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From Tragedy to Triumph: Counselors' Perceptions of Interventions for Former Victims of Abuse Who Have Become Successful

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FROM TRAGEDY TO TRIUMPH:

COUNSELORS' PERCEPTIONS OF INTERVENTIONS

FOR FORMER VICTIMS OF ABUSE WHO HAVE BECOME SUCCESSFUL

A Dissertation Submitted in Partial Fulfillment of the
Requirements for the degree of Doctor of Education
and Social Justice Leadership

Natalie Weisel Powell

School of Education

January 2016

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Counselors' Perceptions of Interventions for Victims of Abuse
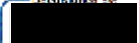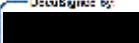
A dissertation submitted in partial fulfillment of the requirements for the degree of
Doctor of Education in Leadership for Educational Justice

By

Natalie Weisel Powell

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Abstract

This was a qualitative Delphi study to determine the perceptions of counselors who have worked with former victims of abuse to identify the educational strategies and accommodations that were effective in helping them cope with and overcome the negative impact of abuse.

Although there is substantial research on the effects of abuse on children, there is a lack of studies investigating what can be done to support abused individuals in coping with the negative impact of abuse and becoming successful in education. Studies have shown, when compared to the nonabused, abused children's academic achievement is significantly lower than that of other students (Kelley, Thornberry, & Smith, 1997). The poor achievement may be a result of a multitude of effects from abuse.

This study identified the following educational strategies and accommodations that counselors perceived were effective in helping the former victims overcome the negative impact of abuse: establishing a positive relationship with an adult, relocating to a safe space, group therapy, participating in extracurricular activities that include clubs and organizations, working with a counselor, retelling one's story, and finding one's own identity separate from that of "victim."

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Chapter 1

Introduction

Counselors struggle to help far too many children in this country who experience abuse as part of their daily lives; sadly, many educators and caregivers lack information regarding the best support and intervention strategies. An overwhelming 60% of children in the United States experience violence or abuse in some form (Finkelhor, Turner, Ormrod, & Hamby, 2009, as cited in Keeshin, Cronholm, & Strawn, 2012), and more than 2.3 million people are victims of domestic violence each year (Tjaden, Thoennes, National Institute of Justice, & Centers for Disease Control and Prevention, 2000, as cited in Keeshin et al., 2012). Many children are exposed to abuse at excessive rates, which are increasing every year. According to the United Nations Children's Fund (2012), the consequences of child abuse not only impact the victim's childhood but can also negatively affect the victim throughout his or her life.

School counselors serve students in a variety of ways. Not only do they help students select courses and apply to colleges, but they also aid students in personal development. Counselors are trained to know how to help students with academic achievement, problem solving, and social and personal issues. They work with students on strategies and methods to help them cope with issues they are facing in their adolescent lives. Counselors have been trained to help students learn to cope with many issues including abuse. This topic is covered in their coursework and fieldwork experiences to complete credential requirements. Their training encompasses how to treat and work with children who have been abused (R. Morgan, personal communication, January 19, 2015). Counselors listen to and assist students with their courses and school

life. They work with students to promote their intellectual, emotional, social, and ethical

growth. They help students develop the confidence and competence to be productive

members of society.

Background

The phrase *child maltreatment* has been used to include the various types of abuse

that have been inflicted on a child. Child maltreatment has been defined as any form of

physical, emotional, or sexual abuse, neglect, or exploitation of a child (Kelley,

Thornberry, & Smith, 1997; Butchart, Harvey, Mian, & Fürniss, 2006; Krug, Dahlberg,

Mercy, Zwi, & Lozano, 2002; Leeb, Paulozzi, Melanson, Simon, & Arias, 2008; United

Nations Children's Fund, 2012). *Child maltreatment* and *child abuse* are used

interchangeably in the professional literature, but school board policy (San Bernardino

City Unified School District [2008] BP 5141.4), administrative regulations (San

Bernardino City Unified School District [2008] AR 5141.4), California Education Code

(sec. 33308.1), and California Penal Code (sec. 11165.1-11165.6) use the word *abuse*

exclusively and define it as follows:

1. A physical injury inflicted by other than accidental means on a child by

   another person

2. Sexual abuse of a child as defined in Penal Code 11165.1

3. Neglect as defined in Penal Code 11165.2

4. Willful harming or injuring of a child or the endangering of the person or

   health of a child as defined in Penal Code 11165.3

5. Unlawful corporal punishment or injury as defined in Penal Code 11165.4

   (Child Abuse Prevention and Reporting, 2007, "Definitions," para. 1)

Child abuse is not a new epidemic; evidence of child abandonment, malnourishment, and physical and sexual abuse has existed throughout history, dating back to ancient civilizations (Krug et al., 2002). Despite the long presence of child abuse in history, it was not until the end of the 1800s that the issue of child abuse began to be addressed through the development of organizations in the United States (Zigler & Hall, 1989, as cited in Sinanan, 2011). These organizations provided services with the prospect to reduce the occurrence of child abuse.

In 1935, the first legal act related to child abuse was put in place. The Social Security Act funded services aimed at helping protect the homeless and neglected children in an effort to keep them from becoming criminal delinquents (Sedlak, 2001). This was the first step to statutory laws addressing the abuse of children. In the 1960s, individual states began passing laws that required acts of child abuse to be reported. To encourage witnesses of abuse to report the crimes, the laws were designed to protect the reporter if the person being accused tried to take legal action for slander. By 1967, every state in the country had passed mandatory reporting laws for child abuse (Sedlak, 2001).

The dramatic impact on a child that is caused by abuse often carries over to many parts of his or her life. According to Davis (1991),

Abuse manipulates and twists a child's natural sense of trust and love. Her innocent feelings are belittled or mocked and she learns to ignore her feelings. She can't afford to feel the full range of feelings in her body while she's being abused—pain, outrage, hate, vengeance, confusion, arousal. So she short-circuits them and goes numb. For many children, any expression of feelings, even a single

tear, is cause for more severe abuse. Again, the only recourse is to shut down.

Feelings go underground. (p. 19)

Child abuse has been shown to cause many negative effects for children. Victims of child abuse have experienced many forms of health issues as a result of the abuse. There have been immediate physical injuries due to the abuse, as well as injuries that developed over time after the abuse stopped. Some of the physical injuries due to abuse that have occurred in reported cases of child abuse have been visual impairments and blindness, cognitive and motor impairments, possible cerebral palsy, and hindered development and functioning of the brain in some children (National Center on Shaken Baby Syndrome, 2009, as cited in Centers for Disease Control and Prevention, National Center for Injury Prevention and Control [CDC, NCIPC], 2012). In addition to physical health problems, adults who experienced abuse in childhood have been shown to be more prone to develop high blood pressure, high cholesterol, heart and liver disease, chronic lung disease, and even cancer (Danese et al., 2009; Felitti et al., 1998). These health issues have been found to occur at a much higher rate in adults who were abused in childhood when compared to adults who were not.

Social, emotional, and psychological problems have also been found to be prevalent for many victims of child abuse. Posttraumatic stress disorder (PTSD) has been shown to be a result of experiencing child abuse (CDC, NCIPC, 2012). The psychological stress brought on by abuse has caused anxiety, memory loss, eating disorders, depression, and suicidal tendencies in some victims of abuse (Dallam, 2001; Perry, 2001; Silverman et al., 1996, as cited in CDC, NCIPC, 2012). The psychological effects from child abuse have been shown to affect the victims' relationships later on in

life. Adults who were abused as children have reported difficultly establishing and maintaining personal relationships (Colman & Widom, 2004). Child abuse has been connected to a variety of psychological and emotional circumstances for its victims.

Humanistic psychologist Abraham Maslow developed a hierarchic theory of needs (Simons, Irwin, & Drinnien, 1987). He identified five basic needs that every human being requires. Maslow believed people will grow to meet their potential when their needs are met; however, their growth may be stifled when their needs are denied (Simons et al., 1987). The first and largest category of needs was the physiological needs, or the biological needs for survival: need for food, water, oxygen, and constant body temperature; next was the need for safety; the third level was the need for love, affection, and belongingness; the next level included the needs for esteem, both self-esteem and the esteem received from others; and the final level was the need for self-actualization (Simons et al., 1987). Each level of basic needs is built on the previous, and each level must be met before an individual can move on to the next higher level. A person's full potential will only be met if all five of the basic needs are satisfied.

According to California Penal Code Sections 11165.1-11165.6, child abuse can be divided into five different categories: physical abuse, emotional abuse, sexual abuse, neglect, and educational maltreatment. A brief description of each category of abuse follows.

Physical abuse has been defined as intentional physical acts by a parent on a child that cause or have the potential of causing physical injury (Child Welfare Information Gateway, 2013; Krug et al., 2002; National Center for Injury Prevention and Control [NCIPC], Division of Violence Prevention, 2013b; Sedlak, 2001; United Nations Children's Fund, 2012). The California Penal Code, however, defined it as "physical injury . . . inflicted by other than accidental means upon a child by another person" (sec.

11165.6). This has expanded the description of who can be accountable for abuse and has removed the element of intent that has brought cultural issues such as "coining" within the legal description of abuse despite centuries of Asian medical practices in low-socioeconomic populations (Ravanfar & Dinulos, 2010). Coining is a cultural practice with the purpose to heal a sick child, whereas abuse is only intended to inflict physical pain.

Emotional abuse has been defined as

failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop stable and full range of emotional and social competencies commensurate with her or his personal potentials and in the context of the society in which the child dwells. (NCIPC, Division of Violence Prevention, 2013b, pp. 3-4)

Sexual abuse has been defined as any sexual activity that occurs between a responsible adult and a child for the benefit or gratification of the adult (Child Welfare Information Gateway, 2013; Kelley et al., 1997; Krug et al., 2002; Leeb et al., 2008; NCIPC, Division of Violence Prevention, 2013b; Sedlak, 2001; United Nations Children's Fund, 2012).

Neglect has been defined as the failure to provide the basic necessities for child development (Child Welfare Information Gateway, 2013; Kelley et al., 1997; Krug et al., 2002; Leeb et al., 2008; NCIPC, Division of Violence Prevention, 2013b; United Nations Children's Fund, 2012). Neglect for a child could be physical, emotional, or medical and could involve living conditions, protection from harm, supervision, and education. A parent's failure to meet a child's needs in any of these areas, when capable of doing so, has been classified as neglect. Neglect has been the least clearly defined type of abuse, and school principals' interpretations have varied from those of California Social Service

Department, Child Protective Services (CPS) officials when reporting what they reasonably suspected (Rose & Best, 2005).

Educational maltreatment has been classified as when a parental guardian fails to provide a child with an adequate education; this has also been considered a form of neglect or maltreatment (Child Welfare Information Gateway, 2013; Kelley et al., 1997; NCIPC, Division of Violence Prevention, 2013b; Sedlak, 2001; United Nations Children's Fund, 2012). School principals have felt it necessary to report this kind of abuse; however, CPS officials, who have believed it should be handled through the school attendance review board (SARB) process, have discouraged it (Rose & Best, 2005).

Interventions for coping with abuse have taken many different forms and have come from many different agencies such as government agencies, schools, private foundations, religious organizations, and community groups. Interventions have been directed at the individual victims as well as the families and communities surrounding the victims. Many professionals, such as social workers, therapists, and school counselors, have aided victims of abuse and their families in learning how to cope with the negative effects of abuse. These organizations and individuals have all sought to meet the common goals of helping those who have been victims of child abuse, reducing the occurrence of child abuse, and ultimately preventing further abuse.

Problem Statement

Although there is substantial research on the effects of abuse on children, there is a lack of studies investigating what can be done to aid abused children in becoming successful in education. All children have the right to an education; however, the school environment has not been the same for all children. Many abused children have experienced school and the learning process in completely different ways than their

nonabused classmates. Studies have shown, when compared to the nonabused, maltreated children's academic achievement was significantly lower than that of other students (Kelley et al., 1997). The poor achievement may have been a result of a multitude of effects from abuse and a lack of effective interventions to help the students cope with the abuse. The experiences of abuse can weigh heavily on a child and can affect all aspects of his or her life. Students who have experienced abuse could need additional services, which could be provided by school counselors. Abuse has been connected to social, emotional, and mental health problems, but what can counselors do to lessen the negative impact on the child's educational success?

Significance of the Study

Counselors, caregivers, therapists, educators, and decision makers need to be familiar with strategies and interventions that have helped victims of abuse cope with the negative impact of abuse so that they can become successful. Abuse has been connected to social, emotional, and mental health problems, but what successful strategies exist to improve abused children's educational success? The findings from this study should be of interest to people in the education system and persons in the position to act for maltreated children through prevention and intervention.

This study was intended to help inform educators and individuals who work with abused children on educational practices in regard to children who have been exposed to abuse. The findings of this study further contribute to the existing body of literature on abuse by providing insight into the perceptions and experiences of counselors who have experience helping former victims of abuse who went on to become successful individuals.

Purpose

  The purpose of the study was to determine the perceptions of counselors who have worked with former victims of abuse on the educational strategies and support services that were effective in helping them cope with and overcome the negative impact of abuse.

Research Questions

  The overarching research question of the study was, "What strategies and support services were provided for former victims of abuse who have achieved success?" The following subquestions guided the study:

1. What challenges do victims of abuse face?

2. What impact does abuse have on self-esteem?

3. What strategies and/or interventions are effective in helping victims of abuse cope with the negative impact of abuse?

4. What types of support are provided by counselors for the victims of abuse?

5. What do educators who are working with abuse victims need to know?

Delimitations

  The following delimitations guided this study:

- The sample for this study consisted of counselors in Southern California who had worked with students who experienced abuse as children but, despite numerous issues and challenges, became successful adults (defined as fully functional high school graduates, college students, and/or professionals).

- The data were collected over a single panel discussion at the University of Redlands in October 2015.

Definitions of Terms

Administrative regulations (AR). The clarifications and procedures for how the board of education's expectations for the activities of school-connected organizations will be met.

Battered child syndrome. The clinical condition that may result from having been the recipient of considerable physical abuse as a young child.

Board policy (BP). A directive adopted by the board of education that reflects the board of education's official intent or position on a given issue.

Child abuse. Child abuse or neglect includes the following:

1. A physical injury inflicted by other than accidental means on a child by another person

2. Sexual abuse of a child . . .

3. Neglect . . .

4. Willful harming or injuring of a child or the endangering of the person or health of a child . . .

5. Unlawful corporal punishment or injury as defined in Penal Code [11165.1-11165.6] (Child Abuse Prevention and Reporting, 2007, "Definitions," para. 1)

Child maltreatment. Any form of physical, emotional, or sexual abuse, neglect, or exploitation of a child. The term *abuse* is used most often in legal statutes, but in the literature *abuse* and *maltreatment* are used interchangeably.

Child Protective Services (CPS). California government agency that provides services to help in situations involving abuse and neglect.

Convention on the Rights of the Child (CRC). The 1990 United Nations treaty that defined the rights of children.

Corporal punishment. A form of physical abuse that uses physical force often with the desire to create a behavior change in the recipient.

Education Code. A collection of state laws that grant many basic rights to classified employees.

Educational maltreatment. When a parental guardian fails to provide a child with an adequate education.

Emotional or psychological abuse. Abuse where the parent behaves in such a manner to harm the child emotionally or psychologically.

Hyperarousal. A state when an individual is very perceptive to nonverbal cues, and the individual may be suspicious of negative outcomes to the point of possible paranoia.

Neglect. The failure to provide the basic necessities for child development has been defined as child abuse. Neglect for a child could be physical, emotional, or medical and could involve living conditions, protection from harm, supervision, and education. It is considered neglect when a parent fails to meet a child's needs in any of these areas, when the parent is fully capable of addressing these needs.

Phenomenology. The study investigating the experiences of a group of individuals who have encountered the same phenomenon.

Physical abuse. The intentional physical acts by a parent on a child that cause or have the potential of causing physical injury.

Posttraumatic stress disorder (PTSD). A mental health condition that is triggered by either experiencing or witnessing a terrifying event.

Public Personnel Services Credential. A credential that authorizes the holder to perform school counseling in Grades K-12.

School attendance review board (SARB). Panel of school and community members who meet regularly to review, diagnose, and attempt to resolve student attendance or behavior problems.

Self-actualization. "A person's need to be and do that which the person was 'born to do'" (Simons et al., 1987, p. 2).

Sexual abuse. Any sexual activity that occurs between a responsible adult and a child for the benefit or gratification of the adult.

Terrorizing. The behavior on behalf of a parent that makes a child feel he or she is in a situation that is unsafe and possibly life threatening.

Organization of the Study

This study consists of five chapters, a reference list, and appendices. The first chapter included the background of the study, statement of the problem, purpose of the study, significance of the study, definitions of terms, delimitations, and organization. The following chapter includes a review of literature related to child abuse and maltreatment, the different types of child abuse, the prevalence of child maltreatment, effects of child abuse, interventions, Marzano's theory of the self-system, and Maslow's hierarchy of needs. Chapter 3 describes the methodology that was employed by the researcher with participants, procedures, instruments, measures, data collection procedures, and data analysis measures. The fourth chapter consists of analyzed data collected from the transcribed 1-hour conference discussion and the findings. Chapter 5 summarizes the study, findings, implications, and recommendations for further research. Finally, the study concludes with references and appendices.

Chapter 2

Review of the Literature

The literature review is organized in 10 sections: (a) child maltreatment, (b) types of abuse, (c) history of child mistreatment, (d) prevalence, (e) reporting of child abuse, (f) effects of child maltreatment, (g) school, (h) interventions and treatments, (i) Marzano's taxonomy, and (j) Maslow's hierarchy of needs.

Children who have been victims of abuse were deprived of the experience of a world that was a safe environment filled with wonder and joy. Pelzer (1995) stated, "Childhood should be carefree, playing in the sun; not living a nightmare in the darkness of the soul" (p. 98). Over half of all children, 60%, in the United States have been exposed to some form of violence or abuse (Finkelhor, Turner, Ormrod, & Hamby, 2009, as cited in Keeshin et al., 2012), and more than 2.3 million people are victims of domestic violence each year (Tjaden, Thoennes, National Institute of Justice, & Centers for Disease Control and Prevention, 2000, as cited in Keeshin et al., 2012). Many children have lived in fear with a multitude of negative feelings because they were part of the high abuse rates that have steadily risen each year. This research examined the different types of child abuse and maltreatment, including history, prevalence, reporting, effects, and interventions. It is important for people in the education system and persons in the position to act for maltreated children to know and understand the unique background and needs of individuals who have experienced abuse.

Child maltreatment has been defined as when a child experiences or is exposed to violence or abuse. Child maltreatment has taken many forms. For the purpose of this study, child maltreatment was defined in the following five categories: physical abuse, emotional abuse, sexual abuse, neglect (including both physical and emotional), and educational maltreatment. This chapter of the study explores the history and prevalence of child abuse, what effects may result from child maltreatment, the role of school and

education in the lives of abused children, and the types of interventions that have been used with victims of abuse.

The terms *parent* and *guardian* are used interchangeably in this study. A parent or guardian was defined as the person who is responsible for the care and well-being of a child. Parent or guardian referred to the caregiver of the child, and this included biological parent, foster parent, legal guardian, or persons of the like.

Child Maltreatment

Many researchers have used the term *child maltreatment* to encompass the many forms of abuse inflicted on children (Butchart et al., 2006; Kelley et al., 1997; Krug et al., 2002; Leeb et al., 2008; United Nations Children's Fund, 2012). There has been no set definition of this term. In most research studies on the subject, it has been commonly defined as any form of physical, emotional, or sexual abuse, neglect, or exploitation of a child (Butchart et al., 2006; Kelley et al., 1997; Krug et al., 2002; Leeb et al., 2008; United Nations Children's Fund, 2012). Any act that intentionally causes harm to a child in any of these forms can be categorized as a type of child maltreatment. Most of the states in this country have recognized four main types of child maltreatment: physical abuse, emotional abuse, sexual abuse, and neglect (Child Welfare Information Gateway, 2013). Federal legislation determined the least behaviors that can be classified as child neglect and abuse:

> The Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended and reauthorized by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as, at minimum:
>
> > *"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."* (Child Welfare Information Gateway, 2013, p. 2)

Any behaviors that meet or exceed these actions are considered child abuse or neglect

under CAPTA.

Types of Abuse

Child maltreatment has been identified in many forms. In this section, child abuse has been broken down into five different categories: physical abuse, emotional abuse, sexual abuse, neglect, and educational maltreatment.

Physical abuse. One of the main forms of abuse is physical abuse. This form of abuse is defined as intentional physical acts by a parent on a child that cause or have the potential of causing physical injury (Child Welfare Information Gateway, 2013; Krug et al., 2002; NCIPC, Division of Violence Prevention, 2013b; Sedlak, 2001; United Nations Children's Fund, 2012). Physical abuse may be a one-time event or may reoccur throughout the victim's childhood. Injuries from physical abuse range from minor bruises to fatal injuries (Kelley et al., 1997; United Nations Children's Fund, 2012). There has been a wide variety of injuries that have been related to the diverse acts of physical abuse.

A broad scope of actions have been classified under physical abuse. Acts of physical abuse include, but are not limited to, hitting with the hand (slapping, spanking, punching), hitting with a foreign object or substance, biting, kicking, throwing, dropping, shaking, shoving, stabbing, choking, burning, poisoning, dragging, or other use of physical force against a child (Child Welfare Information Gateway, 2013; Krug et al., 2002; NCIPC, Division of Violence Prevention, 2013b; Sedlak, 2001; United Nations Children's Fund, 2012). Depending on whether the harshness of the actions is excessive, the abuse may be classified as "severe" or "very severe" physical abuse.

