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#### LOYOLA UNIVERSITY CHICAGO

# MANDATED REPORTING: AN EXAMINATION OF TRAINING AND PRACTICE OF SCHOOL PSYCHOLOGISTS

A DISSERTATION SUBMITTED TO THE FACULTY OF THE GRADUATE SCHOOL IN CANDIDACY FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

PROGRAM IN SCHOOL PSYCHOLOGY

 $\mathbf{B}\mathbf{Y}$ 

KATIE SEARS CHICAGO, IL AUGUST 2015 Copyright by Katie N. B. Sears, 2015 All rights reserved.

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#### ABSTRACT

The current study sought to explore the training opportunities, knowledge, confidence in intervening, reporting behaviors, and types of supervision received and given in the areas of child maltreatment and mandated reporting by practicing school psychologists. Little is known about school psychologists' knowledge of child maltreatment and specific mandates about reporting suspicions of abuse or how to appropriately respond to disclosures of abuse (Arbolino, Lewandowski, & Eckert, 2008). Given school psychologists' unique role in schools working directly with children, it is not uncommon for school psychologists to either suspect maltreatment is occurring or to hear a disclosure of maltreatment directly from a student. Thus, it is important all school-based professionals, especially school psychologists, are trained to identify children who may be experiencing child maltreatment and are knowledgeable of and competent in the process of mandated reporting. Using a mixed methodology, a self-report online survey was completed by 191 practicing school psychologists in Illinois. Quantitative and qualitative analyses highlight the necessity for more comprehensive and developmental training opportunities for school psychologists specific to mandated reporting and topics related to child abuse. Further, a lack of supervision opportunities for current practitioners specific to their roles as mandated reporters currently exists. Specific implications on proposed training and supervision practices of current and futures school psychologists across the career span are discussed.

#### CHAPTER I

#### INTRODUCTION

#### Overview

In 2010, the United States' Federal Child Abuse Prevention and Treatment Reauthorization Act (CAPTA) legislation emphasized the necessity of protecting children from abuse and neglect (often collectively referred to as child maltreatment) (42 U.S.C. 5101-511). From a social justice perspective, identifying child maltreatment as a social problem recognizable by law signifies that all individuals in the society should take some responsibility for ensuring the safety of its children. This is consistent with the articles set forth in the *United Nations Convention on the Rights of the Child* (United Nations, 1989), which also promoted the wellbeing and safety of all children from an international perspective. In other words, every child deserves a chance to learn, grow, and mature in a safe and encouraging environment free of the negative consequences often resulting from victimization (Anderson et al., 2011). Thus, creating federal legislation in a response to the issue can help guide caregivers and professionals in how best to protect children, and as a result, the rights of the child are promoted, as are the beliefs that children everywhere should be safe from harm.

Within the CAPTA legislation, the United States' government identifies four types of child maltreatment (physical abuse, sexual abuse, psychological abuse, and neglect) that broadly and collectively are defined as any act of commission by a parent of caregiver, or lack of supportive action or omission by a parent or caregiver, that causes serious harm or the threat of serious harm to a child's well-being (42 U.S.C. 5101- 5116). In addition to legislation, the United States' Department of Health and Human Services' (HHS) *Administration for Children and Families* conducts annual reports summarizing how many children are impacted by child maltreatment in the United States. In 2013 alone, HHS estimated over 6.4 million children were victimized, with over 1,400 of these cases being fatal (HHS, 2014).

The specific types of abuse affecting many of these children vary, as a continuum of neglectful and abusive behaviors exists within the four categorizations of abuse. However, all four types of abuse and any specific abusive behaviors have the potential to cause significant negative outcomes that may persist throughout the child's lifetime. In fact, researchers have identified several specific consequences of child abuse that can impact the victim's functioning as a child and later as an adult. For instance, behavioral consequences include risk-taking behaviors, such as substance abuse, self-injury, and sexual promiscuity in youth and adulthood (Casaneuva, Dolan, Smith, & Ringeisen, 2012; Child Welfare Information Gateway, 2013a; "Reauthorization of CAPTA," 2008; Swan, 1998). Victimization from child abuse also relates to a greater likelihood of involvement in the criminal justice system, pregnancy, and domestic violence later in life (Child Welfare Information Gateway, 2013a; "Preventing Child Abuse," 2009), which may be a result of these initial behavioral consequences. Psychological disorders and emotional concerns are also common among victims, including depression, posttraumatic stress, and social isolation (Casaneuva et al., 2012; Child Welfare Information

Gateway, 2013a; "Preventing Child Abuse," 2009; "Reauthorization of CAPTA," 2008). Finally, depending on the nature of abuse, health problems, such as the contraction of a sexually transmitted infection, may result from victimization (Child Information Gateway, 2013a).

Although different acts of abuse are defined at the federal level, ultimately individual states have the authority to define their own laws prohibiting and responding to child abuse and neglect (Hinkelman & Bruno, 2008). Consistent with CAPTA, most states recognize the four distinct types of abuse ("Breaking the Silence," 2011), although the specific definitions of each may vary somewhat (Child Welfare Information Gateway, 2013b). Consistent across states, however, is the requirement for certain professionals to report any suspicions of child maltreatment (Gushwa & Chance, 2008; Kenny, 2001a), including teachers and school professionals (Crenshaw, Crenshaw, & Lichtenberg, 1995; Cruise, 2010).

#### **Statement of the Problem**

Given the prevalence of child abuse coupled with its significant negative consequences, it seems apparent that the view of child abuse as a social issue is appropriate and necessary. Further, the requirement of professionals, including school-based professionals, to report suspicion creates an additional level of accountability for adults in protecting children from harm. In order to best carry out the professional role of mandated reporter, professionals must be given the opportunity to learn about issues of child maltreatment and reporting requirements at the pre-service and post-service level. However, a review

of the literature on the training of school professionals emphasizes a consistent trend of a lack of training opportunities or inadequate training in preparing educators to identify child abuse and make accurate reports as outlined in state mandates.

For instance, studies consistently indicate that teacher preparation programs contain very little training opportunities on the issues of child maltreatment and mandated reporting (Baginsky & Hodgkinson, 1999; Baxter & Beer, 1990; Crenshaw et al., 1995; Goldman, 2005; Kenny, 2001a; Walsh, Farrell, Schweitzer, & Bridgstock, 2005). The training experiences of school-based professionals have been shown to have a significant impact on the feelings of preparation and confidence the professional has in his or her own ability to be a mandated reporter. In the majority of studies, participants indicated they felt inadequately or poorly prepared to carry out their role as a mandated reporter (Crenshaw et al., 1995; Goldman, 2010; Hawkins & McCallum, 2001). Studies also indicate educators have a lack of actual knowledge of specific child abuse indicators that may serve to help them identify cases, as well as a lack of the specific requirements of reporting mandates. For instance, many professionals may not understand they do not need proof of abuse, but only suspicion of abuse (Hawkins & McCallum, 2001).

Researchers have also identified specific factors that have significantly impacted professionals during the decision-making process to the point where they may choose *not* to report the suspicions of abuse. These factors commonly include: the type of abuse, the age and sex of the victim, the age and sex of the perpetrator, perpetrator characteristics (e.g., substance use; socioeconomic status), and the seriousness of the abuse (Kenny,

2001a; Kesner & Robinson, 2002; Lawlor, 1993; Smith, 2006; Smith, 2010; Walsh et al., 2005; Zellman, 1990). Further, school-based professionals may be worried about legal implications of their report and what will occur after the report takes places (Baxter & Beer, 2007; VanBergeijk, 2007; Walsh, Rassafiani, Mathews, Farrell, & Butler, 2012). It is plausible to expect that with training, these factors would not deter the professionals from reporting. Rather, the professionals would be prepared with accurate knowledge and information to know, for example, they have no legal liability for making a report in good faith and that the need to investigate further is neither necessary nor recommended.

Overall, research indicates school-based professionals receive very little training in identifying, responding to, and reporting cases of child maltreatment of students despite the importance of their role as mandated reporters. Inadequate training affects the professionals' abilities to accurately identify potential victims of child abuse based on warning signs and common indicators, as well as the professionals' abilities to make reports as mandated by law. A lack of effective reporting by mandated reporters could potentially have significant negative outcomes for a child who may be in danger, and thus this research identifies a serious issue in current professional training.

The majority of the research on mandated reporting has been conducted with samples of teachers and administrators, with little research available on these issues with school psychologists (Viezel & Davis, 2015). Given school psychologists' unique role in schools working directly with children, it is not uncommon for school psychologists to either suspect maltreatment is occurring or to hear a disclosure of maltreatment directly from a student. Thus, it is important all school-based professionals, especially school psychologists, are trained to identify children who may be experiencing child maltreatment and are knowledgeable of and competent in the process of mandated reporting.

#### **Study Purpose**

The current study sought to explore the training opportunities, knowledge, confidence in accurately identifying cases and reporting, actual reporting behaviors, and types of supervision received and given in the areas of child maltreatment and mandated reporting by practicing school psychologists. Given the dearth of research assessing these areas with school psychologists, the current study specifically assessed practicing school psychologists? (a) types and amounts of pre-professional (e.g., courses, practicum) and in-service training (e.g., continued professional development) within the area of child maltreatment and mandated reporting; (b) levels of knowledge of reporting procedures; (c) accuracy in making reports to child protection agencies when warranted; (d) levels of confidence in their decisions to report; (e) previous reporting behaviors; (f) types and amounts of supervision they receive or have received; and (g) current or past opportunities they have had as clinicians to supervise others in the areas of mandated reporting and child maltreatment.

#### **Research Questions**

Table 1 summarizes the variables assessed in the current study in conjunction with the study's research questions. Further, specific methods used to measure each variable are

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included in the table. Based on the study's purpose, the following research questions were explored:

1) In what ways were/are practicing school psychologists trained in the areas of mandated reporting and child maltreatment (pre-professional training and professional development)?

2) What knowledge do practicing school psychologists have of indicators of child abuse and mandated reporting laws/policies?

3) What proportion of school psychologists make a report to child protection agencies when warranted?

4) How confident are practicing school psychologists in their ability to accurately report suspicions of child maltreatment?

5) In what reporting behaviors have participants previously engaged?

6) In what ways were/are practicing school psychologists supervised in the areas of mandated reporting and child maltreatment?

7) In what ways were/are practicing school psychologists supervising others in the areas of mandated reporting and child maltreatment?

Table 1. Research Questions, Varia Research Question	Variable	Assessment Method	Analyses
1) In what ways were/are practicing school psychologists trained in the areas of mandated reporting and child maltreatment?	Training experiences	Survey items, including description of responses	Descriptive and inferential statistics; open coding
2) What knowledge do practicing school psychologists have of child abuse indicators and mandated reporting laws/policies?	Knowledge of child abuse indicators and reporting mandates	Survey items and case vignettes, including rationale behind decision- making	Descriptive and inferential statistics; open coding
3) What proportion of school psychologists make a report to child protection agencies when warranted?	Decision to report	Survey items and case vignette, including rationale behind decision- making	Descriptive and inferential statistics
4) How confident do practicing school psychologists feel in their ability to accurately report suspicions of child maltreatment?	Confidence	Survey items, including description of responses	Descriptive and inferential statistics; open coding
5) In what previous reporting behaviors have participants engaged?	Previous reporting behaviors	Survey items	Descriptive statistics; open coding
6) In what ways were/are practicing school psychologists supervised in the areas of mandated reporting and child maltreatment?	Supervisee experiences	Survey items, including description of responses	Descriptive and inferential statistics; open coding
7) In what ways were/are practicing school psychologists supervising others in the areas of mandated reporting and child maltreatment?	Supervisor experiences	Survey items, including description of responses	Descriptive and inferential statistics; open coding

Table 1. Research Questions, Variables, and Methods of Assessment

#### Significance of the Study

It was expected the current study would identify the need for additional training opportunities for practicing school psychologists and future professionals in the area of child maltreatment to better prepare them for professional practice as mandated reporters. Specifically, the current study identifies implications for training programs in school psychology in equipping future school psychologists to report suspicions of child maltreatment in accordance with federal and state mandates. Indirectly, school psychologists' accuracy and confidence in their abilities to intervene in these cases may increase as well. Further, the current study highlights the need for increased continuing education and supervision opportunities on the topics of child maltreatment and mandated reporting for school psychologists across the career span. Ultimately, with such training, school psychologists will be better suited to not only be mandated reporters, but also to offer school-wide training, supervision, and follow-up for other school-based professionals as well.

#### **Summary of Methodology**

#### **Participants**

Utilizing snowball sampling, practicing and retired school psychologists currently working in pre-kindergarten through 12<sup>th</sup> grade settings in Illinois at the time of the study were recruited to complete a self-report and self-administered online questionnaire. Only school psychologists working in Illinois were eligible to participate to ensure the

researcher was able to assess the true knowledge, confidence, and competence of Illinois mandates.

The sample utilized for data analysis included 191 participants of varying genders, races, and ages. The vast majority of participants were female (87.4%; n = 167) and White (89.0%; n = 170). Other races represented in the sample included Black or African-American (4.7%; n = 9), Asian (2.1%; n = 4), multiple races (2.1%; n = 4), prefer not to answer (1.6%; n = 3), and Native Hawaiian or other Pacific Islander (0.5%; n = 1). Thirteen participants (6.8% of the sample) identified as Hispanic or Latino. Participants ranged in age from 23 years to 68 years (M = 39.27 years, SD = 11.64 years), and 58.1% of participants (n = 111) reported they were a parent.

Most participants (62.3%; n = 119) indicated they practice with a Specialist degree, followed by a Masters degree (18.3%; n = 35), Ph.D. (11%; n = 21), Ed.D. (5.2%; n = 10), or Psy.D. (3.1%; n = 6). Some participants additionally indicated they hold certifications or credentials in Administration (n = 16), Teaching (n = 16), Educational Leadership (n = 5), and behavior analysis (BCBA) (n = 1). Further, three participants indicated they were Licensed Clinical Professional Counselors (LCPC) and three participants reported they were Licensed Clinical Psychologists (LCP). Participants reported working as a school psychologist from 1 year to 43 years ( $M_{years} = 11.95$ ; SD =9.99), serving a wide range of settings (e.g., elementary, middle, or high school), geographical locations, and socioeconomic statuses.

#### Procedure

With permission from the Illinois School Psychologist Association (ISPA) President, the primary researcher contacted potential participants who were members of ISPA directly by e-mail using the ISPA member directory and by using the ISPA Listserv function. In both cases, ISPA members and members of the Listserv received an e-mail from the primary researcher detailing the purpose and importance of the study, and they were asked to complete the survey online using the link provided in the e-mail. Within the description, the researcher also requested the school psychologists to forward the email to any practicing or retired school psychologist colleagues working in schools in Illinois using an email draft included by the primary researcher in an attempt to recruit additional participants. ISPA members contacted through the member directory received a series of three e-mails. First, the introductory e-mail was sent as described above. Three weeks later, a second e-mail was sent following-up from the introductory e-mail with a reminder to complete the online survey. Finally, a third e-mail was sent three weeks after the follow-up e-mail encouraging potential participants once again to consider accessing the survey. The third e-mail also notified participants that the survey link would be expiring one week later, and thus acted as a closing e-mail.

Additionally, the researcher and committee members contacted by email the faculty of the eight National Association of School Psychologists (NASP) -accredited training programs in Illinois asking for their participation if eligible and additionally requested they forward the study information to any practicing or retired school

psychologists they know in Illinois. Next, the email request to forward to colleagues was also emailed directly to colleagues of the primary researcher and her committee. Finally, informational cards were handed out at the ISPA Fall Conference in October 2014 to potential participants by one of the committee members, which again detailed potential participation and requested participants forward the information to colleagues they know who may have been interested and eligible for participation.

Once the survey link had been accessed, potential participants were informed of the possible risks and benefits of the study, and that their responses would remain anonymous. If participants continued forward in the survey, they gave their informed consent to be a part of the study and were then able to access the online survey. At the conclusion of the study, participants had the opportunity to enter to win a drawing in appreciation of their participation. Only participants who completed the survey in its entirety were able to enter the drawing. Contact information of the primary researcher and the institution's Institutional Review Board Compliance Manager was made available to the participants if they had any questions, concerns, or comments about their participation.

#### Instrumentation

The primary tool for data collection was the "School Psychologists as Mandated Reporters Questionnaire, a self-report and self-administered online questionnaire designed through the online tool Survey Monkey. This questionnaire was developed using two previously established measures, with permission, which were designed to assess teachers' training in issues of child maltreatment and their ability to accurately report suspicions of child maltreatment. First, the "Educators and Child Abuse Questionnaire" (Kenny, 2001c), a survey designed to assess the knowledge and reporting behaviors of mandated reporters, was utilized as a format tool for the current study. On this survey, participants indicated their attitudes related to their competencies in identifying cases of abuse, knowledge of mandated reporting procedures, and attitudes towards corporal punishment using a five-point scale (strongly disagree to strongly agree) (Kenny, 2001c; Kenny, 2004; Kenny & McEachern, 2002). Further, participants estimated their numbers of reported cases made (Kenny, 2001c).

Second, the "Teacher Reporting Questionnaire" (TRQ) (Mathews, Walsh, Butler et al, 2009) was developed to assess training, supervision, and reporting behaviors of educators in Australia. Specific sections of the *TRQ* are: (a) participants' demographics; (b) role in the workplace; (c) past education and training experiences; (d) history of reporting behaviors; (e) attitudes about reporting; (f) knowledge of reporting mandates by policies; (g) knowledge of reporting mandates by law; and, (h) responses in case scenarios (Mathews, Walsh, Butler et al., 2009; Mathews, Walsh, Rassfiani et al. 2009).

Together, the format and much of the survey content of these two measures was used to create the measure used in the current study, the *School Psychologists as Mandated Reporters Questionnaire*. This survey contained three case vignettes that were modified from the case vignettes in the *TRQ*; however, they were adapted to better reflect situations that school psychologists may face in their typical work settings, as opposed to teachers. Questions following the case vignettes directly assessed participants' knowledge of child abuse indicators and reporting mandates, including the determination of reasonable grounds for suspecting abuse, a core requirement for reporting. Further, their carrying out the role of mandated reporter was assessed by their decisions whether or not to report the cases.

Participants also described their pre-service and post-service training experiences on issues of child maltreatment and mandated reporting, indicating the types of experiences (e.g., courses, practicum) as well as their overall satisfaction with the training and perceived adequacy in preparing them to be mandated reporters. Additionally, participants' confidence in their abilities to accurately report suspicions (generally and specifically related to the case vignettes) was measured. The survey also inquired about previous reporting behaviors, specifically determining if participants have previously suspected the occurrence of child abuse but did not make a report. Then, participants reported the particular factors that impacted their final decisions.

Finally, the supervision experiences of participants were assessed. Participants indicated the kinds of supervision experiences they received at the time of their participation in the study as practicing school psychologists in the areas of child maltreatment and mandated reporting. Similarly, they were asked about any experiences they had supervising other school psychologists or graduates students in school psychology. Several items on the survey additionally contained a text box in which participants described their reasoning for selecting particular responses, providing more depth of understanding for the researcher.

#### **Data Analysis Plan**

The current study employed mixed methodology, specifically a concurrent triangulation approach, to data analysis (Creswell, 2009). Using the statistical software program SPSS, descriptive and inferential statistics were conducted for all quantitative items, including continuous scale items and items assessing categorical variables. Then, an open coding procedure (Merriam, 2009) was utilized on written responses from participants. Coding served the purpose of corroborating responses on the quantitative survey and allowed the researcher to further explore and explain topics assessed in the survey on which relatively little research literature exists.

#### Limitations

Because mandated reporting laws and definitions of child maltreatment vary by state, the current study was narrowed to focus only on practicing school psychologists in the state of Illinois. This narrowed focus ensured that an accurate assessment of training, knowledge, confidence, and competence was captured. However, this limited the generalizability of findings somewhat. Further, given the nature of survey research, there is an assumption that participants self-reported their past and future behaviors truthfully. To decrease the likelihood of social desirability bias, participation remained voluntary and anonymous. However, the current study is limited by its reliance solely on self-report methodology.

#### CHAPTER II

#### **REVIEW OF THE LITERATURE**

#### Historical Perspectives on Child Abuse and Maltreatment

Historically speaking, records indicate that neglectful or abusive treatment of children has existed for several hundred years. Despite this, though, child abuse was not always considered a problem in need of attention. In fact, up until the 1870s in the United States, the practices carried out inside one's home, including child maltreatment, were considered private and up to the parent's discretion (Nelson, 1984).

The key distinction between child maltreatment then and now is today's conceptualization of child maltreatment as a social problem. According to Nelson (1984), several criteria must be met in order for child maltreatment to be viewed as a social problem. First, a large proportion of society must feel a conflict between how something "should be" compared to how "it actually is" at that time. In the example of child maltreatment, this points to the idea that a majority of individuals in society think children are treated in ways they should not. Second, society must organize together to target change towards a particular area. In other words, in order for child maltreatment to be considered a social problem, there must be an obvious discrepancy between they ways adults act towards children and how they should be acting towards children, and members of society must come together and call on overarching entities to help (Nelson,

1984). Thus, it is clear that up until the 1870s, child maltreatment did not meet these criteria.

According to Nelson (1984), this transition to viewing child maltreatment as a social problem occurred in the late 1870s with the famous case of Mary Ellen Wilson. This case received widespread attention in New York City and, for the first time, made public the fact that severe cases of child abuse existed in mainstream practices. Outrage from residents of the city prompted the organization of the New York Society for the Prevention of Cruelty to Children, the first child protective society, and the attention of society on the occurrence of child abuse eventually led to viewing the problem as a social issue (Nelson).

Over the next several decades, protective societies came and went, as did more national attention of the issues (Nelson, 1984). However, it was not until 1974 that the federal government put forth the Child Abuse Prevention and Treatment Act to begin addressing the issue of child maltreatment, and ultimately the responsibility of the country's citizens in addressing the issue. The legislation defined child maltreatment and the specific types of abuse that fell under its realm (Nelson, 1984; Woika & Bowersox, 2013) and was the first federal legislation requiring organized protocols for reporting, investigating, and responding to suspicions of child maltreatment ("Breaking the Silence," 2011). Today, it remains the primary legislation guiding prevention and intervention services for child abuse and neglect.

#### **Current Perspectives on Child Abuse and Maltreatment**

#### Prevalence

Reports of child maltreatment, including those made by mandated reporters, are used to determine prevalence rates of child maltreatment. Recently, the United States' Department of Health and Human Services' (HHS) Administration for Children and Families released a report of collectively aggregated statistics from their Administration on Children, Youth and Families, and the Children's Bureau (2013; 2014). This report found that in 2012 alone, over 3.4 million child abuse or maltreatment reports affecting approximately 6.3 million children were made in the United States. In 2013, this number increased, as over 3.5 million referrals were made involving approximately 6.4 million children. In both years, more than 2 million of these reports were investigated further with involvement from a CPS agency. Whereas the report for 2012 from HHS indicated over 1,600 child deaths resulting from child abuse and/or neglect, the updated report of 2013 indicated 1,484 deaths as a result of maltreatment. The rate of death as a result of some form of child maltreatment has decreased somewhat from the CDC's estimation of 1,760 deaths in 2007 ("Preventing Child Abuse," 2009). It is important to note that researchers typically agree that countries with mandated reporting laws in place, including the United States, have higher rates of reporting (Mathews & Bross, 2008), indicating these figures may be somewhat inflated. In terms of type of child maltreatment, the majority of victims in reports that received a response from CPS agencies in the United States were neglected (78.3% in 2012; 79.5% in 2013).

Across 2012 and 2013, approximately 18% of victims in these reports were

physically abused, and approximately 9% of the children were victims of sexual abuse (HHS, 2013; HHS, 2014). Several victims within these reports were victims of multiple types of maltreatment. Although fewer children were victims of sexual abuse in 2011 compared to physical abuse or neglect, it is estimated from past statistics that 16% of children and adolescents have been victims of sexual abuse over a given one-year period, with a lifetime prevalence of 28% (National Center for Victims of Crime, n.d.)

A similar assessment of prevalence of child maltreatment was made by Finkelhor, Turner, Omrod, Hamby, and Kracke (2009), who conducted a survey of children in the United States through the United States' Department of Justice's *Office of Juvenile Justice and Delinquency Prevention*. This project specifically assessed children's exposure to violence in their homes, schools, and communities. Two samples were assessed: (a) a nationally representative sample of 3,053 children; and (b) a sample of 1,496 children who were primarily of African-American or Hispanic ethnicity and/or from a family of low socioeconomic status. Children ages 10 and older were interviewed directly over the phone, and parents of children ages 9 and younger were interviewed about the child's experiences (Finkelhor et al., 2009).

Among several types of violence and traumatic events, Finkelhor and colleagues (2009) specifically assessed: (a) children's exposure to child maltreatment (which included neglect, physical abuse, emotional abuse, or custodial interference); and (b) sexual victimization (which included the aforementioned behaviors in CAPTA's definition of sexual abuse in addition to sexual harassment or consensual sexual activity

with an adult). These two types of violence were considered distinct from one another and thus yielded separate incidence and lifetime prevalence rates.

Of all the children surveyed, 1 in 16 (6.1% of the entire sample) reported being sexually victimized in the past year, with lifetime prevalence of sexual victimization occurring for every 1 in 10 children (Finkelhor et al., 2009). Sexual victimization was far more common in children between the ages of 14 to 17, with 1 in 6 adolescents reporting victimization in the past year and 1 in 4 children for a lifetime prevalence. Across ages, girls were more likely to report being victimization in the last year, and 1 in 8 adolescent female participants reporting victimization in the last year, and 1 in 8 adolescent females reporting lifetime prevalence. As expected, adolescent females reported the greatest number of victimizations, with 7.9% of participants experiencing victimizations at some point in their life (Finkelhor et al.). Based on statistics of child maltreatment data, children seem to be most at risk for sexual victimization between the ages of 7 and 13 years old (National Center for Victims of Crime, n.d.).

In terms of child maltreatment excluding sexual victimization, 1 in 10 children surveyed had experienced maltreatment in the past year (Finkelhor et al., 2009). The lifetime prevalence for child maltreatment was 1 in 5 children. Similar to trends with sexual victimizations, these rates increased with older children, in particular children ages 10 and older. No significant differences between genders were found, although it appeared that females might have experienced more emotional abuse than their male counterparts (Finkelhor et al.).

# Definitions

The Child Abuse Prevention and Treatment Reauthorization Act of 2010, referred to in the remainder of this text as CAPTA, continues to be the driving force behind identification and response to the occurrence of child abuse in the United States. It does so by defining abuse and neglect, broadly and specifically, so as to help individual states determine the appropriate means by which to carry out investigations and services for its families (Woika & Bowersox, 2013). According to CAPTA, child abuse and neglect are federally defined as:

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. (42 U.S.C. 5101- 5116)

The Centers for Disease Control and Prevention (CDC) similarly describes child maltreatment as "any act or series of acts of commission or omission by a parent or caregiver that results in harm, potential harm, or threat of harm to a child" ("Preventing Child Abuse," 2009). With these definitions, it is understood that child maltreatment encompasses several behaviors ranging from mild to severe that potentially or actually cause harm to a child (Fraser, Mathews, Walsh, Chen, & Dunne, 2010). Further, this range of behaviors includes not only those behaviors carried out toward or against a child (acts of commission), but also behaviors carried out by an adult that cause negligence to a child (acts of omission). Acts of omission typically include behaviors specific to child neglect, such as a parent or caregiver's lack of providing food, shelter, clothing, or other basic needs to a child ("Preventing Child Abuse," 2009). Acts of commission, on the other hand, include the outward behaviors typically classified into three distinct categories: physical abuse, sexual abuse, and emotional abuse ("Preventing Child Abuse," 2009).

Given these definitions put forth by the CDC and CAPTA, child maltreatment encompasses a wide range of behaviors and activities including child neglect and child abuse ("Preventing Child Abuse," 2009). Although federal laws in the United States recognize these distinctions, individual states are given the authority to define each ("Breaking the Silence," 2011; Hinkelman & Bruno, 2008; Kalichman, 1993), with most states recognizing the four categories of physical abuse, sexual abuse, emotional abuse, and neglect ("Breaking the Silence," 2011).

**Physical abuse.** Physical abuse is typically defined by most states as any nonaccidental injury that occurs to a child by a parent or caregiver, including punching, shaking, hitting with objects, and burning (Child Welfare Information Gateway, 2013b). Discipline practices, such as spanking with one's hand or a paddle are generally not included in definitions of physical abuse, assuming the practice is reasonable and does not result in physical injury to the child (Child Welfare Information Gateway, 2013b).

Sexual abuse. Sexual abuse is specifically defined by CAPTA as:

the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children. (42 U.S.C. 5101- 5116) Specific behaviors under classification as sexual abuse fall on a spectrum of non-

physical to physical. For example, non-physical behaviors of sexual abuse can include voyeurism, taking sexual photographs of a child, exposing oneself to a child, making a

child view pornographic materials, or making a child watch sexual acts take place with other individuals or the self (Cruise, 2004). On the other end of the spectrum, physical sexual acts include kissing, fondling, molestation, oral sex, vaginal intercourse, anal sex, or penetration with objects (Cruise, 2004).

**Emotional abuse.** Emotional abuse involves a parent or caregiver engaging in a pattern of behavior towards his or her child that threatens a child's development or self-esteem (Child Welfare Information Gateway, 2013b). This type of abuse can include behaviors of commission such as significant criticism or behaviors of omission such as withholding support, advice, or parental love (Child Welfare Information Gateway, 2013b). Emotional abuse is also understood as psychological abuse and is often found to occur in the presence of all other forms of child maltreatment or neglect (Child Welfare Information Gateway, 2013b).

**Neglect.** Neglect is subdivided into four categories: medical neglect, physical neglect, emotional neglect, and educational neglect (Child Welfare Information Gateway, 2013b). Medical neglect occurs when a parent or caregiver does not provide sufficient medical care or protection to a child, including treatment for mental health problems. Physical neglect involves a parent or caretaker not providing basic needs to a child, including shelter, food, and supervision. Emotional neglect may occur if a parent or caregiver does not provide psychological care to a child or allow the child to engage in dangerous behaviors such as substance use. Finally, educational neglect generally involves a parent or caregiver failing to ensure the child receives an adequate education

or receives attention for special education needs (Child Welfare Information Gateway, 2013b).

Many states now also recognize abandonment as a form of neglect, including parents not keeping contact with their child, not disclosing their location, or leaving the child alone (Child Welfare Information Gateway, 2013b). Additionally, some states include substance use (including the use, distribution, or manufacturing of illicit substances) (Child Welfare Information Gateway, 2013b) as a form of neglect. In some states, there may be exceptions to what constitutes neglect based on cultural factors, including religion, and other demographic factors, such as socioeconomic status ("Breaking the Silence," 2011). For example, one must separate poor circumstances as a result of living in poverty from neglectful behavior on the part of the caregivers. As a result, it may be the most difficult to prove a child is a victim of neglect.

In Illinois, the Abused and Neglected Child Reporting Act (ANCRA) (2010) outlines the definition of an abused child based on specific behaviors by a parent, immediate family member, individual living in the child's home, romantic partner of a parent, or any person charged with caring for the child's welfare. The specific behaviors include: (a) inflicting physical harm upon the child or allowing physical harm to be inflicted upon the child non-accidentally; (b) creating a risk for substantial physical harm to the child; (c) engaging in any sex offense or allowing any sex offense to be committed against the child under 18 years of age; (d) committing or allowing torture to the child; (e) excessive corporal punishment towards the child; (f) inflicting or allowing others to inflict female genital mutilation; (g) allowing a controlled substance to be sold, distributed, or transferred to the child under 18 years of age, or dispensing a controlled substance to a child; and (h) forcing or allowing the child to become an involuntarily servant, engage in sexual servitude, or trafficking (ANCRA, 2010). In comparing federal definitions of child maltreatment to Illinois' definition, consistent classifications are found. However, whereas the federal definition of child maltreatment includes broad categories of child maltreatment, the state of Illinois additionally outlines in ANCRA more nuanced examples of child maltreatment engaged in by a caregiver that fall underneath the broad, all-encompassing federal definitions.

# **Negative Consequences**

Following child abuse, several serious short-term and long-term consequences have been identified for victims, including behavioral, psychological/emotional, and health-related outcomes.

**Behavioral consequences.** In terms of behavioral consequences, children involved in maltreatment reports (including substantiated or unfounded) are more at risk for behavioral problems, including substance use, behaviors associated with developmental delays, self-injurious behaviors, social isolation, sex-risk behaviors, and teen pregnancy (Casanueva et al., 2012; Child Welfare Information Gateway, 2013a; "Reauthorization of CAPTA," 2008). Child maltreatment victimization can also negatively impact a child's intelligence or functioning at the school level, which can further impact his or her development and success later in life ("Reauthorization of CAPTA," 2008). These effects may also exacerbate any behavioral outcomes. This behavior pattern may continue into adulthood ("Preventing Child Abuse," 2009). In a sample of individuals receiving treatment for chemical dependence, approximately 66% had experiences of child abuse or neglect when they were younger (Swan, 1998). Victims of child abuse and neglect are also significantly more likely to engage in violent criminal activity as well as become involved in the juvenile justice system or the adult criminal justice system (Child Welfare Information Gateway, 2013a). Adult victims of childhood maltreatment are also at greater risk of engaging in inter-partner violence ("Preventing Child Abuse," 2009).

**Psychological/Emotional consequences.** Children involved in child abuse are more at risk for emotional concerns (Casanueva et al., 2012; "Reauthorization of CAPTA," 2008) than their peers. In fact, young adults who are victims of child abuse are at increased risk of meeting criteria for a psychological disorder (Child Welfare Information Gateway, 2013a), including depression or post-traumatic stress disorder ("Reauthorization of CAPTA," 2008). Additionally, adults who were victimized as children are at an increased risk for depression ("Preventing Child Abuse," 2009; "Reauthorization of CAPTA," 2008).

**Health consequences.** Victimization from child abuse has also been associated with cognitive and neurological impairments (Casanueva et al., 2012). Additionally, victims of child sexual abuse may contract sexually transmitted infections, causing a plethora of physiological symptoms (Child Information Gateway, 2013a). Further, any substance use behaviors engaged in may also impact the victim's physiological health (Casanueva et al., 2012). Finally, adults who were victims of child maltreatment have

been shown to have higher rates of health problems, including diseases of the heart, liver, and lungs ("Preventing Child Abuse," 2009).

## **Mandated Reporting**

Given the serious nature and consequences of child maltreatment, many governments have taken steps over the last few decades to identify and respond to cases on an international level (Fraser et al., 2010; Kalichman, 1993). The United States, Canada, and Australia indicate mandated reporters as professionals who primarily come into contact with children as part of their typical work. Beyond this, in 18 states, all Canadian provinces except the Yukon Territory, Ireland, and the Australian Northern Territory, all citizens are considered mandated reporters regardless of occupation (Mathews & Kenny, 2008; Smyth, 1996). The United States, Canada, and Australia all have mandated reporting laws for several professional groups for physical, sexual, psychological abuse and neglect, and thus not reporting constitutes an illegal act in addition to an unethical one (Kalichman, 1993; Nunnelly & Fields, 1998). However, requirements differ depending on the state, territory, or province within each country (Kalichman, 1993; Mathews & Kenny, 2008).

Mandates for child protection may be informed by the definitions of child abuse and neglect put forth by the individual governments (Walsh et al., 2005). For instance, as described above, in terms of mandates for reporting suspicions of abuse in the United States, most states distinguish between physical abuse, sexual abuse, emotional abuse, and neglect. CAPTA clarifies a set of behaviors falling within the realm of abuse to identify a standard for each state (HHS, 2013). Thus, states typically define each form of maltreatment in their own terms in conjunction with their responsibilities introduced by CAPTA (Child Welfare Information Gateway, 2013b; Woika & Bowersox, 2013). In the United States, all 50 states and the District of Columbia have varying mandates for reporting suspicions of child abuse or maltreatment; however, all states specify certain professionals who *must* report (Gushwa & Chance, 2008; Kenny, 2001a).

Essentially, any professional who routinely comes into contact with children as part of his or her occupation and has a role of protecting or advocating for children is considered a mandated reporter (Kenny, 2001b; Woika & Bowersox, 2013). In the United States, all 50 states and the District of Columbia specifically mandate teachers and administrators to report suspected cases of child abuse to appropriate authorities (Crenshaw et al., 1995; Cruise, 2010). Additionally, some states may also include commercial film or photograph developers, animal control officials, probation officers, and substance abuse treatment providers (Woika & Bowersox, 2013). Many states within the United States are also beginning to include within their mandated reporting laws the exposure of alcohol or other substances to newborns (e.g., substance abuse by expectant mothers or a newborn born under the influence of a substance), any child's exposure to drug activity, or a child witnessing or experiencing domestic violence (Mathews & Kenny, 2008).

In contrast to the United States, no nation-wide definition of child abuse or child neglect exists in Australia. Rather, it is up to individual Australian states to develop definitions within their own governments, which may impact the differences among states (Walsh et al., 2005). In most Australian states, mandates are in place for teachers who suspect child abuse. However, Queensland mandates teachers to report suspicions of child sexual abuse only if the suspected abuse perpetration occurs by a member of the school's staff (Walsh et al.).

Among the United States, Canada, and Australia, the primary differences in individual state, territory, or province mandated reporting laws come in the required amount of harm to the child to be considered as maltreatment (Mathews & Kenny, 2008). For instance, although some states vaguely indicate the child must experience harm or a risk of harm, other states may require serious observable harm. Using the example of physical abuse, in the latter case, reporting would require the presence of bruising, bleeding, burns, broken bones, swelling, or death. Other states try to find a medium point between the former two by requiring the presence of harm that could actually impair the child's health or life (Mathews & Kenny).

In terms of professional mandated reporting, professionals typically must have "reasonable" knowledge that maltreatment is occurring (Alvarez, Donahue, Kenny, Cavanagh, & Romero, 2005), which arguably leaves too much discretion on the part of the reporter to define the alleged abuse (Kalichman, 1993; Mathews & Kenny, 2008). Zellman (1990) and Levi, Dellasega, and Boehmer (2012) argue that the vague, nonbehavioral definitions of what constitutes reportable suspicion leave professionals too much latitude in decision-making. In fact, in a survey of experts from the Helfer Society, a group of researchers dedicated to education about child maltreatment, mandated reporting, and clinical practice with victims, results indicated significant variability in their definitions of "reasonable knowledge," regardless of the experience level of the individual (Levi & Crowell, 2010). Further, a qualitative examination of therapists and child protection workers found that the lack of an operationalized definition of "reasonable cause" makes it difficult to consistently apply the mandated reporting standard in practice (Deisz, Doueck, & George, 1996).

Mandates include providing confidentiality for the reporter and no legal liability assuming the report is made with good intention (Alvarez et al., 2005). Having more expansive mandated reporting laws results in more reports and thus more substantiated cases. However, it also results in a far greater increase of unsubstantiated reports (i.e., over-reporting; false positives) (Mathews & Kenny, 2008). In fact, although many countries have established mandatory reporting laws as part of child protection services, several countries have explicitly chosen *not* to establish such laws to prevent overreporting of cases that are not abuse (therefore preventing harm to the child and family) (Mathews & Kenny).

Interestingly, Ainsworth (2002) compared data between two Australian states, one of which has mandated reporting requirements and one of which does not, to see if significant differences actually exist in the number of reported cases that become substantiated. The author found that the ratio of reported cases to substantiated cases was actually higher in the states mandating reporting, indicating a potential overburden of CPS agencies in that state as a result of an excess of calls not needing further investigation. The author postulated that this overburden might actually lessen the services and resources available, including funding, for those families at risk for child maltreatment, when the goal of mandated reporting is to do the opposite (Ainsworth). However, regardless of one's opinions of the effectiveness of such mandates, mandated reporters must abide by the legislative mandates placed upon them based on their state, territory, or province or residence and employment.

Based on the available information related to mandated reporting, it is presumed that mandated reporting has the following benefits: (a) takes a clear stance that child maltreatment is wrong; (b) prevents future cases of child maltreatment and revictimization; and (c) guides provision of services to families and children in need (Wekerle, 2013). With this, however, come concerns that mandated reporting will be used as the sole intervention in cases of child maltreatment, when in fact mandated reporting should act only as the basis for further investigation and, in substantiated cases, intervention (Wekerle). In those countries without federal or state legislation, many occupational policies are put in place to help meet the same goals as government mandates, specifically to identify and intervene in cases of child maltreatment (Fraser et al., 2010). In fact, a survey by Daro (2007) determined that a vast majority of responding countries had either legislation or occupational policies mandating reporting suspicions of child maltreatment (or both), thus indicating just how serious this problem is viewed on an international level.

Further, from an ethical standpoint, mandated reporting acts as a means by which professionals can enact their duty to protect and duty to warn (Kalichman, 1993). Specifically, the American Psychological Association's (APA) (2010) Ethical Principles of Psychologists and Code of Conduct clearly states that psychologists are obligated to protect those they serve from harm or potential harm. In the case of child maltreatment, such duty to warn, then, would include potential or actual harm to a child from a caregiver. Further, professionals are also obligated to warn if potential harm may occur, including takings steps to ensure the potential victim is protected (APA, 2010; Fisher, 2009; Kalichman, 1993). Such obligations are further reiterated for school psychologists in NASP's (2010) Principles for Professional Ethics, including the obligation of professionals to respect the dignity and rights of all as well as their professional responsibility to schools, families, communities, and society.

### **Mandated Reporting Within Schools**

In the United States, mandated reporters make the majority of referrals to CPS agencies for suspicions of abuse and neglect ("Breaking the Silence," 2011). According to the recent report from the HHS' Administration for Children and Families (2014), three-fifths (61.6%) of all reports of suspected child maltreatment made in the United States in 2013 were done so by professionals, including educators, legal officials, and social service workers, all of whom are mandated reporters by law. Kesner and Robinson (2002) compared the mandated reporting practices of educational personnel (teachers, teachers aides, and administrators), legal personnel (local, state, and federal agency employees), medical personnel (physicians, physicians assistants, nurses, dentists, and technicians), and social services personnel (social workers, counselors) in eight of the United States. Using the National Child Abuse and Neglect Data Systems from 1997, the authors randomly selected 1,000 of the reported cases for analysis. Education personnel reported 25% of the cases (alleged and substantiated), with 56% of the cases reported by these personnel being substantiated (Kesner & Robinson).

The significant proportion of cases reported by educators may be an indirect result of schools in America taking a more comprehensive role in taking care of children (Webster & Hall, 2004). For instance, through mandated vision and hearing screening, a focus on social communication and appropriate behaviors, and services for mental health issues, schools are clearly concerned with children's overall success and wellbeing. This increased focus also demands more attention on and involvement within the family as a context, and as a result, issues of abuse may come out at a more frequent rate (Webster & Hall). As a result, educators should be knowledgeable of how to appropriately handle disclosures of abuse and identify warning signs of child maltreatment. Each of these areas is discussed in detail below along with other factors related to identifying and reporting child maltreatment of students.

### **Handling Disclosures**

In the schools, disclosure of abuse from a student may occur in several ways. Many students may feel prepared or internally motivated to disclose their abuse to a trusted individual and thus may share personal information with a teacher (Austin, 2000; Minard, 1993). Thus, they may actively engage in the steps to do so. In this case, a student may choose to first disclose to his or her teacher about abuse, especially if the child views the school as a safe place (Austin, 2000). It is also possible that disclosure may come in other indirect forms, including a student saying statements that lead the teacher to believe abuse is occurring, by a student telling a peer, through writing or journaling exercises, or even by accident (Austin). Upon hearing a disclosure of child sexual abuse from or about a student, school staff must be prepared to respond appropriately. Doing so requires educators to give the important appropriate information to CPS agencies. Additionally, because school professionals may be the first person to hear a disclosure of sexual abuse, their reactions are crucial. Several authors have highlighted specific strategies for teachers and school counselors in responding to disclosures of abuse from students (Austin, 2000; Hinkelman & Bruno, 2008), which can be applied to all professionals working within the school building who might hear a disclosure from a student. Ultimately, educators should strive to remain calm, listen carefully, and keep the child's privacy to the extent feasible when they hear a disclosure (Austin, 2000; Webster & Hall, 2004; Zechetmayr & Swabey, 1999).

Professionals should also physically position themselves in a nonthreatening way (e.g., be at the child's eye level) and use age-appropriate language and reflection (Austin, 2000). Only the language directly spoken by the child should be reflected (e.g., refrain from putting words in the child's mouth), and it is imperative the school professionals avoid using leading questioning and instead rely on primarily open-ended questions (Austin). Further, the school personnel should ensure the child understands he or she did the right thing by telling someone about the abuse (Zechetmayr & Swabey, 1999), and reiterate to the child that the abuse is not his or her fault nor did he or she do anything wrong (Austin, 2000; Roscoe, 2001; Webster & Hall, 2004). Creating a sense of safety, both physically and mentally, for the child can be very reassuring (Webster & Hall, 2004). This is also true for professionals communicating with students who are suspected to be victims of child maltreatment but have not disclosed (Hinkleman & Bruno, 2008).

# **Warning Signs**

Because children spend the majority of their time at school and because school personnel are mandated reporters, school staff are expected to identify, report, and intervene in suspected cases of child sexual abuse. Teachers, administrators, and other school staff are crucial in the process of recognizing victims of child abuse through changes in their physical health, emotional stability, behavior, socialization with teachers and peers, and educational progress (Baginsky, 2000; Crenshaw et al., 1995; Hinkelman & Bruno, 2008; Minard, 1993; O'Toole, Webster, O'Toole, & Lucal, 1999; Webster & Hall, 2004; Zechetmayr & Swabey, 1999). That is, educators may frequently observe and compare a student's appearance and behavior to his or her own past behavior and the behavior of peers, as well as notice warning signs to help identify cases of child abuse.

Preparation is key for school-based professionals, as many may be unaware of the warning signs of maltreatment, confused about how to report abuse, and the process that occurs after a report is made (Hinkelman & Bruno, 2008). Thus, professionals should know not only the legal definitions of each type of abuse because they are bounded by law to report behaviors consistent with these definitions (Haeseler, 2006; Nunnelley & Fields, 1998; Webster & Hall, 2004; Zechetmayr & Swabey, 1999), but also how to identify if such abuse is happening to a student and which situations should be reported to authorities (Haeseler, 2006; Webster & Hall, 2004). It is equally important to note that no single response pattern exists for victims of all forms of child maltreatment (Cruise, 2010). Thus, professionals must be prepared to notice even the subtlest of changes the child may display.

**Physical warning signs.** Educators can look for signs of physical abuse, such as bruises or repetitive injuries (Nunnelley & Fields, 1998) or physical symptoms of sexual abuse, which may include but are not limited to pregnancy, sexually transmitted infections, urinary tract infections, genital discomfort, enuresis, encopresis, or self-injurious behaviors (Cruise, 2004; Roscoe, 2001). Although educators do not have the capacity to necessarily identify and/or diagnose most physical symptoms of abuse, they may notice behavioral cues or signs of physical discomfort a student is exhibiting. Educators then have the responsibility to ensure the students see the appropriate individual who can in fact diagnose the problem (i.e., school nurse or other health professional) (Roscoe, 2001).

**Social/Emotional/Behavioral warning signs.** In terms of behavioral cues, Chaffin, Wherry, and Dykman (1997) identified different coping styles with behavioral implications. They examined a large sample of sexually abused children between the ages of 7 and 12 following their victimization and identified several coping styles, which included avoidant, internalized, angry, and active/social. A victim was said to utilize avoidant coping if he or she tried to simply forget his or her abuse or wished it had never happened. Internalized coping after abuse involved isolated behaviors, such as the victim remaining by him or herself, blaming oneself, or not talking about the issue. Angry coping involved victims outwardly blaming someone else for their outcomes, yelling, screaming, and anger. Finally, active/social coping involved attempting to "fix" the problem through talking with others, seeking out support, or other activities that could make one feel better (Chaffin et al.).

Each coping style was found to be associated with unique behavioral or emotional outcomes. For instance, children who displayed avoidant coping styles were also likely to display symptoms of sexual anxiety whereas victims with active/social coping had fewer sexualized behaviors (Chaffin et al., 1997). Angry coping styles were positively correlated with higher scores on the *Child Behavior Checklist* (Achenbach, 1992) teacher rating scale, which assesses externalizing and aggressive behaviors, among others. Children who displayed internalizing coping styles commented they often stayed by themselves, did not do anything because they felt the problem could not be solved, blamed themselves, and kept quiet, in addition to being more likely to display symptoms of post-traumatic stress and feelings of guilt. As a result, angry and internalizing coping styles were rated as least effective strategies by the sample of sexually abused children (Chaffin et al., 1997). Additionally, children may display sexual curiosity that seems inappropriate (Nunnelley & Fields, 1998).

Other behavioral cues for educators include disruptive behaviors, sexualized behaviors or artwork/writings, internalizing concerns, substance use, and verbal disclosure (Roscoe, 2001). Although some students may become more passive and withdrawn, others may act out behaviorally against peers or adults (Cruise, 2010), thus again highlighting the need for educators to be vigilant. Sexual abuse victims in particular may also begin to question their sexuality, engage in sex-risk or promiscuous

behaviors while disengaging from typical intimate or personal relationships they already had, or have an inappropriate level of knowledge about sexuality and sexual activity for their age or developmental level (Cruise, 2004; Cruise, 2010). Children may also engage in masturbatory behaviors, touching their or other's genitals, or engage in inappropriate expression of affection (Cruise, 2004). Victims of child maltreatment may also show signs of depression (e.g., loss of interest in typically enjoyable activities) or increased anxiety, distractibility, or impulsivity (Cruise, 2010).

Emotional cues may also be evident by a child's exhibited facial expressions. Bonanno and colleagues (2002) studied adults who had been referred to a social worker as a child for child sexual abuse compared with a non-abused group of adults. The group of victims was further split into purposeful disclosers (i.e., those victims who intentionally disclosed their abuse to someone) and accidental disclosers (i.e., others found out about the abuse because the perpetrator confessed, someone else found about the abuse before the child disclosed, and/or a medical exam revealed abuse). Of note, victims of child sexual abuse who were accidental disclosers had greater facial expressions related to shame, including frequent gazes down or tilting their head down, than participants who purposefully disclosed their abuse. Further, victims of child sexual abuse who described the abuse as their most distressing life event displayed the greatest number of facial expressions related to disgust. This finding was even more prevalent in the individuals who attributed significant blame to their perpetrators during their trauma narratives and in those victims who experienced threatened or actual violence during their abuse. Expressions of anger did not differ among abuse participants compared to non-abused participants (Bonanno et al.).

In addition, Bonanno and colleagues (2002) also assessed the smiling patterns of the victim and non-victim groups. Specifically, the researchers looked for Duchenne smiling compared to non-Duchenne smiling. Duchenne smiling, named for the French neurologist Duchenne de Boulogne, is a genuine expression of positive emotion evidenced by activity in the facial muscles surrounding the eyes. Non-Duchenne smiling, on the other hand, does not engage the muscles near the eyes, does not express positive emotion, and is generally utilized to conceal negative emotions, attempt to assure others that one is experiencing a positive emotion, or as a form of social etiquette (Bonanno et al.). Interestingly, Duchenne smiling, or genuine smiling, was more observable with non-abused participants compared to participants who had accidentally disclosed (Bonanno et al.). The authors propose that individuals who purposefully disclose their abuse experience a different kind of post-traumatization compared to individuals who chose not to disclose their abuse, yet still had others find out about it. Thus, Bonanno and colleagues suggest the utility of familiarizing and attending to the facial expressions of others to notice any unusual patterns or significant changes, as these expressions can indicate not only the types of feelings the victim is experiencing (e.g., disgust and shame) but also potentially the severity of the abuse and the amount of self-blame the victim is experiencing.

