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Child Abuse: Signs, Symptoms, and the Role of the School Counselor

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CHILD ABUSE: SIGNS, SYMPTOMS, AND THE ROLE OF THE SCHOOL COUNSELOR

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Abstract

Victims of abuse experience trauma which affects their academic and social/emotional well being. The purpose of this paper is to examine the prevalence of abuse, to be able to identify signs and symptoms of abuse, and to explore the school counselor's role ethically in reporting suspected child abuse in addition to their role in providing direct and indirect services to students. Common perpetrators of abuse and physical, emotional/behavioral, and academic warning signs will be discussed. Lastly, school counselors' ethical responsibilities to respond to child abuse, the importance of confidentiality and informed consent/mandated reporting, how to report to Child Protective Services (CPS), and how to provide various direct and indirect services to meet the needs of all students will be addressed.

Keywords: abuse, sexual abuse, school counselor, prevention, symptoms, services

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Introduction

Every ten seconds a report of child abuse is made in the United States (Child Help, 2012). State agencies in 2012 estimated that nearly 686,000 children and adolescents were reported to be victims of child maltreatment, which is enough children to fill nearly ten modern football stadiums (Child Help, 2012). In addition, almost 81% of child abuse cases find the parents to be the perpetrators of the abuse (Van der Kolk, Hopper, & Crozier, 2001). While the exact numbers vary from every source, the scope of the problem that is child abuse is very large and complex regardless of where you look.

The purpose of this review is to inform educators about the signs and symptoms of abuse and more importantly to discuss the school counselor's role in advocating and providing services for all students to prevent future or further abuse from occurring. Education and prevention at an early age for both students and teachers is important so victims can be identified and get the help and services that are needed.

School counselor's role in providing services for students that have experienced physical or sexual abuse is important. The American School Counselor Association (ASCA) suggests that counselors should demonstrate an understanding of child abuse problems, recognize and detect indicators of abuse, and provide strategies for preventing and combating the cycle of child abuse (Brown, Brack, & Mullis, 2008). ASCA has also outlined several competencies in response to the type of services school counselors are expected to perform which will be explored more in this paper.

Overall, this paper aims to discuss the prevalence of child abuse in the U.S., the signs and symptoms of abuse, and school counselor's role in advocating and working with these students. Thus, this paper can help provide a framework for school counselors on effective ways to address this issue.

Review of Literature

The purpose of this literature review is to examine the characteristics of child abuse including its prevalence, the signs and symptoms, the role of the perpetrator, and finally discussing the role of the school counselor in relation to the effects of abuse. There is a vast amount of information on child abuse but a minimal amount of research in regards to preventative and responsive services at school. The findings of this review intend to focus on the school counselor's role in providing preventative and responsive services in the wake of child abuse.

Physical and sexual child abuse is extremely common in today's society. Some statistics show that in any given classroom, one to five children could be victims of sexual abuse alone (Daignault & Hebert, 2009). Sexual abuse is defined as "involving a child in sexual activity that the child does not fully comprehend, is unable to give informed consent to, is not developmentally prepared for, or is enforced without the child's consent" (Schonbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2014, p. 571). Additionally, of the 80% to 90% of sexual abuse cases that are reported, the perpetrator is known to the victim and is often a member of the victim's family (Minard, 1993).

Child Abuse

Prevalence. According to the Federal Child Abuse Prevention and Treatment Act (CAPTA), child abuse and neglect is, "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" (U.S. Department of Health and Human Services, 2010, p. 6). In addition, Lewin and Herron (2007) state that neglect is "the persistent failure to meet a child's basic physical and/or psychological

needs, likely to result in the serious impairment of the child's health or development" (p. 94). Definitions vary from state to state and by agencies.

Over the past two decades reports of abuse and neglect have remained relatively constant. Statistics from Van der Kolk, Hopper, and Crozier (2001) found that in 1997 Child Protective Services (CPS) received an estimated 3.195 million reports of child abuse or neglect. Neglect was the most common form of abuse, detailing 52% of the reports while physical abuse accounted for 26%, sexual abuse 7%, and emotional abuse 4% (Van der Kolk et al, 2001).

A decade and a half later, many of the statistics remain the same. The Department of Health and Human Services (DHHS) detailed in "Child Maltreatment 2013", the prevalence of child abuse and neglect. The report states that in 2013, CPS agencies received 3.5 million referrals involving 6.4 million children (U.S. Department of Health and Human Services, 2013). Paraprofessionals consisting of teachers, police officers, lawyers, and social services staff accounted for three fifths of the reports (U.S. Department of Health and Human Services, 2013). Of these reports, one fifth were substantiated resulting in 678,932 victims of child abuse and neglect. Much like the 1997 data, neglect represented the highest rates (79.5%), while physical abuse was second (18%), and sexual abuse was third (9%) (U.S. Department of Health and Human Services, 2013).

Perpetrators. There are many characteristics, trends, and risk factors that contribute to the profile of perpetrators of child abuse. Statistics from Van der Kolk et al. (2001) affirm that parents constitute for 81% of child abuse perpetrators while other relatives account for 10.6%; only 8.4% were not related to the child. Women also accounted for a majority of abuse (65%) but males were more likely to physically abuse (67% to 40%) and sexually abuse (89%) victims (Van der Kolk et al., 2001). Statistics in 2013 from the DHHS support data from 16 years

earlier. In 2013, parents accounted for 91.4% of all maltreatment while 13% occurred from those who weren't victim's parent (U.S. Department of Health and Human Services, 2013). In addition, 83% of the perpetrators were 18 to 44 years old, 53.9% women and 45% men; 87.8% of sexual abuse occurred from men while physical abuse was split 50/50 (U.S. Department of Health and Human Services, 2013).

