

FACTORS INFLUENCING SCHOOL COUNSELORS' SUSPECTING AND REPORTING OF CHILDHOOD PHYSICAL ABUSE:

INVESTIGATING CHILD, PARENT, SCHOOL, AND ABUSE CHARACTERISTICS

This study sought to explore possible child abuse reporting disparities among school counselors. The participants in this study were elementary school counselors (N = 398) from across the United States. Each participant read a series of vignettes and completed a survey regarding their inclinations about suspecting and reporting childhood physical abuse. The surveys manipulated the following variables: student race, family socioeconomic status (between-subject variables), relationship with the school counselor, and severity of abuse (within-subject variables). School counselors were found to be more likely to suspect defensive parents of abuse than cooperative or non-involved parents. School counselors were also less likely to suspect abuse when a child reported being hit without physical evidence than if a child had a bruised or broken arm. Last, school counselors were more likely to report a child with a bruised arm over a child who reported being hit without physical evidence. Although certain concerns emerged as a result of this study and all signs of abuse should be reported to the appropriate authorities, school counselors were more likely, across the board, to report abuse than to suspect abuse.

Child maltreatment is defined as any act, or series of acts, by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child (Centers for Disease Control [CDC], 2010). Childhood physical abuse is defined as the use of physical force, such as hitting, kicking, shaking, burning, or other acts of physical aggression against a child that is intentional and perpetuated with malice (American Humane Association [AHA], 2010). The number of reported child abuse cases in the United States is overwhelming. For example, 124,544 cases of childhood physical abuse were reported in 2012 in the United States. Childhood physical abuse accounted for 18% of total reported child maltreatment, with children between 4 and 11 years of age accounting for 43.5% of all reported child abuse cases (US Department of Health and Human Services [DHHS], 2013).

Consequences for Abused Children

Child maltreatment is a problem that affects children of all races, sexes, and socioeconomic statuses and has many negative consequences for those who have been affected. Childhood physical abuse often results in psychological problems for children, including both

Kathleen S. Tillman, Ph.D., is an assistant professor and director of the School Counseling program at the University of North Dakota. E-mail: kathleen.tillman@und.edu **Michael D. Prazak** is a doctoral student in the department of Counseling Psychology and Community Services at the University of North Dakota. **Lauren Burrier** is a mental health counselor with St. John's Riverside Hospital in Yonkers, NY. **Sadie Miller** is a mental health counselor with the Children's Home of Poughkeepsie, NY. **Max Benezra** is a graduate student at Teachers College, Columbia University, in New York, NY. **Lori Lynch** is a graduate student at Adler University in Chicago, IL.

DOI: 10.5330/1096-2409-19.1.103

internalizing and externalizing disorders (Ericsson et al., 2010; Kaplow & Spatz-Widom, 2007). These children frequently experience low self-esteem and are at an increased risk of experiencing anxiety, depression, and behavioral problems (Vandenberg & Marsh, 2009; Rodriguez, 2004). They experience these problems at school and are frequently disciplined for inappropriate behavior, leading to increased aggression and mental illness (Gershoff, 2002). Socially, abused children tend to perceive the neutral actions of others as hostile and threatening (Miller, 2014). They also tend to have difficulty understanding the perspectives of others and are less likely to identify other people's emotions as accurately as non-abused children (Pollak & Sinha, 2002; Jovanic et al., 2009; Berenson & Andersen, 2006). Furthermore, abused children demonstrate avoidant coping (Bal, Van Oost, De Bourdeaudhuij, & Crombez, 2003) and a number of poorer outcomes later in adulthood (Roberts, 2004). In terms of academic performance, children who have been abused are affected in multiple ways (Slade & Wissow, 2007; Foster & Brooks-Gunn, 2009; Kaplow & Spatz-Widom,

child abuse cases (Annerback, Svedin, & Gustafsson, 2010; Flaherty et al., 2008; Jones et al., 2008; DHHS, 2012). In terms of individual characteristics, ethnicity plays a role in the reporting of childhood physical abuse. In the United States, African American children (21%), Hispanic children (21.8%), and Caucasian children (44%) experience the highest rates of reported childhood physical abuse (2012). Numerous studies have found that children from lower socioeconomic statuses experience higher levels of stress than peers from a higher socioeconomic background, corresponding to maternal mental health (Lupien, King, Meaney, & McEwen, 2000) and related to negative health implications for the child (Lupien et al., 2000; Chen, Fisher, Bacharier, & Strunk, 2003). Adults of a lower socioeconomic status also demonstrate higher levels of stress as measured through various physiological instruments, poorer health behaviors, and limited social connectedness (Cohen, Doyle, & Baum, 2006); this adds to the everyday stress that these families experience. In related research, Annerback and colleagues (2010) discovered that the majority of caregivers who were reported for severe childhood

In a study of 434 primary care clinicians, these clinicians self-reported having not reported more than a quarter of injuries they believed were "likely or very likely" to have been caused by child abuse (Flaherty et al., 2008). Child abuse is known to go unreported by various professionals due to a variety of reasons such as a range in belief as to what constitutes reasonable suspicion (Levi, 2005), discrepancies concerning mandatory reporting requirements (Levi & Crowell, 2010), uncertainty as to the efficacy of government intervention services (Talsma, Bengtsson Boström, & Östberg, 2015), and lack of awareness regarding reporting protocol or a belief that another professional would report the incident (Lynne, Gifford, Evans, & Rosch, 2015). Potential reporters may have had poor experiences with protective agencies or past threats of lawsuits for pursuing reports (Gunn, Hickson, & Cooper, 2005). Lack of physical evidence also has led to possible cases of abuse not being reported (McCabe & Benger, 2001; Kenny & McEachern, 2002), with 25% of school counselors self-reporting a failure to report some suspected cases of child abuse (Kenny & McEachern, 2002).

Research shows that among both physicians (Flaherty et al., 2008; Levi, 2005; Jones et al., 2008) and teachers (Egu & Weiss, 2003; Walsh, Bridgstock, Farrell, Rassafiani & Schweitzer, 2008), the severity of abuse is important when deciding whether or not to report suspected child abuse. Additional factors, including injury pattern and incongruence between the parent's explanation of the abuse and the actual injury, led to higher levels of reporting child abuse (Jones et al., 2008).

In a position paper on the prevention of child abuse and neglect, the American School Counselor Association (ASCA; 2003) stated, "it is the professional school counselor's legal, ethical, and moral responsibility to report suspected cases of child abuse/neglect to the proper authorities" (p. 6). However, education personnel, including school

BOTH PARENTAL STRESS AND PARENTAL MENTAL HEALTH HAVE BEEN IDENTIFIED AS PREDICTORS OF CHILD ABUSE.

2007). They display poorer academic performance (Slade & Wissow, 2007; Foster & Brooks-Gunn, 2009) and are less likely to graduate high school than non-abused children (Kaplow & Spatz-Widom, 2007). Children who have experienced childhood physical abuse are also at an increased risk for developing anxiety, depression, and post-traumatic stress disorder as adults (Kaplow & Spatz-Widom, 2007; Twaite & Rodriguez-Srednicki, 2004).