Academic warning signs. Children who are victims of child maltreatment may also display changes in their typical academic performance. For instance, children may begin to have frequent absences from school or poor work completion (Roscoe, 2001). These factors may also contribute to declining grades (Roscoe). Thus, educators can be watchful of changes in academic functioning that are atypical for the particular student.

### **Additional Factors**

Even if an educator understands the legal obligation in reporting child abuse, the guidelines provided by the school may be less clear (Alvarez et al., 2005; Hinkelman & Bruno, 2008), requiring another step of preparation on the part of the educator. It is recommended that schools have a notification instrument that allows the professional to quickly note the child's information, the information about the alleged perpetrator, details of the disclosed maltreatment (including any injuries and witnesses), and so on (Zechetmayr & Swabey, 1999). Taking notes following the child's disclosure not only acts as a source of documentation at the school level, but it also can be useful in accurately relaying suspicions to the appropriate CPS agencies (Webster & Hall, 2004). However, the child should only be asked to divulge specific details of the abuse allegations that are necessary to make a report (Austin, 2000).

Some school-based professionals may have difficulty believing the accusations a child is making (Hinkelman & Bruno, 2008) or be concerned with the believability of the student. These issues may be impacted by the professional's gender. Lawlor (1993) collected surveys from 450 primary school teachers in Ireland and found that 90% of the respondents were likely to believe a child if the child said he or she was a victim of child sexual abuse. However, female teachers were significantly more likely than male teachers to believe a child who disclosed about abuse, even if this conflicted with a

parent's report. Further, female teachers were significantly less likely than male teachers to think a child had misinterpreted an adult's inappropriate touch (i.e., calling it abuse when it actually is not). Still, regardless of the school professional's views of the student's believability, it is highly recommended the professional take the child's account as made in good faith and report accordingly (Austin, 2000).

Additionally, professionals may be struggling with their own adverse reactions to what was disclosed (Hinkelman & Bruno, 2008). Although one might want to criticize the alleged perpetrator, it is important to realize this individual is not only innocent until proven guilty, but also that he or she may remain an important individual in the child's life (Austin, 2000). Condemning the individual may only increase the child's feelings of confusion or fear. Situations like this necessitate that the professional understand one's own beliefs and opinions towards child maltreatment (Nunnelley & Fields, 1998). In fact, Walsh, Rassafiani, Mathews, Farrell, and Butler (2010) developed a questionnaire based on the idea that personal attitudes towards maltreatment can highly affect one's decision to report. In other words, it is not solely about one's confidence, legislative requirements, or other parts of the context; rather, personal experience, beliefs, and expectations also may impact the process and thus must also be addressed as part of preparation.

Another factor important for educators to understand is that their role does not include gathering additional evidence and trying to discern more information about the abuse allegation. Instead, every disclosure should be taken seriously and reported, and then CPS agencies can determine the next steps (Alvarez et al., 2005; Austin, 2000; Hinkelman & Bruno, 2008; Kenny, 1998; Nunnelly & Fields, 1998). In fact, trying to investigate further can take time, and thus can potentially place a child at a continued risk for maltreatment (Kenny, 1998). Should a professional be attempting to investigate further because of some doubt the allegations are true, it is recommended the professional err on the side of caution and report the allegations anyway (Wolowitz, 2013). Further, in cases of actual abuse, a child may lose hope that he or she can get help if a disclosure of abuse to a trusted adult goes unreported (Kenny, 1998).

Researchers recommended the child be informed of the general reporting process in an age-appropriate manner, including that authorities will be informed of what he or she has said (Austin, 2000). This can be framed in a way that demonstrates that the professional is there to help the child, ensures the child he or she is not alone in this process, and that it is the priority of the school to make sure he or she is safe (Austin). In some cases, a child may benefit from devising a safety plan with the school professional (Austin). Finally, the school professional should thank the child for disclosing the abuse, again assuring the child he or she did the right thing and acknowledge the difficult decision the student made in choosing to disclose (Austin).

As mentioned above, even without a disclosure, educators may still have suspicions that child maltreatment is occurring with a specific student based on warning signs. In this case, it is recommended a meeting be planned with the student's parent to discreetly assess the student's home life and any potential risk (Brodkin & Coleman, 1994). In the case the child may be at risk for maltreatment, it is important to suggest specific services that may be beneficial for the family (e.g., family therapy, individual counseling) and remain prepared to report to CPS agencies if required (Brodkin & Coleman). Again, this level of preparation requires educators to know not only the mandates of the specific states within which he or she works, but also the policies regarding reporting suspicions of abuse at the specific school site (Haeseler, 2006).

Educators may be required to weigh their suspicions and consider the physical safety and emotional health of the child (Brodkin & Coleman, 1994). Based on this information, educators should develop a plan of action to address any suspicions of abuse that is consistent with legal mandates and policies (Brodkin & Coleman). Additionally, staff must be educated on how to talk to the family about reporting and understanding the consequences of *not* reporting (Zechetmayr & Swabey, 1999).

Ideally, supporting the student will continue far after the initial suspicion, disclosure, and eventual report (Alvarez et al., 2005). For instance, in the classroom, teachers can create activities that can work to improve the child's peer supports and positive self-concept (Roscoe, 2001). Certain activities can also foster student's selfexpression, again promoting the belief that the student did the correct thing in disclosing and further assist the child with coping with his or her emotions (Roscoe, 2001). In schools, educators and school personnel have the unique opportunity to appropriately model healthy adult-child relationships, while also promoting positive peer relationships (Roscoe). Although it is important for educators to show concern for the student, be available to talk with the student when he or she wants to express any fears or feelings, and help the child use coping skills (Roscoe, 2001; Zechetmayr & Swabey, 1999), it is also important to keep the student's experience private and maintain the student's typical status in their routine settings (Roscoe, 2001).

Also of importance, school professionals should continue to monitor the student's overall mental health and adjustment following the abuse, while seeking out and collaborating with mental health professionals as appropriate (Haeseler, 2006; Roscoe, 2001). It is also essential to remain supportive and available to the child's family, even after the report, to emphasize that reporting is indeed protection rather than "tattling" (Kenny, 1998). By talking with the family about the role as a mandated reporter and also about wanting to help ensure the family receives the support and services they need, the relationship between school professional and the parents/student can not only continue, but potentially be strengthened (Kenny).

Finally, the support of school staff is essential in preventing and intervening in child maltreatment. Skinner (1999) interviewed teachers of students who had been abused, and found many teachers needed support and desired to talk to others about what they had experienced from the perspective of mandated reporter. Many teachers reported sleep difficulties, effects on their own family life, and feelings of helplessness or anxiety, confusion, and uncertainty. In fact, only one teacher interviewed felt adequate resources were in place for support during the difficult times; most others said support was actually non-existent and the professionals were given little opportunity to process their experiences (Skinner). This suggests that unsupported teachers may be less likely to report.

## **Training of School-based Professionals**

Given that a substantial number of child maltreatment reports are often made by mandated reporters, it is important all school-based professionals are in fact trained to identify children who may be experiencing child abuse or neglect and informed on the process of mandated reporting. Essentially, training is required in order for the complex process described above to effectively take place in schools. As Felzen Johnson (2002) states: "Any stage of the maltreatment system, from the language of the law to the provision of therapeutic and prevention services, that is inadequate has the potential to adversely affect the outcome to the child" (p. 559). Thus, ensuring educators are well trained to carry out their professional roles as mandated reporters is essential in promoting positive student outcomes.

# **Training Considerations**

Several opportunities exist for training school-based professionals, including preservice curricula, practicum, internships, fellowships, in-services, and other continuing education courses, workshops, or small group exercises at the in-service level (Alvarez, Kenny, Donohue, & Carpin, 2004; Baxter & Beer, 1990; Zechetmayr & Swabey, 1999). This in-service training should continue regularly, and therefore should be budgeted for annually (Zechetmayr & Swabey). In order to best prepare educators for participation on teams related to social services and legal interventions, multidisciplinary education experiences should begin in graduate school and expose students to various professional issues they may face in their practice in the future as a professional (Felzen Johnson, 2002). However, training should take place not only in pre-service initial training, but also throughout one's profession in multiple phases (Akande, 2001; Baginsky, 2003). Training should ideally discuss definitions, signs, and symptoms of different types of abuse; procedures for reporting (including at the school level and state level); legal issues surrounding mandated reporting; how to involve the client and the special services team in the process; and responses to typically cited deterrents of reporting (Akande, 2001; Alvarez et al., 2004). Additionally, it is recommended policies be developed at the school and community levels with a stance on intervening in the case of child maltreatment (Zechetmayr & Swabey, 1999).

Because training programs vary in the content, frequency, and style of training on the issues of identifying suspected cases of child abuse, mandated reporting, and intervening in cases of child maltreatment, school-based professionals at one particular site may have a wide range of competencies and areas of need. These diverse training competencies and needs indicate that no generalized in-service training program will suffice (Baxter & Beer, 1990). Additionally, rather than a few professionals at each school being thoroughly prepared to identify and report suspicions of child abuse, it would behoove schools to have *all* professionals trained to some extent as part of a professional development at their place of employment (Baginsky, 2000). In fact, certain professionals at the school, such as the school counselor or school psychologist, could be responsible for planning and implementing in-service programs for school staff (Minard, 1993).

Simply informing staff of policies and mandates may be insufficient in increasing educators' abilities to report suspected abuse without knowledge of proper procedures and steps to take. Training should also incorporate strategies to assist educators in identifying their own personal beliefs and biases that may impact their objectivity in reporting suspicions of abuse (Levi & Portwood, 2011). Professionals should understand the importance of reporting all suspicions with the same amount of consideration to protect all children, although they should be able to compare potential risk and consider what falls under reasonable suspicions (Levi & Portwood). For instance, if one were to report any and all suspicion (even those that did not meet grounds for reasonable suspicion), then the professional utilizes financial and personal resources that could otherwise be better expended. However, if the bar for reporting is set too high, then the school risks missing children who may be in harm's way (Levi & Portwood). Thus, training should incorporate reflective exercises and activities to help professionals learn the balance required in reporting suspicions as mandated in ensuring the safety of all students.

Researchers who have assessed training programs currently in place for the issues of child maltreatment, mandated reporting, and interventions have found such programs to be highly effective in increasing knowledge, competence, and confidence in future professionals. For instance, in a study by Kenny (2007), undergraduate and graduate students studying counseling participated in a web-based tutorial covering important topics related to child abuse and maltreatment. These topics included incidence reports, signs of abuse, proper procedures for reporting abuse, statistics,

available resources, and high profile cases that received media attention, among other things. Participants were found to not only have significantly higher self-reporting of their own knowledge, but their scores on a post-test examining their knowledge of the information presented reflected this change as well. Participants overall were highly satisfied with the training, and they felt the most important topics covered were the statistics related to prevalence of abuse, reporting procedures, and the legal implications of choosing whether or not to report. That is, most participants understood they were professionally obligated to report, but they had less information about the steps to do so in accordance with mandates and laws (Kenny).

In another example, the New York state legislature implemented a new amendment mandating a two hour training course for certain professionals (including physicians, educators, social service workers, and nurses) on how to identify and report signs of child abuse following the highly publicized death of Lisa Steinberg, a young victim of severe child abuse (Reiniger, Robison, & McHugh, 1995). Reiniger and colleagues surveyed a mixed sample of these professionals on their experiences with the training and found the vast majority learned new information on identifying and reporting child abuse and neglect, reporting procedures, liability issues, and immunity for mandated reporters about which they had not previously known, speaking to the program's effectiveness. Further, the results of the survey found teachers to be the least knowledgeable of all of the represented professions, indicating different training needs for various professionals (Reiniger et al.) Randolph and Gold (1994) evaluated the effectiveness of another similar program, the *Child Sexual Abuse Prevention: Teacher Training Workshop Curriculum*, designed to teach educators how to recognize signs of child sexual abuse, respond to the child upon disclosure, and make reports of the abuse. The program is quite interactive in that it involves role-plays, discussion, writing activities, reflection exercises, and other exercises designed to help teachers understand and overcome not only their own discomfort in dealing with issues of child sexual abuse, but also the discomfort the child may have in disclosing. Results of the evaluation indicated teachers increased their knowledge of child sexual abuse and its warning signs, displayed greater understanding of the dynamics of child sexual abuse and its potential impact on the victim, held less stigmatizing or rejecting views of child sexual abuse, and increased their confidence of their ability to react and intervene in cases of child sexual abuse (Randolph & Gold).

In a final example, Hanson and colleagues (2008) evaluated the Child Abuse School Liaison (CASL) program, a secondary prevention program created in conjunction with the National Crime Victims Research and Treatment Center. The program curriculum aims to increase the knowledge base about risks and prevalence of child sexual abuse, help educators know how to identify potential cases, teach them how to appropriately respond to a disclosure of abuse by a student, and foster the desire and ability to report suspicions of abuse to the appropriate legal authorities. This particular program involved a 60-minute workshop, with a training manual included, as well as frequent consultation with a school-based liaison bridging the communication gap between educators at the school building and agencies dealing with victims and families of abuse in the community. This workshop also included a short video on mandated reporting duties.

In evaluating the effectiveness of the CASL prevention program, Hanson and colleagues (2008) measured participant satisfaction and change in knowledge following completion of the program. Participants were 218 educators across school levels, including teachers, administrators, guidance counselors, nurses, and paraprofessionals. Almost all participants (98%) thought the training was either successful or highly successful in clarifying mandated reporting roles and helping participants identify specific signs of abuse (specifically, behavioral and physical signs). Further, post-test scores on a questionnaire related to knowledge of sexual abuse were significantly higher than scores received prior to training, indicating participants learned relevant information as a result of the training program. In conclusion, the authors highlighted the utility of a prevention program aimed at educators as opposed to students in helping prevent and/or identify and intervene in cases of suspected child sexual abuse (Hanson et al.).

#### Lack of Reporting

Of concern, several researchers have found a consistent discrepancy over the last two decades between the number of children estimated to be victims of child maltreatment compared to the number of cases actually reported to authorities (Baxter & Beer, 1990; Delaronde, King, Bendel, & Reece, 2000; Hinkelman and Bruno, 2008; Reiniger et al., 1995). In fact, Crenshaw and colleagues (1995) reported that only 24% of abuse suspicions among school professionals were actually reported as mandated, thus indicating a significant under-reporting by a large group of reporting professionals. Some researchers argue that the child protection system (e.g., mandated reporting laws; investigation on the State level) is seriously flawed because of the gross underestimation and reporting of the actual occurrence of child maltreatment coupled with the complexity of the problem (Melton, 2005).

Many researchers, including Hinkelman and Bruno (2008), call for better training programs beginning with the next generation of school professionals. Further, they believe their findings on the discrepancy between actual and reported cases of child maltreatment necessitate a closer assessment of training programs and reporting behaviors for school-based professionals. Several researchers have done just that with samples of school teachers and aides, administrators, social workers, nurses, and psychologists, and have looked specifically at their abilities to identify and report suspected child abuse cases. These findings are summarized in the following sections. First, studies utilizing mixed samples of educators are described. Then, the following sections include a review of the available literature for each school professional. See Tables 2 and 3 at the end of this section for summaries of this information.

#### **Combined Samples**

#### Trends in training.

*Preparation and confidence.* Several studies conducted over the last two decades demonstrate a clear trend in school professionals experiencing a lack of preparation and confidence in their ability to effectively fulfill their roles as mandated reporters. Many of these feelings seem to stem directly from a lack of training

opportunities for the professionals during pre- and in-service activities. For instance, Hawkins and McCallum (2001) sampled teachers, teacher assistants, and principals with varying levels of training in the reporting of child maltreatment. Specifically, the researchers surveyed professionals with no training, some with recent training within the last year, and others with previous training more than one year prior to study. Hawkins and McCallum found the majority of professionals across the three groups thought all teachers should be required to report suspicions of abuse or neglect, as educators are responsible for students' wellbeing.

However, of those participants who had not received any training, a majority (81%) indicated they felt barely adequately or poorly prepared to report abuse suspicions, which was significantly less prepared than participants who had received recent or prior training. Further, participants who had recently been trained or trained more than a year prior had significantly more confidence in identifying signs of physical, sexual, and emotional abuse and neglect compared to professionals who had received no training. Recently trained participants also felt more prepared to report abuse than those participants who had been trained over a year prior, indicating a potential need for continued training throughout one's career as opposed to solely receiving pre-professional training (Hawkins & McCallum, 2001).

Similarly, in a survey of school administrators, regular and special education teachers, and school counselors, only one participant from Baxter and Beer's (1990) sample had received formal education on child maltreatment. No other participants indicated any sort of training on the area, with an overwhelming majority of participants indicating they felt either unprepared or uncertain about their level of preparation to assist in suspected cases of child abuse or neglect (Baxter & Beer).

Finally, Crenshaw and colleagues (1995) also surveyed a sample of educators and found a significant proportion of the sample did not feel prepared to carry out their role as mandated reporters. Specifically, only 9.6% of the educators believed they were very well prepared to identify a case of child abuse and subsequently report it according to proper procedures. Instead, about half of the participants felt only fairly well prepared to do so, while 40% of the participants thought they were barely adequately or poorly/not at all prepared to recognize abuse and take the proper steps to report.

*Knowledge of child abuse, policies, and mandates.* In addition to feelings of preparation and confidence, a lack of training also seems to impact educators' knowledge of child maltreatment and specific policies and mandates in place. Referring again to Hawkins and McCallum's (2001) sample of teachers, teacher's aides, and principals with varying training experiences, recently trained professionals were significantly more aware that abuse and neglect could be reported without sufficient proof, compared to professionals who had received no training. As a result, professionals with no training were generally less aware of their reporting responsibilities. In fact, the no-training group was more likely to try to get additional details from the child, investigate further themselves before reporting, or tell a colleague rather than report (Hawkins and McCallum), all of which are warned against and could potentially damage the substantiation of the case.

In Baxter and Beer's (1990) sample of administrators, teachers, and counselors, the overwhelming majority was aware that their state had mandates for reporting. However, only approximately 20% of them indicated they had read the state law describing their obligations and responsibilities. This is in contrast to a majority of Crenshaw and colleagues' (1995) sample of educators who indicated they were familiar with the state laws and school policies regarding mandated reporting of child abuse. Interestingly, over 60% of the special education teachers surveyed by Baxter and Beer had read the law, perhaps suggesting that this specific population of educators may undergo different types of training or seek out different types of information related to their responsibility as mandated reporters. In terms of policies at the school-level, the vast majority of participants (80%) were uncertain whether or not the school had a procedure for reporting suspicions of child abuse. Thus, the authors discuss the need for better communication between district administrators and school staff surrounding the protocols and procedures to be taken when a staff member suspects a child may be the victim of maltreatment (Baxter & Beer, 1990).

**Trends in reporting behavior.** Many researchers have also assessed the impact of the specific child maltreatment and mandated reporting training on the actual reporting behaviors of the school professionals, the various factors they consider when making a report, and the perceived deterrents to reporting.

*Impact of training on reporting behavior.* Just as training impacts professionals' knowledge and awareness of child maltreatment and related duties, training also seems to potentially influence the professionals' decisions to report

suspicions of child maltreatment. For instance, teachers and teachers' aides in Hawkins and McCallum's (2001) sample who had training over one year prior to the study indicated they made significantly more reports of child abuse and neglect compared to the participants who had recent or no training. However, throughout the entire sample, approximately 20% of participants indicated they had at one point suspected child abuse or neglect, but did not make a report. As might be expected, teachers with either recent or previous training were significantly less likely to believe that suspected cases of child sexual abuse should be handled exclusively within the school as opposed to reporting it (Hawkins & McCallum).

*Other factors impacting decision to report.* Professionals are also more likely to take into account other factors of the case (e.g., in additional to "reasonable harm") in deciding whether or not to report. This seems to begin during pre-service training even before professional service begins. For example, Smith (2006) surveyed a large sample of undergraduates from a variety of education programs working with children, including child/adolescent development, human performance, special education, social work, teacher credentialing, administration of justice, nursing, and liberal studies. Survey analyses revealed significant differences between majors among the rated importance of many different factors in determining whether a report should or should not be made. These factors included: (a) the possibility of psychological harm to the victim; (b) the perpetrator's mental health; (c) the social/cultural acceptability of the act; (d) perpetrator use of drugs or alcohol; (e) perpetrator's previous abuse history as a victim; perpetrator's growing up in a violent home; (f) perpetrator's coming from a

divorce family; (g) perpetrator being raised in a low-income environment; and (h) the age and sex of the perpetrator (Smith).

These findings are similar to those of Smith (2010), who surveyed a large sample of early childcare professionals and a sample of undergraduate students studying child development working in early childcare settings on their knowledge of abuse-related definitions and factors they consider in deciding to report suspected abuse. Smith found that younger respondents, who consisted primarily of the undergraduate students as opposed to full-time professionals, were more likely to consider the child's age, the child's consent, and the socioeconomic status and education levels of the alleged perpetrator when considering if a presented vignette was child maltreatment.

In this sample, the professionals were more likely to have professional experience with maltreatment and were more familiar with the laws (Smith, 2010). Despite these differences, however, pre-professionals and professionals indicated similar factors as varying in importance in determining if presented case vignettes were considered maltreatment. Overall, respondents indicated four factors were most important when considering if a case is maltreatment: (a) the actual physical harm inflicted; (b) the psychological harm caused to the child; (c) the sexual nature of the acts perpetrated; and (d) the seriousness of the act. Respondents also considered other factors (although less important), including the potential physical and/or psychological harm caused during the act, the frequency of the act, the perpetrator's intent to harm the child, whether or not the child considered the act as abuse, and if the act met the legal definition of abuse or neglect (Smith). Interestingly, the sole indicator of the need to report according to mandates is perceived harm (physical or psychological), but was considered less important than other characteristics of the abuse.

The perpetrator's mental health was also somewhat important factor to be considered in determination (Smith, 2010). Somewhat surprising based on other findings in the current study, the cultural or social acceptability of the act, ages of the perpetrator and victim, perpetrator substance use, the sex of the victim and perpetrator, the perpetrator's ethnicity or minority status, and the perpetrator's static risk factors to offend (e.g., previous abuse as a child, grew up in a violent home, parental divorce) were considered unimportant factors in determining if a presented case vignette is maltreatment. Ultimately, participants indicated they were most likely to report suspected abuse when they were positive the act was considered maltreatment, as defined by the laws and definitions of abuse (Smith), although the consideration of these various factors might suggest otherwise.

These findings contrast somewhat from Kesner and Robinson (2002). In their study, out of different mandated professional groups, education personnel were significantly more likely to report older victims and White victims compared to mandated social service and medical professionals. Educators also reported significantly more cases of physical abuse than the other groups of professionals, although they reported significantly fewer cases of sexual abuse, emotional abuse, and medical neglect compared to other various groups of professionals. The authors suggest that it takes the least amount of training to identify signs of physical abuse, and thus educators may be more likely to recognize this type of maltreatment over others (Kesner & Robinson).

Zellman (1990) presented vignettes to a sample of schools administrators and social workers to determine their overall decision-making process when determining whether or not to make a report based on the often vague guidelines presented in mandates. Results determined that the participants' operational definitions of abuse coupled with the seriousness of the abuse were key contributors to the decision to report. Additionally, participants also considered whether or not they thought reporting would be an efficacious plan to address the suspected abuse. Many participants perceived the report as potentially harming the child, while in other situations thought it would be helpful, and thus this perception greatly influenced the decision to report (Zellman).

Still, findings from these articles indicate professionals may consider key factors in their decision to report, ultimately making decisions on a case by case basis. Further, various training programs may emphasize certain factors over others. As a result, educators may enter the field with a particular view of maltreatment (e.g., which circumstances are most important) based on their education and prior training experiences, which has significant implications for their specific training needs at the inservice level.

Ultimately, these factors seem to contribute to the level of certainty or confidence the professionals feel that the allegations of the abuse are true. For instance, a survey of Australian teachers, support staff, and principals found three key components that seem to make up teachers' and school professionals' overall attitudes towards reporting: (a) commitment to one's role as a reporter; (b) confidence in one's report (in response to child protection agencies); and (c) concerns about what happens after a report is made (Walsh, Rassafiani, et al., 2012). Similarly, out of a large sample of New York City public school personnel including principals, assistant principals, social workers, school psychologists, teachers, nurses, and guidance counselors, all of whom were mandated reporters, the strongest predictor of reporting a suspected case to authorities was the confidence the individual felt that the abuse had actually occurred (VanBergeijk, 2007), thereby strengthening their report.

The decision to report child maltreatment may also be impacted by the educator's current beliefs about punishment and general views of abuse, which may be influenced by the educator's own experience of physical punishment as a child (Bluestone, 2005). For instance, the more physical punishment a sample of undergraduate education and nursing majors reported receiving as children, the more negatively they generally rated physical punishment. Additionally, the more rejected the participants felt as children, the less likely they were to endorse physical punishment (such as spanking) as an appropriate means of discipline (Bluestone). Childhood experiences, then, may impact the degree of seriousness with which a professional views suspicious behavior towards a child, impacting the likelihood they will report their suspicions.

Finally, the professional's role in the school building may influence the responsibility they feel in reporting. Of all of the school-based personnel respondents in VanBergeijk's (2007) sample, including principals, assistant principals, guidance

counselors, social workers, school psychologists, teachers, and nurses across grade levels, school psychologists were 91% less likely to report a suspected case compared to their colleagues. The author speculated that because school psychologists are employed at the district-level and often work across several schools, they might think reporting duties should be left up to full-time staff at the given school.

*Barriers to reporting.* Few studies incorporating mixed samples of educators assessed specific barriers to reporting. However, of note, identified obstacles to reporting included not wanting to make things worse, fear of retaliation from the child's parents (or other perpetrators), and legal problems resulting from reporting (Baxter & Beer, 2007; VanBergeijk, 2007). These barriers seems to considerably impact the decision to report, as each additional perceived obstacle significantly decreased the likelihood the participant would report the suspected case (VanBergeijk, 2007).

### **Teacher Samples**

**Trends in training.** Several researchers have examined pre-professional training programs for teachers across the world, in particular those with mandated reporting laws, to assess their exposure to and training in issues related to child sexual abuse through coursework. Similar trends are noted as with the combined samples described above such that a lack of sufficient training experiences in the area of child maltreatment has potentially contributed to a lack of competency and confidence on the part of teachers in identifying potential cases of child abuse and having knowledge of current mandates and policies.

*Preparation and confidence.* A general lack of training opportunities was identified across several studies for teachers during their training programs as well as professional development. This trend seems to be particularly salient in Australia teacher training programs. Specifically, in Walsh and colleagues (2005) sample of Australian teachers, 50% had received less than 5 hours of training in the areas of child maltreatment and protection, with teachers on average only having 2.8 hours of training across their education and careers.

This finding is consistent with studies specifically assessing training in identifying child sexual abuse. For instance, Goldman (2005) also surveyed student teachers in Australia and found no course was offered specifically focused on child sexual abuse and strategies to implement with victims. Student teachers were only required to listen to a two-hour lecture on the topic and read two assigned journal articles on specific strategies to use in the classroom to teach children about the dangers of sexual abuse. These activities were the student teachers' only exposure to the issue of child sexual abuse throughout their training (Goldman, 2005). Similarly, Goldman (2010) interviewed a sample of student teachers and found respondents were overall concerned with a lack of training in identifying and responding to child sexual abuse. They were unsure of how to report, were worried they may not be accurate in their claims, and overall did not feel adequately prepared to be a mandated reporter. Arguably even more concerning, for many student teachers, their participation in the study was the first time the specific issue of child sexual abuse had been brought up over the course of their training, indicating a serious gap in the curriculum (Goldman, 2010).

In another survey of student teachers in Australia, participants again most endorsed a lack of learning about child sexual abuse, reporting mandates and behaviors (e.g., documenting observations/disclosures, contacting the Department on Education for case consultation), and strategies to utilize with children in schools when responding to disclosure during their pre-professional training (Goldman & Grimbeek, 2009). Interestingly, older female students were more likely to have learned about these issues compared to younger students and male students. For those students who indicated they had learned about these topics, most indicated the source of the training was a practicum experience regardless of age or gender, while younger students specifically relied on media as a potential source of information (Goldman & Grimbeek). Thus, for many teachers, being competent in identifying child maltreatment and reporting suspicions may depend exclusively on the practical experiences in which the professional participated as a student.

This lack of training also impacts the confidence professionals have in their abilities to be mandated reporters. Walsh and colleagues (2005) surveyed primary school teachers in Queensland and found that teachers were generally unsure of their capabilities to identify if a child was being maltreated, in particular if the abuse was of a sexual nature. In regard to Goldman's (2007) sample, despite understanding the importance of their roles in identifying abuse given its high prevalence, only 22% of the student teachers sampled felt confident they could identify specific characteristics of child sexual abuse if needed. Those participants who had completed an assignment on child sexual abuse had much higher confidence in their ability to recognize and report potential cases of child sexual abuse. Still, only 25% of the sample felt prepared to actually report a case if one came up, while less than 25% of the sample fully understood their role in reporting child sexual abuse as a mandated reporter (Goldman).

Similar trends have been observed in the United Kingdom. In a survey of initial teacher training programs in England and Wales, Baginsky and Hodgkinson (1999) found inconsistent coverage of child maltreatment issues in courses. The vast majority of programs indicated they would provide additional training in this area if more funding and time were available. The training programs had little room to fit in any additional coverage of child protection while still satisfying other requirements of the curriculum (Hodgkinson & Baginsky, 2000).

In another sample of teachers in the United States, 40% of the sample indicated they received very little pre-service training related to child abuse while 34% of the sample indicated they received some training on child abuse, albeit insufficient (Kenny, 2001a). In-service training was also viewed as minimal (Kenny, 2001a). Teachers also generally indicated they were unaware of school policies surrounding this topic (Kenny, 2004). Overall, they felt inadequately prepared to identify cases of child maltreatment (Kenny, 2004).

*Knowledge of child abuse, policies, and mandates.* Similar to findings described above, samples of teachers across studies indicate less than ideal levels of knowledge regarding child maltreatment issues, policies at their places of employment, and state mandates dictating their requirements. Orelove, Hollahan, and Myles (2000) surveyed teachers and investigators and found approximately half of the educators

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reported they were very knowledgeable in the area of reporting child abuse suspicions. In fact, 79% of the educators stated their school had a policy on reporting abuse, but only 25% indicated they had been trained on the content of the policy within the three years prior to the study. This sample also noted significant limitations to their knowledge on child maltreatment in regards to abuse of children with disabilities (Orelove et al.), suggesting an additional area of training need.

Goldman and Grimbeek (2008) surveyed student teachers that had recently received their baccalaureate degrees. In this case, approximately 25% of the participants felt as though they were uninformed about content of the policies of the Department of Education in regards to mandated reporting, although they had some working knowledge of the behavioral directives outlined in the policy. Goldman and Grimbeek proposed that perhaps professionals receive greater exposure to the mandated reporting policies once they begin working in the schools as opposed to when they are students preparing for professional work.

Goldman (2010) interviewed a sample of student teachers about their role as mandatory reporters and found many simply did not have the knowledge of how to report. No student teachers mentioned the Department of Education policy mandating teachers to report suspicions of child sexual abuse, nor did they indicate any knowledge of policies at the individual school levels. This was consistent with the sample in Kenny (2001a), where only a fraction (3%) of participants reported knowing the mandated reporting policy of the school within which they worked. Likewise, a majority of the 400 teachers included in Mathews, Walsh, Rassafiani and colleagues' (2009) sample were unfamiliar with some of their legislative reporting obligations as teachers.

Of importance, teachers recognize this lack of training and knowledge and the potential risks it poses. The vast majority of Goldman's (2007) sample of student teachers indicated they wanted to know more about child sexual abuse, in particular because they understood the importance of their role as future educators in identifying children who are at risk. Further, student-teachers rated the university highest when considering where they should learn about topics related to child maltreatment and mandated reporting, citing lectures, tutorials, textbooks, and research positions as potential opportunities for such training (Goldman & Grimbeek, 2009). Thus, students training to become teachers seem to value their pre-service experiences, and thus training programs should focus on incorporating such training into their curricula.

#### Trends in reporting behavior.

*Impact of training on reporting behavior.* Similar to mixed samples of educators, the reporting behavior of teachers seems to be influenced by this lack of training. Specifically, teachers often indicate at least one case in which they suspected child maltreatment was occurring but did not make a report. For instance, in Mathews, Walsh, Rassafiani and colleagues' (2009) survey of teachers, 20% of them who had suspected child sexual abuse at one point did not report their suspicions. Similarly, in another sample, 10% of the teachers who had suspected child maltreatment at some point in their teaching careers had made the decision to not report (Walsh et al., 2005).

Training opportunities and experience seem to mediate this lack of reporting. For example, within the schools that routinely discussed child maltreatment issues, teachers had greater confidence in identifying maltreatment (Walsh et al., 2005). If the teacher reported greater confidence in identifying child maltreatment, they were more likely to correctly detect and report the abuse. Teachers with more years of experience were also significantly more likely to report than teachers with less experience (Kenny, 2001a). Teachers indicated a lack of education and training as playing a part in their perceived inability to report suspected child abuse. Specifically, child abuse was not a main topic in their pre-service coursework, no practice opportunities were provided, and participants were uninformed of legal requirements of reporting (Kenny, 2001a). As a result, it is recommended child protection training begin in teacher training programs and be a requirement for employment to help ensure training programs are on board (Walsh et al., 2005).

Walsh, Mathews, Rassafiani, Farrell, and Butler (2012) assessed past reporting behaviors as well as anticipated future reporting behaviors using the Teacher Reporting Questionnaire with Australian teachers of varying experience. Teachers who knew more about policies were more likely to have reported child sexual abuse in the past compared to teachers who were less knowledge of policies. As expected, teachers who were in late- or middle-careers were significantly more likely to have reported child sexual abuse in the past than early career teachers. Teachers who either were unsure if they had enough evidence (i.e., "reasonable grounds") to report or who were unsure if significant harm was caused to the child were less likely to indicate the intention to report suspected abuse in the future. Teachers who thought there were no school policies requiring they report showed less intention to report future allegations (Walsh, Mathews, et al., 2012).

*Other factors impacting decision to report.* In regard to the decision to report, many teachers seem to choose not to report despite mandates because of the perceived role the school plays in the process. For instance, when teachers chose not to report their suspicions to CPS agencies, most of the teachers (94%) still told their school's administration when they suspected abuse (Walsh et al., 2005). Unfortunately, only 62% of those teachers felt confident the report had been made to authorities from the administrator (Walsh et al.).

Similarly, Kenny (2001a) presented two vignettes of a student disclosing child sexual abuse to the teacher, both of which fit the criteria for mandated reporting in the state where the study took place. For the first case involving child molestation by the student's stepfather, only 26% of the teachers indicated they would report the abuse to authorities. In the second vignette involving child molestation by another teacher at the school, 11% of the participants said they would report. In both cases, more teachers (49% and 64% for each vignette, respectively) reported they would tell an administrator at their school instead.

Demographic characteristics of the professional may also impact reporting behavior. Lawlor (1993) found a significant difference between male and female teachers' knowledge of child sexual abuse such that females had more accurate information. Specifically, male respondents thought child sexual abuse was less common that what "people say," believed most victims were teenagers (as opposed to primary school- aged children), and that most children do not disclose if they have been abused. Further, the majority of teachers indicated they had no students who were victims, which suggests the teachers are not as aware of how to detect child sexual abuse as they should be given its alarming prevalence rates (Lawlor). Female teachers were significantly more likely to report a suspected case or assist in reporting a suspected case of child abuse compared to their male colleagues in Kenny's (2001a) study. Special educations teachers were also more likely to report abuse than general education teachers, despite no significant differences in training on reporting abuse (Kenny).

Consistent with studies of mixed samples of educators, professionals may additionally consider a variety of case characteristics when determining whether or not to make a report. With a sample of teachers from Ohio, O'Toole and colleagues (1999) administered vignettes that described potential abuse by a parent, with nine main variables manipulated: the type of abuse (emotional, physical, sexual); level of seriousness of the abuse (marginal, non-abusive, disciplinary); gender, race, and socioeconomic status of the perpetrator (mother v. father; Black v. White; high v. low SES; perpetrator psychology (positive v. negative); age and gender of the victim; and, victim's behavior (positive v. negative). Each participant received a randomly generated vignette and indicated their likelihood they would report the incident to the proper authorities. The researchers also collected characteristics of teacher participants, including: SES (measured by mother and father's education level and prestige at work); sex; race; marital status; number of children; education history; teaching experience; any administration experience; personal history of abuse (if yes, what type); knowledge of child abuse; beliefs/attitudes about reporting (e.g., benefits and consequences of reporting, potential harm to reputation, problems they or child may face after report); past reporting behaviors; and, organizational demographics (e.g., school size, number of students interacting with per day, type of school, geographical area of school, school procedures for reporting/handling suspicions).

Overall, the seriousness of the abuse and the type of abuse were the greatest predictors for a teacher's recognitions of the vignette as abuse and the likelihood to report (O'Toole et al., 1999). Specifically, sexual abuse and more serious abusive behaviors were more likely to be recognized as abuse and reported. Race and SES of the perpetrator did not appear to have an influence on teacher's recognition or reporting of abuse, nor did individual teacher characteristics or school characteristics (O'Toole et al.).

This is consistent with the finding from Carleton's (2006) study, which also identified that a mandated reporter's perception of the seriousness of the abuse is a significant predictor of their reporting behavior. Additionally, Carleton noted that the mandated reporter's perception of CPS agencies was a significant predictors of the likelihood they would make a report as well.

*Barriers to reporting.* Additional barriers to reporting were noted for teachers than described above from mixed samples. Of teachers who indicated they had suspected abuse but did not report, deterrents for reporting included fear of their report being inaccurate; thinking child protective services would generally not be able to offer help to the child; relying only on the child's self-report without physical evidence; not

wanting to appear foolish; thinking only negative consequences could result for the family and child following a report; thinking reporting is not part of his or her job; worrying about misinterpreting differing discipline styles of diverse cultures; and, not wanting to be involved in legal proceedings (Kenny, 2001a).

These legal concerns may be most influential on the decision to report. The majority of respondents in Lawler's (1993) sample of primary school teachers (both male and female) expressed hesitation to report suspicions of CSA because they were afraid of the legal implications. Teachers who were less concerned about being sued were more likely to think the child was being honest and had more accurate information about the alleged abuse (Lawler). Many Australian student teachers were worried they may not be accurate in their claims when reporting, and thus were wary to report (Goldman, 2010).

Interestingly, the barriers teachers perceive in mandated reporting may differ from those of other mandated professionals. Kenny (2001b) compared training and opinions of a diverse sample of pediatric residents and teachers. Interestingly, physicians made significantly more reports than the teacher population (60% compared to 11% of samples, respectively). Although physicians routinely interact with far more children than teachers do (e.g., number of patients seen compared to number of students in classroom), teachers spend a greater amount of time with a particular child than do pediatricians. Thus, this timeframe potentially has implications on reporting behavior, such that physicians may be more likely to report suspicions because there are fewer ramifications in terms of professional relationships and service provision compared to teachers who will have to work with students and families on a long-term basis. In terms of reasons for not reporting, both groups indicated a large fear that a report may be inaccurate. Teachers additionally indicated fear of not having any physical evidence of abuse and worrying that he or she might look foolish if reporting were primary deterrents (Kenny, 2001a).

### **Social Worker Samples**

Few studies have assessed the training and reporting behaviors of social workers. Delaronde and colleagues (2000) surveyed social workers (half of whom were schoolbased professionals), physicians, and physician assistants on their opinions of the current federal mandated reporting system. As has been found with teacher populations, just over half of the reporters indicated they had not reported all suspicions of abuse throughout their careers. Additionally, the participants indicated case-related variables, specifically the amount of evidence, a belief that child protection agencies do not help, or fear that the child would be removed from his or her house) as significant reasons they were reluctant to report a suspicion (Delaronde et al.).

Another survey of medical professionals and social workers, approximately 40% of which worked in schools or public agencies, found that the highest lifetime proportion of reporting was found in those professionals who had received professional training and education in child maltreatment (King, Reece, Bendel, & Patel, 1998). This significant difference did not seem to have to do with *when* the training took place (for example, in pre-service training versus in-service training); rather, the *amount* of training was more

predictive of reporting behavior (specifically, training greater than 10 hours) (King et al.).

## **Nurse Samples**

Similarly, the literature is scarce with school nurse samples. Eisbach and Driessnack (2010) conducted interviews with nurses, including school nurses, to assess their process of reporting and found several moderators that tend to impact the decision to report. The nurses indicated their own knowledge and comfort in identifying the signs of child maltreatment contributed to their reporting behaviors. In particular, those cases that were not as clear or did not have physical signs of maltreatment were more likely to result in the report not being made. Even nurses who indicated they had received continuing education in the area of child maltreatment were more reluctant to report cases that relied on subjective data (Eisbach & Driessnack).

In a survey of nurses in Australia, including nurses practicing in school health, 21% indicated they had not reported a suspicion of abuse despite government requirements mandating it and despite the vast majority of the participants indicating they knew how to make the report (Fraser et al., 2010). Further, nearly 27% of participants who had reported at least one suspicion also indicated there was a case they had *not* reported, indicating that even those individuals who "follow the rules" sometimes may have instances or cases in which they do not. This seems to further mandate training for *all* school-based professionals, not just those who have not undergone any type of training. Interestingly, approximately 30% of the sample were unaware they could not be held legally responsible for the implications resulting from

their case nor could they be found liable for defamation (Fraser et al.), which has significant implications for training considering these are often key barriers to reporting.

### **Psychologist Samples**

In 1990, the APA created the Coordinating Committee for Child Abuse to establish training opportunities for students across psychology programs (bachelors, masters, and doctoral) and professionals (Champion, Shipman, Bonner, Hensley, & Howe, 2003). The *Working Group on Implications for Education and Training of Child Abuse and Neglect Issues* met to determine how best to incorporate information on child maltreatment into psychology programs and determined programs should do the following for students: train students to define and identify the occurrence of child maltreatment; understand the prevalence of such maltreatment and theories of why it occurs; discuss the professional's role in child protection; and ethics training in assessing, treating, and intervening in cases of child maltreatment (Champion et al.).

In 1992 and 2001, the directors of APA-accredited programs in clinical, counseling, and school psychology were surveyed on their courses, practica experiences, and research opportunities available in the areas of child maltreatment (Champion et al., 2003). In 1992, 33% (51 of 157) of the training programs surveyed indicated they had a course available to students on child maltreatment either within the program's department or in a different department or program. Even fewer programs required such a course. This number actually decreased in the 2001 survey, with only 13% (32 of 142) of training programs having a course available on the topic of child maltreatment. Instead, training directors indicated the topics of child abuse and neglect were included in other courses. The majority of programs indicated the topics were covered over multiple courses, while 7% and 8% of programs in 1992 and 2001, respectively, indicated no coverage of the topics at all across courses (Champion et al.). In 1992 and 2001, only about 20% of programs indicated they offered practicum placements in settings that worked specifically with treatment related to child maltreatment issues (Champion et al.). However, the majority of programs in 1992 and 2001 indicated exposure to the topics of child maltreatment and neglect for students in more general practicum settings.

In 1992, 60% of the training programs indicated several research opportunities were available for students in the area of child maltreatment, which is significantly more programs than in 2001 (47%) (Champion et al., 2003). In terms of courses offered and practicum placements available in the areas of child maltreatment, no significant changes were found over the decades. Findings suggest that it is recognized that this is an area necessary for training based on the practical experiences and research opportunities (although declining) for students (Champion et al.). However, overall training in clinical, counseling, and school psychology still seems to be deficient in terms of the guidelines by the APA *Child Abuse and Neglect Working Group*, not to mention significant differences across training programs.

Generally, little research is available that has examined the specific reporting behaviors and training of school psychologists specific to child maltreatment (Viezel & Davis, 2015). Recently, Lusk, Zibulsky, and Vizel (2015) surveyed school psychologists in New York state and found that the majority of participants believed they were knowledgeable about their requirement to report, although they scored lower than expected on an assessment of child maltreatment. Further, the vast majority of participants noted they often consult with other professionals, including other school psychologists, when faced with suspicions. Additionally, increased training experiences were not found to be related to participants' overall accuracy in identifying maltreatment presented in case scenarios (Lusk et al.).

Additionally, a survey of NASP members from New York who were employed at the time as school psychologists were surveyed about their prior training, reporting behaviors, and knowledge of child abuse and maltreatment (Arbolino et al., 2008). Respondents who indicated they had participated in a course of some kind on the topic of child abuse within the last three years or had made a report in the last three years were more accurate in knowledge and competence of child abuse definitions and risk factors compared to participants who had taken no courses on child abuse or made no reports of suspected abuse (Arbolino et al.).

The majority of participants were somewhat unsatisfied with their training related to child abuse and maltreatment (Arbolino et al., 2008). The psychologists who had been working 11 to 15 years were more dissatisfied with their training and knowledge base related to child abuse than members who had worked 21 to 32 years. A majority of the psychologists, in particular those who indicated they received little to no coursework on the topic of child abuse and those members who had not recently made a report of abuse, indicated interest in future training opportunities related to child abuse

and maltreatment, primarily training on how to work with child victims of abuse (Arbolino et al.).

Another survey of school psychologists found that many encounter ethical dilemmas related to breaking confidentiality, contacting child protective services, and reporting unethical colleagues (Dailor & Jacob, 2011) in their daily practice, despite having clear standards presented by federal and state legislation in addition to professional organizations, such as NASP. Thus, in addition to training on child maltreatment, advanced and multi-level training, comprehensive pre-service training and supervision with a focus on ethics may be necessary to help school psychologists better work through the dilemmas they may face.

Sample of Professionals	Trends in Training				
	Preparation and Confidence	Knowledge of Child Abuse, Policies, and Mandates			
Combined Samples	Lack of formal training <sup>1</sup> Inadequate prepareation <sup>1,2,3</sup> Positive relationship between (a) training and (b) confidence or preparation <sup>2</sup>	Increased awareness of mandates after recent training <sup>2</sup> Majority aware mandates existed, but only 20% had read mandates <sup>1</sup> Special education teachers more likely to have read mandates			
Teacher Samples	General lack of training in teacher preparation programs <sup>4,5,6,7, 10,11</sup> Lack of training negatively impacts confidence and feelings of preparation <sup>8, 9,12</sup>	Limited knowledge of abuse <sup>13</sup> Limited awareness of school policies on reporting <sup>13</sup> Limited awareness of mandates <sup>7,1</sup> Limited knowledge of how to report <sup>6</sup> Desire to learn more <sup>9</sup>			
Social Worker Samples					
Nurse Samples					
Psychologist Samples	Little training outside of coursework <sup>15</sup> Interest in more training <sup>16</sup> d Beers (1990), <sup>2</sup> Hawkins & McCallur				

Table 2. Summary of Trends in School-based Professionals' Training on Issues of Child
Abuse and Mandated Reporting

15Champion et al. (2003), <sup>16</sup>Arbolino et al. (2008)

Sample of Professionals	Trends in Reporting Behaviors				
	Impact of Training on Reporting Behavior	Other Factors Impacting Decision to Report	Barriers to Reporting		
Combined Samples	Educators with training at least one year prior made more reports <sup>1</sup> 20% of sample had suspicions of abuse they did not report <sup>1</sup>	Perpetrator characteristics, harm to victim, nature of abuse, victim demographics, reporters' views of punishment, confidence about actual occurrence of abuse <sup>2,3,4,5,6</sup> Age of professional <sup>2</sup> Role in building <sup>6</sup>	Not wanting to make things worse; fear of retaliation; legal liability <sup>6,7</sup>		
Teacher Samples	Lack of reporting suspicions <sup>8</sup> Correct reports more likely with higher confidence <sup>8</sup> More likely to report if experienced and knowledge <sup>9,10</sup>	Perceived role school plays in reporting process9 Professional's demographics <sup>9,11</sup> Case characteristics <sup>12</sup>	Fear of inaccurate report or, negative opinions of CPS, lack of physical evidence, belief that reporting is not part of job <sup>9,13</sup> Legal implications <sup>11</sup>		
Social Worker Samples	Lack of reporting <sup>14</sup> More reporting if trained <sup>15</sup>		Lack of evidence, beliefs about CPS, fear of child being removed from home <sup>14</sup>		
Nurse Samples	Decreased reporting if unconfident <sup>16</sup>	Less clear evidence <sup>16</sup>	Fear of liability <sup>17</sup>		
Psychologist Samples	More accuracy and competency if trained <sup>18</sup>		Ethical concerns about confidentiality <sup>19</sup>		

Table 3. Summary of Trends in Reporting Behavior of School-based Professionals

*Note.* <sup>1</sup>Hawkins & McCallum (2001), <sup>2</sup>Smith (2006), <sup>3</sup>Smith (2010), <sup>4</sup>Kesner & Robinson (2002), <sup>5</sup>Zellman (1990), <sup>6</sup>VanBergeijk (2007), <sup>7</sup>Baxter and Beer (2007), <sup>8</sup>Walsh et al. (2005), <sup>9</sup>Kenny (2001a), <sup>10</sup>Walsh, Mathews et al. (2012), <sup>11</sup>Lawlor (1993), <sup>12</sup>O'Toole et al. (1999), <sup>13</sup>Goldman (2010), <sup>14</sup>Delaronde et al. (2000), <sup>15</sup>King et al.(1998), <sup>16</sup>Eisback & Driessnack (2010), <sup>17</sup>Fraser et al.(2010), <sup>18</sup>Arbolino et al. (2008), <sup>19</sup>Dailor & Jacob (2011)

### **Summary**

In summary, several studies have assessed training and reporting behaviors in large samples of school-based professionals, including administrators, teachers, social workers, nurses, and psychologists. Consistent trends identified across studies indicate a lack of training opportunity exists for these professionals, leading to low feelings of preparation and confidence in being able to act as a mandated reporter, including a lack of knowledge of the signs of abuse and what specific school policies or state mandates indicate for school-based mandated reporters.

Lack of preparation and confidence may impact the actual decision to report, as researchers find many school-based professionals have chosen not to report their suspicions. Professionals often consider several different variables about the case other than whether or not the alleged abuse poses reasonable harm to the child and they often have personal feelings that may impact their ability to effectively report as mandated. Finally, fear of causing additional harm to the child or of legal implications from reporting seems to be a significant deterrent to school-based professionals in their decision to report. In conclusion, these findings indicate the utility of training opportunities for professionals at the pre- and in-service levels, specifically to address these aforementioned areas and improve professionals' capacity to be mandated reporters.

Taken together, these studies demonstrate the dearth of research available on school psychologists' training, accurate decision-making processes, and confidence in identifying and responding to child maltreatment. The existing research examining other primary professional groups working within schools suggests school psychologists might similarly report a lack of training, confidence, and knowledge in these key areas. Further research is necessary to explore school psychologists' training and confidence in identifying cases of child maltreatment as well as their behaviors related to mandated reporting. This research would better inform training and supervision procedures for school psychologists related to these areas to improve professional competency and ethical practice.

# CHAPTER III METHODOLOGY Participants

### Recruitment

Approval for the study was received through the university's Institutional Review Board, and all participants were treated ethically according to the APA (2010) Ethical Principles of Psychologists and Code of Conduct. Recruitment primarily occurred electronically through the use of e-mail, Listserv, and websites. First, with permission from the Illinois School Psychologists Association (ISPA) President, members of ISPA were contacted directly by the primary researcher using contact information from the ISPA member directory. The researcher initially e-mailed a recruitment letter (Appendix D) that contained a summary of the study, the significance of the study, and a request for the participants to complete the survey by clicking the included hyperlink. The letter also contained information regarding the drawing that was available to participants who completed the survey in its entirety. Additionally, the letter contained a request that the potential participants forward the recruitment information to any colleagues in Illinois that may be interested and eligible for participation. A second e-mail draft was included in this initial recruitment e-mail that the participants could utilize if they chose to forward the survey link to others. In this way, snowball sampling was implemented to maximize

possible participation among practicing and retired school psychologists currently working in Illinois schools.

