Sexual orientation: _____

Religion/spiritual affiliation: _____

Socioeconomic status: _____

Other: _____

Child Abuse Post-Reporting Experiences of School Counselors Survey (CARE)

The purpose of this instrument is to assess school counselors' interpersonal and intrapersonal experiences of the reporting of child abuse. Section I assesses frequency of reporting experiences. This instrument may provide information on how school counselors respond to child abuse reporting, how others respond to the report, and how the counselor felt about the experience. Sections II and III of the instrument explore counselors and school variables and demographics, respectively. It may provide insight for school counselors and future research.

Section I: Experiences
Please mark the circle below to indicate the frequency when reporting suspicion of child abuse.

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	
Always					

Record Comment Here:

1. The principal or assistant principal criticized my decision to make the report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ positive _____ neutral _____ negative

2. I felt comfortable making a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ positive _____ neutral _____ negative

3. The child's parent or guardian angry because a report was made to Department of Social Services.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ positive _____ neutral _____ negative

4. I felt that I made the right decision when I made a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ positive _____ neutral _____ negative

249

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	Always

5. I held a conference with the child's parent or guardian after the report and it did not go well.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

6. I felt anxious when I made a report because I was unsure if the report would be investigated.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

7. An official from Department of Social Services interviewed me via telephone after making the report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

8. The principal or assistant principal supported my decision to make the report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

9. I had a hard time deciding whether to make a report.
1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

Record
Comments Here:

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	Always

10. I worried that my name would be revealed when making a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** _____ **negative**

11. I felt that I helped the child when I made a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** _____ **negative**

12. The child refused to return to me for counseling.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** _____ **negative**

13. I felt competent in my ability to make a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** _____ **negative**

14. The police interviewed me after making a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** _____ **negative**

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	Always

15. I worried about going to court.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

16. The child was willing to return to me for counseling.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

17. I felt relieved after making a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

18. The child's teacher supported my decision to make the report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

Record Comments Here:

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	Always

19. I felt anxious when making a report because I did not know how the child would respond.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ **positive** _____ **neutral** _____ **negative**

20. The child's parent or guardian got angry because the child was removed from the home.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ **positive** _____ **neutral** _____ **negative**

21. I felt anxious when making a report because I did not know if the child would be removed from the home.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ **positive** _____ **neutral** _____ **negative**

22. I felt guilty after making a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ **positive** _____ **neutral** _____ **negative**

Record Comments Here:

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	Always

23. The parent or guardian asked me if I called Department of Social Services and made the report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

24. I felt apprehensive when making a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

25. The child's teacher criticized my decision to make the report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

26. The parent or guardian visited the school after being interviewed by Department of Social Services.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

27. I felt overwhelmed making a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	Always

28. Department of Social Services investigated the report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

29. I felt challenged by my co-workers after making a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

30. The perpetrator was arrested.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

31. I felt satisfied after making a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

32. An official from Department of Social Services interviewed me face-to-face.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	Always

33. Department of Social Services did not contact me regarding the report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ **positive** _____ **neutral** _____ **negative**

34. I am familiar with the child abuse laws in the state in which I am employed.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ **positive** _____ **neutral** _____ **negative**

35. I testified in court or a legal proceeding regarding the report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ **positive** _____ **neutral** _____ **negative**

36. I was comfortable with being contacted by Department of Social Services via telephone after making the report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ **positive** _____ **neutral** _____ **negative**

37. I felt obligated to give my name when making a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ **positive** _____ **neutral** _____ **negative**

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	Always

<div style="float:right; border:1px solid; padding:5px;">
<u>Record</u>
<u>Comments Here:</u>
</div>

38. Due to the severity of the abuse or neglect, the child was removed from the school and placed in a different school district.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

39. The child was not removed from the home as a result of report findings.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

40. I informed the principal before making a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

41. I feel adequately prepared to respond to suspected child abuse and neglect.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

42. Department of Social Services did not investigate the report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** ____ **negative**

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	Always

43. I felt that I did not help the child when I made a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ **positive** _____ **neutral** _____ **negative**