Contributing Factors to Reporting Child Physical Abuse

Several studies have investigated individual, family, relational, and abuse characteristics of commonly reported

physical abuse were receiving assistance from social services and were from low socioeconomic statuses. Research on child maltreatment in higher socioeconomic families is comparatively limited. However, both parental stress (Crouch & Behl, 2001) and parental mental health (Nair, Schuler, Black, Kettinger, & Harrington, 2003) have been identified as predictors of child abuse.

Reporting Patterns

Researchers suspect that many more children are physically abused than the reported numbers represent, as many cases do not get reported to the proper authorities (MacMillan, Jamieson, & Walsh, 2003 & Everson et al., 2008).

counselors, were responsible for reporting only 17.5% of child abuse cases in 2013 (DHHS). This small percentage seems problematic because most children attend school and educational personnel, including school counselors, interact with the majority of students and should be responsible for noticing and reporting higher rates of suspected child abuse. Factors that act as deterrents from reporting for non-school professionals appear also to limit the reporting compliance for educational personnel. For instance, although parental involvement in therapeutic settings is known to influence whether a mandated reporter decides to report suspected child abuse (Jankowski & Martin, 2003), as does a clinician's familiarity with the family (Jones et al., 2008), similar results have been found in school settings. Svensson and Janson (2008) documented a school staff's relationship with parents as a factor limiting abuse reporting. Physicians report child abuse at a substantially higher rate than teachers (Kenny 2001b); this is due largely to teacher-reported inadequate training and belief that child protective services would not be helpful to the families (Kenny, 2001a), teacher inattention to legal reporting obligations (Walsh, Bridgstock, Farrell, Rassafiani, & Schweitzer, 2008), and fear of repercussions (Alvarez, Kenny, Donohue, & Carpin, 2004).

One factor that has not been adequately studied is the role of demographics in decisions to report, particularly as regards educational personnel. Although African American children, girls, and children under 7 (DHHS, 2013) are the most likely to be reported for child maltreatment, factors accounting for these discrepancies are not fully known. American physicians are more likely to identify child abuse in vignettes when families were described as having a lower socioeconomic status (Lane & Dubowitz, 2007) and in African American families (Flaherty et al., 2008). Findings related to reporter ethnicity are conflicted: although social workers are more likely to respond to a vignette with willingness to report

when the social worker is white (Ash-ton, 2004), similar experiments with teachers have found both that white teachers are more likely to report abuse in vignettes (Webster, O'Toole, O'Toole, & Lual, 2005) and that no race differences are observed (Egu & Weiss, 2003). No current research has explored the relationship between school counselors in particular and demographic factors influencing reporting behaviors.

LACK OF PHYSICAL EVIDENCE ALSO HAS LED TO POSSIBLE CASES OF ABUSE NOT BEING REPORTED, WITH 25% OF SCHOOL COUNSELORS SELF-REPORTING A FAILURE TO REPORT SOME SUSPECTED CASES OF CHILD ABUSE.

Only limited research is available to document the factors affecting reporting for school counselors. Although school counselors have been shown to fail to report more frequently than principals, they perceive themselves to be more trained in detecting and reporting child abuse than principals, with less experienced school counselors reporting more adequate training than more experienced counselors (Kenny & McEachern, 2002). Although studies have shown that elementary school counselors report child abuse with higher frequency than high school counselors (Bryant & Milsom, 2005) and school counselors report a desire for increased training (Bryant & Baldwin, 2010), understanding the factors affecting likelihood of reporting by school counselors requires additional investigation.

The Current Study

Past research seems to indicate that children who fit a specific profile may be more typically reported as the victims of child abuse. If this is true, it may mean that children who do not fit this profile are experiencing physical abuse that may go unreported, and therefore are in need of advocates (e.g., school counselors) to recognize and report the signs of childhood

physical abuse to the proper authorities. The current study examined the aforementioned specific factors (child's race, family's socioeconomic status, severity of abuse, and the school counselor's connection with the family) that affect the suspicion and reporting of childhood physical abuse by school counselors. The present study sought to determine if these individual variables, and/or the interactions of these variables, affected the tendency

of school counselors to suspect or endorse willingness to report childhood physical abuse. The specific hypotheses that the present study sought to examine were:

- (1) It is hypothesized that school counselors will suspect a significantly higher number of cases than they express inclination to report.
- (2) It is hypothesized that vignettes featuring a greater severity of abuse will lead to higher rates of both suspicion and acknowledged willingness to report abuse.
- (3) It is hypothesized that vignettes with African American students will lead to higher rates of suspicion and willingness to report suspected abuse.
 - (3b) We will explore whether the race of a school counselor and the race of a child interact to affect the likelihood that childhood physical abuse is (a) suspected by a school counselor, and (b) reported by a school counselor.
- (4) It is hypothesized that vignettes with families with lower socioeconomic status will have higher rates of being suspected with higher willingness to report.

(4b) We will explore whether the socioeconomic status of a school counselor and the socioeconomic status of a child's family interact to affect (a) the likelihood that childhood physical abuse is suspected by the school counselor, and (b) the likelihood that childhood physical abuse is reported by the school counselor.

(5) It is hypothesized that school counselors will demonstrate willingness to report suspected child abuse in more defensive families at a higher rate than those families who are cooperative.

METHOD

Procedure

For the present study, the researchers sought to utilize multiple venues for data collection to develop a diverse sample of school counselors as they respond to study vignettes. The authors recruited practicing elementary school counselors from across the United States for this study in a variety of ways. School counselors were recruited through Facebook advertisements, a Facebook study page, postings on ASCA's Facebook page, and an advertisement in the American School Counselor Association's ASCA SCENE. Potential participants were also recruited by contacting moderators of school counseling-related e-mail discussion lists, superintendents of school districts, and school guidance coordinators. The authors contacted school districts within every state. Those contacted about the study were asked to distribute study recruitment materials to practicing elementary school counselors.

School counselors in the United States were recruited to complete a short demographic questionnaire and to respond to a series of vignettes with their likelihood to suspect or report childhood physical abuse. The study was administered through Survey Monkey (Finley, 1999), a Web-based survey tool. When participants clicked on the survey link, the first page contained the informed consent procedures informing them about their confidentiality and their right to opt out of the study at any time or to skip questions they did not feel comfortable answering. Participants completed study surveys on their own time and in their own settings, and data was collected over a 6-month period. Once researchers received the necessary number of participants for a given survey, each remaining survey link was circulated until all versions of the surveys were completed.

