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Christina Bagley
The School Mental Health
Clinician's Role as a
Mandated Reporter of Child
Abuse and Neglect

ABSTRACT

This study explored the experiences of mental health clinicians who work in schools as mandated reporters of child abuse and neglect. These clinicians included school psychologists, adjustment counselors, social workers, and licensed mental health counselors who work in schools. This study used the narratives of 12 clinicians in order to understand what they go through when they have a suspicion that a child is being abused or neglected. This study found that clinicians sometimes hesitate when deciding whether or not to report suspected abuse. Some of the clinicians felt that there were no questions to be asked, and that the law is clearly stated about when to report child abuse or neglect, but others wanted to better know what the implications for the child or family might be if a report of abuse was filed. Many of the clinicians felt that because the Department of Children and Families is overworked and underpaid they may not be able to give adequate care to the children and families in need of services from them.

The clinicians involved in this study were able to share their experiences, and concerns. They talked about different stories of when they reported, and they talked about conflicts that they may have had with those whom they were required to talk to before reporting. This research supports many past studies that have been done

quantitatively by bringing the narratives of those who have experienced reporting child abuse to the Department of Children and Families.

THE SCHOOL MENTAL HEALTH CLINICIAN'S ROLE AS A MANDATED
REPORTER OF CHILD ABUSE AND NEGLECT

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2009

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CHAPTER I

INTRODUCTION

Child abuse and neglect plague our country, and often goes unnoticed by those who surround the children who are being abused. Each day there are 2,400 reports of children who have been victims of abuse (Lambie, 2005) and projections that only about 40% of actual child abuse cases are brought to the attention of the authorities (Bryant & Milsom, 2005). Nearly half of child abuse reports are made by those who are mandated to report abuse (Bryant & Milsom, 2005) such as school mental health clinicians. These are people such as social workers, psychologists, adjustment counselors, and mental health counselors who work with children in their school settings. Reporting abuse may cause different emotions to arise in those who are mandated reporters. Although reporting child abuse and neglect may cause anxiety and fear, it is also important to remember the safety of the child. Children are greatly influenced by their school environment (Lynn, McKay & Atkins, 2003), and they spend a large part of each day in their school. This is why it is so important for the school to be involved to ensure that the needs of children are adequately met.

There is a vast amount of research that talks about child abuse and the affects that it may have on a child. There is also research that describes the role of the school in children's lives and the role of the clinician in the school. However, there is very little research that describes the feelings and behaviors of clinicians when they are required to report suspected abuse or neglect. The question that I will be researching is: What do

school mental health clinicians experience when they are required to report suspected abuse of a child, and what may be factors in their decision to report?

This qualitative study was done to help schools and school counselors better understand the feelings and thoughts that affect the school counselors when they are required to report suspected abuse of one of their students. I interviewed 12 mental health clinicians (school counselors who focus more on the mental health needs of the student rather than the scholastic goals of the student such as guidance counselors) who work in schools in order to better understand what their experiences have been with reporting child abuse and neglect. All of the participants work or have worked in the state of Massachusetts.

This study will be able to help the field of social work by providing more information about the way that school clinicians feel when they report abuse and neglect. It will also give school clinicians the chance to explain their role in the school, and ways that they feel they are better able to help the children by meeting with them in school rather than in an outside clinic. This study can assist new school clinicians to understand the complexities of reporting abuse and neglect. Finally, this study will also be able to help the field of mental health by gaining a better understanding of the role that a school can have on a child, and how they can be an influence to help better the child's life.

It is first important to better understand the literature that is already available, therefore the next section of this report will review the literature that is already available on the subjects of child abuse and neglect, the influence of the school, and the role of the school clinician.

CHAPTER II

LITERATURE REVIEW

The number of children who have been abused has been rising since the 1980s, and in 2003 it was approximately 906,000 (Jaffee, Caspi, Moffitt, Polo-Tomás & Taylor, 2007). “Child abuse is an act of omission or commission, causing intentional harm or avoidable endangerment to a child under the age of 18, and it includes sexual abuse, physical abuse, neglect, and emotional abuse” (Bryant & Milsom, 2005, p. 69). Schools are the main place for a child to participate in social development, which makes a school an important place to help children who would not otherwise receive greatly needed services (Mishna, 2007). It is a place where unnoticed children can become noticed, and they can possibly find rescue from the abuse that they have suffered. It is important to gain a better understanding of the literature that describes the connection that schools can have in the lives of children who have been maltreated.

This chapter provides a review of the literature that explores past research that has been done to understand the role of the school counselor as a mandated reporter of child abuse and neglect. First I will be discussing child abuse and neglect, then I will discuss the influence that the school has on a child, the role of the school mental health clinician, and finally I will discuss the history of mandated reporting.

Child Abuse and Neglect

Child abuse includes physical, sexual, and psychological or emotional abuse, and neglect (Jaffee et al., 2007). Each day there are about 2,400 reports of child abuse and neglect, 3-5 children die each day due to abuse, and about 18,000 children suffer permanent disabilities each year (Lambie, 2005). Child abuse and neglect occur or are reported much more frequently than in the past, and the reports of child abuse are higher in the US than in other western industrialized nations (Thompson & Wyatt, 1999). When a child is abused or neglected there are often many more problems in the home such as poverty, parental unemployment, single parents, and welfare reliance of the family (Thompson & Wyatt). These children are also often live in poor housing and in dangerous or declining neighborhoods, and their parents may suffer from mental illness or substance abuse problems (Thompson & Wyatt).

Abuse can cause both long and short term damage; such as brain damage, developmental delays and learning disorders in children (Lambie, 2005). There has been research done that shows that abuse and neglect can cause both behavior and learning difficulties in a child (Thompson & Wyatt, 1999). Egeland (1991) found that children who have been abused or neglected at an early age later had difficulties in school, and often performed poorly in the classroom and on standardized tests. Many were referred for special education services. Not only did children die and suffer permanent disabilities, but there are many other symptoms and problems that have arisen in children who have suffered maltreatment. These are things such as difficulties forming relationships, aggression, poor academic performance, substance abuse, problems, teen pregnancy, sexual revictimization, criminal behavior, and feelings such as hopelessness,

helplessness, shame, guilt, isolation, and they can participate in self-harming behaviors (Lambie, 2005). Many children who have run away and dropped out of school early are children who have been maltreated (Tyler, Johnson, & Brownridge, 2008).