44. I felt supported by my co-workers after making a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ **positive** _____ **neutral** _____ **negative**

45. I did not feel obligated to give my name when making a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ **positive** _____ **neutral** _____ **negative**

46. The police did not interview me after making the report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ **positive** _____ **neutral** _____ **negative**

47. Department of Social Services did not interview me via telephone after making the report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: _____ **positive** _____ **neutral** _____ **negative**

Record
Comments Here:

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	Always

48. I did not inform the principal or assistant principal before making a report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** _____ **negative**

49. Department of Social Services did not interview me face-to-face after making the report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** _____ **negative**

New Items (not presented to Expert Reviewers in Round 1)

50. I feared that reporting suspected abuse would lead to negative consequences for the child.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** _____ **negative**

51. I feared that reporting suspected abuse would lead to negative consequences for me.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** _____ **negative**

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	Always

52. I feel that I am able to identify signs of abuse and neglect accurately.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** _____ **negative**

53. I feel that I lack training in specific reporting procedures, such as when to report and how to make the report.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** _____ **negative**

54. I feared that reporting would damage my relationship with the child.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** _____ **negative**

55. I feared that I could be sued by parents or guardians for making a false or inaccurate report of abuse.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** _____ **negative**

Record Comments Here:

1	2	3	4	5	6
Never	Rarely	Sometimes	Often	Very Often	Always

56. I feared that the report would not be accepted and addressed by the Department of Social Services.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** _____ **negative**

57. The parents or guardians did not allow the child to return to me for counseling.

1	2	3	4	5	6
O	O	O	O	O	O

Is item: ____ **positive** ____ **neutral** _____ **negative**

How many minutes did it take you to complete Section I? _____

Record Comments Here:

Section II

For Sections II and III, please provide any comments/edits for the items themselves as appropriate.

Counselor and School Variables: refers to a set of variables associated with the counselor and the school. The variables included (1) school setting, (2) school level, (3) population of students, (4) training received by the school counselor, (5) years of school counseling experience, (6) student enrollment, (7) percentage of free or reduced price lunches, and (8) the number of times in the past 12 months a suspected child abuse report was made by the school counselor.

1. What is the setting for your school?

a. Rural   b. Suburban   c. Urban

2. What are the grade levels served by your school?

a. Elementary   b. Middle/Jr. High   c. High

d. Elementary/Middle   e. Middle/High   f. K-12

3. What is the majority of the racial/ethnic population of the students at your school?

a. African American   b. Asian American   c. White/Euro-American

d. Hispanic or Latino/a American   e. Native American   f. Multiracial

g. Other: _____

4. How many years of post-masters' school counseling experience do you have?

5. What is your school's current student enrollment numbers?

6. Approximately what percentage of students receives free or reduced price lunch at your school?

7. Indicate the number of post-master's degree training(s) you have participated in concerning child abuse and neglect (workshops, conferences, seminars).

8. Approximately how many times in the past 12 months did you make a suspected child abuse and neglect report?

> Record Comments Here:

New Items (not presented to Expert Reviewers in Round 1)

9. Indicate the number of training(s) you have participated in concerning child abuse and neglect (workshops, conferences, seminars) while in graduate school.

10. Estimate the percentage of males and females in your school.
_____% males   _____%females

Section III: Personal Demographics

1. What is your age?

2. What is your gender?

a. Female   b. Male

3. In which state are you employed as a school counselor?

4. What licenses and certifications do you hold?

a. Certified School Counselor   b. Licensed Professional Counselor (LPC)

c. National Certified Counselor (NCC) d. National Certified School Counselor (NCSC)

e. Other: _____

5. What is your race or ethnic group?

a. African American   b. Asian American   c. White/Euro-American

d. Hispanic or Latino/a American   e. Native American   f. Multiracial

g. Other: _____

New Items (not presented to Expert Reviewers in Round 1)

6. What is the highest educational degree you obtained?

How long did it take you to complete Sections II and III?   _____

THANK YOU FOR YOUR REVIEW!
Please return the document with your feedback to me at asikes@odu.edu by Tuesday, May 6, 2008 by 5pm.