Participants

The authors studied the practices of elementary school counselors because the highest rates of child abuse were reported among elementary school-aged students (DHHS, 2013). The participants in this study were elementary school counselors ($N = 398$) from across the United States. The majority of the participants were women (87.6%), 10% were men, and .3% chose not to be classified. Most of the participants self-identified as Caucasian (90.7%), 3.4% as Hispanic, 3.1% as African American, .8% as Native American, .2% as Asian, and 1.8% as other. The age of participants varied: 14.4% were 21-30 years of age, 27.9% were 31-40 years of age, 25.4% were 41-50 years of age, 25.4% were 51-60 years of age, and 6.9% were 61 years and older.

The majority of participants had completed a Master's degree (82.6%), 14.5% had an Educational Specialist degree, 1.6% had a doctoral degree, and 1.4% had not completed a graduate degree. The school counselors in this study had worked in elementary school settings for an average of 10.12 years ($SD: 7.49$; range: 0-37) and had been working at their current elementary school for an average of 8.14 years ($SD: 6.56$; range 0-28).

School districts across the country were represented, with 38% of the schools from the East Coast, 26.4% from the Midwest, 20.7% from the South, and 14.9% from the West Coast. There was diversity among the geographic locations of schools (43% from rural areas, 32.7% from suburban areas, and 20.6% from urban areas) and students came from a variety of socioeconomic backgrounds (54.7% from lower class families, 42% from middle class families, and 3.3% from upper class families). Current caseloads of participants also varied with 10.3% having less than 200 children, 48.7% having between 200 and 500 children, and 41% having 500 children or more.

Materials

Demographics Questionnaire: After indicating that they were a certified (or licensed) and practicing elementary school counselor, participants were instructed to complete a demographic questionnaire that collected data regarding the school counselor's gender, age, ethnicity, socioeconomic status, years employed as a school counselor at an elementary school, years employed as a school counselor at their current elementary school, the highest education level they completed, their status of being a parent or not, and their current geographic location. Additional information requested included a description of their community (i.e., rural, urban, or suburban), current caseload of students, and the average socioeconomic status for most students in their school.

Study Vignettes: For this study, the authors created six different vignettes.

EDUCATIONAL PERSONNEL, INCLUDING SCHOOL COUNSELORS, INTERACT WITH THE MAJORITY OF STUDENTS AND SHOULD BE RESPONSIBLE FOR NOTICING AND REPORTING HIGHER RATES OF SUSPECTED CHILD ABUSE.

TABLE 1

DIFFERENT STUDY SURVEYS

Child was African American	Child was Caucasian	Child was Hispanic	Child's Family was Upper Class	Child's Family was Middle Class	Child's Family was Lower Class
<ul style="list-style-type: none"> ● highly involved relationship with the school counselor ● neutral relationship with the school counselor ● non-existent/defensive relationship with the school counselor ● low-level instance of abuse ● intermediate-level instance of abuse ● severe-level instance of abuse 	<ul style="list-style-type: none"> ● highly involved relationship with the school counselor ● neutral relationship with the school counselor ● non-existent/defensive relationship with the school counselor ● low-level instance of abuse ● intermediate-level instance of abuse ● severe-level instance of abuse 	<ul style="list-style-type: none"> ● highly involved relationship with the school counselor ● neutral relationship with the school counselor ● non-existent/defensive relationship with the school counselor ● low-level instance of abuse ● intermediate-level instance of abuse ● severe-level instance of abuse 	<ul style="list-style-type: none"> ● no race mentioned ● highly involved relationship with the school counselor ● neutral relationship with the school counselor ● non-existent/defensive relationship with the school counselor ● low-level instance of abuse ● intermediate-level instance of abuse ● severe-level instance of abuse 	<ul style="list-style-type: none"> ● no race mentioned ● highly involved relationship with the school counselor ● neutral relationship with the school counselor ● non-existent/defensive relationship with the school counselor ● low-level instance of abuse ● intermediate-level instance of abuse ● severe-level instance of abuse 	<ul style="list-style-type: none"> ● no race mentioned ● highly involved relationship with the school counselor ● neutral relationship with the school counselor ● non-existent/defensive relationship with the school counselor ● low-level instance of abuse ● intermediate-level instance of abuse ● severe-level instance of abuse

Note. Each school counselor completed only one study survey.

Each between-subject variable was given its own survey for child's race and family's socioeconomic status. Child's race had three levels: (a) African American (i.e., "there is an African American student in your school"); (b) Caucasian (i.e., "there is a Caucasian student in your school"); and (c) Hispanic (i.e., "there is a Hispanic student in your school"). Family's socioeconomic status had three levels: (a) upper class (i.e., "the family is well-off financially"); (b) middle class (i.e., "the family is financially comfortable"); and (c) lower class (i.e., "the family is struggling financially"). In addition to the between-subject variables, each survey contained two within-subject variables: severity of abuse and relationship with the school counselor. Severity of abuse, partially dependent on physical evidence of abuse because this is what school counselors are likely to encounter in the schools, had three levels: (a) low level of abuse (i.e., "child reports

SCHOOL COUNSELORS WERE NOT SIGNIFICANTLY MORE LIKELY TO SUSPECT AFRICAN AMERICAN, CAUCASIAN, OR HISPANIC FAMILIES OF ABUSE THAN ANY OTHER.

that his/her parents have hit him/her several times but you do not observe any physical evidence of this"); (b) intermediate level of abuse (i.e., "child comes to school with a badly bruised arm and does not want to talk about it"); and (c) severe level of abuse (i.e., "child comes to school with a broken arm and cannot tell you how it happened"). The relationship with the school counselor had three levels: (a) highly involved (i.e., "the parents have been involved in the school counseling program and have been cooperative with you"); (b) neutral (i.e., "you have met the parents but they are not involved with the school counseling program"); and (c) non-existent/defensive (i.e., "you are not familiar with the

parents and/or the parents are defensive in their interactions with you"). The dependent variables consisted of (a) likelihood of suspecting childhood physical abuse and (b) likelihood of reporting childhood physical abuse. These variables were scored using a 5-point Likert Scale (i.e., *definitely not, probably not, may or may not, probably, and definitely*).

RESULTS

The first hypothesis was that school counselors would be more likely to suspect childhood physical abuse than to indicate tendency to report childhood physical abuse, and this hypoth-

TABLE 2

PAIRED SAMPLES *t* TESTS COMPARING MEANS FOR SUSPECTING AND REPORTING ABUSE

	Paired Differences							
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		<i>t</i>	<i>df</i>	Sig. (2-tailed)
				Lower	Upper			
Pair 1 Question1a - Question1b	-.89412	1.01927	.05528	-1.00285	-.78539	-16.175	339	.000
Pair 2 Question2a - Question2b	-.74154	.85759	.04757	-.83512	-.64795	-15.588	324	.000
Pair 3 Question3a - Question3b	-.69254	.85354	.04663	-.78427	-.60080	-14.850	334	.000
Pair 4 Question4a - Question4b	-.87651	.94555	.05189	-.97859	-.77442	-16.890	331	.000
Pair 5 Question5a - Question5b	-.74622	.86459	.04752	-.83971	-.65274	-15.703	330	.000
Pair 6 Question6a - Question6b	-.75000	.84140	.04646	-.84140	-.65860	-16.143	327	.000
Pair 7 Question7a - Question7b	-.88110	.94878	.05239	-.98416	-.77804	-16.819	327	.000
Pair 8 Question8a - Question8b	-.75405	.93160	.05300	-.85833	-.64976	-14.228	308	.000
Pair 9 Question9a - Question9b	-.80061	.85582	.04740	-.89386	-.70736	-16.891	325	.000