There are many different ways in which children are abused, and for many, the abuse does not come only in one form, but may come in several different forms. Twenty five percent of maltreatment reports are reports of physical abuse with 10%-20% being sexual abuse, and 7%, psychological or emotional abuse, and 5%-10%, other offences (Thompson & Wyatt, 1999).

Physical abuse is defined as a physical injury to a person that is not caused by an accident (Arambulla, DeKraai & Sales, 1993). Physical abuse is the most commonly reported form of abuse because of the ease in discovering it due to bruises, marks, or broken bones that may be evident. The parents who physically abuse their children are parents who have high rates of depression, substance abuse, and hostile personalities, and these things are often made worse by life's stressors such as poverty, unemployment, and poor housing (Kolko, 1996). A child who has been physically abused can often be more aggressive than other children, and the child tends to show more oppositional behavior, fighting, delinquency, and criminality (Thompson & Wyatt, 1999). Physically abused kids also tend to self-harm, have suicidal behavior, and participate in substance abuse; they also often have emotional problems and difficulties with relationships (Kolko).

Girls are four times more likely than boys to be sexually abused, and males are more often the perpetrators than females (Thompson & Wyatt, 1999). Sexual abuse may be the second most frequently reported form of abuse, but it is also more difficult to detect than physical abuse or neglect (Thompson & Wyatt). It may seem, due to the

reports, that sexual abuse occurs less frequently than physical abuse, but it is very likely that it occurs much more frequently than realized. The majority of sexually abused children are abused by someone that they know, and a young child who has been sexually abused may not even realize that what happened to him or her was wrong (Thompson & Wyatt, 1999). About one third of sexually abused children do not show any symptoms of serious psychological harm from the abuse (Kendall-Tackett, Williams & Finkelhor, 1993). This may be due to a lack of understanding about what happened, or it may not be a long lasting abuse, and they may have someone who is supportive to help them to get through the difficulties of being sexually abused (Thompson & Wyatt). When sexually abused children do show psychological symptoms of the abuse the symptoms are often, depression and anxiety, a diminished self-esteem, social withdrawal, age-inappropriate sexual behavior, and self-destructive behaviors such as substance abuse or suicide attempts, and other signs of Post Traumatic Stress Disorder (Berliner & Elliott, 1996). It may be difficult to discover that a child has been sexually abused, but the abuse can be very detrimental to his or her wellbeing, and it is important for them to get the help that they need.

Each year there are about 532,200 children in the United States who experience emotional or psychological abuse, and about 204,500 of these children suffer harm from the emotional abuse (Twaite & Rodriguez-Srednicki, 2004). Although it may often go unreported psychological abuse may be the most common form of child abuse (Thompson & Wyatt, 1999). Emotional or psychological abuse is becoming more and more recognized by mental health professionals to be at least as damaging to a child as physical or sexual abuse (Twaite & Rodriguez-Srednicki). Emotional abuse does not

often get reported as the sole form of abuse, but is often reported along with some other form of abuse (Thompson & Wyatt). This may be due to many people feeling that emotional abuse is not as bad as sexual or physical abuse because there is no physical evidence to show that it has occurred, this is despite the growing research that shows that emotional abuse may even cause more negative affects on development (Twaite & Rodriguez-Srednicki). It can be very difficult to recognize when a child is being emotionally abused (Thompson & Wyatt).

Psychological or emotional abuse is when a child is belittled, denigrated, terrorized, isolated from others, exploited, corrupted, or rejected by those who are supposed to care for the child (Hart, Brassard, & Karlson, 1996). Rosenzweig and Kaplan (1996) defined emotional or psychological abuse as “a pattern of psychically destructive behavior inflicted by an adult on a child” (p. 43). Emotional abuse has also been defined as “a repeated pattern of parent or caregiver behavior that conveys to a child that he or she is worthless, flawed, unloved, unwanted, endangered, or only of value to meet someone else’s needs” (Johnson, 2000, p. 110). Because it may be difficult to recognize when someone is being emotionally abused, it is often necessary to notice different symptoms that a child may display. The child may have internal feelings of worthlessness, which may not be as noticeable as a bruise on the physically abused child (Twaite & Rodriguez-Srednicki, 2004). Psychologically abused children are likely to have low-self esteem, to be depressed, perform poorly at school, have difficulties getting along with others, and to have other behavior problems (Thompson & Wyatt, 1999). The National Clearing House (2003) reported that

Emotional abuse can be suspected when a child shows extremes of behavior such as being overly compliant or overly demanding, extremely passive, or inappropriately aggressive, is either inappropriately adult or inappropriately infantile, manifests delays in physical and or emotional development, has attempted suicide, and or reports a lack of attachment to the parent. (p. 3)

Physical neglect is the most common form of child maltreatment, and includes 45%-50% of all reports of child maltreatment (Thompson & Wyatt, 1999). Neglected children often live in homes where there is disorganization, inadequate care, and an unpredictable arrival or departure of the parents from the house (Erickson & Egeland, 1996). Neglect tends to be more of a problem for younger children rather than older children who are better able to care for themselves, and who are less dependent on their caregivers to get their needs met (Erickson & Egeland). Neglected children are those who often arrive at school late, unkempt, and without adequate medical and dental care (Thompson & Wyatt). Children who are neglected are often passive and show a learned helplessness, but they can also exhibit angry outbursts and noncompliance (Erickson & Egeland).

Children who have been maltreated can experience severe mental disorders such as depression, anxiety, and post traumatic stress disorder (Mishna, 2007). Not all children who have been maltreated exhibit these behaviors that are thought of as problem behaviors. Some children who have been abused actually are overachievers, which can often be viewed as a good thing, but when looked into further it often stems from a need to be in control, and then leads to anxiety and inflexibility (Lambie, 2005). One of the most frequently seen difficulties for children who have been maltreated is their difficulties in social environments; they often show fewer socially competent behaviors than children who have not been maltreated (Fantuzzo, Stevenson, Weiss, & Hampton,

1997). Although there are many children who show these maladaptive behaviors, there are also children that do not seem to show any symptoms at all, which is due to a resiliency which may be influenced by a number of different factors (Jaffee et al., 2007).