Regular follow-up occurred with potential participants to help ensure a high response rate necessary for making generalizable inferences. Three weeks after the initial e-mail was sent, a follow-up e-mail was sent to all ISPA members listed in the member directory reminding the individuals of the survey and requesting their participation (Appendix E.) This email contained a notice to disregard the email if the participant had already completed the survey or decided not to participate. A third and final e-mail was sent to ISPA members three weeks after the follow-up e-mail was sent, containing the same information as the aforementioned e-mails (Appendix F). The final e-mail was a closing request for recruitment and informed potential participants that the survey link would expire one week later. Thus, after the initial recruitment email was sent, potential participants were given seven weeks to access and complete the survey.

In addition to the member directory, the initial e-mail script was also posted to the ISPA Email Listserv to recruit participants. The ISPA Email Listserv is made available to ISPA members and non-members who request access electronically, and therefore practicing school psychologists in Illinois who were not ISPA members at the time of the study were potentially recruited by this means. Recruitment information about the study was also made available to visitors to the ISPA website's Member Resources webpage (http://www.ilispa.org/member-resources/) (Appendix G), which contained a section specifically for online research surveys currently being conducted by ISPA members.

Participants were also recruited through the professional networks of the researcher and committee members. In particular, the program directors and faculty of seven NASP-accredited school psychology training programs in Illinois were emailed. There are eight NASP-accredited school psychology training programs in Illinois, including the institution with which the researcher and committee members are affiliated; this university was excluded from the list, and therefore only seven institutions were included in recruitment. The researcher and committee members each additionally e-mailed any practicing or retired school psychologist colleagues currently working in Illinois school settings. The researcher and committee members utilized the same initial e-mail script used with ISPA members described above, and therefore the e-mail contained information about the survey, participation, and a request for participants to forward on the study information to colleagues. Finally, informational cards were also distributed at the ISPA Fall Conference in October 2014 to recruit potential participants (Appendix H).

## Sampling

Participants consisted of 191 practicing and retired school psychologists in the state of Illinois currently working in prekindergarten through twelfth grade school settings. Because mandated reporting laws and definitions of child maltreatment vary by state, the current study was narrowed to focus only on practicing school psychologists in the state of Illinois. This narrowed focus ensured that an accurate assessment of training, knowledge, confidence, and competence was captured. To maximize participation in the study, the study utilized snowball sampling.

Approximately 1,100 ISPA members, professional colleagues of the researcher and committee members, and/or faculty of the seven NASP-accredited training institutions in Illinois were e-mailed directly to recruit for participation in the study. Further, it is estimated an additional 1,430 individuals (including ISPA members included in the number above and non-members) had access to the ISPA E-mail Listserv. The specific number of individuals who accessed the ISPA Member Resources webpage to gain access to the study material is unknown. It should be noted some participants might have been recruited to participate through more than one means. Further, all potential participants had the opportunity to forward the study's information to their own colleagues. As a result, due to the snowball sampling technique employed for this survey and the numerous means of recruitment, the exact number of potential participants who accessed the recruitment materials is unknown.

A total of 357 people accessed the hyperlink and initiated the survey. Of those individuals, 3 people indicated they did not consent to participation, and therefore did not complete the survey. Sixty-one of those individuals did not pass the initial screener, indicating that they did not currently work in kindergarten through twelfth grade settings as a practicing school psychologist, and thus they were taken to the closing page of the survey via skip logic. Finally, 44 individuals consented to participation and passed the screener, but withdrew from the survey prior to answering any items.

Of the 249 remaining individuals who accessed the survey, 33 withdrew at some point during one of the three vignette questions. Eleven participants dropped out during the section inquiring about pre- and post-service training opportunities. Six participants withdrew their participation during the section relating to confidence in being a mandated reporter, while three participants withdrew during questions about supervision. Finally, four participants withdrew participation prior to completing the demographic section on the survey.

A total of 191 participants completed the survey in its entirety and therefore were included in the final analysis. Demographic data for the participants utilized in analysis are presented in Table 4. Characteristics of participants' work settings are presented in Table 5. Of the 191 respondents who completed the survey in its entirety, 87.4% (n = 167) were female and 12.6% were male (n = 24). Most participants identified as White (89.0%; n = 170), followed by Black or African-American (4.7%; n = 9), Asian (2.1%; n = 4), multiple races (2.1%; n = 4), prefer not to answer (1.6%; n = 3), and Native Hawaiian or other Pacific Islander (0.5%; n = 1). Thirteen participants (6.8% of the sample) identified as Hispanic or Latino. Participants ranged in age from 23 years to 68 years (M = 39.27 years, SD = 11.64 years), and 58.1% of participants (n = 111) reported they are a parent.

The majority (62.3%) indicated their highest degree was the Specialist degree (n = 119), followed by a Masters degree (18.3%; n = 35), Ph.D. (11%; n = 21), Ed.D. (5.2%; n = 10), and Psy.D. (3.1%; n = 6). Five participants additionally noted they had completed the majority of a doctorate program, but currently had a Masters degree (e.g., all but dissertation). Additionally, several participants indicated they received additional certifications in Administration (e.g., Type 75 certification; n = 16), and many participants reported teaching credentials (e.g., teacher certification in specific subject

area, special education teacher certification; n = 16). Five participants reported additional degrees or certifications in Educational Leadership, and one participant indicated he or she had certification in behavior analysis (BCBA). Three participants indicated they are Licensed Clinical Professional Counselors (LCPC) and three participants reported they are Licensed Clinical Psychologists (LCP.) Regarding membership in professional organizations, 64.4% of participants reported they are members of NASP (n = 123) and 81.2% indicated they are members of ISPA (n = 155). Additional organizations noted by participants were the Chicago Association of School Psychologists (n = 2), the American Psychological Association (n = 2), the Council for Exceptional Children (n = 2), the Association for Supervision and Curriculum Development (n = 1), the Illinois Psychological Association (n = 1), the American Orthopsychiatric Association (n = 1), the Northern Illinois School Psychologist Associations (n = 1), and the Illinois Alliance of Administrators of Special Education (n = 1).

ISPA published an article (Scott, 2009) describing the results of a large-scale survey of ISPA members and NASP members from Illinois to obtain information of typical certified school psychologist demographics in the state. Of the survey respondents, 79% of participants were female, and 88% identified as Caucasian. Overall, 84% of participants indicated they work primarily as a school psychologist, 9% of participants percent identified as interns, 3% of participants were members of university faculty, 3% of participants were administrators, and 5% of participants noted other occupations (Scott). NASP recently published a similar study describing the results of a large-scale survey on school psychologist demographics (n = 1272) across the country (Curtis, Castillo, & Gelley, 2012). Just over 75% of all practicing school psychologists were female and an even greater majority, approximately 90%, identified as Caucasian. Thus, the school psychologist population in Illinois (Scott, 2009) appears to be consistent with the nation-wide population regarding gender and ethnicity (Curtis et al.). Additionally, according to the NASP survey (Curtis et al.), over 80% of the entire sample reported practicing school psychology in the schools, which is also similar to the percentage reported in Illinois. Further, approximately 30% of the school psychologists working in the schools practiced with a master's degree, approximately 54% of respondents practiced with a specialist degree, and approximately 17% of respondents practiced with a doctoral degree in school psychology. Just over half of the entire sample obtained a National Certification in School Psychology, and over 86% of all school psychologists held certification from a state education agency.

Although the information from these two surveys has its limitations (e.g., some demographic results include school psychologists working as faculty at universities), these survey results reflect the most representative assessment information describing demographic criteria for the field at state- and nation-wide levels. In comparing the sample of the current study to the larger populations described in Scott (2009) and Curtis and colleagues (2014), the sample for the current study was similar in that the majority of the sample was female and Caucasian. The sample was different from this national sample in that a greater majority of participants practice with their Specialist degree.

Participants reported a wide range of work experience, from working as a school psychologist for less than 1 year to 43 years (M = 11.95 years; SD = 9.99 years). Regarding their placement at their current school(s), participants reported working from less than 1 year to 35 years (M = 7.21 years; SD = 7.30 years). The majority of participants worked at elementary settings (kindergarten through fifth grades) (67.5%; n = 129), followed by middle schools (sixth through eighth grades) (55.5%; n = 106) and high schools (ninth through twelfth grades) (42.4%; n = 81). Additionally, 57.1% of the sample reported working in pre-kindergarten settings (n = 109), two participants reported working within an early childhood setting, and three participants indicated they work with students up to twenty-two years of age.

The size of the districts within which participants reported working also varied significantly. Participants reported working in settings with student bodies ranging from 30 to 17,000 students (M = 1422.83 students; SD = 1721.31 students; Median = 1100.00 students). The majority of participants reported working in suburban schools (61.3%; n = 117), followed by urban settings (23.0%; n = 44) and rural settings (15.7%; n = 30). Six participants additionally noted their districts covered multiple geographic regions. Finally, participants reported serving students from a mix of socio-economic statuses, including low-income (64.4%; n = 123), lower-middle class (64.9%; n = 124), uppermiddle class (42.9%; n = 82), and upper-class (18.3%; n = 35).

Characteristic	М	SD	п	% of samp
Gender				
Male			24	12.6
Female			167	87.4
Other/ Prefer not to answer			0	0.0
Age (years)	39.27	11.64		
Race				
White			170	89.0
Black or African-American			9	4.7
American Indian or Alaskan Native			0	0.0
Asian			4	2.1
Native Hawaiian or other Pacific Islander			1	0.5
From multiple races			4	2.1
Prefer not to answer			3	1.6
Other			0	0.0
Ethnicity				
Hispanic or Latino origin or descent			13	6.8
Non-Hispanic or Latino origin or descent			178	93.2
Parent Status				
Yes			111	58.1
No			80	41.9
Highest Degree in School Psychology				
Masters			35	18.3
Specialist			119	62.3
Ph.D.			21	11.0
Ed.D.			10	5.2
Psy.D.			6	3.1
Other Educational Degree/Certification/License			-	
Yes			72	37.7
No			119	62.3
Years Experience	11.95	9.92		

Table 4. Demographic Characteristics of Participants

Characteristic	M	SD	Median	п	% of sample
Number of Students Enrolled in District	44860.58	111871.31	4500.00		
Number of Students Enrolled at School(s) Served	1422.83	1721.31	1100.00		
Grade Levels Served					
Pre-kindergarten				109	57.1
Elementary				129	67.5
Middle School				106	55.5
High School				81	42.4
Other				5	2.62
Type of District					
Urban				44	23.0
Suburban				117	61.3
Rural				30	15.7
Other				0	0.0
Type of Student Body					
Low-income				123	64.4
Lower Middle-class				124	64.9
Upper Middle-class				82	42.9
Upper-class				35	18.3

Table 5. Characteristics of Participants' Work Settings

## Procedure

Utilizing the aforementioned participant recruitment plan, a link to the online survey was provided to potential participants. Upon clicking the link, participants were directed to a page describing the study and their involvement as participants. The first page of the "School Psychologists as Mandated Reporters Questionnaire" contained the informed consent page. See Appendix C. In addition to a description of the study, this form also contained a description of the risks and benefits to participating. The participants were informed that moving forward through the survey acted as their consent to participate anonymously in the study. However, they could withdraw from the study at any time by discontinuing the survey. Following consent, participants indicated if they were currently working in Illinois in kindergarten through twelfth grade schools as practicing or retired school psychologists. Only those participants who indicated they were currently working in these settings were able to continue on to a series of survey items; participants who did not pass this screening question then proceeded to the closing page of the survey via skip logic. The researcher and committee members did not have any knowledge of the identity of the participants beyond potentially knowing about their working in a broad geographical region of the state of Illinois.

An incentive was provided to participants who completed the survey in its entirety. Participants were notified in the recruitment materials and once they accessed the survey link that they had the opportunity to be awarded one of two \$50 gift cards to Target after completion of the survey. Instructions to enter the drawing were provided on the closing page of the survey once participation was complete. Specifically, the participants were instructed to send an email with the subject line "Mandated Reporting Survey" to the address *mandatedreportingsurvey@gmail.com*. The body of the e-mail contained the participant's name, e-mail address, and phone number by which he or she could be reached if awarded a gift care. This email account was accessible only by the primary researcher, and thus only she knew the status of each individual's participation. Further, this method ensured all participants who completed the survey had the opportunity to win the drawing and receive their prize while their specific responses on the survey remained anonymous, as the participants' contact information was not tied to any results from the survey. At the conclusion of the data collection phase, the researcher gathered all of the contacts emailed to her and drew two participants randomly from this pool. These participants were notified by the contact information provided and arrangements were made to deliver the gift cards to them by mail.

### Instrumentation

The current study primarily utilized a cross-sectional survey method for data collection, though a self-administered self-report online questionnaire. Survey research is the preferred type of data collection procedure for the current study for several reasons. First, surveys are typically best for describing and explaining opinions, attitudes, and traits of a particular group of individuals (Babbie, 1990). Additionally, surveys are an effective means by which to generalize findings from a small sample to the larger population it represents, as it allows for general and specific assessment of variables that can be easily replicated and retested (Babbie).

For the current study, the use of a survey also allowed the researcher to elicit specific information from the participants regarding their knowledge, past reporting behaviors, past and current training experiences, and satisfaction (Babbie, 1990). Additionally, the use of a survey also aided in exploratory inquiry of these particular topics (Babbie). This flexibility in certain response formats allowed the participants to elaborate on key constructs, such as factors influencing decisions. For instance, as described in greater detail below, some items on the questionnaire contained a list of items from which the participants chose their responses, whereas other items contained a text box giving the participants freedom to describe and explain their responses in greater detail in their own words.

The use of a questionnaire with this design allowed for direct comparisons among the participants' responses, as well as further exploration of the key variables under investigation (Babbie, 1990). The variables identified in this research study specific to school psychologists have been relatively unaddressed in the literature, and there does not yet exist a normed or established measurement of school psychologists' experiences in the areas of training in child maltreatment and mandated reporting. Therefore, a combined close- and open-ended questionnaire, such as the survey utilized in the current study, helped to safeguard against threats of validity. Specifically, the development of the survey was based on two previous surveys utilized for research on similar topics with different school-based professionals (e.g., teachers). Although it is most likely that the format and content of these previously established measures was appropriate and relevant in addressing these topics with a school psychologist sample, it is possible there were additional experiences or perspectives unique to school psychologists. Thus, if the survey was too narrow and contained limited response options, the researcher ran the risk of missing crucial information that may better explain the true state of the research topic. Thus, giving the participants the opportunity to expand on their responses likely prevented this from occurring and also provided additional information to improve the measurement tool for future research.

As previously noted, the current study utilized a modified combination of two surveys designed to assess the knowledge and reporting behaviors of mandated reporters working in schools in order to assess the research questions with a school psychologist sample. Each of the original surveys, the "Educators and Child Abuse Questionnaire" and the "Teacher Reporting Questionnaire," is described in detail below. Then, the structure and development of the survey utilized in the current study is discussed in greater detail.

# "Educators and Child Abuse Questionnaire"

The "Educators and Child Abuse Questionnaire" (Kenny, 2001c) was a self-report survey designed to assess the knowledge and reporting behaviors of mandated reporters (Appendix A). This survey was designed specifically for use with teacher and counselor populations and assesses several areas related to child maltreatment. First, participants identified their own demographic characteristics, including the type of position they hold, highest educational degree obtained, and years of service in education. Second, the survey contained definitions of the four types of child maltreatment according to Florida law (where the researcher sampled) and participants indicated if they had made a report to CPS agencies for suspicions of those types of child maltreatment. If the participants indicated yes, they then indicated the number of reports made. Participants also indicated if there were times when they suspected abuse but did not make a report, followed by the reasons that impacted their decision not to report.

Third, participants described their pre-service training in child maltreatment and reporting, what areas they thought were lacking in their training, and the overall quality of their training. Fourth, participants indicated their attitudes related to their competencies in identifying cases of abuse, knowledge of mandated reporting procedures, and attitudes towards corporal punishment using a five-point scale. Finally, two vignettes were presented, and participants indicated if they would report to CPS agencies and the specific reasons that may have impacted their decision not to make a report.

In developing the measure, this survey was administered to two panels of experts on mandated reporting consisting of educators and clinical psychologists (Kenny, 2001b; Kenny, 2004; Kenny & McEachern, 2002). Following this pilot, revisions were made to the survey accordingly. Additionally, the author consulted with supervisors working at the Florida child protection agency (the state in which the survey was developed) to confirm the case vignettes representing child maltreatment were in fact reportable by law (Kenny, 2001b).

# "Teacher Reporting Questionnaire"

The current study also incorporated the "Teacher Reporting Questionnaire" (TRQ) self-report measure developed by Mathews, Walsh, Butler, and colleagues (2009) in assessing the training, supervision, and reporting behaviors of a school psychologist sample (Appendix B). The development of the TRQ was informed by Australian State legislation and policies with the purpose of assessing teachers' mandated reporting behaviors during times of suspected child maltreatment (Mathews, Walsh, Rassafiani et al., 2009). Further, the authors wanted to assess the potential relationship between knowledge of reporting mandates and actual or anticipated reporting behavior.

The TRQ contained items to collect information on eight primary topics. These included: (a) participant demographics; (b) role in the workplace; (c) past education and training experiences; (d) history of reporting behaviors; (e) attitudes about reporting; (f)

knowledge of reporting mandates by policies; (g) knowledge of reporting mandates by law; and (h) responses to case scenarios (Mathews, Walsh, Butler, 2009; Mathews, Walsh, Rassafiani et al., 2009). Item formats varied between yes/no/unsure responses, five-point scales (strongly agree to strongly disagree; no confidence to a great deal of confidence), fill in the blank responses, and multiple-choice options assessing knowledge.

According to Mathews, Walsh, Rassafiani, and colleagues (2009), prior empirical studies were utilized in designing the case scenarios in the survey. Further, the authors incorporated prior knowledge of the indicators of various forms of child maltreatment in their survey design. In assessing the survey's validity, the authors of the TRQ piloted and revised the survey following its review by an expert panel of teachers, in addition to a structured focus group, interviews, and field-testing with a sample of teachers (Mathews, Walsh, Rassafiani et al., 2009). Walsh and colleagues (2010) describe this validation process of the TRQ in more detail, specifically on the scale of the TRQ measuring teacher's attitudes towards reporting. This scale was found to have moderate internal consistency ( $\alpha = .75$ ) and preliminary evidence of content validity. Additionally, teachers noted the ease of taking the survey and indicated face validity of items.

### "School Psychologists as Mandated Reporters Questionnaire"

**Survey structure.** The survey utilized in the current study is included in Appendix C and was made available to participants electronically through Survey Monkey. The survey was accessible via a hyperlink provided in the recruitment materials as described above, and it was estimated the survey took approximately 30 minutes for each participant to complete. Skip-logic was utilized to prevent participants from answering questions that did not apply to them. For instance, if a participant indicated that he or she had never made a report to CPS agencies, then he or she bypassed subsequent questions inquiring about the specific number of reports made.

*Informed consent.* Upon clicking the survey hyperlink, the participants read a brief description of the survey outlining their role as research participants, including possible risks of participating and the anticipated benefits of the research to the field of school psychology, in conjunction with the requirements put forth by the Institutional Review Board at the researcher's primary institution. The participants were also made aware that their participation was voluntary and anonymous, and they could withdraw from the study at any point by discontinuing the survey. Finally, participants also read a statement describing an incentive for complete participants' informed consent to be a part of this research study.

*Eligibility to participate.* After consent was received, participants first indicated if they were or were not a practicing school psychologist in a kindergarten through twelfth grade setting in the state of Illinois ("yes/no/ I'm not sure" response format). If participants indicated "no" or "I'm not sure," they progressed to the end of the survey via skip logic and were thanked for their participation. This screener ensured that only the opinions, knowledge, and experiences of school-based practitioners in Illinois were assessed in the study.

*Case vignettes.* For those who were eligible to participate, the second section of the survey contained three vignettes presented individually, each describing a scenario relevant to the role of a school psychologist in school settings (e.g., evaluator, interventionist.) Each vignette depicted interactions between a child and a caregiver, and was designed to elicit suspicions of child maltreatment in which there was reason to suspect potential harm might be occurring to the child. None of the vignettes contained proof that child maltreatment had occurred; rather, they each required the participants to make decisions as a mandated reporter based on possible occurrences of maltreatment.

After each vignette, the participants described which information about the case was particularly notable to them, and then indicated the step(s) they would take next from a list of possible options (e.g., consult with colleagues; make a report; call the police; do nothing). Using a "yes/no/I'm not sure" response format, the participants then indicated if they thought there were reasonable grounds for suspecting child abuse had occurred and if the child's physical and/or emotional/psychological wellbeing had been harmed or was likely to be harmed. Next, the participants were asked directly if the mandates put forth by the Illinois Department of Child and Family Services (DCFS) required them to report this case. Finally, each vignette section closed by asking the participants to indicate if they would report this case to DCFS (yes/no) and the level of confidence they had in their decisions, measured on a five-point Likert scale from "not at all confident" to "confident".

Completion of the case vignettes and accompanying items was required before the participants were able to move forward in the survey. Further, participants were unable

to go back to the case vignettes after reading the survey questions to ensure the decisions and reactions measured in the case vignette section accurately reflected the current abilities and confidence of the participants.

*Pre-service training experiences.* Next, the participants responded to nine questions asking about the types of pre-service training experiences encountered related to topics and issues related to child abuse and mandated reporting as well as the participants' perceived adequacy and overall satisfaction with their training in these areas. Specifically, the participants were asked separately if they had training on issues and topics related to child abuse and mandated reporting as part of their school psychology training programs ("yes/no/I'm not sure or I don't know" response format).

If the participants indicated issues related to child maltreatment and/or mandated reporting were addressed during pre-service training, the participants then selected from a list of options the ways in which the topic(s) were addressed (e.g., lectures, project, practicum, research, other-please specify). Then, using a five-point Likert scale from "inadequately" to "adequately," the participants noted on separate items if they perceived their pre-service training prepared them to: (a) identify indicators of child abuse; (b) follow mandated reporting procedures for suspicions of child abuse; and, (c) provide support and services for children suspected of being victims of child abuse. Finally, the participants indicated their level of satisfaction with pre-service training on topics of child abuse and mandated reporting using five-point Likert scales from "not at all satisfied" to "satisfied."

*Post-service training experiences.* Following this, the participants completed the exact same set of questions as described in the prior section with a focus on their post-service training experiences. Question and response formats were identical, with the added instruction to the participants to consider any training opportunities experienced following completion of their graduate programs in school psychology (e.g., in-service training, workshops, consultation/collaboration with community agencies, consultation/collaboration with universities or institutions, other-please specify). The participants additionally indicated the total number of training hours completed in topics related to child abuse and mandated reporting, as typically such continuing education opportunities for school-based professionals are tracked by hours completed.

*Knowledge of child abuse indicators and reporting mandates.* The next section contained a prompt for the participants to briefly describe what they know about mandated reporting in Illinois as required by DCFS. The participants were provided a text box in which they were able to type any information they wished to communicate.

*Confidence as a mandated reporter.* Following this section, the participants reported their levels of confidence, generally, in their ability to identify indicators of child abuse and report suspicions of child abuse as outlined in state mandates. The items were addressed separately, and the participants responded using a five-point Likert scale from "not at all confident" to "very confident."

*Previous reporting behavior.* In order to gain an understanding of the previous experiences the participants had in making reports as a mandated reporter, the participants next answered a series of questions targeted at past reporting behaviors and

decision-making processes. The participants first indicated if they had reported child abuse in the past ("yes/no/I'm not sure" response format). If the participants indicated they had reported child abuse, the participants noted the specific number of cases reported. Next, the participants indicated if they ever suspected child abuse but had decided not to report it ("yes/no/I'm not sure" response format).

If the participants indicated this had happened in the past, they then proceeded to an additional set of questions asking them about the factors that potentially impacted their decision to not report their suspicions. Specifically, the participants indicated if they would have reported had legislation or school policies required them to report the case (asked separately; "yes/no/I'm not sure" response format). Then, the participants completed an item matrix on which they indicated the levels of importance various factors had in influencing their decision not to report (e.g., fear of being sued; fear of causing more harm to the child; did not have enough evidence). Participants noted each factor's importance on a five-point Likert scale of "not at all important" to "important," and they also had the opportunity to specify any other factors impacting their decision not included in the matrix.

*Supervisee experiences.* To better understand supervision practices for practicing school psychologists, the participants then completed questions inquiring if they had received any supervision as practicing school psychologists (currently or in the past) related to issues of child abuse and/or mandated reporting ("yes/no/I'm not sure" response format), including total number of hours of supervision received in these areas.

The participants then were provided space to describe their experiences as

supervisees and they were asked to elaborate on the format, style, and frequency of supervision related to issues of child abuse and mandated reporting if they indicated they were currently supervised. The participants also described their ideal supervisory relationships and experiences from their own perspectives as supervisee. Finally, the participants indicated their overall levels of satisfaction with supervision received on these topic areas on a five-point Likert scale from "not at all satisfied" to "very satisfied."

*Supervisor experiences.* Following this, the participants completed an identical set of questions as described in the prior section with a focus on their experiences supervising other school psychologists or school psychology graduate students on topics and issues related to child abuse and/or mandated reporting. Question and response formats were identical to those in the Supervisee experiences survey section.

*Work Information.* The next section of the survey inquired about the participants' work setting. The participants indicated their highest degree earned in school psychology, how long they had worked as a school psychologist, and how long they had worked as a school psychologist in their current setting. Next, the participants described demographic information about the school(s) within which they work, including the size of the district and individual school(s), the type of geographical area in which the school is located (e.g., urban; suburban; rural), and the general socio-economic status of the study body at the school in which the participants worked.

*Demographic information.* The survey concluded with a section eliciting basic demographic information from the participants, including their gender, age, race, and ethnicity. Each participant also indicated if he or she was a parent and if he or she had

received an educational degree, certification, and/or licensure in a related field. Finally, participants indicated of which professional organizations in school psychology or related fields they were active members, if any.

*Closing.* Following completion of the study, the participants were led to a page with closing remarks. This page contained a statement thanking the participants for taking part in the study, briefly reiterating the importance of the study. The primary researcher's contact information was made available, and the participants were prompted to contact the researcher if they had any questions, concerns, or comments about participation in the research study. The participants were also prompted to send his or her basic contact information to the designated e-mail address in order to enter the drawing. Finally, the participants had an opportunity to submit their personal contact information if they were willing to be contacted for follow-up questions regarding the content of this survey.

**Survey development.** For the purposes of the current study, sections of the previously described established surveys were combined and modified to better align with the current study's research questions and highlight the roles and responsibilities of school psychologists working in Illinois schools. Specifically, the "Educators and Child Abuse Questionnaire" (Kenny, 2001c) assessed several of the constructs being explored in the current study in a well-organized and user-friendly format. Thus, Kenny's survey was utilized as a format guide for the current study's survey. Further, the wording of several items was utilized in the current study, in particular items relating to attitudes and

beliefs about competencies as a mandated reporter, previous reporting behaviors, demographic facts, and types of training experience.

Additionally, the TRQ (Mathews, Walsh, Butler et al., 2009) was a comprehensive tool to assess participants' knowledge of child abuse indicators and mandates and policies regarding child maltreatment, the amount of training received in the areas of child maltreatment identification and reporting, the number of cases reported, and the circumstances surrounding reporting behavior as they relate to mandates. Thus, the formatting and item content of certain sections of the TRQ was utilized in the survey development for the current study, with modifications to reflect the mandates of Illinois law. Specifically, the TRQ provided comprehensive response options to assess different factors impacting the decision to report suspicions of abuse.

Based on this information, the following sections described the development of the relevant survey sections to each of the primary variables measured by the current study. The order of the variables presented below is aligned with the study's research questions above, but is not reflective of the order of items as they appeared on the survey.

*Training experiences.* The current study assessed the specific ways practicing schools psychologists were trained at the pre-service level and the continuing training opportunities made available as practitioners in the areas of child maltreatment and mandated reporting. The majority of items in these survey sections were pulled from the Educators and Child Abuse Questionnaire and the TRQ and expanded to apply to the typical practicing school psychologist. Specifically, the current survey contained direct questions inquiring about the types of training experiences during training to become a

school psychologist as well as the participants' feelings of satisfaction related to their training. Questionnaire items were modified from the previously established measures to inquire about training related to issues of child maltreatment and training related to mandated reporting separately, as it may have been possible that the participants had some training in one, both, or neither areas.

Additionally, regarding the participants' opinions of their training, the participants were asked to separately indicate the overall adequacy of training in preparing them to notice indicators of abuse, follow mandated reporting procedures, and provide support for the child and/or family. These questions were added to the survey because they aligned with common barriers to reporting suspicions of abuse as identified in the literature, and these perceptions of adequacy of training may be related to the participants' confidence in carrying out their role as mandated reporter.

Another modification from the previously established measures was the current study's focus on training experience as a practitioner. According to School Psychology: A Blueprint for Training and Practice III (Ysseldyke et al., 2006), there should exist not only a focus on preparing future school psychologists at the pre-service level in their training programs, but also a focus on professional practice consistent with legal and ethical standards. This warrants participation in professional development and continuing education. Additionally, practicing school psychologists should be aware of their own biases and limitations as a professional, which calls for increased training opportunities at the in-service level to address these fluctuating states of competency. Thus, a large section of items on the current survey assessed the participants' experiences post-service on topics or issues related to child maltreatment and mandated reporting to provide insight into how current training trends at the practitioner level do or do not fit in to the proposed standards set forth by professionals within the field.

The response options for specific items related to perceptions of adequacy and satisfaction were in scale format, specifically continuous scales, which allowed participants to indicate a degree of each construct that best fit their opinions or experiences, while still allowing for comparisons among participants. As recommended in Babbie (1990) and DeVellis (2003), the response options of each scale contained equally weighted intervals such that any adjacent pair of responses represented the same degree of difference. Additionally, the ends of each scale were weighted to represent the weakest and strongest degrees of the construct, with the weakest degree always presented on the lower (left) end of the scale and the highest degree always presented on the higher (right) end of the scale. Further, all scales included an odd number of responses (specifically, five) to allow for a neutral midpoint (Babbie; DeVellis).

Finally, following each scale item, the participant had the opportunity to provide a rationale for the response he or she provided. As noted above, this elaboration allowed the researcher to obtain a greater depth of understanding of experiences related to child maltreatment and mandated reporting training.

*Knowledge of child abuse indicators and reporting mandates.* Additionally, the survey helped the researcher understand what knowledge practicing school psychologists had of child abuse indicators and mandated reporting mandates and policies. This purpose was primarily achieved through the use of three case vignettes depicting

suspicious interactions between a child and caretaker that warrant additional action on the part of the school psychologist. The three vignettes were largely based on the vignettes presented in the TRQ; however, they were modified to be more representative of situations commonly experienced by school psychologists as opposed to teachers. For instance, rather than indicating the child is a student in the participant's classroom, the current survey created a scenario in which the participant was observing a student in a classroom during implementation of a bullying prevention program.

The behavioral and emotional symptoms of each of the three students in the case vignettes were replicated from the scenarios of the TRQ. The case vignettes were also modified to represent suspicions of child abuse rather than the definite occurrence of child abuse. To do so, the researcher removed direct disclosures about abuse made by the student in the vignettes of the TRQ. Instead, in the current survey, participants were required to glean information from the vignette, compile it, and consider whether or not the information taken together provided reasonable grounds for reporting the caregiver based on their knowledge of reporting mandates. In all three cases, there was sufficient information to warrant a report based on suspicions consistent with ANCRA (2010) of Illinois. The skill of considering if there are reasonable grounds to report suspicions has been identified as an area of difficulty for many school-based professionals and the professionals' uncertainty of having sufficient information has often been cited as a factor impacting his or her decision to report (Eisback & Driessnack, 2010; Goldman, 2010; Kenny, 2001a). Thus, the current version of the case vignettes allowed for more exploration of these issues compared to the original formats of the vignettes in the TRQ.

After reading each vignette, the participants indicated if they had reasonable grounds for suspecting child abuse, and if they thought significant harm had been caused or was likely to be caused to the child's physical and/or psychological/wellbeing. These wording presented in the items mimics the language utilized in ANCRA (2010) and will thus reflect the participants' knowledge of child abuse indicators and reporting mandates. The format of this set of questions was taken from the TRQ. However, a component was added in that the participants also described in their own words the reasons a particular response was indicated, allowing the researcher to further analyze specific thought processes in decision-making. As done on the TRQ, the participants also indicated whether or not DCFS required them to report this case, which was then used to determine if they were knowledgeable of what is required of a school-based professional as a mandated reporter.

An additional item was added to the current study to assess the participants' knowledge of reporting mandates. Participants were provided a text box within which they were prompted to briefly describe what information they know about mandated reporting in the state of Illinois as required by DCFS. This item was added to complement the previously described items and provide a more holistic picture of the participants' current understanding and knowledge, both general and specific to the case vignettes.

*Decision to report.* School psychologists' accuracy deciding to report suspicions of child maltreatment was measured with this survey. After reading each vignette, the participants were provided a text box to describe the notable information about the case.

Although this method was not utilized in the Educators and Child Abuse Questionnaire or the TRQ, the researcher added it to the current survey to promote understanding of the specific behavioral and emotional symptoms and situational factors the participants noted as they considered the amount of potential risk to the child. This format of response was chosen over selecting options from a list so as not to sway the participants' responses or lead them in any way, allowing for a more accurate understanding of identifying potential child abuse indicators.

Following this, the participant selected from a list of options the steps they would take after experiencing the situation in the vignette. The possible responses ranged across a variety of potential action steps, from doing nothing to calling the police or reporting, and were taken directly from the Educators and Child Abuse Questionnaire. Three additional responses were added to coincide with identified factors identified in the literature to often impact a professional's decision to not report. Specifically, "conduct additional observations of the child," "call the police," and "try to find out more information to confirm or rule out suspicions" were added because researchers have found that participants often indicated they did not make a report to CPS agencies when they suspected child abuse because they felt they did not have enough evidence to "prove" the abuse had occurred (Delaronde et al., 2000; Goldman, 2010; Kenny, 2001a). The participant also had the option of indicating any additional action not included in the list.

Consistent with item format of the Educators and Child Abuse Questionnaire and the TRQ, the participants additionally indicated whether they would or would not report this behavior as suspected child maltreatment according to mandated reporting laws. This final decision was taken together with the participants' actions following the particular scenario, their decision-making process, and rationales for each decision to indicate if the participants accurately identified suspicions of child maltreatment.

*Confidence.* The survey also measured the levels of confidence practicing school psychologists felt in their ability to accurately identify and report suspicions of child maltreatment. The participants indicated their confidence in the specific decision made after each case vignette, as well as a general level of confidence the participants have related to their roles of mandated reporter. Similar to items on perceptions of adequacy of and satisfaction with training described above, items related to the participants' confidence were also in scale format to represent a degree of confidence on which each participant could then indicate the option that best fit his or her overall perceived level. As outlined above in Babbie (1990) and DeVellis (2003), these continuous scales were weighted with the lowest and highest degree of confidence on each end (left and right, respectively) of the scale, with five response options of equal intervals including a neural midpoint.

*Previous reporting behaviors.* The survey contained items inquiring about previous reporting behaviors engaged in by participants, including if (and why) participants chose not to make a report if they suspected it. This particular section of questions was modified directly from sections on the Educators and Child Abuse Questionnaires and the TRQ. Specifically, the section included a matrix from the TRQ that assessed the importance of potential factors that might have impacted the

participants' final decisions. Additionally, options from a similar item of the Educators and Child Abuse Questionnaire were added to this matrix to form a comprehensive list of potential variables impacting reporting behaviors.

*Supervision by others.* This survey also contained items to help the researcher understand the ways in which practicing school psychologists were supervised in the areas of child maltreatment and mandated reporting. Neither the Educators and Child Abuse Questionnaire nor the TRQ assessed this variable, so the researcher developed this and the following sections. In conjunction with the standards of professional practice of school psychology in meeting legal and ethical standards (Ysseldyke, 2006), school psychologists are encouraged to pursue professional development and continuing education across domains of practice. Additionally, they are required to identify their own biases, weaknesses, and areas of additional training as they relate to their overall competency. The role of mandated reporter, including identifying and appropriately responding to suspicions of child abuse, is one such area of competency that should continually be assessed and refreshed through training. However, such practice requirements dictate the necessity of available supervisors, and thus it is necessary to gain an understanding of current supervisory experiences available from the supervisees' perspectives. Thus, this section's items ask directly if the participants had received supervision as practicing school psychologists in the areas of child abuse and mandated reporting and the number of overall hours received, as an hourly total is a common indicator of supervision experience. The participants also qualitatively described their current experiences as a supervisee as well as their ideal experience from the perspective

of a supervisee to provide rich information about the current state and future goals of supervision in this area.

*Supervision of others.* Similarly, the current study sought to understand the ways in which practicing school psychologists supervised other practicing or future school psychologists in the areas of child maltreatment and mandated reporting. Thus, the above section of items was replicated to inquire about experiences of school psychologists supervising others to add information to the current state and future goals of supervision in these areas.

**Pilot process.** Prior to recruiting potential participants, the survey was piloted with six school psychologists or advanced graduate students in school psychology in Illinois. The pilot participants reported back to the researcher the ease of taking the survey, the length of time, and whether or not items appeared to be face valid. Additionally, the researcher noted any other information important to reconsider in revising the survey prior to beginning data collection. Based on the feedback from the pilot participants, the measure was revised and edited to improve survey items, including format and response options (Creswell, 2009). In particular, prior to answering questions about previous reporting behaviors, statements were provided in the survey text reminding participants of the anonymity of their responses. Further, emphasis was added to items distinguishing between physical versus psychological/emotional harm to the children in the vignettes. Finally, typographical and grammatical errors were edited based on the feedback provided during the pilot.

### **Data Analysis**

The current study employed a concurrent triangulation approach (Creswell, 2009) to mixed methodology. Quantitative and qualitative data were collected concurrently through the use of the survey as a data collection tool. In some cases, the qualitative data helped the researcher to corroborate responses on the quantitative survey items. In other cases, qualitative data was utilized to further explain information not sufficiently obtained from the quantitative data or the existing literature base on mandated reporting by school-based professionals.

Results of the survey were downloaded from Survey Monkey and exported into the SPSS statistical software program and/or Microsoft Excel. Survey data were analyzed utilizing mixed methodology. A description of specific qualitative and quantitative analyses is described in greater detail below. Table 1 summarizes the variables being assessed in the current study in conjunction with the study's research questions, as well as the methods of data collections and specific analyses used. Survey data was only included in the final analysis if the participant completed the survey in its entirety (n = 191), meaning he or she accessed and responded to each applicable item.

#### **Quantitative Analysis of Survey Data**

Both descriptive and inferential statistics were utilized to analyze the quantitative data collected on the survey. The use of descriptive statistics involved calculating means, modes, standard deviations, ranges of scores, and frequencies to describe categorical data. Inferential statistics, including specifically analyses of variance (ANOVAs), chi-square tests of association, and independent *t*-tests, were run to determine if significant

differences existed among groups of participants based on continuous or categorical data obtained on certain items.

For continuous variables measured by Likert scales, all scales were coded from one to five to correspond to the five response options for items representing the weakest to strongest degree of a particular construct. Therefore, lower scores on items reflected *less* of the variable (e.g., training less adequately prepared the participant) whereas higher scores on items reflected *more* of the variable (e.g., training more adequately prepared the participant.) Participants were then grouped together based on their endorsement of various levels of a construct (e.g., low confidence, neutral confidence, and high confidence). ANOVAs were then run to determine if significant differences existed between groups on other continuous variables measured by the survey, thus allowing for comparison between two continuous variables.

Any significant ANOVAs were furthered explored with post-hoc pairwise comparisons to increase understanding of the differences among groups. In most cases, because no variables were experimentally manipulated, participant endorsements on various items measured by the survey resulted in unequal samples between groups on certain items (e.g., participants who perceived pre-service training as inadequate may have greatly outnumbered participants who viewed pre-service training as adequate). As a result, Hochberg's GT2 post-hoc tests were run on any significant ANOVAs to better understand specific differences between groups. Hochberg's GT2 is a conservative test utilized for pair-wise comparisons when group sample sizes are unequal, which violates a core assumption of many other commonly used post-hoc tests (e.g., Tukey's HSD) (Field, 2009; Stoline, 2008). It should be noted that multiple comparisons of variables were made following a significant ANOVA result to determine the direction of significant differences; such comparisons may have inflated possible Type I error.

Chi square tests of associations were also conducted to determine if relationships existed between participants' endorsements of categorical variables explored by the survey. To do so, contingency tables were calculated in which all possible response combinations the two categorical variables being compared were tabulated. The actual number of participants in each cell of the contingency table was then compared to the expected number of participants for each cell by chance alone. Examining the standardized residuals calculated for each cell identified any frequency counts in cells that were significantly different than expected. Then, significant residuals were further explored by assessing the directionality of the residual (e.g., negative or positive) and the strength of the relationship.

Within most contingency tables, one or more cells had less than five participants, meaning very few participants indicated that particular response pattern on both items within a given comparison. Given that this violates a core assumption of the chi-square test of association, the Fisher's exact test was additionally reported to safeguard against potential exaggerated results. The Fisher's exact test computes an exact probability that the produced chi-square result is accurate when working with low sample sizes (Field, 2009). In other words, if a significant chi-square result accompanies a significant Fisher's exact statistic, then it can be assumed the results of the chi-square test of association are accurate (e.g., without a loss of statistical power) despite having low sample sizes in one or more of the cells of the produced contingency table. Results of the individual chi-square tests of association as well as Fisher's exact test results are reported when applicable. As noted previously, in the case of a significant chi square result, multiple comparison tests were conducted which may have inflated Type I error.

Finally, independent *t*-tests were conducted to analyze continuous and categorical variables together. In particular, participants' responses on continuous scales were recoded as described above to represent low-, neutral-, and high-levels of the particular construct measured by the continuous variable. Then, *t*-tests were run to determine if participants' responses on categorical variables varied based on their endorsement on the continuous variable. Significant comparisons were further explored by examining the means of each variable. A description of specific quantitative analyses for each variable measured by the survey is explained in detail in the below sections corresponding to each research question.

**Training experiences.** Using descriptive statistics, the researcher described the most common training experiences at the pre-service and in-service levels. Specifically, frequency data were analyzed to determine the proportions of participants who engaged in various types of pre- and post-service training versus those who did not. For post-service training, the mean number of hours of training participated in by participants was also calculated.

Additionally, scale items were coded from one to five with one representing the lowest end of the continuous scale (e.g., inadequately or not at all satisfied) while five represented the highest end of the continuous scale (e.g., adequately or very satisfied.)

Descriptive statistics were employed to determine the mean and mode levels of perceived adequacy of and satisfaction with various training experiences, including preparation to identify indicators of child abuse, make reports following mandated reporting procedures, and provide support and services to children suspected of being victims of child abuse at the pre- and post-service levels.

Further, participants were grouped together on each of the items related to the level of perceived adequacy of pre- and in-service training on preparing the participants to identify indicators of child abuse, follow mandated reporting procedures, and provide support and services for children suspected of being victimized. Specifically, participants with responses coded as one or two on the adequacy scales were grouped together as "low perceived adequacy"; participants with coded responses of three were grouped together as "neutral perceived adequacy"; and, participants with coded responses of four and five were grouped together as "high perceived adequacy." Then, ANOVAs were conducted to determine if relationships existed between other variables measured by the survey related to participants' confidence (e.g., confidence in decision-making for vignettes, confidence in ability to identify indicators of abuse and follow mandated reporting procedures) and the participants' perceptions of adequacy of their pre- and postservice training. In other words, these analyses allowed the researcher to explore relationships between the different variables, although causation was not inferred. Then, chi square tests of association were used to compare participants who received preor post-service training on their endorsements of other categorical variables measured by

the survey (e.g., knowledge of mandates, accuracy of decision-making, previous reporting behaviors.)

Knowledge of child abuse indicators and reporting mandates. Descriptive statistics were utilized to determine the number of participants who indicated the presence of reasonable grounds for suspecting child abuse in the case vignettes, as well as the number of participants who correctly identified the possibility of significant physical or psychological harm to the children in the case vignettes. Similarly, these statistics were utilized to describe the proportion of participants who correctly indicated that the DCFS reporting mandates required them to report the case vignettes. Correct responses were indicative of participants' knowledge of child abuse indicators and mandated reporting policies in Illinois calling for reasonable grounds for suspecting potential physical or psychological harm to the child.

**Decision to report.** To measure this variable, the survey contained an item on which participants indicated the next action steps they would take following experiencing the case scenario. This item was designed to measure whether or not participants carried out their role as mandated reporter by correctly deciding to report their suspicions of child abuse, which only required they have reasonable grounds for suspecting child abuse without the need of sufficient proof. Frequency of responses best described this categorical data and provided a representation of common reactions to the case scenarios. Similarly, the frequency of participants who decided to correctly report each case scenario were calculated to assess the proportion of participants who accurately decided to report their suspicions child abuse. Additional chi-square tests of association were run to determine if significant relationships occurred between participants' decisions to report or not report each vignette and their previous reporting behaviors, including whether or not they had made a report in the past as well as whether or not they suspected child abuse in the past but decided not to make a report.

**Confidence.** Participants indicated their confidence in their decision to report or not report on each of the three case vignettes. Additionally, participants indicated their general level of confidence in the their abilities to identify indicators of child abuse as well as report suspicions of child abuse as outlined in state mandates. Similar to scale items measuring satisfaction and adequacy of training, scale items measuring confidence were coded from one to five, with one representing the lowest end of the scale (i.e., "not at all confident") and five representing the highest end of the scale (i.e., "very confident"). Mean levels of confidence were reported.

Further, independent *t*-tests were run to determine if significant differences existed between participants' levels of confidence in their ability to identify indicators of child abuse and make reports according to mandated reporting procedures based on their responses on the categorical variables assessing previous reporting behaviors (e.g., whether or not they had made a report in the past, whether or not they had suspected abuse in the past but chose not to report). Similarly, independent *t*-tests were conducted to determine if participants who indicated they currently provide supervision had significantly different levels of confidence as a mandated reporter compared to participants who do not currently provide supervision. **Previous reporting behaviors.** The mean number of cases reported by participants was reported. Additionally, descriptive statistics helped to explain the proportion of participants who have or have not reported abuse as well as those participants who have suspected abuse but chose not to report it. Further, these statistics described the likelihood participants would have reported those suspicions had they been required to by law or by school policy.

This section also contained a matrix item on which participants indicated the level of importance of various factors in their decision not to report a suspicious case. Each statement of the matrix was analyzed as a separate item on which level of importance indicated was coded from one to five with one representing the lowest end of the scale (i.e., "not at all important") and five representing the highest end of the scale (i.e., "very important.") Mean levels of importance were reported for each item to increase understanding of the significance of various factors in the decision-making process.

**Supervisee experiences.** Descriptive data were calculated to describe the occurrence of in-service supervision of the participants, including the mean number of hours received. Similar to training items, the participants' satisfaction with supervision received were also explored using descriptive and inferential statistics. Scale items were coded from one to five, with one representing the lowest end of the continuous scale (i.e., "not at all satisfied") and five representing the highest end of the scale (i.e., "very satisfied".) Mean levels of satisfaction were reported.

Additionally, participants were grouped based on their coded responses related to satisfaction with supervision. Participants with coded responses of one or two were

grouped together on the satisfaction scale as "low satisfaction"; participants with coded responses of three were grouped together on the satisfaction scale as "neutral satisfaction"; and participants with coded responses of four or five were grouped together as "high satisfaction." Then, ANOVAs were conducted to determine if relationships existed between other variables measured by the survey (e.g., confidence in decision-making for vignettes, general confidence in ability to identify indicators of abuse and follow mandated reporting procedures) and the participants' level of satisfaction with the supervision they had or had not received related to issues of child abuse and/or mandated reporting. In other words, these analyses allowed the researcher to explore relationships between the different variables measured by the survey, although causation was not inferred.

**Supervisor experiences.** Similar statistical analyses of supervisory experiences were conducted to assess participants' experiences as supervisors on topics or issues related to child abuse and mandated reporting. This included the use of descriptive statistics to better explain the frequency of supervision given currently and in the past to graduate students and other practicing psychologists. Additionally, the mean number of supervision hours given was reported.

**Demographic information.** Descriptive statistics, including means, modes, and frequencies, were utilized to best describe the demographic characteristics of the participants as well as the characteristics of their current work environments.

### **Qualitative Analysis of Survey Data**

The qualitative analysis component of the current study served two purposes, depending on the specific items in question. First, some items served to corroborate quantitative data collected from the survey. Second, some items allowed the researcher to further explore the topics investigated in the current study given the dearth of available research in the literature. These two purposes are described in greater detail below.

**Corroboration of quantitative data.** As mentioned above, some qualitative items corroborated certain data obtained on the quantitative survey items. Specifically, following the case vignettes, the participants were asked to describe the components of the vignette that were particularly notable to them. This information was to ensure it highlighted the specific characteristics that led to reasonable grounds for suspicion of abuse. Then, this coding was used to verify the participants' suspicions of abuse as reflected in their decision whether or not to report each case.

Similarly, on survey items measuring knowledge of child abuse indicators and reporting mandates, participants were asked to indicate if they (a) had reasonable grounds for suspecting child abuse had occurred and (b) thought significant harm had been caused, or was likely to be caused, to the child's physical and/or psychological/emotional well-being. After indicating "yes," "no," or "I'm not sure" to the responses, participants were provided a text box in which they described why they indicated a specific response. This information was coded for specific content related to the presence of reasonable grounds for suspicions and the likelihood of significant harm or possibility of harm to the child's physical and emotional wellbeing within each of the three case vignettes. Therefore, on these items, the content of the qualitative descriptions was coded to ensure it accurately reflected the participants' knowledge of child abuse indicators and reporting mandates and decisions to report. In other words, participants indicating that there were reasonable grounds for suspecting child abuse had to describe why they thought so to demonstrate their decision-making processes, including knowledge of this mandate. In this way, the primary quantitative data ("the decision") was coupled with the qualitative data ("the rationale behind the decision") to further verify the participants' knowledge and decisions made.

**Topic exploration.** Several items were qualitative in nature to allow the researcher to further explore various topics of interest that do not have prior established means of assessment in previous research. Specifically, participants briefly described the information they knew about the reporting mandates for school-based professionals put forth by DCFS. This information was coded for accuracy to obtain a richer understanding of the specific components of the mandates that are most apparent to participants, while also highlighting the components of which participants as a whole are less aware.

Additionally, participants explained their reasons for indicating a particular level of satisfaction with training and how adequately their training experiences prepared for them for practice as mandated reporter. Their explanations were coded to allow for a deeper understanding of their previous and current training experiences, in particular highlighting specific ways in which training might be improved at the pre- and in-service levels. Finally, participants described their current experiences receiving and/or giving supervision in the areas of child maltreatment and mandated reporting. These areas are relatively unexplored in the literature, in particular with school psychologist samples. Thus, these items were coded for common themes among participants to elicit a greater understanding of the current state of supervision in the field, as well as the types of supervisory experiences that may be most helpful for practitioners.

**Codebook development.** Qualitative analysis consisted primarily of open coding of worded responses. Open coding consists of constructing categories or themes of data as the researcher reads through participants' written responses (Merriam, 2009). Coding was considered "open" because the researcher was open to interpreting any information described by the participant.