Record
Comments
Here:

APPENDIX G

Survey Item Revisions

Expert Review Round Two

Survey Items Revisions
Based on Expert Reviewers Feedback
Round 2

Section	Item #	Original	Suggestions/Comments/Edits	Final Item	Positive	Neutral	Negative
I	1	The principal or assistant principal criticized my decision to make the report.	None	The principal or assistant principal criticized my decisions to make reports.	.00	.00	1.00
I	2	I felt comfortable making a report.	#2 and #4 can be positive or negative depending on the person's response. Of course, this would be in a terms of how the participants views the result of the situation. If they felt comfortable making the report, the might feel good about it. Of course, that also depends if they felt anything came of it or if they got criticized for their actions.	I felt comfortable making a report.	.50	.50	.00
I	3	The child's parent or guardian got angry because a report was made to the Department of Social Services.	None	Parents or guardians have gotten angry because reports were made.	.00	.25	.75
I	4	I felt that I made the right decision when I made a report.	#2 and #4 can be positive or negative depending on the person's response. Of course, this would be in a terms of how	I have felt that I have made the right decisions when I made	1.00	.00	.00

#	Original statement	Reviewer comment	Revised statement			
		reports.	the participants views the result of the situation. If they felt comfortable making the report, the might feel good about it. Of course, that also depends if they felt anything came of it or if they got criticized for their actions.			
5 / 1	I held a conference with the child's parent or guardian after the report and it did not go well.	I did not systematically hold a conference with parents/guardians after reporting suspicions of abuse- only when requested by parent/guardian or if he/she came to school to talk about it (either with me or with principal of the school).	I have held conferences with the child's parents or guardians after reporting and the conferences have not gone well.	.00	.00	1.00
6 / 1	I felt anxious when I made a report because I was unsure if the report would be investigated.	#6 says 32 instead of 2 on the scale.	I have felt anxious when I made reports because I was unsure if the reports would be investigated.	.00	.00	1.00
7 / 1	An official from Department of Social Services interviewed me via telephone after making the report.	Most often I spoke with them when I called to make the report and when they came to the school to interview the child, as well. Rarely by phone AFTER the report was made. In my school system(s), the case	An official from *Child Protective Services* interviewed me *only* via telephone after making *a* report.	.00	1.00	1.00

I	8	The principal or assistant principal supported my decision to make the report.	I consider myself fortunate that my principal and APs stood 100% behind my professional decisions t report or not to report.	The principal or assistant principal have supported my decisions to make reports.	1.00	.00	.00
I	9	I had a hard time deciding whether to make a report.	I think this is more true for counselors in early stages of professional development or for those who have not had that much experience recognizing/reporting. Only rarely is it a tough call for me due to situational circumstances – if there is suspicion, I report.	I have had a hard time deciding whether to make reports because of the potential negative consequences.	.00	1.00	.00 ***
I	10	I worried that my name would be revealed when making a report.	I didn't worry because I was willing to talk to parents about it – not for lack of trust with DFCS/CPS.	I have worried that my name would be revealed when making reports.	.00	.00	1.00
I	11	I felt that I helped the child when I made a report.	In certain situations where there was not a deprivation (child was not removed from home), I think the situation may have gotten worse for the child.	I have felt that I helped the child when I made reports.	1.00	.00	.00
I	12	The child refused to return to me for counseling.	#12 should you maybe write "...for counseling or for school related issues". This one could be less negative	The child refused to return to me for counseling.	.00	.50	.50

		if you said something like "The child did not want to return…." The word "refused" is strong.				
I	13	I felt competent in my ability to make a report.	Again, I think this is related to counselor professional development. Many interns and beginning counselors do not feel comfortable with the process of reporting.	I have felt competent in my ability to make reports.	.75	.25	.00
I	14	The police interviewed me after making a report.	None	The police interviewed me after making a report.	.00	1.00	.00
I	15	I worried about going to court.	None	I have worried about having to go to court in relation to making reports.	.00	.25	.75
I	16	The child was willing to return to me for counseling.	None	The child was willing to return to me for counseling.	.50	.50	.00
I	17	I felt relieved after making a report.	For item 17, I would mark N/A if it were a choice. We are ethically and legally bound to report if we have suspicions. Often things get worse for a child before they get better after a report is made (with family disruptions, sometimes not being believed, etc.)	I have felt relieved after making reports.	1.00	.00	.00