Abuse is a horrible thing that happens to many children in the United States and around the world. It is important to know the signs and symptoms of an abused to neglected child in order to help him or her when he or she is in need. When we can notice the suffering, maybe we can help to change the environment where the child is suffering.

The Influence of the School

“School is the social and educational institution with the strongest effect on a child’s life” (Seif el Din, 2006, p. 179). Schools play a large role in shaping children; outside of the home children spend the longest amount of their time in schools (Eccles & Roeser, 2005). The school environment does not just mean just what the child learns in class, but the child is affected by all of it, including the size of both the school and the classroom, the student to teacher ratio, any extracurricular activities, and interaction with other students (Seif el Din). It is hard to know just how the school will affect each child, but it is important for the school to be aware of what may be affecting a child who has been abused, and to help that child through the school in the best possible way for that child. A school can add stress to a child, or it can provide a safety net where a child can feel safe and secure outside of the home (Hendren, Birrell Weisen, & Orley, 1994). In 2004 the Individuals with Disabilities Education Improvement Act (IDEA) was put in place. This act refers to the need for abused and neglected children to receive special education services (Jonson-Reid et al., 2007). This is to ensure that those who have been

maltreated do not get lost in school, but rather receive any help that may be needed. It is the role of the school to identify children who need services to help with psychiatric symptoms, and then to help them to find ways to receive these services (Seif el Din).

There are huge discrepancies between the number of children who need mental health services, and the number who actually receive the help that they need (Lynn, et al., 2003). Because there are so many children who do not receive the services that they need, it is often left up to the schools and the teachers to meet the emotional and mental health needs of the children (Lynn et al.).

There are a high number of child abuse reports that come from school personnel (Fantuzzo et al., 1997). The school is a great place to offer treatment for children who have been maltreated; not only is a school able to reach those children who may ordinarily receive services (Lynn et al., 2003), but it also allows the child to remain in his or her natural environment without too much disruption (Mishna, 2007). A school has the opportunity to offer individual psychotherapy and also school-based groups to help students through difficult situations (Lynn et al.). It is also important to include the child's teachers and parents in the treatment in order to help them to better interact in the classroom and in the home (Mishna). Although this is true, it can be difficult to get parents involved. Parents often have a low level of involvement in the school (Eccles & Roeser, 2005). If possible, it can be very helpful to involve the parents in the child's school life. This can help the school gain a better understanding of the child's life, and therefore lead to a better understanding of any emotional or learning difficulties that the child may bring into the classroom (Thompson & Wyatt, 1999). It is often, but not always true that children who have been abused or neglected tend to be less engaged in

school than other students, and they often have more social difficulties than other children (Jonson-Reid et al., 2007).

It is important for the school to take an active role in the life of every child, but especially the lives of those who have been abused or neglected. The school is not only a place where a child learns about math and science, but a place that helps to shape him or her into the person that he or she will become. The school is a place where extra help and safety can come for a child who has little to none at home.

The Role of the School Mental Health Clinician or Counselor

A school mental health clinician or counselor is able to meet a child in his or her own environment, and to make it easier and more comfortable for the child to cope. A school mental health clinician or counselor can be a social worker, psychologist, adjustment counselor, or a licensed mental health counselor who works in a school (for the purpose of this study the definition excludes guidance counselors). The most important role of the school counselor is to help students to be able to function and learn in the school environment (Openshaw, 2008).

A counselor who is placed in a school setting is also able to have collaborative relationships with school staff, including teachers, and even parents (Lynn et al., 2003). School counselors are often a part of an interdisciplinary team made up of teachers, administrators, school counselors, psychologists, school nurses, speech therapists, physical therapists, and/or occupational therapists that help students with special needs (Openshaw, 2008). School counselors are able to work not only with the individual child, but also with the teachers in order to help educate about mental health, and to help the teachers to problem solve specific concerns in the classroom (Lynn et al.). This will

help not only the specific child who is in treatment, but may also be able to help the many other children in the classroom. Along with individual cases, many school counselors also run groups such as support groups for students with issues related to grief or divorce, or social skills groups for students who have difficulties with other students in social situations (Openshaw). These groups can help students to learn new skills of coping or socializing. They can also help the students know that they are not alone in their difficult times.

Not all school counselors have the same roles in the school; along with offering support and counseling to students, psychologists also test or screen students for possible learning or psychological problems (Openshaw, 2008). On the other hand school social workers or adjustment counselors are more likely than psychologists to work on collaborations with family, and community supports to help make connections with the school (Openshaw).

School professionals are in a unique position where they have the ability to better understand and assess the affects of abuse in children (Fantuzzo et al., 1997). These professionals, or clinicians, are able to help and support children who have suffered trauma (Openshaw, 2008). This is why it is very often the school or school counselor who reports abuse of a child (Lambie, 2005). “School counselors have a legal, ethical, and moral responsibility not only to report child abuse, but also to acquire and demonstrate competency as mandatory reporters” (Bryant & Milsom, 2005 p. 70). Not only are school counselors in a place where they are able to notice the abuse, but it has also been found that child abuse that is reported by mandated reporters is much more likely to be substantiated than reports made by others in the community (Zelman &

Antler, 1990). School counselors are in a place where they are able to not only report child abuse that they suspect, but also to consult with other staff members about any concerns that they may have (Bryant & Milsom, 2005).

There are statutes for mandatory reporting in all states (Bryant & Milsom, 2005). The legislation for mandated reporting that first began in California in 1963 (Lawrence-Karski, 1997) only addressed the physicians' need to report suspected child abuse (Bryant & Milsom, 2005). Some school clinicians fear reporting child abuse because of past experiences that may not have turned out well, or fears that the child welfare department may not address the problem in way that they feel is helpful (Lambie, 2005). Though they may have these fears, it is important to remember that a failure to report suspected child abuse can lead to civil and criminal sanctions, therefore if a mandated reporter has any uncertainties about reporting, it is recommended that they report their suspicions (Bryant & Milsom, 2005). School counselors often feel anxiety at the prospect of having to work with children who have been abused (Lambie, 2005). This may be due to the horrifying details of the abuse, and also to the fears of having to report the abuse to child protective services.