*Item grouping.* To begin the qualitative analysis, qualitative survey items were grouped together with other items measuring similar constructs. For instance, participants' qualitative responses describing their current experiences receiving supervision as well as their ideal supervision experience were grouped together, as coding of both responses together contributed to a greater understanding of supervisory practices. Some items, however, were not grouped with other items given the uniqueness of their content that would not allow for grouped comparison. For example, participants described what was notable to them about each case vignette; given the different circumstances presented in each vignette, each of these items was coded on its own. After grouping certain items together, it was determined that 15 separate codebooks were

required in order to most accurately interpret and represent the qualitative data. Codebook development for the 15 sets of items is described below.

*Category construction.* To begin the process of codebook development, the primary researcher and a research assistant with previous qualitative research experience independently reviewed all of the qualitative responses for all groups of items. As they did this, the researcher and research assistant took notes, re-read items, and began to construct a list of broad themes presented by participants. Each person maintained a list of constructed categories as she read through subsequent participants' responses, while still openly searching for new patterns (Merriam, 2012).

*Category sorting, naming, and defining.* Following this, the team came together to compare their lists of identified themes and recognized consistencies observed in reviewing the data. The researcher and research assistant then sorted each of their broad themes into one final set that represented each of their identified themes. Once a final set of themes was identified for a set of items, the researcher and research assistant collaborated to determine an all-encompassing title for the theme. Further, specific definitions were written, including examples, to complete each of the 15 codebooks.

*Coding.* Once all response sets were reviewed and each set had a list of relevant themes and definitions, the researcher and research assistant then independently coded all qualitative responses within each set using its specific codebook. Occasionally throughout the coding process, the researcher and research assistant consulted to redefine or clarify certain codes to ensure the identified themes captured all pieces of the data. This process was repeated as needed until the developed codebooks were sufficient in

coding all of the qualitative data, indicating the researcher reached the point of saturation at which time no new patterns or themes emerged outside of the themes already identified in the coding process (Merriam, 2012).

Individual responses on all qualitative items were stored in Excel spreadsheets, and grouped according to the previously mentioned organization. All themes of the relevant codebook were listed across the top of the Excel spreadsheet, and the coders then coded each relevant theme for every response (using "1" if the code was present; leaving the cell blank if the code was not present). Following individual coding, each coder's spreadsheets were then merged and summed in a new spreadsheet. Cells with a sum of "0" or "2" indicated a consistent code between raters, as this indicated either both coders did not code a particular response or both coders coded a particular response. Cells with a sum of "1" indicated only one rater coded a particular response.

Following this merging process, the primary then calculated inter-rater reliability. Inter-rater reliability refers to the degree to which the two coders agreed or came to consensus with another during the coding process (Stemler, 2007). In other words, it refers to the percentage of overall codes agreed upon exactly between the two coders; as such, higher reliability rates indicate a stronger likelihood that the decided upon code for any given statement is truly reflective of the participant's experience. Reliability was calculated between the raters by summing the number of consistent codes, and then dividing by the overall possible number of codes.

Generally, no single criteria have been established to reflect an acceptable interrater agreement rate for qualitative research, as most qualitative researchers prefer to focus more on obtaining knowledge of participants' experiences rather than ensuring validity and reliability have been established (Marques & McCall, 2005; Moret, Reuzel, Van Der Wilt, & Grin, 2007). However, for the purposes of the current study, the researcher determined that the percentage of agreement between coders for all items coded was 85% or higher to ensure a high degree of consistent coding. For 1 code within 1 of the 15 codebooks, initial inter-rater agreement was below 85%, indicating the two coders significantly differed on their coding of this item. Therefore, the two coders came back together to discuss their differences in coding and ultimately reached consensus on the final set of qualitative responses for this codebook.

*Verification.* Given the anonymous nature of the survey and the sensitive information collected by the study, member checking was not possible. However, the qualitative analyses of the research results were verified through the calculation of reliability and the writing of this research report. As mentioned previously, following each phase of coding using each of the 15 developed codebooks, inter-rater reliability was calculated between the two coders. This process was utilized to ensure that each coder completed similar coding. All coding met at least 85% agreement between raters either initially or after consultation and reaching consensus. Additionally, this final research report acts as a means by which to connect participant responses with the overall interpretation decided upon by the researcher and research assistant, including an assessment of limitations of the study.

## CHAPTER IV

# RESULTS

## **General Findings**

The following sections provide results of several descriptive analyses of survey items addressing the study's research questions. Further, when applicable, qualitative analyses are included. For qualitative analyses, open coding was completed as described previously, and all final themes and coding were agreed upon with 85% or higher reliability between two coders. Results are organized below by research question. **Research Question 1: In what ways were/are practicing school psychologists trained in the areas of mandated reporting and child maltreatment?** 

Descriptive and qualitative analyses indicated that the participants had varying levels of exposure and quality of pre- and post-service training experiences specifically addressing issues of child abuse and mandated reporting. This included a range of training modalities, training hours, and topics. As a result, participants' perceived adequacy of their training to prepare them to carry out their roles as mandated reporters differed significantly among the sample.

**Participation in training.** Of the entire sample (n = 191), 63.4% of participants (n = 121) indicated they received pre-service training in their school psychology graduate programs focusing on issues of child abuse (excluding mandated reporting), whereas approximately 11.5% of participants (n = 22) and 25.1% of participants (n = 48)

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indicated they did not receive pre-service training on issues of child abuse or they did not remember/were unsure, respectively. More participants indicated they received preservice training in graduate school specifically on mandated reporting (77.0%; n = 147), compared to 7.9% of the sample (n = 15) who did not receive mandated reporting training in graduate school and 15.2% of the sample (n = 29) who did remember or were unsure.

Of the sample, 84.8% of participants (n = 162) indicated that issues of child abuse had been addressed in the school districts in which they worked as practicing school psychologists. In comparison, 11.5% of participants (n = 22) reported that issues of child abuse had not been addressed in their workplaces as practicing school psychologists while 3.7% of the participants (n = 7) did not recall or were unsure if issues of child abuse had been addressed in their places of work. Similarly, a large majority of the sample (89.0%; n = 170) indicated that mandated reporting had been addressed in the school districts in which they worked as practicing school psychologists, while 7.3% of the sample (n = 14) indicated mandated reporting had not been addressed and 3.7% of participants (n = 7) were unsure or did not remember.

**Types of training.** Data regarding the types of training are presented in Tables 6 and 8. Of the 121 participants who had received training in their graduate programs on issues of child abuse, a wide variety of training modalities were indicated. Specifically, a majority of participants (83.2%; n = 104) indicated they had course lectures devoted to this training topic, followed by internship experiences (67.7%; n = 84), assigned readings (66.1%; n = 82), and practicum experiences (61.3%; n = 76). Fewer participants reported

having other types of training experiences, including: workshops/seminars/ didactics (18.5%; n = 23), course assignments and projects (17.7%; n = 22), service learning experiences (9.7%; n = 12), and research activities (2.4%; n = 3).

Of the 147 participants who had received training on mandated reporting at the pre-service level, several training modalities were again indicated. The majority of these participants noted they had mandated reporting training through course lectures (78.1%; n = 121), followed by internship experiences (61.3%; n = 95), practicum experiences (54.8%; n = 85), and assigned readings (54.8%; n = 85). Fewer participants reported receiving training through workshops/seminars/didactics (18.1%; n = 28), course assignments and projects (16.8%; n = 26), service learning (5.2%; n = 8), and research activities (0.6%; n = 1).

	Training on		Training on	
	Issues of Child Abuse		Mandated	Reporting
	(N = 121)		(N =	147)
	п	%	n	%
Course Lectures	104	83.2	121	78.1
Assigned Readings	82	66.1	85	54.8
Course Assignments and Projects	22	17.7	26	16.8
Workshops/Seminars/Didactics	23	18.5	28	18.1
Service Learning	12	9.7	8	5.2
Practicum	76	61.3	85	54.8
Internship	84	67.7	95	61.3
Research Activities	3	2.4	1	0.6

Table 6. Types of Pre-service Training Experiences

Some participants additionally described other types of pre- service training experiences not listed on the survey. Open coding of these responses identified two primary themes, which are defined in Table 7. These participants primarily noted participating in online trainings and/or having previous work experiences that contributed to their knowledge of issues of child abuse and mandated reporting. Specific online trainings referenced by participants included annual webinars or online-training sessions on mandated reporting. Previous work experiences included any training or on-the-job experiences that took place either before or during their completion of graduate training; however, these experiences were not part of their graduate programs' curricula or training models. For instance, one participant indicated she "worked as an ongoing case manager for the Bureau of Child Welfare in [city] prior to graduate school" while another participant indicated she was "involved with assessments that were utilized as the initial steps of the investigation in partnership with law enforcement and visitation rights."

Coded Theme Definition and Examples Inter-rater agreement % Online Any reference to training that took place online 100 Examples: Webinars, Mandated Reporting online Training training Previous Work Any reference to training that took place as part of 100 Experiences other work experience Examples: Working for Child Protection Agency *Note.* Inter-rater agreement % refers to the % of themes reliably coded between two

Table 7. Coded Themes of Other Pre-Service Training Types

coders.

Of the 162 participants who indicated that issues of child abuse had been

addressed in their work as practicing school psychologists, a wide range of training hours

were reported (*range* = 0 to 150 hours;  $M_{\text{hours}} = 9.74$ , SD = 17.02). These hours of

training occurred through several different formats. Specifically, the majority of

participants reported receiving in-service training opportunities on issues of child abuse (72.4%; n = 118), followed by consultation or collaboration with community agencies (49.7%; n = 81), workshops/seminars/ didactics (45.4%; n = 74), research activities (4.3%; n = 7), and consultation or collaboration with universities or institutions (3.7%; n = 6). Of the 170 participants who indicated mandated reporting had been addressed at their workplaces, a wide range of training hours were reported (*range* = 0 to 100 hours;  $M_{\text{hours}} = 7.97$ , SD = 12.80). The majority of participants reported receiving in-service training on the topic (78.0%; n = 135), followed by consultation or collaboration with community agencies (35.3%; n = 61), workshops/seminars/didactics (34.1%; n = 59), consultation or collaboration with universities or institutions (6.9%; n = 12), and research activities (1.2%; n = 2).

	Issues of Child Abuse $(N = 162)$		Mandated Reporting $(N = 170)$	
	п	%	n	%
In-service Training	118	72.4	135	78.0
Workshops/Seminars/Didactics	74	45.4	59	34.1
Research Activities	7	4.3	2	1.2
Consultation/Collaboration with	81	49.7	61	35.3
Community Agencies				
Consultation/Collaboration with	6	3.7	12	6.9
Universities or Institutions				

Table 8. Types of Post-service Training Experiences

Some participants additionally described other types of post-service training experiences not listed on the survey. Open coding of these responses identified three primary themes, which are defined in Table 9. In reviewing these responses, three primary themes were identified pertaining to the types of training participants indicated receiving as part of professional development. First, similar to pre-service training, several participants indicated they participated in some form of online training, including webinars or specific online training modules related to mandated reporting. Second, participants mentioned being trained in these areas through the process of consultation or collaboration with other professionals with whom they work. For example, this included following guidelines from supervisors, working as part of school-based teams, or communicating or consulting with colleagues about cases. Third, there was some reference to other types of resources that were utilized for training, including watching videos, reading training manuals, or reviewing print resources.

Definition and Examples	Inter-rater
	agreement %
Any reference to training that took place online	96.56
Examples: Webinars, Mandated Reporting training	
Any mention of working with another professional or several professionals as part of the learning process Examples: Team approach, Consulting with colleague	94.83
Any mention of other training modalities other than direct training or consultation with others Examples: Videos, Print Materials	89.66
	Any reference to training that took place online Examples: Webinars, Mandated Reporting training Any mention of working with another professional or several professionals as part of the learning process Examples: Team approach, Consulting with colleague Any mention of other training modalities other than direct training or consultation with others

 Table 9. Coded Themes of Other Post-Service Training Types

*Note.* Inter-rater agreement % refers to the % of themes reliably coded between two coders.

Perceived adequacy of pre-service training. All participants were asked to rate

their perceived adequacy of pre-service training in preparing them for a number of different roles as mandated reporters, regardless of whether or not they reported receiving specific training as described above. Participants indicated their perceived adequacy on a five-point Likert scale with one indicating training was inadequate, three indicating a neutral/unsure response, and a response of five indicating training was adequate. In regard to pre-service training preparing participants to identify indicators of child abuse, participants generally reported that they were neutral/unsure or they thought training was somewhat adequate ( $M_{adequacy} = 3.52$ , SD = 1.14). In terms of participants' preparation to follow mandated reporting procedures for suspicions of child abuse, participants again indicated they were primarily neutral or unsure as to the adequacy of their pre-service training in this respect ( $M_{adequacy} = 3.43$ , SD = 1.28). Finally, participants were also neutral or unsure about the adequacy of their training in preparing them to provide support and services for children suspected of being victims of child abuse ( $M_{adequacy} = 3.01$ , SD = 1.29). Table 10 summarizes the perceived adequacy of pre-service training opportunities in preparing participants to fulfill the various roles of mandated reporter.

	M	SD		
Identifying Indicators	3.52	1.14		
Following Reporting Procedures	3.43	1.28		
Providing Support and Services	3.01	1.27		

Table 10. Perceived Adequacy of Pre-Service Training

*Note.* Mean responses and standard deviations from a 5-point Likert Scale with 1=inadequately, 3= neutral/I'm not sure, and 5= adequately.

Participants additionally explained their reasons for rating their perceived adequacy a particular way. Open coding of these responses identified several core themes that pertained to their overall ratings of their pre-service training experiences (See Table 11).

Coded Theme	Definition and Examples	Inter-rater agreement %
Comprehensive Training	Reference to a multi-faceted, comprehensive pre- service training experience <i>that left participant feeling</i> <i>prepared</i> Examples: Multiple components; Direct statement that training prepared student well	99.46
Identified Training Elements	Reference to specific training components or activities that were part of pre-service training, but does not identify training as <i>good</i> Examples: Lectures, Discussions, Reflection	89.82
Field-based Training	Mention of field-based experiences that provided training opportunity Examples: Practicum, Internship	95.67
Previous/Other Experiences	Reference to other work experiences, undergraduate experiences, or other experiences as part of another field that were part of training during pre-service Examples: Undergraduate, Outside Job	97.20
Gaps in Training	Reference to components of training but with missing parts; mention that training had gaps or missing information Examples: Not comprehensive enough	86.00
Lack of Exposure	Absence of pre-service training or reference that training occurred after graduate school; Not recalling or remembering if pre-service training took place Examples: I don't remember, Training occurred after graduate school on the job	87.02
Consideration of Previous DCFS Practice	Perception of DCFS practices, including previous experiences with DCFS for certain cases, assumptions about DCFS; Consideration of this when deciding to report Examples: Personal opinions of DCFS	99.49

 Table 11. Coded Themes of Participants' Perceived Adequacy of Pre-Service Training

 Coded Thema
 Definition and Examples

A few participants reported their pre-service training was multi-faceted and comprehensive, so much so that it left them feeling prepared and/or confident in their roles as mandated reporter (specifically, identifying indicators, making the report, and providing support to the child). Some of these participants vaguely indicated they "[felt] prepared" or they "[understood] the process," whereas other participants specified certain training components that led to their feeling prepared, as in the following examples:

[My program provided] good basis for background knowledge, knowledge of definitions of child abuse, & awareness of indicators...The safety of the child comes first.

The training was very clear in what my expectations were as a reporter and the circumstances under which the reports should be made...The training outlined situations in which abuse was possible and what should be done in cases where abuse is suspected...In training we were expected to put together a profile of community resources for children to address abuse.

I felt prepared to recognize possible signs of abuse and to refer students to DCFS to determine if further investigation is warranted...I had some training in crisis counseling and counseling children affected by trauma...

Typically, participants who reported their training left them feeling prepared or who indicated specific elements of training (as evidenced in these two previously described themes) reported high perceived adequacy with their training. Many participants similarly reported specific components of their pre-service training (e.g., "We were given the proper readings and discussion;" "Had direct instruction and field based experiences to reinforce;" "Different vignettes were discussed as a group after lectures;" "Laws were explained directly"). However, these participants did not specifically report that their

training was comprehensive or that it adequately prepared them to fulfill their role as mandated reporter.

On the contrary, several participants specifically referenced gaps in their pre-

service training or the need for more explicit or specific training on issues of child abuse

and mandated reporting. For instance, some participants stated the following:

I feel like I got some training but it just covered the basics like memorizing the child abuse hotline number and common signs to look for. I feel like there needed to be more discussion about the signs of abuse...Other than having to memorize the phone number, there was very little information given on how exactly to report an issue of abuse...I don't feel like my program prepared me for working with victims of abuse. I had very little training in regards to counseling and have learned most of my sills from the social workers I work with.

We were taught about mandated reporting in general but not the specifics for a school setting... I believe that I was trained to work more in a clinical setting rather than a school so I have had to modify the techniques I use for the school setting.

We went over the guidelines in a couple classes, but it would be nice to have refreshers on the procedures throughout pre-service training...We talked about the warning signs and some actions, but never really talked about other supports/services that we could offer to victims of child abuse.

Other participants more vaguely indicated that although they received training to an

extent during pre-service, its lack of comprehension led them to feel rather unprepared,

not confident in their abilities as mandated reporters, or as if they have questions or a lack

of information about how to carry out their roles in practice.

Many more participants reported either a lack of exposure to training in these

areas during their graduate training or the inability to recall if their training addressed

these areas. In other words, some participants expressed certainty that their training did

not address these topics (e.g., "This was never addressed," "This was not covered at all;" "I don't remember this being discussed at all during pre-service training"), whereas other participants were unsure if training addressed these topics (e.g., "I really don't remember how it was addressed when I was in graduate school;" "It's been 25 years...don't remember"; "Not sure this was specifically addressed in content courses"). In reviewing responses, participants who noted gaps in training or a lack of exposure to training typically rated their perceived adequacy as neutral/unsure or of lower adequacy.

Within this group of participants who indicated not receiving pre-service training,

several individuals specifically noted that training to be a mandated reporter is often

learned through actual practice or on-the-job experiences rather than in a classroom, as in

the following examples:

I believe I learned most about mandated reporting while I was employed as a school psychologist but I had minimal background knowledge.

I don't remember it. Any knowledge I have now is a result of ongoing legally mandated training or on the job experiences interacting with DCFS [Department of Child and Family Services].

These types of issues were not addressed in my program of Educational Psychology. I was more specifically trained later through workshops I attended and while on the job through online presentations required for all psychologists to read/study...I acquired the knowledge and skills later through workshops and on the job, especially working closely with the Social Workers.

...I came across these issues in a counseling practicum but in terms of actual coursework or discussions I don't think they were discussed...I think I learned most of what I know on the job and through my own participation in professional development activities and job in-services that have addressed this issue.

Similarly, other participants more specifically noted they received pre-service training on these topics, but the training modality was primarily learning through field-based experiences (e.g., practicum, internship), as in the following examples:

My graduate level training which included course work and later practicum and internship prepared me for decisions related to report of abuse...During my practicum and internship work in the schools gave more experience and adequately prepared me to go into the profession...In the field, I have definitely learned more from my experiences. Having a variety of experience has increased my confidence level.

We read through the Mandated Reporter manual and discussed example cases/scenario, information regarding child abuse was presented on in a few of my courses, and I had practicum and internship experiences that involved these situations. Importantly, the practicum and internship experiences included opportunities to consult with colleagues and my supervisor.

A small number of participants additionally noted specific experiences outside of their graduate program that contributed to their overall knowledge during their pre-service years (e.g., volunteered at the Rape Crisis Center; enrolled in an undergraduate course on Child Abuse and Neglect; attended a workshop during an undergraduate practicum).

## Perceived adequacy of post-service training. Using the same five-point Likert

scale, all participants also rated their perceived adequacy of post-service training in preparing them for a number of different roles as mandated reporters, regardless of whether or not they reported receiving specific training as practicing school psychologists. In terms of the adequacy of their post-service training in preparing participants to identify indicators of child abuse, participants generally reported training was neutral or they were unsure, leaning towards viewing training as somewhat adequate  $(M_{adequacy} = 3.85, SD = 1.10)$ . In terms of participants' preparation to follow mandated reporting procedures for suspicions of child abuse, participants again indicated they were primarily neutral or unsure, or perceived their post-service training to be somewhat adequate ( $M_{\text{adequacy}} = 3.99$ , SD = 1.10). Finally, participants were also neutral or unsure of the adequacy of their post-service training in preparing them to provide support and services for children suspected of being victims of child abuse ( $M_{adequacy} = 3.38$ , SD =1.28). Table 12 summarizes the perceived adequacy of post-service training opportunities in preparing participants to fulfill the various roles of mandated reporter.

Table 12.	Perceived	Adequacy	of Post-Se	ervice Training
			01100000	

	М	SD
Identifying Indicators	3.85	1.10
Following Reporting Procedures	3.99	1.10
Providing Support and Services	3.38	1.28

Note. Mean responses and standard deviations from a 5-point Likert Scale with 1=inadequately, 3= neutral/I'm not sure, and 5= adequately.

Participants additionally explained their reasoning behind rating their perceived adequacy of post-service training in a particular way. Open coding of these responses identified several core themes that pertained to their overall ratings of their pre-service training experiences (See Table 13).

Table 13. Coded Themes of Participants Perceived Adequacy of Post-Service Training				
Coded Theme	Definition and Examples	Inter-rater		
		agreement %		
Comprehensive	Reference to a multi-faceted, comprehensive post-	95.00		
Training	service training experience <i>that left participant feeling prepared</i>			
	Examples: Multiple components; Direct statement that training prepared student well			

Table 13 Coded Themes of Participants' Perceived Adequacy of Post-Service Training

Identified Training Elements	Reference to specific training components or activities that were part of post-service training, but does not identify training as <i>good</i> Examples: Lectures, Discussions, Reflection	88.85
Informal Training Experiences	Mention of on-the-job experiences that provided training opportunity Examples: Consultation, Work with community agencies, Support from administration	90.00
Self-Training Experiences	Reference to a personal responsibility to stay informed; absence of formal or on-the-job experience Examples: Conference attendance, Research	96.54
Gaps in Training	Reference to components of training but with missing parts; mention that training had gaps or missing information Examples: Not comprehensive enough, Could have been more	87.70
Lack of Exposure	Absence of post-service training or reference that training occurred during graduate school; Not recalling or remembering if post-service training took place Examples: I don't remember, Training occurred	85.77
	during graduate school, Early career professionals	
<i>Note</i> Inter-rater	agreement % refers to the % of themes reliably coded between	en two

*Note.* Inter-rater agreement % refers to the % of themes reliably coded between two coders.

In reviewing participants' explanations of their perceived adequacy, similar

themes were identified pertaining to the participants' rating of their post-service training.

First, some participants referenced post-service training as comprehensive in that it left

them feeling prepared or confident in their abilities to be mandated reporters. For

instance, the following examples demonstrate this articulation of preparation:

As a professional, I feel adequately trained to survey a situation, gather information and recognize indicators of child abuse.

I generally feel prepared with what my school has provided.

I feel confident in referring cases to DCFS for further investigation.

Other participants identified more specific elements of their post-service training (e.g., inservice, discussion, trainings), without alluding to feeling prepared or confident in their abilities. For example:

My district has provided in-service brief information in this area; however, the school psychologists are expected to relay this information to staff.

The online mandated reporter training does a good job of informing.

There are yearly in-services on mandated reporting and periodic additional workshops with local agencies for the district's school psychs and SSW's [school social workers].

Typically, participants who reported their training left them feeling prepared or who indicated specific elements of training (as evidenced in these two previously described themes) reported high perceived adequacy with their training.

In some cases, participants described informal training experiences that have occurred on-the-job in their careers, but that were not formally implemented training procedures. These experiences primarily consisted of opportunities to learn through consultation or collaboration with colleagues, through working with community agencies, or through working on real cases involving child maltreatment. The following examples illustrate this theme:

I feel that trainings have helped prepare me, but collaboration with colleagues and on-the-job experience has probably been the most influential.

Collaborating with community agencies and the opportunity to consult with colleagues has been the most beneficial. I have also attended some trainings offered outside of the district.

Some participants also described taking charge of their own training experiences by seeking out various opportunities outside of their employment. Such examples primarily included reading about the subject, attending workshops or conventions, and remaining familiar with the research literature base on the topic.

Other participants referenced specific gaps in their training, ranging from training being too short or limited to training not occurring frequently enough, as in the following examples:

I would like to have more opportunities to attend trainings related to providing therapeutic support to students who have been abused.

I feel that the department has given us various tools and programs but they are not always adequate and sometimes too scripted.

I would like more information on how to interact with victims of abuse. Most of the learning I have done on this topic as been on the job as it happens.

It is a refresher and good information but could be more thorough and comprehensive with more application/practice.

Similarly, other participants indicated a lack of exposure to training at all. In some cases,

participants indicated they had not received any formal training since graduate school.

For example, participants noted that "[no training] had been provided" or "no formal

[training] procedures" had been implemented. In reviewing responses, participants who

noted gaps in training typically rated their perceived adequacy as neutral or unsure,

whereas participants with a lack of exposure to post-service training opportunities typically rated their perceived adequacy with training as lower.

**Perceived satisfaction of training.** All participants were additionally asked to rate their satisfaction with their training experiences on issues related to child abuse and mandated reporting at the pre- and post-service levels, summarized in Table 14. Participants indicated their satisfaction on a five-point Likert scale with one indicating they were not at all satisfied, three indicating a neutral/unsure response, and five indicating they were very satisfied. Participants indicated they were neutral/unsure or somewhat satisfied with their pre-service training on child abuse ( $M_{satisfaction} = 3.36$ , SD = 1.15) and their pre-service training on mandated reporting ( $M_{satisfaction} = 3.45$ , SD = 1.17). Regarding post-service training, participants also indicated they were neutral/unsure or somewhat satisfied with their post-service training on child abuse ( $M_{satisfaction} = 3.59$ , SD = 1.08) and their post-service training on mandated reporting ( $M_{satisfaction} = 3.82$ , SD = 1.06).

	Pre-Service		Post-S	ervice
	M	SD	M	SD
Issues of Child Abuse	3.36	1.15	3.59	1.08
Mandated Reporting	3.45	1.17	3.82	1.07

Table 14. Perceived Satisfaction with Pre- and Post-Service Training Topics

*Note.* Mean responses and standard deviations from a 5-point Likert Scale with 1=not at all satisfied, 3= neutral/I'm not sure, and 5= very satisfied.

## Research Question 2: What knowledge do practicing school psychologists have of indicators of child abuse and mandated reporting laws/policies?

Through categorical items and open-ended items, participants' general knowledge and ability to apply their knowledge to specific situations were assessed. Participants demonstrated a good working knowledge of DCFS mandates requiring them to report suspicions of abuse, including understanding specific DCFS procedures, how their own school procedures and guidelines fit in to the process, the seriousness of not reporting as required, and potential consequences of making reports. However, at the same time, several participants struggled to discern if potential harm had been done to the child based on the information presented in the vignette alone, and therefore they indicated they would further investigate the case. Further, some participants did not seem to connect that any presence of potential harm to the child, whether physical or emotional, warranted a report to DCFS based on their guidelines. This difficulty determining if a report was warranted was particularly true for vignettes with less concrete evidence of potential harm (e.g., physical injury). Specific findings of the qualitative analysis of participants' knowledge are presented in the following sections.

**General knowledge of mandated reporting.** Participants were asked to briefly describe what they know about mandated reporting in Illinois as required by DCFS. Open coding of this item revealed several distinct themes, summarized in Table 15.

Coded Theme	Definition and Examples	Inter-rater
		agreement %
DCFS	Reference to procedural facts about Mandated	98.94
Procedure	Reporting per DCFS	
	Examples: What constitutes abuse, Who are mandated	
	reporters, Consulting with DCFS, When a report is	
	warranted	
District/School	Reference to district level or school level policies or	96.28
Practices and	procedures related to mandated reporting	
Procedures	Examples: Consulting with colleagues, Chain of	
	command, Role of different school professionals	
Ramifications	Consequences of making a report or remifications of	98.40
of Reporting	Consequences of making a report or ramifications of <i>not</i> making a report	96.40
or reporting	Examples: Legal/professional ramifications, Social	
	ramifications	
Legal	Respondent indicates legal requirement/mandate to	92.02
Requirement	make report	
1	Examples: Must make report, Required to report	
Consideration	Perception of DCFS practices, including previous	98.94
of Previous	experiences with DCFS for certain cases, assumptions	
<b>DCFS</b> Practice	about DCFS	
	Example: Personal opinions of DCFS	
Note. Inter-rate	r agreement % refers to the % of themes reliably coded be	tween two

Table 15. Coded Themes of Participants' Descriptions of Mandated Reporting

*Note.* Inter-rater agreement % refers to the % of themes reliably coded between two coders.

First, a majority of participants referenced procedural facts about mandated

reporting put forth by DCFS, including what acts constitute abuse and neglect, which

professionals are mandated reporters, when a report is warranted, how professionals are

able to contact and consult with DCFS personnel to determine if a report is warranted,

and the typical follow-up procedures that takes place after a report has been made. For

instance, the following individual responses highlight common facts often presented by

the participants:

Those working directly with children (including, but not limited to doctors, teachers, social workers, etc...) are mandated reporters. They are to report any suspicion of abuse or neglect by calling 1-800-abuse. Abuse and/or neglect covers anything that puts a child at risk of harm in almost any capacity...

All professionals who encounter minors in their practice are mandated reporters (educators, medical professionals, etc). If there is any reason to suspect abuse, you must call DCFS to make a report. DCFS will make the determination as to whether or not to open a case and investigate further.

If you are suspicious of abuse of any kind, report it. Let the caseworker decide if it is warranted or not. You never really know. Limit your discussions with the victim and let the caseworkers get the necessary details. Take notes when you can and have the info ready when you make the call.

As a school psychologist, it is not my job to investigate into suspected child abuse. If I suspect abuse has occurred either though a student report or visible marks/bruises, then I simply call DCFS to report it and they will determine if further investigation is warranted.

A few participants additionally noted their district or school practices and procedures in

their responses, as evidenced in the following examples:

If you suspect abuse or significant neglect, you should consult with your district administrator before making the call.

If a child or parent reports any form of neglect or abuse to me directly, or if I observe marks on a child that are suspected to be a result of abuse I need to contact my administrator and then immediately place a call to DCFS to provide all of the student's information and the details of my suspicions...

If I suspect physical or sexual abuse or neglect, I must report it regardless of what colleagues or supervisor advise.

While some participants noted their district procedures (e.g., reporting to their

administrators) as common practice that does not impact the mandated reporting process,

other participants seemed more likely to report to their administrator first as a means by

which to determine if a report should then be made at all. In other words, some

participants informed their administrators that they were going to make the report,

whereas other participants seemed more likely to get permission from their administrators

to make the report.

Just under half of the participants noted the legal requirement of making a report

in their qualitative responses. The nature of how they discussed this legal requirement

varied among participants, as in the following examples:

A mandated reporter is a person who due to their contact with children and their position of relative power are mandated by law to report any suspected instances of child abuse and/or neglect.

I am required to report to DCFS any suspicion of a child being abuse, emotionally, sexually, or physically...when there is a specific incident or risk of abuse or neglect.

Anybody who works with children is required by law to report suspected abuse or neglect, and to disclose self-identifying information for investigative purposes. Practitioners are not protected by privileged communication when it comes to suspected abuse or neglect.

As an educator, state law requires I report suspected abuse or neglect to the DCFS hotline. The call is confidential and may result in an investigation to see if the child is safe...State law protects the confidentiality of all reporters and as long as the call was made in good faith the mandated reporter cannot be held liable for making the report.

In other words, although participants described the legal mandates in different ways (e.g.,

"Required to report;" "Must make a report," "Legally mandated to report"), it is clear

from their responses that a significant portion of the participants understood the necessity

of making a report of their suspicions given their roles as legally mandated reporters.

Related, a few participants noted the ramifications of making a report as well as the ramifications of *not* making a report. Specifically, two participants noted the potential negative consequences of making a report:

...Any little thing should not be reported. Calling DCFS has serious social ramifications for a family. This is left for significant and almost certainty with people... People are too sensitive about calling for any little thing.

...It is also a consideration regarding how the school's relationship with the family will be affected which can decrease our ability to assist them in the long run. It is a complex area with no simple answers and always requires careful consideration and team input.

Other participants noted the legal ramifications of not making a report when it is

warranted (e.g., "...If I suspect something and don't report it I could go to jail;"

"...[Mandated reporters] can be prosecuted for not reporting indicators that would arouse

suspicion in a reasonable person;" "...If [you don't report suspicions] you could lose your

credentials or be prosecuted").

Finally, a small number of participants noted their perceptions of common DCFS

practices, including their own previous experiences with reporting cases to DCFS as well

as assumptions they have about DCFS:

Any suspicion of abuse must be reported to DFS. The personnel at DCFS are most helpful and will let caller know if call is truly warranted or not.

Report any suspicions activities involving a student or child. However their responses to reports are very discouraging!

If I suspect any child abuse, I am required to call DCFS. However, having made several calls personally to DCFS, I know that they are very under-funded and under-staffed, so a lot of cases that probably should be looked into go without.

As such, these responses suggest that for some mandated reporters, their decision whether or not to make a report may be impacted by their previous experiences with and assumptions about DCFS and their practice as an organization.

**Application of knowledge to vignettes.** Participants were presented with three unique vignettes (See Appendix C), each presenting a situation in which a child *potentially* was at harm for child maltreatment. After each vignette, participants were asked a number of questions to assess what knowledge they had of child abuse indicators and reporting mandates and policies.

Vignette 1. Participants highlighted several different pieces of information from

Vignette 1 as notable. Table 16 summarizes the themes identified through open coding.

Coded Theme	Definition and Examples	Inter-rater
		agreement %
Developmental	Mention of developmental ability of children; or	90.52
Ability of	inability of children to care for self or others	
Child	Examples: Children's age, Suspected intellectual	
	disability	
Recognition of	Respondent's use of the term <i>neglect</i> (this does not	100.00
Legal	include reference to behaviors); Recognition that	
Terminology	behavior is a problem that meets legal definition of	
	neglect	
	Example: Use of term neglect	
Recognition of	Observable, operationalized behaviors that constitute	95.79
Problem	neglect; Recognition that behavior is a problem	
Behavior	Examples: Lack of supervision, Children unattended	
Parental	Recognition of need for consistency and supervision	95.79
Awareness	Examples: Inconsistent adult supervision, Willingness	
	of parent to disclose	

 Table 16. Coded Themes of Participants' Descriptions of Notable Facts in Vignette 1

Risk of Harm	Recognition that situation or behavior puts the child at risk of harm (physical or psychological) or concerns about safety Examples: Concerns about safety; Abandonment	98.42
Reference to Illinois Law	Recognizing that there is a legal requirement of when you can leave your child alone Example: Specific reference to Illinois law	100.00
Note Inter-rate	r agreement % refers to the % of themes reliably coded bety	veen two

*Note.* Inter-rater agreement % refers to the % of themes reliably coded between two coders.

Specifically, participants often attended to the developmental abilities of the

children in Vignette 1:

The boy is only 8...too young to be left alone AND expected to care for a 4-yearold...if an intellectual disability is suspected then that worries me even more! Unsupervised minors left at home alone. Suspected intellectual disability of 8y/o [year-old] makes the situation more untenable---but it's not as if it would be okay if the boy was a genius.

2 children that are too young to be home alone are being left alone in the evenings. The 8-year-old is also suspected of having an intellectual disability which means that his problem-solving skills may be several years delayed. If he is intellectually impaired, he would not be able to take care of himself and his 4-year-old sister on his own.

I would be concerned about the young age of the student and the sibling staying home alone. Specifically if the 8-year-old is suspected of having an intellectual disability his adaptive behaviors would be low increasing my concern about their lack of supervision at home.

In other words, participants often described their perception that the children would be

unable to care for themselves and each other when unsupervised. Additionally, many

participants noted that the older child described in Vignette 1 potentially had cognitive

delays, which further impacted his adaptive functioning and ability to care for himself

and his younger sibling.

Many participants also recognized and chose to reflect upon the specific, observable behaviors that constituted the problem in Vignette 1. Participants' responses centered around the children's being left unattended or unsupervised at home, as in the following examples:

Two children under 12 years old being left home without constant supervision; two children of any age being left home alone after daylight hours; lack of supervision for a child with a suspected disability.

The information that stands out to me is the lack of supervision the parent provides to the 8 and 4-year old.

The children appear to be left unsupervised for unspecified periods of time in the evening. Issue of negligence and the safety of the children are in question.

Further, some participants recognized that the parent's behavior in Vignette 1 also met the definition of neglect, as evidenced by their use of the legal terminology. Some participants described the parent's behavior as "possible neglect" whereas other participants indicated such with more certainty, such as stating that "[the vignette] is obviously a neglect issue." Five participants additionally referenced Illinois law regarding the appropriate age limits of leaving children alone and unsupervised.

A few participants further noted the potential risk of harm to the children based on the problematic behavior by the parent. This included concerns about the children's safety as well as concerns about putting the child at risk for psychological or physical harm. For instance, these participants often elaborated upon the possible dangers the children faced when left alone (e.g., risk of falling, risk of ingesting a chemical, reacting to an emergency situation) and the psychological impact of feeling abandoned. Finally, a few participants' responses also centered around a theme of lack of parental awareness, with specific references to the frequency and duration of the parent leaving the children alone, her reason for leaving, her willingness to disclose to the school psychologist about her behavior, and the lack of insight into her inconsistent parental supervision.

Table 17 summarizes the number of participants who identified the various components of suspicion for Vignette 1 as measured by categorical survey items. Over half of the participants (57.6%; n = 110) indicated they had reasonable grounds to suspect that child abuse had occurred in Vignette 1. Specifically, 47.6% of participants (n = 91) thought significant harm had been caused or was likely to be caused to the child's physical wellbeing, whereas 63.2% of participants (n = 120) thought significant psychological or emotional harm had been caused or was likely to be caused. Fewer participants (22.0%; n = 42) did not think they had reasonable grounds for suspecting child abuse had occurred, while 20.4% of participants (n = 39) were unsure. Further, 10.5% of participants (n = 20) did not think that physical harm had been caused or was likely to be caused or was likely to be caused, while 6.3% of participants (n = 12) did not think that physical harm had been caused or was likely to be caused, while 6.3% of participants (n = 12) did not think that physical harm had been caused or was likely to be caused, while 6.3% of participants (n = 12) did not think that physical harm had been caused or was likely to be caused.

Regarding physical harm, several participants (41.9%; n = 80) were unsure if physical harm had occurred or could potentially occur, while 30.5% of participants (n =58) were unsure if psychological or emotional harm had occurred or could potentially occur. A majority of participants (77.4%; n = 147) indicated that DCFS required them to report the case, although only 110 participants indicated they had reasonable grounds to

suspect abuse had occurred. A small number of participants (7.4%; $n = 14$ ) indicated
DCFS did not require them to report the case, and 15.3% of participants ( $n = 29$ )
indicated they were unsure if DCFS required them to make a report.

		0/
	n	%
Do you think you have reasonable grounds for		
suspecting child abuse has occurred?		
Yes	110	57.6
No	42	22.0
I'm not sure.	39	20.4
Do you think significant harm has been caused, or is		
likely to be caused, to the child's physical wellbeing?	01	17 (
Yes	91	47.6
No	20	10.5
I'm not sure.	80	41.9
Do you think significant harm has been caused, or is likely to be caused, to the child's psychological or emotional wellbeing?		
Yes	120	62.8
No	12	6.3
I'm not sure.	58	30.4
Do the mandates of DCFS require you to report this?		
Yes	147	77.0
No	14	7.3
I'm not sure.	29	15.2

 Table 17. Number of Participants Identifying Components of Suspicion for Vignette 1

Participants were additionally asked to describe why they indicated a particular response on the items inquiring about reasonable grounds for suspicion of abuse, physical harm, and psychological or emotional harm. Again, open coding of these responses yielded several broad themes, summarized in Table 18.

Coded Theme	Definition and Examples	Inter-rater agreement %
Recognition of	Respondent's use of the term <i>neglect</i> (this does not	94.96
Legal	include reference to behaviors) or <i>child endangerment</i>	91.90
Terminology	Example: Neglect, Child endangerment	
Recognizes	Code this if the respondent discusses neglect and	96.01
Abuse and	abuse as two separate acts	
Neglect as Separate	Examples: Neglect is type of abuse, It's neglect but not abuse	
Developmental	Mention of developmental ability of children; or	93.70
Ability of	inability of children to care for self or others	
Child	Example: Child's age, Potential intellectual disability	
DCFS	Reference to procedural facts about Mandated	96.43
Procedure	Reporting per DCFS	
	Examples: More cautious, Checking-in with DCFS, What warrants a report	
Respondent as	Respondent indicating they need more information;	97.90
Investigator	Taking steps to gather additional information;	
	Misunderstanding of their role as mandated reporter Example: Steps to gather additional information	
Recognition of	Observable, operationalized behaviors that constitute	91.39
Problem	neglect; Recognition that behavior is a problem;	
Behavior	Recognition that situation or behavior puts the child at	
	risk of harm (physical or psychological) or concerns	
	about safety	
	Examples: Lack of supervision, Children unattended,	
	Concerns about safety, Potential dangers	
Parental	Recognition of need for consistency and supervision	98.74
Awareness	Examples: Inconsistent adult supervision, Willingness of parent to disclose	

Table 18. Coded Themes of Participants' Identified Components of Suspicion for Vignette 1

*Note.* Inter-rater agreement % refers to the % of themes reliably coded between two coders.

Several of the primary themes noted previously were consistent throughout these items, as well. For instance, participants referenced the problem behaviors presented in the vignette (n = 274), utilized the legal terminology related to the problem behavior (n = 101), noted the developmental abilities of the children in the vignette as they relate to the problem behaviors (n = 79), and described the lack of parental awareness involved in the vignette (n = 25).

Additionally, on Vignette 1, some participants (n = 41) made a distinction between child abuse and child neglect, in particular when asked if they had enough information to reasonably suspect child abuse was occurring. As noted in the examples below, in some cases, participants subsumed child neglect as a type of child abuse, whereas other participants noted that the parent's behavior constituted child neglect but not child abuse:

I would deem it neglect, which I consider to be a form of child abuse.

I don't think I have grounds for child "abuse" specifically, but certainly neglect considering what the parent has reported.

Without additional information and interviewing the student, it cannot be determined if the child has been abused. It does seem as if the children in the home are being neglected.

A small number of participants (n = 15) also commented on DCFS procedures in their responses, including if the parent's behaviors constitute abusive or neglectful behavior, if a report is warranted, and when a report should be made. Further, some of these participants specifically noted that they err on the side of caution and call DCFS to ask them if a report is warranted based on the available information. For example: Parent admitted neglect of child. DCFS is responsible for determining if this is founded or not and con provide the parent with additional resources, training, etc.

It sounds like there is the potential for the kid to feel sad, scared, abandoned. It's up to DCFS to make that determination. It's up to me to make the call.

This needs more investigation, but it is certainly a possibility and should be reported.

It is unclear of the area of neglect so I would ask DCFS to make the determination.

...it is not my job to determine whether the actual abuse has occurred. The DCFS investigator will do that. I suspect it, based no the information provided, therefore I am mandated to call.

In other words, considering reasonable grounds for abuse, and potential psychological or

physical harm, these participants considered specific procedural facts about the mandated

reporting process and guidelines in their decisions.

Finally, some participants (n = 41) also made comments suggestive of their

perceived role of investigator based on the information presented in the vignette:

There is potential for psychological or emotional harm based on the description. More follow up would be needed to make an informed answer to this question.

I think significant harm is possible, but would need more information to determine how likely.

Without further investigation or more information, I do not believe I could determine this.

...with the little information, it is unclear whether the child is being negatively affected. It is possible that the child is not getting enough sleep because his mother is not at home to make sure he goes to bed, but I would still want more information.

In other words, these participants indicated they needed additional information in order to

accurately assess the risk for harm or the potential that the parent's behavior was

considered abusive. These participants also sometimes described specific steps they would take to gather additional information (e.g., interview the parent, talk with the child) in apparent search of proof or concrete evidence that abuse was occurring. Further, participants often alluded to this investigative role as being necessary prior to their making the determination that a report was warranted.

Vignette 2. Participants highlighted several different pieces of information from

Vignette 2 as notable. Table 19 summarizes the themes identified through open coding.

Coded Theme	Definition and Examples	Inter-rater
		agreement %
Changes in Student	Reference to any changes in students' behavior, mood, and/or physical/somatic concerns; Specific changes or general statement regarding change in student Examples: Socially withdrawn, Loss of interests, Unwillingness to change in PE	92.10
Relationship with Dad	Responder mentioning or identifying specific elements about relationship with the father Examples: Post-divorce relationship with father, Emotional reactions specific to father	93.68
Protection of Sibling	Reference to child wanting or needing to protect sibling Examples: Afraid for sibling, Protection of Sibling	96.32
Risk of Harm	Recognition that situation or behavior puts the child at risk of harm (physical or psychological) or concerns about safety Examples: Student does not feel safe, Concerns about safety	94.21
Student Disclosure	Specific presence or absence of disclosure from student Example: Verbalizations child made	86.84

Table 19. Coded Themes of Participants' Descriptions of Notable Facts in Vignette 2Coded ThemeDefinition and ExamplesInter-rater

Recognition of	Respondent's use of the term child abuse (this does	98.42
Legal	not include reference to behaviors); Recognition that	
Terminology	behavior is a problem that meets legal definition of	
	child abuse	
	Examples: Child abuse, Physical abuse, Sexual abuse	

*Note.* Inter-rater agreement % refers to the % of themes reliably coded between two coders.

Most commonly, participants noted characteristics of the student's relationship with her father. Specifically, participants described a range of factors regarding the parent-child relationship that they perceived as noteworthy when considering their role of mandated reporters. For instance, participants noted the changes in the family that contributed to the current visitation routine with the parent, the student's specific emotional reactions to visiting her father (e.g., distress when she has to visit her father; anxiety or fearfulness when her father is picking her up from school), the sex of the parent and the sex of the child, and the perceived environment at the parent's home. The following examples illustrate the variety of comments written by participants aligned with this theme:

Girl says she has to protect her sister when going over to her father's house. Anxiety and fearfulness around times she is going to stay at father's. Changes in mood and behavior coincide with changes at home.

Her behavior and what she has said indicates something is not right at her father's house. It isn't yet clear what is happening though. It is suspicious.

Her anxiety and fearfulness about going to stay with her father. The fact that she becomes socially withdrawn and unwilling to participate in activities. Her unwillingness to change into her gym clothes. The distress she feels just before her father comes to pick her up. Additionally, that fact that she has concern about leaving her younger sister alone with her father and feels that she needs to be there to protect her. It is notable to me that the girl is fearful of going to her father's house only, and not her mother's house. It is also notable to me that she feels like she needs to protect her sister at her father's house. Protect her sister from what?

Thus, these participants often referenced specific elements about the child's relationship with her father, as well as her relationship with her sister and her sister's relationship with her father, as particularly important when reviewing the information in Vignette 2 from the mandated reporter lens.

A secondary theme was developed surrounding changes in the student, as a

majority of participants described specific observed changes in the child's behavioral and

emotional functioning as notable. This included mentioning changes in the student's

behavior, mood, and/or physical/somatic symptoms, in addition to more general

statements asserting that the child was changing or different than once before:

Several notable pieces of information. First, her change in mood from cheerful to reserved. Complaints of aches and pains, not wanting to undress for gym class. There is anxiety specifically related to seeing her father as well as the girl telling that she does not want to go there.

The fear of going to dad's home and the fact that she doesn't want to get dressed for gym. The change in behavior is the first sign that something is going on.

The significant change in her behavior that correlates with the recent divorce, she is withdrawn, doesn't want to participate and doesn't want to change clothes in PE (potentially because she has bruises). Her anxiety and fearfulness increase when she is with dad and her mood becomes distressed...

Signs that emotional concerns are being manifested as physical complaints, change in behavior/attitude around visits with her father, reluctance to change clothing...

An unexplained change in the student's behavior, refusal to change into PE clothes even though she enjoyed PE before...and increased behavior withdrawal and anxiety near times she comes from staying at dad's for the weekend.

Her change in behavior and disengagement from activities is concerning. The fact that she won't change for PE is also a concern. I would also be worried about why her stress level increases when she is to stay with her father...

In other words, participants noted specific changes in the student's behavior and affect coupled with her somatic concerns as potential warning signs that caused them to be suspicious of what was occurring at the father's home.

Many participants also seemed to give weight to the fact that the child specifically disclosed information to the professional that warranted suspicion, as opposed to relying solely on observed changes in the student. For instance, participants noted "the verbalization of the student's fear," "the fact that the child mentioned being in fear," and that the student "reported" or "made statements" about her anxiety surrounding her father. Similarly, several participants noted the significance of the child's statement regarding the need to protect her sibling, as is evident in the following examples:

The fact that the child mentioned being in fear and needing to protect her sister along with the emotional response is a red flag.

...she feels 'she is the only one who can protect' her younger sister and feels she needs to look after her younger sister.

... the fact that she mentions that she has to protect her sister is alarming.

...the student is referring to have to 'look after' her younger sister, in order to 'protect' her...

...the statement regarding protecting her sister is VERY notable.

Clearly there are concerns conveyed by her about being with her father. The major red flag is her saying that she needs to protect her younger sister.

In other words, the participants noted the child's being afraid for her sister or feeling the need to protect her sister as significant in Vignette 2.

A small number of participants also mentioned the potential risk of harm to the student as noteworthy. These participants made specific reference to concerns about the student's safety, or recognized that the situation described in Vignette 2 put the child at risk for physical and/or psychological harm (e.g., "The student doesn't feel safe;" "Are these children safe? Is there sexual abuse or physical abuse going on or both?;" Claims of fear of safety..."). Similar to this consideration of the child's safety or potential for harm, a small number of participants also specifically used legal terminology (e.g., "Child abuse") related to child maltreatment in their description of notable factors from the vignette, as in the following examples:

The reluctance to change into PE clothes, the avoidance (claiming to be sick), the various aches and pains, the changes in mood, and the obvious distress associated with being picked up by her father all seem to indicate some sort of abuse (physical, sexual, etc.) going on at his house.

Anxiety, stress at home, change of behavior, somatic complaints, claims of fear of safety (needing to be protected). May be signs of possible sexual abuse.

Lots of signs of sexual abuse and apprehension about going to father's house.

Possible but not definite sexual or other abuse by father or someone in father's home.

I would be highly suspect of abuse occurring in the father's home and would have asked more questions before releasing her to her father.

These participants recognized that the student's observable behavior, her changes in emotional functioning, and her direct disclosures about her fear and need to protect her sibling warrant suspicion of a problem at home that would meet legal definition of child abuse.

Table 20 summarizes the number of participants who identified the various components of suspicion for Vignette 2 as measured by categorical survey items. Just under half of the participants (49.2%; n = 94) indicated they had reasonable grounds to suspect that child abuse had occurred in Vignette 2. Specifically, 35.6% of participants (n = 68) thought significant harm had been caused or was likely to be caused to the child's physical wellbeing, whereas 70.7% of participants (n = 135) participants thought significant psychological or emotional harm had been caused or was likely to be caused. Fewer participants (21.5%; n = 41) indicated that they did not have reasonable grounds to suspect child abuse had occurred, while 29.3% of participants (n = 56) were unsure. Further, 9.4% of participants (n = 18) did not think that physical harm had been caused or was likely to be caused or was likely to be caused, while 3.7% of participants (n = 7) did not think that psychological or emotional harm had been caused or was likely to be caused.