I	18	The child's teacher supported my decision to make the report.	Most often the process begins with the teacher's observations and report to the counselor, in my experience.	The teachers of students have supported my decision to make reports.	1.00	.00	.00
I	19	I felt anxious when making a report because I did not know how the child would respond.	None	I have felt anxious when making reports because I did not know how the child would respond.	.00	.25	.75
I	20	The child's parent or guardian got angry because the child was removed from the home.	#20 change the word "got" to "became"	The child's parent or guardian *became* angry because the child was removed from the home.	.00	.50	.50
I	21	I felt anxious when making a report because I did not know if the child would be removed from the home.	None	I felt anxious when making a report because I did not know if the child would be removed from the home.	.00	.50	.50
I	22	I felt guilty after making a report.	None	I have felt guilty after making reports.	.00	.25	.75
I	23	The parent or guardian asked me if I called Department of Social	I marked negative on this because it has been my experience that when a parents	Parents have confronted me about making	.00	.75	.25

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	#	Item	Comment	Statement			
		Services and made the report.	asks about the report being made, the counselor becomes anxious and worried about what to say. Some will say no when they did make a report, and some will tell the truth. It really depends on the situation and the counselor as to what the response to parents will be. Also, I'm guessing you're using the survey in VA, as DSS has different names in different places. For instance, the reporting/investigating section in TN is called Child Protective Services which is part of the Department of Children's Services. Of course, I think everyone will know what you are referring to.	reports.			
I	24	I felt apprehensive when making a report.	None	I have felt apprehensive when making reports.	.00	.50	.50
I	25	The child's teacher criticized my decision to make the report.	None	Teachers of students have criticized my decision to make reports.	.00	.25	.75
I	26	The parent or guardian visited the school after	None	The parent or guardian visited	.00	.75	.25

				the school after being interviewed by *Child Protective Services.*			
I		being interviewed by Department of Social Services.					
I	27	I felt overwhelmed making a report.	The word "overwhelmed" seems really vague to me. Are you talking about the ability to keep up with paperwork type of "overwhelmed" or emotionally "overwhelmed," etc.	I have felt *emotionally overwhelmed* related to making reports.	.00	.50	.50
I	28	Department of Social Services investigated the report.	None	*Child Protective Services* investigated the report.	.25	.75	.00
I	29	I felt challenged by my co-workers after making a report.	None	I have felt challenged by my co-workers after making reports.	.00	.25	.75
I	30	The perpetrator was arrested.	This is often information that we don't receive afterwards. In cases where the accused flees (the state/country), they may never be arrested.	The perpetrator was arrested. *Consider omitting – RE: not as relevant to experience as rest of items.*	.50	.50	.00
I	31	I felt satisfied after making a report.	None	I have felt satisfied after making reports.	.75	.25	.00
I	32	An official from Department of Social	Department of Family & Children's Services (DFCS) in	Officials from the governmental	.00	1.00	.00

		Services interviewed me face-to-face.	GA and Child Protective Services (CPS) in WV. I know the department that handles it may vary from state to state. You may wish to add "or equivalent" after DSS here or ask in beginning which department does this of each participant.	agency to which reports are made have interviewed me face-to-face after making reports.		
I	33	Department of Social Services did not contact me regarding the report.	When they don't contact me after the report is made, they have usually "screened out" the case to another agency. Otherwise, they show up and interview the child.	*Child Protective Services* did not contact me regarding the report.	.00	.75	.25
I	34	I am familiar with the child abuse laws in the state in which I am employed.	None	I am familiar with the child abuse laws in my state of employment.	.00	1.00	.00
I	35	I testified in court or a legal proceeding regarding the report.	On the clinical treatment side, I prepared children/adolescents to testify in court against the accuser. I received a subpoena once, but based on a conversation with the detective involved, I believe the perp took a plea.	I testified in court or a legal proceeding regarding the report.	.00	1.00	.00
I	36	I was comfortable with being contacted by Department of Social Services via telephone after	None	I was comfortable with being contacted by Department of	.50	.50	.00