Research has shown that mandated reporters are much more likely to report abuse if there is physical evidence of the abuse such as bruises or markings or if it is more severe than in cases where the abuse is not physically evident (Bryant & Milsom, 2005). Although this may true, mandated reporters are not required to investigate for proof, but only to report the suspicion. It is then the responsibility of the child protection agencies to investigate the report further (Bryant & Milsom). People who work in schools may feel uncertain about reporting the abuse due to a fear that it might not actually help the

child, or that it may actually do more harm than good (Bryant & Milsom). It has also been found that there are also many school counselors who do not want to report abuse because they feel that it directly violates their clients' confidentiality (Bryant & Milsom, 2005).

Mandated Reporting

“A mandated reporter is a person who is required by law to make a report of child maltreatment under certain circumstances” (Pollack, 2007, p. 699). Federal laws for mandated reporting began in 1966, and they required physicians to report child abuse and neglect to child protective services (Bluestone, 2005). By 1967 every state in the United States of America had passed laws requiring mandated reporting by physicians (Zellman, 1990). Then in the 1970s these laws were broadened to include more professional groups such as social workers and other mental health practitioners (Bluestone). Now many different professionals who work with children, such as professionals who work in schools, are mandated reporters; these are the people who spend a lot of time with children, and who become a part of their daily lives, and therefore are better able to notice any difficulties they may be having (Arambulla et al., 1993). These laws were put into effect to help protect children, and also because when someone is mandated by law, they are more likely to report cases of abuse and neglect than when they are not mandated to do so (Gough & Stanley, 2006).

Each state differs with the laws for mandated reporting, and it is important to understand the laws in the state where you may be working. Chapter 119 section 51A, of the Massachusetts General Laws (2008) stated:

A mandated reporter who, in his professional capacity, has reasonable cause to believe that a child is suffering physical or emotional injury resulting from: (i) abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare, including sexual abuse; (ii) neglect, including malnutrition; or (iii) physical dependence upon an addictive drug at birth, shall immediately communicate with the department orally and, within 48 hours, shall file a written report with the department detailing the suspected abuse or neglect. (Section 51A)

In Massachusetts a mandated reporter who works in a school may notify a specific person who is in charge of reporting the abuse, and then it becomes the responsibility of that person to report the abuse (Mass. Gen. Laws, 2008).

In some states a failure to report suspected child abuse or neglect is a misdemeanor, and may result in a fine, but in other states a failure to report can send a person to prison for up to one year (Pollack, 2007). In Massachusetts if a mandated reporter fails to report his or her suspicion of abuse or neglect that person can be punished with a fine up to \$1,000, or if a frivolous report is made the person can also be fined up to \$1,000 (Mass. Gen. Laws, 2008).

In many states it is not required that the mandated reporters substantiate the abuse. In order to report abuse or neglect they only need to have reasonable suspicions that the abuse or neglect is occurring (Bluestone, 2005). This helps to protect the mandated reporter from having the need to investigate before reporting the abuse, and leaves it up to the child protective services to decide whether a full investigation is necessary. Although this is true, in the state of Massachusetts those reporting the abuse are allowed to take photos without the parent's or guardian's permission to help substantiate the abuse (Mass. Gen. Laws, 2008).

The laws and steps for reporting abuse or neglect can be confusing leaving people unsure of what step to take next, and therefore stopping them from reporting abuse that they may suspect is occurring (Zellman, 1990). It has been found that between 40% and 58% of mandated reporters have held back at least once from reporting abuse or neglect that they suspected (Delaronde, King, Bendel, & Reece, 2000; Zellman, 1990). Zellman found that the main reasons that professionals failed to report suspected abuse was due to a fear of being sued by the client or they did not know how to report, and a fear for the safety of the child after the report was made. It was found that there were also many mandated reporters who did not report their suspicions that a child was being abused or neglected because they felt that they do not have enough evidence, or they do not feel fully certain that the abuse has actually occurred (King, Reece, Bendel, & Patel, 1998).

Other reasons that mandated reporters fail to report their suspicions may be a fear that the report will interfere with the work that they are already trying to do with the child or family (Arambulla et al., 1993), or they fear that the report may actually do more harm than good, because they may feel that they are better able to help the child or family than the child protective services are able to do (King et. al., 1998). There is also a fear that the patient therapist confidentiality will be destroyed, and many therapists believe that this is the most important thing for the therapeutic relationship, and therefore they do not feel that they should be required to report suspicions of abuse (Arambulla et al.). In Zellman's (1990) study she surveyed those professionals who are mandated reporters, to find out when they report, and when they do not. She surveyed a large number of professionals, and was able to find a large variety of reasons for reporting or not

reporting. Her answers were set in a survey form with only one open ended question to help her to better understand reasons for not reporting suspected abuse. With this process of surveying the researcher was not able to gather stories and experiences like Zellman also has generalized over the large population of mandated reporters, whereas my research explores the experiences of a smaller group of just school mental health clinicians. In Zellman's research she found that elementary school principals had the highest rate of reporting abuse, and social workers and psychologists had a much lower percentage of people who had ever reported abuse. I think that this result is interesting, and I am curious to combine the two categories to find out where the social workers and psychologists might stand when they are working in a school like the principal. While the therapist fears the loss of the trust in the relationship, he or she may also have a fear that the child may all together lose the help that they are offering if the parents were to pull them out of therapy (Zellman, 1990). Finally many people fear that the child protective services are over burdened, and they may not help the child in the best way for that child (Zellman).

Thompson and Wyatt (1999) found during their review of the literature that being legally required to report abuse and neglect was the number one reason that mandated reporters reported on suspicions of child abuse or neglect, with a desire to help the child being only number four on the list. Even though some people are required by the law to report any reasonable suspicions that they may have that a child is being abused or neglected, there are still people who hesitate to do so. There are people who feel the pressure of the law, and therefore report their suspicions, and there are people who feel that reporting will not help the child in the best way, and therefore do not report. There is

a lot to think about when trying to do what is best for the child, and many people have different opinions on what is the right thing to do. Some states, such as New York, try to take the questions out of reporting by requiring that all mandated reporters take a course on mandated reporting and child abuse identification before they are able to be licensed in a field that requires mandated reporting (Bluestone, 2005). Massachusetts will be implementing a similar training in January, 2010 (Mass, Gen. Laws, 2008). Although this course is required there are often still questions and concerns when it comes time to report abuse and neglect.