Note. Questions 1a-9a evaluated school counselors' self-report of the degree to which they suspected childhood physical abuse in a given case. Questions 1b-9b evaluated school counselors' self-report of the degree to which they would likely report the specific incident of childhood physical abuse described in the vignette. Each question number evaluated the same scenario. For example, Question1a and Question 1b were based on the same vignette and asked school counselors to report the degree to which they suspected childhood physical abuse (Question1a) and the degree to which they would report the same incident of childhood physical abuse described in the vignette (Question1b). All mean differences were negative numbers, indicating that regardless of the scenario presented in the vignette, school counselors endorsed being significantly more likely to report childhood physical abuse than to suspect childhood physical abuse. See paired samples *t* tests results and significance levels in the table above (table 2).

CHILDREN WHO FIT A SPECIFIC PROFILE MAY BE MORE TYPICALLY REPORTED... (THIS) MAY MEAN THAT CHILDREN WHO DO NOT FIT THIS PROFILE ARE EXPERIENCING PHYSICAL ABUSE THAT MAY GO UNREPORTED.

esis was rejected. To the contrary, results indicated that the mean score for reporting childhood physical abuse in the vignette ($M = 4.10$; $SD = .76$) was significantly greater than the mean score for suspecting childhood abuse ($M = 3.31$; $SD = .43$, $t(277) = -18.27$, $p < .05$). In other words, school counselors had higher mean scores for indicating that they would report a given case of childhood physical abuse than they did for suspecting childhood physical abuse, expressing willingness to err toward reporting if the possibility of abuse was present.

As a result of the mean for reporting childhood physical abuse being higher

than the mean for suspecting childhood physical abuse, the authors conducted separate factorial ANOVAs for each of the two dependent variables. They did not conduct multivariate analysis of variance (MANOVAs) because the two dependent variables were correlated at .36 (Pearson r), which is lower than the generally recommended parameter of .4 for conducted MANOVAs. Consequently, a series of four 3x3x3 ANOVAs were conducted that assessed: (a) the effects of the child's race, the family's relationship with the school counselor, and the severity of childhood physical abuse on the likelihood to suspect childhood physical abuse; (b) the

effects of the child's race, the family's relationship with the school counselor, and the severity of childhood physical abuse on the likelihood to report childhood physical abuse; (c) the effects of the child's socioeconomic status, the family's relationship with the school counselor, and the severity of childhood physical abuse on the likelihood to suspect childhood physical abuse; and (d) the effects of the child's socioeconomic status, the family's relationship with the school counselor, and the severity of childhood physical abuse on the likelihood to report childhood physical abuse. As suggested by Kirk (1995), when a simple main effect was found as a result of any of the four factorial ANOVAs that were conducted, the authors used post-hoc comparisons, in this case independent *t* tests and a Bonferroni approach, in all analyses to explore interaction effects conservatively and to correct for false positives.

The data was analyzed using a 3 (student race) x 3 (relationship with

TABLE 3 RESULTS OF A 3X3X3 ANOVA FOR SUSPECTING CHILDHOOD PHYSICAL ABUSE BASED ON STUDENT RACE

	Suspecting Abuse				
	Sum of squares	df	Mean Square	F	P
Relationship with the School Counselor	1.348	1.843	.731	6.773	.002
Severity of Abuse	8.786	1.806	4.865	11.892	.000
Student Race X Relationship with the School Counselor	.569	5.529	.103	.952	.452
Student Race X Severity of Abuse	2.706	5.418	.499	1.221	.296
Student Race X Relationship with Professional School Counselor X Severity of Abuse	.696	9.889	.070	.777	.649

TABLE 4 RESULTS OF A 3X3X3 ANOVA FOR SUSPECTING CHILDHOOD PHYSICAL ABUSE BASED ON STUDENT SES

	Suspecting Abuse				
	Sum of squares	df	Mean Square	F	P
Relationship with the School Counselor	14.081	1.807	7.791	18.969	.000
Severity of Abuse	1.295	1.852	.699	6.507	.002
Socioeconomic Status X Relationship with the School Counselor	1.612	5.422	.297	.724	.617
Socioeconomic Status X Severity of Abuse	.575	5.555	.103	.963	.446
Socioeconomic Status X Relationship with Professional School Counselor X Severity of Abuse	1.212	9.876	.123	1.362	.194

school counselor) x 3 (severity of abuse) factorial ANOVA for likelihood of suspecting abuse based on race. The authors rejected the original hypotheses that the interactions between (a) student race and the relationship with the school counselor, (b) student race and the severity of abuse, and (c) severity of the abuse and the relationship with the school counselor would all be significant. To determine the specific relationships between school counselors' suspicion of childhood physical abuse and (a) levels of abuse and (b) the specific relationships between families' relationships with school counselors, the authors conducted post hoc independent *t* tests.

Severity

Likelihood to suspect abuse was significantly different based upon sever-

ity of abuse, $F(1.81, 558.02) = 11.89$, $p < .05$, partial $\eta^2 = .04$. Specifically, school counselors were significantly more likely to suspect childhood physical abuse when a child had a bruised ($t(315) = 5.48$, $p < .05$) or broken arm ($t(319) = 4.55$, $p < .05$) than when a child reported being hit but without physical evidence. There was not a significant difference in suspecting childhood physical abuse between a child having a bruised arm and a broken arm.

Although likelihood to report abuse was also significantly different for severity of abuse ($F(1.92, 532.44) = 11.62$, $p < .05$, partial $\eta^2 = .04$), post hoc independent *t* tests did not identify significantly higher reporting tendencies between any two given conditions (no evidence, bruised, or broken arms). These non-significant

post hoc tests in conjunction with the significant *F* test can be interpreted as a more complex contrast, a linear trend, $F(1) = 16.90$, $p < .05$.

Relationship

The likelihood to suspect abuse was significantly different between various levels of relationship with the school counselor, $F(1.84, 569.48) = 6.77$, $p < .05$, partial $\eta^2 = .02$. School counselors were significantly more likely to suspect defensive parents of childhood physical abuse than cooperative parents, $t(315) = 3.23$, $p < .05$ or non-involved parents, $t(318) = 4.05$, $p < .05$. No significant difference was observed between cooperative and non-involved parents. The likelihood of willingness to report abuse was not significantly related to level of relationship with the school counselor.