Similarly, there were several risk factors identified in cases of child abuse. Coming from a single family home made for a "greater risk of being harmed by physical abuse, emotional neglect, educational neglect, and sexual abuse" (Van der Kolk et al., 2001, p. 4). A study in 1993 found that 90% of all maltreatment occurs in families where the income is below the national median, moreover "children in families below the poverty level are 13 to 17 times more likely to be abused" (Van der Kolk et al., 2001, p. 4). The 2013 report from the DHHS also states that there is "some research to support for caregiver poverty and low socioeconomic status (SES) as a risk factor for abuse and neglect" (p.23)

Other than SES, data from other studies show additional characteristics of perpetrators. A review from Becker (1994) found that "one of the most publicized characteristics of sex offenders is a past history as a victim of abuse" (p.179). Becker noted that in a study conducted by Johnson and Schrier (1985) that had a sample of male juvenile sex offenders, 19% had been physically abused while 48% had been sexually abused.

There are many factors and demographics that profile who a child abuse perpetrator is. Predominantly, most perpetrators know the victim and are related to the victim. Additionally, those that are perpetrators generally come from a low socioeconomic household and some may have previous history of abuse and neglect themselves (Becker, 1994). Because of these risk

factors and the prevalence of child abuse in society, it is beneficial for individuals working with children to be educated on the signs and symptoms of child abuse.

Signs and Symptoms

Physical signs. The most noticeable way of identifying child abuse is through observations of physical signs on a child. Physical abuse is direct harm to a child's body on one or more occasions (Odhayani, Watson, & Watson, 2013). Many noticeable signs or symptoms include a dirty body, nails or clothes, matted or thin hair, body odor, dental cavities, chronic infestation (i.e. head lice), chronic rash, infected sores, or thin limbs (Lewin & Herron, 2007). It is important to note that physical injuries can be external, such as lacerations or burns, while others could be internal (i.e. bruised organs). It may also be common to see manifestations of enuresis (i.e. involuntarily urinating oneself) or encopresis (i.e. involuntarily defecating oneself) (Odhayani, Watson, & Watson, 2013). If a physical injury is noticed it is also critical to determine if the child's explanation for the injury warrants the severity of that injury (Mayo Clinic, 2015). Also, physical signs of sexual abuse can be apparent if it is noticed that a child is bleeding in the genital area, there's blood in the child's underwear, or if a child has trouble walking or sitting and complains of genital pain (Mayo Clinic, 2015).

Emotional and behavioral signs. Emotional and behavioral signs and symptoms also can help indicate victims of child abuse. Many physical symptoms of abuse have the opportunity to heal quickly, but psychological abuse can have a more long term effect with severe consequences. According to Child Welfare Information Gateway (CWIG, 2013), the instant emotional effects of abuse and neglect include "isolation, fear, or an inability to trust; this can translate into lifelong psychological consequences including low self-esteem, depressions, and relationship difficulties" (p. 4). Furthermore, abuse is a risk factor for borderline personality

disorder, depression, anxiety, and other psychiatric disorders (CWIG, 2013). Other long term consequences include an increased chance of neglecting cigarettes, illicit drugs, and alcohol (CWIG, 2013).

Shortly after abuse victims have a noticeably different personality from their normal behavior and emotional state. Some of the changes in behaviors include; a) the loss of self confidence and self-esteem, b) social withdrawal or loss of interest or enthusiasm in previously enjoyed activities, c) avoidance of certain situations, d) desperately seeking affection, e) attempts to run away, f) attempts at suicide, g) rebellious or defiant behavior, h) sexual behavior or knowledge that's inappropriate for the child's age, and i) poor school attendance (Mayo Clinic, 2015). Finally, Odhayini, Watson, and Watson (2013) include the refusal to eat and being afraid or flinching while being touched.

Other research from Stirling and Amaya-Jackson (2008) focused on attachment issues in the aftermath of child abuse. Their research notes that if a parent is abusive, "attachment for a child can be confused and disorganized" and the child "no longer feels safe" (p. 670). Stirling and Amaya-Jackson (2008) believe that symptoms attributed to abuse can be grouped into three main behavioral categories:

1) Re-experiencing through intrusive thoughts, dreams, and "flashback" recollections;

2) Avoidance of reminders and numbing of responsiveness, including social withdrawal, restricted range of affect, and constriction of play; and

3) Physiological hyper arousal in the form of hyper vigilance and exaggerated startle response, attention and concentration problems, and sleep disturbance (p.668).

When a child first experiences abuse the emotional response can be instant while others lay dormant in various behaviors. Some children's moods and emotions change from their

normal state while others revert to altered behavior or struggle with attachment and relationships. As a result, some responses manifest in the school environment.

Academic signs. Researchers have found that abused children have poorer educational outcomes when compared to peers and that many factors contribute to academic achievement and failure among this population (Tanaka, Georgiades, Boyle, & MacMillan, 2015). Studies by Daignault and Hebert (2009) and Tanaka et al. (2015) explored differences in educational attainment among physically and sexually abused children and what factors contribute to their success.

Tanaka et al. (2015) reviewed data from the Ontario Child Health Study conducted in 1983 and completed in 2001, which examined similarities and differences between children that were either physically abused, sexually abused, or both. Results revealed that the number of years of education among young adults with severe physical abuse was fewer than two other groups: non-severe physical abuse and no physical abuse (Tanaka et al., 2015). Exposure to severe physical abuse was also significantly associated with a reduction in years of education by .6 years (Tanaka et al., 2015). Furthermore, the percentage of young adults who failed to graduate high school was largest among the severely physically abused group (16.3%) compared to 7.4% of those who were not physically abused (Tanaka et al., 2015). Much like the physically abused group, those that reported exposure to child sexual abuse had "fewer years of education and a higher percentage of those that failed to graduate from high school than the group that reported no sexual abuse" (Tanaka et al., 2015, p. 203).

Further research from Slade and Wissow (2007) intended to assess whether childhood maltreatment is associated with emotional and behavioral problems throughout childhood. Their study reviewed data from the 1994-2002 National Longitudinal Study of Adolescent Health.