Severe physical abuse has been defined as actions of kicking, beating with fists or an object on areas other than the child's buttock, and other actions that cause bruises or other injuries (United Nations Children's Fund, 2012). The more extreme acts have been classified as very severe physical abuse. Actions of very severe physical abuse include,

but are not limited to, burning the child with fire, hot water, or cigarettes; stabbing; and binding a child (United Nations Children's Fund, 2012). The prevalence of severe and very severe physical abuse has been hard to determine due to varying definitions, but research has found that the occurrence of severe physical abuse ranges from 8.6% to 23.1% and very severe physical abuse ranges from 0.4% to 2.8% of abuse reports (United Nations Children's Fund, 2012).

Corporal punishment has also been classified as a form of physical abuse. It has been defined as the use of physical force, often with the desire to create a behavior change in the recipient (Butchart et al., 2006). It has been used in many different societies, cultures, and religions throughout history (Butchart et al., 2006). Corporal punishment is still used in the current day. The Committee on the Rights of the Child (as cited in United Nations Children's Fund, 2012) defined corporal punishment as follows:

> "Any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting ('smacking', 'slapping', 'spanking') children, with the hand or with an implement—whip, stick, belt, shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, burning, scalding or forced ingestion (for example, washing children's mouths out with soap or forcing them to swallow hot spices). In the view of the Committee, corporal punishment is invariably degrading. In addition, there are other non-physical forms of punishment which are also cruel and degrading and thus incompatible with the Convention. These include, for example, punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules the child" (General Comment, No. 8, 2006, paragraph 11). (p. 4)

The negative results of corporal punishment have been shown to affect a child physically, emotionally, and developmentally. The effects may vary depending on how often and to what extent corporal punishment is used on the child. In addition, the age, emotional

state, and developmental state of the child are contributing factors to the severity of the effects (Butchart et al., 2006). Corporal punishment has resulted in physical injury, humiliation, and harm to the development of the child recipients (Butchart et al., 2006).

A form of physical abuse that has occurred to fairly young children or infants is shaking. Aggressively shaking an infant has been shown to cause severe physical injury to the child, such as hemorrhages in the brain and retinas, and fractures in the joints of the child's limbs (Krug et al., 2002). These injuries may, and often do, cause long-term devastating effects. An infant who has been aggressively shaken may develop blindness, cerebral palsy, mental retardation, or death as in one third of the cases (Krug et al., 2002). The fragile nature of an infant's body cannot withstand the intense physical exertion put on it when severely shaken.

As for children who are the victims of the maltreatment, they may develop "battered child syndrome" (Krug et al., 2002, p. 59). This clinical condition results from having been the recipient of considerable physical abuse as a young child (Kempe, Silverman, Steele, Droegemueller, & Silver, 1985; Krug et al., 2002). Often the abuse a child experiences has been from a parent or caregiver. The battered child has been exposed to years of repeated physical abuse, which could cause major injuries to the nervous system, skin, or skeletal system (Krug et al., 2002). If there are repeated years of severe physical abuse that cause tremendous harm, the child could develop battered child syndrome.

The interactions with a parent are where abused children first learn about violence. A parent may hit a baby's hand to warn the child not to do an improper action such as touching a hot dish or picking up dirty items. These types of actions are meant to help or protect the baby, but they also teach the child that violence from a parent is acceptable (Straus & Gelles, 1990). This makes it difficult for a young child to realize when physical violence from a parent has crossed the line into the realm of abuse. The parent-child relationship causes possible confusion for the child and his or her trepidation

to report the abuse. Many cases of physical abuse have gone unreported because children have not wanted to act against their parents or have feared for their parents and their future if they did report the abuse (Gray, 2014). Many children who are victims of physical abuse live in fear of their own parents.

   Emotional abuse. A second prevalent form of child maltreatment is emotional or psychological abuse. This type of abuse has been defined as where the parent behaves in such a manner to harm the child emotionally or psychologically (Child Welfare Information Gateway, 2013; Kelley et al., 1997; Krug et al., 2002; Leeb et al., 2008; NCIPC, Division of Violence Prevention, 2013b; United Nations Children's Fund, 2012). Emotional abuse from a parent is

> the failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop stable and full range of emotional and social competencies commensurate with her or his personal potentials and in the context of the society in which the child dwells. There may also be acts towards the child that cause or have a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. (NCIPC, Division of Violence Prevention, 2013b, pp. 3-4)

Emotional abuse can take many different forms, including belittling a child, denying him or her affection, and isolating or confining a child to a small space, like a closet.

   Emotional abuse often involves the misuse of power in the parent-child relationship. Parents may use their position in the relationship to control the child through emotional manipulation (Gray, 2014). Through emotional abuse, the parent may control the actions of the child by threatening, belittling, or intimidating the child.

   One of the commonly reported forms of emotional abuse is verbal assault. This kind of abuse occurs when the parent or guardian routinely belittles, blames, degrades, or

otherwise verbally assaults the child (Gray, 2014; Leeb et al., 2008; Sedlak, 2001). Verbal abuse has been classified as nonphysical but has been shown to severely harm the recipient emotionally by causing lowered self-esteem and perception of self-worth (Gray, 2014). Threats are also categorized as a kind of verbal abuse (Leeb et al., 2008). When a child is routinely threatened with physical violence or abandonment, it can take a toll on the child's emotional development.

A more severe kind of emotional abuse is classified as terrorizing a child. Terrorizing has been described as the behavior of the parent that makes the child feel he or she is in a situation that is unsafe and possibly life threatening (Leeb et al., 2008). Possible forms of terrorizing include a parent allowing a child to be in an environment that is dangerous and unpredictable or making threats of violence against a child, the child's loved ones, or the child's possessions (Leeb et al., 2008). When a child is placed in these situations, even if no actual physical harm occurs, the psychological harm from these events could have very real and long-lasting emotional effects (Leeb et al., 2008).

Economic abuse and exploitation are two additional forms of emotional abuse. Economic abuse occurs when the parent uses the fact that he or she is in charge of the family's finances to control the child and the child's actions (Gray, 2014). The child must do what the parent tells him or her to do because the parent is the one who pays for the child's housing, clothing, food, and so on. If the child wants these to be provided, he or she must abide by what the parent says and does. The other form of emotional abuse is exploitation. Child exploitation is the "use of the child in work or other activities for the benefit of others. This includes, but is not limited to, child labour and child prostitution" (Krug et al., 2002, as cited in United Nations Children's Fund, 2012, p. 4). This kind of child abuse could fall under the category of moral-legal maltreatment as well (Kelley et al., 1997). In both of these forms of child maltreatment, the parent uses his or her position of power to control the child in a manner that could emotionally and psychologically harm the child.

Psychological maltreatment also takes the form of isolation. According to Leeb et al. (2008), "Psychological isolation occurs when a caregiver forbids, prevents, or minimizes a child's contact with others" (p. 16). The parent may not physically prevent the child from interacting with others but may use psychological means to make the child feel that he or she should not or cannot interact with other individuals. This may occur by a parent manipulating the child by making him or her feel guilty or undeserving to spend time with others (Gray, 2014).

Confinement of a child is another type of child maltreatment that falls under the category of emotional abuse. Confinement ranges from placing a child in a small place, such as a closet, to binding a child's limbs together or to a chair or other object (Sedlak, 2001). This type of maltreatment does not include when a parent sends his or her child to the child's room for "grounding" as punishment (Sedlak, 2001). Confinement or binding refers to a more severe kind of punishment that can result in psychological harm to the child.

The emotional maltreatment that is inflicted by a parent is within the parent's control and completely preventable. It has been defined as the behavior of the parent toward the child that may be harmful and inattentive to the psychological and emotional developmental needs of a child (Child Welfare Information Gateway, 2013; Kelley et al., 1997; Krug et al., 2002; Leeb et al., 2008; NCIPC, Division of Violence Prevention, 2013b; United Nations Children's Fund, 2012).

Sexual abuse. Other types of abuse also cause emotional and psychological effects on the recipient. Sexual abuse has been shown to take a great toll on a child's emotional well-being. This form of abuse has often gone unreported, and it has been the physical and emotional effects of the abuse that have led to the detection of it (Krug et al., 2002). Children may be embarrassed or afraid to report sexual abuse. It is common for children who experience sexual abuse to obtain injuries, obtain infections, and exhibit

a change in demeanor or behavior (Krug et al., 2002). When these injuries or behavior changes occur to the child, they are investigated, which commonly results in the discovery of the presence of sexual abuse.

There are a wide range of actions that can be classified within this form of abuse, from a child's exposure to pornographic material to forced prostitution of the child (Kelley et al., 1997). Sexual abuse has been defined as any sexual activity that occurs between a responsible adult and a child for the benefit or gratification of the adult (Child Welfare Information Gateway, 2013; Kelley et al., 1997; Krug et al., 2002; Leeb et al., 2008; Sedlak, 2001; NCIPC, Division of Violence Prevention, 2013b; United Nations Children's Fund, 2012). Sexual activities are classified as any activity that is related to sexual content.

There are three main categories that sexual abuse has been split into: noncontact sexual abuse, abusive sexual contact, and sexual acts. The first category, noncontact, refers to abuse where no overt sexual contact occurs physically between the parent and child (Leeb et al., 2008). Noncontact sexual abuse may be of the form where a parent exposes a child to sexual content—pornography or voyeurism by an adult, photos or video taken of a child in a sexual act, or sexual harassment in the form of inappropriate sexual comments made to the child (Child Welfare Information Gateway, 2013; Leeb et al., 2008). Even though there is no physical contact between the parent and child, the child is sexually abused by the adult.

The second category, abusive sexual contact, involves physical contact without penetration (Leeb et al., 2008). This type of abuse involves intentional contact of a person's genitalia, anus, groin, breast, inner thigh, or buttock either over clothing or directly (Leeb et al., 2008). As discussed with emotional abuse, the parent may use his or her position of power and coercion to control the child. With abusive sexual contact, a guardian may coerce the child to touch the guardian or another person (Child Welfare

Information Gateway, 2013; Leeb et al., 2008). There are strong emotional aspects of sexual abuse, which could cause great harm to a child by the parent.

The third form of sexual abuse is sexual acts, which include the penetration of mouth, vulva, or anus with any object (Child Welfare Information Gateway, 2013; Gray, 2014; Leeb et al., 2008; Sedlak, 2001). These sexual acts may be performed by the parent, the child, or another individual permitted by the parent (Sedlak, 2001). Sexual acts include, but are not limited to, penile intrusion (penetration of the penis into a bodily orifice), intrusion by finger or object, or molestation with genital contact (touching or fondling of the genitals; Sedlak, 2001).

The acts described in the preceding paragraphs may be performed by the child voluntarily, through coercion, or forcibly by the adult. Even if a child is "willingly" involved, as a child he or she does not fully comprehend the adult nature of the situation and therefore cannot give consent for these actions (United Nations Children's Fund, 2012). It is the parent's responsibility to protect a child from such activity.

Neglect. A parent has the responsibility to provide the basic needs for his or her child. The failure to provide the basic necessities for child development has been defined as child abuse in the form of neglect (Child Welfare Information Gateway, 2013; Kelley et al., 1997; Krug et al., 2002; Leeb et al., 2008; NCIPC, Division of Violence Prevention, 2013b; United Nations Children's Fund, 2012). Neglect of a child could be physical, emotional, or medical and could involve living conditions, protection from harm, supervision, or education. A parent's failure to meet the child's needs in any of these areas is considered a form of neglect. In the situation where poverty impairs a parent's ability to meet these basic needs of a child, it is not considered neglect; only when the resources are available to the guardian and not provided to the child is it classified as neglect (Krug et al., 2002). The refusal to provide when fully capable to do so is when a parent willingly and knowingly neglects his or her child.

Physical neglect. Children have certain physical needs, and the failure to meet these needs is classified as physical neglect. The failure to provide a child with adequate nutrition, hygiene, shelter, clothing, or safety has been defined as physical neglect (Child Welfare Information Gateway, 2013; Kelley et al., 1997; Krug et al., 2002; Leeb et al., 2008; NCIPC, Division of Violence Prevention, 2013b). Each of these is a physical necessity needed by a child for physical survival.

Children need to be provided with adequate nutrition. Regular meals should be made available to children. A child deprived of food is physically neglected (Krug et al., 2002; Leeb et al., 2008; NCIPC, Division of Violence Prevention, 2012). In the most extreme cases of physical neglect, children are diagnosed as malnourished or dehydrated due to a lack of adequate nutrition being provided.

Hygiene is another area where a parent could physically neglect a child. A parent should provide appropriate hygiene for a child—the child should bathe and brush his or her teeth regularly and live in a sanitary environment (Krug et al., 2002; Leeb et al., 2008). A child without means to clean him- or herself or his or her clothing is considered neglected.

The omission of providing a child with adequate shelter is identified as a type of physical neglect. A parent or guardian who does not provide appropriate living arrangements neglects the child (Krug et al., 2002; Leeb et al., 2008). A situation that is not appropriate for a child to live in could be a home with insufficient heating or cooling, one infested with bugs or vermin, or one that is unsafe for various other reasons. This, however, does not include when a parent is unable to obtain an appropriate living environment despite his or her effort or for reasons outside his or her control (i.e., financial restrictions; Krug et al., 2002).

A parent must also provide clothing for a child. The following are considered not appropriate: clothing that is too small for the child, not seasonally suitable (i.e., a child

needs warm clothing for times of cold weather), or not clean (Leeb et al., 2008). When a parent does not supply the child with proper attire, the parent is neglecting a basic need of the child.

The final type of physical neglect is identified as a parent's inattention to a child's safety (Krug et al., 2002). If a child is in a place where he or she could be injured by his or her surroundings (e.g., exposed to drugs or chemicals, broken sharp objects laying around, dangerous animals, etc.) or if a parent puts a child in a dangerous situation (e.g., around illegal activity or unsupervised around machinery or tools), the parent neglects the child's physical safety.

Emotional neglect. The parent has the responsibility to provide for the physical and emotional needs of a child. Emotional neglect can take the form of a parent ignoring a child or denying a child access to psychological care (Child Welfare Information Gateway, 2013; Leeb et al., 2008). Children need physical provisions such as food, shelter, and clothing, but they also need interactions and emotional support from their parents. These emotional and psychological needs have been shown to be vital for the healthy development of a child (Leeb et al., 2008). In addition, emotional neglect can include allowing an underage minor to use drugs and other substances (Child Welfare Information Gateway, 2013).

Medical neglect. Medical neglect has been defined as the failure of a parent to provide, or the delay of, needed medical care and mental health treatment to a child (Child Welfare Information Gateway, 2013). If a child is in need of medical attention for a "serious" illness, a parent must provide it in a timely manner (Sedlak, 2001). When a child has a serious illness, the delay or omission of seeking medical care could result in harm or even death of the child in extreme cases.

Another form of medical neglect has been identified as a guardian's failure to obtain assessment or needed care of a diagnosed condition (Sedlak, 2001). When a child

has a medical condition, illness, or impairment, a parent should seek out the appropriate professional care and treatment. For example, if a child has vision problems, a parent needs to provide the child with an assessment from an optometrist and glasses or other forms of vision aids if needed.

In certain cases where medical neglect is present, the neglect may also be a result of multiple forms of abuse. Sedlak (2001) noted, "An exception to the one-maltreatment-per-injury-or-impairment rule: If injury is originally caused by one form of maltreatment (e.g., physical assault) and is then unreasonably prolonged through delay in obtaining medical care, both forms of maltreatment apply" (p. 39). Abuse can be classified as multiple types for a single incident.

There exist several exceptions to what is classified as medical neglect. The first of these cases is not having a child vaccinated or inoculated (Sedlak, 2001). Many parents feel that it is their choice as to whether to vaccinate their child. In addition, there has been some debate on whether certain vaccinations are truly beneficial to children. The second case that is not considered maltreatment is when a parent does not seek medical attention based on reasonable judgment that professional care is not necessary (Sedlak, 2001). This may be when a child has the common cold and the parent believes that the child will get better in a day or two. The third case is when a parent tries to seek medical care for a child in a timely manner but is unsuccessful (Sedlak, 2001). In this case, the parent tries to do right by the child but is unable to for reasons outside of his or her control.

Supervision. Unsupervised or ineffectively supervised childcare (e.g., an infant left in the care of another child) has been categorized as a type of physical neglect (Kelley et al., 1997; Krug et al., 2002; Leeb et al., 2008; NCIPC, Division of Violence Prevention, 2013b). A parent needs to ensure the safety of a child, and with a lack of supervision, a parent would be unable to know whether a child is safe. Instances of supervision neglect occur in the form of a child left home alone for several hours, left

outside after dark, or left in the care of another who is not able to adequately look after the child (Kelley et al., 1997; Krug et al., 2002; Leeb et al., 2008; NCIPC, Division of Violence Prevention, 2013b). In each of these cases, a parent is not able to ensure the safety of the child and is therefore neglecting the child.

Exposure to violence is also considered a type of inadequate supervision (Leeb et al., 2008). A parent or guardian should try to take the appropriate measures to ensure that a child is not exposed to violence in the home or community. Exposure to violence could take the form of a child witnessing his or her mother being hit by his or her father or seeing two neighbors in a heated argument. If a parent is unable to shield the child from the incident (e.g., a fatal car accident occurs nearby while driving), it is not considered a form of maltreatment (Leeb et al., 2008). There are times when a parent is not able to prevent his or her child from being exposed to violence; this would not be considered child neglect.

Abandonment. Abandonment or the refusal of custody of a child by a parent or guardian has been classified as a further form of neglect. Abandonment is identified as a parent deserting a child without providing care or supervision. This may also include the inability to provide shelter and physical needs (Sedlak, 2001). Abandonment includes such acts as a newborn infant being deserted after birth or a child being left alone and the parent not returning within 2 days. An exception is when a parent abandons the family (e.g., the father leaves the home) but the child is left in the care of another (e.g., the mother; Sedlak, 2001).

Similarly, the refusal of custody is when a child is removed from the home without providing alternate arrangements for others to care for the child (Sedlak, 2001). If a child has been kicked out of the home indefinitely, the parent has neglected the child. However, if a parent temporarily locks out a child for short periods of time, this is not included under abandonment (Sedlak, 2001). If a child is shut out of the house for a few

hours, it is an issue of supervision neglect and not abandonment. In addition, if a runaway returns, the refusal to take in the child is also considered neglect (Sedlak, 2001).

Other forms of abuse related to custody and abandonment occur when a parent provides an unstable living environment for the child (Sedlak, 2001). An unstable living environment may be where a child is repeatedly moved from one home to another or there is a constant flux of people living in the home. Another situation of abandonment is when a parent regularly leaves the child under another's care for extended periods of time (i.e., days or weeks; Sedlak, 2001). Even though the parent leaves the child in the care of another, the fact that it occurs repeatedly for long durations of time classifies it as neglect of the child.

Educational maltreatment. The basic living requirements must be provided for a child by the parent or guardian, as explained in the previous section about neglect. One of these basic requirements has been identified as education. If a parental guardian fails to provide a child with an adequate education, this is considered a form of neglect or maltreatment (Child Welfare Information Gateway, 2013; Kelley et al., 1997; NCIPC, Division of Violence Prevention, 2013b; Sedlak, 2001; United Nations Children's Fund, 2012).

The spectrum of educational maltreatment ranges from the minimal severity of guardian-allowed chronic truancy, to the most extreme cases where the guardian does not make any form of education available to the child (NCIPC, Division of Violence Prevention, 2013b). When a parent knowingly allows a child to miss or not receive an education, that parent neglects to provide for the child.

Chronic truancy has been defined as when a child misses up to 15% of school, not including time out for illness or family emergency (NCIPC, Division of Violence Prevention, 2013b). Three areas have been classified under chronic truancy. The first is if a child is truant an average of 5 days per month (Sedlak, 2001). The truancy could be of

the form of a student having been absent for entire school days or having missed 2 or more hours of the day. When a child is out of the classroom for this amount of time, the child loses valuable amounts of instructional time and could fall considerably behind his or her peers. The second case is when the guardian has been informed of the issue (Sedlak, 2001). In order for a child's regular truancies to be classified as child neglect, the parent must knowingly permit this behavior. And third, the parent has not taken action to remedy the issue (Sedlak, 2001). By continuing to allow the child to be regularly truant, the parent displays a lack of concern for the child's education and ultimately a lack of concern for the child.

The more excessive forms of truancy fall under two areas, the first of which is when a child is kept from school at least 3 days a month for reasons other than illness or family emergency (Sedlak, 2001). For example, a child may be kept home to care for younger siblings or to help earn money for the household. These are not considered legitimate reasons for a child to be away from school. The second form of other truancies and most extreme is when a child's guardian fails to enroll or register the child in school (Sedlak, 2001). By not enrolling a child in school at all, the parent is blatantly neglecting the child's educational needs.

In addition to permitting a child to be truant or not enrolled in school, another form of educational maltreatment is not seeking out appropriate educational services for a child of special needs. A guardian should seek out assessments or services for a child diagnosed with learning disabilities, special needs, or educational problems (Sedlak, 2001). The failure to do so without reasonable cause is considered a form of educational neglect. A child with special educational needs deserves to have those needs addressed, and it is the parent who needs to ensure that happens.

When a parent knowingly fails to provide a child with an adequate education by allowing chronic truancies, not enrolling a child in school, or failing to seek out professional accommodations for a child with special educational needs, it is considered

educational neglect and maltreatment (Sedlak, 2001). Abuse of any kind is classified as nonaccidental and within the control of the parent. The parent has the ability to stop or prevent the abuse from being inflicted on the child. The abuse is the purposeful act of a parent or caregiver that could cause physical, emotional, or psychological harm to the child. The adult is in control of the situation, and his or her actions or inaction are what enable the abuse to take place.