TABLE 5 RESULTS OF A 3X3X3 ANOVA FOR REPORTING CHILDHOOD PHYSICAL ABUSE BASED ON STUDENT RACE

	Reporting Abuse				
	Sum of squares	df	Mean Square	F	P
Relationship with the School Counselor	.338	1.600	.211	.128	.834
Severity of Abuse	3.331	1.922	1.733	11.618	.000
Student Race X Relationship with the School Counselor	18.530	6.401	2.895	1.759	.101
Student Race X Severity of Abuse	1.304	7.689	.170	1.137	.337
Student Race X Relationship with Professional School Counselor X Severity of Abuse	1.162	14.821	.078	.884	.582

TABLE 6 RESULTS OF A 3X3X3 ANOVA FOR REPORTING CHILDHOOD PHYSICAL ABUSE BASED ON STUDENT SES

	Reporting Abuse				
	Sum of squares	df	Mean Square	F	P
Relationship with the School Counselor	.965	1.598	.604	.362	.648
Severity of Abuse	2.477	1.922	1.289	8.616	.000
Socioeconomic Status X Relationship with the School Counselor	7.414	4.794	1.546	.927	.460
Socioeconomic Status X Severity of Abuse	.793	5.766	.138	.919	.478
Socioeconomic Status X Relationship with Professional School Counselor X Severity of Abuse	.723	11.094	.065	.732	.710

SCHOOL COUNSELORS MAY BE MORE LIKELY TO REPORT CHILDHOOD PHYSICAL ABUSE THAN TO FEEL CONFIDENT IN THEIR SUSPICION OF CHILDHOOD PHYSICAL ABUSE OCCURRING, ERRING ON THE SIDE OF REPORTING.

Race

Post hoc independent *t* tests revealed that school counselors were not significantly more likely to suspect African American, Caucasian, or Hispanic families of abuse than any other, although they were significantly more likely to suspect families where race was not specified over African American ($t(201) = 2.67, p < .05$) or Hispanic students' families ($t(208) = 2.24, p < .05$). However, student race did not significantly relate to reporting tendencies.

No significant interaction effects were found between student race, school counselor race, and the likelihood to suspect or report abuse. School counselor race itself also did not significantly predict suspecting or reporting behaviors.

Socioeconomic Status

Participants' likelihood to suspect abuse was significantly different based upon student socioeconomic status (SES), $F(3, 309) = 2.91, p < .05$, partial $\eta^2 = .03$. School counselors were

more likely to suspect middle class ($t(206) = 1.96, p < .05$) and lower class ($t(206) = 2.46, p < .05$) families of abuse than families where SES was not specified. The likelihood to report abuse was not significantly different based upon student SES.

The interaction effects between student and school counselor SES and the impact on the likelihood to suspect abuse was significant, $F(36, 1095.10) = 1.70, p < .05$, partial $\eta^2 = .05$. School counselor SES did not significantly relate to suspecting child abuse or endorsing a willingness to report child abuse.

DISCUSSION

As a caveat, study findings may or may not be a true representation of

TABLE 5

MAIN EFFECTS OF CASE VARIABLES FOR STUDENT RACE, SOCIOECONOMIC STATUS, RELATIONSHIP WITH THE SCHOOL COUNSELOR, AND SEVERITY OF ABUSE FOR SUSPECTING AND REPORTING CHILDHOOD PHYSICAL ABUSE: MEANS, STANDARD DEVIATIONS, AND ANALYSES OF VARIANCE FOR SUSPICION AND REPORTING.

		Potential for Abuse	
		Suspicion Mean/SD	Reporting Mean/SD
Between-Subject Variables			
Student Race	African American ($n = 49$)	3.20/.36	4.0/.71
	Caucasian ($n = 54$)	3.30/.41	4.12/.79
	Hispanic ($n = 56$)	3.23/.42	4.04/.81
	No Race Reported ($n = 154$)	3.38/.45 ¹	4.15/.75
Socioeconomic Status	Upper Class ($n = 56$)	3.36/.43	4.2/.72
	Middle Class ($n = 49$)	3.37/.44	4.19/.71
	Lower Class ($n = 49$)	3.41/.47	4.02/.81
	No SES Reported ($n = 159$)	3.24/.40 ²	4.06/.77
Within-Subject Variables			
Relationship with the School Counselor	Highly Involved ($n = 334/n = 320$)	3.31/.42	4.09/.76
	Neutral ($n = 330/n = 323$)	3.30/.46	4.10/.78
	Non-existent/defensive ($n = 323/n = 305$)	3.34/.49 ³	4.14/.78
Severity of Abuse	Low ($n = 324/n = 325$)	3.21/.46 ⁴	4.11/.98
	Intermediate ($n = 322/n = 295$)	3.38/.53	4.13/.89
	Severe ($n = 325/n = 317$)	3.36/.55	4.10/.89
Overall Abuse Rates		3.31/.42	4.10/.75

¹ $p < .05$, no race specified more likely to be suspected than Hispanic/African American

² $p < .05$, low/middle more likely to be suspected than no SES reported

³ $p < .05$, defensive more likely to be suspected than involved/neutral

⁴ $p < .05$, bruised/broken arm more likely to be suspected than no physical evidence

school counselors' reporting patterns of childhood physical abuse because each participant was presented with a case vignette followed by two face valid questions, one that inquired about suspicion of childhood physical abuse and one that inquired about the likelihood to report childhood physical abuse. Due to the obvious presentation of questions as framed in terms of child abuse research, the school counselors may have endorsed what they perceived to be the desired answer regardless of whether or not they were confident in their suspicion of child abuse.

Results from this study suggest that school counselors may in some cases

CASES OF ABUSE THAT INVOLVED PHYSICAL EVIDENCE OF BODILY HARM WERE MORE LIKELY TO BE REPORTED THAN CASES THAT WERE SOLELY DEPENDENT ON A CHILD REPORTING THAT HE OR SHE HAD BEEN PHYSICALLY ABUSED.

be more likely to report childhood physical abuse than to feel confident in their suspicion of childhood physical abuse occurring, erring on the side of reporting. In practice, school counselors have access to other professionals such as teachers and other sources of evidence to confirm or deny an original suspicion, affecting the eventual

decision to report. This finding also suggests that professionals may err in favor of reporting child abuse even when qualified level of suspicion is low, a phenomenon reasonable in the context of the tremendous weight of the consequences and implications of undetected child abuse. Further research is needed to explore this

discrepancy between suspecting and reporting childhood physical abuse using a less overt inquiry method.

This study further supported previous findings from other professions that cases of abuse that involved physical evidence of bodily harm (i.e., a bruised arm, a broken arm) were more likely to be reported than cases of abuse that were solely dependent on a child reporting that he or she had been physically abused (McCabe & Benger, 2001; Kenny & McEachern, 2002) and findings that have consistently shown no difference in reporting attitudes based upon the race of the child (Webster, O'Toole, O'Toole, & Lucal, 2005; Egu & Weiss, 2003).

MORE COOPERATIVE FAMILIES AND THOSE PARENTS WITH WHOM THE PROFESSIONAL IS MORE FAMILIAR ARE LESS LIKELY TO BE REPORTED FOR ABUSE THAN LESS COOPERATIVE FAMILIES.