After reviewing this study, Slade and Wissow (2007) determined that "more intensive forms of childhood maltreatment (before the start of 6th grade) were robustly associated with low GPA and problems completing homework assignments" (p. 6). In their review of literature, they also detected that children who are maltreated receive lower ratings of school performance from teachers in addition to scoring lower on cognitive assessments and standardized tests of academic achievement (Slade & Wissow, 2007). According to Brown, Brack, and Mullis (2008), "sexual abuse survivors also cope in negative ways that create problems for them in school, such as lying, making up excuses, placing blame on other people or situations for not completing schoolwork or paying attention, acting apathetic about or refusing to do homework, and getting angry at the teacher" (p.369). All of these symptoms and signs contribute to academic failure and possible dropout. Consequently, victims develop strategies to deal with the emotional, physical, and academic repercussions of abuse in an attempt cope with their trauma.

Coping strategies. Cases of child abuse are not all the same, as a result victims responses to abuse is also different. Research conducted by Chaffin, Wherry, and Dykman (1997) identified various coping strategies that adolescents (7-12 years old) use on a daily basis. Their study was comprised of 84 sexually abused children who were recruited from various health clinics and support programs. Children's parents and teachers also participated and were given a variety of questionnaires and interviews in order to obtain data. Results identified four different coping strategies used by the participants labeled as avoidant, internalized, angry, and social coping. In the study, avoidant was the only strategy found to be associated with fewer behavioral symptoms (Chaffin et al., 1997). Though this seems positive, avoidant strategies usually only produce short-term benefits which lead to long-term problems. Chaffin et al. (1997) observed that, "avoidant coping may buffer initial stress responses only to preclude the sorts of

cognitive processing thought to be necessary for long-term resolution of the trauma" (p. 237). Internalized coping was associated with resignation, self-blame, and isolation that are precursors to adverse outcomes (Chaffin et al., 1997). Comparatively, the results showed that children who received negative reactions about their abuse used greater amounts of internalized coping which also lead to more guilt (Chaffin et al., 1997).

While avoidant strategies were associated with fewer behavioral problems, blaming others and releasing anger was associated with the greatest number of behavioral symptoms. Therefore, interventions that include releasing anger towards the perpetrator should be avoided. According to Chaffin et al. (1997), the final strategy, social coping, "was the only strategy unrelated to negative abuse-related or general behavioral symptoms" (p. 238). Social coping was also associated with less extreme abuse which may be the reason why participants more actively seek social support. Overall, this study determined that avoiding and internalizing traumatic experiences can have a negative effect on victim's well-being. Thus, it is important that support networks respond empathically and help victims express their internal feelings so they do not pose bigger problems in the future. Administrators, teachers, and parents, led by school counselors, can provide that network to ensure a safe school environment.

Ethical Responsibilities and the American School Counseling Association (ASCA)

Confidentiality and informed consent. School counselors have a unique role in working with students that mental health counselors often do not have to deal with. This role includes working with clients that are not legally adults. In terms of confidentiality, there are limitations as to what information can and cannot be shared outside of the counseling relationship. It is a delicate balance in which a school counselor wants to ensure their trust in their students so that students feel comfortable approaching them. Lazovsky (2008) emphasizes

this point when mentioning that "establishing trust between counselor and client is critically important in the ensuring success of the entire counseling process" (p. 335).

School counselor's primary obligation for confidentiality is to the student but they must balance that obligation with the legal and inherit rights of parents and guardians and their rights to be the guiding choice in their children's lives (Lazovsky, 2008). Under the Family Educational Rights and Privacy Act (FERPA), parents have the right to talk to teachers and school administrators about their children and also have the right to see records and decide their child's participation in various activities (Dahir & Stone, 2012). Consequently, students are not legally able to make their own decisions so their legal rights belong to their parents (Dahir & Stone, 2012). Due to the legality of confidentiality for minors, it is important that school counselors inform their students of the limitations of their confidentiality. Upon first meeting with a student, the school counselor should "inform individual students of the purposes, goals, techniques, and rules of procedure under which they may receive counseling" as well as "the limits of confidentiality in a developmentally appropriate manner" (Dahir & Stone, 2012, p. 154).

Equally important is the school counselors responsibility to inform students and their families of the limits of confidentiality when: students pose a danger to themselves or others, court ordered disclosure, consultation with other professionals in support of the child, and if privileged communication is not granted by state and local laws (ASCA, 2014). These limitations include a student or other students disclosing abuse. School counselors are mandated reporters, and if abuse is suspected, confidentiality must be broken.

Mandated reporting. Under the Child Abuse Prevention and Treatment Act (CAPTA) of 1974, school counselors legally, ethically, and morally mandated to report suspected abuse or

neglect to proper authorities (ASCA, 2015; Brown, Brack, & Mullis, 2008). Until then, school counselors must keep information confidential unless legal requirements demand that confidential information be revealed or a breach is required to prevent serious or foreseeable harm (Dahir & Stone, 2012). Deeming whether an action is harmful is up to the judgment of the counselor. For example, determining whether certain behaviors such as disciplining a child constitutes as "abuse" can be a judgment call and demonstrates the importance of counselors being educated about signs and symptoms of abuse (Herlihy & Corey, 2015). Suspected situations of physical abuse, neglect or deprivation of necessities, medical neglect, sexual abuse, or psychological or emotional maltreatment must be reported to authorities (ASCA, 2015).

School counselors are on the front line when handling situations of abuse and neglect. For this reason, school counselors have a higher reporting rate than other educators due to their duties, trusting relationships with students, and greater knowledge of child abuse (Bryant, 2009). Not to mention, but "school counselors often function as experts or consultants within their schools to others who have questions about child abuse or child abuse reporting" (Bryant, 2009, p. 333). School counselors can be helpful in gathering pertinent information that aids in helping child protection agencies, but when the counselor speaks with the child he or she must document the exchange, utilizing professional discretion to decide whether a report is warranted (Brown, Brack, & Mullis, 2008). Fortunately, "child abuse law does not require reporters to have absolute proof of abuse, only that they have reasonable cause to suspect or believe a child has been abused" (Bryant & Milsom, 2005, p. 63). The law also protects the reporter with immunity from criminal and civil liability regardless of the case is substantiated (Bryant & Milsom, 2005).