As with Vignette 1, several participants were unsure if they could discern from the vignette that physical or psychological harm had been caused or could potentially be caused to the child. Regarding physical harm, several participants (55.0%; n = 105) were unsure if physical harm had occurred or could potentially occur, while 25.7% of participants (n = 49) were unsure if psychological or emotional harm had occurred or could potentially occur. Only 40.8% of participants (n = 78) indicated that DCFS required them to report the case, although 94 participants indicated they had reasonable grounds to suspect abuse had occurred. Several participants (37.2%; n = 71) indicated DCFS did not require them to report this case, whereas some participants (22.2%, n = 42) indicated they were unsure if DCFS required them to make a report.

	n	%
Do you think you have reasonable grounds for		
suspecting child abuse has occurred?		
Yes	94	49.2
No	41	21.5
I'm not sure.	56	29.3
Do you think significant harm has been caused,		
or is likely to be caused, to the child's physical		
wellbeing?	68	35.6
Yes	18	9.4
No	105	55.0
I'm not sure.		
Do you think significant harm has been caused,		
or is likely to be caused, to the child's		
psychological or emotional wellbeing?		
Yes	135	70.7
No	7	3.7
I'm not sure.	49	25.7
Do the mandates of DCFS require you to report		
this?		
Yes	78	40.8
No	71	37.2
I'm not sure.	42	22.0

 Table 20. Number of Participants Identifying Components of Suspicion for Vignette 2

As with Vignette 1, participants were additionally asked to describe their

suspicions of abuse, potential physical harm, and potential psychological or emotional

harm in the vignette. Themes identified from open coding are summarized in Table 21.

Coded Theme	Definition and Examples	Inter-rater agreement %
Changes in Student	Reference to any changes in students' behavior, mood, and/or physical/somatic concerns; Specific changes or general statement regarding change in student Examples: Socially withdrawn, Loss of interest	85.90
DCFS Procedure	Reference to procedural facts about Mandated Reporting per DCFS Examples: Checking-in with DCFS; Reference to previous DCFS cases	96.79
Respondent as Investigator	Respondent indicating they need more information; Taking steps to gather additional information; Misunderstanding of their role as mandated reporter Example: Steps to gather additional information	97.65
Recognition of Legal Terminology	Respondent's use of the term <i>child abuse</i> (this does not include reference to behaviors); Recognition that behavior is a problem <i>that meets legal definition of</i> <i>child abuse</i> ; Reference to other legal elements Examples: Child abuse, Physical abuse, Sexual abuse	87.39
Alternate Explanations	Reference to other contextual or situational factors that might be impacting/leading to observed changes in student Examples: Family situation, Divorce	97.86
Protection of Sibling	Reference to child wanting or needing to protect sibling Examples: Afraid for sibling, Need to protect sibling	97.65
<i>Note.</i> Inter-rater coders.	agreement % refers to the % of themes reliably coded be	tween two

Table 21. Coded Themes of Participants' Identified Components of Suspicion for Vignette 2

On these items, participants again often noted the physical, psychological, and

behavioral changes in the student as contributing to their suspicions of harm or abuse in

the home. A few participants also referenced legal terminology related to child

maltreatment in their responses, consistent with their descriptions noted previously.

Finally, several participants again mentioned the need of the student to protect her sibling

on these items, most often in relation to the potential for psychological harm to be done

towards the student.

Additionally, as with Vignette 1, several participants' statements alluded to their

perceived role as investigator or the need to seek out additional information in order to

accurately assess the potential for harm to the child, as in the following examples:

Although the student is showing signs of negative emotional/psychological impact, it's hard to ascertain why the changes are occurring. More follow up may lead to a DCFS call, but with the current information, I don't know that I would make a call...

There is an indication of increased emotional distress but the cause is unclear and should more information needs to be collected before it is determined that there is any abuse occurring.

I would want more information. There is a potential that there could be psychological or emotional harm in this situation but also since there is a divorce the child is coping.

Need more information. She has claimed to have ailments but there has been no physical evidence of abuse.

Again, I would not just call DCFS based on what was presented in the vignette alone but if after further interviewing and investigation and the child reveals that physical harm has occurred to herself or her sister then I would agree with this statement.

Based on the change in her mood, her psychological and emotional wellbeing is being significantly affected. However, this could be from just the divorce or from the divorce and potential abuse combined. Without further information, it is unclear what is precipitating the change in mood.

In other words, although the participants often noted that something was problematic in

the vignette, without gathering more information, many participants seemed

uncomfortable attributing the concerns to potential abusive behavior from the parent or

concluding that the student was experiencing or likely to experience physical or

psychological harm.

Related to this discomfort is the possibility of alternate reasons potentially

explaining the changes in the student or her concerning statements, which was an

additional theme discovered in participants' responses to this set of items. For example:

The details are still circumstantial. While there are red flags, there can still be any number of reasons for the behavior.

Is the change in behavior reaction to divorce and change in family, anger towards father, is father putting her between the two parents??

There are other factors that could be contributing to her distress. It would be necessary to rule it out.

There is a wide range of reasons the child feels she needs to protect her sister. While abuse cannot be ruled out, it would be premature to assume abuse has occurred.

Some problems can be attributed to other issues - maybe she is going through puberty and doesn't want to change clothes. Also, puberty could explain behavior changes and emotional changes. Just dealing with the divorce could be the cause of the changes.

Therefore, participants attended to the contextual and situational factors surrounding the

child in the vignette and considered the potential impact of these factors on the concerns

presented. In other words, these alternate explanations made the participants less likely to attribute the concerns to potential abuse from the parent, and often participants noted needing additional information to tease apart the potential causes for her concerning behavior from the student.

Finally, as with Vignette 1, participants often referenced DCFS procedures in their responses. These references often included making a call to DCFS to have them determine if the suspicions warranted an investigation, therefore erring on the side of caution, as well as specific recognition that the mandated reporter is not responsible for investigating the suspicions. These participants often indicated that although they were not sure abuse was occurring, they had enough information to suspect abuse was occurring and/or the child was at risk for physical or psychological harm, and thus a call to DCFS was warranted.

*Vignette 3.* Participants highlighted several different pieces of information from Vignette 1 as notable. Table 22 summarizes the themes identified through open coding.

Table 22. Coded Themes of Participants Descriptions of Notable Facts in Vignette 5					
Coded Theme	Definition and Examples	Inter-rater			
		agreement %			
Changes in Student*	Reference to any changes in students' behavior, mood, and/or physical/somatic concerns (specific or general) *If we code change in student, also indicate if the participant mentioned only the physical injury Examples: Physical injuries, Behavior changes	98.95			
Physical Injury Only**	Responder only mentioned physical injury in response; <b>**</b> only code if Change In Student was coded Examples: Bruising only, Visible signs of abuse only	99.47			

Table 22. Coded Themes of Participants' Descriptions of Notable Facts in Vignette 3

Student Disclosure	Specific presence or absence of disclosure from student Example: Lack of explanation of bruise	98.42
Parental Modeling	Any mention of relationship between parents or relationship between parents and child Examples: Parental interactions, Modeling of anger	97.89
Risk of Harm	Recognition that situation or behavior puts the child at risk of harm (physical or psychological) or concerns about safety Examples: Student does not feel safe, Red flags	98.42
Recognition of Legal Terminology	Respondent's use of the term <i>child abuse</i> (this does not include reference to behaviors); Recognition that behavior is a problem <i>that meets legal definition of</i> <i>child abuse</i> Examples: Child abuse, Physical abuse	96.84
Legal Terminology	Examples: Student does not feel safe, Red flags Respondent's use of the term <i>child abuse</i> (this does not include reference to behaviors); Recognition that behavior is a problem <i>that meets legal definition of</i> <i>child abuse</i>	

*Note.* Inter-rater agreement % refers to the % of themes reliably coded between two coders.

A vast majority of participants made note of the changes in the student, including

behavioral changes (i.e., increased aggression) and physical injuries (e.g., bruises), as in

the examples below:

A student is behaving violently out of character recently. Parents arguing and being physically abusive in public. Visible bruises around wrists which suggest binding.

Significant change in the boy's behavior, including aggressive behavior that is uncharacteristic of him, parental/martial conflict, father's aggression towards the mother, and the boy's physical injuries.

The student has become physically aggressive towards peers and this is a new behavior for the student. Also noteworthy is the physical interaction between the parents. The bruising around the wrists is concerning as well.

6-year-old boy, aggressive with peers, indication of increased emotional distress...bruises on body.

Sudden behavior change with student...physical signs of harm on child with no explanation.

As evidenced in these examples, some participants noted generally that the student was demonstrating behavior different than was typical for him (e.g., "Behavior change"), whereas other participants noted in more detail the specific changes observed (e.g., "Increased aggression with peers"). An additional theme related to this centers around the notion that some participants noted only the physical injury of the child in their descriptions (e.g., "The marks on his wrist;" "The bruises on the arm"). In other words, when describing the notable factors of the case, these participants referenced only the clear evidence of physical injury in their responses.

As with Vignette 2, several participants again focused on the importance of disclosures from the student, in this case highlighting that there was a lack of explanation from the child about how he acquired his bruises. For instance, the examples below demonstrate this theme:

Change in behavior, observations of child and family, visible marks in the child, the child's unwillingness to explain.

...the boy comes to school with bruising around one of his wrists. When asked, the boy would not explain how he got the mark.

Boy displaying atypical physical behavior and bruising on his wrist without explaining what happened. ...unexplainable bruising around on of the boy's wrists. The boy refusing to explain how he got the mark on his wrist.

In other words, these participants highlighted the absence of the student's disclosure as being particularly notable and problematic in this scenario, again giving significant weight to the information directly disclosed from the student, as was the case in Vignette 2.

As with the previous two vignettes, some participants again specifically referenced that the child's safety was called into question and/or the child was at risk of harm. This included mention of specific "red flags" or "warning signs" as well as specific mention regarding the child being at risk for physical or psychological harm based on the information provided in the vignette. Further, some of the warning signs mentioned by participants related to the observed physical interactions between the student's parents. As such, an additional theme was identified in participants' response related to parental modeling. This theme included responses that contained any mention of the relationship between the parents or the relationship between the parents and child, such as:

This is a change in behavior, I've seen some violence between the parents so the boy may be exposed to violence in the home...

The child's change of behavior; the bruises, the observed behavior of the parents which indicate the existence of interpersonal conflict and the likelihood of domestic violence against the mother and possibly the children as well.

It seems as if the father may be getting physical with at least the mother at home. The child is witnessing this and he now has a mark that he won't explain.

... Parents visibly showing verbal and physical aggression towards one another.

In other words, several participants attended to the potential for domestic violence or

family stress to be occurring, which then impacted the student's safety. Other

participants mentioned the father's modeling of poor anger control, or the student's exposure to violence at home as particularly notable.

Table 23 summarizes the number of participants who identified the various components of suspicion for Vignette 3 as measured by categorical survey items. For Vignette 3, the majority of participants (80.6%; n = 154) indicated they had reasonable grounds to suspect that child abuse had occurred. Specifically, 77.0% of participants (n = 147) thought significant harm had been caused or was likely to be caused to the child's physical wellbeing, and 76.4% of participants (n = 146) thought significant psychological or emotional harm had been caused or was likely to be caused. Only 6.3% of participants (n = 12) thought they had reasonable grounds for suspecting child abuse had occurred, while 13.1% of participants (n = 25) were unsure. Only 2.6% of participants (n = 5) indicated they did not think that physical harm or psychological/emotional harm had been caused.

A number of participants were unsure as to whether or not significant emotional or physical harm been caused to the child or could potentially be caused. Regarding physical harm, 20.4% of participants (n = 39) were unsure if physical harm had occurred or could potentially occur, while 20.9% of participants (n = 40) were unsure if psychological or emotional harm had occurred or could potentially occur. The majority of participants (83.8%; n = 160) indicated that DCFS required them to report the case. Fewer participants (11.0%; n = 21) indicated DCFS did not require them to report this

case, whereas some participants (5.2%, n = 10) indicated they were unsure if DCFS

required them to make a report.

	п	%
Do you think you have reasonable grounds for		
suspecting child abuse has occurred?		
Yes	154	80.6
No	12	6.3
I'm not sure.	25	13.1
Do you think significant harm has been caused,		
or is likely to be caused, to the child's physical		
wellbeing?	147	77.0
Yes	5	2.6
No	39	20.4
I'm not sure.		
Do you think significant harm has been caused,		
or is likely to be caused, to the child's		
psychological or emotional wellbeing?		
Yes	146	76.4
No	5	2.6
I'm not sure.	40	20.9
Do the mandates of DCFS require you to		
report this?		
Yes	160	83.8
No	21	11.0
I'm not sure.	10	5.2

Table 23. Number of Participants Identifying Components of Suspicion for Vignette 3

Participants were additionally asked to describe their suspicions of abuse,

potential physical harm, and potential psychological or emotional harm in the vignette.

Open coding of these responses yielded several of the same themes previously described,

summarized in Table 24.

Vignette 3		
Coded Theme	Definition and Examples	Inter-rater
<u></u>		agreement %
Changes in Student	Reference to any changes in students' behavior, mood, and/or physical/somatic concerns; Specific changes or general statement regarding change in student Examples: Physical injury, Behavior change	92.75
Parental Modeling	Any mention of relationship between parents or relationship between parents and child Examples: Parental interactions, Modeling of anger	95.10
DCFS Procedure	Reference to procedural facts about Mandated Reporting per DCFS Example: Checking-in with DCFS; What constitutes abuse	98.51
Respondent as Investigator	Respondent indicating they need more information; Taking steps to gather additional information; deciding there is not enough information; Misunderstanding of their role as mandated reporter Example: Steps taken to gather additional information	98.72
Risk of Harm	Recognition that situation or behavior puts the child at risk of harm (physical or psychological) or concerns about safety Example: Red flags	92.54
Student Disclosure	Specific presence or absence of disclosure from student Example: Unwillingness to explain bruises	98.87
Recognition of Legal Terminology	Respondent's use of the term <i>child abuse</i> (this does not include reference to behaviors); Recognition that behavior is a problem that meets legal definition of child abuse Examples: Child abuse, Physical Abuse	91.47

Table 24. Coded Themes of Participants' Identified Components of Suspicion for Vignette 3

Alternate	Reference to other contextual or situational factors	99.15
Explanations	that might be impacting observed changes in student;	
-	deferring to alternate explanations; Using alternate	
	explanation to delay or avoid reporting	
	Example: Children can bruise their wrist in many	
	ways	

*Note.* Inter-rater agreement % refers to the % of themes reliably coded between two coders.

In particular, participants again described the student's risk of harm, the significant changes in behavior and physical injuries observed on the student, the student's lack of explaining how he had gotten his bruises, and the parental modeling of aggressive behavior as significant in their consideration of the situation as mandated reporters.

As with other vignettes, a few participants again referenced specific DCFS procedures as they considered if the child was being potentially harmed. For example, in some cases, a few participants indicated that despite being unsure if abuse was occurring, there were enough warning signs or suspicions to warrant making a report. Other participants again described the process of calling DCFS in a consultative manner to determine if a report was warranted. A small number of participants additionally recognized the legal terminology related to the situation presented in the vignette, specifically mentioning terms such as "physical abuse" or "child abuse."

Several participants also noted their taking on an investigative role to gather more information prior to being able to discern if a report was warranted. As with the previous two vignettes, it appeared as though participants were uncomfortable attributing the behavior to abuse from the parents based on the lack of information. In some cases, participants indicated they would report nonetheless, whereas other participants required more information before making the decision to report. Similarly, an additional theme was identified surrounding the few participants who indicated there was the possibility of alternate explanations for the observed changes in the student's behavior and the observed physical injuries. For example:

Need more information, the marks could have come from anywhere, including friends/siblings or self inflicted.

The child has an injury, but it may be a result of punching another student and not wanting to admit that for fear of getting in trouble. Just because the parents seem to have some issues going on, that does not mean the kid is being abused.

He has marks on his wrist. There may be a perfectly reasonable explanation, but the fact that the child is unwilling to share what happened is suspicious.

In other words, because there were other possible explanations, the respondents seem to think that additional information was necessary before being able to take the next step as a mandated reporter.

## Research Question 3: What proportion of school psychologists make a report to

## child protection agencies when warranted?

Following each vignette, participants were given a list of possible steps to take as a mandated reporter and asked to indicate which step(s) they would do next. These items allowed the researcher to assess participants' decision-making as mandated reporters. For Vignettes 1 and 3, the majority of participants indicated they would report their suspicions to DCFS; however, this was not the case for Vignette 2. Further, on all three vignettes, many participants indicated they would take steps to further investigate the cases in order to gather additional information to help them in their decision-making processes. These primary steps taken are further explained for each vignette in the following sections, as are other action steps and decisions engaged in by participants on the case vignettes. Table 25 summarizes the steps taken by participants after each case.

**Vignette 1.** Following Vignette 1, participants indicated they would take a variety of next steps in carrying out their role as mandated reporter. The action step most often indicated by participants was to make a report to DCFS (76.4%; n = 146). Participants also indicated they would make a report to school administration (53.9%; n = 103), as well as consult with colleagues (49.2%; n = 94), try to find out more information to confirm or rule out suspicions (45.0%; n = 86), contact the child's family (17.3%; n = 33), conduct additional observations of the child (14.2%; n = 27), defer to school administration to make a report to DCFS (6.3%; n = 12), and call the police (4.7%; n = 9). All participants indicated they would take at least one of these steps. In other words, no participants indicated they would not report the case to DCFS, the vast majority of participants (87.4%; n = 167) indicated they would report whereas 12.6% of participants (n = 24) indicated they would not make the report.

**Vignette 2.** Following Vignette 2, the next step most often taken by participants was to try to find out more information to confirm or rule out suspicions (65.4%; n = 125). Participants also indicated they would consult with colleagues (58.6%; n = 112), followed by make a report to school administration (53.4%; n = 102), contact the child's

family (52.9%; n = 101), conduct additional observations of the child (42.4%; n = 81), make a report to DCFS (34.0%; n = 65), defer to school administration to make a report to DCFS (6.8%; n = 13), and call the police (1.6%; n = 3). As with Vignette 1, all participants indicated they would take at least one of the listed steps. When directly asked if they would or would not make a report to DCFS based on Vignette 2, just over half of participants (52.4%; n = 100) indicated they would make a report compared to 47.6% of participants (n = 91) who reported they would not call DCFS.

**Vignette 3.** After reading Vignette 3, the participants most often indicated they would make a report to DCFS as their next step (77.5%; n = 148). Several participants also said they would make a report to school administration (62.3%; n = 119), followed by consult with colleagues (49.7%; n = 95), try to find out more information to confirm or rule out suspicions (40.3%; n = 77), contact the child's family (34.0%; n = 65), conduct additional observations of the child (33.5%; n = 64), defer to school administration to make a report to DCFS (5.8%; n = 11), and call the police (2.6%; n = 5). All participants indicated they would take at least one of the listed steps. When asked directly, the vast majority of participants (86.4%; n = 165) indicated they would make the report to DCFS whereas only 13.6% of participants (n = 26) indicated they would report.

Table 25. Next Steps indicated by Farticipants following each vignetic						
	Vig	gnette 1	Vig	gnette 2	Vi	gnette 2
	n	%	п	%	п	%
Conduct additional observations of the child	27	14.2	81	42.4	64	33.5
Contact the child's family	33	17.3	101	52.9	65	34.0

Table 25. Next Steps Indicated by Participants following each Vignette

Consult with colleagues	94	49.2	112	58.6	95	49.7
Make a report to school administration	103	53.9	102	53.4	119	62.3
Make a report to DCFS	146	76.4	65	34.0	148	77.5
Defer to school administration to make a report to DCFS	12	6.3	13	6.8	11	5.8
Call the police	9	4.7	3	1.6	5	2.6
Try to find out more information to confirm or rule out	86	45.0	125	65.4	77	40.3
suspicions						
No action	0	0.0	0	0.0	0	0.0

*Note.* Numbers reflect the number of participants who indicated they would take the listed step for each case.

Some participants additionally provided extra steps they would take in their role as mandated reporter that were not listed on the survey responses. Open coding of these

responses identified four primary themes, which are defined in Table 26.

Coded Theme	Definition and Examples	Inter-rater agreement %
Taking on the Role of Investigator	Respondent indicates other steps taken in order to further investigate suspicions or possibility of abuse/neglect Examples: Teacher/Parent contact, Student observation, Student interview	96.39
Role of Administration	Reference to role of other professionals in school or district as they relate to mandated reporting process Examples: Chain of command, District procedures	98.80
Consult with Colleagues	Consultation with a colleague about case or seeking out input from colleague about how to proceed Examples: Social worker, School resource officer	97.59

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Supporting	Any mention of steps taken to further support family	91.57
Family	(including parent and child)	
-	Examples: Educating parent, Warning parent, Services	
	for student	

*Note.* Inter-rater agreement % refers to the % of themes reliably coded between two coders.

Across the three vignettes, participants often elaborated on their own perceived

role of investigator. In other words, the participants indicated specific steps they would

take to investigate their suspicions of child abuse or neglect, including contacting

students, parents, or teachers, observing the student, or checking for injury, all for the

purpose of gathering additional information. For example, the following responses

highlight such actions:

I would ask for more information from the mother as well about the details. Is this neighbor "babysitting" (staying with the children) or actually leaving the house? *(in reference to Vignette 1)* 

After the above [vignette] is investigated further a report to DCFS may be the outcome. *(in reference to Vignette 2)* 

I would want to build a stronger relationship with the child to try and get her to open up about specifically what is happening and why she is concerned with her sister. I may also talk to the teacher about the changes in her at school. I may encourage the teacher to talk to her mom in a general way about these changes. *(in reference to Vignette 2)* 

[I would] interview the child. (in reference to Vignette 3)

Thus, despite clear guidelines from DCFS indicating the mandated reporter is not advised or responsible for investigating further, several participants indicated they would engage in actions to determine if the abuse was actually occurring rather than making the report based on their suspicions alone. Across the three vignettes, participants also referenced the role of other upperlevel professionals in their school or in their district to determine if a report should be made. In other words, these participants often felt they had to follow a particular chain of command in reporting or they had to follow specific school procedures that would delay the report being made. For example, one participant stated, "I strongly suspect abuse, but I would defer this decision to my administration because there are no clear signs (bruises, admissions of abuse)." Other participants expressed their desire to consult with colleagues in situations where they may suspect abuse, in what again appeared to be attempts to either diffuse responsibility or confirm that their decision to report was correct:

I would consult with the school team and the administration to evaluate pertinent information related to the abuse.

It is always good to consult with colleagues regarding a student as they know him better than I do...also, since I'm evaluating the child, additional observations would be pat of the assessment procedure. *(in reference to Vignette 1)* 

In both situations, whether notifying administration or consulting with colleagues, these participants reported taking an extra step in the mandated reporting process before reporting the suspicion to DCFS.

Finally, across the three vignettes, some participants also specified the ways in which they might provide support to the family or child in question, including the parent who was potentially a perpetrator of abuse or neglect. For instance, participants stated they would discuss with the parent that his or her actions were problematic and worthy of making a report; however, it did not appear these participants would simultaneously make the report in those instances. In some cases, participants also indicated they would notify the parent about mandating reporting procedures to highlight that their behavior was not acceptable, as though they were providing a "warning" to the parent. Further, some participants alluded to providing specific resources or parent training to assist the parent in the particular area that appeared to be contributing to the potential abuse or neglect (e.g., providing resources for child care options to a mother potentially leaving her children home alone).

# Research Question 4: How confident are practicing school psychologists in their ability to accurately report suspicions of child maltreatment?

After participants indicated if they would or would not report each vignette, they also rated their level of confidence in their decisions on each vignette. Participants did so using a five-point Likert scale, with one being not at all confident, three indicating neutrality or uncertainty, and five indicating they were very confident in their decision. See Table 27 summarizes participants' rated general and vignette-specific confidence as mandated reporters. Following Vignette 1, participants reported feeling confident in their decision ( $M_{confidence} = 4.23$ , SD = 0.85). On Vignette 2, participants also felt fairly confident in their decision to report or not report the case ( $M_{confidence} = 4.03$ , SD = 0.90). Participants indicated the highest level of confidence in their decision-making on Vignette 3 ( $M_{confidence} = 4.41$ , SD = 0.75). Regarding general confidence in participants' abilities to identify indicators of abuse, the participants reported feeling a similar level on confidence ( $M_{confidence} = 4.07$ , SD = 0.68). Finally, participants were also confident in

their abilities to report suspicions of child abuse as outlined in state mandates ( $M_{\text{confidence}}$  = 4.12, SD = 0.78). Of note, no participants endorsed feeling not at all confident, as indicated by a response of one on the Likert scale, in regards to their general confidence in their mandated reporting abilities.

Table 27. Perceived Confidence in Vignette Decisions and General Abilities as Mandated Reporter

	M	SD
Vignette 1 Decision	4.23	0.85
Vignette 2 Decision	4.03	0.90
Vignette 3 Decision	4.41	0.75
General Confidence in Identifying Indicators	4.07	0.68
General Confidence in Reporting Suspicions	4.12	0.78

*Note.* Mean responses from a 5-point Likert Scale with 1=not at all confidence, 3= neutral/I'm not sure, and 5= very confident.

# Research Question 5: In what reporting behaviors have participants previously engaged?

Of the entire sample, 74.9% of participants (n = 143) noted they had reported child abuse in the past. Participants indicated varying levels of experience with reporting, ranging from 3 to 100 reports made over the career span ( $M_{reports made} = 9.40$ , SD = 15.46, mode = 5). Of the entire sample, 16.8% of participants (n = 32) indicated they had once suspected child abuse in the past, but decided not to make a report. Further, of these participants, 59.4% of them (n = 19) designated that they would have made a report had they known that legislation or state mandates required them to report, and 9.4% of these participants (n = 18) said they would have made a report had school policies required them to report. These same 32 participants were then asked to consider several different factors commonly considered during the decision-making process and indicate the level of importance each consideration had in their own decision not to make a report when they suspected child abuse. The factors considered most important in the decision not to report included participants' not having enough evidence to be sure the abuse actually happened ( $M_{importance} = 3.47$ , SD = 1.30) and participants being fearful that the report would cause more harm to the child than good ( $M_{importance} = 3.41$ , SD = 1.41). All other factors were considered less important or not at all important. Table 28 summarizes the mean levels of importance of each of the factors considered in the decision-making process.

	M	SD
I feared being sued for making an unsubstantiated report.	1.56	1.08
I feared retaliation by parent(s)/community members.	1.87	1.24
I feared reporting would cause more harm to the child than good.	3.41	1.41
I feared the child may be moved from his or her family.	2.19	0.93
I was concerned about possible damage to the school's	2.66	1.23
relationship with the child/child's parent(s).		
I did not know how to report.	1.31	1.03
I thought that child protective services were unlikely to provide	2.69	1.45
effective help.		
I did not have enough evidence to be sure abuse had actually	3.47	1.30
happened.		
I thought it was better to work through the issue with the family	1.97	1.18
first.		
I fear misinterpreting cultural discipline styles.	2.35	1.40
I felt the parents were motivated for treatment and remorseful.	1.84	1.22
I did not want to get caught up in legal proceedings.	1.28	0.63

Table 28. Perceived Importance of Factors in Decision Not to Report (N = 32)

*Note.* Mean responses from a 5-point Likert Scale with 1=not at all important, 3= neutral/I'm not sure, and 5= very important.

Some participants (n = 13) also provided additional considerations that impacted

their decisions not to make a report. These responses were qualitatively analyzed using

open coding, which resulted in the identification of three primary themes, defined in

Table 29.

Table 29. Coded Themes of Other Reasons Participants Decided Not to Report Suspicions

Coded Theme	Definition and Examples	Inter-rater agreement %
Consideration of Previous DCFS Practice	Perception of DCFS practices, including previous experiences with DCFS for certain cases, misassumptions about DCFS Examples: Previous cases with same family, Similar cases previously unfounded	100.00
Role of Colleagues	Can include colleagues or administration; any reference of going to someone else in school building that takes the place of making the report Examples: Report made by other colleague, Diffusing responsibility	100.00
Common Barriers	Responder identified barriers to making a report Example: Lack of evidence	100.00

*Note.* Inter-rater agreement % refers to the % of themes reliably coded between two coders.

In some cases, participants noted their previous experiences with DCFS that impacted their final decision not to make a report when they suspected abuse. For instance, one participant described reporting a case when a child had clear bruises or wounds that came back "unfounded," while another participant noted reporting the same case previously and having DCFS find it unfounded. Other participants noted the role of their colleagues in their decision not to report. In some cases, participants seemed to consult with others to determine if a report was warranted, which resulted in their final decision not to report. For instance, one participant stated:

My principal strongly advised me not to report because there was weak evidence and there would likely be damage to the parent-school relationship.

Other participants discussed the role of colleagues as though they were diffusing their own responsibility of reporting onto another professional (which is some cases may have been district policy or practice). Finally, many of these participants noted common barriers to reporting that impacted their decision, including the impact on the childschool-family relationship, concern about making the situation worse for the child, and concerns about the reliability or amount of evidence obtained to make the report.

Research Questions 6 and 7: In what ways were/are practicing school psychologists supervised and supervising others in the areas of mandated reporting and child maltreatment?

Participants reported a mix of supervision experiences as both supervisees and supervisors. These experiences included varying formats, frequencies, and topics. Further, in elaborating on ideal supervisory experiences, participants indicated wanting supervision to be a supportive and enriching learning experience. The quantitative and qualitative analyses of supervision practices are further explored in the sections below.

**Past and current supervisory practices.** Regarding supervision received as a practicing school psychologist, 52.9% of participants (n = 101) indicated they had received supervision in the past related to child abuse and/or mandated reporting, while 26.7% of participants (n = 51) indicated they currently received supervision on these

topics at the time of their participation in the survey. Of those 51 participants who reported currently receiving supervision, they reported a wide range of actual supervision hours (*range* = 0 to 400 hours;  $M_{\text{hours}} = 14.12$ , SD = 55.65, *mode* = 1 hour).

In regard to supervision given, 29.8% of participants (n = 57) reported they had supervised graduate students in school psychology regarding issues related to child abuse and/or mandated reporting in the past, while only 12.0% (n = 23) of participants indicated they currently provided supervision on these topics to graduate students. As expected, even fewer participants (14.7%; n = 28) indicated they had supervised other practicing school psychologists on these issues in the past and only 6.3% of participants (n = 12) indicated they currently supervised other practicing school psychologists on issues related to child abuse and mandated reporting. Of the 12 participants who reported providing supervision to other practitioners, they indicated a wide range of supervision hours provided (*range* = 1 to 500 hours;  $M_{hours} = 74.33$ , SD = 150.92, *mode* = 2 hours). Table 30 summarizes the current and past supervision practices endorsed by the participants.

Current)	Supervi	ision Received	Supervision Provided				
	1	ractitioners	to Gradu	luate Students to Other Practiti			
	п	%	п	%	п	%	
In the Past	101	52.9	57	29.8	28	14.7	
Currently	51	26.7	23	12.0	12	6.3	

Table 30. Number of Participants Receiving and Providing Supervision (Past and Current)

**Perceived satisfaction with supervision.** Regardless of whether the participants indicated they had received supervision in the past or currently on issues related to child abuse or mandated reporting, participants were asked to rate their overall satisfaction

with supervision received on these topics. Participants generally reported a neutral level of satisfaction or uncertainty about satisfaction in regards to their receiving supervision on child abuse and mandated reporting as a practitioner ( $M_{\text{satisfaction}} = 3.43$ , SD = 1.11.) Using the same five-Likert scale described previously, the 12 participants who reported providing supervision to other practitioners indicated a high level of satisfaction with their experience providing supervision to others on these topics ( $M_{\text{satisfaction}} = 4.58$ , SD = 0.67).

Participants were additionally asked to describe their experiences receiving supervision and giving supervision, when applicable. These responses were qualitatively analyzed using open coding, which resulted in the identification of four broad themes (See Table 31).

	Definition and Experiences	Tuton ustan
Coded Theme	Definition and Examples	Inter-rater
		agreement %
Individual	Supervision is provided at a one-on-one level or	91.80
Formats	format; Must include mention of one other individual involved in supervision	
	Examples: Guidance from colleague, Meeting with	
	individual supervisor	
Group formats	Supervision is provided within a group Examples: In-service, Group discussions, Team	91.80
	meetings	
Structured	Regularly scheduled supervisions	96.72
Frequency	Example: Yearly training	
Unstructured	Supervision provided on an as needed/case by case	95.08
Frequency	basis	
1 5	Example: As needed, Case by case	

 Table 31. Coded Themes of Actual Supervision Experiences

Lack of	Response makes no indication of presence or guidance	88.52
supervision	of supervisor (either individually or in a group)	
	Examples: Self-study, Self-review, Absence of other	
	professional involved in reflection	

*Note.* Inter-rater agreement % refers to the % of themes reliably coded between two coders.

In examining participants' responses, several themes emerged related to the

format of supervision surrounding mandated reporting. First, several participants noted

their current supervision practices were individual in nature, in which supervision was

provided on a one-on-one level by one specified professional. The following excerpts

include examples of such supervisory styles:

Individual discussions and consultation with my supervisor occurs as needed. Direct training is provided yearly.

Whenever a case arises that I am not sure of, I consult with my supervisor as to how to proceed.

If an issue were to arise it would be on a case-by-case basis, from my supervisor/ administrator during an individual session.

Direct question and answer as well as sitting through the process with them [supervisee].

Mostly individual format with various styles. These conversations are typically as needed.

Other participants noted supervision was provided or received in group format, as

evidenced by the following examples:

I always discuss this topic with graduate students. They also participate in our in service training like all the other staff.

Group supervision/workshops through districts (yearly) or Mandating reporting yearly course work.

We have received training on protocol for reporting. This was done as a discussion-based group, and continues as needed.

In some cases, participants noted their supervisory styles were multi-formatted and involved opportunities for group and individual supervision. Thus, these two themes were not mutually exclusive of one another.

Participants' descriptions of their current supervision practices also varied depending on the frequency of supervision. Some participants noted structured supervision occurred in the workplace, as demonstrated in the following examples:

Staff meetings (every few years), regular administrative/counseling team meetings. We discuss it directly as suspicions arise.

We have team meetings every week. If an issue comes up regarding this, we discuss as a team and make the call as a team. We use resources as a guide.

On the other hand, some supervision practices occurred at unstructured paces, most often on an as-needed basis. In other words, participants indicated they either receive supervision or provide supervision when it is warranted based on the supervisee's current caseload. Finally, some participants noted a lack of direct supervision occurs at their workplace specific to issues related to child abuse and mandated reporting.

**Perceptions of ideal practices.** Participants were additionally asked to describe their ideal supervision practices in terms of format and frequency. Two broad themes emerged through analysis of participants' responses, which are defined in Table 32.

Coded Theme	Definition and Examples	Inter-rater agreement %
Support	Any reference to aspects of a the work environment or supervisory relationship that leave respondent feeling supported/comfortable with their role as mandated reported Examples: Feeling supported, Clear guidelines, Expert supervisor, Having someone with whom to walk through process	87.19
Identified specific elements	Identifying different components of supervision to improve Elements: Video, Discussions, Didactics	86.83

Table 32. Coded Themes of Ideal Supervision Experiences

*Note.* Inter-rater agreement % refers to the % of themes reliably coded between two coders.

Many participants described the necessity of a supportive supervisory

relationship, as in the following examples:

Colleague with extra training in child abuse/mandated reporting who can consult and support during the process of suspicion and making a report to DCFS as well as following the report.

I guess I would like someone that would encourage me and help me to make the call and provide the proper information in the situation, maybe call with me if I needed help.

It is important for the supervisor to be supportive and trusting.

In an ideal supervisory relationship the supervisor will support you and provide insight and guidance that you may not be able to see since you are dealing directly with the issue.

Thus, many of these responses reflected upon the need for a school psychologist to have

an experienced supervisor or colleague who is able to provide guidance, clear procedural

guidelines, knowledge, and support for the supervisee when needed related to the

responsibilities of the mandated reporter. Further, some participants noted specific

qualities of the work environment that can also build an understanding of support, such as trusting administrators and collaborative teams. Second, participants also specified certain elements of the ideal supervisory relationship. This included discussions with colleagues, the provision of resources related to child abuse and mandated reporting, watching training videos, or reviewing scenarios during supervision.

### **Comparisons between Variables**

The following sections contain findings of several inferential statistics calculated to assess if significant differences existed among groups of participants based on continuous or categorical data obtained on specific survey items.

### Perceived Adequacy of Training and Confidence in Decisions on Vignettes

Inferential statistics were calculated to determine if participants' confidence in their decisions on each of the three vignettes varied depending on their perceived adequacy of training. Results varied across vignettes and in regard to pre- versus postservice training perceptions. In some cases, participants were more confident in their decision if the perceived training to be more adequate, in particular for post-service training experiences. Further, confidence was most related to perceived adequacy of training on Vignette 1. Detailed results of the statistical analyses for each vignette are described below for each vignette, including tables summarizing the results in each section.

**Vignette 1.** Participant's confidence in their decision to report or not report Vignette 1 did not significantly differ based on their perceived adequacy of their preservice training in preparing them to identify indicators of abuse, F(2, 188) = 1.05, p =.35,  $\eta^2 = .01$ . However, participants' confidence in their decision to report Vignette 1 significantly varied based on their perceived adequacy of their pre-service training in preparing them to follow mandated reporting procedures, F(2, 188) = 3.81, p < .05,  $\eta^2 =$ .04. Post-hoc analyses were conducted given the statistically significant omnibus ANOVA F test. Specifically, Hochberg's GT2 tests were conducted on all possible pairwise contrasts, with significant differences found between the participants who rated their pre-service preparation to make reports low on the adequacy scale compared to high on the adequacy scale, p < .05. Participants who perceived their pre-service training to be of low adequacy in preparing them to make reports indicated they were less confident in their decision to report Vignette 1 ( $M_{\text{confidence}} = 3.93$ , SD = 0.95) than participants who perceived their pre-service training in mandated reporting to be adequate ( $M_{\text{confidence}} =$ 4.32, SD = .76). Participants who rated adequacy low versus neutral as well as neutral versus high did not significantly differ from one another on their confidence level in their decision to report Vignette 1, p > .05.

A similar trend was identified regarding adequacy of pre-service training in preparing participants to provide supports and services to children suspected of being victims, F(2, 188) = 3.73, p < .05,  $\eta^2 = .04$ . Again, Hochberg's GT2 post-hoc analyses compared all possible pairs and found one significant difference, p < .05. Participants who perceived their pre-service training as less adequate in preparing them to support potential victims were less confident in their decision on Vignette 1 ( $M_{confidence} = 4.03$ , SD = 0.93) compared to participants who perceived their pre-service training as adequate  $(M_{\text{confidence}} = 4.38, SD = 0.72)$ . No significant differences in confidence level in decision-making on Vignette 1 were noted between participants who perceived low versus neutral adequacy as well as neutral versus high adequacy of their pre-service training in preparing them to provide support to suspected victims of child abuse, p > .05.

Regarding post-service training, participants generally were more confident in their decision whether or not to report Vignette 1 if they perceived their training as professionals as adequate in preparing them to carry out the various skills of a mandated reporter. Specifically, an ANOVA revealed that participants' level of confidence in their decision to report Vignette 1 was significantly different depending on their perceived adequacy of post-service training in preparing them to identify indicators, F(2, 188) = $5.69, p < .01, \eta^2 = .06$ . Hochberg's GT2 post-hoc analyses found one significant pairwise comparison, p < .05, such that those who perceived their training to be of neutral adequacy ( $M_{confidence} = 3.91, SD = 0.89$ ) had less confidence in their decision compared with participants who perceived their training to be adequate ( $M_{confidence} = 4.37, SD =$ 0.85). No significant differences in confidence were found between the low- and neutraladequacy groups or low- and high-adequacy groups, p > .05.

In terms of preparation to follow mandated reporting procedures, participants' level of perceived adequacy of post-service training in this area related to significantly different levels of confidence in their final decision on Vignette 1, F(2, 188) = 6.35, p < .01,  $\eta^2 = .06$ . Hochberg's GT2 post-hoc analyses were run on all possible pair-wise comparisons, and one significant difference was found, p < .05. Specifically, significant differences occurred between the neutral-perceived adequacy and high-perceived adequacy groups, such that participants who perceived their training to be of neutral adequacy in preparing them to make a report according to mandated procedures had less confidence ( $M_{confidence} = 3.81$ , SD = .98) compared to participants who perceived their training to be adequate ( $M_{confidence} = 4.35$ , SD = .85). Significant differences were not noted between the low-perceived adequacy and neutral-perceived adequacy groups or the low-perceived adequacy and high-perceived adequacy groups, p < .05.

A similar trend was noted regarding perceived adequacy of post-service training to prepare participants to provide support and services to potential victims, F(2, 188) =.5.69, p < .01,  $\eta^2 = .06$ . Significant Hochberg's GT2 post-hoc analyses indicated one significant pair-wise comparison, p < .05. Participants perceiving their post-service training to provide support to potential victims as adequate had greater confidence in their decision to report Vignette 1 ( $M_{\text{confidence}} = 4.42$ , SD = .76) than participants who perceived their post-service training in this area to be of low adequacy ( $M_{\text{confidence}} = 3.98$ , SD = .12). A summary of the ANOVA results comparing participants' confidence in their decision on Vignette 1 and their perceived adequacy of various components of their training is included in Table 33.

of framing				
	df	F	р	$\eta^2$
Pre-service training (identify indicators of abuse)		1.051	.351	.01
Between	2			
Within	188			
Pre-service training (follow reporting procedures)		3.812	.024*	.04
Between	2			
Within	188			
Pre-service training (provide supports and		3.725	.026*	.04
services) Between	2			
Within	188			
w thin	100			
Post-service training (identify indicators of abuse)		5.685	.004**	.06
Between	2			
Within	188			
Post-service training (follow reporting procedures)		6.350	.002**	.06
Between	2			
Within	188			
Post-service training (provide supports and		5.685	.004**	.06
services)		-		
Between	2			
Within	188			
Note * denotes $n < 05$ : ** denotes $n < 01$				

Table 33. ANOVA Between Confidence in Vignette 1 Decision and Perceived Adequacy of Training

*Note.* \* denotes p < .05; \*\* denotes p < .01.

**Vignette 2.** An analysis of the same variables with regard to the decision made regarding whether or not to report Vignette 2 yielded quite different results than Vignette 1. Specifically, when comparing participants with low versus neutral versus high perceptions of adequacy of their pre-service training to prepare them to identify indicators of child abuse, results of the ANOVA indicated significant differences in the mean level of confidence in the decision to report Vignette 2 across groups, F(2, 188) =

3.52, p < .05,  $\eta^2 = .04$ . However, pair-wise comparisons between individual groups were insignificant. Similarly, participants' confidence in their decision to report Vignette 2 did not vary depending on their perceived adequacy of pre-service training to prepare them to make reports following mandated reporting procedures, F(2, 188) = 1.50, p > .05,  $\eta^2 =$ .02, or to prepare them to provide supports and services to suspected victims of child abuse, F(2, 188) = .88, p > .05,  $\eta^2 = .01$ . Thus, perceived adequacy of pre-service training preparation across areas did not appear to relate to participants' confidence in their decision-making as mandated reporters for Vignette 2.

This was not always the case in regard to participants' perceived adequacy of their post-service training. Similar to Vignette 1, participants' level of confidence in their final decision on Vignette 2 varied significantly depending on the perceived adequacy of their post-service training in preparing them to identify indicators of abuse, F(2, 188) = 7.09, p = .001,  $\eta^2 = .07$ . Hochberg's GT2 post-hoc analyses revealed significant differences between the neutral- and high-perceived adequacy groups on their confidence in their decision-making, p < .05. In particular, participants who viewed their pre-service training in this area as neutral had lower confidence in their decision whether or not to report Vignette 2 ( $M_{confidence} = 3.60$ , SD = .88) compared to participants who perceived their post-service training in this area to be adequate ( $M_{confidence} = 4.18$ , SD = .90). No significant differences were found between the low- and neutral-perceived adequacy groups or the low- and high-perceived adequacy groups, p > .05.

However, the adequacy of the other areas of post-service training was not found to have significant relationships with confidence in decision-making on Vignette 2. Similar to pre-service training, an ANOVA revealed significant differences in the level of confidence in decision-making for Vignette 2 among the three groups of perceived adequacy of post-service training to prepare them to make reports as mandated reporters,  $F(2, 188) = 3.17, p < .05, \eta^2 = .03$ . However, individual pair-wise comparisons between groups did not yield significant differences across groups. Similarly, no significant differences were found among the three groups in regards to their confidence in their decision for Vignette 2 based on their perceived adequacy of their post-service training in preparing them to provide support to suspected victims,  $F(2, 188) = 2.34, p > .05, \eta^2 =$ .02. A summary of the ANOVA results comparing participants' confidence in their decision on Vignette 2 and their perceived adequacy of various components of their training is included in Table 34.

df	F	р	$\eta^2$
	3.515	.032*	.04
2			
188			
	1.499	.226	.02
2			
188			
	.877	.418	.01
2			
188			
	2 188 2 188 2	3.515 2 188 1.499 2 188 .877 2	3.515 .032* 2 188 1.499 .226 2 188 .877 .418 2

Table 34. ANOVA Between Confidence in Vignette 2 Decision and Perceived Adequacy of Training

Post-service training (identify indicators of abuse) Between Within	2 188	7.093	.001**	.07
Post-service training (follow reporting procedures) Between Within	2 188	3.167	.044*	.03
Post-service training (provide supports and services) Between Within	2 188	2.339	.099	.02
<i>Note.</i> * denotes $p < .05$ ; ** denotes $p < .01$ .				

**Vignette 3.** When looking at participants' decisions whether or not to report Vignette 3, their confidence in their final decision did not vary significantly based on their perceptions of the adequacy of their pre-service training to prepare them to identify indicators, F(2, 188) = 2.36, p > .05,  $\eta^2 = .02$ . This finding was also true in regards to participants' perceived adequacy of their pre-service training to prepare them to make reports according to mandated reporting procedures, F(2, 188) = 1.58, p > .05,  $\eta^2 = .02$ , as well as perceived adequacy of their pre-service training to prepare them to support and provide services to potential victims, F(2, 188) = 1.68, p > .05,  $\eta^2 = .02$ .

On the contrary, participants' level of confidence significantly varied depending on how adequately they viewed their post-service training, specifically how well it prepared them to identify indicators of abuse, F(2, 188) = 5.47, p < .01,  $\eta^2 = .05$ . Hochberg's GT2 post-hoc analyses revealed a significant difference in confidence in the decision whether or not to report Vignette 3 between one pair, p < .05. Participants who perceived their post-service training in this area to be adequate had more confidence in their decision ( $M_{confidence} = 4.53$ , SD = .75) compared to participants who perceived their

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post-service training in this area as neutral ( $M_{\text{confidence}} = 4.11$ , SD = .68). No significant differences were found between the low and high perceptions of adequacy groups as well as the low and neutral perceived adequacy groups, p > .05.

Regarding the training area of preparation to make reports according to procedures, significant differences in confidence in decision-making for Vignette 3 were found among participants based on their perceptions of adequacy of their post-service training in this area, F(2, 188) = 8.22, p < .001,  $\eta^2 = .08$ . Hochberg's GT2 analyses were conducted on all pair-wise comparisons, with significant differences found between the low and high perceptions of adequacy groups, as well as the neutral and high perceptions of adequacy groups, p < .05. Specifically, participants with higher perceptions of adequacy for their post-service training in this area had significantly more confidence in their final decision on Vignette 3 ( $M_{\text{confidence}} = 4.41$ , SD = .75) compared to the group with neutral perceptions of adequacy ( $M_{\text{confidence}} = 4.15$ , SD = .61) as well as the group with low perceptions of adequacy ( $M_{\text{confidence}} = 3.96$ , SD = .91). No significant differences were noted in confidence levels between participants who had low perceptions and neutral perceptions of adequacy regarding their post-service training in preparing them to make reports, p > .05. Similarly, no significant differences were found among all three groups in regards to their confidence when looking at their perceived adequacy of their post-service training to prepare them to support children who were victimized, F(2, 188) = .1.29, p > .05,  $\eta^2 = .01$ . A summary of the ANOVA results

comparing participants' confidence in their decision on Vignette 3 and their perceived adequacy of various components of their training is included in Table 35.

or maning	df	F	р	$\eta^2$
Pre-service training (identify indicators of abuse) Between	2	2.360	.097	.02
Within	188			
Pre-service training (follow reporting procedures)		1.584	.208	.02
Between	2			
Within	188			
Pre-service training (provide supports and services)		1.682	.189	.02
Between	2			
Within	188			
Post-service training (identify indicators of abuse)		5.470	.005**	.05
Between	2			
Within	188			
Post-service training (follow reporting procedures)		8.221	.000**	.08
Between	2			
Within	188			
Post-service training (provide supports and services)		1.294	.277	.01
Between	2			
Within	188			

Table 35. ANOVA Between Confidence in Vignette 3 Decision and Perceived Adequacy of Training

*Note.* \* denotes p < .05; \*\* denotes p < .01.

# Perceived Adequacy of Training and General Confidence as Mandated Reporter

Statistical analyses were additionally conducted to determine if participants' general confidence in their ability to carry out their role as mandated reported varied based on their training's adequacy at the pre- and post-service level. An ANOVA revealed that participants' general confidence in their ability to identify indicators of

child abuse significantly differed when taking into account the varying levels of perceived adequacy of their pre-service preparation to do so, F(2, 188) = 6.54, p < .01,  $\eta^2 = .07$ . Hochberg's GT2 analyses were conducted on all pair-wise comparisons, with significant differences found between multiple pairs, p < .05. As might be expected, participants who rated their adequacy of pre-service training in the area of identifying indicators were more confident in their current ability to do so as a mandated reporter  $(M_{\text{confidence}} = 4.22, SD = .62)$  compared to participants who rated their adequacy as low  $(M_{\text{confidence}} = 3.92, SD = .75, p < .05)$  or neutral  $(M_{\text{confidence}} = 3.85, SD = .67, p < .01)$ .

The same trend was true for perceptions of post-service preparation as well,  $F(2, 188) = 12.41, p < .001, \eta^2 = .17$ . Post-hoc analyses using Hochberg's GT2 identified significant pair-wise comparisons between two pairs, p < .01. Again, participants who perceived their post-service training to be adequate in preparing them to identify indicators reported more confidence ( $M_{confidence} = 4.23, SD = .68$ ) in their ability to do so currently compared to participants who perceived their training to be of low adequacy ( $M_{confidence} = 3.76, SD = .78, p < .01$ ) or neutral adequacy ( $M_{confidence} = 3.71, SD = .71, p < .001$ ). Participants with low versus neutral perceived adequacy of their pre- and post-service training in this area did not significantly differ from each other on their general confidence to identify indicators.

Similarly, participants' general confidence in their ability to report suspicions of child abuse as outlined in state mandates varied significantly depending on the level of perceived adequacy of their pre-service training to do so, F(2, 188) = 10.72, p < .001,  $\eta^2 =$ 

.01. Post-hoc analyses were conducted across all possible pair-wise comparison using Hochberg's GT2 with significant results, p < .001. Specifically, participants with low perceived adequacy of this area of their pre-service training had less general confidence  $(M_{\text{confidence}} = 3.72, SD = .91)$  in their ability to make a report compared to participants with high perceived adequacy  $(M_{\text{confidence}} = 4.33, SD = .64)$  of their pre-service training. The low- versus neutral- perceived adequacy groups as well as the neutral- versus high-perceived adequacy groups did not significantly differ from one another in this respect.