Summary

There are many children who have been abused, and very often they go on suffering that abuse because no one is there to stop it for them. The school is a place where these children are seen daily, and where this abuse may be noticed. It is a place where the child can be freed from this frightening abuse. The only problem is, will the abuse be reported if it is suspected, and will help come after the report? The school is an environment that helps to shape a child, so the hope is that it can be a place that can help to shape the child in a positive way, and offer that positive influence that they may not be receiving in the home. The school is a place where children and families may be able to receive support that they may not even know exists.

Through my research I will expand on the already substantive literature that exists about mandated reporters and child abuse, and I will go on to explore the experiences that have been had by those who work in the schools with the children. The research that has been done so far has been primarily quantitative. My research will not just gather numbers, but experiences, and it will help to gain a deeper understanding of what school

mental health clinicians go through when they come to a situation where they suspect abuse. I will explore why they report, and why they do not. The research that has been done explores a wider variety of professionals or very specific populations such as physicians, but so there has not been any research done to understand and hear the stories of the mental health clinicians who work in schools. It is important to understand the role of those who are working directly with the abused and neglected children so that they can be better served as they are trying to help these children. The school holds a large role in the life of a child, and it is important those working there have an understanding of what it may mean to report child abuse and neglect, and how difficult it may be to do so.

CHAPTER III

METHODOLOGY

This research is designed to explore the experiences of school mental health clinicians and their roles as mandatory reporters. The question that I have explored is: what do school counselors or clinicians experience when they are required to report suspected abuse of a child, and what may be factors in their decision to report or not to report?

There has been a good amount of research done qualitatively on the experiences of mandated reporters in general, and the research done has been primarily quantitative. Bryant and Milsom (2005) did a quantitative study on child abuse reporting by school counselors, and Zellman (1990) gathered information from city data books to discover the prevalence, incidence and reasons that mandated reporters either report or do not report. I used flexible methods to gain a better understanding of this topic. Flexible or qualitative methods are used to “define, explore, or map the nature of emergent, complex, or poorly understood phenomena” (Anastas, 1999, p. 55). As is normal with flexible methods research, I designed an interview guide that is semi-structured with open-ended questions to gather information to help social workers and other mental health clinicians better understand the stories of those who are interviewed. During the interviews, I recorded the data through an audio recording.

Through this research I gathered the narratives of people dealing with the difficult issues of whether to report suspected abuse, or not to. This research will be useful to others who are required to report suspected abuse, and it will also be interesting for them to hear the experiences of others. Hearing these stories may make the reporting process easier for them. I have also learned about the concerns that these clinicians may have about reporting their suspicions to the child protective services (DCF or the Department of Children and Families in Massachusetts).

Sample

I interviewed 12 people who work as school mental health clinicians who work or have worked in the state of Massachusetts. I interviewed six clinicians who have a Master's Degree in Social Work (MSW), six with Certificates of Advanced Graduate Studies in School Psychology (CAGS), one with a Master's in Education for counseling, one with a Master's in Art Therapy and Counseling, and one with a Doctorate in educational psychology. These clinicians have titles that range from adjustment counselor to school psychologist and also school consultant or school social worker. Four of the participants work in elementary schools, two of the participants work in middle schools, two in high schools, and four of the participants work with students in preschool through high school. Their ages range from 24 to 63, and three were males with nine being female. Ten of the participants identify as Caucasian, one as African American, and one as South African. The people whom I interviewed have worked as a clinician in a school for 1-27 years, and they have all experienced a time where they were faced with the dilemma of whether to report suspected abuse or neglect, or not to report the abuse (see Appendix A for screening questions). They all have at least one year of

experience working as a mental health clinician in a school, and have experience working with children who have been abused or neglected. My interest in this project was just to gather the experiences of mental health clinicians in the school rather than guidance counselors who are more focused on the academic goals of the students, and therefore I did not include guidance counselors in my study. I interviewed both clinicians who work directly for the school, and those who are contracted in from an outside agency. Eight of the clinicians that I interviewed work as employees of the school or school district, and four of the clinicians are contracted into the schools by outside agencies. I think that it was helpful to look at any differences between the two groups, but I understand that the results will have little generalizability in the broader population due to the small sample size.

Data Collection

I gathered my participants through a snowball sample. I contacted school counselors whom I know, and ask them to recommend other people who may be willing to participate in the study. I sent out a recruitment letter (see Appendix B) to explain my project, and to help recruit participants. Then, when I was contacted by people who were interested in participating in project I asked a few screening questions (see Appendix A) to ensure that the participant fit the requirements of my study.

I began my snowball sample by connecting with those who work in the agency where I am placed for my internship, and in the schools where I am working this year (western Massachusetts). When I contacted these possible participants I presented them with the recruitment letter (Appendix B).

Since I used a snowball sampling method, and I had little knowledge of who might actually volunteer to participate in my study, it was difficult to recruit people of racial and ethnic diversity. The areas where I recruited are predominantly white. I spread the recruitment letter both by word of mouth and through emailing the letter to friends, colleagues, and professors who may have known people who were possible participants. Before I began recruiting participants for my study I presented my ideas and plans to the Human Subjects Review Board at Smith College School for Social Work where I then received permission to complete this project (see Appendix C for the HSR approval letter).

I interviewed participants to gather narrative data about their experiences working with children who have been abused, and their experiences of having to report the abuse to child protective services. All participants in the study received and signed an Informed Consent to ensure that they fully understand what it means to participate in the research study (see Appendix D).

I interviewed each participant for 30 minutes in a safe, neutral location (such as their work offices, or over the phone) where confidentiality was ensured. I used open ended questions to hear the stories that each person had to tell. While developing the interview guide I was looking to develop questions that would elicit answers with detailed narratives to gain a better understanding of the experiences of the clinicians. I began by asking a few demographic questions to help gain some information about the population who participated in the study. I then asked questions to help me to understand the extent of their experiences working with children who have been abused or neglected. I also explored what made them decide that it was necessary to report the abuse, or what

made them decide not to report. I then asked questions to further explore the answers of their questions, and what their experiences were after reporting. (See Appendix E for the full interview guide).