When filing a report, it is imperative that school counselors take several factors into consideration. Counselors need to consider state laws which define abuse and neglect; they also

need to follow the written policies of their school district and local school administration (Brown, Brack, & Mullis, 2008; Bryant & Milsom, 2005). Lastly, they must trust their own personal judgment and training to determine whether a report is warranted or not.

Separate studies investigated by Bryant (2009) and Bryant and Milsom (2005), sought to determine reasons that school counselors report suspicions of abuse and why in other cases they do not. School counselors from around the U.S. completed a questionnaire regarding mandated reporting. Both studies concluded that the main reasons school counselors reported abuse was because of the law and because of fear for the safety of the child (Bryant, 2009; Bryant & Milsom, 2005). The reasons counselors would not file a report was due to not having enough evidence, belief that CPS would not get involved, and because they were afraid of repercussions for the child (Bryant, 2009; Bryant & Milsom, 2005).

Some counselors fear that reporting will not lead to any changes, but that is no reason not to report (Bryant, 2009). It is their legal and ethical duty to report suspected incidents of abuse to protect their clients, the students (ASCA, 2015). School counselors must educate themselves on the signs and symptoms of abuse, and also be well versed on federal laws, state laws, and district policy mandating the report of child abuse (ASCA, 2015). Finally, counselors must trust their own judgment, training, and experience when handling reporting situations (Bryant & Milsom, 2005).

Child Protective Services (CPS) reporting. Child Protective Services (CPS), "most commonly refers to a particular agency with that name within a public department of social services or in a tribal government" (Schene, 1998, p. 30). The function of CPS is to receive, screen, and investigate reports of child abuse and neglect within the community to determine if a report meets criteria of maltreatment under state or local laws (Schene, 1998).

Crosson-Tower's (2003) position is that every school should have identified an appropriate agency to report suspected child maltreatment. As previously mentioned, school counselors should follow school policies and procedures when reporting suspected abuse. All states require that an oral or written report be made to the agency that will be investigating the claim (Crosson-Tower, 2003). When a school counselor reports abuse, CPS will often ask for the following information: the child's name, age, gender, and address; parent's name and address; nature and extent of the injury or condition observed; prior injuries and when observed; actions taken by the reporter (e.g., talking with the child); where the act occurred; reporter's name, location, and contact information (Crosson-Tower, 2003). School counselors should know this information before hand in order to detail an accurate report.

Unfortunately not every suspicion of abuse is reported to CPS and as a result the number of reported cases of child abuse likely under represents the actual number of children that are abused (American Humane Association, 2013). School counselors play an important role in identifying child abuse and it is their responsibility to gather as much information as they can to aid CPS in their investigations (Schene, 1998). The longer the abuse continues, the more damage it will cause the children involved (American Humane Association, 2013). As a result of the seriousness of these situations, it is important that school counselors do not act alone (Herlihy, Gray, & McCollum, 2002). It is essential that they receive supervision and consultation to not only seek the best possible course of action, but also to protect themselves from possible ramifications if procedures were not followed correctly (Herlihy, Gray, & McCollum, 2002).

Role of Supervision. Much like students in a school, school counselors are also growing and learning in order to provide quality services. Supervision provides oversight and helps a

counselor reflect on their own experiences, thoughts, and feelings. According the ASCA School Counseling Competencies, school counselors should:

> II-B-4j. Continually seeks consultation and supervision to guide legal and ethical decision making and to recognize and resolve ethical dilemmas, and;
>
> III-B-1i. Uses personal reflection, consultation and supervision to promote professional growth and development (ASCA, 2012).

School counseling students receive required supervision in their practicum and internship experiences, which are the most critical experience elements in a school counseling program (Studer & Oberman, 2006). But, after graduation supervision for school counselors becomes less available (Linton & Deuschle, 2006). Somody, Henderson, Cook, and Zambrano (2008) discovered that in a national survey in the early 1990's, school counselors received less supervision than counselors in other settings even though most school counselors report a desire for supervision. School counselor's roles are constantly changing, thus emphasizing the necessity of ongoing supervision (Somody et al., 2008). School counselors desire supervision in order to address issues of professional isolation, support, accountability, debriefing after difficult cases or situations, and for professional and personal development (McMahon & Patton, 2000).

Often school counselors are the only counselors in their school so if a student needs support for abuse or neglect, who is there to support the counselor and how is that done? There are two ways that counselors can receive supervision, through school administrators or other professional counselors (i.e. clinical supervision). Clinical supervision, "provides a focus on the development and improvement of clinical skills, while administrative supervision provides assurance of the delivery of the highest-quality counseling services in alignment with the school's mission and goals" (Cook & Zambrano, 2008, p. 23). Administrative supervision,

"generally focuses on supervisees' macro performance, or observed patterns of behavior over time" (Cook & Zambrano, 2008, p. 24). Often time administrators do not have the background knowledge of what school counselor's roles are, so clinical supervision can be more helpful.

The outcomes to clinical and administrative supervision are very beneficial for counselors (Agnew, Vaught, Getz, & Fortune, 2000). School counselors who take part in clinical supervision report an increased sense of professionalism, confidence, comfort, and professional validation (Agnew et al., 2000). In addition, clinical supervision results in increased professionally relevant dialogues between counselors and also provides an invigorating experience of having one's work observed and analyzed (Cook & Zambrano, 2008). Supervision is important not only for the school counselor's sake, but the students as well. When counselors receive feedback about their services and programs, they are better equipped to help their students in return. Dialogue between professionals opens the conversation for problem solving and provides students with the best services available.

School Counselor Services

With such a high prevalence of abuse in children and adolescents, schools must be prepared to deal with the effects of that abuse. School counselors are recognized as a credible source with specialized skills to assist in these situations and help the victims who are in need (Otto & Brown, 1982). Schools provide the greatest opportunity to reach the greatest number of people in terms of child abuse, and therefore they are in the best position to develop preventative programs on sexual abuse (Minard, 1993). ASCA suggests that counselors should demonstrate an understanding of child abuse problems, recognize and detect indicators of abuse, and provide strategies for preventing and combating the cycle of child abuse (Brown, Brack, & Mullis, 2008).