Finally, a similar trend was observed in regards to participants' perceptions of adequacy of their post-service training and their current general confidence to make reports, F(2, 188) = 29.94, p < .001,  $\eta^2 = .24$ . Post-hoc comparisons using Hochberg's GT2 test were significant at the p < .001 level. In particular, participants who perceived their post-service training to be adequate in preparing them to make reports indicated they felt more confident ( $M_{confidence} = 4.34$ , SD = .58) in their ability to do so currently compared to participants who perceived their training in this area to be of low adequacy ( $M_{confidence} = 3.29$ , SD = 1.12) or neutral adequacy ( $M_{confidence} = 3.69$ , SD = .68). Participants with low and neutral perceived adequacy did not differ significantly from one another in regards to their confidence levels in making reports. Table 36 summarizes

these findings.

		df	F	р	$\eta^2$
	Pre-service training (identify				
	indicators of abuse)		6.542	.002**	.07
	Between	2			
General	Within	188			
Confidence					
in					
Identifying	Post-service training (identify				
Indicators	indicators of abuse)		12.407	.000**	.17
	Between	2			
	Within	188			
	Pre-service training (following				
	reporting procedures)		10.719	.000**	.10
General	Between	2			
Confidence	Within	188			
in					
Following	Post-service training (follow				
Reporting	reporting procedures)		29.935	.000**	.24
Procedures	Between	2			
	Within	188			

Table 36. ANOVA Between General Confidence as a Mandated Reporter and Perceived Adequacy of Training

*Note.* \* denotes p < .05; \*\* denotes p < .01

# Participation in Training and Knowledge

For each vignette, participants indicated whether a report to DCFS was required based on the information presented for each case using the possible responses: yes, no, or I'm not sure. These three items (one for each vignette) thereby acted as an indicator of each participant's knowledge of child abuse indicators and mandated reporting procedures in whether or not they correctly indicated that DCFS required them to report each vignette. Chi-square analyses were conducted to compare the categorical variables measuring if participants had pre- or post-service training on issues related to child abuse and mandated reporting (yes, no, I'm not sure) and their knowledge on each vignette (report is not required, report required, I'm not sure). Contingency tables were created by tabulating frequencies for all of the possible combinations of the variables being compared (Field, 2009).

In some cases, the frequencies in each cell of the particular contingency table being analyzed were less than five, which violates a core assumption of the chi-square test of association. In such cases, in addition to the chi-square results, the Fisher's exact test is additionally reported, as this test computes an exact probability that the produced chi-square is accurate when working with low sample sizes (Field). The Fisher's exact test is a commonly utilized addition to the chi-square test of association when it is possible that low frequency counts (< 5) within a condition may produce a loss of statistical power (Field).

Overall, no significant associations were found between participants' participation in pre- or post- service training and their knowledge of DCFS mandates related to the vignettes, with one exception. On Vignette 2, participants who indicated they did not receive post-service training on mandated reporting were more likely to be unsure as to whether or not DCFS required them to report Vignette 2. Analyses for each of the three vignettes are described in greater detail below.

**Vignette 1.** Regarding pre-service training on issues of child abuse, no significant association was found between the participants who received this specific training and whether or not they thought DCFS required them to report Vignette 1,  $\chi^2$  (4) = 1.00, p > .05; Fisher's exact test, p > .05. Additionally, no relationship was found

between whether or not the participants received pre-service training on issues related to mandated reporting and their knowledge of if DCFS required them to report Vignette1,  $\chi^2$ (4) = 1.50, p > .05; Fisher's exact test, p > .05. Similarly, analyses did not reveal a significant relationship between the participants' knowledge of DCFS mandates requiring them to report Vignette 1 and whether they received post-service training on issues related to child abuse,  $\chi^2$  (4) = 2.27, p > .05; Fisher's exact test, p > .05, or whether they received post-service training on issues related to mandated reporting,  $\chi^2$  (4) = 2.24, p >.05; Fisher's exact test, p > .05. In other words, participants' receipt of training across their graduate and professional careers was not significantly associated with their overall knowledge of DCFS mandates as they related to Vignette 1.

**Vignette 2.** As with Vignette 1, no significant relationship was found between participants who had received pre-service training on issues of child abuse and whether or not participants demonstrated knowledge that DCFS mandates required them to report Vignette 2,  $\chi^2$  (4) = 3.61, p > .05; Fisher's exact test, p > .05. Likewise, no association was found between participants who had received pre-service training on issues of mandated reporting and whether or not participants were knowledgeable of their mandate to report Vignette 2,  $\chi^2$  (4) = 4.23, p > .05; Fisher's exact test, p > .05.

On the contrary, associations between participants' knowledge and their receipt of post-service training approached significance. Analyses revealed a significant association between participants who had indicated knowledge of DCFS mandates requiring them to report Vignette 2 and whether they received post-service training on

issues of child abuse,  $\chi^2$  (4) = 9.88, p < .05. However, in consideration of the small sample size in each contingency table cell, Fisher's exact test further indicated this association only approached significance at the p = .057 level. Specifically, more participants who were unsure if they had received post-service training on issues of child abuse reported that DCFS mandates required them to report Vignette 2 than would be expected based on chance alone. Similarly, a significant association was found between participants' receipt of post-service training on mandated reporting and their knowledge of whether DCFS required them to report Vignette 2,  $\chi^2$  (4) = 10.29, p < .05; Fisher's exact test, p < .05. In particular, within the group of participants who indicated they had not received any post-service training on mandated reporting, more participants indicated they were unsure as to whether or not DCFS required them to report Vignette 2 than would be expected.

**Vignette 3.** On Vignette 3, no significant association was found between participants' having pre-service training on issues of child abuse with their knowledge that DCFS mandated them to repot the vignette,  $\chi^2$  (4) = 3.03, p > .05; Fisher's exact test, p > .05. Similarly, no such association was found between pre-service training on mandated reporting and knowledge on Vignette 3,  $\chi^2$  (4) = 3.33, p > .05; Fisher's exact test, p > .05. Regarding post-service training, in contrast to Vignette 2, participants' receipt of post-service training on issues related to child abuse was not significantly related to their knowledge of whether DCFS mandates required them to report Vignette 3,  $\chi^2$  (4) = 2.09, p > .05; Fisher's exact test, p > .05. Finally, no significant association was found between participants' knowledge of the requirement by DCFS to report Vignette 3 with their participation in post-service training on mandated reporting,  $\chi^2$  (4) = 3.32, p >.05; Fisher's exact test, p > .05. Overall, knowledge related to mandates requiring Vignette 3 to be reported were not significantly related to any experiences of pre- or postservice training.

# Participation in Training and Accuracy in Decision to Report

After participants indicated whether or not mandates from DCFS required them to report each vignette (in other words, an indication of their knowledge of mandates), participants then indicated if they personally would or would not report each vignette based on what they read. Thus, the decision to report or not report acts as an indication of the accuracy with which participants are able to identify specific cases that have reasonable grounds for suspected harm to the child. To determine if relationships existed between participants' accuracy in reporting each of the three vignettes and their participation in various training experiences, several chi-square analyses were conducted. Examination of contingency tables tabulating the frequency of all possible combinations of variables suggested whether or not participants indicated certain responses to a greater frequency than would be expected by chance alone. As with tests described above, given that some cells within the produced contingency tables had samples of participants numbering less than five, the Fisher's exact test was additionally calculated in order to compute an exact probability that the produced chi-square result was accurate (Field, 2009). Overall, no significant associations were found between participants'

participation in pre- or post-service training and their decision-making accuracy on all three vignettes. Detailed analyses for each vignette are presented in the following sections.

**Vignette 1.** Tests indicated no significant relationship between participants' decisions to report Vignette 1 and whether or not they participated in pre-service training on issues related to child abuse,  $\chi^2$  (2) = .03, p > .05; Fisher's exact test, p > .05. A lack of association was suggested in regards to participation in pre-service training on mandated reporting and participants' accuracy in their decision whether or not to report Vignette 1,  $\chi^2$  (2) = 1.07, p > .05; Fisher's exact test, p > .05. Similarly, no associations were found between participants' accuracy in their decision to report Vignette 1 and their participation in post-service training on issues related to child abuse,  $\chi^2$  (2) = 1.05, p > .05; Fisher's exact test, p > .05, as well as mandated reporting,  $\chi^2$  (2) = 1.12, p > .05; Fisher's exact test, p > .05.

**Vignette 2.** As with Vignette 1, no significant relationships were found between training experiences and participants' accuracy in reporting Vignette 2. Specifically, participants' accuracy in reporting Vignette 2 was not significantly associated with their participation in pre-service training on issues of child abuse,  $\chi^2$  (2) = 2.50, p > .05; Fisher's exact test, p > .05. Similarly, participants' accuracy in reporting Vignette 2 was not significantly associated with their participation in pre-service training on in pre-service training on mandated reporting,  $\chi^2$  (2) = 2.90, p > .05; Fisher's exact test, p > .05. Regarding post-service training, no significant relationship was found between participants' accuracy in their

decision to report Vignette 2 and their participation in post-service training on issues of child abuse,  $\chi^2(2) = 3.56$ , p > .05; Fisher's exact test, p > .05, as well as mandated reporting,  $\chi^2(2) = 5.35$ , p > .05; Fisher's exact test, p > .05.

**Vignette 3.** Consistent with Vignettes 1 and 2, associations between training experiences and participants' accuracy in reporting Vignette 3 were not significant. In particular, participants' accuracy in reporting Vignette 3 did not significantly relate to their participation in pre-service training on issues of child abuse,  $\chi^2$  (2) = 2.02, p > .05; Fisher's exact test, p > .05, or mandated reporting,  $\chi^2$  (2) = 2.59, p > .05; Fisher's exact test, p > .05. In addition, participants' accuracy in reporting Vignette 3 did not significantly relate to their participation in post-service training on issues of child abuse,  $\chi^2$  (2) = 0.43, p > .05; Fisher's exact test, p > .05, or mandated reporting,  $\chi^2$  (2) = 0.43, p > .05; Fisher's exact test, p > .05, or mandated reporting Vignette 7 and not significantly relate to their participation in post-service training on issues of child abuse,  $\chi^2$  (2) = 0.43, p > .05; Fisher's exact test, p > .05, or mandated reporting,  $\chi^2$  (2) = 2.90, p > .05; Fisher's exact test, p > .05.

# Participation in Training and Previous Reporting Behaviors

Chi square tests of association were additionally conducted to determine if significant relationships existed between participants' training experiences and their previous reporting behavior, including if they made a report in the past as well as if they had at one point suspected that child abuse may be occurring but decided not to make a report. Analyses revealed a significant relationship between participants having made a report in the past and their participation in pre-service training experiences on issues related to child abuse,  $\chi^2$  (2) = 9.33, p < .01; Fisher's exact test, p < .01. In particular, more individuals within the group who reported they were unsure about their pre-service

training on issues of child abuse indicated they had not made a report in the past than would be expected by chance alone. On the contrary, no significant association was found between participants' having made a past report and their participation in preservice training on mandated reporting,  $\chi^2(2) = 4.50$ , p > .05; Fisher's exact test, p > .05.

Significant relationships were found between participants' having made a report in the past and their participation in post-service training on issues of child abuse,  $\chi^2$  (2) = 20.39, p < .001; Fisher's exact test, p < .001. In particular, within the group of participants who indicated they had not received post-service training on issues of child abuse, more participants reported they had not made a report in the past than would be expected by chance alone. However, no such association was found between participants' having made a report in the past and their participation in post-service training on issues of mandated reporting,  $\chi^2$  (2) = 3.94, p > .05; Fisher's exact test, p >.05. Thus, findings suggest that, although most training experiences do not appear to be related to actual reporting behaviors, increased training specifically on issues related to child abuse may be related to practitioners' making more reports to DCFS.

No significant relationships were found between whether participants had suspected abuse was occurring in the past but decided not to make a report and their specific pre- and post-service training experiences. Specifically, no significant relationship was found between participants' suspecting abuse but not reporting and their participation in pre-service training on issues related to child abuse,  $\chi^2$  (2) = 2.96, p > .05; Fisher's exact test, p > .05, as well as pre-service training on mandated reporting  $\chi^2$  (2) = 3.17, p > .05; Fisher's exact test, p > .05. Similarly, no significant association was found between participants' suspicion of abuse in the past without making a report and their participation in post-service training on issues related to child abuse,  $\chi^2$  (2) = 4.35, p >.05; Fisher's exact test, p > .05, and their post-service training on mandated reporting,  $\chi^2$ (2) = 1.06, p > .05; Fisher's exact test, p > .05. In other words, for the few participants who indicated they at one point chose not to make a report when they suspected child abuse was occurring, training experiences did not appear to be a significant factor in this situation.

## **Decision to Report Vignettes and Previous Reporting Behaviors**

Chi-square tests of association were additionally conducted to determine if significant relationships occurred between participants' decisions to report or not report each vignette and their previous reporting behaviors, including whether they had made a report in the past as well as whether they suspected child abuse in the past but decided not to make a report. Regarding Vignette 1, no significant relationship was found between participants' decision on the specific case and their having made a report in the past,  $\chi^2 (1) = 2.23$ , p > .05. Similarly, no significant relationship was found between participants' decision on the specific case and their having suspected a case in the past without making a report,  $\chi^2 (1) = 1.34$ , p > .05; Fisher's exact test, p > .05).

Regarding Vignette 2, no significant relationship was found between participants' decision on the specific case and their having made a report in the past,  $\chi^2(1) = 0.002$ , p > .05. Further, no association was found between participants' decision on Vignette 2

and their having suspected abuse in the past without making a report,  $\chi^2(1) = 0.09$ , p > .05. Regarding Vignette 3, no significant relationship was found between participants' decision on the specific case and their having made a report in the past,  $\chi^2(1) = 1.52$ , p > .05. Finally, no significant relationship was found between participants' decision on Vignette 3 and whether they had suspected abuse in the past but chose not to make a report,  $\chi^2(1) = 0.13$ , p > .05; Fisher's exact test, p > .05. Thus, across all three vignettes, the number of participants who made the specific decision to report or not report the case additionally endorsed previous reporting behaviors that were to be expected by chance. In other words, previous reporting behaviors, including reports made and missed opportunities to report, likely had little influence on the decision whether to report a current suspected case.

#### **General Confidence as Mandated Reporter and Previous Reporting Behaviors**

Participants' general confidence as mandated reporters was compared based on their previous reporting behaviors. Specifically, participants who had made a report in the past indicated greater confidence in their ability to identify indicators of child abuse  $(M_{\text{confidence}} = 4.20, SD = 0.66)$  than did participants who had not made a report in the past  $(M_{\text{confidence}} = 3.71, SD = 0.58)$ . This difference was significant, t(91.22) = 4.84, p < .001, and the difference represented a small effect size, r = 0.20. Participants' general confidence in their ability to identify indicators of child abuse did not vary between participants who had versus had not once suspected child abuse but decided not to make a report, t(2.06) = -.38, p > .05. Participants who had made a report in the past also indicated greater confidence in their ability to make reports according to mandates ( $M_{\text{confidence}} = 4.27$ , SD = 0.71) compared to participants who had not made a report in the past ( $M_{\text{confidence}} = 3.67$ , SD = 0.81). This difference in confidence was significant, t(189) = 4.92, p < .001, with a small effect size, r = .11. Finally, participants' general confidence in their ability to make a report according to mandated procedures did not vary between participants who had versus had not once suspected child abuse but decided not to make a report, t(189) = -1.20, p > .05. These findings suggests that a relationship may exist between participants' confidence level in their duties as mandated reporters and the likelihood they make a report, although such conclusions must be interpreted with caution given the non-experimental nature of the study. No such relationship appears to exist between confidence and whether or not a participant has suspected child abuse in the past yet decided not to make a report.

### Satisfaction with Supervision and Confidence in Decisions on Vignettes

Similarly to variables involving perceptions of training adequacy, participants additionally rated their satisfaction with their current supervision received (even if they indicated they did not receive supervision.) Then, analyses were calculated to see if participants' confidence in their decision-making on each vignette varied based on their satisfaction with supervision. Overall, participants who reported they were more satisfied with their supervisory experience had more confidence in their decisions whether or not report each vignette. Specific findings are explained in more detail in the following sections and summarized in Table 37.

**Vignette 1.** Participants' confidence in their decision whether or not to report Vignette 1 significantly varied depending on how satisfied they were with receiving supervision on issues of child abuse and/or mandated reporting, F(2, 188) = 6.74, p =.001,  $\eta^2 = .07$ . Hochberg's GT2 tests were conducted on all pair-wise comparisons, with significant results at the p < .01 and p < .05 levels. Specifically, participants who were satisfied or very satisfied with their supervision received had significantly greater confidence ( $M_{\text{confidence}} = 4.47$ , SD = .76) than did participants who were less than satisfied or not at all satisfied ( $M_{\text{confidence}} = 3.94$ , SD = 81, p < .01) as well as participants who felt neutral about their satisfaction with supervision ( $M_{\text{confidence}} = 4.08$ , SD = .89, p < .05). Participants who rated satisfaction as neutral or less than satisfied did not significantly differ from each other on their confidence in their decision for Vignette 1.

**Vignette 2.** On Vignette 2, a similar trend was observed. Participants varied on the level on confidence they had in their decision to report Vignette 2 based on their perceived satisfaction with supervision, F(2, 188) = 5.91, p < .01,  $\eta^2 = .06$ . Similarly to Vignette 1, post-hoc analyses using Hochberg's GT2 tests were significant at the p < .05and p < .01 levels. Specifically, participants who were satisfied or very satisfied with their supervision on issues of child abuse and/or mandated reporting had more confidence  $(M_{\text{confidence}} = 4.27; SD = .86)$  in their decision whether or not to report Vignette 2 compared to participants who were less or not at all satisfied ( $M_{\text{confidence}} = 3.79, SD = .91$ , p < .05) as well as participants who rated their satisfaction with supervision as neutral  $(M_{\text{confidence}} = 3.85, SD = .89, p < .01)$ . Again, participants who were neutral or low on the satisfaction scale did not significantly differ from each other in terms of their perceived confidence in their decision on Vignette 2.

**Vignette 3.** In regards to Vignette 3, participants' level of confidence in their reporting decisions again varied based on their perceived satisfaction with their supervision experience, F(2, 188) = 4.69, p = .01,  $\eta^2 = .05$ . Further comparisons using Hochberg's GT2 test found one significant pair-wise comparison, p < .01. Participants who were less than satisfied or not at all satisfied with their supervision had significantly less confidence in their decision to report on Vignette 3 ( $M_{confidence} = 4.09$ , SD = .83) compared to participants who were satisfied or very satisfied with their supervision ( $M_{confidence} = 4.55$ , SD = .71). No other significant differences were observed between the neutrally satisfied participants ( $M_{confidence} = 4.39$ , SD = .73) and the other groups.

		df	F	р	$\eta^2$
Vignette 1	Satisfaction with Supervision		6.743	.001**	.07
	Between	2			
	Within	188			
Vignette 2	Satisfaction with Supervision		5.913	.003**	.06
	Between	2			
	Within	188			
Vignette 3	Satisfaction with Supervision		4.690	.010**	.05
	Between	2			
	Within	188			

Table 37. ANOVA Between Confidence in Vignettes 1-3 and Satisfaction with Supervision

*Note.* \* denotes p < .05; \*\* denotes p < .01

#### Satisfaction with Supervision and General Confidence as Mandated Reporter

Similar to confidence in the final decisions on vignettes, inferential statistics were also utilized to determine if participants' general confidence as a mandated reporter varied as a function of satisfaction with supervision. Again, participants who indicated they were satisfied with their supervision were more confidence in their abilities as a mandated reporter. An ANOVA revealed that participants' general confidence in their ability to currently identify indicators of child abuse varied depending on the level of satisfaction they reported with their supervision experience, F(2, 188) = 12.28, p < .001,  $\eta^2$  = .12. Hochberg's GT2 tests were conducted on all pair-wise comparison, which identified significant relationships between two pairs, p < .001. In particular, participants who indicated they were satisfied or very satisfied with their supervision received reported more confidence in their ability to identify indicators of child abuse  $(M_{\text{confidence}} = 4.33, SD = .60)$  compared to both participants who reported neutral satisfaction ( $M_{\text{confidence}} = 3.89$ , SD = .60) as well as participants who reported being less than satisfied or not at all satisfied ( $M_{\text{confidence}} = 3.82$ , SD = .80). Participants with neutral versus less satisfaction or no satisfaction did not significantly differ from one another on their general confidence to identify indicators.

Likewise, participants' general confidence in their ability to report suspicions of abuse as outlined by state mandates also significantly varied depending on their reported level of satisfaction with supervision they received, F(2, 188) = 18.81, p < .001,  $\eta^2 = .17$ . All possible pairs were compared utilizing Hochberg's GT2 test, with significant results on two pairs, p < .001. As above, participants with the most satisfaction with their supervision received reported more confidence in their general ability to report suspicions  $(M_{confidence} = 4.45, SD = .57)$  compared to both participants with neutral satisfaction  $(M_{confidence} = 3.94, SD = .70)$  and participants who reported they were less than satisfied or not at all satisfied with the supervision they had received  $(M_{confidence} = 3.65, SD = 1.04)$ . Again, participants in the neutral and low satisfaction groups did not significantly differ from each other on their perceived level of confidence in making reports as outlined in mandates. Table 38 summarizes these results.

		df	F	р	$\eta^2$		
General	Satisfaction with Supervision		12.281	.000**	.12		
Confidence in	Between	2					
Identifying	Within	188					
Indicators							
General	Satisfaction with Supervision		18.806	.000**	.17		
Confidence in	Between	2					
Following	Within	188					
Reporting							
Procedures							
<i>Note.</i> * denotes $p < .05$ ; ** denotes $p < .01$							

Table 38. ANOVA Between General Confidence as Mandated Reporter and Satisfaction with Supervision

**General Confidence as Mandated Reporter and Provision of Supervision** 

Independent *t*-tests additionally determined if differences in general confidence as mandated reporters differed between participants who did versus did not provide supervision to others. A *t*-test revealed that participants who currently supervise graduate students regarding issues related to child abuse and/or mandated reporting indicated a

greater level of confidence in their ability to identify indicators of abuse ( $M_{confidence} = 4.52, SD = 0.59$ ) compared to participants who do not currently supervise graduate students ( $M_{confidence} = 4.02, SD = 0.66$ ). This difference in confidence was significant, t(185) = 3.47, p = .001, with a small effect size, r = .06. Similarly, participants who currently supervise other practicing school psychologists regarding issues related to child abuse and/or mandated reporting also indicated a greater level of confidence in their ability to identify indicators of abuse ( $M_{confidence} = 4.67, SD = 0.65$ ) compared to participants who do not currently supervise other psychologists ( $M_{confidence} = 4.05, SD =$ 0.66). This difference between groups was significant, t(187) = 3.18, p < .01, and represented a small effect size, r = .06.

Participants who indicated they currently supervise school psychology graduate students on issues related to mandated reporting and/or child abuse also reported more confidence in their ability to report suspicions of abuse as outlined in state mandates  $(M_{\text{confidence}} = 4.57, SD = 0.59)$  compared to participants who do not supervise students  $(M_{\text{confidence}} = 4.02, SD = 0.66)$ . The difference in confidence between groups was significant, t(185) = 2.97, p < .01, and represented a small effect size, r = .05. Similarly, participants who indicated they currently supervise other school psychologists on issues related to child abuse and/or mandated reporting also reported more confidence in their ability to report suspicions of abuse as outlined in state mandates  $(M_{\text{confidence}} = 4.67, SD = 0.65)$  compared to participants who do not supervise other school psychologists on issues related to child abuse and/or mandated reporting also reported more confidence in their ability to report suspicions of abuse as outlined in state mandates  $(M_{\text{confidence}} = 4.67, SD = 0.65)$  compared to participants who do not supervise other students  $(M_{\text{confidence}} = 4.08, SD = 0.65)$  compared to participants who do not supervise other students  $(M_{\text{confidence}} = 4.08, SD = 0.78)$ . The difference between group was significant, t(187) = 2.52, p < .05, and

represented a small effect size, r = .03. Overall, these results suggest that a significant relationship exists between one's confidence in carrying out the specific roles of mandated reporter and the likelihood one will supervise others on topics related to child abuse and mandated reporting.

# CHAPTER V

# DISCUSSION

# Training

### **Participation in Training and Training Types**

In examining training trends for school psychologists during pre-service learning, approximately 63% of the sample reported that topics and issues related to child abuse were addressed, whereas 77% of participants reported mandated reporting was addressed. During pre-service, the most commonly indicated types of training across topics related to child abuse and mandated reporting were course lectures followed by practical experiences, including practicum and internship, and assigned readings. Although some participants endorsed other types of activities (e.g., seminars/didactics, course assignments or projects, service learning experiences, research opportunities), these types of activities appeared to be more supplementary in nature given that they occurred less frequently. A small number of participants additionally noted completing online trainings or webinars on these topics, and some referenced previous undergraduate or work experiences that were particularly helpful for them in their learning process (e.g., crisis work, undergraduate courses on child maltreatment).

The pre-service training opportunities most commonly reported by participants are consistent with APA's *Working Group on Implications for Education and Training of Child Abuse and Neglect Issue's* determination from 2001 that training programs in applied psychology were most likely to cover issues related to child abuse and neglect as topics across multiple courses (e.g., through course lectures, assignments), as opposed to having an entire course devoted exclusively to child abuse and neglect (Champion et al., 2003). Similarly, the school psychology sample in the current study appears to have received similar training opportunities as other school-based professionals examined in the current literature. For instance, across teacher training programs internationally, a lack of comprehensive training opportunities during their training programs were identified across several studies (Baginsky & Hodgkinson, 1999; Goldman, 2005; Goldman, 2010; Goldman & Grimbeek, 2009;Kenny, 2001a; Walsh et al., 2005).

Additionally, the majority of training programs examined in Champion and colleagues' (2003) study indicated that students were exposed to the topics of child maltreatment and neglect in their practicum placements, which is consistent with findings from the current study. Further, 7% and 8% of programs in 1992 and 2001, respectively, indicated they had no coverage of the topics at all (Champion et al.), which is similar to the findings of the current study indicating approximately 8-12% of participants did not have training related to child abuse or mandated reporting during pre-service. Of note, 25% of participants did not recall or were unsure if topics and issues related to child abuse were addressed during pre-service training, and approximately 15% did not recall or were unsure if mandated reporting was addressed during pre-service training. Therefore, it is difficult to determine the complete nature of training experiences of school psychology graduate students.

Regarding post-service training, approximately 85% of the sample indicated issues related to child abuse had been addressed in the districts in which they worked,

while approximately 89% indicated mandated reporting had been a topic of training at their workplaces. At this post-service level, the most commonly indicated type of training across topics related to child abuse as well as mandated reporting was in-service opportunities. Just under half of participants additionally reported receiving training on these topics through consultation with community agencies, and even fewer participants indicated training occurred through consultation or collaboration with universities, workshops/seminars/ didactics, and research activities. Additionally, a few participants reported learning from completing online trainings or webinars, accessing resources, and consulting with colleagues. The number of training hours reported varied substantially by participants; participants reported receiving between 0 to 150 hours of training on issues related to child abuse and between 0 to 100 hours of training on mandated reporting.

The literature on training practices for school-based professionals (e.g., teachers, social workers, nurses, administrators, psychologists) identifies multiple possible modalities for training across the career span, including pre-service curricula, practicum, internships, fellowships, in-services, workshops, small group exercises, and other continuing education opportunities (Alvarez et al., 2004; Baxter & Beer, 1990; Zechetmayr & Swabey, 1999). Consistent with this literature, the current study found that school-based school psychologists participate in a variety of training opportunities during pre- and post-service, and the types of training, as well as the frequency and duration of these trainings, varies as well. As Baxter and Beer (1990) suggested, the diverse training experiences of school psychology students during pre-service suggest the

need for more individualized training opportunities for school psychologists during professional practice to address the different backgrounds with which they enter the field. However, results of the current study suggest that practicing school psychologists are most likely to participate in general in-service trainings on issues or topics related to child abuse and mandated reporters, and thus it is likely the individual needs of each training professional are not being addressed as comprehensively as is recommended (Baxter & Beer).

### Perceived Adequacy of Pre- Service Training

In considering participants' perceived adequacy of their pre-service training, three primary steps of mandated reporting were examined: (1) identifying indicators of child abuse, (2) making a report according to mandated reporting procedures, and (3) supporting suspected victims of child abuse. Participants rated each of these areas separately in terms of how well they perceived their pre-service training to prepare them to carry out each of these steps. For all three steps, participants were generally neutral or unsure as to how adequately their pre-service training prepared them.

When given the opportunity to elaborate on their opinions, the small group of participants who felt most adequately prepared across the three steps generally noted their training left them feeling confident or prepared to carry out this specialized role due to its comprehensive nature, which is recommended by APA's *Working Group on Implications for Education and Training of Child Abuse and Neglect Issues*. Specifically, this APA group determined pre-service training ideally should prepare students to identify when child maltreatment is occurring; understand the prevalence and risk factors associated with child maltreatment; understand their own role in child protection; and assess, treat, and intervene in suspected cases (Champion et al., 2003).

The perceptions of adequacy and feelings of preparation of these few participants were contradictory to the majority of participants who specifically noted gaps in their pre-service training and those who specifically noted a lack of exposure to pre-service training opportunities. These participants generally rated their perceived adequacy of their pre-service training more neutrally or of low adequacy, respectively. Within this group, many participants noted specific elements of their training, but additionally disclosed that training was not explicit enough, was not comprehensive in nature, or could have been more substantial. In some cases, these participants also specifically stated that they felt unprepared or not confident in their abilities because their training was not comprehensive. This experience may be common for different groups of schoolbased professionals, as it was determined to be with a sample of student teachers in Goldman's (2010) study. Specifically, the student teachers interviewed in Goldman's study overall felt they were not adequately prepared to be mandated reporters based on their lack of pre-service training in identifying and responding to child sexual abuse, their uncertainty about how to report, and their fear of being inaccurate in their claims.

### **Perceived Adequacy of Post- Service Training**

Participants also rated their perceived adequacy of their post-service training in terms of how well it prepared them to complete the three primary steps of mandated reporting: identifying indicators, reporting according to procedures, and supporting suspected victims. Similar to their perceptions of their pre-service training opportunities, participants also rated their perceived adequacy of post-service training as neutral/unsure across the three main steps of mandated reporting.

In examining the descriptions of participants' perceived adequacy, a theme was again identified related to an all-encompassing nature of post-service training that left a small group of participants feeling prepared and confident in their abilities to be mandated reporters. Several researchers have described the necessity of professional development opportunities during one's career to focus on the definitions, signs, and symptoms of abuse; state-level and district-level procedures for reporting; legal issues related to mandated reporting; personal beliefs and biases related to child abuse; provision of supports for suspected victims and families; and, specific attention to common barriers to reporting (Akande, 2001; Baginsky, 2003; Levi & Portwood, 2011; Zechetmayr & Swabey, 1999). Consistent with these studies, the selective group of participants in the current study appear to have received comprehensive training that has contributed to their overall perceived self-efficacy as mandated reporters.

More often, participants referenced specific training elements they have experienced as practitioners; however, these participants did not specifically state they felt prepared to carry out the specific steps of mandated reporting. As described previously, these participants often described their typical in-service experiences as well as other opportunities for training, discussion, or team consultation that have contributed to their overall learning. Several participants also noted they had been informally trained throughout consulting or collaborating with colleagues or community agencies, and through their on-the-job experiences working with actual cases of child maltreatment. In other words, although these experiences were not formally implemented training opportunities for the practitioners, they are considered post-service experiences that have been a part of the overall training experience. Also unique to post-service training, some participants noted taking charge of their own learning experience by attending workshops or conventions, remaining familiar with the research base, and reading about the subject, none of which were required by their employers.

Some of the participants who identified training elements without specifying feeling prepared additionally noted gaps in their post-service training, as was the case with pre-service training. Similarly, consistent with pre-service training perceptions, participants at times also endorsed a lack of exposure to training opportunities on topics and issues related to child abuse and mandated reporting at their workplaces. Again, these groups of participants generally rated their perceived adequacy of training as neutral/unsure or of low adequacy compared to participants who reported feeling prepared as a result of comprehensive training.

Although the majority of participants did not endorse feeling adequately prepared to be mandated reporters, the results of the current study suggest that practicing school psychologists may view themselves similarly prepared to carry out their specialized roles of mandated reporters compared to other groups of school-based professionals. Overall, the available literature on administrators, teachers, and teachers' aids indicated that the majority of samples felt either unprepared or uncertain about their level of preparation to identify cases of child maltreatment, report suspected cases, and assist in suspected cases of child abuse or neglect (Baxter & Beer, 1990; Crenshaw et al., 1995; Hawkins & McCallum, 2001; Kenny, 2004). This was particularly true for participants with no training or with outdated training. Thus, in agreement with researchers in the current literature base, the findings of the current study support the need for varied training experiences across pre-service and post-service, with continued opportunities for individualized training across the career span.

# Perceived Satisfaction with Pre- and Post- Service Training

Consistent with participants' generally neutral ratings of the adequacy of their training in preparing them to be mandated reporters, the majority of participants rated their satisfaction with pre-service and post-service training as neutral/unsure. This was true for training on issues related to child abuse and training on mandated reporting. Only one other study (Arbolino et al., 2008) was identified that looked specifically at training satisfaction, and it was determined that overall, the sample of school psychologists, in particular the less experienced professionals, were somewhat unsatisfied with their training, in particular the less experienced professionals. Further, the majority of the participants in the Arbolino and colleagues' study indicated their interest in future training opportunities, as did teachers in Goldman's (2007) and Goldman and Grimbeek's (2009) studies, which suggests that practitioners with limited perceived satisfaction in their training experiences may prefer increased opportunities for more professional development at their workplaces.

### **Knowledge of Mandates**

### **General Knowledge**

Overall, participants demonstrated a good understanding of mandated reporting laws and procedures in Illinois put forth by DCFS, which is consistent with the recent findings of Lusk and colleagues' (2015) survey of practicing school psychologists in New York state. Analysis of participants' open-ended responses included references to procedural facts about reporting, including what constitutes abuse and neglect, which professionals are mandated to report suspicions of child abuse, and steps to take when contacting DCFS. Just under half of the participants additionally noted the specific legal requirement of reporting suspicions of child maltreatment, as evidenced by their use of phrases such as, "I am required to report," "I am legally mandated to report," and "I must report my suspicions" (emphases added). Similarly, a small number of participants discussed the ramifications of the reporting process, including the legal and professional ramifications of not reporting when it is warranted (e.g., losing licensure, prosecution), as well as social ramifications of making the report (e.g., detriment to the school-family relationship, potential to make things worse for the child). Finally, although rare, a few participants additionally described their own experiences with DCFS, including their personal opinions of how DCFS operates as well as core assumptions they hold about DCFS related to the types of cases that typically are unfounded versus substantiated.

A small number of participants additionally noted procedures implemented from the school- or district-level that accompany DCFS procedures. For example, in some cases, these participants noted that they typically inform their administrators prior to making a report to keep them abreast of the specific case. However, a small number of participants reported district- or school-based procedures as more of a requirement prior to reporting, rather than as a process that is completed as part of the report to DCFS. In other words, these participants noted they must inform their administrator of the particular case *to determine* if a report should be made, which conflicts with the standards put forth by DCFS.

Of note, in general, school psychologists' knowledge of reporting policies may be stronger than that of their school-based colleagues, as suggested in the available literature. Several studies assessing educators' knowledge of mandated reporting procedures and policies found they had significant limitations to their knowledge of the specific content of policies as well as the steps one must take to report (Goldman, 2010; Goldman & Grimbeek, 2008; Kenny 2001a; Mathews, Walsh, Rassafiani et al., 2009; Orelove et al., 2000). Given that very little research is available on knowledge and training practices of school psychologists related to mandated reporting, it is difficult to determine why it might be the case that school psychologists have greater knowledge of issues related to child abuse and reporting compared to other school-based professionals. It may be that there is a greater emphasis in school psychology training programs on behavioral and mental health issues and related risk factors (Ysseldyke et al., 2006), which are often associated with childhood trauma.

### **Application of Knowledge to Vignettes**

**Vignette 1.** Vignette 1 presented a scenario in which a mother disclosed to the school psychologist that she had been leaving her two young children, the older of which

was suspected to have an intellectual disability, home alone in the evenings to spend time with her boyfriend. Participants noted several different factors in their description of the vignette from the mandated reporters lens, including the ages and developmental abilities of the children (and the probability that the older child was not sufficiently capable of caring for himself and his younger sibling), the problematic nature of the parent leaving her children unsupervised, and the potential risk of harm to the children as a result of being left home alone. Many participants also described the lack of parental awareness in this particular case as salient, as evidenced by the parent freely disclosing to the school psychologist about her typically leaving the children alone, as well as the frequency of her evenings out and the reasons for which she leaves.

Based on this notable information, two-thirds of participants suspected that significant emotional harm had been caused or was likely to be caused to the children because of the parent's behavior, and just under half of the participants were concerned about the children's physical wellbeing. Thus, most participants appeared concerned with the children's psychological wellbeing, which they perceived to be damaged because of the parent's lack of establishing stable routines, lack of providing nurture and support to the children, and making the children feel frightened when alone. Concerns of physical harm were secondary, although still significantly reported by half of the sample, and centered more around the risks of potential dangers the children could face being unsupervised at home (e.g., inability to respond to a fire or other emergency, ingesting a chemical, letting a stranger in the home).

Of note, several participants indicated they were unsure about the possibility of harm to the children based on the information presented, which likely related to several comments from participants that they needed additional information before being able to ascertain the risk of harm. In other words, although some participants clearly articulated that DCFS only requires them to *suspect* harm before making a report, several participants indicated they would first take on an investigative role to obtain additional information prior to reporting in order to determine if their suspicions were the result of a true maltreatment or to determine if the children were in harm's way. Federal and state guidelines clearly articulate that the mandated reporter is neither required nor recommended to look further into suspicions of child abuse; instead, any and all suspicions should be reported to the local child protection agency, who then is charged with investigating (Austin, 2000; Hinkelman & Bruno, 2008; Kenny, 1998; Nunnelly & Fields, 1998). Thus, participants' indications that they would choose to further investigate the case demonstrates a gross misunderstanding of the role of mandated reporter, which has potential to negatively impact the child and the official investigation of the case (Kenny, 1998).

Interestingly, slightly fewer participants indicated they had reasonable grounds to suspect that child abuse had occurred compared to the number who indicated their suspicion that the children had been psychological or emotionally harmed. In other words, the participants' holding the opinion that the children were harmed in some way did not necessarily equate to having reasonable suspicion of abuse for some participants. On the other hand, several more participants indicated that DCFS required them to report this case than did the number of participants who indicated they had reasonable grounds to suspect that child abuse had occurred. This may suggest that participants typically err on the side of caution and contact DCFS regardless of whether or not they deem their observation to be *reasonably* suspicious to the average individual, which is in line with recommendations put forth in the literature (Wolowitz, 2013).

Some of these discrepancies may be accounted for by the specific terminology utilized in the questions of the survey. On items related to Vignette 1, although a small group of participants indicated their perception that child neglect is a type of child abuse, many participants articulated that they perceived child neglect to be distinct from child abuse. Therefore, on items specifically asking participants if they thought they had enough information to suspect that abuse had occurred, many may have indicated "no" or "unsure" because they perceived the case to be significant for neglect or child endangerment rather than abuse. Such perceptions demonstrate a clear misunderstanding of the federal and state guidelines (CAPTA, ANCRA) applicable to mandated reporters indicating that child abuse broadly encompasses acts of commission, such as physical abuse or sexual abuse, *in addition to* acts of omission, such as child neglect ("Breaking the Silence," 2011; Child Welfare Information Gateway, 2013b; HHS, 2013; "Preventing Child Abuse," 2009).

**Vignette 2.** Vignette 2 presented a scenario in which the school psychologist observed a typically cheerful student become more withdrawn, anxious, and unwilling to change clothes for physical education. This student also verbalized that she did not want to go to her father's house, demonstrated distress before being picked up by her father,

and stated she had to protect her younger sibling. In describing the notable factors of the vignette as a mandated reporter, several participants described the observed somatic, social, emotional, and behavioral changes in the student, her statements regarding needing to protect her sibling, the potential risk of harm, and the contextual factors surrounding her relationship with her father, including her increased distress when visiting her father. Several participants also seemed to attend to the fact that the student directly verbalized her distress about visiting her father. Based on these noted factors, nearly three-quarters of participants indicated the child was experiencing or likely to experience significant psychological or emotional harm, while only approximately a third of participants had concerns about physical harm.

Of note, despite a significant majority of participants indicating they believed significant harm had occurred or was likely to occur, only approximately half of the participants indicated they had reasonable grounds to suspect that abuse had occurred. Further, somewhat alarming and in contrast to Vignette 1, some participants who indicated they had reasonable grounds to suspect abuse were not able to definitely say that DCFS requires them to report the case. Still, other participants clearly noted the expectation that they will report any suspicions, with some even noting they can consult directly with DCFS to determine if a report is warranted.

Consistent with Vignette 1, several participants indicated they were unsure as to whether or not the child was at risk for physical or psychological harm based on the information presented. In other words, based on the information alone, the participants were unable to discern whether or not the child was experiencing potential physical or

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emotional harm caused by the parent to a degree that warranted a report at that time. Again, many of these individuals again described their plan to investigate further by talking to the student, the student's mother, or her teachers to gather more information, in direct conflict with the expected role of the reporter (Austin, 2000; Hinkelman & Bruno, 2008; Kenny, 1998; Nunnelly & Fields, 1998).

**Vignette 3.** Vignette 3 depicted a scenario in which the school psychologist observed a student's father being physically aggressive with the student's mother, followed by the student later coming to school with visible bruising on his wrists and displaying an increase in aggressive behaviors. When asked to describe notable facts about the case as a mandated reporter, the majority of participants reported the bruising of the child as particularly noteworthy. Interestingly, several participants only mentioned the bruising in the absence of any other information from the vignette. Participants also highlighted the observation of aggression between the parents, its significance being that it warned the professional that the family's home environment was one of domestic violence or family stress, and because it demonstrated inappropriate anger management to the child. Additionally, participants often noted the behavioral changes in the student as well as the potential risk of harm the student faced given the circumstances.

Interestingly, the broad theme of student disclosure was also relevant to this Vignette as it was with Vignette 2; however, in this case, it was the student's lack of explaining how he received his bruises that was cause for concern for many participants. Thus, a student's disclosure is likely given significant weight when assessing for risk, as is the absence of a disclosure surrounding an unexpected or troubling circumstance. Despite a direct disclosure, though, participants generally seemed to understand that all warning signs must be considered in a risk assessment, even without a disclosure, to determine if suspicions warrant a report, as is clearly set forth in the literature (Brodkin & Coleman, 1994; Haeseler, 2006). One exception to this is the small number of participants who indicated that other possible circumstances may better explain the bruises (e.g., peer roughhousing), and thus reasonable grounds for suspicion of abuse could not be discerned based on the information alone.

More participants indicated they had reasonable grounds to suspect abuse was occurring on this vignette than in Vignettes 1 and 2. Similarly, more participants indicated the child was at risk of physical and psychological harm than in the previous vignettes, likely due to the observed interactions between the parents and the observed physical injury. In other words, Vignette 3 included more types of concrete evidence that may make it easier for reporters to determine potential risk. In fact, approximately 80% of participants indicated DCFS required them to report this vignette. However, consistent with Vignettes 1 and 2, a number of participants continued to have difficulty determining if significant emotional or physical harm was a risk based on the facts presented in the scenario alone. Thus, an additional theme was identified relating to the participant taking on an investigate role to gather more information surrounding the circumstances of the case. Again, in contrast to recommendations (Austin, 2000; Hinkelman & Bruno, 2008; Kenny, 1998; Nunnelly & Fields, 1998), some participants indicated they needed additional information before being able to determine if physical or psychological harm had been caused or was likely to be caused to the child's wellbeing.

Summary of knowledge related to vignettes. In examining the available data related to participants' knowledge of child abuse indicators and mandated reporting as it related to the three vignettes, several key points seem particularly salient. First, school psychologists may perceive neglect to be distinctly different from other types of child abuse, which may impact their general response to cases of neglect. Researchers have found that some types of abuse, primarily sexual abuse and physical abuse, are perceived to be more serious by school-based mandated reporters, and as a result are more likely to be perceived as abusive and reported accordingly (O'Toole et al., 1999). This has significant implications for potential cases of child neglect, which may be viewed as less serious by professionals and therefore not always reported. Thus, training and professional development should continue to emphasize the different categories of child abuse, as well as the necessity of reporting all suspicions of potential harm, regardless of the perceived severity of concern.

Second, participants frequently tried to investigate further in each of the three vignettes. This decision to investigate further may have been impacted by the professional's perception that there were potential alternative explanations to the observed changes in the students, as in Vignettes 2 and 3 (as opposed to Vignette 1 in which the parent directly disclosed her behavior.) Such investigations by mandated reporters go against recommendations put forth by the federal and state regulations (CAPT, ANCRA) as well as numerous researchers in the field (Austin, 2000; Hinkelman & Bruno, 2008; Kenny, 1998; Nunnelly & Fields, 1998), and thus demonstrate a significant misunderstanding of the role of a mandated reporter. Further, several negative

repercussions of investigating have been identified, including potentially damaging the official investigation, prolonging the response to the child, and loss of trust from the child if his or her disclosure is not reported, among others (Kenny, 1998, Zechetmayr & Swabey, 1999). Thus, this is one area in significant need of attention in pre-service training and continuing education opportunities for professionals.

Third, participants often put significant weight on student disclosure or other concrete evidence presented in the case, more so than other observable or subjective data. The fewest number of participants indicated reasonable grounds for suspicion on Vignette 2, which relied only on ambiguous statements from the child and observed behavioral changes, compared to Vignette 1 (in which the parent "admitted" to engaging in the problem behavior) and Vignette 3 (in which physical aggression was directly observed between the parents and the child had "hard" evidence of a physical injury). Along the same lines, participants were also more likely to think the children in all three vignettes were experiencing emotional or psychological harm, which is arguably the most difficult to "prove." School psychologists may be more reluctant to make a report relying solely on anecdotal observations, even if those observations lead to significant suspicion of abuse and despite the guideline that all warning signs should be considered in a risk assessment with or without a direct disclosure (Brodkin & Coleman, 1994; Haeseler, 2006). Similarly, this suggests school psychologists may benefit from more explicit training related to warning signs and indicators of abuse (including social, emotional, behavioral, and academic cues) and how such cues warrant reports just as any physical evidence of abuse would warrant a report.

Finally, in order for a mandated reporter to determine if he or she has reasonable grounds to suspect abuse, the reporter must consider the potential or actual physical and psychological harm being placed on the student by the perpetrator. In all three vignettes, fewer participants indicated reasonable grounds than did the number who suspected the child was being physically or emotionally harmed, depending on the vignette. In other words, this indicates that the connection between perceived risk of harm and reasonable ground to suspect abuse is not necessarily clear for many school psychologists. Thus, school psychologists would also likely benefit from increased knowledge about the procedural definitions put forth by state child protection agencies, including what constitutes physical or psychological harm, and how perceived potential harm translates into suspicion of abuse.

#### Participation in Training and Knowledge

Across all three vignettes, no significant association was found between participants' participation in pre-service training on issues related to child abuse or mandated reporting and their knowledge of if each vignette should be reported to DCFS. Similarly, no significant association was found between participants' participation in post-service training on these issues and their knowledge of whether or not a report was required, with one exception. Specifically, on Vignette 2, participants who indicated they had not received post-service training on mandated reporting were significantly more likely to be unsure as to whether or not DCFS required them to report Vignette 2.

The lack of a consistently observed relationship between post-service training and knowledge was unexpected given the literature available on other school-based

professionals. Consistent across multiple studies, researchers have demonstrated that school-based professionals, including administrators, teachers, teachers' aides, and psychologists, experience of training seems to be related to their overall knowledge of child maltreatment and relevant policies and mandates. For example, educators with no training or outdated training on issues related to child maltreatment were found to be less aware of their reporting responsibilities, less aware that suspicions could be reported without concrete evidence or proof, and more likely to investigate cases further (against the recommendation of child protection agencies) (Hawkins & McCallum, 2001). Similarly, psychologists who reported having recent training also were more knowledgeable and competent in their understanding of definitions and risk factors of child maltreatment (Arbolino et al., 2008).

#### **Decision-Making**

#### **Vignette Decision-Making**

When given a list of possible steps to take as a mandated reporter, for Vignettes 1 and 3, participants most commonly indicated their next step following the scenario would be to report their suspicions to DCFS. This was consistent with the responses on the direct question to participants about whether they would or would not make the report. On the contrary, for Vignette 2, only a third of participants indicated that making report to DCFS would be one of the steps they take; however, just over half of participants indicated they would make a report when asked directly.

Nearly half of participants also indicated they would gather additional information to confirm or rule out their suspicions on Vignettes 1 and 3, and this was the most common next step for Vignette 2. Further, some participants also indicated they would interview the student, contact the parents, or conduct additional observations of the student, all as apparent attempts to gather more information. As described previously, given that Vignette 2 involved anecdotal observations and ambiguous disclosures from the student, it may be that participants felt responsible to seek additional evidence confirming their suspicions of abuse prior to reporting.

Again, such investigation is contrary to the guidelines for mandated reporting (Austin, 2000; Hinkelman & Bruno, 2008; Kenny, 1998; Nunnelly & Fields, 1998). However, in deciding whether or not to make a report, educators have consistently been demonstrated to consider a wealth of different factors in addition to the potential risk of harm to the child. This includes characteristics of the perpetrator (e.g., mental health, substance use, age, gender, ethnicity, family background, previous abuse history, education level, socioeconomic status), characteristics of the suspected victim (e.g., age, gender, consent), perceptions of the abusive acts in question (e.g., seriousness of the harm to child, presence of sexual abuse), characteristics of the reporter (e.g., age, gender), and personal beliefs and biases about abuse (Bluestone, 2005; Kenny, 2001a; Kesner & Robinson, 2002; Lawler, 1993; O'Toole et al., 1999; Smith, 2006; Smith, 2010; Zellman, 1990). Therefore, this finding is consistent with the decision-making processes engaged in by other school-based professionals and again reaffirms the necessity for increased training and understanding of mandated reporting by school psychologists.

Approximately half of the participants additionally reported they would consult with colleagues about the case. This strategy is essential for school mandated reporters to feel supported as they identify and intervene in cases of child maltreatment (Skinner, 1999), so long as the consultation does not replace the act of making a report or defer responsibility completely to another individual in the school building. Further, such consultation may also act a means by which school-based professionals can address their long-term professional self-care needs.

Of concern, across the three vignettes, a small number of participants (approximately 6% of the sample) indicated they would defer to school administration to make a report to DCFS. This is consistent with statements from participants that in some cases, they are required to discuss a suspected case with their administration as part of a school-based policy. In other cases, participants seemed apt to discuss the case with their administration as a means by which to defer the responsibility of reporting to someone else in the school. In each of the three vignettes, participants were given first-hand knowledge of the various factors contributing to suspected abuse, and therefore guidelines for reporting would recommend they be the ones to document and make the report (Webster & Hall, 2004; Zechetmayr & Swabey, 1999). The involvement of administration as part of school guidelines may make the reporting process less clear to reporters (Hinkelman & Bruno, 2008), and it may inadvertently act as a replacement of the school psychologist making a report. This lack of action by the person holding the suspicions of harm conflicts with the recommendations put forth in the literature on mandated reporting (Austin, 2000; Hinkelman & Bruno, 2008), thus pointing to a need for all educators to be better informed of best practice approaches for identifying and responding to child maltreatment suspicions.

## Participation in Training and Accuracy of Decision-Making

Consistent with Lusk and colleagues' (2015) sample of New York school psychologists, no significant relationships were identified between participants' participation in pre- and post-service training on topics and issues related to child abuse and mandated with participants' accuracy in their decision to make a report across all three vignettes. These findings are consistent with results described above indicating that, generally, receipt of pre- or post-service training was not associated with increased knowledge of mandates. In other words, receipt of pre- or post-service training does not appear to have an association with increased accuracy in decision-making. Again, this lack of relationship between training and accuracy of decision-making is surprising given the available literature suggesting that participation in training greatly impacts participants' knowledge of child abuse indicators, mandates, and procedures to report (Arbolino et al., 2008; Hawkins & McCullum, 2001). One would argue that participants' knowledge would be reflected in their overall accuracy in reporting; however, the results of the current study suggest that participation in training is not related to these constructs.