I	#	Statement				Social Services via telephone after making the report.	Comment
		making the report.					
I	37	I felt obligated to give my name when making a report.	.00	.25	.75	I have given my name when making reports.	I think being a school counselor/CSA therapist gave "my name" more weight when making a report. Is it a rule that you have to give your name? If so, everyone would feel "obligated." I wasn't sure if you were trying to identify a different emotion (like fearful or anxious) about the fact that you have to give your name.
I	38	Due to the severity of the abuse or neglect, the child was removed from the school and placed in a different school district.	.00	1.00	.00	Due to the severity of the abuse or neglect, the child was removed from the school and placed in a different school district.	None
I	39	The child was not removed from the home as a result of report findings.	.00	1.00	.00	The child was not removed from the home as a result of report findings.	None
I	40	I informed the principal before making a report.	.00	1.00	.00	I informed the principal before making a report.	This was policy in my district and at my school, but also just good practice, because when

I	#	Statement	Response	Quote				
		parents/guardians show up to talk about their interview (often unannounced), it is better for the principal to know to be prepared rather than be caught off guard. Parents don't know WHO made the report, but they always ask to speak to the principal.						
I	41	I feel adequately prepared to respond to suspected child abuse and neglect.	None	*Being* adequately prepared to respond to suspected child abuse and neglect *has helped me have positive reporting experiences.*	.50 ** **	.50	.50	.00
I	42	Department of Social Services did not investigate the report.	None	**Child Protective Services** did not investigate the report.	.00	.50	.50	
I	43	I felt that I did not help the child when I made a report.	As I described before, sometimes it gets worse for the child before it gets better.	I have felt that I did not help the child when I made reports.	.00	.00	1.00	
I	44	I felt supported by my co-workers after making a report.	None	I have felt supported by my co-workers after making reports.	1.00	.00	.00	
I	45	I did not feel obligated to	My same question from #37	I have not given	.25	.75	.00	

I	#	Statement	Comment	Statement				
		give my name when making a report.	applies here.	my name when making reports.	.00	1.00		.00
I	46	The police did not interview me after making the report.	#46 I said neutral because the police do not often conduct interviews and it's not really expected. Of course, that could also depend on the state.	The police did not interview me after making the report.	.00	1.00		.00
I	47	Department of Social Services did not interview me via telephone after making the report.	Please see previous comments.	Officials from the governmental agency to which reports are made have interviewed me by telephone but not in person after making reports even though the reported abuse was severe.	.00	1.00	***	.00
I	48	I did not inform the principal or assistant principal before making a report.	Sometimes I informed after because of a time sensitive issue (end of the day, rapid decision to retain from buses, from example) Again, I'm marking neutral when the question doesn't necessarily involve participant emotion. For instance, #48, I think that's a negative thing to do, but I don't think the participant would have a feeling	I did not inform the principal or assistant principal before making a report.	.00	1.00		.00

I	49	Department of Social Services did not interview me face-to-face after making the report.	either way about it as it would just be them reporting to you their procedure in making the report. None	*Child Protective Services* did not interview me face-to-face after making *a* report.	.00	1.00	.00
I	NEW	*NOT PROVIDED TO EXPERT REVIEWERS – 1ST ROUND*					
I	50	I feared that reporting suspected abuse would lead to negative consequences for the child.	None	I have feared that reporting suspected abuse would lead to negative consequences for the child.	.00	.25	.75
I	51	I feared that reporting suspected abuse would lead to negative consequences for me.	None	I have feared that reporting suspected abuse would lead to negative consequences for me.	.00	.25	.75
I	52	I feel that I am able to identify signs of abuse and neglect accurately.	If a child really wants to hide the signs, I believe they can (to a certain extent).	I feel that I am able to identify signs of abuse and neglect accurately.	.25	.75	.00