One way of providing preventative resources to combat the cycle is by creating preventative programs that address child abuse.

Research from Minard (1993) suggests that preventative programs should begin at the kindergarten level because one in four victimizations occurs before the age of seven (p. 2). As a result, "the school counselor has not only the opportunity but a responsibility to these children to initiate programs to identify abused children and provide help for both the children and their families" (Otto & Brown, 1982, p. 101). Counselors ought to be working individually with students and should also engage in classroom lessons to educate students about child abuse. Counselors should also be involved with parents and encourage them to discuss the issue of physical and sexual abuse (i.e. identifying signs, behaviors, etc.) with their children. ASCA has outlined several competencies in response to the type of services school counselors are expected to perform. Competencies are met through direct and indirect services that when implemented will directly impact the preventative and responsive services currently provided.

Direct services. ASCA's delivery system focuses on the method of implementing a school counseling program to students. According to the ASCA National Model (2012), direct services are "in-person interactions between school counselors and students" (p. 83). ASCA competencies included under direct services are:

IV-B-1d. Develops materials and instructional strategies to meet student needs and school goals

IV-B-2g. Understands methods for helping students monitor and direct their own learning and personal/social and career development

IV-B-3. Provides responsive services

IV-B-3c. Demonstrates an ability to provide counseling for students during times of transition, separation, heightened stress and critical change (ASCA, 2012)

In response to cases of child abuse and neglect, there are many ways school counselors can perform direct services. One way to meet the requirements of direct services in regards to child abuse victims is to provide individual counseling services. If considering individual counseling, "school counselors would need to ascertain whether it is viable to provide individual counseling in the school setting for issues related to emotional abuse, due to possible limitations on resources and time" (Buser & Buser, 2013, p. 23). If resources and time permit, there are several types of therapy that have shown to be effective in coping with child abuse.

Play Therapy. Play therapy is one of the most commonly used treatments with child trauma populations. Play therapy has shown to be the most effective treatment for improving social functioning in children with sexual abuse histories; it allows children to express themselves in a developmentally appropriate way, making treatment more congruent and consistent with the child's natural manner of learning and engaging in the world (Misurell, Springer, Acosta, Liotta, & Kranzler, 2014, p. 250).

Significant research in play therapy was contributed by Carl Jung. Jung believed in symbolic identification and archetypes, which are feelings associated with culturally specific images in human behavior that may appear in dreams or fantasies (Green, 2008). With this idea in mind Jung believed that through play, such as drawing and journaling, children could tell their stories of abuse. Such drawings and journaling can then be interpreted by the counselor and will give insight into the traumatic event and the residual effects.

One technique used in play therapy is the use of serial drawings. Drawings encourage the expression of the child's self-healing archetype through language depiction, which may facilitate

inner conflict resolution (Green, 2008, p. 109). The purpose of these drawings is to amplify symbols that appear in the artwork. For example, a ten year old boy named Joe may have frequent nightmares due to his abuse. The therapist then instructs Joe to draw an object such as a tree. Joe draws a black hole in the middle of the tree; the therapist proceeds to ask Joe how he would feel about being in that hole. Joe responds, "I would be happy because I'd be with the owl in the tree and I would have a flashlight so the tree goblins wouldn't hurt us" (Green, 2008, p. 109). The therapist or counselor could gain considerable insight into the trauma based on this interpretation and symbolism.

Picture journaling and spontaneous drawing are other techniques in play therapy that assist children in displaying their emotions. The symbols displayed in these techniques tell therapists and counselors where children are by pointing to the area of the unconscious that is most neglected (Green, 2008). Similar to serial drawings, these techniques permit children to reflect on their developmental processes by combining journal writing, artistic creation, and a safe environment (Green, 2008). Other studies suggest that play therapy may reduce fears, anxiety, and depression in children (Scott et al., 2003). There are also new types of play therapy that incorporate games to tell children's stories.

Game-Based Cognitive Behavioral Therapy (GB-CBT). GB-CBT includes numerous "modules" such as rapport building, emotional expression, and cognitive coping skills in sessions to promote transparency and accurate information and storytelling. Sessions are generally 90 minutes in length and involve both parents and children. Games are structured, directive, goal-oriented, and designed to promote skill acquisition through focus on specific skills (i.e. emotional expression) (Misurell et al., 2014). An example for children could involve playing a game in which they attempt to guess the feeling represented by a cartoon face (Misurell et al.

2014). This can help CSA victims express their own feelings through interpretations of other characters or objects feelings. A study by Misurell et al. (2014) demonstrated improvements in internalizing symptoms and externalizing problem behavior and also found that children exhibited less sexually inappropriate behavior. GB-CBT therefore is helpful in allowing children to express their feelings and cope with trauma.

As previously mentioned completing therapy in a school setting is not practical and is not the role of the school counselor. However, there are certainly pieces of play therapy and GB-CBT that can be incorporated into weekly check-ins with students. School counselors can utilize games or drawings during check-ins to build rapport and promote conversation about how students are feeling. Other direct strategies may be more beneficial for providing support for a larger audience.

Classroom lessons. An additional direct approach to combating child abuse is to lead classroom lessons that focus on prevention strategies that will instruct children on how to identify and also respond to abuse. In addition, incorporating child abuse education may help increase children's comfort in discussing sexual topics which may help reduce shame, stigma, and self-blame for children who may have experienced abuse (Kenny, 2009). Child abuse education lessons also increase student's knowledge about sexual abuse; increases their self-protective knowledge and skills; leads to earlier disclosure of abuse which prevents further abuse; and increases positive feelings in children (Martyniuk & Dworkin, 2011).