In examining accuracy in reporting overall, several participants indicated they would not report each of the vignettes, despite enough evidence being present in each case to warrant a report. In other words, participants were not always accurate in their decisions. Therefore, because no relationship exists between training and accuracy in decision-making, it may be that participants' neutral levels of perceived adequacy of their pre- and post-service training are actually overrepresentations of the quality of their training as reflected in their knowledge and accuracy.

# Confidence

Overall, participants felt confident in their final decisions to report or not report each of the three vignettes to DCFS. This is interesting considering participants were often unsure whether or not they discerned that psychological or physical harm was occurring or could potentially occur to the children in the vignettes.

# Perceived Adequacy of Training and Confidence in Decisions on Vignettes

In examining if participants' confidence in their decisions on the vignettes varied depending on their perceived adequacy of training, results varied across vignettes and in regard to pre- versus post-service training perceptions. Regarding Vignette 1, participants with lower perceived adequacy of their pre-service training to prepare them to make reports and support suspected victims were less confident in their decisions on Vignette 1 than participants who perceived their training to be adequate. Additionally, participants who felt neutrally about their post-service training preparation to identify indicators and make reports had less confidence than participants who thought that level of training was adequate. Finally, participants who felt their pre-service training preparation to support suspected victims was of low adequacy had less confidence than those who perceived this training as adequate.

Regarding Vignette 2, no significant differences in confidence were identified based on participants' perceptions of pre-service training. In terms of post-service training, participants who perceived their post-service training preparation to identify indicators as neutral had less confidence than those who perceived it as adequate. No other differences in confidence were found based on post-service preparation to make reports or support suspected victims.

Finally, in regard to Vignette 3, as with Vignette 2, no difference in confidence was found based on participants' perceptions of pre-service training. Participants who perceived post-service preparation to identify indicators and make reports as adequate had more confidence in their decision compared to those who received their perceptions of adequacy. Further, participants who perceived post-service preparation to make reports as adequate also had more confidence in their decisions compared to those who perceived their adequacy to be low.

Thus, in some cases, individuals who perceived their training as more adequate were more confident in their decision-making as mandated reporters, across areas of training including how to identify indicators of abuse, how to follow reporting procedures and how to support and provide services to children who are suspected of being victimized. This relationship was more often significant in regards to perceived adequacy of post-service training, suggesting continuing education opportunities may be of priority for practicing school psychologists in addition to more specific pre-service training.

The perceived adequacy of training impacted participants' confidence the most on Vignette 1, which presented a situation of suspected neglect. Given that several participants distinguished neglect from child abuse, it may be that situations of neglect are more difficult for participants to navigate. Therefore, adequate training may be more meaningful in situations in which suspicions are related more to child endangerment or neglect as opposed to more overt instances of sexual or physical abuse. Given the conflicting findings between the lack of relationship between perceived adequacy of pre- and post-service training and confidence in their decision on Vignette 2 compared with the significant differences in confidence based on adequacy of training for Vignette 1, it may be that the notable factors of the individual vignettes led participants to experience different confidence levels in their own decision-making depending on the situation. One might expect that the circumstances described in Vignette 2 may have demonstrated more overt or common indicators of child abuse compared to more subtle suspicions related to neglect presented in Vignette 1, thus making the participants' perception of their own level of preparation to be of less importance in regards to Vignette 2. In other words, with more overt warning signs, it may be assumed that mandated reporters' responsibility to report might be more obvious (O'Toole et al., 1999). However, in examining knowledge of indicators of abuse in terms of participants' abilities to assess for potential physical or emotional harm, participants appeared to struggle most with risk assessment on Vignette 2 compared to the other two vignettes.

Also of note, participants' confidence in their decisions across vignettes seemed to vary most depending on their perceptions of their training to prepare them to specifically identify indicators of abuse. Preparation to make reports and preparation to support suspected victims was less frequently related to participants' confidence. This finding was consistent with other studies assessing teachers' confidence in their abilities to identify warning signs of abuse, demonstrating relatively low level of confidence (Goldman, 2007; Walsh & colleagues, 2008). One possible explanation is that mandated reporters must often utilize their knowledge of indicators or warning signs of abuse as the first step in intervention. Further, in completing risk assessment for potential or actual physical or emotional harm to the child, the reporter must be able to reflect upon the common warning signs of abuse to determine if abuse should be suspected. Given that participants struggled with these aspects of risk assessment often, as evidenced by their indicating they were unsure if harm had occurred, participants may give more weight to their training experiences in this area more so than other areas.

# Perceived Adequacy of Training and General Confidence as Mandated Reporter

Participants were additionally asked to rate their general confidence in their ability to identify indicators of abuse and report according to mandates, without specific attention to the vignettes. Participants who rated their pre-service and post-service training preparation to identify indicators as more adequate had more general confidence in the ability to identify indicators than those participants who did not think their training was adequate. The same was also true related to participants' perceived adequacy of their post-service training to prepare them to make reports according to mandates. This might be expected given previous research identifying that more recent training, or training received as a practitioner, was related to greater feelings of confidence in a sample of administrators, teachers, and teachers' aides (Hawkins & McCallum, 2001).

Overall, adequate training during graduate training and as professional development for practitioners appears to have a bearing on current confidence as a mandated reporter. In several cases, participants who perceived their pre- and postservice training to be adequate in preparing them to carry out the various roles and tasks of a mandated reporter overall felt more confident in their ability to carry out these roles and tasks on the vignettes. This suggests that training impacts one's confidence in their ability to be an effective mandated reporter, which may indirectly impact their actual reporting behaviors. Further, qualitatively, several participants indicated they would benefit from increased training or more comprehensive training, often commenting they did not feel confident to handle all cases of potential child maltreatment.

# **Previous Reporting Behaviors**

Approximately three-quarters of the sample indicated they had made a report in the past, with a wide range of number of cases reported across participants. This is expected given the wide range of years of experience reported by participants. Further, approximately 15% of the sample additionally noted they had suspected child abuse in the past but chose *not* to make a report. This is consistent with other studies of teachers and nurses that found between 10% and 20% of participants in the studied samples had suspected child maltreatment at some point in their careers, but decided not to make the report (Delaronde et al., 2000; Mathews, Walsh, Rassafiani et al., 2009; Walsh et al., 2005). Participants reported the most significant barrier to reporting in these cases was thinking they did not have enough evidence to be certain that the abuse was occurring. As previously described, it may be that professionals feel most comfortable with "hard evidence" or "proof" of abuse before initiating the reporting process. Participants also reported some concern that reporting may cause more harm to come to the child.

Barriers such as these and their impact on reporting behavior have been commonly documented throughout the literature available on school-based mandated reporters. Specifically, in addition to the two barriers noted by participants in the current study, educators and other school-based professionals have also been reported to worry about retaliation from the child's parents or other perpetrators, have feared involvement in the legal system as a result of their report, show concern about being inaccurate in their claims, think child protection agencies would be unable to help the child, worry about misinterpreting cultural discipline styles (Delaronde et al., 2000; Eisbach & Driessnack, 2010; Fraser et al., 2010; Goldman, 2010; Kenny, 2001a; Lawler, 1993; VanBergeijk, 2007; Zellman, 1990). Of note, the current study also assessed for the presence of these barriers in school psychologists' reporting behaviors; however, other than fear of not having enough evidence and fear more harm could come to the child, all other barriers were rated to be of minimal importance to the respondent.

#### **Participation in Training and Previous Reporting Behaviors**

For the most part, pre- and post-service training was not related to participants' previous reporting behaviors. Two notable exceptions were that participants who were unsure about their pre-service training on issues related to child abuse were more likely to indicate they had not made a report in the past than expected, and participants who had not received post-service training on topics or issues related to child abuse were also less likely to have made a report in the past. Therefore, the absence or uncertainty of specific training on topics of child abuse at any point in one's graduate or professional career may play a role in actual reporting behaviors engaged in by the individual. However, actual reporting behaviors do not appear to be impacted by the receipt of training specifically in mandated reporting at the pre- and post-service levels.

Additionally, specific training experiences at the pre- and post-service levels did not significantly relate to whether or not participants indicated they had suspected abuse in the past but chose not report. In other words, as was the case with knowledge and accuracy, training experiences do not appear to be a significant factor in the decision not to report suspicions of abuse as mandated. Practitioners likely consider reporting on a case by case approach, while the number of reports made or reports missed in the past having little bearing on current reporting behaviors. This is in contrast to teachers, social workers, and nurses whose reporting behaviors have found to be related to their specific training experiences (Eisbach & Driessnack, 2010; Hawkins & McCallum, 2001; Kenny, 2001a; King et al., 1998)

#### **Decision to Report Vignettes and Previous Reporting Behaviors**

Further, no significant relationships were found between decisions to report the vignettes and previous reporting behaviors (true across vignettes). In other words, previous reporting behaviors, including reports made and missed opportunities to report, likely had little influence on the decision whether to report a current suspected case.

# General Confidence as Mandated Reporter and Previous Reporting Behaviors

Participants who indicated they had made reports in the past reported more confidence in their ability to identify indicators or abuse as well as make reports according to mandates. This is to be expected based on the available literature examining other school-based professionals, in which teachers with more experience reporting were more confident in their ability to identify abuse and report it, and they were more likely to make reports in the future (Kenny, 2001a; Walsh et al., 2005).

## **Supervision Practices**

According to McIntosh and Phelps (2000), supervision consists of:

...an interpersonal interaction between two or more individuals for the purpose of sharing knowledge, assessing professional competencies, and providing objective feedback with the terminal goals of developing new competencies, facilitating effective delivery of psychological services, and maintain professional competencies (pp. 33-34).

In the current study, just over half of participants reported they received supervision in the past related to child abuse and/or mandated reporting, which is alarming considering all participants were at some point graduate students or interns. Further, only a quarter of participants reported they currently receive supervision, with a wide range of actual supervision hours indicated. Somewhat unexpected, even fewer participants indicated they have supervised others in the past or currently supervise others on these topics. Participants reported supervising more graduate students than other professionals. Thus, school psychologists who are able to receive supervision in their workplaces may receive it from other school-based professionals other than practicing school psychologists (e.g., administrators, social workers). This is concerning given that supervision of others is a key domain of practice for school psychologists according to School Psychology: A Blueprint for Training and Practice III (Ysseldyke et al., 2006). Further, NASP has published a Position Statement on Supervision in School Psychology (2011) specific to the necessity of professional and administrative supervision of all school-based professionals, including school psychologists, in ensuring the improvement of schools and subsequent student success and wellbeing. Supervision has also been identified as a means of professional development for practitioners (Crespi & Dube, 2006).

The number of participants indicating a lack of supervision opportunities related to mandated reporting responsibilities is not surprising, as researchers have identified a concerning lack of supervision practices for practicing school psychologists, in particular clinical supervision from another licensed or nationally certified school psychologist (Chafouleas, Clonan, & Vanauken, 2002; Fischetti & Crespi, 1999; Harvey & Struzziero, 2000; Harvey & Struzziero, 2008; McIntosh & Phelps, 2000; Smith Harvey & Pearrow, 2010). Smith Harvey and Pearrow (2010) explored the specific challenges contributing to the lack of clinical supervision in school psychology, and found the most cited obstacle by practitioners was their supervisee's lack of sufficient training or professional development. In other words, supervisors noted that their supervisees lacked essential skills necessary for effective supervision, and these deficiencies impacted the delivery of supervision overall. Further, supervisors also noted that supervisees often enter the field with fewer resources specific to mental health issues than would be needed given the diverse and serious mental health needs of school-aged children (Smith Harvey & Pearrow). As such, the lack of training opportunities specific to mandated reporting and the unique mental health needs of victims of child maltreatment required to be addressed within the supervisory relationship may make the provision of supervision related to mandated reporting even more difficult to achieve.

Additional challenges related to the delivery of clinical supervision include organizational or systemic barriers commonly found in schools, including a lack of resources and the organizational structures of schools and districts (Smith Harvey & Pearrow, 2010). Finally, many supervisors noted that an insufficient number of supervisors are available, which is consistent with the findings of the present study. Thus, availability and time may also be challenges to providing effective clinical supervision (Smith Harvey & Pearrow).

In regard to the small number of participants who reported receiving supervision, they generally reported feeling neutrally satisfied with their supervision experience. In contrast, participants who stated they currently supervise others reported high satisfaction with the experience. Participants, including supervisees and supervisors, reported a variety of supervision styles and frequency of supervision, which is consistent with the literature noting that best practice approaches to supervision involve several different types (Harvey & Struzziero, 2008; McIntosh & Phelps, 2000). Specifically, participants reported participating in individual supervision formats designed to process cases, individual direct instruction, small group discussion, large group trainings or didactics, and regular team meetings, or a combination of these. Further, some participants reporting receiving regularly scheduled supervision sessions while other participants reported more as-needed supervision on a case-by-case basis.

Frequency and format seemed to be of less importance to participants when asked to reflect upon the ideal supervisory relationship. Rather, participants were most interested in a relationship that provides expertise, guidance, and support to the supervisee as he or she shadows and eventually carries out the mandated reporting process independently. This preference is consistent with the Developmental/ Ecological/Problem-Solving Model of school psychology supervision (DEP Model; Simon, Cruise, Huber, Swerdlik, & Newman, 2014), outlined specifically for specialistlevel and pre-doctoral interns in school psychology. The DEP Model includes an assessment of the supervisee's current strengths and areas of need, which then informs an individualized plan for the supervisee in terms of their specific activities and supports as an intern.

Additionally, consistent with the NASP (2011) Position Statement on Supervision in School Psychology, the DEP Model highlights the necessity for supervisory support to develop along a continuum over time as the intern becomes more independent in their professional abilities (Simon et al., 2014). In other words, the preference (or, ideal perception of supervision) of many participants in the current study to have a supervisor with whom they could first shadow throughout the mandated reporting process as their own responsibilities increased over time aligns with the DEP framework of supervision in the field. Unfortunately, results of the current study suggest such supervision practices are rare.

Further, participants noted the importance of a variety of supervision elements, including access to resources, consultation and collaboration with colleagues, and the review of scenarios for practice as part of the learning process. Again, these preferences are congruent with NASP's (2011) position statement on supervision practices. Also of note, although the DEP Model (Simon et al., 2014) is targeted towards advanced graduate students in school psychology, NASP highlights the necessity for all practitioners to receive supervision when they enter into a professional role with which they are unfamiliar or inexperienced, regardless of their years of experience or proficiency in other professional activities (NASP, 2011).

In other words, if school psychologists must carry out their role of mandated reporter in practice, supervision should be provided to them until a level of proficiency is reached in this area. Even still, school psychologists who are proficient or expert in their roles as mandated reporters would likely continue to benefit from participation in indirect supervisory experiences in order to further boost their skills and develop professionally (NASP). Given that a significant number of school psychologists reported they were not confident in their abilities as mandated reporters and/or they identified a lack of training opportunities, research would suggest they are ideal candidates for continued supervision (NASP; Simon et al., 2014). Further, continued supervision may also decrease the professional's risk for burnout (Fischetti & Lines, 2003) or secondary traumatic stress (VanBergeijk & Sarmiento, 2006).

## Satisfaction with Supervision and Confidence

Participants who reported feeling satisfied with their supervision experience also reported more confidence in their decision whether or not to make a report on all three vignettes. Further, participants' general confidence in their ability to identify cases of abuse and make reports according to mandates was also higher for those participants who reported feeling satisfied with their supervision experience. As noted, although a few studies have begun to explore the topic of supervision of school psychologists generally (Chafouleas et al.,2002; Crespi & Dube, 2006; McIntosh & Phelps, 2000; Fischetti & Lines, 2003; Smith Harvey & Pearrow, 2010), overall a dearth of research related specifically to clinical supervision in school psychology is available (Harvey & Struzziero, 2008), as is research on supervision specific to mandated reporting.

Therefore, the specific reasons why satisfaction with supervision might be related to the confidence a mandated reporter experiences are unclear and were beyond the scope of the current study. However, given that participants most often described ideal supervision as providing support and guidance during the reporting process, it may be that participants who are satisfied with the supervision they have received also feel most supported in their work, which may have translated into confidence in their decision-making.

#### General Confidence as Mandated Reporter and Provision of Supervision

Regarding supervising others, participants who reported they supervised either graduate students or other practicing school psychologists on these topics reported more confidence in the various duties they have as mandated reporters, including identifying indicators or abuse and making reports as outlined by mandates. Thus, these findings further point to the necessity of training in increasing one's confidence, as increased confidence may lead to a greater likelihood one will supervise.

# Implications

# **Training of School Psychologists**

In examining the different constructs and research questions explored by the current study, several findings highlight the necessity for more comprehensive training for school psychologists. Such training should begin during pre-service training as part of graduate program expectations, and continue routinely throughout one's career. Further, given that each professional brings to their practice a unique set of biases, beliefs, and background knowledge, training opportunities should incorporate more assessment of individual strengths and weaknesses to develop more specialized training

opportunities to meet each professional's needs. Increased training will likely be well received by school psychologists, as many appear to desire additional opportunities for learning and clarification of roles. However, such training will require additional planning, support, and collaboration of many school officials in order to achieve this goal.

In addition to individualized training, training opportunities should also be comprehensive in nature by focusing on a variety of topics related to mandated reporting. Additionally, such training should be delivered through a multitude of modalities to enhance learning, including direct instruction of key facts and procedures, practice with hypothetical situations, reflection on personal beliefs and biases, and team consultation and collaboration. Further, the specific roles of the mandated reporter should be continually highlighted and retaught to ensure mandated reporters are not engaging in behaviors that may inhibit or prolong response to a child in harm.

In particular, school psychologists would likely benefit from increased attention to the fact that their roles as mandated reporters *do not* include investigating suspicions of abuse further. Taking the time to further investigate has several negative repercussions as described previously, which may significantly impact the outcome of the case and thus the safety of the child. Trainings across the career span should highlight this specific fact to ensure that school psychologists are in fact reporting all suspicions of abuse without taking on an investigative role themselves.

School psychologists will likely also benefit from explicit instruction regarding what constitutes reasonable suspicion. Within this, clarification about suspected psychological and physical harm may be warranted, in particular how types of harm should be weighted equally. Currently, school psychologists may perceive physical harm more seriously (and thus, more reportable), and additional training on these definitions may help clarify confusion when considering facts of a case of suspected abuse. Similarly, school psychologists may benefit from increased understanding of the specific acts that constitute child abuse, including how emotional abuse and child neglect fall under this umbrella. Finally, school psychologists may require additional focus on the different types of suspicions that are reportable, including anecdotal observations in addition to direct disclosures from the child or evidence of physical injuries.

Finally, the current study identified that supervision can have a positive impact on mandated reporters' confidence in their abilities, which may be related to their actual reporting behaviors. Further, supervision on issues related to child abuse and mandated reporting is recommended as a best practice approach to school psychology (Crespi & Dube, 2006; McIntosh & Phelps, 2000; Fischetti & Lines, 2003; Harvey & Struzziero, 2008; NASP, 2011; Simon et al., 2014; Smith Harvey & Pearrow, 2010), as it allows for professionals to engage in the learning process, receive support related to this complicated role, and hear important feedback on their behaviors as mandated reporters. Improving supervision practices will require not only the implementation of training practices as described above, but also that school psychologists volunteer to take on this additional role as supervisor as a means by which to advance the professional development of other students and professionals.

# **Training by School Psychologists**

In comparison to other school-based professionals, school psychologists may have a stronger knowledge base related to child abuse indicators and reporting mandates. Should school psychologists receive additional training opportunities as recommended above, this level of knowledge will likely flourish. Then, school psychologists may also find themselves in a unique position to provide training opportunities to their colleagues as part of professional development. Further, just as school psychologists desire additional supervision opportunities as mandated reporters, other school-based professionals may also prefer the opportunity to be supervised. School psychologist thus may also be well suited to provide supervision and case-specific follow-up to all schoolbased professionals from an expert perspective.

## Limitations

The sample surveyed in the current study represented a range of experiences and educational backgrounds, and the sample was representative of the estimated population of practicing school psychologists in Illinois. This suggests that the results of the survey are generalizable to school psychologists in the state. However, given that participant recruitment was limited only to Illinois and that mandates vary by state, the results of this survey may not be generalizable to school psychologists nationally.

Further, the primary tool of data collection was a survey designed specifically for the purposes of the current study. The survey was developed based on well-established surveys on a related topic, and it was piloted with a small sample of school psychologists and school psychology graduate students to assess ease of administration and face validity. Still, the complete psychometrics of this data collection tool have not yet been examined, and therefore results of the survey should be interpreted with caution. Further, in many cases, data analysis using omnibus tests was followed with multiple comparison procedures to specify significant differences among variables. Multiple comparisons may have inflated Type 1 error, and therefore results should be interpreted with caution.

Finally, given the anonymous nature of the study, member checking of qualitative analyses was not possible. Therefore, the validation process of the qualitative data was somewhat limited (Merriam, 2009). This survey was also a self-report measure and therefore, interpretation of results from this method may be limited. Specifically, given the serious nature of the topic and the direct assessment of participants' abilities, participants' responses may have been impacted by social desirability (Babbie, 1990). In other words, participants may have rated their own abilities and perceptions more positively due to fear of being judged or embarrassed, or as a means by which to respond in a way they thought might be expected. If so, participants' responses would not necessarily represent an honest assessment of their true abilities as mandated reporters. Similarly, this survey did not involve a complete test of participants' knowledge, but rather often included an assessment of their perceptions of their own knowledge.

#### **Future Directions**

Research assessing school psychologists' knowledge, confidence, and behaviors as mandated reporters is limited. Thus, this topic will benefit from increased attention and use of a variety of research methods to further explore the current competencies of school psychologists as mandated reporters. Although the current study provides a unique snapshot of school psychology practice currently, future research incorporating more experimental methods as well as more in-depth qualitative methods (e.g., interviews, case studies) would provide increased understanding to this area and better inform recommendations for school psychology training programs, supervisors, and professional development providers.

Similarly, if researchers continue to study this topic specifically utilizing survey methodology, it will be necessary to evaluate the utility of the current data collection tool. Specifically, use of specific wording (e.g., child abuse versus child maltreatment), response styles, length of the survey, and other areas of survey design should be further explored utilizing rigorous methodologies. Such research will ensure the data collection cool is effectively measuring what it intends.

Further, future research may also focus on assessing school psychologists as mandated reporters nationally in consideration of the varying state mandates and typical training programs. This would lead to a richer understanding of school psychology practice nationwide, and therefore allow for more generalizable conclusions and recommendations. Finally, should training practices at the pre- and post-service levels be modified to address some of the identified gaps and recommendations, continued research will be necessary to evaluate the effectiveness of such training.

# APPENDIX A

# "EDUCATORS AND CHILD ABUSE QUESTIONNAIRE"

(KENNY, 2001C)

# Educators and Child Abuse Questionnaire <u>Personal Data</u>

Age: \_\_\_\_\_ (in years)

Sex: (please circle one) Male or Female

State of Employment\_\_\_\_\_(ie. Fl., *N.J.*, Utah, etc.)

Ethnicity (please check one and be specific if necessary)

Anglo \_\_\_\_\_

African American

African-Caribbean specifically

Hispanic \_\_\_\_\_ specifically \_\_\_\_\_

Asian American\_\_\_\_\_ specifically, \_\_\_\_\_\_

Other

Position: Teacher\_\_\_\_

School Counselor\_\_\_\_

Principal\_\_\_\_\_ please circle one) elementary or secondary

Number of years employed in education \_\_\_\_\_ (in years)

List the highest degree you hold. (i.e. BA, M.Ed., Ed.D.)

# **Child Maltreatment**

For all the questions that follow, neglect is defined as the failure to act on behalf of the child. It may be thought of as childrearing practices which are essentially inadequate or dangerous and include such things as not providing the basic necessities for a child (i.e food, shelter, clothes) and also denying a child medical attention. Physical abuse is defined as non-accidental injury to a child by an caretaker. Sexual abuse is defined as any act of a sexual nature upon or with a child. The act may be for the sexual gratification of the perpetrator or a third party.

As an educator, have you ever made a report of abuse to children's services? Yes or no

How many reports of child abuse have you made to children's services?

How many reports have you been a part of (i.e. reported to administrator, who then reported)?

Have there ever been times when you thought a child might have been abused but did not report?

Yes or No

If yes, what impacted your decision not to report? Check only most important one.

- Fear of making an inaccurate report
- \_\_\_\_\_ Not wanting to appear foolish
- \_\_\_\_\_ Anticipating unpleasant events to follow (i.e. family getting mad)
- \_\_\_\_\_ Feeling as though HRS does not generally offer help to maltreated children
- \_\_\_\_\_ Not wanting to get caught up in legal proceedings
- \_\_\_\_\_Believing reporting abuse only brings about negative consequences for the family and child
- \_\_\_\_\_ Feeling as though it is not my job
- \_\_\_\_\_ Fear of misinterpreting cultural discipline styles
- \_\_\_\_\_ No physical injury visible, just the child's self report
- \_\_\_\_\_ Knowing parents and feeling they are motivated for treatment and remorseful

# **Education & Training**

Do you feel your preservice education (college training) adequately addressed child abuse reporting? Yes or no

If yes, how specifically was child abuse addressed in your training?

- \_\_\_\_\_ in course lectures
- \_\_\_\_\_assigned readings
- \_\_\_\_\_ workshops/seminars

other,

specifiy

*If no*, what do you feel your education was lacking in regards to assisting you in child abuse reporting?

Not covered	in courses							
Not sure of legal requirements								
-		in class	_					
Other,								
At what level do yo child abuse? (Pleas	• •	e-service training	prepared you	to deal with cases of				
Adequate		Minimal	Inad	equate				
with cases of child		e circle one)		ng prepared you to deal				
Adequate		Minimal	Inad	equate				
Attitudes/Personal	Beliefs							
Please circle your r	esponse.							
All novents have the	ha right to dia	ainling their shi	ldron in what	ever manner they see				
fit.	ie right to uis	cipilite then chi	iuren m what	ever manner they see				
Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree				
5	4	3	2	1				
Teachers should n	ot be mandat	ed to report chil	d abuse					
Strongly Agree		Undecided		Strongly Disagree				
5	4	3	2	1				
I am aware of my	sahaal's praa	duras for abild	abusa rapart	ina				
Strongly Agree	-	Undecided	-	0				
5	4	3	2	1				
I feel that adminis				-				
Strongly Agree 5	Agree 4	Undecided 3	Disagree 2	Strongly Disagree				
5	4	5	2	1				
Child abuse is a se	rious problen	n in our society.						
Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree				
5	4	3	2	1				
Child abuse is a se	rious problen	n in my school.						
Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree				
5	4	3	2	1				

As an educator, I should have an obligation to report child abuse in the state of Florida.							
Strongly Agree 5	Agree 4	Undecided 3	Disagree 2	Strongly Disagree 1			
If I make a report o	of child abuse,	and it is not fo	unded, the far	nily can sue me.			
Strongly Agree 5	Agree 4	Undecided 3	Disagree 2	Strongly Disagree			
I am aware of the s	igns of child ne	eglect.					
Strongly Agree 5	Agree 4	Undecided 3	Disagree 2	Strongly Disagree 1			
I am aware of the s Strongly Agree	igns of child se Agree	<b>xual abuse.</b> Undecided	Disagree	Strongly Disagree			
5	4	3	2	1			
I am aware of the s	igns of child pł	nysical abuse.					
Strongly Agree 5	Agree 4	Undecided 3	Disagree 2	Strongly Disagree 1			
Teachers should be	allowed to use	corporal pun	ishment with s	students.			
Strongly Agree 5	Agree 4	Undecided 3	Disagree 2	Strongly Disagree 1			
<u>Vignettes</u> For each of the follo	wing, indicate v	what course of a	action, if any, y	ou would take.			
<u>Case #1</u>							

Your student tells you that her stepfather has been touching her genitals. In this instance, I would: (circle one)

- 1. Report to authorities
- 2. Report to school administration
- 3. Defer decision to report to school administration (i.e. principal, school counselor, guidance counselor).
- 4. Wait for more obvious, clear, convincing evidence of abuse/ neglect.
- 5. Speak to parents or stepfather.
- 6. Don't report, take no action.

If you do not take action, what impacted your decision not to report? (Check the most important reason).

- \_\_\_\_\_ Fear of making an inaccurate report
- Not wanting to appear foolish
- Anticipating unpleasant events to follow
- \_\_\_\_\_ Feeling as though HRS does not generally offer help to maltreated children
- \_\_\_\_\_ Not wanting to get caught up in legal proceedings
- Reporting abuse only brings about negative consequences for the family and child
- \_\_\_\_\_ Feeling as though it is not my job
- Fear of misinterpreting cultural discipline styles
- \_\_\_\_\_ No physical injury visible, just the child's self report
- Knowing parents and feeling they are motivated for treatment and remorseful

# Case #2

Your student tells you that another teacher has been touching her genitals. In this instance, I would: (circle one)

- 1. Report to authorities
- 2. Report to school administration
- 3. Defer decision to report to school administration (i.e. principal, school counselor, guidance counselor).
- 4. Wait for more obvious, clear, convincing evidence of abuse/ neglect.
- 5. Speak to other teacher.
- 6. Don't report, take no action.

If you do not take action, what impacted your decision not to report? (Check the most important reason).

- \_\_\_\_\_ Fear of making an inaccurate report
- \_\_\_\_\_ Not wanting to appear foolish
- \_\_\_\_\_ Anticipating unpleasant events to follow
- Feeling as though HRS does not generally offer help to maltreated children
- \_\_\_\_\_ Not wanting to get caught up in legal proceedings
- Reporting abuse only brings about negative consequences for the family and child
- \_\_\_\_\_ Feeling as though it is not my job
- \_\_\_\_\_ Fear of misinterpreting cultural discipline styles
- \_\_\_\_\_ No physical injury visible, just the child's self report
- Knowing parents and feeling they are motivated for treatment and remorseful

# THANK YOU VERY MUCH FOR YOUR TIME!

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"TEACHER REPORTING QUESTIONNAIRE" (MATHEWS, WALSH, BUTLER ET AL., 2009)

# Teacher Reporting Questionnaire for Western Australia Government School staff

Please mark the appropriate box 🗷 or write your response in the space provided.

Section A: Demographic Information	
1 What is your gender?	□1 Male □2 Female
2 How old are you?	years old
3 What is your marital status?	□1 Single □3 Separated or divorced □2 Married or cohabitating □4 Widowed
4 Are you a parent/guardian?	□1 Yes □2 No
5 What is your highest qualification?	□1     Diploma     □5     PhD or Prof. Doctorate       □2     Bachelor     □e     Other (please specify)       □3     Graduate Diploma     □4     Masters

Sect	ion	R- 1	Wai	de la	nfo	1111-0	tion
500	1011						uon

6	Which of the following best describes the main part of your current job?	Kindergarten/Pre-primary Teacher Teacher Years 1-4 Teacher Years 5-7 Assistant/Deputy Principal Principal Specialist Teacher	□s □•	School Counsellor/Guidance Officer School Chaplain Supply/relief teacher Other (please specify)
7	On what basis are you currently employed?	Permanent (Full-time) Permanent (Part-time)	_	Contract Supply/relief teacher
8	Including this school year, how you worked as a teacher or sch		5	
9	Of these years, how long have <u>current</u> school as a teacher or a		3	

Section	C: Education/Training Infor	mation					
10	Have you had any <u>pre-service</u> teacher education related to <u>child sexual abuse</u> ?		□2 No please a)and b)	lf No, piec go directiy Question	to		
			ately did your p of child sexual a		educatio	n prepare	e you to <u>identify</u>
		D1 Inadequately		4	_	)5 lequately	
		<ul> <li>b) How adequive the second second</li></ul>	ately did your p rocesses for ch			n prepare	e you to follow
		D1 Inadequately		4	_	D5 lequately	
11	Have you had any formal in-service training related to child abuse and neglect in general?		□2 No piease a) to d)	lf No, plea go directiy Question	to		
		a) Approximat	tely how much t	raining?		hours	
		<li>b) Did you atte the past 12</li>		raining in	□₁ Yes □₂ No		
		c) How adequately did your in-service training prepare you to <u>identify</u> <u>indicators</u> of child sexual abuse?				u to <u>identify</u>	
		D <sub>1</sub> Inadequately		. 04		D <sub>5</sub> lequately	
		d) How adequ reporting p	ately did your i rocesses for ch			epare yo	u to follow
		D <sub>1</sub> Inadequately		3 04		D <sub>5</sub> lequately	
12	How much <u>confidence</u> do you ability to identify indicators of abuse?		D <sub>1</sub> No confidence	02	D <sub>3</sub>	O4	5 A great deal of confidence
13	How much <u>knowledge</u> do you the indicators of child sexual a		D1 No knowledge	02	□3	<b>□</b> ₄	5 A great deal of knowledge

# Section D: Reporting Information

→ In this section, the term "reporting" refers to formal reports you have made to the school principal, child protection authorities, police etc.

14	Is there an informed or knowledgeable staff member at	Yes
	your school with whom you can discuss your concerns	No
	about cases of child sexual abuse?	

# → These questions are about your experience of reporting child sexual abuse as a staff member at a primary school.

15	Have you ever reported child sexual abuse?	$\square_1 \text{ Yes} \Rightarrow \text{How many cases? } \ \square_2 \text{ No}$
16	Have you ever suspected child sexual abuse but decided not to report it?	□ <sub>1</sub> Yes How many cases? → Please answer Questions 17 to 19
		□ <sub>2</sub> No
17	If <i>legislation</i> at the time required you to report these would you have reported them?	cases, 🛛 Yes □2 No

18 If educational authority policy or formal school policy at the time required you to report these cases, would you have reported them?

#### 19 Generally, how important were the following factors in your decision(s) not to report these cases? (Please mark one box extbf per statement)

	Very Important	Important	Somewhat Important	Not At All Important
<ul> <li>a) I feared being sued for making an unsubstantiated report</li> </ul>	4	۵	<b>D</b> 2	
<li>b) I feared retaliation by parent(s)/community members</li>	4	۵		
<ul> <li>c) I feared reporting would cause more harm to the child than good</li> </ul>	□₄		02	
d) I feared the child may be removed from his or her family	□4	□3		
<ul> <li>e) I was concerned about possible damage to the school's relationship with the child/child's parents</li> </ul>	□₄	□3		
f) I did not know how to report	4	□3		
<ul> <li>g) I thought that child protective services were unlikely to provide effective help</li> </ul>	4	□3		
<ul> <li>h) I did not have enough evidence to be sure abuse actually happened</li> </ul>	4	□3		
<ul> <li>I thought it was better to work through the issue with the family first</li> </ul>	4	□3		
j) Other reason (please specify)	□₄			
<ul> <li>k) Other reason (please specify)</li> </ul>	□4	□3		
I) Other reason (please specify)	□₄	□3		

### Section E: Attitudes about Reporting Child Sexual Abuse

In relation to reporting child sexual abuse, to what extent do you agree or disagree with the following statements?

(Please mark one box 🗵 per statement)

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<ul> <li>a) I plan suspe</li> </ul>	to report child sexual abuse when I ct it.			□₃	□4	
	d be apprehensive to report child sexual for fear of family/community retaliation.			□3	□₄	
sexua to the	d be reluctant to report a case of child I abuse because of what parents will do child if he/she is reported.			□3	□4	□5
abuse	rocedures for reporting child sexual e are familiar to me.			D₃	□4	
respo	d like to fulfil my professional nsibility by reporting suspected cases of sexual abuse.		$\square_2$	□₃	□₄	05
the sa	ting child sexual abuse is necessary for ifety of children.			O3	4	05
of rep	emotionally overwhelmed by the thought orting child sexual abuse.			O3	4	05
the ch home,	d not report child sexual abuse if I knew ild would be removed from their /family.			□₃	□₄	05
servic familie			<b>D</b> 2	□3	□4	05
	d consider not reporting child sexual because of the possibility of being sued.			⊡₃	□4	05
*	is a lot of sensitivity associated with ing child sexual abuse.			□3	□₄	05
	sexual abuse reporting guidelines are sary for teachers.			⊡₃	□₄	05
report	nportant for teachers to be involved in ing child sexual abuse to prevent long- consequences for children.			۵	□4	05
child s	ve that the current system for reporting sexual abuse is effective in addressing oblem.			□₃	□₄	
	ers who report child sexual abuse that is stantiated can get into trouble.			D₃	□4	05
abuse report				□₃	□4	05
my sc	d still report child sexual abuse even if hool administration disagreed with me.			□₃	□4	05
*	confidence in the authorities to respond ively to reports of child sexual abuse.			D₃	□₄	05
s) I will c	consult with an administrator before I child sexual abuse.			□3	□₄	
abuse		Di	<b>D</b> 2	□₃	□₄	05
	d sexual abuse report can cause a parent come more abusive toward the child.			□3	□₄	□5

### Section F: Knowledge of Teachers' Duties to Report Child Sexual Abuse under DEPARTMENT OF EDUCATION AND TRAINING POLICY

Tra whi	e Department of Education and ining has a formal policy under ich teachers must report spected child sexual abuse:	No	unsure -	_	Please answer question 22 Please go directly to Section G
end und and	you think you are familiar ough with your reporting duty der Department of Education d Training policy to answer estions about it?				answer questions 23 to 29 below go directly to Section G

Please answer to the best of your memory. Your answers will assist in preparing future training.

Please mark one box 🗷 per question.

23	Under the <i>policy</i> , I must report:		<u>All</u> concerns of child sexual abuse, no matter who the suspected perpetrator is <u>Only</u> concerns of child sexual abuse where the suspected perpetrator is an employee of the school I am unsure
24	Under the <i>policy</i> , I must report:		<u>Only</u> when I am <u>certain</u> that a child has been or is being sexually abused <u>Whenever</u> I have a <u>concern</u> that a child has been or is being sexually abused I am unsure
25	Under the <i>policy</i> , I must report child sexual abuse:	02	<u>Only</u> when I think the harm being caused, or likely to be caused, to the child is significant <u>Even</u> when I think the harm to the child is insignificant or there is no apparent harm at all I am unsure
26	Under the <i>policy</i> , I must report child sexual abuse:		<u>Only</u> when I think it has already happened When I think it has already happened, or, when I think it is likely to occur in the future I am unsure
27	Under the <i>policy</i> , I should generally report to:		The school principal or the District Director Department for Child Protection I am unsure
28	Under the <i>policy</i> , if I make a report in good faith, my identity as the reporter is protected from disclosure:	$\overline{\Box}_2$	Yes No I am unsure

→ For <u>Principals</u> only:

29	Under the policy, if a teacher tells me of their		Even if I do not reasonably suspect the
	concern that a student has been or is at risk of	_	child has been sexually abused
	being sexually abused, I must forward the report to	$\cup_2$	Only if I do reasonably suspect the child has been sexually abused
	the relevant authority:	⊡₃	l am unsure

### Section G: Scenarios

Next comes 6 scenarios that you might encounter as a teacher or school staff member. Please read them carefully and respond to the best of your knowledge.

- → In this section, the term "reporting" refers to formal reports to the school principal, child protection authorities, police etc.
- 30 An 11 year old boy in your class is usually well behaved, completes homework consistently and performs well academically. However, he has been behaving in an out of character way for several weeks. He has been misbehaving in class, often arrives at school without having done his homework, and his grades have plummeted. During a quiet period, he tells you that for some weeks a neighbourhood acquaintance of his parents has been showing him pornography on the internet after school, and that while they looked at the pornography the man would touch the boy's private parts and his own.

a)	Do you think you have reasonable grounds for suspecting sexual abuse has occurred?	Dı Yes D₂No D₃lamıu	nsure					
b)	Do you think significant harm has been caused, or is likely to be caused, to the child's physical, psychological or emotional wellbeing?	D₁Yes D₂No D₃lamiu	nsure					
c)	Does Department of Education and Training policy require you to report this?	□ <sub>1</sub> Yes □ <sub>2</sub> No □ <sub>3</sub> Iam u	nsure					
d)	Does legislation require you to report this?	DıYes D₂No D₃lamu	nsure					
e)	Would you report this case?	□1 Yes → Please go to Question 31						
		$\square_2$ No $\longrightarrow$ Please answer f) and g) below						

If you responded that you would not report this case:

f)	Would you report if you knew that Department of Education and Training policy required you to?	Yes	02	No
g)	Would you report if you knew that <i>legislation</i> required you to?	Yes		No

A 10 year old girl in your class who is usually sociable and cheerful has gradually become withdrawn over the last term. She has twice even been in physical confrontations with classmates, which is out of character for her. At physical education (PE) class, which she has always participated in with relish, she has become unwilling to change into her PE clothes, and has claimed to be sick. Her school work, which had always been above average, has slipped and she seems to have trouble concentrating in class. On three occasions near the end of the school day, she has cried and has told you she does not want to go home until 5pm when her Mum gets home from work – she asks to stay at school until that time and offers to help you with jobs. You know that her stepfather is unemployed and is at home all day.

a)	Do you think you have reasonable grounds for suspecting sexual abuse has occurred?	D₁ Yes D₂ No D₃ Iam un sure						
b)	Do you think significant harm has been caused, or is likely to be caused, to the child's physical, psychological or emotional wellbeing?	D₁ Yes D₂ No D₃ Iam un sure						
c)	Does Department of Education and Training policy require you to report this?	$\Box_1$ Yes $\Box_2$ No $\Box_3$ I am unsure						
d)	Does legislation require you to report this?	D₁ Yes D₂ No D₃ Iam un sure						
e)	Would you report this case?	□1 Yes → Please go to Question 32						
		□ <sub>2</sub> No → Please answer f) and g) below						

If you responded that you would not report this case:

31

.

f)	Would you report if you knew that Department of Education and Training policy required you to?	Yes	□2 No
g)	Would you report if you knew that legislation required you to?	Yes	□ <sub>2</sub> No

A 6 year old girl in your class is picked up from school most days by her mother's live-in boyfriend, who you do not know well. You know the girl's mother and her boyfriend have been together for over a year. The girl is well behaved and consistently happy and she shows no signs of distress. Nor does she show any sign of concern about the man picking her up from school. You notice that sometimes when the man collects the girl from school, he gives her a pat on the bottom as she climbs into the car.

	Do you think you have reasonable grounds for suspecting sexual abuse has occurred?	□1 Yes	O <sub>2</sub> No	O₃ I am unsure				
	Do you think significant harm has been caused, or is likely to be caused, to the child's physical, psychological or emotional wellbeing?	□1 Yes	□ <sub>2</sub> No	□₃ Iam unsure				
	Does Department of Education and Training policy require you to report this?	□1 Yes	O <sub>2</sub> No	O <sub>3</sub> I am unsure				
d)	Does legislation require you to report this?	🛛 1 Yes	🗆 2 No	□₃ Iam unsure				
e)	Would you report this case?	□1 Yes → Please go to Question 33 □2 No → Please answer f) and g) below						

If you responded that you would not report this case:

f)	Would you report if you knew that Department of Education and Training policy required you to?	Yes	No
g)	Would you report if you knew that legislation required you to?	Yes	No

An 8 year old girl in your class with whom you have a good rapport tells you that her father has been touching her private parts and making her 'do things'. You do not know her parents very well, although from what you have seen, the mother is passive and distant, and the father is, if anything, overprotective. They have two other daughters younger than the girl in your class. The girl has been withdrawn and sombre for the past several weeks, which is not usual for her.

a)	Do you think you have reasonable grounds for suspecting sexual abuse has occurred?	□1 Yes	□₂ No	D₃ Iam unsure				
b)	Do you think significant harm has been caused, or is likely to be caused, to the child's physical, psychological or emotional wellbeing?	□1 Yes	□ <sub>2</sub> No	□₃ Iam unsure				
c)	Does Department of Education and Training policy require you to report this?	□1 Yes	□ <sub>2</sub> No	D₃ Iam unsure				
d)	Does legislation require you to report this?	D1 Yes	🗆 2 No	O₃ Iam unsure				
e)	Would you report this case?	$\square_1$ Yes $\longrightarrow$ Please go to Question 34 $\square_2$ No $\longrightarrow$ Please answer f) and g) below						

If you responded that you would not report this case:

f)	Would you report if you knew that Department of Education and Training policy required you to?	Yes	02	No
g)	Would you report if you knew that legislation required you to?	Yes		No

A 9 year old girl in your class has become socially withdrawn and unwilling to participate in activities in class or playtime. The quality of her schoolwork has deteriorated steadily over several months. She complains regularly of stomach ache (which is unexplained) and various other aches and pains (e.g. headaches) which also are unexplained. You know that her parents have divorced, and that the girl lives with her mother but stays at her father's house every Wednesday and every second weekend. During a private talk with you, she says she does not like staying with her father, and you have noticed her anxiety and fearfulness is particularly strong around the times she stays with him; on several occasions she has become extremely distressed just before being picked up by her father. She tells you that she would not go to her father's house except that her younger 5 year-old sister needs her to look after her: she says that she is the only one who can protect her.

a)	Do you think you have reasonable grounds for suspecting sexual abuse has occurred?	D <sub>1</sub> Yes D₂ No D₃ Iam un sure
b)	Do you think significant harm has been caused, or is likely to be caused, to the child's physical, psychological or emotional wellbeing?	D <sub>1</sub> Yes D₂ No D₃ Iam un sure
c)	Does Department of Education and Training policy require you to report this?	D <sub>1</sub> Yes D <sub>2</sub> No D <sub>3</sub> Iam unsure
d)	Does legislation require you to report this?	□1 Yes □2 No □3 Iam unsure
e)	Would you report this case?	□1 Yes → Please go to Question 35
		$\square_2$ No $\longrightarrow$ Please answer f) and g) below

If you responded that you would not report this case:

f)	Would you report if you knew that Department of Education and Training policy required you to?	Yes	No
g)	Would you report if you knew that legislation required you to?	Yes	No

35 It is early in the school year and a boy in your class has just had his 6th birthday. He is generally carefree and behaves well, and intellectually is within normal developmental progress. He has several habits which have drawn your attention. He tries to climb all over you when you are reading to the class, and several times has tried to hug you goodbye when leaving school. While sitting in his chair, he often will play with his genitals. At play time he has several times been found in hiding places showing his private parts to a girl from his class.

a)	Do you think you have reasonable grounds for suspecting sexual abuse has occurred?	□1 Yes	D <sub>2</sub> No	D₃ Iam unsure	
b)	Do you think significant harm has been caused, or is likely to be caused, to the child's physical, psychological or emotional wellbeing?	□1 Yes	D <sub>2</sub> No	D₃ Iam unsure	
c)	Does Department of Education and Training policy require you to report this?	□1 Yes	D <sub>2</sub> No	D₃ Iam unsure	
d)	Does legislation require you to report this?	□ <sub>1</sub> Yes	□ <sub>2</sub> No	□ <sub>3</sub> I am unsure	
e)	Would you report this case?	□1 Yes → Please turn the page □2 No → Please answer f) and g) below			

If you responded that you would not report this case:

f)	Would you report if you knew that Department of Education and Training policy required you to?	Yes	02	No
g)	Would you report if you knew that legislation required you to?	Yes		No

### Thank you for taking the time to complete the TRQ.

Your responses will be very helpful to us and to teachers in the future.

Please enclose the survey in the envelope provided and return it to the contact person at your school.

Place your consent form in the separate envelope and return it to the contact person at your school. The consent form and questionnaire must be kept separated by the research team as part of the ethical approval to conduct the study.

If you would like to volunteer for possible follow up by the research team, please enclose the tear off slip in the reply-paid envelope and return it to us at your convenience.

APPENDIX C

### "SCHOOL PSYCHOLOGISTS AND CHILD MALTREATMENT

### QUESTIONNAIRE"

### (CURRENT STUDY)

Project Title:

Mandated Reporting: An Examination of Training and Practice of School Psychologists

Primary Investigator: Katie Sears, M.S., M.Ed.

Faculty Sponsor: Gina Coffee, Ph.D.

Co-investigators: Pamela Fenning, Ph.D. Rosario Pesce, Ph.D.

#### Introduction:

You are being asked to take part in a research study being conducted by Katie Sears for her dissertation under the supervision of Gina Coffee, Ph.D. in the School of Education at Loyola University Chicago.

You are being asked to participate because you are a practicing or retired school psychologist who is currently working in a pre-kindergarten through twelfth grade school setting in Illinois.

Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

#### Purpose:

As practicing school psychologists, you play an integral role in helping children who may be victims of child abuse and neglect. The purpose of this survey is to gain a better understanding of your own training experiences related to child abuse as well as your opinions on your role as a mandated reporter.

#### Procedures:

If you agree to be in this study, you will be asked to complete an online survey of your own training experiences, knowledge, and opinions related to child abuse and mandated reporting. It is expected the survey will take approximately 30 minutes to complete.

#### Risk/Benefits:

There are no foreseeable risks involved in participating in this research beyond those typically experienced as a professional school psychologist. This survey contains some hypothetical information regarding child abuse, and thus some participants may experience some psychological/emotional distress when reading this information.

There are no direct benefits to you from participation, but your participation will contribute to the field of school psychology by providing a better understanding of the training, practices, and supervision related to issues of child abuse and mandated reporting. It is important for researchers to gain an understanding of the training and practices of school psychologists in these areas to better inform how best to prepare current and future school psychologists in being mandated reporters, given their significant role in protecting children from harm. Further, you may have some insight or awareness into your own professional competencies as a school psychologist, in particular your role as mandated reporters, as a result of taking the study's survey.

#### Compensation:

To show gratitude for your participation and time, you will have the opportunity to enter a drawing for one of two \$50 gift cards to Target following your completion of the survey. You will be provided with more information about how to enter the drawing at the conclusion of the survey.

#### Confidentiality:

All of your responses on the survey will remain anonymous and all of your responses will be securely stored electronically. Should you choose to enter the drawing described above, the researchers will have knowledge that you completed the survey. However, at no time will your name be tied to the survey or survey responses. Further, no identifying information will be collected on the survey.

#### Voluntary Participation:

Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate If you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty.

#### Contacts and Questions:

Should you have any questions about this research study, please feel free to contact Katie Sears, at kbradshaw@luc.edu or Gina Coffee, Ph.D. at gcoffee@luc.edu. If you have any questions concerning your rights as a research participant, you may contact the Loyola University Chicago Office

of Research Services (IRB) at (773)508-2689.

By indicating yes to the item below, you indicate that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this study.

Do you voluntarily agree to participate in this study by completing the following survey? You are free to discontinue your participation at any time for any reason.

- C Yes, I agree to participate.
- O No, I decline to participate.

Are you currently a practicing or retired school psychologist working in a kindergarten through twelfth grade school setting in Illinois?

O Yes.

O No.

### Vignette 1 of 3:

You are conducting a parent interview as part of an initial eligibility evaluation for an 8-year-old boy you suspect of having an intellectual disability. When discussing the boy's typical bedtime routine, the parent mentions that she is not sure how it has been lately. She elaborates that she often leaves the house for a few hours in the evening to go on dates with her boyfriend, but has a neighbor check in on the boy and his 4-year-old little sister every once in a while.

### As a mandated reporter, what information about this case is notable to you?

### Based on this information, what would you do? Please select all that apply.

- Conduct additional observations of the child.
- Contact the child's family.
- Consult with colleagues.
- Make a report to school administration.
- Make a report to the Department of Child and Family Services (DCFS).
- Defer to school administration to make a report to DCFS.
- Call the police.
- $\hfill\square$  Try to find out more information to confirm or rule out suspicions.
- No action.

Other (please specify)

**^** 

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Do you think you have reasonable grounds for suspecting child abuse has occurred?

- C Yes.
- O No.
- C I'm not sure.

Please describe why you indicated this response.

Do you think significant harm has been caused, or is likely to be caused, to the child's PHYSICAL wellbeing?

- C Yes.
- O No.
- C I'm not sure.

Please describe why you indicated this response.