History of Child Maltreatment

Child maltreatment has been present in many countries, cultures, and religions. There has existed evidence throughout history dating back to ancient civilizations of child abandonment, malnourishment, physical abuse, and sexual abuse (Krug et al., 2002). However, it was not until the end of the 1800s in the United States that organizations began to form to address child maltreatment. These organizations sought to educate the public in order to reduce the occurrence of child maltreatment and provide protection services (Zigler & Hall, 1989, as cited in Sinanan, 2011). When incidents of children being physically abused by their parents on a regular basis started to become publicized, people began to take notice and wanted change. Reports of children being violently beaten outraged the public and sparked the beginning of the movement against child maltreatment (Sinanan, 2011).

People wanted the government to step in and protect abused children. It was pointed out that the government had laws to protect only animals from the same type of cruel violence that was happening to children (Sinanan, 2011). At that time, a father could repeatedly physically abuse his child with no repercussions; however, if he acted in the same manner toward the family dog, he could face legal ramifications (Amar, 1992). The government saw the need to have laws to protect animals, but at that time there were no laws to protect children. In addition, some people drew connections between the lack

of child protection laws and American slavery before the Civil War (Amar, 1992). The government had overlooked a population of its citizens and thereby was neglecting to protect their rights.

It took almost 60 years before changes began to occur. The first legal act related to child maltreatment, the Social Security Act, was established in 1935. This act funded services to help protect children who were homeless and neglected. These children were the focus of this act because it was believed that they might become criminal delinquents (Sedlak, 2001). The Social Security Act was the first legal action involving the maltreatment of children. Laws that required reporting of child maltreatment began to show up in many states in the 1960s. And to encourage witnesses of abuse to report the crimes, the laws were designed to protect the reporter if the person being accused tried to take legal action for slander. By 1967, every state in the country had passed mandatory reporting laws for child maltreatment (Sedlak, 2001).

The 1960s also brought more public attention to the issue of child maltreatment. In 1962, Henry Kempe published the article "The Battered Child Syndrome" (Teicher, 2000). This article defined battered child syndrome and discussed the causes, effects, and prevalence of it. This piece brought widespread attention to the issue of child maltreatment (Teicher, 2000).

The 1970s saw further changes. With the mandated reporting laws in place, more reports of maltreatment were being made, and sexual abuse reports started to appear (Sedlak, 2001; Sinanan, 2011). The increased number of reports meant that more needed to be done to address this issue. The Senate Subcommittee on Children and Youth, in 1973, began holding hearings to discuss child abuse and maltreatment. The committee created the Child Abuse Prevention and Treatment Act (CAPTA). The following year, CAPTA (Public Law No. 93-247) was signed into law (Sedlak, 2001; Sinanan, 2011).

Despite the major advancements that had taken place, there was still not all that much known about child maltreatment. More information needed to be acquired, and many organizations began funding the research of child maltreatment.

The National Center on Child Abuse and Neglect (NCCAN) began the first national study on child abuse and neglect. From 1974 to 1980, NCCAN spent over $50 million researching child maltreatment (Besharov, 1981). This study was known as the National Incidence Study (NIS–1). The purpose of this study was to investigate the national abuse severity, patterns, and rate of recurrence so that subsequent national incidence studies could be compared to NIS–1 as a frame of reference. Second and third national incidence studies (NIS–2 and NIS–3) were launched to further investigate child maltreatment (Sedlak, 2001).

The 1980s saw a boom in the publication of studies on child maltreatment. Studies were being conducted on physical abuse, sexual abuse, and neglect to investigate not only the occurrence of the abuses but also the effects, consequences, and other information on the abuses (Teicher, 2000). Due to the importance of studies on child maltreatment, Congress started mandating studies to be conducted. Some of these mandates were included in the "Child Abuse Amendments of 1984 (P.L. 98-457), the Child Abuse Prevention, Adoption, and Family Services Act of 1988 (P.L. 100–294), and the Child Abuse, Domestic Violence, Adoption and Family Services Act of 1992 (P.L. 102–295)" (Sedlak, 2001, p. 2).

Not only is child maltreatment a crime, but it is one that must not be ignored. Currently, it has been put into policy that any government employee or professional is mandated to report any suspicion of child maltreatment. The people who fall under this category include doctors, nurses, psychiatrists, teachers, principals, school administrators, childcare workers, social workers, and law enforcement officers (Sikes, 2009; Sinanan, 2011; U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, 2012).

Failure on the part of these professionals to report may result in criminal action (Sikes, 2009; Sinanan, 2011; U.S. Department of Health and Human Services, 2012). From the first incident report of child abuse, there have been many changes made to increase knowledge and work toward preventing further child maltreatment.

Prevalence of Child Maltreatment

Over the years, there have been more and more studies conducted on child maltreatment. These studies have provided a knowledge base on many aspects of child abuse, from the prevalence of different types of abuse to various effects and repercussions that may result from or be correlated to abuse, and other important information relevant to child maltreatment.

Even though there has been a great deal of information about child maltreatment brought to light, due to the lack of extensive research and cohesiveness among organizations conducting the research, there have been some misalignments between the various studies and the information found. One of the reasons for this is that many researchers have used self-created definitions of the various forms of abuse for their studies. What one study might have identified as a form of a particular abuse another study may not have. This has led to differences within the data. A second reason for discrepancies in research results on the prevalence of abuse is that studies have used "unique" or "duplicate" counts for recording abuse. A unique count refers to the practice of recording a victim of child abuse once regardless of how many occasions of abuse the child has experienced. A child who has experienced repeated multiple abuses is counted exactly the same as a child with only one incident of abuse reported. A duplicate count refers to the practice of counting all reports. This type of count results in a child being counted multiple times if that child has had multiple abuses reported (U.S. Department of Health and Human Services, 2012). In short, a unique count records the number of children abused, whereas a duplicate count records the occurrence of abuse. These

different methods of recording have resulted in vastly different statistics on the prevalence of abuse.

In addition, one of the biggest hindrances in research on child maltreatment has been accurate reporting of abuse (Hampton & Newberger, 1985). Many instances of abuse go unreported. Many recipients of abuse do not report an incident for a multitude of reasons such as fear of the abuser finding out and inflicting additional abuse, the belief that they (the victims) were at fault in some way, embarrassment about the situation, not wanting to betray the abuser, or wanting to pretend that the abuse never really happened. Victims of child maltreatment have been known to keep the abuse a secret.

Some of the different forms of abuse are reported less than others. Unlike physical abuse, which is more easily identifiable, neglect and emotional abuse often go unreported (Hampton & Newberger, 1985). Even though there are relatively low reported records for neglect and emotional abuse, studies have found that it may occur 2.5 times as much as physical abuse (Widom & Maxfield, 2001). This would mean it is the most common type of abuse inflicted on children. It is uncertain how many recipients of child maltreatment there truly are because abuse can only be counted if it is reported.

From the information that is available, it has been estimated that currently 60% of children in the United States have experienced violence or abuse in some form (Finkelhor, Turner, Ormrod, & Hamby, 2009, as cited in Keeshin et al., 2012). Child Protective Services (CPS) has estimated that one out of seven children has been subjected to one or more types of abuse (NCIPC, Division of Violence Prevention, 2013a). Other researchers approximated that around 10% of children in this country have been or will become exposed to child maltreatment (Keeshin et al., 2012). Though these statistics seem disheartening, the sad reality is that they were derived from only the reported cases of child maltreatment. If every instance of child abuse was reported, these numbers could be much larger.

The prevalence of each form of abuse has been researched in many studies. However, with the lack of cohesiveness among research organizations, the occurrence of the different abuses has only been approximated in ranges. The most highly reported and confirmed type of child maltreatment has been neglect, which makes up between 54% and 79% of all reports of child maltreatment (Kelley et al., 1997; NCIPC, Division of Violence Prevention, 2013a; U.S. Department of Health and Human Services, 2012). Physical abuse is the second highest reported form of abuse. Physical abuse makes up between 17% and 25% of child abuse reports (Kelley et al., 1997; NCIPC, Division of Violence Prevention, 2013a; U.S. Department of Health and Human Services, 2012). Within the category of physical abuse, approximately 8.6% to 23.1% of the confirmed cases have been classified as severe physical abuse, and between 0.4% and 2.8% have been considered very severe physical abuse (United Nations Children's Fund, 2012). The third most commonly reported form of child maltreatment is sexual abuse. An estimated range between 9% and 11% of confirmed reports are of sexual abuse (Kelley et al., 1997; NCIPC, Division of Violence Prevention, 2013a; U.S. Department of Health and Human Services, 2012).

Child maltreatment is not a recent phenomenon but has occurred in substantial numbers for many years. It was not until the latter half of the 1900s that reporting of child maltreatment began to occur in significant numbers (Sedlak, 2001). At that time, most states began to mandate reporting by government employees and agencies, and the public was becoming more aware of the issue of child maltreatment (Sedlak, 2001). In just the last 4 decades, reports of child maltreatment have increased in considerable quantities with a high rate of confirmed cases (Amar, 1992; Besharov, 1981; Sinanan, 2011; Teicher, 2000).

In the 1980s, studies found that over half a million children were exposed to maltreatment each year. In 1985, approximately 652,000 children were abused in one

form or another (Hampton & Newberger, 1985). Of these incidents, almost half were confirmed physical abuse and 20% sexual abuse (Cappelleri, Eckenrode, & Powers, 1993). From there, the prevalence of abuse reports increased greatly.

At the beginning of the 1990s, studies showed many more instances of child maltreatment reported. Approximately 1 million children were recipients of abuse every year (Kelley et al., 1997). The reports of child maltreatment continued to increase throughout the 1990s. The National Committee to Prevent Child Abuse (NCPCA) reported that in 1995 around 3.1 million unique counts of child maltreatment occurred (Kelley et al., 1997).

The next decade showed a dramatic drop in child maltreatment. In 2010, CPS reported 695,000 confirmed cases of child maltreatment (NCIPC, Division of Violence Prevention, 2013b; Sinanan, 2011). This number may have been misleading because it was only the confirmed cases and not all of the reports of child abuse. That year, CPS actually received around 5.8 million reports of suspected child maltreatment. Only 695,000 were confirmed cases of child maltreatment; in addition, over 1.1 million of the original reports were duplicate reports for the same children (NCIPC, Division of Violence Prevention, 2013a; U.S. Department of Health and Human Services, 2012; Zimmerman & Mercy, 2010). When organizations recorded with a unique count, each child was only counted once regardless of whether several instances may have occurred.

There have been various studies that have found that different life circumstances could affect the occurrence of child abuse. A child's home environment was one of these. Households of low income ($20,000 or less annually) have been found to have higher rates of child abuse (Cappelleri et al., 1993; Hampton & Newberger, 1985; Straus & Gelles, 1990). Within the home, mothers and fathers have been found to use abuse at different rates. One study found that mothers were far more likely, 75% more, to abuse a child than fathers were (Straus & Gelles, 1990). Single mothers have also been found to

show higher rates of committing abuse. This abuse may take place as a means to punish the child. In one study, caregivers in around 5% of households claimed to use abuse such as threats of violence and hitting a child with an object other than their hand as a way of punishing a child (Krug et al., 2002).

Race and gender also correlate to different occurrences of child maltreatment. Children of different races are exposed to child maltreatment with different prevalence. Of the reported cases of child abuse from 2011, African American children had the highest percentage of incidents with 14.3%, followed by American Indians/Alaska Natives with 11.4%, Hispanics with 8.6%, Pacific Islanders with 8.5%, Caucasians (non-Hispanic) with 7.9%, and then Asians with 1.7% (NCIPC, Division of Violence Prevention, 2013a). The gender of a child may also be related to the occurrence of abuse. Some forms of abuse, such as physical abuse, occur at relatively even rates between male and female children; however, other forms of abuse, such as sexual abuse, occur more frequently to female children (Cappelleri et al., 1993).

With the inconsistencies in recording methods among research studies and organizations and the many unreported cases of child abuse, it is uncertain how many victims of child maltreatment there have truly been.

Reporting Child Abuse

Child abuse can be reported by anyone. A suspected incident of child maltreatment does not need to be reported by the victim or even a person involved in the situation. As mentioned previously, government employees and professionals (such as teachers and doctors) have been mandated to report any suspicion of child maltreatment (Sinanan, 2011). Any unknown bystander who thinks there could be child abuse present may also report the possible abuse. If a person sees a child being treated inappropriately in public or a neighbor has reason to believe a child has been abused, that person could report the suspicions of child maltreatment (Sinanan, 2011). However, reports of this kind are rare. Many people who are not directly involved tend to not report the child

abuse (Sinanan, 2011). People may feel that it is not their place to report it, they may not want to wrongly accuse someone, or they may just not know how to report the child maltreatment.

Government employees and agencies have made the majority of child abuse reports on record. In 1979, hospitals reported around 77,000 cases of child abuse, according to the National Study of the Incidence and Severity of Child Abuse and Neglect (Hampton & Newberger, 1985). Hospitals most commonly have reported incidents of physical abuse. In 1979, more occurrences of physical abuse were reported by hospitals than any other form of abuse from any other source (Hampton & Newberger, 1985).

Besides hospitals, government employees such as law enforcement officers, teachers, and social workers have been the people who report the highest amount of suspected child abuse. Records have shown that in 2011, 16.7% of all child maltreatment reports were made by law enforcement officers, around 16% by teachers, and 10.6% by social service workers (Sinanan, 2011; U.S. Department of Health and Human Services, 2012). Therefore, these three types of government employees made almost half of the reports of possible child maltreatment for that year. The people in these fields are required to report child abuse. If everyone was required to report child abuse, the numbers of reported incidents of child abuse would most likely be much higher.

The victims themselves rarely report abuse they experience. Even later on in life as adults, victims shy away from informing others about their abuse. The victims of child abuse have been known to keep quiet for many different reasons. One reason may be that the person is embarrassed by the situation and feels that disclosing this information will further harm him or her emotionally. This is especially true for male victims of physical abuse (Fergusson, Horwood, & Woodward, 2000). Revealing that they were physically abused may hinder their sense of manhood. Victims of sexual abuse also often do not disclose their abuse because they are too embarrassed to report it. A study found that

approximately three quarters of people who have been sexually abused will deny the abuse ever occurred (Bradley & Wood, 1996). Victims of child maltreatment may not report the abuse they experience for reasons of fear and embarrassment, but several studies have found an additional reason. Psychologically, a victim may block out the abuse from his or her memory and deny it ever actually occurred. Researchers have found that when a person has experienced traumatic events in his or her childhood such as abuse, as a way to protect him- or herself, the victim may actively repress all memories of the event or events (Loftus et al., 1998, as cited in Fergusson et al., 2000; see also Holmes, 1990; Memon & Young, 1997; Penfold, 1996; Pope & Hudson, 1995). By repressing the memories of abuse, the victim does not have to face the abuse and attempts to pretend it never happened.

The inadequacy in accurate reporting of child maltreatment has been one of the biggest hurdles in researchers' attempts to gain understanding, provide intervention, and ultimately prevent child abuse. With many cases of abuse having gone unreported, the information about child maltreatment has only been drawn from the cases that were reported and approximations made about the prevalence of the unreported incidents.

Effects of Child Maltreatment

Child maltreatment has been shown to cause many effects to children, both immediate and long term. Many victims of child abuse have developed health problems, social developmental issues, depression and psychological effects, and long-term effects, and in some cases, they have died (CDC, NCIPC, 2012; Danese et al., 2009; Dube et al., 2001; Lansford et al., 2007; Widom, Marmorstein, & White, 2006; Widom & Maxfield, 2001).

There are a multitude of health issues that may result from child maltreatment. Besides the immediate physical injuries children may receive from physical and other abuses, the victims also become more prone to develop health issues throughout their adult lives. Severe head trauma that occurred during physical abuse in some cases has

caused visual impairments and blindness, cognitive and motor impairments, and possibly cerebral palsy (National Center on Shaken Baby Syndrome, 2009, as cited in CDC, NCIPC, 2012). In addition, severe head trauma has hindered the development and functioning of the brain in some children. If the children were very young when they received the head trauma, certain areas of the brain may not have been able to develop correctly or at all in some cases (DHHS, 2001, as cited in CDC, NCIPC, 2012). The disruption in proper brain development has caused a multitude of mental and cognitive issues for many of the victims.

Victims of child abuse have also been shown to be at higher risk of developing health issues throughout their lives. They are more prone to develop high blood pressure, high cholesterol, heart and liver disease, chronic lung disease, and even cancer (CDC, NCIPC, 2012; Felitti et al., 1998). These health issues have been found to occur at a much higher rate in adults who were abused as children when compared to adults who were not.

Victims of child abuse have often struggled with social issues, particularly during their teen and transition years to adulthood. During that time period, teens who have experienced abuse, when compared to their peers who were not involved in abuse, have been shown to be 50% more likely to engage in substance use such as smoking, drinking, and using drugs; 59% more likely to engage in criminal activity; and 25% more likely to engage in sexual activities (Felitti et al., 1998, and Runyan et al., 2002, as cited in CDC, NCIPC, 2012; see also Kelley et al., 1997; McCord, 1983; Widom & Maxfield, 2001). Teens who have experienced abuse also show higher rates of performing poorly academically and dropping out of school (Kelley et al., 1997; Langsford et al., 2007, as cited in CDC, NCIPC, 2012). This transitional time is hard for any teen, but it has been shown to be particularly difficult for teens who have experienced child maltreatment.

Emotional and psychological problems have been found to be prevalent for many victims of child maltreatment. Posttraumatic stress disorder (PTSD) has also been shown to be a result of experiencing child abuse (CDC, NCIPC, 2012). The psychological stress brought on by abuse has also caused anxiety, memory loss, eating disorders, depression, and suicidal tendencies in some of its recipients (Dallam, 2001; Perry, 2001; Silverman et al., 1996, as cited in CDC, NCIPC, 2012). Victims of sexual abuse, in particular, have been found to have suicidal tendencies (United Nations Children's Fund, 2012). The psychological effects from child maltreatment have been shown to affect the victims' relationships later on in life. Adults who were abused as children have reported difficultly establishing and maintaining personal relationships (Colman & Widom, 2004). Child maltreatment has been connected to a variety of psychological and emotional issues for its victims.

In the most extreme cases, child maltreatment has resulted in death to the child. Fatality as a result of child abuse is more prevalent in young children. Between 2010 and 2011, 81.6% of child-abuse-related fatalities occurred to children under the age of 5, 45% of which were infants (Kelley et al., 1997; U.S. Department of Health and Human Services, 2012). The younger children are, the less likely their bodies will be able to withstand the abuse. Child fatalities have been caused by multiple types of abuse. Physical abuse accounted for 48% and neglect caused 37% of child fatalities from 1986 to 1995 (Kelley et al., 1997). However, child fatalities are not only caused by physical abuse; a large portion of children who die as a result of abuse die because they were not cared for and their basic needs were not met.

From the mid-1980s to mid-1990s, approximately three children died each day from child maltreatment (Kelley et al., 1997). Child-abuse-related fatalities occur at a staggering rate each year. In 2011, 1,570 adolescent deaths were related to child maltreatment; however, many believe that a higher number of child deaths were a result

of abuse that went unreported (CDC, NCIPC, 2012; NCIPC, Division of Violence

Prevention, 2013b). Child maltreatment has been one of the biggest causes of fatality for

children.

School

All children have the right to an education; however, school has not been the

same for all children. Many abused children have been shown to experience school and

learning in a completely different way than their nonabused classmates. Studies have

shown, when compared to the nonabused, maltreated children's academic achievement

was significantly lower than that of other students (Kelley et al., 1997). The poor

achievement may have been a result of a multitude of effects from maltreatment.

When children experience abuse, many different cognitive effects have been

shown to occur. In some cases, abuse affects the development of a child's brain and how

the child perceives his or her environment. As mentioned previously, physical abuse

resulting in head trauma may hinder or even prevent brain development in a child (Krug

et al., 2002). Other forms of abuse also have an impact on children's brains. Many

maltreated children have been found to live in a chronic state of fear, which has the

possibility of resulting in alterations in brain development (Perry, 2001). Perry (2001)

explained, "Threat activates the brain's stress-response neurobiology. This activation, in

turn, can affect the development of the brain by altering neurogenesis, migration,

synaptogenesis, and neurochemical differentiation (Lauder, 1988; McAllister et al.,

1999)" (p. 223). Exposure to violence and abuse has been shown to alter the developing

brains of some children. The results have taken the forms of changes in behavior,

emotional state, and cognitive functioning (Perry, 2001).

Being a victim of child maltreatment also alters the way some individuals process

information. When a child has been in a constant state of fear due to abuse, the child then

may have developed a state of "hyperarousal" (Perry, 2001, p. 226). Children who have

experienced abuse have been found to be very perceptive to nonverbal cues. They have

learned that nonverbal cues can provide important information in situations of abuse. However, they have also been known to misinterpret nonthreatening nonverbal cues in the hyperarousal state (Perry, 2001). Friendly gestures have been mistakenly misconstrued as threatening actions by victims of abuse in a hyperarousal state.

The consequences of child maltreatment have a dramatic impact on children's education in some cases. Teachers have been shown to often misjudge children who have experienced abuse as having learning difficulties or as learning disabled (Perry, 2001). However, it is possible that these abused children have high intelligence but that the neurological and emotional effects of abuse have inhibited the learning process. A child who has not experienced maltreatment is able to concentrate on class lessons and information provided by the teacher, whereas a child who has experienced abuse may have difficulties processing the verbal aspects of the lesson due to being in a hyperarousal state. According to Perry (2001), "This [abused] child's cognition will be dominated by sub-cortical and limbic areas, focusing on non-verbal information—the teacher's facial expressions, hand gestures, when she seems distracted" (p. 229). An abused child may have the same IQ as a nonabused child, but the information the child takes in is vastly different. An abused child may not be able to focus on classroom lessons because he or she perceives other information from his or her environment.

Child maltreatment has large implications on the cognitive processes for a child's ability to learn in a classroom. In addition, the emotional and psychological implications of abuse also have a possible effect on a child's ability to function in a school environment. Abuse affects the brain development and processing ability in children, which hinders their ability to function and learn in the classroom environment.