While facilitating a lesson, it is important that school counselors are sensitive to student's maturity and emotional readiness when handling content regarding abuse and neglect (Tomback, 2010). One particular lesson for younger students aims at identifying "good touches" and "bad touches" in addition to integrating information about healthy behaviors and personal

responsibility. The "good touch/bad touch" lesson teaches students what good touches, bad touches, and confusing touches are. They also learn how to identify grownups that can help, how to recognize abusive relationships and how to say "no" (Mikton & Butchart, 2009). "Good touches" are touches that feel warm and loving while "bad touches" are touches that are embarrassing or that can hurt and leave bruises (Tomback, 2010). Once children learn about the types of touches, the new knowledge is incorporated into a story that integrates the new terms. For example, you may tell the students a story that involves animals that are being "touched" in certain ways; the goal is for students to identify the actions and what they would do to help (Tomback, 2010).

For an effective lesson it is essential for counselors to include children as physically active participants, to combine modeling and group discussion, and also perform multiple lessons over a long period of time (Martyniuk & Dworkin, 2011). Findings from studies have shown that preventive lessons are effective at strengthening protective factors, they shorten duration of abuse, and they increase knowledge of abuse which in turn helps reduce likelihood of abuse in the future (Martyniuk & Dworkin, 2011; Mikton & Butchart, 2009). Lessons for older students focus more so on healthy relationships and teen dating violence but the foundation of identifying abuse starts at a younger age (Martyniuk & Dworkin, 2011). Working individually with students and performing classroom lessons gives a direct approach to preventing and coping with child abuse. But, it is important that preventing and coping with abuse is a collaborative effort that includes teachers and parents.

Indirect services. In contrast to direct services, indirect services are "services provided on behalf of students as a result of the school counselor's interactions with others" (ASCA National Model, 2012, p. 83). ASCA competencies included under indirect services are:

IV-B-4a. Understands how to make referrals to appropriate professionals when necessary;

IV-B-4b. Compiles referral resources to utilize with students, staff and families to effectively address issues; and

IV-B-6a. Partners with parents, teachers, administrators and education stakeholders for student achievement and success (ASCA, 2012)

For school counselors there are many ways to provide indirect services for students. Two approaches that will be further discussed is the role of collaboration with parents in addition to the role of referring students to local mental health agencies.

Collaboration. In order for school counselors to adequately help and engage with students that are victims of child abuse, it is necessary that they collaborate with their parents. Baker, Robichaud, Dietrich, Wells, and Schreck (2009) state that collaboration "implies a process of mutually seeking ways to understand and resolve challenges" (p. 201). Baker et al. (2009) goes on to state that collaboration happens when consultants and consultees "engage in a process of trying to identify possible solutions to problems that consultees are facing" (p. 201). This happens through identifying the problem, identifying prospective solutions, implementing the selected solution, evaluating the outcomes, and determining whether the implementation is working or alternative prospective solutions need to be identified (Baker et al., 2009).

Parental involvement has a positive effect on children's academic achievement and personal/social well-being, so it is crucial that school counselors take the initiative to facilitate parental involvement in their school (Grubbs, 2013). School counselors can also teach parents how to respond to their child's abuse by promoting positive family interactions, teaching emotional communication skills, and how to be supportive (Child Welfare Information Gateway,

2013). While educating parents, counselors must respect their knowledge and experience as well because they are the experts on their child and the home situation (Sommers-Flanagan & Bagley, 2011). With collaboration in mind, counselors and parents can work parallel with one another to give children consistent help that will aid in coping with abuse.

Referral. Generally school counselors are the initial mental health provider for children (Paisley & McMahon, 2001). According to Lemberger, Morris, Clemens, and Smith (2010), "Given the complex needs of students and school communities, it is unlikely that school counselors alone can facilitate optimal interventions to all students and situations, at all times" (p. 3). Ideally school counselors would like to provide acceptable help for all students, but time, resources, and lack of expert knowledge may prevent long term individual therapy from happening. When school counselors experience circumstances that hinder appropriate services, a referral is a way to meet the needs of the child (Lemberger et al., 2010). Referring may include informing parents of applicable resources or agencies that may best suit the family and developing a list of community agencies and service providers for student referrals (ASCA, 2012; Lemberger et al., 2010). It is imperative that school counselors recognize the limitations of their skills, abilities, and resources in order to best meet a student's needs. Moreover, school counselors must understand how and why referrals should be made as part of their requirement to provide indirect services.

School counselors hold the ability to provide direct and indirect services for all students. Direct services include individual therapy that focuses on the problem or trauma that is present. A classroom lesson is another example of a direct service which can teach preventative skills that will reach more students. In contrast, indirect services are those that work with outside beings from the student. An important indirect service includes collaborating with parents in order

provide parallel services for students while at home and at school. If a school counselor feels that they cannot provide enough services for a student, they have the ability to help families identify mental health agencies that can best meet their child's immediate needs.

School counselor's roles and responsibilities are multifaceted; with the proper training and implementation of services, school counselors can help students that are victims of child abuse develop skills that will increase their academic and personal/social well being. As a leader in the school, school counselors have the platform to provide preventative and responsive services to educate and assist all students in their school and community.

Discussion

School counselors are on the front line in providing preventative and responsive services and the research discussed in this paper provides a strong framework on how to handle a situation in which a student has been abused. Research discussed in this review has focused on educating students and staff on the signs and symptoms of child abuse while also providing proper training to prepare for these situations. This review also explained the ethical responsibility of the school counselor in reporting suspected abuse while also providing direct and indirect services to assist students that have experienced traumatic events.

Unfortunately the issue of child abuse is still prevalent in the U.S. with millions of cases being reported annually. Often cases of abuse are reported by educators that work with adolescents on a continual basis. With proper training and education, school faculties are capable of identifying signs and symptoms of abuse which in turn encourages more reporting to protective services which ultimately gets the student the help they need. Many signs of abuse include bruising, lacerations, bleeding, emotional outbursts, attachment issues, loss of weight,

anxiety, depression, and falling grades to name a few. Normally when abuse is suspected it is the role of the school counselor to take further action.

School counselors are tasked to manage the delicate balance of ethical responsibility and confidentiality when working with students and their families. School counselors are also mandated reporters which means that in situations of abuse they must report these actions to child protective services for further investigation. Once a counselor has reported it is up to CPS to take any further actions. But, school counselors do not remain powerless in their roles to provide services to students.