Do you think significant harm has been caused, or is likely to be caused, to the child's PSYCHOLOGICAL or EMOTIONAL wellbeing?

- C Yes.
- O No.
- C I'm not sure.

Please describe why you indicated this response.



Do the mandates of the Department of Child and Family Services (DCFS) require you to report this?

- C Yes.
- O No.
- C I'm not sure.

•

With this in mind, would you report this case to DCFS?					
O Yes.					
O No.					
low confident are yo	u in vour de	cision?			
Not at all confident.		Neutral/ I'm not sure.		Very confident.	
O	O	O	O	O	

#### Vignette 2 of 3:

After spending some time in a 4th grade classroom conducting a class-wide bullying prevention program, you notice one of the girls in the class who is usually sociable and cheerful has become socially withdrawn and unwilling to participate in activities over the last few weeks. She has been complaining of stomachaches and various other aches and pains (e.g., headaches), which are all unexplained. In physical education class, which she has always enjoyed, she has become unwilling to change into her PE clothes and has claimed to be sick. You know that her parents have recently divorced, and that the girl lives with her mother but stays at her father's house every other weekend. During a private talk with you, she says she does not like staying with her father, and you have noticed her anxiety and fearfulness is particularly strong around the times she stays with him. On several occasions, she has become very distressed just before being picked by her father. She tells you that she would not go to her father's house except that her younger sister needs her to look after her. She says that she is the only one who can protect her.

### As a mandated reporter, what information about this case is notable to you?



#### Based on this information, what would you do next? Please select all that apply.

- Conduct additional observations of the child.
- Contact the child's family.
- Consult with colleagues.
- Make a report to school administration.
- Make a report to the Department of Child and Family Services (DCFS).
- Defer to school administration to make a report to DCFS.
- Call the police.
- $\Box$  Try to find out more information to confirm or rule out suspicions.
- No action.

Other (please specify)

Do you think you have reasonable grounds for suspecting child abuse has occurred?

O Yes.

- O No.
- I'm not sure.

Please describe why you indicated this response.

Do you think significant harm has been caused, or is likely to be caused, to the child's PHYSICAL wellbeing?

- C Yes.
- O No.
- I'm not sure.

Please describe why you indicated this response.



# Do you think significant harm has been caused, or is likely to be caused, to the child's PSYCHOLOGICAL or EMOTIONAL wellbeing?

- O Yes.
- O No.
- O I'm not sure.

Please describe why you indicated this response.

# Do the mandates of the Department of Child and Family Services (DCFS) require you to

O Yes.

- O No.
- ·· NO.
- C I'm not sure.

report this?

**^** 

O Yes.

O No.

### How confident are you in your decision?

Not at all confident.		Neutral/ I'm not sure.		Very confident.
o	0	O	$\odot$	C

#### Vignette 3 of 3:

You are in a special education resource classroom observing a student when you notice another student, a 6-year-old male, hitting and kicking one of his peers. After breaking up the confrontation, the teacher comments to you that this sort of behavior is out of character for the student but has been happening more and more over the last couple of weeks. When his parents come to pick him up from school, you notice them arguing as they walk towards their car. As his mother opens the car door, you observe his father push her into the car and slam the door shut. The next week, the boy comes to school with bruising around one of his wrists. When asked, the boy would not explain how he got the mark.

### As a mandated reporter, what information about this case is notable to you?

### Based on this information, what would you do next? Please select all that apply.

- Conduct additional observations of the child.
- Contact the child's family.
- Consult with colleagues.
- Make a report to school administration.
- Make a report to the Department of Child and Family Services (DCFS).
- Defer to school administration to make a report to DCFS.
- Call the police.
- Try to find out more information to confirm or rule out suspicions.
- No action.

Other (please specify)

**A** 

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Do you think you have reasonable grounds for suspecting child abuse has occurred?

O Yes.

O No.

C I'm not sure.

Please describe why you indicated this response.

Do you think significant harm has been caused, or is likely to be caused, to the child's PHYSICAL wellbeing?

C Yes.

O No.

C I'm not sure.

Please describe why you indicated this response.

Do you think significant harm has been caused, or is likely to be caused, to the child's PSYCHOLOGICAL or EMOTIONAL wellbeing?

O Yes.

O No.

C I'm not sure.

Please describe why you indicated this response.



Do the mandates of the Department of Child and Family Services (DCFS) require you to report this?

C Yes.

O No.

C I'm not sure.

				۷.
With this in mind, w	ould you repoi	t this case to DCFS?		
C Yes.				
© No.				
How confident are y	ou in your de	cision?		
Not at all confident.		Neutral/ I'm not sure.		Very confident.
0	C	0	O	O

The following questions are about your pre-service training experiences. In other words, please consider your experiences as a graduate student in school psychology when responding.

During your pre-service training in school psychology (i.e., graduate program), were issues of child abuse addressed (excluding mandated reporting)?

O Yes.

O No.

C I don't remember/ I'm not sure.

# Specifically, how were issues of child abuse addressed in your pre-service training (excluding mandated reporting)? Please select all that apply.

- Course Lectures
- Assigned Readings
- Course Assignments/ Projects
- Workshops/Seminars/Didactics
- Service Learning
- Practicum
- Internship
- Research Activities
- Other (please specify)

## During your pre-service training in school psychology (i.e., graduate program), was mandated reporting addressed?

- O Yes.
- O No.
- C I don't remember/ I'm not sure.

# Specifically, how was mandated reporting addressed in your pre-service training? Please select all that apply.

- Course Lectures
- Assigned Readings
- Course Assignments/ Projects
- Workshops/Seminars/Didactics
- Service Learning
- Practicum
- Internship
- Research Activities
- Other (please specify)

# How adequately or inadequately do you feel your pre-service training prepared you to identify indicators of child abuse?

Inadequately		Neutral/ I'm not sure.		Adequately
C	0	C	0	C
Please explain why you indica	ated this response.			
				<b>^</b>
				~

### How adequately or inadequately do you feel your pre-service training prepared you to follow mandated reporting procedures for suspicions of child abuse?

Inadequately		Neutral/ I'm not sure.		Adequately
0	O	C	0	C
Please explain why you indicat	ed this response.			
				<b>A</b>

# How adequately or inadequately do you feel your pre-service training prepared you to provide support and services for children suspected of being victims of child abuse?

Inadequately		Neutral/ I'm not sure.		Adequately
0	C	C	O	0
Please explain why you indicate	d this response.			

		<b>^</b>
		-

### Overall, how satisfied or unsatisfied are you with your pre-service training on child abuse?

•		• • •		•
Not at all satisfied.		Neutral/ I'm not sure.		Very Satisfied
O	C	O	C	O

## Overall, how satisfied or unsatisfied are you with your pre-service training on mandated reporting?

Not at all satisfied.		Neutral/ I'm not sure.	Very Satisfied	
0	0	O	$\odot$	0

The following questions are about your post-service training experiences. In other words, please consider your experiences as a practicing school psychologist post-graduate level.

As a practicing school psychologist, have issues of child abuse been addressed in the school district you currently work or have worked in the past (excluding mandated reporting)?

O Yes.

O No.

C I don't remember/ I'm not sure.

Specifically, how have issues of child abuse been addressed in your current or past work setting as a practicing school psychologist (excluding mandated reporting)? Please select all that apply.

- In-service Training
- Workshops/Seminars/Didactics
- Research Activities
- Consultation/Collaboration with Community Agencies
- Consultation/Collaboration with Universities or Institutions
- Other (please specify)

Approximately how many hours of post-service training have you had related to issues of child abuse (excluding mandated reporting) as a practicing school psychologist?

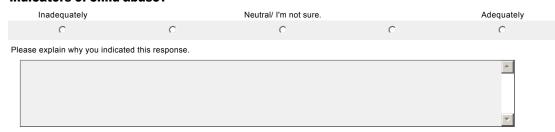
hours

As a practicing school psychologist, has mandated reporting been addressed in the school district you currently work or have worked in the past?

- O Yes.
- O No.
- C I don't remember/ I'm not sure.

	In-service Training
	Workshops/Seminars/Didactics
	Research Activities
	Consultation/Collaboration with Community Agencies
	Consultation/Collaboration with Universities or Institutions
	Other (please specify)
nours	porting as a practicing school psychologist?

### How adequately do you feel your post-service training has prepared you to identify indicators of child abuse?



# How adequately do you feel your post-service training has prepared you to follow mandated reporting procedures for suspicions of child abuse?

Inadequately		Neutral/ I'm not sure.		Adequately
0	O	0	0	0
Please explain why you indica	ated this response.			

# How adequately do you feel your post-service training has prepared you to provide support and services for children suspected of being victims of child abuse?

Inadequately		Neutral/ I'm not sure.		Adequately
O	O	0	O	O
Please explain why you indica	ated this response.			
				~
O				h

### Overall, how satisfied are you with your post-service training on child abuse?

Not at all satisfied.		Neutral/ I'm not sure.		Very Satisfied	
O	O	O	O	O	

### Overall, how satisfied are you with your post-service training on mandated reporting?

Not at all satisfied.		Neutral/ I'm not sure.		Very Satisfied
0	O	O	0	0

Please briefly describe what you know about mandated reporting in Illinois, as required by the Department of Child and Family Services (DCFS).

-

### In general, how confident or unconfident are you in your ability to identify indicators of child abuse?

 Not at all confident.
 Neutral/ I'm not sure.
 Very confident.

 O
 O
 O

In general, how confident or unconfident are you in your ability to report suspicions of child abuse as outlined in state mandates?

 Not at all confident.
 Neutral/ I'm not sure.
 Very confident.

 O
 O
 O
 O

The following questions are about your experience of reporting child abuse as a staff member of a pre-kindergarten through twelfth grade school.

### In the past, have you reported child abuse?

- O Yes.
- O No.
- C I'm not sure.

How many cases of child abuse have you reported?

In the past, have you suspected child abuse but decided not to report it? Please note ALL responses on this survey will remain private and anonymous.

O Yes.

O No.

If legislation (e.g., state mandates) required you to report these cases, would you have reported them?

- O Yes.
- O No.
- O I'm not sure.

If school policies required you to report these cases, would you have reported them?

- O Yes.
- O No.
- C I'm not sure.

# Generally, how important or unimportant were the following factors in your decisions NOT to report these cases? Please mark one response for each statement.

	1- Not at all important.	2	3- Neutral/ I'm not sure.	4	5- Very important.
a) I feared being sued for making an unsubstantiated report.	C	C	C	O	O
b) I feared retaliation by parent(s)/community members.	C	O	C	O	O
<ul> <li>c) I feared reporting would cause more harm to the child than good.</li> </ul>	C	0	С	0	C
d) I feared the child may be removed from his or her family.	e 0	O	C	C	O
e) I was concerned about possible damage to the school's relationship with the child/child's parent(s).	C	O	C	O	C
f) I did not know how to report.	C	O	O	O	0
g) I thought that child protective services were unlikely to provide effective help.	C	O	C	O	C
<ul> <li>h) I did not have enough</li> <li>evidence to be sure abuse</li> <li>actually happened.</li> </ul>	O	Õ	C	O	O
<ul> <li>i) I thought it was better to work through the issue with the family first.</li> </ul>	C	C	С	0	C
<ul> <li>j) I feared misinterpreting cultural discipline styles.</li> </ul>	C	O	O	O	0
<ul> <li>k) I felt the parents were motivated for treatment and remorseful.</li> </ul>	O	C	С	O	O
<ol> <li>I did not want to get caught up in legal proceedings.</li> </ol>	0	O	Ċ	O	O
What other factors did you consider in your decision pat to constitute access?					

What other factors did you consider in your decision not to report these cases?

~

In the past, did you receive supervision as a practicing school psychologist regarding issues related to child abuse and/or mandated reporting?

- C Yes.
- O No.
- C I'm not sure.

Do you currently receive supervision as a practicing school psychologist regarding issues related to child abuse and/or mandated reporting?

- O Yes.
- O No.
- C I'm not sure.

Approximately how many hours of supervision have you received as a practicing school psychologist to date related to issues of child abuse and/or mandated reporting?

Please describe your experiences receiving supervision related to issues of child abuse and mandated reporting. Please include the format (e.g., group v. individual supervision), style (e.g., discussion-based, in-vivo, direct training), and frequency (e.g., weekly, as needed).



Overall, how satisfied or unsatisfied are you with your supervision received related to issues of child abuse and/or mandated reporting?



From a supervisee's perspective, describe your ideal supervisory relationship and experience related to the issues of child abuse and mandated reporting.

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In the past, did you supervise graduate students in school psychology regarding issues related to child abuse and/or mandated reporting?

- O Yes.
- O No.
- C I'm not sure.

In the past, did you supervise other practicing school psychologists regarding issues related to child abuse and/or mandated reporting?

- O Yes.
- O No.
- C I'm not sure.

Do you currently supervise graduate students in school psychology regarding issues related to child abuse and/or mandated reporting?

- C Yes.
- O No.
- C I'm not sure.

Do you currently supervise other practicing school psychologists regarding issues related to child abuse and/or mandated reporting?

- C Yes.
- O No.
- C I'm not sure.

Approximately how many hours of supervision have you given to other practicing school psychologists to date related to issues of child abuse and/or mandated reporting?

Please describe your experiences giving supervision related to issues of child abuse and mandated reporting. Please include the format (e.g., group v. individual supervision), style (e.g., discussion-based, in-vivo, direct training), and frequency (e.g., weekly, as needed).



▲

Overall, how satisfied are you with your experience supervising others related to issues of child abuse and/or mandated reporting?

 Not at all satisfied.
 Neutral/ I'm not sure.
 Very Satisfied

 O
 O
 O
 O

From a supervisor's perspective, describe your ideal supervisory relationship and experience related to the issues of child abuse and mandated reporting.

What is your highest degree in	n school psychology?
C Masters.	
C Specialist.	
© Ph.D.	
C Ed.D.	
O Psy.D.	
Other (please specify)	
ncluding this school year, ho	w many years have you worked as a school psychologist?
Of these years, how long have	e you worked in your current school(s) as a school
psychologist?	
What grade levels are served a	at your current setting(s)? Please select all that apply.
Pre-kindergarten.	☐ 7th grade.
1st grade.	8th grade.
2nd grade.	9th grade.
3rd grade.	10th grade.
4th grade.	11th grade.
5th grade.	12th grade.
6th grade.	
Other (please specify)	
Approximately how many stud	dents are enrolled in your district?
Approximately how many stud	dents are enrolled at the school(s) you serve? If you work a
nultiple schools, provide the t	total number of students across schools.
Nhich of the following terms b	best describes your school district?
O Urban.	
C Suburban.	
C Rural.	

Which of the following terms best describes the student body at the school(s) you serve? Please select all that apply.

Low-income.

Lower Middle-class.

Upper Middle-class.

Upper-Class.

I'm not sure.

Other (please specify)

- O Male.
- C Female.
- O Other.
- O Prefer not to answer.

#### How old are you?

#### What is your race?

- O White
- C Black or African-American
- C American Indian or Alaskan Native
- C Asian
- C Native Hawaiian or other Pacific Islander
- C From multiple races
- O Prefer not to asnwer

Other (please specify)

#### Are you of Hispanic or Latino origin or descent?

- C Yes, Hispanic or Latino
- C No, not Hispanic or Latino

#### Are you a parent?

- O Yes.
- O No.

# Please indicate if you are CURRENTLY a member of any of the following professional organizations. Please select all that apply.

- National Association of School Psychologists (NASP)
- Illinois School Psychologists Association (ISPA)

Other(s) (please specify)

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-

## Have you received an educational degree, certification, and/or licensure in a related field?

O Yes.

O No.

If you responded Yes, please specify the field.

-

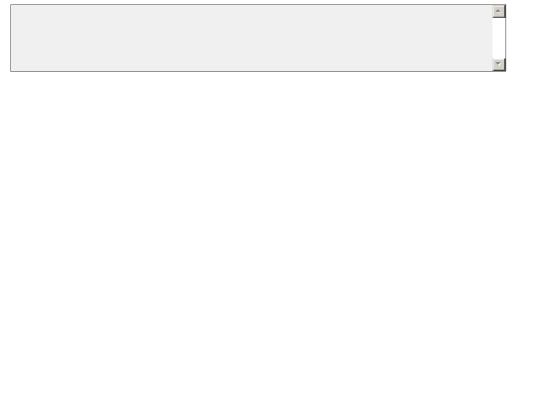
316

Thank you very much for your participation in the survey. Your responses are invaluable in helping improve understanding about training and educational needs of school psychologists related to child maltreatment and mandated reporting. As noted earlier, your responses will remain anonymous.

For more information regarding mandated reporting laws in Illinois or your role as a mandated reporter, please visit www.state.il.us/dcfs.

For any questions, comments, or concerns regarding your participation in this study, please contact the Principal Investigator, Katie Sears, at (314)369-7579 or kbradshaw@luc.edu.

To thank you for your time, please consider entering a drawing to win one of two \$50 gift cards to Target! To enter the drawing, please e-mail your contact information to mandatedreportingsurvey@gmail.com with the subject line MANDATED REPORTING SURVEY. Following completion of the study, the researcher will randomly select two winners. If you are one of the winners, you will be contacted by the e-mail address you include in the e-mail. Good luck!



### APPENDIX D

## FIRST RECRUITMENT E-MAIL

Dear School Psychologist,

As a mandated reporter, you play an integral part in helping children who may be victims of child abuse and neglect. I seek to understand school psychologists' perspectives on this issue to inform how best to prepare school psychologists to carry out this important role. I am requesting you complete an anonymous survey of training and reporting experiences with issues of child abuse and mandated reporting. The survey should take approximately 30 minutes to complete, and your participation will be invaluable in helping better understand the current state of training and practice.

To thank you for your participation, following completion of the survey you will have the opportunity to enter a drawing to win one of two \$50 gift cards to Target! If you are willing to complete the survey, please click on the following link to the survey: https://www.surveymonkey.com/s/mandatedreportingsurvey

If you are willing to forward the survey to your colleagues, then please cut and paste into an email the following explanation (font in brown) and send it to school psychologists you know currently working in Illinois schools. Thank you in advance for your time and consideration.

#### 

As a mandated reporter, you play an integral part in helping children who may be victims of child abuse and neglect. Katie Sears, a school psychology doctoral student at Loyola University Chicago, seeks to understand school psychologists' perspectives on this issue to inform how best to prepare school psychologists to carry out this important role. She requests you complete an anonymous survey of training and reporting experiences with issues of child abuse and mandated reporting. The survey should take approximately XX minutes to complete, and your participation will be invaluable in helping better understand the current state of training and practice.

To thank you for your participation, following completion of the survey you will have the opportunity to enter a drawing to win one of two \$50 gift cards to Target! If you are willing to complete the survey, please click on the following link to the survey: https://www.surveymonkey.com/s/mandatedreportingsurvey

Please forward this email to practicing and retired school psychologists you know currently working in Illinois schools. Thank you for your time and consideration.

Katie Sears kbradshaw@luc.edu APPENDIX E

FOLLOW-UP RECRUITMENT E-MAIL

Dear School Psychologist,

Recently, you may have received an email from me requesting your participation in an online survey on your training experiences related to child abuse and mandated reporting. If you have already completed the survey or wish not to participate, please consider forwarding this e-mail to your colleagues as described below.

As a mandated reporter, you play an integral part in helping children who may be victims of child abuse and neglect. I seek to understand school psychologists' perspectives on this issue to inform how best to prepare school psychologists to carry out this important role. I am requesting you complete an anonymous survey of training and reporting experiences with issues of child abuse and mandated reporting. The survey should take approximately 30 minutes to complete, and your participation will be invaluable in helping better understand the current state of training and practice.

To thank you for your participation, following completion of the survey you will have the opportunity to enter a drawing to win one of two \$50 gift cards to Target! If you are willing to complete the survey, please click on the following link to the survey: https://www.surveymonkey.com/s/mandatedreportingsurvey

If you are willing to forward the survey to your colleagues, then please cut and paste into an email the following explanation (font in brown) and send it to school psychologists you know currently working in Illinois schools. Thank you in advance for your time and consideration.

As a mandated reporter, you play an integral part in helping children who may be victims of child abuse and neglect. Katie Sears, a school psychology doctoral student at Loyola University Chicago, seeks to understand school psychologists' perspectives on this issue to inform how best to prepare school psychologists to carry out this important role. She requests you complete an anonymous survey of training and reporting experiences with issues of child abuse and mandated reporting. The survey should take approximately XX minutes to complete, and your participation will be invaluable in helping better understand the current state of training and practice.

To thank you for your participation, following completion of the survey you will have the opportunity to enter a drawing to win one of two \$50 gift cards to Target! If you are willing to complete the survey, please click on the following link to the survey: https://www.surveymonkey.com/s/mandatedreportingsurvey Please forward this email to practicing and retired school psychologists you know currently working in Illinois schools. Thank you for your time and consideration.

Sincerely,

Katie Sears kbradshaw@luc.edu

### APPENDIX F

## CLOSING RECRUITMENT E-MAIL

Dear School Psychologist,

Recently, you may have received an email from me requesting your participation in an online survey on your training experiences related to child abuse and mandated reporting. This email is to notify you of the upcoming close date of the survey. On 11/25/2014, the survey link will expire. Please access and complete the survey prior to this date in order to participate in the study.

If you have already completed the survey or wish not to participate, please consider forwarding this e-mail to your colleagues as described below.

As a mandated reporter, you play an integral part in helping children who may be victims of child abuse and neglect. I seek to understand school psychologists' perspectives on this issue to inform how best to prepare school psychologists to carry out this important role. I am requesting you complete an anonymous survey of training and reporting experiences with issues of child abuse and mandated reporting. The survey should take approximately 30 minutes to complete, and your participation will be invaluable in helping better understand the current state of training and practice.

To thank you for your participation, following completion of the survey you will have the opportunity to enter a drawing to win one of two \$50 gift cards to Target! If you are willing to complete the survey, please click on the following link to the survey: https://www.surveymonkey.com/s/mandatedreportingsurvey

If you are willing to forward the survey to your colleagues, then please cut and paste into an email the following explanation (font in brown) and send it to school psychologists you know currently working in Illinois schools. Thank you in advance for your time and consideration.

As a mandated reporter, you play an integral part in helping children who may be victims of child abuse and neglect. Katie Sears, a school psychology doctoral student at Loyola University Chicago, seeks to understand school psychologists' perspectives on this issue to inform how best to prepare school psychologists to carry out this important role. She requests you complete an anonymous survey of training and reporting experiences with issues of child abuse and mandated reporting. The survey should take approximately 30 minutes to complete, and your participation will be invaluable in helping better understand the current state of training and practice. **Please note the survey will close on 11/25/2014.** 

To thank you for your participation, following completion of the survey you will have the opportunity to enter a drawing to win one of two \$50 gift cards to Target! If you are willing to complete the survey, please click on the following link to the survey: https://www.surveymonkey.com/s/mandatedreportingsurvey

Katie Sears kbradshaw@luc.edu

## APPENDIX G

## ILLINOIS SCHOOL PSYCHOLOGISTS ASSOCIATION WEBPAGE

### POSTING

As a mandated reporter, you play an integral part in helping children who may be victims of child abuse and neglect. Katie Sears, a school psychology doctoral student at Loyola University Chicago, seeks to understand school psychologists' perspectives on this issue to inform how best to prepare school psychologists to carry out this important role. Please complete an anonymous survey of training and reporting experiences with issues of child abuse and mandated reporting. The survey should take approximately 30 minutes to complete, and your participation will be invaluable in helping better understand the current state of training and practice.

To thank you for your participation, following completion of the survey you will have the opportunity to enter a drawing to win one of two \$50 gift cards to Target! If you are willing to complete the survey, please click on the following link to the survey: <a href="https://www.surveymonkey.com/s/mandatedreportingsurvey">https://www.surveymonkey.com/s/mandatedreportingsurvey</a>

If you are willing to forward the survey to your colleagues, then please cut and paste into an email the following explanation (font in brown) and send it to school psychologists you know currently working in Illinois schools. Thank you in advance for your time and consideration.

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As a mandated reporter, you play an integral part in helping children who may be victims of child abuse and neglect. Katie Sears, a school psychology doctoral student at Loyola University Chicago, seeks to understand school psychologists' perspectives on this issue to inform how best to prepare school psychologists to carry out this important role. She requests you complete an anonymous survey of training and reporting experiences with issues of child abuse and mandated reporting. The survey should take approximately 30 minutes to complete, and your participation will be invaluable in helping better understand the current state of training and practice.

To thank you for your participation, following completion of the survey you will have the opportunity to enter a drawing to win one of two \$50 gift cards to Target! If you are willing to complete the survey, please click on the following link to the survey: <a href="https://www.surveymonkey.com/s/mandatedreportingsurvey">https://www.surveymonkey.com/s/mandatedreportingsurvey</a>

**Please forward this email to practicing and retired school psychologists you know currently working in Illinois schools.** Thank you for your time and consideration.

If you are interested in learning about the results of this study, please send an email indicating such to Katie Sears at kbradshaw@luc.edu.

Please note the survey link will expire on 11/25/2014. Thank you for your time and consideration.

#### APPENDIX H

## INFORMATIONAL CARD FOR RECRUITMENT AT ILLINOIS SCHOOL PSYCHOLOGISTS ASSOCIATION FALL CONFERENCE

## School Psychologists Needed to participate in a survey on mandated reporting

Visit www.surveymonkey.com/s/mandatedreportingsurvey



Win a \$50 Target Gift Card!

Katie Sears, M.S., M.Ed. | kbradshaw@luc.edu

#### REFERENCES

Abused and Neglected Child Reporting Act, 325 ILCS 5 (2010).

- Achenbach, T. (1992). *Manual for the Child Behavior Checklist/2-3 and 1992 Profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Ainsworth, F. (2002). Mandatory reporting of child abuse and neglect: Does it really make a difference? *Child and Family Social Work, 7*, 57-63. http://dx.doi.org/10.1046/j.1365-2206.2002.00228.x
- Akande, A. (2001). Child abuse: Focus on a team approach for school teachers and counsellors. *Early Child Development and Care, 169*(1), 69-84. http://dx.doi.org/10.1080.0300443011690105
- Alvarez, K.A., Donahue, B., Kenny, M.C., Cavanagh, N., & Romero, V. (2005). The process and consequences of reporting child maltreatment: A brief overview for professionals in the mental health field. *Aggression and Violent Behavior*, 10(3), 311-331. doi: 10.1016/j.avb.2004.03.001
- Alvarez, K.A., Kenny, M.C., Donohue, B., & Carpin, K.M. (2004). Why are professionals failing to initiate mandated reports of child maltreatment, and are there any empirically based training programs to assist professionals in the reporting process? *Aggression and Violent Behavior*, 9(5), 563-578. http://dx.doi.org/10.1016/j.avb.2003.07.001
- American Psychological Association. (2010). Ethical Principles of Psychologists and Code of Conduct. Retrieved from http://www.apa.org/ethics/code/principles.pdf
- Anderson, M.J., Golden, J.F., Champagne, F.A., Clark, B.M., Corriero, M.A., Finkelhor, D., ... Wyrick, P. (2011, November). Social justice *for* children: To end child abuse and violence again children. In Lenzer, G. & Grochowalski, J. (Editors), *A national consultation, 20<sup>th</sup> anniversary of the funding of the field of children's studies*. Symposium conducted at the meeting of the Association of the Bar of the City of New York, New York.
- Arbolino, L.A., Lewandowski, L.J., & Eckert, T.L. (2008). Child abuse and school settings: An examination of school psychologists' background, competency, and training needs. *Journal of Child & Adolescent Trauma*, 1, 233-248. http://dx.doi.org/10.1080/19361520902279117

- Austin, J.S. (2000). When a child discloses sexual abuse: Immediate and appropriate teacher responses. *Childhood Education*, 77(1), 2-5. http://dx.doi.org/10.1080/00094056.2000.10522130
- Babbie, E. (1990). *Survey research methods* (2<sup>nd</sup> ed.). Belmont, California: Wadsworth, Inc.
- Baginsky, M. (2000). Training teachers in child protection. *Child Abuse Review*, 9(1), 74-81. http://dx.doi.org/10.1002/(SICI)1099-0852(200001/02)0:1%3C74::AIDCAR578%3E3.0.CO;2-2
- Baginsky, M. (2003). Newly qualified teachers and child protection: A survey of their views, training and experiences. *Child Abuse Review*, 12(2), 119-127. http://dx.doi.org/10.1002/car.783
- Baginsky, M., & Hodgkinson, K. (1999). Child protection training in initial teacher training: A survey of provision in institutions of higher education. *Educational Research*, 41(2), 173-181. http://dx.doi.org/10.1080/0013188990410205
- Baxter, G., & Beer, J. (1990). Educational needs of school personnel regard child abuse and/or neglect. *Psychological Reports*, 67(1), 75-80. doi: 10.1002/anie.200905978
- Bluestone, C. (2005). Personal disciplinary history and views of physical punishment: Implications for training mandated reporters. *Child Abuse Review*, *14*(4), 240-258. http://dx.doi.org/10.1002/car.901
- Bonanno, G.A., Keltner, D., Noll, J.G., Putnam, F.W., Trickett, P.K., LeJeune, J., & Anderson, C. (2002). When the face reveals what words do not: Facial expressions of emotion, smiling, and the willingness to disclose childhood sexual abuse. *Journal of Personality and Social Psychology*, *83*(1), 94-110. http://dx.doi.org/10.1037//0022-3514.83.1.94
- Breaking the silence on child abuse: Protection, prevention, intervention, and deterrence: Hearing before the Subcommittee on Children and Families of the Committee on Health, Education, Labor and Pensions, United States Senate (2011) (testimony of Bryan Samuels).
- Brodkin, A.M., & Coleman, M.F. (1994). Has this child been sexually abused? Continuous steps to take when you suspect trouble at home. *Instructor*, 103(8), 25-26.
- Carleton, R.A. (2006). Does the mandate make a difference? Reporting decisions in emotional abuse. *Child Abuse Review*, 15(1), 19-17. doi: 10.1002/car.924

- Casanueva, C., Dolan, M., Smith, K., & Ringeisen, H. (2012). NSCAW Child Well-Being Spotlight: Children with Substantiated and Unsubstantiated Reports of Child Maltreatment are at Similar Risk for Poor Outcomes. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/nscaw2 child mal.pdf
- Chaffin, M., Wherry, J.N., & Dykman, R. (1997). School age children's coping with sexual abuse: Abuse stresses and symptoms associated with four coping strategies. *Child Abuse & Neglect*, 21(2), 227-240. http://dx.doi.org/10. 1016/S0145-2134(96)00148-2
- Champion, K.M., Shipman, K., Bonner, B.L., Hensley, L., & Howe, A.C. (2003). Child maltreatment training in doctoral programs in clinical, counseling, and school psychology: Where do we from here? *Child Maltreatment*, 8(3), 211-217. http://dx.doi.org/1-.1177/1077559503254139
- Child Abuse Prevention and Treatment Reauthorization Act, 42 U.S.C. 5101-511(2010).
- Child Welfare Information Gateway: U.S. Department of Health and Human Services (2013a). *Long-term consequences of child abuse and neglect*. Retrieved from https://www.childwelfare.gov/pubs/factsheets/long\_term\_consequences.pdf
- Child Welfare Information Gateway: U.S. Department of Health and Human Services (2013b). *What is child abuse and neglect? Recognizing the signs and symptoms*. Retrieved from https://www.childwelfare.gov/pubs/factsheets/whatiscan.pdf
- Chafouleas, S.M., Clonan, S.M., & Vanauken, T.L. (2002). A national survey of current supervision and evaluation practices of school psychologists. *Psychology in the Schools, 39*(3), 317-325. doi: 10.1002/pits.10021
- Crenshaw, W.B., Crenshaw, L.M., & Lichtenberg, J.W. (1995). When educators confront child abuse: An analysis of the decision to report. *Child Abuse & Neglect, 19*(9), 1095-1113. http://dx.doi.org/10.1016/0145-2134(95)00071-F
- Crespi, T.D., & Dube, J.M.B. (2006). Clinical supervision in school psychology: Challenges, considerations, and ethical and legal issues for clinical supervisors. *Supervision in Counseling: Interdisciplinary Issues and Research*, 24(1-2), 115-135. doi: http://dx.doi.org/10.1300/j001v24n01 06
- Creswell, J.W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches.* Thousand Oaks, California: Sage Publications.
- Cruise, T.K. (2004). Sexual abuse of children and adolescents. *Helping Children at Home and School II: Handouts for Families and Educators*. S5-95 S5-98.

- Cruise, T.K. (2010). Identifying and reporting child maltreatment. *Principal Leadership*, *11*(1), 12-16.
- Curtis, M.J., Castillo, J.M., & Gelley, C. (2012). School psychology 2010: Demographics, employment, and the context for professional practices- part 1. *Communiqué, 40*(7), 28-30.
- Dailor, A.N., & Jacob, S. (2011). Ethically challenging situations reported by school psychologists: Implications for training. *Psychology in the Schools, 48*(6), 619-631. http:// dx.doi.org/10.1002/pits.20574
- Daro, D. (Ed.). (2007). World perspectives on child abuse. 7<sup>th</sup> ed. International Society for Prevention of Child Abuse and Neglect, Chicago.
- Delaronde, S., King, G., Bendel, R., & Reece, R. (2000). Opinions among mandated reporters towards child maltreatment reporting policies. *Child Abuse & Neglect*, 24(7), 901-910. http://dx.doi.org/10.1016/s0145-2134(00)00151-4
- DeVellis, R.F. (2003). *Scale development: Theory and applications*. Thousand Oaks, California: Sage Publications.
- Deisz, R., Doueck, H.J., & George, N. (1996). Reasonable cause: A qualitative study of mandated reporting. *Child Abuse & Neglect*, 20(4), 275-287. doi: 10.1016/0145-2134(96)00009-9
- Eisbach, S.S., & Driessnack, M. (2010). Am I sure I want to go down this road? Hesitations in the reporting of child maltreatment by nurses. *Journal for Specialists in Pediatric Nursing*, *15*(4), 317-323. doi: 10.1111/j.1744-6155.2010.00259.x
- Felzen Johnson, C. (2002). Child maltreatment 2002: Recognition, reporting and risk. *Pediatrics International*, 44(5), 554560. http://dx.doi.org/10.1046/j.1442-200x.200201642.x
- Field, A. (2009). *Discovering statistics using SPSS*. (3<sup>rd</sup> ed.). London: Sage Publications.
- Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, K. (2009). Children's exposure to violence: A comprehensive national survey. Office of Juvenile Justice and Delinquency Prevention. Retrieved from http://www.unh.edu/ccrc/pdf/DOJ-NatSCEV-bulletin.pdf

- Fischetti, B.A., & Crespi, T.D. (1999). Clinical supervision for school psychologists: National practice, trends, and implications. *School Psychology International*, 20(3), 278-288. doi: 10.1177/0143034399203003
- Fisher, C.B. (2009). *Decoding the ethics code: A practical guide for psychologists*. Thousand Oaks, CA: Sage.
- Fraser, J.A., Mathews, B., Walsh, K., Chen, L., & Dunne, M. (2010). Factors influencing child abuse and neglect recognition and reporting by nurses: A multivariate analysis. *International Journal of Nursing Studies*, 47, 146-153. http://dx.doi.org /10.1016/j.ijnurstu.2009.05.105
- Fischetti B.A., & Lines, C.L. (2003). View from the field: Models for school-based clinical supervision. *The Clinical Supervisor*, 22(1), 75-86. doi: 10.1300/J1001v22n01\_06
- Goldman, J.D.G. (2005). Student teachers' learning about child sexual abuse strategies for primary school: An exploratory study of surface and deep learning. *Sex Education*, 5(1), 79-92. http://dx.doi.org/10/1080/14681810420000301902
- Goldman, J.D.G. (2007). Primary school student-teachers' knowledge and understandings of child sexual abuse and its mandatory reporting. *International Journal of Educational Research*, 46(6), 368-381. http://dx.doi.org/10.1016 /j.ijer.2007.09.002
- Goldman, J.D.G. (2010). Australian undergraduate primary school student-teachers' responses to child sexual abuse and its mandatory reporting. *Pastoral Care in Education*, 28(4), 283-294. http://dx.doi.org/10.1080/02643944.2010.530679
- Goldman, J.D.G., & Grimbeek, P. (2008). Student teachers' understanding of policy behavioural directives concerning the reporting of child sexual abuse: Findings from one Australian state. *Educational Research*, 50(3), 291-305. http://dx.doi.org/10.1080/00131880802309457
- Goldman, J.D.G., & Grimbeek, P. (2009). How university student-teachers for primary school learn about Department of Education policy on child sexual abuse, and mandatory reporting: The sources of their professional information. *Higher education*, 58(2), 221-239. http://dx.doi.org/10.1007/s10734-008-9192-7
- Gushwa, M., & Chance, T. (2008). Ethical dilemmas for mental health practitioners: Navigating mandated child maltreatment reporting decisions. *Families in Society: The Journal of Contemporary Social Services*, 89(1), 78-83. http://dx.doi.org/10.1606/1044-3894.3712

- Haeseler, L.A. (2006). Children of abuse and school discourse: Implications for teachers and administration. *Education*, *126*(3), 534-540.
- Hanson, R.F., Ralston, E., Self-Brown, S., Ruggiero, K.J., Saunders, B.E., Love, A.G., ... Williams, R. (2008). Description and preliminary evaluation of the Child Abuse School Liaison Program: A secondary prevention program for school personnel. *Journal of Psychological Trauma*, 7(2), 91- 103. http://dx.doi.org/10.1080 /19322880802231783
- Harvey, V.S., & Struzziero, J.A. (2000). Effective supervision in school psychology. Bethesda, MD: National Association of School Psychologists.
- Harvey, V. S., & Struzziero, J. A. (2008). Professional development and supervision of school psychologists: From intern to expert. Thousand Oaks, CA: Corwin/Sage and NASP.
- Hawkins, R., & McCallum, C. (2001). Mandatory notification training for suspected child abuse and neglect in South Australian schools. *Child Abuse & Neglect*, 25, 1603-1625. http://dx.doi.org/10.1016/S0145-2134(01)00296-4
- Hinkelman, L., & Bruno, M. (2008). Identification and reporting of child sexual abuse: The role of elementary school professionals. *The Elementary School Journal*, 108(5), 376-391.
- Hodgkinson, K., & Baginsky, M. (2000). Child protection training in school-based initial teacher training: A survey of school-centered initial teacher training courses and their trainees. *Educational Studies*, 26(3), 269-279. http://dx.doi.org/10.1080/03055690050137105
- Kalichman, S. C. (1993). Mandated reporting of suspected child abuse: Ethics, law, and policy. Washington, DC: American Psychological Association.
- Kenny, M.C. (1998). Child abuse reporting: The clinician's dilemma. *The Journal for the Professional Counselor, 13*(2), 7-16.
- Kenny, M.C. (2001a). Child abuse reporting: Teachers' perceived deterrents. *Child Abuse & Neglect, 25*(1), 81-92. http://dx.doi.org/10.1016/S0145-2134(00)00218-0
- Kenny, M.C. (2001b). Compliance with mandated child abuse reporting: Comparing physicians and teachers. *Journal of Offender Rehabilitation, 34*(1), 9-23. http://dx.doi.org/10.1300/J076v34n01\_02
- Kenny, M. (2001c). Educators and Child Abuse Questionnaire [Database record]. Retrieved from PsycTESTS. doi: 10.1037/t20114-000

- Kenny, M.C. (2004). Teachers' attitudes toward and knowledge of child maltreatment. *Child Abuse & Neglect, 28*, 1311-1319. http://dx.doi.org/10/1016/j.chiabu .2004.07.101
- Kenny, M.C. (2007). Web-based training in child maltreatment for future mandated reporters. *Child Abuse & Neglect*, 31(6), 671-678. http://dx.doi.org/10.1016 /j.chiabu.2006.12.008
- Kenny, M.C., & McEachern, A G. (2002). Reporting suspected child abuse: A pilot comparison of middle and high school counselors and principals. *Journal of Child Sexual Abuse*, 11(2), 59-75.
- Kesner, J.E., & Robinson, M. (2002). Teachers as mandated reporters of child maltreatment: Comparison with legal, medical, and social services reporters. *Children & Schools*, 24(4), 222-231. http://dx.doi.org/10.1093/cs/24.4.222
- King, G., Reece, R., Bendel, R., & Patel, V. (1998). Sociodemographic variables, training, and attitude on the lifetime reporting practices of mandated reporters. *Child Maltreatment*, 3(3), 276-283. http://dx.doi.org/10.1077/ 107755959800300307
- Lawlor, M. (1993). Assessment of the likelihood of primary school teachers believing children's disclosures of sexual abuse. *Child Abuse Review*, 2(3), 174-184. http://dx.doi.org/10.1002/car.2380020307
- Levi, B.H., & Crowell, K. (2010). Child abuse experts disagree about the threshold for mandated reporting. *Clinical Pediatrics*, 50(4), 321-329. http://dx.doi.org/ 10.1177/0009922810389170
- Levi, B.H., Dellasega, C., & Boehmer, S. (2012). What is reasonable suspicion of child abuse? *Journal of Public Child Welfare*, 6, 569-589. doi: 10.1080/15548732.2012.683374
- Levi, B.H., & Portwood, S.G. (2011). Reasonable suspicion of child abuse: Finding a common language. *Journal of Law, Medicine, & Ethics, 39*(1), 62-69. http://dx.doi.org/10.1111/j.1748-720x.2011.00550.x
- Lusk, V.L., Zibulsky, J., & Viezel, K. (2015). Child maltreatment identification and reporting behavior of school psychologists. *Psychology in the Schools*, 52(1), 61-76. doi: 10.1002/pits.21810

- Marques, J.F., & McCall, C. (2005). The application of interrater reliability as a solidification instrument in a phenomenological study. *The Qualitative Report*, *10*(3), 439-462.
- Mathews, B., & Bross, D.C. (2008). Mandated reporting is still a policy with reason: Empirical evidence and philosophical grounds. *Child Abuse & Neglect*, 32, 511-516. http://dx.doi.org/10.1016/j.chiabu.2007.06.010
- Mathews, B., & Kenny, M.C. (2008). Mandatory reporting legislation in the United States, Canada, and Australia: A cross-jurisdictional review of key features, differences, and issues. *Child Maltreatment*, 13(1), 50-63. http://dx.doi.org/10.1177/1077559507310613
- Mathews, B.P., Walsh, K.M., Butler, D.A., Farrell, A., Rassafiani, M., & Kilby, S. (2009). *Teacher reporting questionnaire: Western Australia government schools*. Retrieved from http://eprints.qut.edu.au/28777/1/c28777.pdf
- Mathews, B., Walsh, K., Rassafiani, M., Butler, D., & Farrell, A. (2009). Teachers reporting suspected child sexual abuse: Results of a three-state study. *UNSW Law Journal*, *32*(3), 772-813.
- McIntosh, D.E., & Phelps, L. (2000). Supervision in school psychology: Where will the future take us? *Psychology in the Scho12*
- Melton, G.B. (2005). Mandated reporting: A policy without reason. *Child Abuse & Neglect, 29*(1), 9-18. http://dx.doi.org/10.1016/j.chiabu.2004.05.005
- Merriam, S.B. (2009). *Qualitative research: A guide to design and implementation.* San Francisco, California: John Wiley & Sons, Inc.
- Minard, S.M. (1993). The school counselor's role in confronting child sexual abuse. *School Counselor*, 41(1), 9-15.
- Moret, M., Reuzel, R., Van Der Wilt, G.J., & Grin, J. (2007). Validity and reliability of qualitative data analysis: Interobserver agreement in reconstructing interpretive frames. *Field Methods*, *19*(1), 24-39. doi: 10.1177/1525822X06295630
- National Association of School Psychologists. (2010). Principles for Professional Ethics. Retrieved from http://www.nasponline.org/standards/2010standards/1\_%20ethical %20principles.pdf
- National Association of School Psychologists. (2011). *Supervision in school psychology*. Position Statement. Retrieved from http://www.nasponline.org/about\_nasp/ positionpapers/Supervision\_in\_School.pdf

- National Center for Victims of Crime. (n.d.) *Child sexual abuse statistics*. Retrieved from http://www.victimsofcrime.org/media/reporting-on-child-sexual-abuse/child-sexual-abuse-statistics
- Nelson, B.J. (1984). *Making an issue of child abuse: Political agenda setting for social problems*. Chicago: The University of Chicago Press.
- Nunnelley, J. C., & Fields, T. H. (1998). Child abuse: Coping with ethical challenges. *Educational Forum*, 63(1), 44-50. http://dx.doi.org/10.1080/00131729808984386
- O'Toole, R., Webster, S.W., O'Toole, A.W., & Lucal, B. (1999) Teachers' recognition and reporting of child abuse: A factorial survey. *Child Abuse & Neglect, 23*(11), 1083-1101. http://dx.doi.org/10.1016/S0145-2134(99)00074-5
- Orelove, F.P., Hollahan, D.J., & Myles, K.T. (2000). Maltreatment of children with disabilities: Training needs for a collaborative response. *Child Abuse & Neglect*, 24(2), 185-194. http://dx.doi.org/10.1016/S0145-2134(99)00134-9
- Preventing child abuse and improving responses to families in crisis: Hearing before the Committee on Education & Labor, House of Representatives (2009) (testimony of Rodney Hammond).
- Randolph, M.K., & Gold, C.A. (1994). Child sexual abuse prevention: Evaluation of a teacher training program. *School Psychology Review*, 23(3), 485-495.
- Reauthorization of the Child Abuse Protection and Treatment Act (CAPTA): Hearing before the Subcommittee on Children and Families of the Committee on Health, Education, Labor and Pensions, United States Senate (2008) (testimony of Cheryl Anne Boyce).
- Reiniger, A., Robison, E., & McHugh, M. (1995). Mandated training of professionals: A means for improving reporting of suspected child abuse. *Child Abuse & Neglect*, 19(1), 63-69. http://dx.doi.org/10.1016/0145-2134(94)00105-4
- Roscoe, B. (2001). Sexual abuse: The educator's role in identification and interaction with abuse victims. *Education*, 105(1), 82-86.
- Scott, N.L. (2009). School psychology in Illinois. *School Psychology in Illinois: Illinois School Psychologists Association*, 31(1), 5-8.
- Simon, D.J., Cruise, T.K., Huber, B.J., Swerdlik, M.E., & Newman, D.S. (2014). Supervision in school psychology: The developmental/ecological/problemsolving model. *Psychology in the Schools*, 51(6), 636-646. doi: 10.1002/pits

- Skinner, J. (1999). Teachers coping with sexual abuse issues. *Educational Research*, 41(3), 329-339. http://dx.doi.org/10.1080/0013188990410307
- Smith, M. (2006). What do university students who will work professionally with children know about maltreatment and mandated reporting? *Children and Youth Services Review, 28*(8), 906-926. http://dx.doi.org/10.1016/ j.childyouth.2005.10.003
- Smith, M.C. (2010). Early childhood educators: Perspectives on maltreatment and mandated reporting. *Children and Youth Services Review*, 32(1), 20-27. http://dx. doi.org/0.1016/j.childyouth.2009.06.011
- Smith Harvey, V., & Pearrow, M. (2010). Identifying challenges in supervising school psychologists. *Psychology in the Schools, 47*(6), 567-581. doi: 10.1002/pits
- Smyth, K. (1996). An investigation into teachers knowledge and awareness of child sexual abuse in single sex national schools in Dublin. *Journal of Child Centered Practice*, *3*(1), 23-44.
- Stemler, S.E., (2007). Reliability. In N.J. Salkind & K. Rasmussen (Eds.), Encyclopedia of measurement and statistics. Sage. Retrieved from http://dx.doi.org/10.4135/9781412952644
- Stoline, M.R. (2008). The status of multiple comparisons: Simultaneous estimation of all pairwise comparisons in one-way ANOVA designs. *The American Statistician*, 35(3), 134-141.
- Swan, N. (1998). Exploring the role of child abuse on later drug abuse: Researchers face broad gaps in information. *National Institute on Drug Abuse*, 13(2), Retrieved from http://archives.drugabuse.gov/NIDA\_Notes/NNVol13N2/exploring.html
- United Nations (1989). United Nations Convention on the Rights of the Child (UNCRC). Geneva: United Nations.
- U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2013). *Child Maltreatment 2013*. Retrieved from http://www.acf.hhs. gov/sites/default/files/cb/cm2012.pdf
- U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2014). *Child Maltreatment 2013*. Retrieved from http://www.acf.hhs. gov/sites/default/files/cb/cm2013.pdf

- VanBergeijk, E.O. (2007). Mandated reporting among school personnel: Differences between professionals who reported a suspected case and those who did not. *Journal of Aggression, Maltreatment, & Trauma, 15*(2), 21- 37. http://dx.doi.org/10.1300/J146v15n02\_02
- VanBergeijk, E.O., & Sarmineto, T.L.L. (2006). The consequences of reporting child maltreatment: Are school personnel at risk for secondary traumatic stress? *Brief Treatment and Crisis Intervention*, 6(1), 79-98.
- Viezel, K.D., & Davis, A.S. (2015). Child maltreatment and the school psychologist. *Psychology in the Schools, 52*(1), 1-8. doi: 10.1002/pits
- Walsh, K., Farrell, A., Schweitzer, R., & Bridgstock, R. (2005). Critical factors in teachers detecting and reporting child abuse and neglect: Implications for practice. Queensland University of Technology: Kelvin Grove, Australia.
- Walsh, K., Mathews, B., Rassafiani, M., Farrell, A., & Butler, D. (2012). Understanding teachers' reporting of child sexual abuse: Measurement methods matter. *Children* and Youth Services Review, 34(9), 1937-1946. http://dx.doi/org/10. 1016/j.childyouth.2012.06.044
- Walsh, K., Rassafiani, M., Mathews, B., Farrell, A., & Butler, D. (2010). Teachers' attitudes toward reporting child sexual abuse: Problems with existing research leading to new scale development. *Journal of Child Sexual Abuse*, 19(3), 310-336. http://dx.doi.org/1-.1080/10538711003781382
- Walsh, K., Rassafiani, M., Mathews, B., Farrell, A., & Butler, D. (2012). Exploratory factor analysis and psychometric evaluation of the Teacher Reporting Attitude Scale for child sexual abuse. *Journal of Child Sexual Abuse*, 21(5), 489-506. http://dx.doi.org/10.1080/10538712.2012.689423
- Webster, R.E., & Hall, C.W. (2004). School-based responses to children who have been sexually assaulted. *Education and Treatment of Children*, 27(1), 64-81.
- Wekerle, C. (2013). Resilience in the context of child maltreatment: Connections to the practice of mandatory reporting. *Child Abuse & Neglect, 37*, 93-101.http://dx.doi/org/10.1016.j.chiabu.2012.11.005
- Woika, S., & Bowersox, C. (2013). Child abuse and mandated reporting. *Educational Horizons*, 91(4), 26-29.
- Wolowitz, D. (2013). Mandatory reporting laws and schools: Making sense out of disorder. *New Hampshire Bar Journal*, 6-10.

- Ysseldyke, J., Burns, M., Dawson, M., Kelly, B., Morrison, D., Ortiz, S., ... Telzrow, C. (2006). School psychology: A blueprint for training and practice III. Bethesda, MD: National Association of School Psychologists. Retrieved from http://www.nasponline.org/resources/blueprint/ FinalBluePrintInteriors.pdf
- Zechetmayr, M., & Swabey, K. (1999). Planning for sexual abuse prevention training of school teachers and health care workers. *Journal of Health & Social Policy*, *11*(2), 17-29. http://dx.doi.org/10.1300/J045v11n02\_02
- Zellman, G.L. (1990). Report decision-making patterns among mandated child abuse reporters. *Child Abuse & Neglect*, 14, 325-336.http://dx.doi.org/10.1016/0145-2134(90)90004-d

#### VITA

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