The results did show significant findings in the expected direction with school counselors being more likely to suspect students from lower socioeconomic statuses than students from higher socioeconomic statuses. These findings are in line with previous findings that American physicians are more likely to identify child abuse in vignettes when families were described as having a lower socioeconomic status (Lane & Dubowitz, 2007), and is consistent with demographics of cases that are reported to social services for child maltreatment (Ondersma, 2002). Contrary to research with primary care physicians in which African Americans were more likely to be reported (Flaherty et al., 2008), school counselors demonstrated increased suspicion of child abuse in families with no race specified over those for whom race was specified. As over 90% of study respondents were Caucasian, one possibility is that this does reflect some degree of racial bias or preconceptions. Furthermore, it appears likely that the highly face-valid

approach to the examination of race made some participants uncomfortable with the association of child abuse with a given race, and thus may have led to an underreporting or denial of suspicions in those vignettes in which race was mentioned.

The results of the present study support research that concluded that more cooperative families (Jankowski & Martin, 2003) and those parents with whom the professional is more familiar (Jones et al., 2008, Svensson & Janson, 2008) are less likely to be reported for abuse than less cooperative families. No prior study has investigated this question in a sample of school counselors in particular, making the

present study a unique contribution to existing literature. When the vignette described parents as interacting positively or being otherwise involved with the elementary school counselor, the counselor was significantly less likely to suspect childhood physical abuse than when the scenario involved defensive parents.

Strengths and Limitations

This study had several strengths. First, the study methodology allowed for distribution to a large sample of elementary school counselors from across the United States, which increased generalizability. Second, the study held both between-subject variables (student's race and SES) constant throughout an individual participant's series of vignettes to decrease answers rooted in social desirability. By doing so and by not including variations of these variables within the vignettes, participants would have been less likely to determine that the study was assessing the effects of these variables on the school counselors' patterns of suspect-

ing and reporting childhood physical abuse. Third, several child and family demographic variables related to suspecting and reporting childhood physical abuse were analyzed to understand relationships between a series of variables.

Several limitations are also relevant to the interpretation of the results of this study and the ability to generalize such results. First, self-report measures were utilized in gathering data. Therefore, results may be skewed due to social desirability bias. Given the nature of the questions regarding child abuse, it is likely that some degree of pressure to select what they perceived as the desired answer acted upon some participant choices. Second, since the survey was administered online, the researchers had no control over the environment in which the survey was taken. Discerning whether or not the environment could have had an effect on participant responses is difficult. Third, the study utilized some within-subject variables that may have been negatively influenced by social desirability. Each level of the within-subject variables (i.e., parents' relationship with the school counselor and severity of abuse) were included within each participant's series of vignettes. Manipulating variables in such a face valid way could have made it possible for participants to determine that the study was assessing the effects of the parents' relationship with the school counselor and the severity of abuse on school counselors' patterns of suspecting and reporting childhood physical abuse. Fourth, the nature of participant recruitment via e-mail discussion lists and professional groups on the Internet may have limited the respondent pool. Specifically, this may have drawn more heavily from more technologically connected school counselors.

Recommendations for Future Research

The results from the current study offer many suggestions for possible future research. First, additional research would be useful to clarify the possible discrepancy between suspecting and

reporting childhood physical abuse due to child, family, and school variables. It is important that future research studies include a less face valid presentation of study prompts or questions in order to truly discern whether or not school counselors actually report more childhood physical abuse than they suspect. Second, since the results from the current study do not match national child abuse reporting statistics indicating that African American children and children from lower socioeconomic backgrounds are reported most frequently for abuse (Annerback et al., 2010; DHHS, 2013), future research should investigate actual child abuse reports made by school counselors including race and socioeconomic status as variables of interest. Last, additional research could explore reporting tendencies of school counselors in relation to other characteristics of the school counselor, and whether such interactions affect possible behaviors.

Implication for School Counseling Practice

Every scenario that was presented in the study vignettes warranted suspicion of abuse, and consequently, reporting of abuse. Findings from this research indicate that even though school counselors are mandated reporters, suspicion and reporting of possible abuse is not absolute. In order to increase the safety of all students, school counselors should explore personal biases regarding what constitutes childhood physical abuse, who they believe is likely to have harmed a child, and whether children are able to accurately report their experiences of being physically harmed. By becoming aware of one's biases, school counselors can be more sensitive to aspects of child abuse reporting that they may have previously dismissed and can improve the services they provide to students by reporting all suspected cases of childhood physical abuse to the appropriate authorities.

Within the ASCA National Model (ASCA, 2012), this research has certain implications for the model moving forward.

SCHOOL COUNSELORS SHOULD EXPLORE PERSONAL BIASES REGARDING WHAT CONSTITUTES ABUSE, WHO THEY BELIEVE IS LIKELY TO HAVE HARMED A CHILD, AND WHETHER CHILDREN ARE ABLE TO ACCURATELY REPORT THEIR EXPERIENCES.

Foundation: School counselors are expected to create programs with a focus on student outcomes and competencies, linked to delivery informed by professional competencies. Vision statements should include an aim that addresses training school personnel to accurately detect and report suspected child abuse, creating an environment in which the safety of all students is valued. Mission statements should include having school counselors develop and implement in-service programming that incorporates multicultural awareness and bias-free judgment. This programming should include the skills to recognize and act appropriately in situations of child abuse regardless of demographics involved. School counselors also may work toward multicultural competencies at a professional level, ensuring that ethical treatment is given to children regardless of demographic factors.

Delivery: This study presents implications to improve the delivery of school counseling services. Within the framework of providing services to students, it is important to teach students, when developmentally appropriate, how to (a) recognize the signs of abuse and (b) tell trusted school personnel if they, or someone they know, is being harmed. To do this, school counselors must recognize that some students may feel uncomfortable communicating that they or another student has been abused. School personnel should work toward establishing rapport with students and school staff should be sensitive to possible discrepancies in student comfort as affected by ethnicity, SES, or other factors. Additional training for school personnel may reduce overestimation of student willingness to disclose

abuse or their own ability to identify it. It may also be helpful to provide staff with additional training that addresses the importance of responding to all possible instances of abuse, with emphasis placed on increasing referrals in those that may be underserved and underidentified.

Accountability: School counselors should record, in a protected and ethical way, demographics of the students that they have reported as being abused. They should also keep track of child abuse cases that are reported in order to compare preintervention reporting rates and profiles to postintervention reporting rates and profiles. If these initial assessments suggest a problematic pattern that children and families from certain backgrounds or connections are being reported for child abuse at a greater or lesser rate than others, this is a point of concern that needs to be addressed. Assessment should be an ongoing feature paired to the programmatic interventions of school counselors to confirm that such discrepancies are immediately addressed in an efficacious manner.