While I was interviewing each of the clinicians I covered five topics which were a main focus in the conversations. I began by listening to stories about different experiences each of the clinicians had with the decision of making a report or not make a report of child abuse or neglect. I then went on to ask them about the protocol for reporting abuse or neglect in the schools where they work, and the process that they were required to follow when reporting. I also asked the clinicians whether they have ever had any differences of opinions from the people that they were required to talk to when deciding if reporting the abuse or neglect was necessary. I then asked about the decision making process, and what factors might have helped them to make their decisions. After listening to their stories I then went on to ask about ways in which different students will bring up the issue of abuse before the clinician was faced with the questions of whether to report the abuse or not to report it. Finally, in order to get a better understanding of the thoughts and feelings that each of the clinicians may have gone through when deciding whether or not to report, I asked them whether or not they had any concerns about the reporting process, or the Department of Children and Families (DCF).

While I interviewed each participant I used an audio recorder, I then personally transcribed the interviews and assigned each one a number in order to keep the interviews confidential. I used the interviews to code the information and to find relating information.

There were potential risks to participating in this study, specifically the possibility that interview questions might bring up painful memories of the work with the abused children. It could also be difficult for the participants to remember to keep the confidentiality of their clients. In order to ensure confidentiality I was sure to remind them to do so, both at the beginning of the interview, and if I felt it was necessary, I also reminded them throughout the interview.

Confidentiality was very important in this research, and was ensured by assigning numbers to the audio recordings and transcripts. I kept the informed consent forms separate from other data to ensure that the participant cannot be identified in the interviews. I also asked participants to not use any identifying information of clients when describing case material. Some quotes have been used for publication but were edited to eliminate identifying information.

Data Analysis

During the data analysis of my research data were coded according to individual questions and patterns in order to make meaning of the participants' experiences. I analyzed the data from each of the questions that I asked in order to pull together the responses of each participant, and to compare the experiences of each person that I interviewed. I read through all of the transcripts in order to organize the data into categories based on themes that arose throughout the interviews.

There were several limitations to this study due to the small sample size, and the method in which I recruited participants. Because of the small sample size it is difficult to generalize the findings of the research to the broader population of school mental

health clinicians. Also because of the snowball method that I used to find participants it was difficult to recruit for racial and ethnic diversity.

CHAPTER IV

FINDINGS

This research asked the question: what do school mental health clinicians experience when they are required to report suspected abuse or neglect of a child and what may be factors in their decision to report? This explored the protocol that school mental health clinicians have to follow when reporting abuse. Some of the clinicians met with a team of school faculty members when they had a suspicion that a child was being abused or neglected, others talked with the principal of the school, and other reported on their own without conferring with anyone else. In some of the schools where the clinicians worked they had a designated person who was the one who did all of the reporting of abuse cases in the school. For some of these cases that person was the clinician him or herself, and in other cases there was someone else who did the filing for the clinician. Another finding of this study was the conflict of whether the clinician would call the family of the child whom the clinician felt was being abused or neglected. Some of the clinicians found it to be very helpful to call the families, and did so in all situations, and other clinicians felt that it was not helpful to call the family, especially when they felt that the child might be in danger if his or her parents found out that a report was being filed.

The second topic that was covered was whether or not the clinicians had any conflicts of opinion with the person they were discussing the case with, and what factors they might take into account when deciding with the other person whether or not to report

the abuse or neglect. Most of the clinicians interviewed for this study felt that they had pretty good relationships with the other faculty members whom they discussed the case with, and were able to come to an agreement of whether or not it was necessary to report the abuse. Some of the clinicians did have differing opinions, and were either able to allow the other person to do the reporting, or to report themselves even if the other person did not agree with them. On the other hand, some of the clinicians were left feeling uncomfortable with the outcome, and that they might be violating the law by not filing the report.

The third topic that was discussed in this research was when the clinicians were deciding whether or not to file, what might make them decide if they should file a report of child abuse or neglect, or not to file the report. Some clinicians were afraid that if they filed a report they would lose the relationship that they might have established with the child or the family, and therefore lose any chance to helping the child. Other clinicians felt that if they had any suspicion that a child was being abused or neglected, it was necessary to file a report, and those clinicians would not waver on whether or not to file because they felt it was their duty to do so. Still other clinicians sometimes will not file a report just because they know already that the case will not be substantiated by the Department of Children and Families, and therefore do not want to go through the process of filing the report.

Next the clinicians talked about ways that the children in the schools let someone know that they have been abused or neglected. The clinicians talked about how children will bring up that they are being abused in many different ways. Some of the clinicians said that children will tell a teacher or bus driver, and other children will express the

abuse in a counseling session with the clinician. The clinicians also said that sometimes there are physical marks that will alert the staff at the school that the child might be getting hit at home. One other way that clinicians mentioned that they might find out that a child is being abused or neglected is from another child coming to a staff member with concern for the child whom they think might be being abused.

Finally the clinicians talked about any concerns that they have of the reporting abuse to the Department of Children and Families or DCF. The main concern that the clinicians had about DCF was that they felt that the employees of DCF are overworked and underpaid, or inadequately trained, and therefore unable to adequately perform their jobs.

The experiences of 12 different school mental health clinicians who work or have worked in the state of Massachusetts were heard. Each of them has had different experiences of making the decision of whether they need to report their suspicion that a child they were working with in was being abused, or not to report their suspicions. There were many different factors that each of them brought into their decision making process, but each and every one of them have thought long and hard about this difficult task.

Protocol for Reporting Abuse or Neglect

Each of the participants in this study talked about the process that they are required to follow when reporting child abuse or neglect in the schools where they are either employed, or contracted to work. Some of the participants reported that when they have a suspicion that a child is being abused or neglected they meet with a team of staff members at the school to decide if they should report the abuse. One participant said “At

my school when I interviewed for the job we talked about how it would be a team effort. So I would talk to the principal and the other counselor and we would meet together and just decide.” Another clinician said:

We go with the team approach here at the school, if it is a teacher or counselor or guidance counselor [who has suspicion that a child is being abused or neglected] they will then meet with myself or an administrator and we will talk about the thing and sort of go from there.

Another clinician talked about a time when he might file as a group even though it is not his usual practice

Sometimes we will file as a group or the school files because it will help with parents who are hostile when the file is made, and we will all sign it, sometimes it's just for your own safety and security.

One other clinician talked about times when he feels it is necessary to meet as a group and times when he feels that it is not necessary:

Some of the time we will meet as a team, other times when the child reveals something in counseling I will inform the others that I am going to be filing but we're mandated reporters. I can't think of anything that would be said in a meeting where you would change your mind and think “I am not going to do it.” We will do both, meet as a team or not.