Interventions

Along with the growing information research studies have provided, interventions on abuse have also expanded. Intervention organizations have grown over the years. In addition, as more becomes known about child maltreatment, the prevalence of

intervention programs increases and their strategies are honed to try to best serve those in need (CDC, NCIPC, n.d.). Child maltreatment intervention has come from many sources, such as government agencies, state health departments, academic institutions, nonprofit organizations, private industries, and international agencies (CDC, NCIPC, n.d.). These organizations have all sought the common goals of helping those who have been victims of child abuse, reducing the occurrence of child maltreatment, and ultimately preventing abuse.

Just as vastly different as the organizations that have provided intervention are, so is the funding for them. These organizations have been funded through a wide variety of methods. Federal programs have been one of the largest contributors toward funding intervention organizations. The U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA), Social Service Block Grant (SSBG), Community-Based Child Abuse Prevention Grants (CBCAP), and the Child Abuse and Neglect State Grant (Basic State Grant) are just a few government programs that have helped provide and fund child maltreatment intervention (U.S. Department of Health and Human Services, 2012). Funding has also come from many independent and private sources.

Intervention strategies implemented by these organizations have evolved over time. The ideal strategy has been to prevent child maltreatment before it begins (Zimmerman & Mercy, 2010); however, this is not always possible, and therefore intervention programs have had a strong focus on reducing the prevalence of abuse and its occurrence.

One of the early strategies in child maltreatment intervention focused on the big picture of where abuse occurred rather than on issues of relevance to individual cases of abuse. Community and population dynamics were the target of this strategy; however, it was later proven unsuccessful (Zimmerman & Mercy, 2010). It is believed that one

reason population-based interventions were unsuccessful was because they were not founded on scientific evidence (Chadwick Center on Children and Families, 2004; Chaffin & Friedrich, 2004). Research in the field of child maltreatment has never shown beneficial results linked to community-based intervention.

Early on, there was a gap between research and practices in child maltreatment intervention. It was not until the 2000s that "evidence-based practice" (Chaffin & Friedrich, 2004, p. 1097) began to take precedence in intervention strategies. Evidence-based practice occurs when a person's traits and culture are considered in combination with clinical research to guide intervention practices (Allen, Gharagozloo, & Johnson, 2012). Through evidence-based practice, interventions became focused on what research had shown (Wilson, 2012) and specific characteristics of the victims of the abuse. Evidence-based practices have utilized proven methods to greatly benefit interventions for maltreated children.

Prevention. One intervention strategy is prevention. Strategies to increase professional and public awareness about what child abuse is, what the effects of abuse are, and how to recognize it have been implemented as preventative interventions (Addy, 1985; Marshall et al., 1996; Shull, 1999). By educating people on abuse, the goal of primary intervention is to stop the abuse before it occurs.

Increasing education and awareness is a strategy often implemented to target populations that have higher rates of abuse, such as low-socioeconomic-status (SES) households, young parents, and formerly abused individuals. Research has shown that low-SES households have higher rates of abuse than high-SES ones (Cappelleri et al., 1993; Hampton & Newberger, 1985; Straus & Gelles, 1990). Intervention programs have sought to educate low-SES communities to change cultural perspectives on abuse (Shull, 1999). By changing the cultural views on abuse, the goal of this type of intervention strategy is to reduce abuse rates in these communities.

Young parents have often been the focus of this form of intervention strategies. Many programs have directed efforts toward teen mothers and fathers to teach young parents many skills for raising a child, such as awareness of a child's needs, development expectations, and anger management tactics (Marshall et al., 1996; Shull, 1999). These programs have provided young parents with useful skills and support in raising children. This form of preventative intervention has been shown to be effective in influencing attitudes and behaviors of young parents in regard to abuse (Marshall et al., 1996).

In addition, former victims of abuse have also been a target group in preventative interventions. Victims of child abuse have shown a pattern of becoming abusers once they become adults; therefore, professional intervention has been used to try to break the cycle (Addy, 1985). There are many programs that have focused on preventative intervention by educating and providing support for individuals and groups who have a higher likelihood of being involved in abuse.

Family-centered services. Another form of abuse intervention is the removal of either the victim of abuse or the abuser from the home (Addy, 1985; Duddle, 1984). A study in England followed 50 seriously abused children who were removed from their homes and put into government care. About half returned to their homes, out of which only seven children's returns were considered satisfactory (Addy, 1985). Other children suffered further abuse once they returned. Addy (1985) noted, "The children who did best were those for whom an early decision was made to sever contact with the parents and to place the child with a substitute family" (p. 260).

In some cases, the abuser is removed from the home and possibly sent to prison depending on the severity of his or her actions (Duddle, 1984). This is done to prevent the child or other children in the household from being further abused. However, this form of intervention has been shown to have negative effects on the abused child (Duddle, 1984). In some cases when the father is removed from the household, it results in the breaking up of the family and the children being placed into government care. Often in these

situations, the mother and other children blame the abused child for the breakup of the family (Duddle, 1984). Even though the victim of abuse is no longer in danger of receiving further abuse from the parent who was removed from the home, the child might still be emotionally harmed from the reactions and blame of the rest of the family. The removal of a victim or the abuser from the abusive environment has had both positive and negative effects on victims of abuse. This intervention strategy removes the victim from the abusive environment; however, it often does not fully solve the problem.

Therapy and counseling are common intervention strategies. Interventions may take the form of a combination of individual, family, marital, and group therapy (Duddle, 1984). Therapy sessions may be conducted with the abused victim individually as well as in a group format with the victim's family. According to Mokuau (2002), "Commonly taught human service interventions are typically interdisciplinary and may include education classes for parents who are at risk for abusing their children, family or group counseling to understand behavioral patterns" (p. S84). The counseling for the family of the victim is incorporated as an intervention to help the family members learn to cope with the many issues that arise when abuse has occurred to a family member.

Previously, when a child was the victim of neglect or physical abuse, one of the first actions was to remove the child from the home. However, currently, when applicable, agencies seek to give family-centered treatment (Crosson-Tower, 2005). The goal is to keep the family unit intact and provide services and treatment to the whole family. Family-centered treatments are designed to prevent crisis and promote healthy functioning (Crosson-Tower, 2005). In cases where the abuse is so severe that the home is not a healthy environment, the child is removed for his or her safety.

There are three main goals a therapist or other professional has when tending to the parent(s) of an abused child (Crosson-Tower, 2005). First, the professional must tackle the lack of nurturing and reteach parenting skills. Next, the psychological and pathological issues the parent has need to be addressed. And third, the relationship

between the parent and the child needs to be addressed (Crosson-Tower, 2005). In order for true improvement to occur with the parent, each of these areas needs attention.

The relationships within a family, including the extended family, need to be examined. The relationships between the parents, between the parents and grandparents, or with siblings of the parents have been shown to be a stress on the family unit, making it difficult for the parents to properly tend to their child (Egeland, Weinfield, Bosquet, & Cheng, 2002; Friedrich, 2002; Peterson & Urquiza, 1993). The parents may be so overwhelmed and monopolized by the unhealthy relationship with a member of the extended family that they are not able to provide a proper environment for their own child.

Abusive parents frequently have negative self-images (Crosson-Tower, 2005). These individuals believe that they have little worth and rarely do anything right or of value. Without being able to praise themselves, it has been shown to be extremely difficult, if not impossible, for these individuals to praise and nurture others (Egeland et al., 2002; Peterson & Urquiza, 1993; Williams, 1998). As part of treatment, professionals work with parents to help them identify strengths and achieve small goals (Crosson-Tower, 2005). Once the parents can value and praise themselves, they can then start to value and praise their child.

Abusive parents have often not had any positive parenting models in their own lives. One effective treatment is to provide parents with opportunities to assert good parenting skills (Crosson-Tower, 2005). To accomplish this, professionals such as nurses, social workers, daycare center workers, and even homemakers may interact with the children while their parents watch (Crosson-Tower, 2005). This enables the parents to observe positive, appropriate adult-child interactions.

In some cases, family therapy may be incorporated into the treatment. The whole family works together to discuss issues and develop better communication (Crosson-Tower, 2005). It is noted that family therapy should only be incorporated once the

individuals have had their personal issues addressed (Crosson-Tower, 2005). Only after the individuals understand their own self can they start to work on issues that affect others or the family unit.

Some family-centered programs have been described as "behavior-modification programs" (Sauer, 1994, p. 236) where important skills such as problem solving, value clarification, parenting techniques, and other cognitive-behavioral methods are taught to the whole family unit. This form of treatment has been referred to as cognitive-behavioral treatment (Action & During, 1992; Kolko, 1993, Schinke et al., 1986; Whiteman, Fanshel, & Grundy, 1987). Cognitive processes such as attitudes, perceptions, beliefs, and expectations affect how individuals experience their environment (Azar, Barns, & Twentyman, 1998). The family members work with a professional to learn how to recognize, control, and change their dysfunctional behavior.

Cognitive-behavioral treatment targets many factors in the family dynamic that could trigger abusive behavior. Many parents falsely expect their children to behave at a higher developmental level than their children are capable of (Azar et al., 1998). These false expectations could cause frustration in the parents when the children are unable to live up to them. Abusive parents have also been found to have poor problem-solving skills, which could contribute to their frustration (Corcoran, 2000). In addition, the lack of social support and high stress could contribute to some of the negative cognitive processes that could put parents or guardians at risk of being abusive or neglectful to their children (Azar et al., 1998).

One practice in cognitive-behavioral treatment is to teach the parents how to control their physical reactions when their frustration levels are high (Action & During, 1992; Kolko, 1993, Schinke et al., 1986; Whiteman et al., 1987). A few of the methods

used in cognitive-behavioral treatments are role playing different scenarios (Schinke et al., 1986), relationship techniques, and internal thought processes (Whiteman et al., 1987). Also, educating the parents on stages of child development is a method used to enlighten the parents on realistic expectations of children at different ages (Kolko, 1996).

In studies (Action & During, 1992; Kolko, 1996), cognitive-behavioral treatment for abusive parents has shown positive results. In a comparison study of cognitive-behavioral treatment and other family therapy methods, the cognitive-behavioral group had lower rates of aggression and physical harm (Kolko, 1996). A separate study showed statistical and clinical improvements in parenting stress, attitudes, and perspectives of child abuse (Action & During, 1992). Furthermore, research has shown that intensive family-centered service programs such as Homebuilders are successful in strengthening most of their families and preventing the removal of children from the home by providing an average of 36 hours of treatment each week (Pecora, Fraser, & Haapala, 1992).

Treatment for the abused child. Children who have been victims of physical abuse are affected by the abuse in many different ways. Many children miss or are delayed in the stages of the developmental process and are unable to achieve healthy emotional attachments (Crosson-Tower, 2005). Treatment for abused children has the goals of helping children get back on developmental track, providing psychological aid, and providing emotional stability (Crosson-Tower, 2005).

Early treatments for physically abused children were primarily concerned with addressing the physical medical needs of the children, with little attention given to the psychological and emotional trauma that resulted from the abuse (Crosson-Tower, 2005). There are a variety of different treatments for children who have fallen behind developmentally due to abuse. Home visitation programs, where a professional visits the

home on a regular basis, are beneficial (Crosson-Tower, 2005). The professional works with the child and teaches the parent age-appropriate tasks and development for the child.

In some severe cases, an occupational therapist may need to work with the abused child (Crosson-Tower, 2005). There have been cases where, due to the child being restrained or confined to small areas, the child did not learn certain motor skills or even how to walk. In those cases, an occupational therapist has been used to help the child improve his or her motor skills (Crosson-Tower, 2005).

Education interventions for abused children. In addition to underdeveloped physical skills, abused children often fall behind in social and mental skills (Crosson-Tower, 2005). Depending on the children's age, there are educational programs for which they can qualify. Younger children are able to take part in Head Start programs specially designed to address and make up for cognitive and social developmental gaps and delays. Furthermore, Head Start programs also offer parental support and promote parent involvement (Crosson-Tower, 2005).

Once children reach school age, they often are able to qualify for special education services. The Individuals with Disabilities Education Act (IDEA) is legislation that guarantees that all children are provided with a free appropriate public education (FAPE; Crosson-Tower, 2005). For children who have experienced abuse, the public school system works with specialists to design individualized education plans for each student to ensure his or her needs are met.

Schools are also able to provide intervention services for abuse victims. The Cupertino Union School District developed Project HELP to suggest roles schools and teachers can take on to identify and address child abuse among their students (Fossum & Sorensen, 1980). The school district believed that due to the fact that teachers see children on a more regular basis than other outside persons, such as doctors, social workers, juvenile probation officers, and CPS workers, the teachers may be more perceptive in detecting child abuse (Fossum & Sorensen, 1980). A teacher can notice

changes in a student's behavior and appearance that could indicate problems in the home. CPS and police are required to investigate child abuse cases; however, teachers and schools can provide the children and their families with resources and help them find support programs (Fossum & Sorensen, 1980). In addition, teachers and school staff can monitor the children on a daily basis and provide support. Fossum and Sorensen (1980) stated, "The school, then, becomes an intermediary prevention system, proving much help to children and families before abuse and neglect are severe and damage irreparable" (p. 274).

Psychological and sociological interventions. The psychological services provided to children who have experienced physical abuse can be divided into two main areas: expression of affect and self-concept. It is common for physically abused children to manifest certain psychological traits, such as problems with trusting, hyperactivity, hypervigilance, inability to play, destructive behavior, and self-destructive behavior (Crosson-Tower, 2005). Generally, the self-concept of an abused child is very low, and many abused children have expressed shame and doubt about themselves (Forkey, Hudson, Manz, & Silver, 2002; Williams, 1998). These concerns may be addressed through treatment with a therapist.

Children who have experienced abuse often demonstrate aggression, poor control, and erratic impulse control (Crosson-Tower, 2005). The exposure to violence often translates to the children themselves demonstrating aggressive behavior. As Crosson-Tower (2005) explained, "Resentful of this behavior, peers resist, ignore, or retaliate against the abused child, causing the child to experience more anger, which he or she will usually attempt to diffuse again of peers" (p. 300). Abused children learn violence and aggression from their home environment but do not learn how to appropriately address and handle these feelings. This can then cause the children to act out toward their peers. Therapists have helped abused children learn to understand their breaking point of their control and learn to redirect or alter their actions (Marshall et al., 1996). The goals of the

therapists are to educate the children in order that they no longer will hurt themselves or others.

The dysfunctional relationship between an abusive parent and a child influences the self-concept of the child. The verbal abuse from a parent in combination with a lack of nurturing and physical abuse can cause the child to place blame on him- or herself (Crosson-Tower, 2005). Abused children often feel that they are deserving of the treatment they receive. Therapists have worked with abused children to improve their self-concept by aiding them in small successes and providing a stable and healthy child-adult relationship (Crosson-Tower, 2005). The goal of therapy is to help the abused children raise their self-concept.

Researchers have also found that abused children frequently are highly limited in their ability to play and experience enjoyment (Briere, 1992; Friedrich, 2002). Play therapy is a very useful and effective method of therapists working with abused children. Through play, therapists are able to reinforce positive relationships between children and adults and provide the abused children with a medium to express themselves (Crosson-Tower, 2005). Different types of play are utilized depending on the child. Therapists may use dolls, games, and drawings with younger children and board games, sports, and other activities with older children and teenagers (Hecht, Chaffin, Bonner, Worley, & Lawon, 2002). While immersed in these activities, the abused children often develop a trusting relationship with their therapist and are able to share their feelings with the therapist.

Group therapy is also a beneficial treatment method for abused children. There are several benefits to gathering multiple abused children together for therapeutic purposes. Because all the children in the group have experienced abuse, it eases their ability to share, encourages socialization, decreases isolation, and promotes healthier relationships with peers (Crosson-Tower, 2005). Abused children often feel alone and isolated. By creating an environment where abused children are able to communicate with others who can understand what they have gone through, in addition to being able to

discuss common issues, group therapy also aids abused children in their development of social skills and ability to understand and develop empathy (Crosson-Tower, 2005).

Group therapy is beneficial for parents as well. In group therapy, parents are able to share their parental stresses, reduce their isolation, and create a support system (Briere, 1992). Parents Anonymous (PA) is a self-help group modeled after Alcoholics Anonymous where parents can voluntarily attend meetings to discuss personal stories, learn coping and parenting techniques, and provide support for one another (Crosson-Tower, 2005).

There are many community programs that are helpful to children coping with abuse. Organizations like the Big Brothers Big Sisters program provide many positive benefits for abused children. The time "big brothers/sisters" spend with the children helps abused children socialize and build healthy relationships with adult figures (Crosson-Tower, 2005).

Many victims of abuse have turned to religion for intervention counseling. Research has found benefits in abuse intervention through religion and pastoral care (Henning, 1987). Pastors often have the ability to interact with individuals through the church and are able to provide counseling services for many different needs of their parish. Pastors use religion as their framework when counseling the abused and their families (Henning, 1987). By aligning the intervention with individuals' religious belief systems, pastors try to provide victims of abuse with a foundation to aid them in coping with the negative effects of abuse. Pastoral care has been used alongside other professional treatments to aid victims of abuse (Henning, 1987).

A study in 2002 examined beneficial factors in child abuse and substance abuse interventions for Native Hawaiians (Mokuau, 2002). The Hawaii Department of Human Services has employed culturally competence-based interventions, which focused on cultural identity and pride. These factors have shown to have positive results in abuse interventions (Mokuau, 2002). The unique culture of Native Hawaiians has been utilized

to create a structure guiding the interventions. Hawaiian culture places importance on relationships, the spiritual world, and the environment (Mokuau, 2002). The incorporation of cultural identification and pride has shown to be important and beneficial in cultural interventions for Native Hawaiian abuse victims because it enables the individuals to develop identity and esteem (Mokuau, 2002).

Resistance/response to treatment. Treatment can only work if the individual and/or family is open to making a change. Often abusive families are resistant to counseling and other types of treatment. Families may not feel a change is needed or will do any good (Crosson-Tower, 2005). Families and parents of abused children often have many fears and preconceived notions about seeking help. Crosson-Tower (2005) found, "Parents have expressed the fear that seeing a social worker or a counselor will label them" (p. 290). Parents have fears of being called a bad parent, neglectful, a lousy parent, and so forth. In conjunction with being labeled, many parents do not want to admit there is a problem (Crosson-Tower, 2005). The action of going to a professional for help means that they believe that they have a problem and are in the wrong. This is very hard for many parents to admit.

The problems do not stop once parents have committed to getting professional help. Often reluctant parents are still resistant to fully committing to following through. Many parents make excuses for why the treatment does not work or has not worked, or why they are not able to carry it out for one reason or another (Crosson-Tower, 2005). Many researchers call this the "yes, but" maneuver (Polanky, DeSaix, & Sharlin, 1972). Parents claim that what the professional said was good information but that it would not work for their particular situation for one reason or another. The parents sabotage any success the treatment might have before giving it an opportunity to work.

In addition, several authors (Cantwell, 1997; Hecht et al., 2002; Polanky et al., 1972; Righthand, Kerr, & Drach, 2003) believe treatment for neglectful parents is difficult due to personality issues, such as difficulty with communication and extreme

immaturity. These personal issues of the parents need to be addressed before focusing on the issues related to the abuse of their children.

      Interventions for adults who were abused as children. Once an individual has experienced abuse, it becomes part of who that person is. Adults who were abused as children still face many issues in their adult lives. As adults, these individuals commonly feel a sense of powerlessness and isolation, are often unable to experience enjoyment, and many turn to substance abuse as a result of their childhood abuse (Crosson-Tower, 2005). The effects of childhood abuse can stay with an individual throughout his or her entire life.

      Many adults turn to individual therapy to learn to cope with the abuse they experienced previously in their lives. There are three main types of therapy that are utilized with individual adults to address childhood abuse: Gestalt therapy, behavior therapy, and crisis intervention therapy (Crosson-Tower, 2005). In Gestalt therapy, the goal is for the individual to learn to accept who he or she is in his or her present state. There is less attention paid to the person's past or what his or her future will be (Crosson-Tower, 2005).

      In behavior therapy, a therapist teaches the individual to recognize his or her dysfunctional behavior and replace it with more appropriate behavior (Crosson-Tower, 2005). Some have criticized this method, claiming that it does not help the individual cope with his or her former abuse, as "the symptom rather than the cause is addressed" (Crosson-Tower, 2005, p. 394).

      The third type of individual therapy is used in only extreme cases. Crisis intervention is beneficial when the individual has suffered from anxiety attacks or other problems as a result of the former abuse (Crosson-Tower, 2005). Once again, the individual's past is not the focus of the therapy, but instead the therapist works with the individual to teach him or her skills to cope with his or her anxiety attacks and other symptoms (Crosson-Tower, 2005). Every person copes in a slightly different manner;

therefore, a therapist must find the therapy method(s) that works best for that particular person.

Once again, group therapy has been shown to be a beneficial intervention treatment. Through group therapy, adults are able to meet other individuals with parallel experiences who have faced similar issues (Crosson-Tower, 2005). Abuse often leaves people with the feeling of isolation; the group therapy environment alleviates isolation and aids the individuals in building or repairing their social skills (Crosson-Tower, 2005). Individuals are able to share their stories and vent to the group. In addition, they hear the stories of others and are able to gain other perspectives. This process enables former victims to recognize and validate their feelings and helps them gain an understanding of the trauma they have lived through (Crosson-Tower, 2005).

Some former victims of abuse have taken legal actions against their abuser(s). Often the victims have sued for money to be used on therapy or other treatments to cope with the abuse (Crosson-Tower, 2005). Researchers have found both positive and negative effects from taking legal action. On the positive side, former victims have felt this process was validating and therapeutic (Friess, 1993). However, other research has found that these actions can further alienate the victims, particularly when the individuals sue family (Penelope, 1992).