Management: Schools should incorporate results from assessments (explained above) to achieve improvements in ethical and culturally sensitive program design, delivery, and assessment. By integrating the results of previous interventions into ongoing interventions, school counselors may better serve students whose needs are not adequately being met. More specifically, school counselors may use increased awareness of potential biases in developing corrective plans, bringing the awareness to committees in which they participate, and using self-evaluation to identify and correct possible under-reporting of any given demographic. By recognizing that

there are factors that may compromise the protection and treatment of students, school counselors can incorporate this awareness in an ongoing manner to more effectively address the needs of the communities they serve.

CONCLUSION

Child abuse is an extremely concerning issue that negatively affects many children in the United States (DHHS, 2013). Despite awareness that abuse can occur in any family setting (DHHS, 2013), based on demographic variables, certain groups of children and their families are more likely to be reported for childhood physical abuse than others (Cort, Cerulli, & Hua, 2010; Dakil, Cox, Lin, & Flore, 2011). The school counselor has an important role to play in the identification and reporting of all suspected cases of childhood physical abuse (ASCA, 2003). To best meet the needs of all students in the schools, school counselors should not only be aware of the signs and symptoms of childhood physical abuse but should also be aware of any potential biases they may hold with regard to over-reporting certain groups of children and families and under-reporting others. This increased awareness has the potential to positively affect school counselors' awareness, acknowledgment, and reporting of childhood physical abuse. ■

REFERENCES

Alvarez, K., Kenny, M., Donohue, B., & Carpin, K. (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 training process? *Aggression & Violent Behavior, 9*(5), 563–578. doi:10.1016/j.avb.2003.07.001

- American School Counselor Association. (2003). *Position statement: Child abuse/neglect prevention: The professional school counselor and child abuse and neglect prevention*. Retrieved from http://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_ChildAbuse.pdf
- American School Counselor Association. (2012). *The ASCA National Model: A framework for school counseling programs* (3rd ed.). Alexandria, VA: Author.
- American Humane Association. (2010). *Child abuse and neglect statistics*. Retrieved from <http://www.americanhumane.org/children/stop-child-abuse/fact-sheets/child-abuse-and-neglect-statistics.html>
- Annerback, E., Svedin, C., & Gustafsson, P. (2010). Characteristics features of severe child physical abuse – a multi-informant approach. *Journal of Family Violence, 25*, 165–172. doi:10.1007/s10896-009-9280-1
- Ashton, V. (2004). The effect of personal characteristics on reporting child maltreatment. *Child Abuse & Neglect, 28*(9), 985–997. doi:10.1016/j.chiabu.2004.03.012
- Bal, S., Van Oost, P., De Bourdeaudhuij, I., & Crombez, G. (2003). Avoidant coping as a mediator between self-reported sexual abuse and stress-related symptoms in adolescents. *Child Abuse & Neglect, 27*(8), 883–897. doi:10.1016/s0145-2134(03)00137-6
- Berenson, K., & Andersen, S. (2006). Childhood physical and emotional abuse by a parent: Transference effects in adult interpersonal relationships. *Personality and Social Psychology Bulletin, 32*, 1509–1522. doi:10.1177/0146167206291671
- Bryant, J., & Milsom, A. (2005). Child abuse reporting by school counselors. *Professional School Counseling, 9*, 63–71. doi:10.5330/prsc.9.1.j244x1902344353h
- Bryant, J. K., & Baldwin, P. A. (2010). School counsellors' perceptions of mandatory reporter training and mandatory reporting experiences. *Child Abuse Review, 19*, 172–186. doi:10.1002/car.1099
- Centers for Disease Control. (2010). *Preventing child maltreatment through the promotion of safe, stable and nurturing relationships between children and caregivers*. Retrieved from http://www.cdc.gov/violenceprevention/pdf/CM_Strategic_Direction--Long-a.pdf
- Chen, E., Fisher, E. B., Bacharier, L. B., & Strunk, R. C. (2003). Socioeconomic status, stress, and immune markers in adolescents with asthma. *Psychosomatic Medicine, 65*(6), 984–992. doi:10.1097/01.psy.0000097340.54195.3c
- Cohen, S., Doyle, W. J., & Baum, A. (2006). Socioeconomic status is associated with stress hormones. *Psychosomatic Medicine, 68*(3), 414–420. doi:10.1097/01.psy.0000221236.37158.b9
- Cort, N. A., Cerulli, J. D., & Hua, H. (2010). Investigating health disparities and disproportionality in child maltreatment reporting: 2002–2006. *Journal of Public Health Management and Practice, 16*(4), 329–336. doi:10.1097/PHH.0b013e3181c4d933
- Crouch, J. L., & Behl, L. E. (2001). Relationships among parental beliefs in corporal punishment, reported stress, and physical child abuse potential. *Child Abuse & Neglect, 25*(3), 413–419.
- Dakil, S. R., Cox, M., Lin, H. & Flore, G. (2011). Racial and ethnic disparities in physical abuse reporting and child protective services interventions in the United States. *Journal of the National Medical Association, 103*(9/10), 926–931. doi:10.1016/j.chiabu.2012.08.005
- Egu, C., & Weiss, D. J. (2003). The role of race and severity of abuse in teachers' recognition or reporting of child abuse. *Journal of Child and Family Studies, 12*, 465–474. doi:10.1023/a:1026020225000
- Ericsson, N. S., Gayman, M. D., Kendall-Tackett, K., Lloyd, D. A., Medley, A., Collins, N., ... Sawyer, K. (2010). The long-term impact of childhood abuse on internalizing disorders among older adults: The moderating role of self-esteem. *Aging & Mental Health, 14*, 489–501. doi:10.1080/13607860903191382
- Everson, M. D., Smith, J. B., Hussey, J. M., English, D., Litrownik, A. J., Dubowitz, H., ... Runyan, D. K. (2008). Concordance between adolescent reports of childhood abuse and child protective service determinations in an at-risk sample of young adolescents. *Child Maltreatment, 13*(1), 14–26. doi:10.1177/1077559507307837
- Finley, R. (1999). *Survey Monkey online software application*. Portland, OR: Survey Monkey.
- Flaherty, E. G., Sege, R. D., Griffith, L. L., Wasserman, E. S., Dhepyasuwan, N., Harris, D., ... Angelilli, M. L. (2008). From suspicion of physical child abuse to reporting: Primary care clinician decision-making. *Pediatrics, 122*, 611–619. doi:10.1542/peds.2007-2311
- Foster, H., & Brooks-Gunn, J. (2009). Toward a stress process model of children's exposure to physical family and community violence. *Clinical Child and Family Psychology Review, 12*, 71–94. doi:10.1007/s10567-009-0049-0