While some of the clinicians talked about using a team approach when deciding whether or not to file, the majority of them said that they either confer with the principal or director of the school, or they at least report to the principal when they have made the decision to report, “the typical protocol is that we will let the principal know that we are reporting.” “If there is a suspicion, or you know that a child is being neglected or abused the first person that needs to be informed is the principal.” One clinician who is contracted to work in a therapeutic, residential school said, “I call the president and CEO of the alternative school and residential program. I call her first to let her know that I

would have to file.” Another clinician who was interviewed talked about his decision process on who to inform about the report, and who not to inform:

I let the principal or assistant principal know that I have a case that has to go to DCF. There is paperwork that is done and sent to the central office every time that a case goes to DCF. There is no one else I have to let know, it is pretty much my determination as to who to let know and who needs to know. Maybe some teachers, if it will help them to more sympathetic to the student, I might let them know. Sometimes with a teacher who sent the kid down I might let them know as a thank you. The principal, assistant principal, and the superintendent will find out anyway if I don't call them.

Although not everyone is required by school policy to tell the principal about the report that has been filed, they still felt that it was something that they should do, “If it is an immediate safety issue I contact the principal and let him know that I'm doing it just as a courtesy.”

Rather than have everyone who has a suspicion of abuse file a report on their own many of the schools have a specific person who does all of the filing, or a point person. Often times that person is the clinician him or herself. “Whenever teachers or the school nurse get information they bring it to me. I am the one who makes the report, I then interview the student,” “The last couple of years we had a guidance director who pretty much wanted to do all of the reporting herself and so this is a new guidance director my assumption is probably she will determine whether she does the reporting or whether myself or the administrator will do it.” Another clinician who was contracted to work in a therapeutic preschool talks about why she thought that it was useful to have a point person to do all of the filing:

The way that we file at [the preschool] there is a point person and we all go through her. It works really well that there is one person that is kind of a clearinghouse for the filing because there are so many filings at the school that if we were all filing on our own we could not keep it straight; one child might be

filed on five times and another one wouldn't be. It also takes some pressure off, you don't have to be the bad guy all of the time because she is the one who files so it takes away from me that kind of feeling of guilt or question, I can just kind of let it go and dissociate from it, which is not at all like when you have to file yourself, and you wonder how it is going to impact the relationship with the child and all that.

Another clinician has been faced with a dilemma that she felt went against her ethics and the law:

I just had a very difficult situation where my supervisor or my boss at the school is in charge of reporting and she won't let any of us report. She is a clinical psychologist. A student that I had in group reported to me that his father had been beating him and had hit him the night before and punched him a couple of times and my boss said that we had to do a body check and look for bruises and they couldn't find any bruises. My boss said that we were not going to report because she believed that DCF would screen it out. She said that the way I had to deal with it is that I had to confront the father about it. The child then actually ran away from home and went missing for three days because he was afraid that I was going to speak to his dad about it. I did speak to the dad about it and he did admit that he had done it because this kid had punched his sister. So I told my boss that and she said "no still don't report it, and if it does happen again then you can report it." She files the reports and none of us are allowed to report and it is difficult because all of the school staff members are mandated reporters, teachers and everybody. We are the ones to usually get told and we could be in serious trouble. It's not a nice situation. Just speaking to the other social workers there they all have the same issues. They say that that if you do go behind the boss' back and report it gets very sticky and your job is on the line which is a very ethical dilemma. Which we have all been having meetings about, and we're going to go to administration to talk about it.

Another big question that came up while I was interviewing the clinicians is whether they called the parents or families of the person whom they were filing the report about. As was seen in the last example, the clinician was told that she had to call the father who was being accused of hitting his son. The child then became very frightened of what his father would do, and then he ran away possibly for what he thought was his own protection. There is also the worry that the parents will become hostile or angry if they know who has filed on them "I have to say that those are among the more awkward

phone calls that you will ever have to make. Sometimes they don't go badly and other times people are really pissed off, which is understandable.” When asked whether or not she talks to the parents about reports that she makes another clinician said:

We've had some situations where we've called the parents first we are not obligated to call the parents first but we have had a couple of situations that if we feel the child is not in danger or threatened, we call the parent. For example there was one particular child, a girl who said that her older brother was exposing himself to her. In that case we called the dad in and had a conversation with him about the situation because the girl said that the dad was unaware of the behavior. He was the guardian so we shared the situation with him because we felt that he needed to know about it to make sure that she was safe and to be aware of the situation. And that actually turned out to be a positive experience.

Another participant said that she always tries to talk to the parents when she is going to file a report of child abuse or neglect:

Probably why I feel that things worked out well with my reporting... I tell the student before I meet them what the limitations are of confidentiality. I am not sure whether or not they are always clear but most of them have a pretty good understanding. Some of them, I think are manipulating things to get me to report or to get their parents in trouble but I have to stay away from that and tell the children that this is reportable and that I will call the Department of Children and Families. What I then tell them is I will contact your parents and tell them that I'm doing this before I actually make the report. And I invite them to come in and meet with me. Every single time, except one, the parents have come in. I explained to them that I'm not in a position to make a judgment about it, but when this information comes to me I have to report it and they really do get that. They may not be happy about it but they do get it. I explain to them that somebody who will be making the judgment will contact them and they will have an opportunity to speak. They often will say to me “well things aren't really going well and we will get into counseling,” and I think “perfect here's a list of people who you can look into.” I offer it as a way to help in any way that I can. I try to make it as unthreatening as possible, and more supportive.

Those who called the parents when they were planning to file felt that it was important both to show the families that they were filing in support of them, and also to continue to foster any relationships that might be vital for the therapeutic relationship “unless it is a severe abuse situation I feel that I should let the family know. I know it is a very

controversial thing but if I have a relationship with the family, then of course I would call them first because otherwise you'll never have relationship again with them.”

There are many thoughts that go into the process of reporting, and many different ways that different clinicians may report, but in the end they all have to decide whether to report or not to report, and whom to tell, and whom not to tell.

Conflict of Opinion

“I think that realistically different people have different perceptions.”