Coping and resiliency. Though there exist a variety of interventions for victims of abuse, many individuals have not been able to utilize these services due to a lack of availability, limited funding, or a wide range of other reasons. Without these resources, or sometimes in conjunction with them, some individuals have learned to cope with their experiences through their own means.

One common effect of abuse is the feeling of powerlessness. As children, victims are under their parents' control. Abusive parents often strictly control the family unit and make every decision for the household. As a result, decision making is a source of high stress for many adults who were victims of child abuse. To combat this feeling of

powerlessness, many victims of abuse become overachievers (Gold, 2000; Sonkin, 1998). Victims cope by breaking down decisions and tasks into small pieces and then attending to each piece. By taking a possibly anxiety-inducing situation and separating it into small accomplishable parts, the individuals gain a sense of control.

Another coping mechanism is resiliency among victims of abuse. According to Crosson-Tower (2005), "Resiliency refers to the ability to survive or bounce back from pressure or crisis—a kind of emotional buoyancy" (p. 392). Researchers have studied the phenomenon of resiliency of people who have experienced crises in their lives.

In a study conducted on resilient female survivors of childhood sexual abuse, five common characteristics were found (Valentine & Feinauer, 1993). First, many of the participants of that study were able to find and build supportive relationships with people outside of their family unit. Second, the participants were able to create positive self-regard. Third, many participants were able to get past difficult times by being spiritually grounded. The fourth characteristic that many participants shared was that they were able to no longer place the blame for their abuse on themselves but rightfully on their abuser. And lastly, they were open to growing and learning, which enabled them to take their abuse as an experience to learn from (Valentine & Feinauer, 1993). It is still not clear what allows some people to be resilient and others not.

Marzano's Taxonomy

Educational researcher Robert Marzano (2000) developed a new taxonomy of educational objectives. He believed that there were a variety of factors that could affect a student's thinking process and ability to learn. The new taxonomy consisted of three systems—the self-system, the metacognitive system, and the cognitive system—and the knowledge domain (Marzano, 2000).

The first component of the new taxonomy of educational objectives was the self-system. According to Marzano (2000), this system comprised the individual student's feelings, beliefs, and attitudes, which establish one's drive to complete a task. If a person

does not believe there is importance in finishing an assignment, then that person will have little motivation to do so. On the other hand, if a person thinks it is very important, then that person will have high motivation to complete the task (Marzano, 2000).

According to Marzano (2000), motivation is determined by one's emotions, importance, and efficacy. A person's emotions or feelings regarding a task have an effect on his or her ability to complete a task (Marzano, 2000). If a student, for example, has negative feelings toward mathematics, those emotions could cause him or her to be reluctant to perform mathematical tasks. Next, the degree of importance a person places on a task is another factor of motivation (Marzano, 2000). When a person believes that completing a task is important, the person has higher motivation than a person who does not believe it is important. The third component of motivation, according to Marzano, is efficacy—a person's confidence in his or her own ability to effectively perform the task at hand. When a person feels that he or she will be successful, that person has more motivation to attempt the task. These three factors make up a person's motivation in the self-system (Marzano, 2000).

The knowledge domain in the new taxonomy of educational objectives was defined as what a person knows (Marzano, 2000); this included the information itself and the mental and physical procedures used with the information. Information, itself, was categorized as items, facts, principles, and generalizations (Marzano, 2000). These are items that have been learned and stored in the person's memory. The mental and physical procedures were defined as the operations or steps performed when completing a task (Marzano, 2000). The information was the "what" and the procedures were the "how" in the knowledge domain.

The next component of the new taxonomy of educational objectives was the cognitive system. This system was identified as what gives a person access to his or her knowledge domain (Marzano, 2000). It was defined as the process the mind uses to

retrieve the information and procedures that one has in his or her memory and enable the person to use it for the task at hand (Marzano, 2000).

The final component was the metacognitive system in Marzano's (2000) new taxonomy of educational objectives. This system was identified as the system that had control over the other systems, as well as the system that set goals and determined what was needed for said goals (Marzano, 2000). By identifying what information and procedures were needed in each task to meet a goal, the metacognitive system would call on the other systems to fulfill their required roles to carry out the task. According to Marzano, "Research on metacognition, particularly in literacy and mathematics, makes a convincing case that instruction and support in the control and regulation of thinking processes can have a strong impact on achievement (Paris, Wasik, Turner, 1991; Schoenfeld, 1992)" (p. 4). The metacognitive system enabled all three systems and the knowledge domain to function together.

Maslow's Hierarchy of Needs

Abraham Maslow was a humanistic psychologist who developed a hierarchic theory of needs (Simons et al., 1987). He identified five basic needs that every human being requires. For the purposes of this study, Maslow's hierarchy of needs was utilized for the theoretical framework.

Maslow believed people will grow to meet their potential when their needs are met; however, their growth may be stifled when their needs are denied (Simons et al., 1987). Each level of basic needs builds on the previous one. According to Maslow, an individual must start at the first level of basic needs and will not require the next level of needs to be met until after the needs at the first level have been met (Simons et al., 1987). The needs at each level must be met before an individual can move on to the next.

The first and largest category of needs is the physiological needs. These are the biological needs for survival: need for food, water, oxygen, and constant body

temperature (Simons et al., 1987). These needs are considered the greatest because individuals require these elements in order to survive.

After the physiological needs have been met, the next level of needs is safety (Simons et al., 1987). A sense of security is considered highly important. Maslow believed that children are more cognizant of this need and that adults are only aware of it in times of disorder or emergency (Simons et al., 1987).

The next level of basic needs consists of needs of the emotional nature. Once the physiological needs and safety needs have been met, the needs for love, affection, and belongingness become active (Simons et al., 1987). According to Simons et al. (1987), "Maslow states that people seek to overcome feelings of loneliness and alienation. This involves both giving and receiving love, affection and a sense of belonging" (p. 2). The emotional connection with other people is seen as needed for an individual to develop.

The needs for esteem were identified as the next level of basic needs (Simons et al., 1987). Once the first three levels of basic needs have been addressed, self-esteem and the esteem received from others become the next important needs. The fulfillment of these needs makes people feel valuable and self-confidant, and the deprivation of them leaves people with feelings of worthlessness, inferiority, and frustration. Maslow believed that individuals require a feeling of value and societal worth (Simons et al., 1987).

The fifth level of basic needs consists of the needs for self-actualization (Simons et al., 1987). This is considered the highest of the basic needs and can only be obtained once all four of the lower levels are satisfied. According to Simons et al. (1987), "Maslow describes self-actualization as a person's need to be and do that which the person was 'born to do'" (p. 2). Maslow believed that individuals have the need to realize their calling in life and that the failure to do so will leave people with a feeling of restlessness and unfulfillment (Simons et al., 1987). A person's full potential will only be met if all five levels of basic needs are satisfied.

According to Maslow, people face many obstacles on their journey to becoming self-actualizing individuals (Simons et al., 1987). People often become unable to move through the five levels of basic needs due to societal constraints. Maslow identified the educational system as one of the biggest barriers that keeps people from reaching self-actualization (Simons et al., 1987). Maslow stated that the educational system does not address student-potential-seeking strategies but uses person-stunting tactics (Simons et al., 1987). To rectify this practice and guide education toward utilizing approaches that emphasize creating self-actualizing students, Maslow identified 10 aspects that should be attended to by educators, which are as follows:

1. We should teach people to be *authentic*, to be aware of their inner selves and to hear their inner-feeling voices.

2. We should teach people to *transcend their cultural conditioning* and become world citizens.

3. We should help people *discover their vocation in life*, their calling, fate or destiny. This is especially focused on finding the right career and the right mate.

4. We should teach people that *life is precious*, that there is joy to be experienced in life, and if people are open to seeing the good and joyous in all kinds of situations, it makes life worth living.

5. We must *accept the person* as he or she is and help the person learn their inner nature. From real knowledge of aptitudes and limitations we can know what to build upon, what potentials are really there.

6. We must see that the person's *basic needs are satisfied*. This includes safety, belongingness, and esteem needs.

7. We should *refreshen consciousness*, teaching the person to appreciate beauty and the other good things in nature and in living.

8. We should teach people that *controls are good*, and complete abandon is bad. It takes control to improve the quality of life in all areas.

9. We should teach people to transcend the trifling problems and *grapple with the serious problems in life*. These include the problems of injustice, of pain, suffering, and death.

10. We must teach people to be *good choosers*. They must be given practice in making good choices. (as cited in Simons et al., 1987, pp. 2-3)

Maslow believed that if educators addressed each of these 10 items, students would have a better chance of achieving the fifth level of basic needs and developing into their highest potential rather than being stifled from it (Simons et al., 1987).

Summary

In summary, child maltreatment is defined as when a child experiences or is exposed to violence and abuse. Child maltreatment takes many forms, such as physical abuse, emotional abuse, sexual abuse, neglect (including both physical and emotional), and educational maltreatment. Each year, millions of reports of child maltreatment are made. In the last 300 years, laws regarding child abuse have seen vast changes, from having been nonexistent in the 1800s to mandating certain professions to report any suspicion of abuse. Over the years, many studies have found that children who experience maltreatment can develop a wide variety of effects from it. The effects have been immediate, long term, or developed over time. Some of the effects that have been found to be correlated to child maltreatment are physical injury, health problems, social issues, mental and emotional problems, and in some cases death. The experience of child maltreatment has been shown to affect many areas of the victims' lives. This dissertation study sought to provide a perspective on the school experience of students who had experienced physical abuse in their home environments. To do so, Marzano's new taxonomy of educational objectives was utilized as the theoretical framework, with a focus on the self-system.

Chapter 3

Methodology

Chapter 3 describes the method that was used to examine the perceptions of counselors who had worked with former victims of abuse using educational strategies and accommodations that they perceived were effective in helping the victims cope with and overcome the negative impact of abuse. This chapter is broken into sections explaining the research design, population and sample, instrumentation, procedures for collecting and analyzing data, and limitations of the study.

Research Questions

The overarching research question of the study was, "What strategies and support services were provided for former victims of abuse who have achieved success?" The following subquestions guided the study:

1. What challenges do victims of abuse face?

2. What impact does abuse have on self-esteem?

3. What strategies and/or interventions are effective in helping victims of abuse cope with the negative impact of abuse?

4. What types of support are provided by counselors for the victims of abuse?

5. What do educators who are working with abuse victims need to know?

Research Design

A qualitative Delphi method was selected because the researcher believed it would best explore counselors' perceptions by allowing them to interact with one another during the research segment of the dissertation. The Delphi method was developed in the 1950s by scientists Olaf Helmer and Norman Dalkey from the RAND Corporation (Cornel & Mirela, 2008). The original form of the Delphi study used questionnaires and opinion feedback in an attempt to gain a reliable consensus from a group of experts (Cornel & Mirela, 2008; Habibi, Sarafrazi, & Izadyar, 2014; Okoli & Pawlowski, 2004).

This methodology has since been utilized in many fields that have included military defense, health care, education, engineering, and business (Skulmoski, Hartman, & Krahn, 2007). The Delphi method uses expert panels to generate feedback in problem solving and to gain insight into particular fields of study. According to Cornel and Mirela (2008), "The major advantage of the Delphi Method is that it allows the researchers to obtain an objective consensus of experts' judgment on the problem under study" (p. 36).

Many researchers have accepted Linstone and Turoff's (1975) definition of the Delphi method:

> Delphi may be characterized as a method for structuring a group communication process so that the process is effective in allowing a group of individuals, as a whole, to deal with a complex problem. To accomplish this "structured communication" there is provided: some feedback of individual contributions of information and knowledge; some assessment of the group judgment or view; some opportunity for individuals to revise views; and some degree of anonymity for the individual responses. (p. 3)

The Delphi method employs a structured discussion between experts in a field for the purpose of developing insight, themes, patterns, problem solving, and possible predictions for future decisions.

The Delphi method's name is rooted in Greek mythology. The name *Delphi* comes from a temple of the same name, where an oracle who had the power to predict the future resided (Cornel & Mirela, 2008; Gordon, 2009; Habibi et al., 2014). It was the forecasting aspect of this method that connected the name.

Six key features have been identified in Delphi studies: research on the future or areas of study where little is known, anonymity of "expert" participants, stages that enable participants to refine their views, controlled feedback, development of a consensus, and statistical aggregation of group discussion (Amos & Pearse, 2008; Skulmoski et al., 2007). The Delphi method is used when the information on an area of

study is limited because this method provides insight from "experts" in that area. The expert participants are the most important part of the Delphi method. The data derived from the study come from the discussion between the participants. These participants have particular knowledge of or insight into a specific field, which makes them "experts" for the Delphi study (Cornel & Mirela, 2008). The number of experts available is often limited. Experts have been shown to agree, come to a consensus, and have been correct more often than nonexperts (Gordon, 2009).

The Delphi method allows flexibility in the research methodology by giving experts opportunities to refine their views in a controlled discussion panel, where participants can contribute their knowledge and views on a particular field of study and work toward a consensus on problem solving, decision making, or forecasting. Employing a Delphi methodology for this study allowed participants to share and express their educational experiences and give insight into what aided students they worked with to cope with and overcome the effects of abuse and enabled them to become successful.

Population and Sample

The population for this study was limited to counselors who had worked with students who were abused as children but were able to overcome and learn to cope with the challenges associated with abuse to become successful adults. The sample consisted of purposefully selected individuals who met the required criteria and were willing and able to participate. The sample for this study included individuals in Southern California who had worked as educational counselors and provided services to students who experienced abuse as children but, despite numerous issues and challenges, became successful adults (defined as fully functional college students and/or professionals).

The participants of this study were chosen through criterion sampling and the snowball method. With criterion sampling, the participants of a study are purposely

chosen because they meet a particular criterion (Creswell, 2012; Daniels, 2005). In the case of this study regarding victims of abuse who had coped with the negative effects of abuse to become successful, the participants were individuals who (a) had worked as educational counselors and (b) had experience providing support for individuals who had experienced abuse as children and then went on to become college students or professionals.

There were eight participants who took part in the study. A brief description of each follows:

- Participant 1 was a Hispanic female who was a licensed mental health care provider and had a background in neuropsychology.

- Participant 2 was a Caucasian female counselor at the college level with a Master of Arts in Counseling.

- Participant 3 was a Caucasian female counselor with a Doctor of Philosophy in Psychology and a Public Personnel Service Credential with K-12 experience.

- Participant 4 was a female Hispanic counselor with both a Public Personnel Service Credential and a mental health background.

- Participant 5 was a Caucasian male guidance paraprofessional with a Master of Arts and was adding a Public Personnel Service Credential at the time of the study.

- Participant 6 was an Asian female who was working as a counselor in a community college at the time of the study.

- Participant 7 was an African American female serving as a high school counselor and a CalPREP Fellow.

- Participant 8 was a retired Caucasian male with over 30 years of experience as a

  counselor and 10 years as a professor in a Public Personnel Service Credential

  program.

Instrumentation

An expert group consisting of individuals who were counselors who had worked

with students who had been exposed to child abuse and had coped with the negative

effects of abuse to become successful adults was used to develop the interview questions.

The interview questions were provided to the participants in advance and then discussed

in the group Delphi interview with all participants present. The discussion was video

recorded and transcribed. The transcription of the group interview was then used for data

analysis and compared to the literature review.

Data Collection Procedures

The first stage in the data collection process was to determine that the participants

met the criteria of the study. Once the sample was identified, the interview questions

were given to the participants to review several days before the actual discussion panel.

Next, the group interview was held, where the researcher, who posed the open-ended

questions, provided clarification and facilitated the group discussion when needed.

Data Analysis Procedures

The group discussion was video and audio recorded and transcribed in order to

conduct an analysis of the data. Once the recording was transcribed, the data were

reviewed and responses were clustered by like responses. These ideas were the concepts

or lean codes (Creswell, 2012) that resulted from the initial stage of the analysis process

of coding the interviews. Once compiled, the lean codes were organized into a list of

tentative codes (Creswell, 2012). The codes themselves varied from being descriptive—describing what was in the data—to more analytical—explaining why something was in the data (Taylor & Gibbs, 2010). These codes helped in identifying emergent themes in the participants' responses that were then compared and contrasted. Finally, a matrix, or scattergram, was prepared to determine the most recurring responses for each question.

Assumptions

During this study, the following assumptions were made:

- The sample represented the population.

- The subjects answered honestly.

- The subjects freely shared and elaborated on other participants' answers.

- Subjects' replies opened the discussion among participants, bringing forth similarities and codable emergent themes.

Limitations

The following are potential limitations:

- The participants may have not openly shared in the group discussion environment.

- An outspoken participant may have overshadowed a more reserved participant, and therefore it is possible that not all perspectives were given.

Summary

This study investigated the perceptions of counselors, who had worked with students who were abused as children and became successful adults, on the educational strategies and accommodations that were effective in helping their students cope with and overcome the negative impact of abuse.

Chapter 4

Report of Findings

Chapter 4 reports the results of the Delphi study designed to determine the perceptions of counselors who had worked with former victims of child abuse on the educational strategies and accommodations that were effective in helping those students overcome the negative impact of abuse. The chapter is organized in the order in which the questions were presented to the study participants. The findings from the data are reported in order of most common responses depicted in tables and then discussed in the same order.

A total of eight school counselors who had worked with victims of abuse participated in this study. Each participant was provided with the interview questions several days prior to the Delphi session. At the interview, the researcher started with a prompting question and then invited the counselors to freely discuss their perceptions. Table 1 shows rank-ordered participant responses to the question regarding challenges victims of abuse face.

Table 1 shows that the most common response indicated that an inability to develop healthy relationships is the most common challenge faced by victims of abuse. During the Delphi session, Participant 1 reported, "Those who have been abused may find themselves repeating unhealthy dynamics in current relationships (e.g., marital, friends, family members) or may be abusers themselves." Participant 7 described "chronic feelings of isolation, despair, hopelessness, and dissociation."

Table 1

Responses to the Question of What Challenges Do Victims of Abuse Face?

Comment	Participant number								Total
	1	2	3	4	5	6	7	8	
Not being able to develop healthy relationships	X	X	X		X	X	X	X	7
Feeling like they deserved it	X	X	X		X			X	5
Episodes of depression	X	X	X		X			X	5
Difficulty coping and turning to substance abuse to numb their feelings	X	X	X					X	4
Having issues with trust	X		X		X			X	4
Feelings of guilt	X	X		X				X	4
Reliving the abuse	X		X				X		4
Feeling inferior	X		X				X		3
Never sharing the history of abuse out of fear	X			X		X			3
May become abusers themselves		X	X					X	3
Low self-image					X		X	X	3
Lack of motivation to live/suicidal		X					X		2
Risky behavior/promiscuity			X					X	2
Moody/emotional/sensitive						X	X		2
Not being able to separate one's identity from "victim"	X		X						2
Vulnerable to being victim of abuse again			X					X	2
Lack of social skills						X			1
Fear of retaliation if they disclose their abuse	X								1

Table 1 (continued)

| | Participant number | | | | | | | | |
Comment	1	2	3	4	5	6	7	8	Total
Needing to do for other/"fixer"	X								1
Fear of leaving	X								1

Participant 5 amplified this challenge, speculating that the reason for difficulty

developing and maintaining healthy relationships is the victims' subsequent trust issues.

Participant 6 offered, "They [victims of abuse] can find it difficult at times to have

normal relationships [with their significant other] due to past struggles of abuse."

Participant 2 looked at the issue a little differently, offering that the reason for an inability

to form healthy relationships stems from fear of being abused again—especially if the

victims' abuser was someone they trusted. Participant 6 added, "They [victims of abuse]

have difficulty trusting people because they don't know who is going to do bad to them.

. . . They might have a hard time opening up to others." Participant 5 remarked that trust

issues in tandem with a decreased self-image due to the abuse could lead to unhealthy

relationships.

The second most common response was that victims often believed that they

deserved the abuse they received. Participant 5 commented, "The victims may blame

themselves and think that they brought the abuse on themselves." Participant 2 suggested

that feelings of depression, which many abused victims face, could lead the victims to

believe they deserved being abused. Participant 3 offered, "Victims of abuse may have

difficulties sorting through their responsibility or role in the abuse process, particularly if

they were young when it occurred." Participant 1 added that a sense of guilt may cause the victims to feel like they deserved the abuse they received. Participant 8 agreed and mentioned that this is also a common reaction of children going through a divorce in their home.

Several of the Delphi participants also commented that depression is a common challenge victims of abuse face. Participant 2 responded to this question by stating, "Relationships can change negatively within the family. . . . They [victims of abuse] can face depression, the lack of drive to live and commit suicide; they can believe they deserved it [the abuse]; they may have flashbacks or dreams, have PTSD." Participant 5 suggested that abuse could cause a tarnished self-concept that could lead to possible depression, and Participant 1 speculated that depression may be the result of victims having difficulty trying to cope with the abuse.

It was interesting to note that only two participants identified "risky behavior/ promiscuity" as a challenge victims of abuse may face. The most experienced participant (Participant 8) mentioned it several times and gave examples of frequent teen pregnancies and life-threatening risks such as jumping across train tracks at the last moment and jumping off bridges into unknown (and therefore potentially dangerous) waters.

Table 2 summarizes the Delphi participants' responses to the question, "What impact does physical abuse have on self-esteem?"

Table 2 shows that the most common response among the participants was the belief that victims of abuse have low or negative self-esteem. Participant 1 commented on how physical abuse can possibly affect the recipient: "They may now feel tainted and no longer worthy of healthy relationships." Participant 7 hypothesized that the experience of

being abused can lower a person's self-esteem. Participant 6 then remarked on how low self-esteem can isolate victims of abuse: "These individuals lack confidence and keep to themselves; they don't like to step out of their comfort zone because they believe the outcome will not be positive." Participant 2 offered, "Victims may feel they do not have any worth or value; they may not see themselves as 'special' or wanted. They might try to spend their life trying to fix this in various unhealthy ways, such as being promiscuous."