The American School Counseling Association provides the framework for counselors to provide direct, indirect, and responsive services to students to best fit individual and school needs. Schools provide the greatest opportunity to reach the greatest number of people in terms of child abuse so it is important that school counselors embrace that opportunity and implement preventative programs and lessons to teach students and teachers about child abuse and how to help. School counselors also contribute other direct services such as short-term individual therapy in which they provide a safe environment for students to express their issues where they will not be judged but instead supported. Indirect services such as collaborating and referring students to outside counseling agencies is also an acceptable practice of support. Often students need more support than what a school counselor can ensure and that is the time that indirect services can be of use.

When educators learn more about and understand the issue of child abuse they are better equipped to help students succeed in the classroom and their home environment. Students must receive the support that is needed which occurs through collaboration and acceptance from the school.

Future Research

School counselors work with students going through a variety of difficulties on a daily basis. Therefore, school counselors ought to be prepared to handle these situations in a calm and efficient manner. It is impossible to know how each individual will respond to a crisis but with the proper preparation counselors can ensure that their responses will be appropriate and helpful to their students.

Furthermore, future research should focus more on the school counselor's role in providing support for victims of child abuse. Not enough research or information is available about services school counselors can directly provide after a student discloses possible abuse. School counselors can benefit from research that focuses on the needs of victims and what they want in their school environment. Direct feedback and results from victims will better ensure proper responses and services to their needs.

Key Findings. School counselors should be proactive in their approach to preventing current and future child abuse. Preventative curriculum such as classroom lessons should begin before age seven in order to identify abused children and provide help. Lessons focused on the signs/symptoms of abuse and how to help strengthen protective factors, shorten the duration of abuse, and increase knowledge of abuse which in turn helps reduce the likelihood of future abusive situations (Martyniuk & Dworkin, 2011; Minard 1993).

In addition, findings suggest that counselors should also be proactive in engaging parents and the community to increase knowledge about child abuse. Parent involvement has positive effects on adolescent's well-being and school counselors can teach parents how to respond to abuse by promoting positive family interactions and teaching emotional communication skills (Grubbs, 2013). To develop a comprehensive school counseling program, school counselors

must collaborate with parents and community stakeholders and provide preventative education on child abuse to ensure that more students are protected from this type of trauma.

Implications for School Counselors. With future research in mind, information contained in this paper is still beneficial for all school counselors but may be even more applicable to new counselors or counselors in training. New school counselors do not have as many previous experiences to fall back to on how to handle every situation. This paper provides a good framework for what to do when a student shares that they have been abused. It also discusses the services that should be provided for victims of abuse in addition to preventative and educational lessons that are applicable to all students. Being an inexperienced school counselor may be difficult and scary at times, especially if you are the only counselor in your building. But, with the proper training, education, and general framework from this paper, school counselors can be prepared to handle and prevent crisis situations.

References

Agnew, T., Vaught, C.C., Getz, H.G., & Fortune, J. (2000). Peer group clinical supervision program fosters confidence and professionalism. *Professional School Counseling, 4*(1), 6-12.

American Humane Association. (2013). Child abuse and neglect statistics. Retrieved from http://www.americanhumane.org/children/stop-child-abuse/fact-sheets/child-abuse-and-neglect-statistics.html?referrer=https://www.google.com/.

American School Counselor Association. (2012). *ASCA national model: A framework for school counseling programs, 3rd edition*. Alexandria, VA: ASCA.

ASCA. (2012). ASCA school counselor competencies. *American School Counselor Association*. Retrieved from www.schoolcounselor.org/asca/media/asca/home/SCCompetencies.pdf.

ASCA. (2015). The school counselor and child abuse and neglect prevention. *American School Counselor Association*. Retrieved from www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_ChildAbuse.pdf.

ASCA. (2014). The school counselor and confidentiality. *American School Counselor Association*. Retrieved from www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_Confidentiality.pdf.

Baker, S.B., Robichaud, T.A., Dietrick, V.C., Wells, S.C., & Schreck, R.E. (2009). School counselor consultation: A pathway to advocacy, collaboration, and leadership. *Professional School Counseling, 12*(3), 200-206.

Becker, J.V. (1994). Offenders: Characteristics and treatment. *Sexual Abuse of Children, 4*(2), 176-197.

Brown, S., Brack, G., & Mullis, F. (2008). Traumatic symptoms in sexually abused children: Implications for school counselors. *Professional School Counseling, 11*(6), 368-379.

Bryant, J.K. (2009). School counselors and child abuse reporting: A national survey. *Professional School Counseling, 12*(5), 333-342.

Bryant, J.B., & Milsom, A. (2005). Child abuse reporting by school counselors. *Professional School Counseling, 9*(1), 63-71.

Buser, T.J., & Buser, J.K. (2013). Helping students with emotional abuse: A critical area of competence for school counselors. *Journal of School Counseling, 11*(9), 1-45.

Chaffin, M., Wherry, J.N., & Dykman, R. (1997). School age children coping with sexual abuse: abuse stressors and symptoms associated with four coping strategies. *Child Abuse and Neglect, 21*(2), 227-240.

Child Help. (2012). Child abuse statistics and stats. Retrieved from https://www.childhelp.org/child-abuse-statistics/.

Child Welfare Information Gateway. (2015). Definitions of child abuse and neglect in federal law. Retrieved from https://www.childwelfare.gov/topics/can/defining/federal/.

Child Welfare Information Gateway. (2013). Long-term consequences of child abuse and neglect. Retrieved from https://www.childwelfare.gov/pubpdfs/long_term_consequences.pdf.

Child Welfare Information Gateway. (2013). Parenting a child who has experienced abuse or neglect. Retrieved from https://www.childwelfare.gov/pubPDFs/parenting_CAN.pdf

Crosson-Tower, C. (2003). *The role of educators in preventing and responding to child abuse and neglect*. Washington, D.C.: U.S. Department of Health and Human Services.

Dahir, C.A., & Stone, C.B. (2012). *The transformational school counselor, 2nd edition*. Belmont, CA: Brooks/Cole Cengage Learning.