I	53	I feel that lack training in specific reporting procedures, such as when to report and how to make the report.	I like these questions. They seem to get to the heart of the inner process of the school counselor in the situation. However, the questions all seem to presume that the experience is negative. Perhaps you might add some reverse-response questions like "I felt confident that Social Services would accept and address my report."	I believe that I lack training in specific reporting procedures, such as when to report and how to make the report.	.00	.25	.75
I	54	I feared that reporting would damage my relationship with the child.	None	I have feared that reporting would damage my relationship with children.	.00	.50	.50
I	55	I feared that I could be sued by parents or guardians for making a false or inaccurate report of abuse.	None	I have feared that I could be sued by parents or guardians for making false or inaccurate reports of abuse.	.00	.25	.75
I	56	I feared that the report would not be accepted and addressed by the Department of Social Services.	"Accepted" and "addressed" are two different things (clarity issue here). They always "accepted" the report (took the report) but they didn't always directly address it. They may have screened it out to another agency. "Accepted" and	I have feared that reports would not be *addressed once accepted.*	.00	.33	.67

				.00	.50	.50
I	57	The parents or guardians did not allow the child to return to me for counseling.	"substantiated" is also different. I had that request once, and I did not see the child individually, but continued to provide classroom guidance with that child included (had administrative support – CG considered curriculum).	The parents or guardians did not allow the child to return to me for counseling.		
I	TIME	*How many minutes did it take you to complete Section I?*	*40 about 5 minutes 20 15*			
I			I marked negative if the question implies a negative situation and positive if the question implies a good result (feeling or otherwise). Neutral will be for simple informational questions. I did not understand positive, neutral and negative. Were you referring to the experienced, the fact, the implication, the person or self?			
II	1	What is the setting for your school? a. Rural b. Suburban c. Urban	You might want two categories for rural in that you may have towns that serve a population of less than 20,000 and others that serve a population of less than 50,000 that aren't suburban. However, those in towns of 50,000, while they are rural,	What is the setting for your school? a. Rural *(fewer than 2,500 residents)* b. Suburban c. Urban *(at least*		

				2,500 but less than 50,000 residents)		
		will consider themselves suburban because they aren't literally in the middle of a field with cows. If the cows are 5 miles away, they think they're in a city. I know this may seem like a dumb question, but can you assume that everyone will know how to define their area (i.e. rural, suburban, urban.)?				
II	2	What are the grades levels served by your school? a. Elementary b. Middle/Jr. High c. High d. Elementary/Middle e. Middle/High f. K-12	None	What are the grade levels served by your school? a. Elementary b. Middle/Jr. High c. High d. Elementary/Middl e e. Middle/High f. K-12		
II	3	What is the majority of the racial/ethnic population of the students at your school? a. African American b. Asian American c. White/Euro-American d. Hispanic or Latino/a American	None	What is the majority of the racial/ethnic population of the students at your school? a. African American b.		

		e. Native American f. Multiracial g. Other		Asian American c. White/Euro- American d. Hispanic or Latino/a American e. Native American f. Multiracial g. Other
II	4	How many years of <u>post-masters'</u> school counseling experience do you have?	None	How many years of <u>post-masters'</u> school counseling experience do you have?
II	5	What is your school's current student enrollment numbers?	None	What is your school's current student enrollment numbers?
II	6	Approximately what percentage of students receives free or reduced price lunch at your school?	None	Approximately what percentage of students receives free or reduced price lunch at your school?
II	7	Indicate the number of post-master's degree	#7 might be better worded if you ask "Indicate the number of	Indicate the number of post-