- Gershoff, E. T. (2002). Corporal punishment by parents and associated child behaviors and experiences: A meta-analytic and theoretical review. *Psychological Bulletin*, 128(4), 539–579. doi:10.1037/0033-2909.128.4.539
- Gunn, V. L., Hickson, G. B., & Cooper, W. O. (2005). Factors affecting pediatricians' reporting of suspected child maltreatment. *Ambulatory Pediatrics*, 5(2), 96–101. doi:10.1367/a04-094r.1
- Jankowski, P. J., & Martin, M. J. (2003). Reporting cases of child maltreatment: Decision-making processes of family therapists in Illinois. *Contemporary family therapy*, 25(3), 31–332.
- Jones, R., Flaherty, E., Binns, H. J., Price, L. L., Stora, E., Abney, D., ... Christoffel, K. K. (2008). Clinicians' description of factors influencing their reporting of suspected child abuse: Report of the child abuse reporting experience study research group. *Pediatrics*, 122, 259–266. doi:10.1542/peds.2007-2312
- Jovanic, T., Blanding, N., Norrholm, S., Duncan, E., Bradley, B., & Ressler, K. (2009). Childhood abuse is associated with increased startle reactivity in adulthood. *Depression and Anxiety*, 26, 1018–1026. doi:10.1002/da.20599
- Kaplow, J. B., & Spatz-Widom, C. (2007). Age of onset of child maltreatment predicts long-term mental health outcomes. *Journal of Abnormal Psychology*, 116, 176–187. doi:10.1037/0021-843X.116.1.176
- Kenny, M. C. (2001a). Child abuse reporting: teachers' perceived deterrents. *Child Abuse & Neglect*, 25(1), 81–92. doi:10.1016/s0145-2134(00)00218-0
- Kenny, M. C. (2001b). Compliance with mandated child abuse reporting. *Journal of Offender Rehabilitation*, 34(1), 9–23. doi:10.1300/j076v34n01_02
- Kenny, M., & McEachern, A. (2002). Reporting suspected child abuse: A pilot comparison of middle and high school counselors and principals. *Journal of Child Sexual Abuse*, 11, 59–74. doi:10.1300/j070v11n02_04
- Kirk, R. E. (1995). Experimental design: *Procedures for the behavioral sciences*. Pacific Grove, CA: Brooks/Cole.
- Lane, W. G., & Dubowitz, H. (2007). What factors affect the identification and reporting of child abuse-related fractures? *Clinical Orthopaedics and Related Research*, PAP. doi:10.1097/blo.0b013e31805c0849
- Levi, B. H. (2005). Reasonable suspicion: A study of Pennsylvania pediatricians regarding child abuse. *Pediatrics*, 116(1), e5–e12. doi:10.1542/peds.2004-2649
- Levi, B. H., & Crowell, K. (2010). Child abuse experts disagree about the threshold for mandated reporting. *Clinical Pediatrics*, 50(4), 321–329. doi:10.1177/0009922810389170
- Lupien, S. J., King, S., Meaney, M. J., & McEwen, B. S. (2000). Child's stress hormone levels correlate with mother's socioeconomic status and depressive state. *Biological Psychiatry*, 48(10), 976–980. doi:10.1016/s0006-3223(00)00965-3
- Lynne, E., Gifford, E., Evans, K., & Rosch, J. (2015). Barriers to reporting child maltreatment. *North Carolina Medical Journal*, 76(1), 13–18.
- MacMillan, H. L., Jamieson, E., & Walsh, C. A. (2003). Reported contact with child protection services among those reporting child physical and sexual abuse: Results from a community survey. *Child Abuse and Neglect*, 27(12), 1397–1408. doi:10.1016/j.chiabu.2003.06.003
- McCabe, S., & Bengler, J. (2001). Burns and scalds in pre-school children attending accident and emergency: Accident or abuse? *Emergency Medicine Journal*, 18, 172–174. doi:10.1136/emj.18.3.172
- Miller, L. E. (2014). Perceived threat in childhood: A review of research and implications for children living in violent households. *Trauma, Violence, & Abuse*, 16(2), 153–168. doi:10.1177/1524838013517563
- Nair, P., Schuler, M. E., Black, M. M., Kettinger, L., & Harrington, D. (2003). Cumulative environmental risk in substance abusing women: Early intervention, parenting stress, child abuse potential and child development. *Child Abuse & Neglect*, 27(9), 997–1017.
- Ondersma, S. J. (2002). Predictors of neglect within low-SES Families: The importance of substance abuse. *American Journal of Orthopsychiatry*, 72(3), 383–391. doi:10.1037/0002-9432.72.3.383
- Pollak, S. D., & Sinha, P. (2002). Effects of early experience on children's recognition of facial displays of emotion. *Developmental Psychology*, 38(5), 784. doi:10.1037//0012-1649.38.5.784
- Roberts, R. (2004). The effects of child sexual abuse in later family life; mental health, parenting and adjustment of offspring. *Child Abuse & Neglect*, 28(5), 525–545. doi:10.1016/s0145-2134(04)00080-8
- Rodriguez, C. (2004). Parental discipline and abuse potential affects on child depression, anxiety, and attributions. *Journal of Marriage and Family*, 65, 809–817. doi:10.1111/j.1741-3737.2003.00809.x
- Slade, E. P., & Wissow, L. S. (2007). The influence of childhood maltreatment on adolescents' academic performance. *Economics of Education Review*, 26(5), 604–614. doi:10.1016/j.econedurev.2006.10.003
- Svensson, B., & Janson, S. (2008). Suspected child maltreatment: Preschool staff in a conflict of loyalty. *Early Childhood Education Journal* 36(1): 25–31. doi:10.1007/s10643-008-0248-1
- Talsma, M., Bengtsson Boström, K., & Östberg, A. L. (2015). Facing suspected child abuse – what keeps Swedish general practitioners from reporting to child protective services? *Scandinavian Journal of Primary Health Care*, 33(1), 21–26. doi:10.3109/02813432.2015.1001941
- Twaite, J., & Rodriguez-Srednicki, O. (2004). Childhood sexual abuse and physical abuse and adult vulnerability to PTSD: The mediating effects of attachment and dissociation. *Journal of Child Sexual Abuse*, 13, 17–38. doi:10.1300/J070v13n01_02
- US Department of Health and Human Services. (2013). *Child maltreatment 2013*. Retrieved from <http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2013>
- Vandenberg, V., & Marsh, U. (2009). Aggression in youths: Child abuse, gender, and SES. *North American Journal of Psychology*, 11, 437–442.
- Walsh, K., Bridgstock, R., Farrell, A., Rassafiani, M., & Schweitzer, R. (2008). Case, teacher and school characteristics influencing teachers' detection and reporting of child physical abuse and neglect: Results from an Australian survey. *Child Abuse & Neglect*, 32(10), 983–993. doi:10.1016/j.chiabu.2008.03.002
- Webster, S. W., O'Toole, R., O'Toole, A. W., & Lucal, B. (2005). Overreporting and underreporting of child abuse: Teachers' use of professional discretion. *Child Abuse & Neglect*, 29(11), 1281–1296. doi:10.1016/j.chiabu.2004.02.007

Earn CEUs for reading this article. Visit www.schoolcounselor.org and click on Professional Development to learn how.