Table 2

Responses to the Question of What Impact Does Physical Abuse Have on Self-Esteem?

Comment	Participant number								Total
	1	2	3	4	5	6	7	8	
Low/negative self-esteem		X	X		X	X	X	X	6
Blame themselves/believe they deserved it	X	X	X			X		X	5
Lack of motivation/hopelessness/depression			X		X	X	X	X	5
Feelings of anxiety			X	X		X			3
Feelings of worthlessness	X	X					X		3
Repeated relationship dynamics	X		X					X	3
Problems developing healthy relationships	X		X					X	3
May lead to suicidal thoughts					X		X		2
Lack of confidence		X				X			2
Moody, sad, angry, ashamed				X		X			2
May lead to poor decisions						X		X	2
Posttraumatic stress disorder			X						1

This question raised a credibility issue: Only three participants specified "low self-image" in response to Interview Question 1, but six specified "low self-esteem" in response to Interview Question 2. Participant 2 mentioned the possible issue of promiscuity in response to Interview Question 2 but did not mention it in response to Interview Question 1 when two other participants brought it up. This may merely indicate a lack of experience with the Delphi process or a social norm of not mentioning what has already been said.

The second most common theme in the participants' responses was that the abused may blame themselves or feel they deserved the abuse. Participant 6 stated, "Victims of abuse tend to have lower self-esteem because they blame themselves for the reason they were abused." Participant 3 added to this by commenting, "Self-esteem can be negatively impacted as victims may blame themselves for their roles in the abuse or may repeat dynamics in relationships, which perpetuates negative self-image." Participant 1 suggested that due to the victims' feeling that they deserved the abuse, they might subconsciously seek future relationships with the same abusive dynamic. This response by six participants was also specified by six participants to Interview Question 1.

Many participants responded that they felt the effects physical abuse had on self-esteem led to feelings of hopelessness, depression, and a lack of motivation. Participant 3 claimed, "The associated risk factors—problems with attachment, PTSD, depression, anxiety—further take their toll on self-esteem." Participant 7 expanded on this by stating, "Having a low esteem manifest into other issues including negative feelings, lack of motivation or effort, poor mental health and feelings of worthlessness can lead to suicidal

thoughts." Participant 5 commented, "The lack of a positive outlook on life and self can diminish one's internal motivation to continue to live. Having a feeling of helplessness could occur, which in turn could lead to poor decision making." Participant 6 speculated that low self-esteem could cause a lack of motivation and effort, which can have an impact on every aspect of an individual's life. Participant 2 then added, "They [victims of abuse] may lack confidence. And they may not see themselves as strong individuals."

Table 3 shows rank-ordered participant responses to the question regarding effective strategies for helping victims cope with the negative impact of abuse.

Based on the data in Table 3, one of the most common responses for strategies that are effective in helping victims of physical abuse cope with the negative impact of abuse was for the victims to form a positive connection or relationship with an adult. Participant 4 stated, "That one connection you [victim of abuse] make, that one adult, can really make a difference. You may never leave that environment, but that one connection may be enough to propel you forward the perceive to ability of deserving more." Reflecting on her own childhood with an abusive father, she remembered a teacher who "noticed" her and took the time to connect with her, which allowed her to make a positive connection with school. Participant 4 further added, "One person that connects to you can just give you a whole new perspective of what is to possibility [*sic*] outside [the abuse]." In reference to foster care, Participant 1 commented that social workers can be good people for abused children to build a positive relationship with.

Table 3

Responses to the Question of What Strategies Are Effective in Helping Victims of Physical Abuse Cope With the Negative Impact of Abuse to Become Successful in School?

Comment	1	2	3	4	5	6	7	8	Total
Making a positive relation/connection with an adult	X			X				X	3
Relocating to a safe place (short and long term)	X			X				X	3
Group therapy		X				X	X		3
Individual therapy			X				X		2
Teaching them they have control/ownership	X	X							2
Clarifying responsibility/blame	X						X		2
Exposure to triggers							X		1
Forming identity other than "victim"	X								1
Behavioral/ thinking pattern therapy							X		1
Targeting problematic parenting				X					1
Therapy for impact of abuse				X					1
Teaching self-protection strategies		X							1

(Header spanning columns 1–8: "Participant number")

Another common strategy mentioned by the participants was for the victims to relocate to a safe place. This could be for a short period of time, where the individual leaves the abusive environment for an hour or so, or for a longer term period of time,

where the child might be removed from the home and placed in foster care or other living

arrangements, such as with other family members. Participant 8 commented on the

importance of removing victims from dangerous environments:

> We have mentioned foster homes and removing some of these children from the
>
> place that is hurting them. . . . We need to make sure they are in a safe place.
>
> Because with all the right strategies in place, if they are still being abused or
>
> around the same people who are doing that, then anything we do will not help. So
>
> I think a change in placement and environment is more important first in order to
>
> get them that help.

For children who remain in their homes with their abuser, Participant 4 commented on

her own experiences with her siblings temporarily leaving the area where there abuser

was: "We try to stay away. If you could close the door, it felt far enough, although it is

not; it is just a door. Or you could go in the backyard and get away from it or that

person." She also added that for her, school was a place to feel safe and be away from the

abuse.

A third recurrent theme regarding strategies for victims of abuse was the

recommendation of group therapy by the participants. Participant 6 suggested, "In

therapy, they [victims of abuse] feel that they can relate to one another. They feel like

they are not alone. They can talk to these other victims who have been abused."

Participant 7 added that group therapy could be very beneficial if it utilized a cognitive-

behavioral approach that focused on teaching individuals how to change their thinking

patterns. Participant 2 suggested that the group therapy does not need to be in a formal

setting, but a group of peers or individuals outside of the family could provide a

therapeutic environment. She also added, "I think even hearing stories of other victims and how they overcome or how they positively cope or even forgave their abuser can help."

It is significant to note that common responses to this question were not as frequent as common responses to the first two questions. This may demonstrate the "need to know" part of the Significance of the Study section in Chapter 1—there does not seem to be a lot of information available to counselors on how to treat victims of abuse.

Table 4 summarizes the Delphi participants' responses to the question about types of support that could aid victims of abuse to become successful in school.

Table 4

Responses to the Question of What Type of Support Helped Victims of Physical Abuse to Become Successful in School?

Comment	Participant number								
	1	2	3	4	5	6	7	8	Total
Extracurricular school activities	X			X		X			3
Clubs at school and in the community	X			X	X				3
Counselors: as people to talk to, they know the laws, treatments, and resources	X	X					X		3
Church/youth groups	X								1
Friends/peer groups	X								1

According to Table 4, extracurricular school activities was one of the most common responses for types of support for victims of abuse. Participant 6 claimed that extracurricular activities can provide abuse victims with support because it gives them a

place to be away from their abusive environment at home. Participant 4 added to this

statement, "[It's] a safe school environment. Band, cheerleading, a sport, just a place to

gather, to get away—to kind of be somebody else."

Clubs at school and in the community were another common response among

participants. Participant 4 commented on how clubs provided abuse victims with

anonymity: "Sometimes in clubs, no one needs to know [of the abuse], but you get

somewhere to go. . . . Sometimes it's just your friends. You can have that environment to

support each other." Participant 1 claimed that any involvement in clubs or other groups

could have a positive effect on individuals who have been abused. Participant 5

speculated, "Having an outlet to share one's story or current feelings may show victims

they are not alone. And local community resources, depending on the type of abuse, may

aid in one's recovery from abuse."

Several participants felt that counselors could provide victims with support in a

number of ways. Participant 1 offered a variety of methods that could provide support:

"Counselors can also provide support through providing confidentiality, community

resources, and common knowledge of laws or other appropriate resources." Participant 7

mentioned that counselors could be "advocates, prevention specialists, mandated

reporters, and treatment experts to accommodate victims of abuse." Participant 2 then

suggested that counselors could provide abused individuals with a safe environment

where they could talk and "be heard."

It is again important to note a relatively low common response to this question;

this could indicate there may be a need for further training and information on this topic.

Especially interesting is the fact that only three participants recommended counseling, but all eight participants were counselors.

Table 5 shows rank-ordered participant responses to the question regarding effective interventions for victims of abuse.

Table 5

Responses to the Question of What Interventions Helped Victims of Physical Abuse to Become Successful in School?

Comment	Participant number								Total
	1	2	3	4	5	6	7	8	
Finding one's own identity separate from "victim"	X	X	X	X	X	X	X	X	8
Counseling/therapy/teaching coping skills			X	X	X	X			4
Retelling their story		X		X	X				3
Treatment for family and friends of the victim				X				X	2
Exposure to triggers				X					1
Making a positive connection with someone				X					1
Religion		X							1

The participants overwhelmingly agreed that finding one's own identity separate from "victim" was a powerful intervention. This was the most common response in the study, which could mean it is the most important intervention but could also indicate that all eight counselors had received similar training.

Participant 1 speculated,

I think a lot of it is the challenge of not being able to separate yourself from the

abuse, in regards to developing your own identity away from being a victim. So I

think the challenge is really about separation. You lose your own identity to the

abuse, and your identity becomes that of victim. And then if you are not strong

enough to stray from that, then you start becoming "the victim."

Participant 1 went on to comment about her experiences working with foster children.

She had seen children who were so concerned with what their guardians liked or, more

importantly, disliked that they themselves had no personal identity. When working with

these foster children, Participant 1 used various interventions that would encourage the

children to get to know who they were and what their own likes and dislikes were. She

felt that these interventions could be beneficial with children of abuse as well. Participant

1 added, "The challenge is getting the victim to develop their identity separate from the

abuse. The more the victim can relinquish the term 'victim' for a more positive sense of

'survivor,' the greater the progress." The whole group of participants agreed with her.

According to Table 5, several of the participants felt that some form of

counseling, therapy, and a way of learning coping skills were useful interventions for

victims of abuse. Participant 3 claimed, "Counseling for help with anxiety at school,

homework support, group therapy for assertiveness skills" were helpful. Participant 5

commented on the role counselors can have in providing interventions for victims of

abuse, such as confidentiality and knowledge of resources. Participant 6 restated the

benefits of group therapy: Being able to share their experiences and hear the stories of

what others have been through could aid individuals as an intervention in learning how to cope with abuse. Participant 6 further suggested,

> Victims may also see a psychologist to help them overcome the trauma. Trauma-focused cognitive-behavioral therapy is a treatment where individuals are presented with educational facts [and] then asked [how] they would handle their past difficulties with the new information.

A third common intervention in the responses of the participants was for the victims to have an outlet to be able to retell their stories. Participant 4 mentioned that in her experience working with the organization Victims of Crime, having the victims share and retell their stories was a powerful intervention technique. Participant 4 stated,

> When they retell their story, they are able to see where it is that the trauma is still strong. And when you go through that again, you have that exposure. It does help, and you begin to see symptoms subside.

Participant 2 offered that the intervention of retelling one's story could be beneficial because it can give the individual validation. Participant 2 remarked that often when a child has been abused, the parent does not believe or ignores that the abuse happened. The process of retelling one's experiences can provide the victim with an opportunity to be vindicated. Participant 5 added that counselors could be a useful third party with whom the victims could share their stories: "The counselor can provide a safe and nonjudgmental space for victims. Listening and not sharing their opinion, positive or negative, may let victims know they should not blame themselves."

Table 6 summarizes the responses regarding what the Delphi participants believed educators should beware of when working with victims of physical abuse.

The most common response, according to Table 6, was for educators to be aware of signs of abuse. Participant 5 mentioned several warning signs that educators should be aware of: "baggy clothing, a mood, absences, or an extended period of absences."

Table 6

Responses to the Question of What Do Educators, Who Are Working With Physically

Abused Victims, Need to Know?

Comment	Participant number								Total
	1	2	3	4	5	6	7	8	
Be aware of signs of abuse	X	X		X	X		X	X	6
Know their legal responsibility/school protocol	X			X	X		X		4
To be more sensitive/caring with victims			X			X		X	3
Be aware of the toll abuse can have on learning			X				X		2
Be aware of the fragile state victims might be in			X		X				2
Try to develop trusting relationships				X		X			2

Participant 3 added that not all signs are physical: "They [victims of abuse] are at risk for

a host of internalizing difficulties, psychiatrist problems, as well as academic and social

difficulties . . . and that symptoms may worsen under stressful situations." Participant 2

felt it was important for educators to be well informed of the population with which they

work. Different environments can produce different effects on students. Being informed

on research could make the educators aware of what to look out for in students.

Participant 7 warned that in her experience it was unlikely for victims to divulge or admit

to abuse as first but that it was very important for educators to be persistent when they

suspected that abuse might have occurred. Participant 1 added that abuse can come in

many different forms: "It's not always that they [students] are coming to school with

bruises; it could be ill treatment." Participant 4 stressed that educators need to know and beware of the signs of abuse.

A second common response among the participants was for educators to know their legal responsibility and what their school's protocols are for handling cases of abuse. Participant 4 stated, "Educators need to know . . . their legal responsibility. They should have the knowledge as to how to help and know the school's prevention plan." Participant 5 added that educators also need to be informed on what the protocol for handling situations of abuse is for their specific site. Participant 1 stated, "They [educators] are mandated reporters, and all it takes is a suspicion of abuse. And we really need to educate educators of their obligation to report and not to feel guilty, and they are protected by law." Participant 7 added to this by saying, "Educators have a vital role in identifying, reporting, and preventing child abuse and neglect." Participant 8 then commented about how important it is for counselors and teachers to work together on cases of abuse. As a counselor, he had asked teachers for support with certain students. Counselors may not be able to share details about the students' situations, but teachers should trust their school counselors in these situations.

Table 7 summarizes any additional information the Delphi participants shared on their experiences as counselors working with victims of abuse.

Once again, the theme of abuse becoming part of the victim's identity was a common discussion point among the participants. Participant 1 hypothesized that many victims might internalize their experiences and never actually acknowledge the abuse.

Table 7

Additional Comments Participants Had on Child Abuse

| | Participant number | | | | | | | | |
Comment	1	2	3	4	5	6	7	8	Total
Abuse becoming part of the victim's identity	X		X	X				X	4
Giving power to the victim	X			X				X	3
Abuse can be different based on gender/culture				X			X	X	3
Victims may suffer from feeling of guilt				X				X	2
Victims may be unaware they experienced abuse	X						X		2
Being validated								X	1
Pattern of repeating abusive relationships							X		1

She then suggested that by doing so, the abuse becomes part of the individuals, and they are never able to move past it. Participant 4 speculated that the act of abuse creates a bond between the victim and the abuser, and the victim feels "tied to the abuser in a guilty way." In response to this comment, Participant 8 mentioned Stockholm syndrome and how it can leave lasting effects on individuals:

> And it is really interesting; people can be out of that [environment] for years and get back to something and be right back [emotionally] to that situation where they identify with the abuser. I think it is something that they never get over, and they have to work through it all their life.

Participant 3 commented on why she believed many victims of abuse have difficulty with their identity:

It seems like boundaries become so blurred. And so defining these boundaries

between my feelings, what I want, what I like, and what you want and what you

like becomes really difficult after being in an abusive relationship because the

boundaries are blurred. And so finding who that person is, is a really key part of

treatment.

Participant 4 added that the individuals would always be "victims"; however, they need

to learn how to move past having that be their whole identity.

Several participants felt it was important to give "power" to the victims of abuse.

Participant 1 speculated that when reporting abuse, it can be beneficial to inform the child

about the process—what the laws are, what steps need to be taken—and by doing so,

"you can get the child to support you in making the report. Instead of just saying, 'We are

calling and making the report,' but almost giving the child the power of making the

report." In response to this, both Participant 4 and Participant 8 cautioned that this might

put a burden of guilt and shame on the child, but if the child is old and mature enough, it

could be empowering to be part of the process of reporting his or her abuser.

Another common response indicated in Table 7 was that the participants believed

that abuse could be different based on gender and culture. Participant 8 questioned

whether the experience of abuse and the ability to be empowered differed based on

gender. Participant 4 speculated that males and females experience and cope with abuse

in very different manners. Reflecting on her own childhood, Participant 4 stated that her

brothers remembered episodes of abuse very differently than she and her sister did.

Participant 8 offered, "It is almost like a second-class society" referring to the different

experiences of abuse based on gender. Participant 7 suggested that culture is also a factor

of abuse: "A lot of times, especially in some cultures, that there is a level of

understanding and acceptance of the abuse." She continued by stating that certain abusive

behaviors are common in some cultures and socially acceptable in those cultures.

Participant 8 added that culturally accepted abuse is common in many different cultures.

Several group dynamics may have slightly impacted the results listed in the

tables. The researcher noticed than on several occasions, participants nodded their heads

or did not respond because the issue had already been mentioned. Additionally, the

participants tended to defer to Participant 8 because of his experience, seniority, and their

knowledge that he was a professor. Finally, because of time constraints, the researcher

skipped Interview Question 2 and returned to it at the end of the Delphi session, which

resulted in limited responses by the group as a whole.

Chapter 5

Conclusion and Recommendations

Chapter 5 summarizes the findings of the qualitative Delphi study to determine the perceptions of counselors who had worked with former victims of child abuse on the educational strategies and accommodations that were effective in helping those students overcome and cope with the negative impact of abuse.

Conclusion

A perception many of the counselors shared in this study was that victims of abuse face the challenge of emotional repercussions of the abuse in such forms as the inability to develop healthy relationships, believing they deserved the abuse, and experiencing depression. According to Colman and Widom (2004), the psychological effects of child abuse have been shown to affect the victims' relationships later on in life; adults who were abused as children have reported difficultly establishing and maintaining personal relationships.

Aligning with the findings by Gray (2014), the counselors perceived that victims of abuse suffer from low or negative self-esteem. Abuse has been shown to severely harm the recipients emotionally by lowering their self-esteem and perception of self-worth (Gray, 2014).

Due to low or negative self-esteem, the participants believed victims of abuse often blame themselves or feel they were deserving of the abuse. Receiving abuse from a parent can cause a child to place blame on him- or herself (Crosson-Tower, 2005). Abused children often feel that they were deserving of the treatment they received. Therapists have worked with abused children to improve their self-concept (Crosson-

Tower, 2005). Generally, the self-concept of an abused child is very low, and many abused children express shame and doubt about themselves (Forkey et al., 2002; Williams, 1998).

In addition, the participants felt the low or negative self-esteem may manifest itself as depression, a lack of motivation, and hopelessness. According to Maslow's hierarchy of needs, the needs for esteem are the fourth level of basic needs after physiological, safety, and belonging needs (Simons et al., 1987). The fulfillment of these needs makes people feel valuable and self-confidant, and the deprivation of them leaves people with feelings of worthlessness, inferiority, and frustration (Simons et al., 1987). Abuse can affect each of the three previous levels, prohibiting individuals from obtaining a positive self-concept.

Some participants felt that being able to connect with others was an effective strategy for helping victims cope with the negative effects of abuse. In Maslow's hierarchy of needs, the third level of basic human needs included the needs for love, affection, and belonging (Simons et al., 1987). According to Simons et al. (1987), "Maslow states that people seek to overcome feelings of loneliness and alienation. This involves both giving and receiving love, affection and a sense of belonging" (p. 2). This connection could be in the form of a positive relationship with an adult, such as a teacher, counselor, or social worker. Crosson-Tower's (2005) research showed that providing a stable and healthy child-adult relationship could aid an abused child by raising his or her self-concept.

In group therapy, abuse victims could gain a sense of not being alone in their experiences and connect with other victims. Due to the fact that all the children in the

group session have experienced abuse, it eases their ability to share, encourages socialization, decreases isolation, and promotes healthier relationships with peers (Crosson-Tower, 2005). Creating the opportunity for individuals with similar experiences to come together can aid victims in building positive connections and relationships.

The counselors shared that a type of support they felt helped victims of physical abuse become successful in school was participation in school and community organizations. Once again, this goes back to the third level of basic human needs in Maslow's hierarchy of needs: love, affection, and belonging (Simons et al., 1987). The study participants felt that participating in an extracurricular school activity, club, sport, or community organization can give an individual a sense of belonging and a place where positive relationships could be built. According to Hecht et al. (2002), while participating in these types of activities, abused children can often develop trusting relationships. Organizations like the Big Brothers Big Sisters program have a positive impact by helping abused children socialize and build healthy relationships with positive adult figures (Crosson-Tower, 2005).

The participants felt that school counselors could provide support to abuse victims. Fossum and Sorensen (1980) found that teachers, counselors, and other school staff could monitor children on a daily basis and provide support. Further, they believed that schools can provide interventions for students and their families in the early stages of mistreatment before it becomes abuse (Fossum & Sorensen, 1980).

The participants all shared the perception that for victims of abuse, finding their own identity separate from "victim" is a powerful intervention. Similarly, Mokuau's (2002) research showed positive results of cultural interventions for Native Hawaiians; he

found that there was a strong emphasis on incorporating cultural identification and pride when conducting interventions for Native Hawaiian abuse victims. The Hawaii Department of Human Services has employed culturally competence-based interventions because they enable individuals to develop identity and esteem (Mokuau, 2002).

This concept of finding one's identity also lines up with Maslow's hierarchy of needs. The fifth and highest level of basic needs consists of the needs for self-actualization (Simons et al., 1987). Simons et al. (1987) noted, "Maslow describes self-actualization as a person's need to be and do that which the person was 'born to do'" (p. 2). Without knowing who one truly is, one cannot reach the stage of self-actualization.

Counseling, therapy, the learning coping skills were other interventions the participants perceived to be beneficial to victims of physical abuse. Research has shown that practices have taken the form of a combination of individual, family, marital, and group therapy (Duddle, 1984). Treatment for abused children has the goals of helping children get back on developmental track, providing psychological aid, and providing emotional stability because many abused children have missed or are delayed in the stages of the developmental process (Crosson-Tower, 2005). The counseling for the families of the victims has been incorporated as an intervention to help the family members learn to cope with the many issues that arise when abuse has occurred to a family member (Mokuau, 2002). Research has also shown that intensive family-centered service programs are successful in strengthening families and preventing the removal of children from the home (Pecora et al., 1992).