	training(s) you have participated in concerning child abuse and neglect (workshops, conferences, seminars).	training(s) or workshop(s) you have participated in concerning child abuse and neglect following the completion of your masters degree (include conference and on-site in-service seminars)."	master's degree training(s) you have participated in concerning child abuse and neglect (workshops, conferences, seminars).
II	8	Approximately how many times in the past 12 months did you make a suspected child abuse and neglect report?	#8 "…months did you make a report concerning suspected child abuse or neglect."	Approximately how many times in the past 12 months did you make a suspected child abuse *or neglect* report?
II	NEW	*NOT PROVIDED TO EXPERT REVIEWERS – 1ST ROUND*		
II	9	Indicate the number of training(s) you have participated in concerning child abuse and neglect (workshops, conferences, seminars) while in graduate school.	None	Indicate the number of training(s) you have participated in concerning child abuse and neglect (workshops, conferences, seminars) while in graduate

				school.			
II	10	Estimate the percentage of males and females in your school. ___% males ___%females	None	Estimate the percentage of males and females in your school. ___% males ___%females			
III	1	What is your age?	If I were filling this out for real, I'd be asking "Why do they need to know my age"	What is your age?			
III	2	What is your gender? a. Female b. Male	#2 "What is your sex?"	What is your gender? a. Female b. Male			
III	3	In which state are you employed as a school counselor?	None	In which state are you employed as a school counselor?			
III	4	What licenses and certifications do you hold? a. Certified School Counselor b. Licensed Professional Counselor (LPC) c. National Certified Counselor (NCC) d. National Certified School Counselor (NCSC)	None	What licenses and certifications do you hold? a. Certified School Counselor b. Licensed Professional Counselor (LPC) c. National Certified			

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		e. Other:		Counselor (NCC) d. National Certified School Counselor (NCSC) e. Other:
III	5	What is your race or ethnic group? a. African American b. Asian American c. White/Euro-American d. Hispanic or Latino/a e. Native American f. Multiracial g. Other:	None	What is your race or ethnic group? a. African American b. Asian American c. White/Euro-American d. Hispanic or Latino/a American e. Native American f. Multiracial g. Other:
III	NEW	*NOT PROVIDED TO EXPERT REVIEWERS – 1ST ROUND*		
III	6	What is the highest educational degree you obtained?	None	What is the highest educational degree you obtained?
II & III	TIME	*How many minutes did it take you to complete Section II & III?*	*15* *8*	*about 5 minutes* *5-7*

| Additional comments | Another item to consider: I felt uncomfortable when the teacher (or other referral person) asked about what the child disclosed. **(ADD?)** Note: Often, teachers will ask but for legal/confidentiality reasons this is sometimes uncomfortable for the school counselor. I haven't worked in schools but I have worked with a practicum and intern school counselor student. What I report is an outcome of what I learned from them. | | | |

VITA

April Sikes earned a Bachelor of Science degree in Psychology in 2000 from Georgia Southern University and a Master's of Education degree in Counselor Education in 2004 from Augusta State University. She is a Licensed Professional Counselor (LPC) and a certified school counselor in Georgia and a National Certified Counselor (NCC). She is also an editorial review board member of the *Journal of School Counseling* and *Journal of Humanistic Counseling, Education and Development.* She has three articles published in national peer-reviewed journals and three in review.

April has served as a school counselor in elementary and middle school settings, investigated reports of child abuse and neglect as a case manager, and provided therapeutic and clinical services for families of abused children. She has presented and co-presented at national, regional, and state level conferences on a variety of subjects, including play therapy in elementary and middle school settings, child abuse and neglect, and ethical and legal issues in school counseling. She is an active member of several professional organizations, including the Association for Counselor Education and Supervision (ACES), the American School Counselor Association (ASCA), and the American Counseling Association (ACA). On the state level, she serves as co-chair of the Professional Recognition Committee for the Virginia School Counselor Association.

April was named Outstanding Doctoral Graduate in Counselor Education Award at Old Dominion University in 2009. She was also awarded the Ross Trust Scholarship Award by the American Counseling Association in 2009.

April has accepted a position for the Fall, 2009 as an Assistant Professor in Counseling at Southern Arkansas University.