Daignault, I.V. & Hebert, M. (2009). Profiles of school adaptation: Social, behavioral and academic functioning in sexually abused girls. *Child Abuse & Neglect, 33*, 102-115.

Green, E.J. (2008). Reenvisioning Jungian analytical play therapy with child sexual assault survivors. *International Journal of Play Therapy, 17*(2), 102-121.

Grubbs, N. (2013). *School counselor-parent collaborations: Parents' perceptions of how school counselors can meet their needs* (unpublished doctoral dissertation). Georgia State University, Atlanta, GA.

Herlihy, B., & Corey, G. (2015). *ACA ethical standards casebook, 7th edition*. Alexandria, VA: American Counseling Association.

Herlihy, B., Gray, N., & McCollum, V. (2002). Legal and ethical issues in school counselor supervision. *Professional School Counseling, 6*(1), 55-60.

Johnson, R., & and Shrier, D. (1985). Sexual victimization of boys: Experience at an adolescent medicine clinic. *Journal of Adolescent Health Care, 6*, 372-376.

Kenny, M.C. (2009). Child sexual abuse prevention: Psycho-educational groups for preschoolers and their parents. *Journal for Specialists in Group Work, 34*, 24-42.

Lazovsky, R. (2008). Maintaining confidentiality with minors: Dilemmas of school counselors. *Professional School Counseling, 11*(5), 335-346.

Lemberger, M.E., Wachter-Morris, C.A., Clemens, E.V., & Smith, A.L. (2010). A qualitative investigation of the referral process from school counselors to mental health providers. *Journal of School Counseling, 8*(32), 1-32.

Lewin, D., & Herron, H. (2007). Signs, symptoms and risk factors: Health visitors' perspectives of child neglect. *Child Abuse Review, 16,* 93-107.

Linton, J.M., & Deuschle, C.J. (2006). Meeting school counselors' supervision needs: Four models of group supervision. *Journal of School Counseling, 4*(6), 1-27.

Martyniuk, H., & Dworkin, E. (2011). Child sexual abuse prevention: Programs for children. *National Sexual Violence Research Center,* 1-16.

Mayo Clinic. (2015). *Symptoms*. Retrieved from www.mayoclinic.org/diseases-conditions/child-abuse/basics/symptoms/con-20033789.

McMahon, M., & Patton, W. (2000). Conversations on clinical supervision: Benefits perceived by school counselors. *British Journal of Guidance and Counseling, 28*(3), 339-351.

Mikton, C., & Butcher, A. (2009). Child maltreatment prevention: A systematic review of reviews. *Bulletin of the World Health Organization, 87,* 353-361.

Minard, S.M. (1993). The school counselors' role in confronting child sexual abuse. *School Counselor, 41*(1), 9-15.

Misurell, J., Springer, C., Acosta, L., Liotta, L., & Kranzler, A. (2014). Game-based cognitive-behavioral therapy individual model (GB-CBT-IM) for child sexual abuse: A preliminary outcome study. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*(3), 250-258.

Odhayani, A.A., Watson, W.J., & Watson, L. (2013). Behavioural consequences of child abuse. *Canadian Family Physician, 59*(8), 831-836.

Otto, M.L, & Brown, R.W. (1982). The school counselor: understanding and responding to abusive families. *The School Counselor, 30*(2), 101-109.

Paisley, P.O., & McMahon, G.H. (2001). School counseling for the 21st century: Challenges and opportunities. *Professional School Counseling, 5*(2), 106-115.

Schene, P.A. (1998). Past, present, and future roles of child protective services. *Protecting Children from Abuse and Neglect, 8*(1), 23-38.

Schonbucher, V., Maier, T., Mohler-Kuo, M., Schnyder, O., & Landolt, M.A. (2014). Adolescent perspectives on social support received in the aftermath of sexual abuse: a qualitative study. *Archives of Sexual Behavior, 43*(3), 571-586.

Scott, T.A., Burlingame, G., Starling, M., Porter, C., & Lilly, J.P. (2003). Effects of individual client-centered play therapy on sexually abused children's mood, self-concept, and social competence. *International Journal of Play Therapy, 12*(1), 7-30.

Slade, E.P., & Wissow, L.S. (2007). The influence of childhood maltreatment on adolescent's academic performance. *Economics of Education Review, 26*(5), 604-614.

Sommers-Flanagan, J., & Bagley, M. (2011). Seven solutions for working with parents. *American School Counseling Association*. Retrieved from www.schoolcounselor.org/magazine/blogs/january-february-2011/seven-solutions-for-working-with-parents.

Somody, C., Henderson, P., Cook, K., & Zambrano, E. (2008). A working system of school counselor supervision. *Professional School Counseling, 12*(1), 22-33.

Stirling, J., & Amaya-Jackson, L. (2008). Understanding the behavioral and emotional consequences of child abuse. *Pediatrics, 122*(3), 667-673.

Studer, J.R., & Oberman, A. (2006). The use of the ASCA national model in supervision. *Professional School Counseling, 10*(1), 82-87.

Tanako, M., Georgiades, K., Boyle, M.H., & MacMillan, H.L. (2015). Child maltreatment and educational attainment in young adulthood: results from the Ontario health study. *Journal of Interpersonal Violence, 30*(2), 195-214.

Tomback, R.M. (2010). *Personal body safety-child abuse and neglect prevention curriculum*. Bel-Air, MD: Hartford County Public Schools.

U.S. Department of Health and Human Services. (2010). The child abuse prevention and treatment act: As amended by P.L. 111-320, the CAPTA reauthorization act of 2010. Washington, D.C. Retrieved from https://www.act.hhs.gov/sites/default/files/cb/capta2010.pdf.

U.S. Department of Health and Human Services. (2013). Child Maltreatment 2013. Washington, D.C. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/cm2013.pdf.

Van der Kolk, B.A., Hopper, J., & Crozier, J. (2001). Child abuse in America: Prevalence and consequences. *Journal of Aggression, Maltreatment, & Trauma*, 1-20.