Another intervention discussed by the participants of this study was for victims to be able to retell their stories. Research is split on this matter. Crosson-Tower (2005)

discussed how group therapy benefits victims of abuse because it gives them a safe

environment to share and hear other victims' experiences. However, Crosson-Tower also

discussed the three main types of therapy that are utilized with individual adults to

address childhood abuse—Gestalt therapy, behavior therapy, and crisis intervention

therapy—none of which have individuals reexamine their abuse but rather aid the victims

in addressing the effects of the abuse.

     Most of the participating counselors considered that educators who work with

victims of abuse need to be cognizant of the many different signs of abuse. Educators

should also know their legal responsibility and their school's protocol for dealing with

cases of abuse. Fossum and Sorensen (1980) believed that because teachers see children

on a regular basis, they may be more perceptive in detecting child abuse. A teacher can

notice changes in a student's behavior and appearance that could indicate problems in the

home.

     Several participants expressed a belief that educators should be more sensitive

and handle interactions with victims with grace because abuse can have a multitude of

ramifications that can affect an individual's ability to learn and function in a classroom

environment. Teachers have been shown to often misjudge children who have

experienced abuse as having learning difficulties or as learning disabled (Perry, 2001).

However, it is possible that these abused children have high intelligence but that the

neurological and emotional effects of abuse have negatively affected their learning

process. Many maltreated children have been found to live in a chronic state of fear,

which has the possibility of resulting in alterations in brain development (Perry, 2001).

The study participants believed educators should be knowledgeable of the effects of

abuse and should use that knowledge when working with children who have experienced abuse.

The lack of common responses to the questions about strategies and support for victims of abuse indicates that this is an area in counselor training that could be improved. The study participants were familiar with symptoms of abuse and the interventions that helped many victims cope with abuse, but they seemed uncertain of the role of counselors in providing treatment that would initiate/enhance those interventions.

Commentary

There were two interesting results in the participants' responses. First, several participants remarked that they felt that victims of abuse would benefit from being able to retell and share their experiences of being abused. They felt that this process could aid the individuals in learning to cope because it could help the victims identify their "triggers," address the trauma, and validate their experiences. This was an interesting result because it is speculated that having individuals reexamine traumatic events in their lives could cause harm to the individuals by retraumatizing them. To discuss their experiences would cause them to relive the events and the negative repercussions of the abuse. In this study, however, the participants felt that retelling of their experiences could be a beneficial intervention for victims of abuse.

The second interesting result was the participants' limited responses regarding religion. When people go through difficult times in their lives, they often turn to religion for support and guidance. However, the participants in this study, for the most part, left out organized religion and spirituality in their responses for strategies and

accommodations that they felt were effective in helping victims overcome and cope with the negative impact of abuse.

Recommendations for Action

Caregivers, therapists, educators, and decision makers need to be familiar with symptoms of abuse as well as strategies, support, and interventions that have helped victims of physical abuse cope with the negative impact of abuse. Abuse has been connected to social, emotional, and mental health problems (CDC, NCIPC, 2012; Danese et al., 2009; Dube et al., 2001; Lansford et al., 2007; Widom et al., 2006; Widom & Maxfield, 2001). The findings from this study should be of interest to the professionals who seek to help physically abused victims. These individuals understand the need to help victims of physical abuse. Findings from the study can provide information regarding ways to support individuals who were victims of abuse.

Educators can play a major role in aiding victims of abuse. Teachers see and interact with their students on a regular basis, and therefore, they can be key in detecting child abuse. A teacher can notice changes in a student's behavior and appearance that could indicate problems in the home. By knowing what to look out for, a teacher can be the first line of action in getting an abused child help. In addition, when a teacher knows a student has experienced abuse, the teacher needs to be mindful of his or her educational practices in regard to this student. Abuse can have a multitude of negative effects on an individual's ability to learn and function in a classroom environment.

School counselors need to receive a stronger curriculum on handling cases of child abuse. With the appropriate knowledge, counselors can be advocates for this population, treatment experts, and prevention specialists. Counselors can provide support

and interventions for abused children and their families themselves and can refer them to other beneficial resources.

Decision makers need to be informed about the effects abuse can have on a child's ability to learn and function in a classroom environment. Decision makers need to then use this information to alter the current educational format to allow for the various accommodations and interventions that could aid abused children in learning how to cope with the negative effects of abuse and ultimately encourage their educational success.

Recommendations for Further Study

To further the investigation on educational strategies and accommodations that are effective in helping victims of abuse overcome and cope with the negative impact of abuse, I recommend several new research studies. This study could be replicated in another geographical location. If the study were replicated with participants from a different area with a different socioeconomic status, the results may differ.

This study could also be replicated with a population of victims of abuse in place of school counselors. Researching what educational strategies and accommodations victims found beneficial in their own lives could lead to greater insight into what can be done to aid future victims of abuse.

Lastly, a quantitative study could be conducted to determine the effectiveness of the strategies and accommodations found in this study by comparing the success rates of victims of abuse who received treatment to the success rates of those who did not receive any interventions.

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Appendix A: Transcription

Researcher: What challenges do victims of abuse face?

Participant #5: Challenges that victims of abuse face can be multiple. Physical, mental, and emotional abuse can lead to low self-esteem, lower self-concept, also helplessness sometimes. A tarnished self-concept and possible depression. Victims can also suffer in relationships after abuse has occurred. Trust issues and the decreased self-image may lead to unhealthy relationships. And the victims may blame themselves and think that they brought the abuse on themselves.

Participant #2: Just to add on to that, guilt and shame feeling, and also different types of fear. But a fear of life. Relationships can change negatively within the family depending of what type of abuse occurred. They can face depression, the lack of drive to live and commit suicide; they can believe they deserved it; they may have flashbacks or dreams, have PTSD. They may choose negative ways to cope such as drugs, alcohol, sexual activities, self-mutilation; they could form antisocial behaviors. Their relationships that they do have may change in negative ways; they may live in fear every day. Some even end up being abused again, and some can turn into the abuser later in life.

Participant #6: They lack social skills. They have difficulty trusting people because they don't know who is going to do bad to them. They are more sensitive. They can be moody, ashamed, and angry. And they are emotional. Also, they can find it difficult at times to have normal relationships due to past struggles of abuse. They might have a hard time opening up to others; therefore, it is difficult for them to seek help.

Participant #8: As a school psych and counselor, I'll tell you, I have seen a lot of the girls be promiscuous. A lot of the boys being more daring, taking chances. We have had a few jump in front of trains. Doing all kinds of different kinds of dangerous behavior. Car surfing, where they are actually standing on the top of the hood of a car going 60 miles per hour. We have had a few deaths that way, and most of those have been victims of abuse. Also, what I find in some of them who have survived, they have a unique ability to survive despite the circumstances. And those individuals are really rare.

Participant #3: Clinically, I have also seen issues with attachment—attachment to their caregivers. If the primary caregiver is the abuser and they were put into foster care, they may have problems with affectively connecting to those "new" parents. Also, internalizing and externalizing problems. And risky behavior. They are more responsive to other stressors in their life. So, if additional stressors happen, they may be more at risk for clinical symptoms because of their past. Those are just some thoughts that I had.

Participant #4: There is a challenge of dealing [with] a double life—a life at school and a life at home. Hiding, not really being known fully. And then there is the behavior that is outward, and then there is the behavior that is inward. And hiding it. Always seeming from appearances as everything is fine. So, I think it is that challenge of a double life. They can face many other challenges also, such as an inability to adequately explain abuse; intense feelings of shame, fear, guilt, and blame; a dependence on the caregiver/abuser; fear of being without a home; belief that the abuser will retaliate or actually threatens further harm; a lack of knowledge of how to report the abuse; and fear that they will not be believed.

Participant #1: My husband grew up very impoverished, always bouncing around from place to place. And I don't know how he beat the odds. And there are still struggles because it is hard to let go. He was the oldest, so there is always that feeling of "I didn't do enough for my siblings," and I see him carrying that with people around him. He always has to be that "fixer." And I see that he is doing that because he feels like he didn't do enough for his siblings. So he is constantly like "I can't do enough" for other people.

Participant #8: Is it a feeling of "never good enough"?

Participant #1: Not a "never good enough." It's the feeling of always needing to do [more].

Participant #8: So there is always that need out there.

Participant #1: Yes. Until the world is fixed and there is no child that is abused, he will feel like he is never done. And that is just from his personal, knowing the true, what it is really to live in poverty and be abused and see it. There is never going to be an end. And I think it is different in regards to physical abuse and sexual abuse. But I think a lot of it is the challenge of not being able to separate yourself from the abuse, in regards to developing your own identity away from being a victim. So I think the challenge is really about separation. You lose your own identity to the abuse, and your identity becomes that of victim. And then if you are not strong enough to stray from that, then you start becoming "the victim." And just being able to, whether this is an adult or a child, just not having the ability or means to separate from that. Oftentimes, if you are the victim, then everything has been taken away from you. The environment has been created to keep you as the victim through no means of money or transportation or family members as

recourses. So you are very isolated. So I think being isolated from your resources can be one of the big challenges. People may be aware, but they can't reach them.

Participant #7: They pretty much have said everything that I had. I think that victims definitely have an inability to regulate their emotions. Negative self-perception. Poor relationships, feelings of inadequacy, hopelessness, which can lead to intense suicidal feeling, feelings of isolation.

Participant #2: I went to a lecture for someone who had been abused. So for her, flashbacks were an issue. So for her, it was dark spaces. She couldn't go to the movies for like 10 years. Even when she goes, she still doesn't like it, but she wanted to do it for herself. So that is just something that victims can face.

Participant #3: Victims of abuse face many challenges. Many of these challenges may be dependent upon factors including but not limited to the type of abuse, relationship with the abuser, extent of abuse, and the age at which the abuse occurred. Victims of abuse may have difficulties sorting through their responsibility or role in the abuse process, particularly if they were young when it occurred. Identity information may be profoundly affected along with impact on self-esteem and mental and sexual health. Those who have been abused may find themselves repeating unhealthy dynamics in their current relationships or may become abusers themselves. Traumatic re-experiencing of the abuse may put those victims at risk for PTSD or become risk factors for the expression of other severe mental or psychiatric or health conditions.

Participant #1: I think there are feelings of guilt, like they deserved it. They may feel inferior. The abuse may have an effect on their ability to develop healthy relationships, which could be a result of trust issues due to the abuse. They may have difficulty coping

with it and have episodes of depression or may turn to substance abuse. Many victims never share the history of their abuse. Sometimes out of fear—fear of retaliation from their abuser or of being found out by others.

Researcher: What impact does physical abuse have on self-esteem?

Participant #3: Self-esteem can be negatively impacted, as victims may blame themselves for their roles in the abuse or may repeat dynamics in relationships, which perpetuates negative self-image. The associated risk factors—problems with attachment, PTSD, depression, anxiety—further take their toll on self-esteem.

Participant #1: They can feel that they were somehow deserving of the abuse and unknowingly seek future relationships that will be prone to the same type of abuse. Or, if they can understand that they did not deserve the abuse, they may now feel tainted and no longer worthy of healthy relationships, especially if the abuse was sexual.

Participant #7: Being a victim of abuse lowers a victim's self-esteem. Having a low esteem manifest into other issues including negative feelings, lack of motivation or effort, poor mental health, and feelings of worthlessness can lead to suicidal thoughts.

Participant #5: The lack of a positive outlook on life and self can diminish one's internal motivation to continue to live. Having a feeling of helplessness could occur, which in turn could lead to poor decision making.

Participant #6: Victims of abuse tend to have lower self-esteem because they blame themselves for the reason they were abused. These individuals lack confidence and keep to themselves; they don't like to step out of their comfort zone because they believe the outcome will not be positive. They are not motivated and lack effort in every aspect of

their life. He or she is more negative, which is linked to their mood. They may be moody, for example feel ashamed, anxious, angry, or sad.

Participant #2: Self-esteem often is extremely low. The victim may feel they do not have any worth or value; they may not see themselves as "special" or wanted; they might try to spend their life trying to fix this in various unhealthy ways, such as being promiscuous. They may see it as they deserved the abuse. They may lack confidence. And they may not see themselves as strong individuals.

Participant #4: Severe and repeated trauma during youth has enduring effects on both neurobiological and psychological development, altering stress responsively and altering adult behavior patterns. These individuals experience a greatly increased risk of mood, anxiety, and personal disorder through adult life.

Researcher: What strategies are effective in helping victims of physical abuse cope with the negative impact of abuse to become successful in school?

Participant #6: In therapy, they feel that they can relate to one another. They feel like they are not alone. They can talk to these other victims who have been abused. So I think that's a good strategy. And it could be like a 1- or 2-month period, or however long they need it to be.

Participant #7: And just to add to that, I would say as well, individual and group (therapy) session, but with a cognitive-behavioral approach to try to change their thinking pattern. Also, graduated exposure to aspects of the abusive experience.

Participant #1: I think that it would be helpful to [emphasize] the fact that this is something that they do have control over. I think a lot of times, as a victim, they have no

control. And to give them one area to focus on, and you can say, "You can really take charge of this. You make the choices." So just giving them the sense of they have control of it can be a good motivator. And make them feel that opportunity to take ownership of their own decisions and their own being.

Participant #4: The greatest change in the development of treatment programs to address child abuse and neglect has been an emphasis on evidence-based practices rather than new theories that might suggest radically different treatment areas. Two primary advances have occurred. The first is the development of therapies that specifically target the impact of the trauma or abuse on children. These approaches deal mainly with posttraumatic stress, depression, and anxiety, the primary emotional impacts of abuse. There is robust literature on interventions addressing these outcomes, but it is not exclusive to child abuse. The second main advance in treatment interventions is in approaches to problematic parenting and behavior problems in children.

Participant #8: We have mentioned foster homes, and removing some of these children from the place that is hurting them and putting them in another place that is doing the same thing. So that just makes the problem even worse. With foster homes, we need to make sure they are in a safe place. Because with all the right strategies in place, if they are still being abused or around the same people who are doing that, then anything we do will not help. So I think a change in placement and environment is more important first in order to get them that help.

Participant #4: I differ a little, because I think the environment doesn't ever change. But that one connection you make, that one adult, can really make a difference. You may

never leave that environment, but that one connection may be enough to propel you

forward to perceive the ability of deserving more.

Participant #8: Can you give an example of that?

Participant #4: My life, I grew up in a very abusive home. I probably saw my father beat

my mother every night. But it was that one teacher that I connected with. I had one

teacher who just kind of noticed, "Hey, do want to join this? Do you want to do this?"

And so it became that person who gave me that connection at school.

Participant #8: So that was your safe harbor?

Participant #4: Yes, school was my safe place. I loved school. So sometimes the

environment doesn't change, but that one person that connects to you can just give you a

whole new perspective of what is to possibility outside there (the abuse).

Participant #8: So how do you survive when Christmas break or summer comes? What

were the coping mechanisms you used?

Participant #4: You know what? It was a joy when he (my farther/abuser) was at work.

It was freedom when he was at work. So then when he was home, it was about staying

away. Whether we went to a room or a place where it was quiet. I have four siblings who

are all a year apart, so we kind of all just all huddled in the same room together.

Participant #8: So you kind of all walked on eggshells?

Participant #4: Yeah, we try to stay away. If you could close the door, it felt far enough,

although it is not; it is just a door. Or you could go in the backyard and get away from it

or that person.

Participant #8: So when you didn't have that teacher, you had your siblings?

Participant #4: Yeah.

Participant #1: Going back to foster care, I used to work in foster care, and I think that it

is very important that I had to . . . you do the home visits, but that might be for show.

Participant #8: Show up unannounced sometimes?

Participant #1: Yes, unannounced, and checking in with the counselor. And I would visit

them at school, too, to get that report away from the foster home. So, just knowing if your

kids are in foster care and making sure, if they do have a social worker, that you connect

with them, because they are a great ally. So don't ever feel like you have to go it alone

with a certain child. They (social worker) may be a key to helping you sort things out.

Know who is involved in your student's life, and get to know them and work together.

Participant #7: I just wanted to add that teaching self-protection strategies also will help

them in terms of coping. So that will feel safe or that they have the ability to protect

themselves in the event of a reoccurring situation. Also, because of that movie theater

example that she gave, I thought of graduated exposure to the elements of the abuse. So

like, how that victim could not go into dark places, so she gradually made herself go into

places like the movie theater that reminded her of the experience. So that could be

another way to help a victim. And also, clarifying responsibility/blame of the offender's

behavior. Because a lot of times with child abuse, or even adult victims, they blame

themselves. So just reiterating and clarifying the responsibility and blame is not on them

(the victim).

Participant #2: When you guys were talking about foster families, some type of

consistency. Some type of support group. I know K-12 might be different, but in college

some people might have roommates, and sometimes that roommate can be the person to

help motivate them and be that person there for them outside of their family. I think that

feeling someone can relate to you can help; group counseling may be effective.

Individual therapy may be better for some, or even to start with before entering group

counseling. I think even hearing stories of other victims and how they overcome or how

they positively cope or even forgave their abuser can help. I know for many people some

sort of spiritual connection can be effective. Some sort of way of having their voice and

story heard and being affirmed and helped in a positive way could be effective. There

needs to be a support system. Also, it helps that the family is very supportive of

education. If that is important in their home, then that will help, but that is not always the

case.

Participant #3: Individual psychotherapy and victim support groups may be very

helpful. Cognitive-behavioral and Rogerian strategies may also be helpful in the context

of individual therapy.

Participant #1: Helping the victim in rebuilding their self-esteem. The victim needs to be

willing to place the blame on the abuser and away from them. The challenge is getting

the victim to develop their identity separate from the abuse. The more the victim can

relinquish the term "victim" for a more positive sense of "survivor," the greater the

progress toward reclaiming their self-esteem.

Researcher: What type of support helped victims of physical abuse to become successful

in school?

Participant #6: Extracurricular activities; they often help kids get away.

Participant #4: Sometimes clubs. No one needs to know (of the abuse), but you get

somewhere to go. A safe school environment. Band, cheerleading, a sport, just a place to

gather, to get away—to kind of be somebody else. Sometimes it's just your friends. You can have that environment to support each other. Student support groups, community-based referrals, counseling, shelters, community food banks.

Participant #1: I think it is really important to know who their peer group is, because they could be looking to not be at home. And it could be the wrong or another bad situation. So getting to know their peers, and if they are supportive, then great. Encourage them to be there. Maybe even work it out with the school to have an extra set of books at that friend's house. Then they could go over and do homework over there. Whatever groups of clubs they can get involved in is great. Sometimes, they are coming from a place where they don't have that setup, or they are missing that one best friend from another town, and just encouraging them to stay connected with that one piece of sanity that's familiar. I know that a lot of times, it's the kids that have moved and they are missing that one friend, and it can kind of snowball from there. Really encourage them to stay connected to the people who were positive in their life, even if they are not local. Getting them connected with their local church or whatever organization . . .

Participant #8: Like a youth group or things like that?

Participant #1: Yeah. It doesn't have to be an on-campus school activity. That is why it is so important to know your local resources and to know what is available. Whatever they are connected to. Counselors can also provide support through providing confidentiality, community resources, and common knowledge of laws or other appropriate resources.

Participant #7: Counselors must be advocates, prevention specialists, mandated reporters, and treatment experts to accommodate victims of abuse.

Participant #2: Counselors can provide that ear and safe place where the victim can be heard. They also can have the knowledge to handle these cases correctly. Counselors can provide therapy or group counseling; counselors can even go that extra mile to be more educated on the matter to help them. Counselors can also refer the victims to clinical psychologists or other support groups provided by hospitals and the like if needed. Counselors can help provide ways to help victims to learn how to cope, move on, and forgive others and themselves.

Participant #5: Giving victims a support system may ease the negative impact of abuse. Having an outlet to share one's story or current feelings may show victims they are not alone. Local community resources depending on the type of abuse may aid in one's recovery from abuse.

Researcher: What interventions helped victims of physical abuse to become successful in school?

Participant #4: I work with Victims of Crime. And one of the things we do is a kind of retelling of their (the victim's) story. Being able to deal with a kind of exposure to things, like the movie theater. Having that exposure and having that connection being reduced. Because one of the things we will find is a certain scent will trigger a certain memory of a certain time or day, or something somebody said. So giving coping skills, relaxation techniques, breathing, being able to differentiate between their negative thoughts and their feelings. And having them retell their story. When they retell their story, they are able to see where it is that the trauma is still strong. And when you go through that again,

you have that exposure. It does help, and you begin to see symptoms subside. And I think

part of that is also that connection you are having with somebody.

Participant #8: Is that a victims outreach program?

Participant #4: Yes, it is. When anyone is victimized or is a victim of a crime, then they

can apply, and the county will pay for their therapy.

Participant #8: And do you go to the schools for that?

Participant #4: It depends. I don't. I have an office that I see people at. But I do work

with older people, and I do go to their homes because they don't drive. So people will go

to the home, some people will go to the schools. It really depends on the person. And the

beauty of Victims of Crime is, let's say somebody is abused, then it impacts you, your

parents, your best friend, and they (Victims of Crime) will see them as well. They will

work with everybody that has been impacted.

Participant #8: You should also see the victim's friends because it impacted them too.

Because they could be harboring secrets or things like that.

Participant #4: It heals the whole community.

Participant #8: Exactly.

Participant #1: We used to have this, not like a scrapbook, but kind of like a scrapbook

or a journal that we would use with the kids in foster care. It was just for them to find

themselves again. Because a lot of times everything is like, "Mom doesn't like this,"

"Dad doesn't like this," "If I do this, I'll get in trouble." But what do they like? As simple

as, "What is my favorite color?" "What do I like to eat?" "What would I like to start as a

hobby?" things like that. So really getting acquainted with yourself. So [sometimes it]

was creating collages or questionnaires, depending on the kids; if it was a smaller child,

then more coloring or whatever. And then maybe if it were just once a month or twice a month, we would get out the workbook and do that and reflect on it. Especially with kids who haven't really had a chance to develop themselves, and I can image with adults the same. Starting all over again. Creating your own identity separate from that of victim, start identifying as a survivor.

(Whole group nods)

Participant #2: I went through a grief recovery program, and the woman who was leading it was a victim of abuse. And so it helped her; it was something that could be done through a book. It wasn't like you had to pay for this program and you could only do it once. But the whole process, she was told all her life, "This never happened." She was too young to remember, and both her parents really ignored it. Later, after many years, she wanted to report it, and her mom wouldn't support it because her dad was the abuser. And so, a lot of times she didn't want to face it. So, this process helped her go moment by moment to recognize everything and make a timeline and actually acknowledge how it made them feel. And everyone seeing that that happened, regardless if it was the act itself or what followed that. Part of it, for her, was she needed to forgive her parents. It felt like she needed to. That was something for her. It wasn't a spiritual program, but for her, that played a part for her. It was a safe environment for her to share these things with everyone.

Participant #3: It is very student and situation dependent. Counseling for help with anxiety at school, homework support, group therapy for assertiveness skills.

Participant #5: The counselor can provide a safe and nonjudgmental space for victims. Listening and not sharing their opinion, positive or negative, may let victims know they

should not blame themselves. Outside resources for victims can be suggested to help with cases that counselors feel are appropriate.

Participant #6: Interventions needed to help these victims which are effective are group therapy. These victims of abuse can relate to each other, and it reassures these individuals that they are not alone. These victims may also see a psychologist to help them overcome the trauma. Trauma-focused cognitive-behavioral therapy is a treatment where individuals are presented with educational facts, then asked [how] they would handle their past difficulties with the new information they have just learned from therapy. As a future counselor, I would advise my students who are victims to call a hotline. I would also refer them to the school psychologist or nurse, depending on their current physical bodily injuries. Depending on the severity of the case, I would call either the police or social services to assist me.

Researcher: What do educators who are working with physically abused victims need to know?

Participant # 4: Educators need to know the signs of abuse, their legal responsibility. They should have the knowledge as to how to help and know the school's prevention plan.

Participant #3: They (educators) need to be more caring and sensitive, and they should always follow up with them (the victim) so that they don't fall back into their dark spot. That they are at risk for a host of internalizing difficulties, psychiatrist problems, as well as academic and social difficulties that may not be fully appreciated through brief interactions in the classroom and that symptoms may worsen under stressful situations.

Participant #5: To just be cognizant of the warning signs: baggy clothing, a mood, absences, or an extended period of absences. The signs that could lead to expecting abuse. Just the awareness of what could potentially be. Educators should know their site-specific protocol on abuse. Also, they should know to not pass judgment or give their opinion on the specifics of the victim's case. Educators need to understand the sometimes fragile state of mind the victim can be in. And [having] an open line of communication with students can help them voice any abuse suspected.

Participant #7: From an educator's perspective, to be aware that it is very unlikely that the victim is initially going to admit that they are being abused, so it is important to be persistent, especially when there is a pattern or a cluster of indicators like Participant #5 mentioned. And also just be coherent that, for teachers, children can't learn effectively if their attention and energy is stopped by thinking about things going on like treatment/ abuse. And that can negatively impact their ability to learn in class. So be conscious and aware of that. Despite their need for help, many children and adolescents do not initially admit to being abused. Educators have a vital role in identifying, reporting, and preventing child abuse and neglect.

Participant #2: I think that educators that work with this population (the abused) need to be aware of the victim's stories and struggles. Different stories may produce different struggles; for example, if the victim was abused by her father at 5 years old versus a 45-year-old woman abused by her husband, given both equally important and serious but may produce different reactions and issues. I think they (educators) also need to be aware of the statistics involved in this population. Research and evidence can show what needs to be addressed and what to look for. Attending lectures given by victims themselves or

doctors or psychologists can help as well. This can inform them of what it feels like from a victim's perspective as well as what happens to the victim mentally, physically, emotionally, socially, and possibly spiritually.

Participant #1: I think that abuse can come in many different forms. For example, we had a student where the AP called the home because she had been absent for 3 weeks. And mom's explanation for that was, "She was sick." Well, it's not always that they are coming to school with bruises; it could be ill treatment. Abuse comes in many forms, so to keep an eye out for all of them. Know how to identify various forms of abuse. And just the reminder, they (educators) are mandated reporters, and all it takes is a suspicion of abuse. And we really need to educate educators of their obligation to report and not to feel guilty, and they are protected by law.

Participant #8: I have a question. If you were a counselor, what do you tell your staff, the teachers? As a counselor, how much do you expose to your staff to be supportive? Because that is part of the treatment plan too. You could be there all day for the kids, but my caseload as a counselor and psych. was 780 students. That's a bit much, so I had to look to my staff for support. So what do you tell the teachers? How much do you disclose?

Participant #4: For me, I would disclose general stuff. I would not give specifics, but I would definitely discuss more the support. If I would disclose any type of abuse, it would be very general. But it would be more to get the teachers supportive and to really have grace with the child they are dealing with.

Participant #8: At the beginning to the school year, I would take my staff and we would go over child abuse, what it is and all that. And I would say, "I'm going to come to you

this year, and I can't tell you everything, but if I say I need your support, trust me as the counselor and psychologist; trust me that I need your help." So if I went to a teacher and told them I really need their support with a certain student. So I didn't have to tell them a whole lot, just enough that they understood there was some special needs in the situation. I didn't have to tell them it was sexual abuse or physical. Sometimes the student would disclose that themselves, but I could disclose all that information. But getting that support will be part of your therapeutic plan.

Participant #7: So I was just thinking, legally we could tell them (educators) that they (the student) had been the victim of some sort of abuse, no specifics. I think you would need to disclose a little more in the severe cases so teachers are able to be supportive of their scenario.

Participant #4: Remember that it is so important to trust, to develop trust. You can't expect a student to just [say] "Hey, I'm being abused." It is not ever going to happen like that. You may have to really work on developing that trust, because this is a secret. This is something that they normally don't go around sharing. So I think it is the teachers not just learning the symptoms of abuse but also understanding that that trust is essential to not retraumatize somebody.

Participant #8: With some of the students, it is really interesting. In some of the cases, when you talk to some of them, what we consider abuse, they consider normal in their home. And that's sad.

 (Whole groups agrees)

And they think, "Oh well, this is just the way it is." Well, we see it differently. Sometimes they don't think they are being abused until you bring [it] up.

Participant #4: I remember when I was little and playing outside, it was 3:00 in the afternoon. My dad had just beat my mother, and I was like 9 years old. And I remember running out of the house, and I was hiding behind one of the duplexes, and I heard the neighbor beating his wife. And I told myself, "Oh, every family gets beat at 3:00." I know that it is silly now, but I remember so clearly thinking, "Everybody in America does this." It wasn't until I was older, 14-15, that I realized it was crazy.

Participant #8: So for you, this is a normal life.

Participant #4: Yes, I did. You take these moments and develop them into what life is. And then, unless it gets switched somehow . . .

Participant #8: And if it doesn't change, what happens when they become adults? The same thing.

(Whole group agrees)

Participant #6: Educators need to know that these victims of abuse are more sensitive, vulnerable, and naïve. Educators need to be careful and be aware that it is difficult to build a strong relationship with them, and furthermore, it is not easy to get these individuals to open up because of their low self-esteem. These individuals tend to have more of a negative way of thinking. They also probably don't have much friends due to lack of social skills; they may also secretly do drugs and binge drink. Educators should always try to follow up with these individuals to try to keep them safe.

Researcher: Are there any additional comments anyone would like to make?

Participant #1: I think when you pose the question, How does someone survive abuse? I think the biggest thing is sometimes it is internalized and they never acknowledge it. And

it becomes what you are a part of. So if there is never an introduction to something else, then it is hard to move beyond it.

Participant #8: You're right. It is believability. For example, a girl comes to tell her mom and dad that her uncle abused her. And mom and dad are like, "He would never do that." So now she is discredited, no validation for what she felt or what she went through. She then comes to the school counselor. The counselor says, "That doesn't sound right." And so it is believability. There had been situations where the parent doesn't believe them and you (the counselor) may be the first adult to believe them. And you may be the last adult they ever tell. So it depends on what you do with that information.

Participant #4: Everyone will see it differently. The same situation will be viewed in many different ways.

Participant #8: Like you were saying, at 9 years old, at 3:00 in the afternoon and you heard your neighbors. I wonder what your other siblings were doing and if they would have thought the same thing.

Participant #1: One thing that I didn't mention, when there is a case of abuse, and you are wanting to report it, [if] you can get the child to support you in making the report. Instead of just saying, "We are calling and making the report," but almost giving the child the power of making the report.

Participant #4: That is a big burden to put on a child.

Participant #1: No, not to make the report.

Participant #4: What I'm saying is, I always have them be part by saying, "This is my next step," "this is the law," "this is what I'm liable to do."

Participant #1: Well, I guess that is what I mean. By making them aware of the process, so they feel part . . .

Participant #8: Are they with you when you make the call to CPS?

Participant #4: It depends on the child. Because some children will feel very, very guilty and burdened by that.

Participant #8: And some are not old enough to understand.

Participant #4: Yes, so I would shelter those depending on where they were. There were some students that I didn't tell. Although they weren't in danger, they weren't afraid to go home, it would switch, and they'd know this report had happened and then they would go home. So it really depended on the child and where they were at. I think regardless of the abuse, you (the victim) do feel tied to the abuser in a guilty way. You almost feel their shame, and you feel their guilt, and so to be a part of the healing, it takes a lot of time and maturity to even feel empowered like that. I don't think that can really happen until adult years, when you can really understand and comprehend us. There could be a lot of guilt and shame, feeling like you betrayed them, because it does bind you in some way.

Participant #3: It seems like boundaries become so blurred. And so defining these boundaries between my feelings, what I want, what I like, and what you want and what you like becomes really difficult after being in an abusive relationship because the boundaries are blurred. And so finding who that person is, is a really key part of treatment.

Participant #8: You know what the Stockholm syndrome is . . . and it is really interesting; people can be out of that (environment) for years and get back to something and be right back (emotionally) to that situation where they identify with the abuser. I

think it is something that they never get over, and they have to work through it all their

life.

Participant #4: And I think there is even guilt in that. "I didn't conquer it," "I didn't do

it."

Participant #8: "I didn't stand up for myself."

Participant #4: You are never going to not be "victim," but you are going to know how

to work your way out of it.

Participant #8: And it is a repetition. You don't want that to happen again.

Participant #4: It is not that you won't see yourself as a victim your whole life; you are

always going to be the people who got victimized; however, it will impact you. The goal

is just not to remain there. How do you learn? You have the coping skills to get out of

there. And every year that goes by, you heal, and it is a little faster.

Participant #8: Do you think it is harder for girls rather than boys to become empowered

in these situations? Do you think the gender makes an issue?

Participant #4: In some ways, I could see that. I think it depends culturally as well. But I

could see that because boys have problems in so many other ways, whether it is physical

strength or mental. You are just kind of told a different language.

Participant #8: It is almost like a second-class society.

Participant #4: Yes. With my siblings, my brothers versus my sisters with the abuse, we

have two different stories. Very, very fascinating. But it is very different for boys versus

girls.

Participant #7: I was just going to add that my mom was physically abused as a child,

and then (again) in her relationships as an adult. So when she had children, she really

kind of repeated that. She didn't know any better. And so my brother is actually bipolar. And he, in the early stages before getting diagnosed, he obviously had behavior problems in class. He was always in trouble. So as a result, he would always get what we would consider a spanking at home, whoopings. And so I grew up seeing that, and I'm not trying to speak for all African Americans, but I simply know that I grew up and there was some level of recognition and understanding. If you do something wrong, you are going to get your ass beat when you get home. If you are defiant to an adult, disrespecting an adult, you're going to get your ass bet. There was time when there was a belt used, there was times when "go get a switch," there was time when "I'll get you." I have memories of there being different things. Mostly to him, to all of us, but mostly to him, until she learned that he was diagnosed. But I just wanted to make clear that a lot of times, especially in some cultures, that there is a level of understanding and acceptance of the abuse. It wasn't until I was in college prepping for my credential program that I really learned and understood that what I experienced was abuse. But if I were to have shared that with family or a friend of my same culture, there was no, "Oh my god, that happened to you?" That happened to them too. So it wasn't abnormal . . .

Participant #8: I was raised Italian. That happened to all of us. . . . So how old were you when you realized cognitively that you could break that cycle?

Participant #7: High school age. In terms of breaking the cycle, I would say about teenager/high school level age.

Participant #8: So how do we reach elementary students or middle school students to help them break that cycle early?

Participant #7: I think it is education.

Participant #8: Make it part of the curriculum?

Participant #7: Somehow, in some way. Like I said, I went my whole life not realizing that was abuse. And if someone would have asked me, especially in the younger years, "Is someone hurting you at home?" I would have said no. And I would have felt that I was telling 100% truth. And then once I got a little bit older and I started realizing . . . and there is this thing, you don't tell White people what's going on in the household. And so as I started getting older and realizing, "Oh, this is hidden for a reason" or "not being said for a reason," that's when I realized that's not the way to discipline the children.

Participant #1: Would you say that we are making progress in terms of child abuse? Like even when we talk about abuse within the family, like I was spanked as a kid and I would never call that "abuse." But can we say that we have made progress because we do classify it as abuse?

Participant #8: Not necessarily. I have been on calls for child abuse, and spankings are not child abuse. There are police officers who will not take a report unless it is something severe. I think knowledge is power. I think the more we know about it. . . . I remember a case when a boy told his dad, "Oh yeah, well I'm going to call CPS on you," and the dad said, "They'll be here in 11 minutes. I have 11 minutes with you," and the boy hung up the phone. So, the kids are more knowledgeable about law too. But also as adults, we are more knowledgeable, but are we willing to take the action? Because there are consequences for every one of our actions. Every time we make that call to CPS, there are consequences, plus too for counselors there are consequences. "Am I doing the right thing?" You know what, we're mandated reporters, and that's the right thing. And I would choose which students to have with me when I make the call so they are aware of

the process. Others, I wouldn't because of what you are going to share. I actually think schools should have more support. As a school board president, that's where I think the money needs to go to is to the counselors. But the state just . . . you know. But I have been on all sides, as a school counselor/psych, as a professor and stuff, and the school board, and there is just not enough out there. There is just too much need. So, where do you put your resources? And I see a lot of students fall through the cracks. It is a problem worldwide, not just here. It's all over.

Participant #5: Are there any standardized child abuse prevention programs that are being used in schools?

Participant #8: Currently, curriculum-wise, yes, we actually start that in fifth grade. It used to be high school, and it is down to fifth grade. We're finding more problems in elementary students choosing to do some very adult things at very young. A had a case of a fifth grader being expelled for prostitution. She had no clue what she was doing. She just saw adults doing it, so she thought she would do the same thing. So we are seeing adult decisions being made by very young students. Plus, the Internet, I kind of call it the Kardashian effect. Because when you see it, girls just think, "Oh, there is money in this, and this is how I get it." And that is not necessarily how it is going to happen. So we're trying to get to them a lot earlier. That's why I have been such a big supporter of elementary counselors, and a lot of schools just don't have the funds for that. Because when you are a fifth grader and you decide to bring a gun to school, or you're a fifth grader and you decide that prostitution is a way to earn a few dollars, and we're not there. For some reason, there is not support . . . and yet they are top heavy in administration in the district office. Anyway, the earlier the better to reach these kids.

Appendix B: IRB Decision Letter

UNIVERSITY OF Redlands

IRB DECISION LETTER

April 22, 2015

Natalie Weisel Powell
School of Education
University of Redlands
Redlands, CA 92373-0999

Dear Natalie:

TITLE OF PROPOSAL: Counsels' perceptions of interventions for former victims of abuse

DATE OF REVIEW: 4/22/2015

DECISION: Approved

IRB APPROVAL #: 2015-24-REDLANDS

This letter is to officially notify you of the approval of your project by the University of Redlands Institutional Review Board (IRB).

You are authorized to begin conducting this study as of Date of Final Approval: 4/22/2015. This approval is Valid Until: 4/22/2016.

Please note the following conditions attached to all approval letters.
1. This project must be conducted in full accordance with all applicable sections of the University's IRB Guidelines and the DHHS Regulations for the Protection of Human Subjects (45 CFR 46). These federal regulations are available online at http://www.hhs.gov/ohrp/documents/OHRPRegulations.pdf.
2. You must notify the IRB immediately of any proposed changes that may affect the status of your research project.
3. You should report to the IRB any anticipated problems involving risks to the participants.
4. For projects that continue after the Valid Until date, you must apply for approval of an ongoing study before this date.
5. No participants may be involved in any study before the Date of Final Approval or after the Valid Until date.
6. Upon completion of the project, please submit a final report to the IRB. The form is on the IRB website.

If you have any questions, please contact the IRB Chair at catherine_salmon@redlands.edu. A signed copy of this letter is on-file.

Sincerely,

Catherine Salmon
Chair, IRB

Appendix C: Informed Consent Form

Consent to Participate in a Research Study

What follows is a consent form that explains what will be happening if you choose to participate in this research study. The investigator must have completed the first section (Investigator Information). If this section is incomplete, do not continue with the study. Do not participate if this study has not been assigned an IRB approval number. The information you need to provide begins on Page 2. Please read each section carefully.

Investigator Information (to be completed by Principle Investigator)

IRB approval number:

Title of project: School Counselors' Perceptions of Helping Former Victims of Physical Abuse

Name of principle investigator (PI):   Natalie Weisel Powell

Email of PI: Natalie_Weisel@redlands.edu

Telephone number of PI:

Department or major of PI: Doctorate in Educational Justice and Leadership

Position held by PI:
[ ] fulltime faculty
[ ] part-time faculty
[ ] visiting faculty
[ ] adjunct faculty
[ ] administrator
[ ] staff
[X] student

If PI is a student or staff, complete the remainder of Investigator Information, *otherwise go to next page.*

Name of faculty or administrator sponsor: Philip Mirci

Email of sponsor: Philip_mirci@redlands.edu

Telephone number of sponsor: 909 748-8795

Department or office of sponsor: Education

General information about research studies

You are being asked to participate in a research study. Whether you do is entirely up to you. You may refuse to participate, or you may stop participating at any time for any reason without

any penalty.

Research studies are designed to gather new information. This new information might help someone in the future. You might not receive any obvious or direct benefit by participating in this study. In fact, there might be risks to being in a research study. If there are, this information and other information about this study are described below so that you can decide whether you want to participate in the study.

You will be given a copy of this consent form. You should ask the investigator named above any questions you have about this study at any time.

Purpose of this study

The purpose: To determine the perceptions of school counselors who have worked with victims of physical abuse to identify ways of helping them cope with the negative impact of abuse and succeed in school.

You are being asked to participate in this study because as a school counselor, you have had the opportunity to work with students who were abused as children but were able to overcome and learn to cope with the challenges associated with abuse to succeed in school. You may be able to provide insights into ways you have helped victims of physical abuse so that they could succeed in school.

Number of people participating in this study

If you decide to participate in this study, you will be one of approximately ten people who will participate in this study.

How long this will take (i.e., duration of participation)

If you choose to participate in this study, your involvement will take approximately two hours.

What will happen if you participate in this study

If you participate the interview questions will be provided to you several day before the actual panel discussion takes place. On the day of the panel discussion, you and the other participants will meet for a two-hour panel discussion. The discussion will be videotaped, transcribed verbatim, and analyzed.

Possible benefits of participating in this study

As mentioned above, research studies are designed to gather new information. This new information might benefit someone in the future. There might not be any obvious or direct benefit to you personally if you choose to participate in this study.

Possible risks or discomforts related to participating in this study

It is possible that there are unknown risks or discomforts. Please report any problems immediately to the researcher.

Videotaping

You will be videotaped. The tape will only be used to create a transcription of the interview.

Protecting your privacy

People who participate in this study will not be identified in any report or publication about this study. Although every effort will be made to keep the research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is unlikely to happen, but if disclosure is required, the investigator will take whatever steps are allowable by law to protect the privacy of your personal information. In some cases, your information in this research study could be reviewed by representatives of the University of Redlands, research sponsors, or government agencies for purposes such as quality control or safety.

What will happen if you experience any problems or discomforts during or after your participation

Anything you do, including participating in research, carries with it some chance that something problematic or unwanted may happen. This may include risk of personal injury. Despite all of the precautions, you might experience an unwanted reaction or injury related to participating in this study. Although the researcher may direct you to medical, psychological, or other services, any costs related to such problems are your or your insurance company's responsibility. However, by signing this consent form, you are not giving up any of your legal rights.

Compensation for participating in this study

You will not receive anything for participating in this study.

Costs of participating in this study

There are no obvious costs for participating in this study.

Questions about this study

You may ask and have answered any question about the research. If you have questions or concerns, you should contact the Principle Investigator (PI) or faculty sponsor. The contact information is listed on page 1 of this consent form.

Questions or concerns about the investigators, staff members, and your participation in the study

This study was approved by the University of Redlands Institutional Review Board (IRB). This board tries to ensure that your rights and welfare are protected if you choose to participate in the study. If you have any questions about your role or how you were treated by the research personnel, you may contact the Chair of the IRB at catherine_salmon@redlands.edu or by telephone at 909-748-8673.

Participant's Agreement

I, _____ ,
   Print Name Above

have read the information presented above. I have asked all questions I had at this time. I voluntarily agree to participate in this research study.

Signature of Research Participant	Date

_____
Print Name of Person Obtaining Consent

Signature of Person Obtaining Consent	Date