When deciding whether or not to report a suspicion of child abuse, many of the clinicians said that they talk with other staff members at the school. This could possibly cause some conflict of opinions when deciding to report. Six of the participants claimed that they have had no conflict with other staff members when filing a report of child abuse or neglect. The clinicians said that they will talk it over, but they usually see eye to eye with the people whom they meet with when deciding whether or not to report the abuse or neglect. One clinician said, “there have been times where we have hemmed and hawed about it but after the first year we kind of just got to the point where we realize we are not the investigator, we are the reporter, and we just report the information that we have heard or seen, and let them rule out whether there was abuse or neglect. So we are just kind of being the messenger.” Another clinician said, “I have never been challenged on it, I am very lucky” while referring to whether she ever has any conflicts of opinions when deciding to report. Several of the clinicians also stated that they were lucky because they had similar opinions as to those whom they conferred with. One clinician said, “I could see where it depends on the supervisor” when she talked about how she had no problems with her current supervisor.

On the other side three of the participants said that they have had some conflicting opinions with the people whom they confer with when deciding whether or not they should report their suspicions of abuse or neglect. One of the clinicians said,

There are times where I don't think that they should file. Coming from [big city where he worked before] I've seen worse than educational neglect, I have seen such bad neglect or abuse. It all comes down to how I think "is this going to help the family if I file?" If I think it'll help the family, I am on board with it but if I think it'll make their lives worse and I think is the system isn't going to help them, or maybe that's just the point, getting the paper trail going with DCF. I don't want to be too hostile about it but it's important to share opinions and figure out which is the right way to go. The assistant principal will file if she thinks she should file and that's fine. In cases like that I say, "well, I wouldn't file, but you can file." If I don't think it is something that I would file on I'll say that, but if she wants to file, it's up to her. We have a pretty good relationship about that stuff.

Another clinician talked about how she does not have any problems now, but she can see how there could be differences of opinions if she were working with someone else, "Not with this person. I can see where she were a different kind of person we could have difference of opinion."

Deciding to file can sometimes be a group effort, but not everybody agrees about when to file, the most important thing seems to be that you file when you feel that it is necessary whether or not an agreement is made. Each clinician knows that it is his or her responsibility, and will make the decision that he or she feels is the right one.

To File or Not to File?

"One thing I feel is that the schools here are very hesitant to report anything."

There are many factors that go into the decision making process of whether to file a report of child abuse or neglect, or not to file on a suspicion that a child is being abused or neglected. Some clinicians feel that they need to have more information before they

decide to file a report of child abuse or neglect. One clinician talked about what she goes through when deciding whether or not she should file:

It has always been really difficult and it is always a huge decision to make because of all the awful considerations around it, because of the ethical dilemma and also the law kind of forces you into a position of reporting when you could really ruin a relationship that you spent a long time building with parents and with kids. So that's a consideration, if it wasn't mandated by law some of the times I probably wouldn't have reported, just because I think that reporting made it more difficult for the child and for the family.

Some clinicians find it to be cut and dried, and they never waver when they have to report “basically every case that we get a whiff of something we at least call the hotline and say ‘do you think this is a viable?’ We really err on the side of caution,” “It is not our job to determine whether we should file or not, it is our job to file when it's appropriate or when you're supposed to and it is their job to investigate.” Another clinician talked about how it is her role and duty to report abuse or neglect when she suspects it:

I realize that when you turn it over someone else is involved. It is pretty clear in terms of reporting procedure what we have to report on. So in some ways it's a renewed gift because you do hand it over and this is part of acknowledging it. I think a big piece that social workers don't acknowledge is that we are social control agents and we have an authority that is agonizing. Some of it I like and some of that I hate. But there is a real reporting responsibility that is implicit; I know that some of my colleagues in school and in other places have said “oh well DCF is a nightmare, and I am not going to report.” And yet they are in a situation where they signed up for a set of values, and with that set of values there is a responsibility. I think that when I acknowledging my role as a social control agent it allows me to just do exactly as it is written. Then I am not as hesitant. And I have never regretted filing.

Another clinician said that although she may once have thought twice about reporting, she no longer does, “it probably happened one time early on in my career here. I think that once you go home and think on it and God forbid something happens and I think I

came back and I spoke to the principal and said ‘you know I'm not comfortable’ and then ended up filing.” One clinician felt that it was not her role to be the investigator, but rather to report the facts: “the school took an investigative role which is very inappropriate, and then they said well we are not going to report it, which is illegal.”

Some clinicians fear what the ramifications of filing the report may mean either to the child, family, or the therapeutic relationship that they have developed. “If I feel like it might be worse for the kid, then I probably won't.” There were also those who felt that the child welfare system may not adequately help the child or family, and therefore did not want to file unless they felt that it is the best thing for the child and family. One clinician said,

I try to be very nonjudgmental about when I hear physical or sexual abuse, that should be an immediate report. The emotional abuse is a little trickier; I am aware that more not often than not they can't really do much about that except encourage families to use counseling.

Many clinicians did not want to file if they felt that the abuse or neglect would not be substantiated, “It takes a lot knowing that it's not going to be investigated and knowing that they will rule it out because there are no marks”. One thing that five of the twelve clinicians mentioned that they will do if they are questioning whether or not the abuse will be substantiated, is that they will call the Department of Children and Families (DCF) and ask them if they feel that what happened is a reportable offense. “I will call DCF without telling them the person’s name and say ‘can I run this situation by you?’ I will ask them for their input on it.” It can help relieve some of the anxiety of reporting to know whether or not it is something that DCF might substantiate and offer appropriate help to the families.

How Do Kids Let You Know That They Are Being Abused or Neglected?

Each kid has his or her own way of letting it be known that he or she is being abused. The topic of abuse can come up in many different ways, but some clinicians found that children tend to let them know about the abuse in certain ways. Sometimes the children will come right out and say what had happened. One clinician talked about a story of a boy she was working with in a residential school:

He had just gotten back [from a visit with his mom] and he seemed kind of nervous and then he looks at me and he said quote “I got shot.” And I go “Oh no here we go” and I immediately thought “okay I’m going to have to call today.” So he started telling me about the incident and indeed his brother had a BB gun that he was using at the time and it wasn’t clear who shot it, or if he was shot directly (he did show me a mark), or if it was a ricochet. So then he goes on in the same instance to tell me that he was also left alone with the man that his mother lives with, who he is not supposed to be left alone with, earlier in the day. So that is another piece of reporting I had to do that evening.

Another clinician says that she has found out about previous abuse from files that she has read, and from the child’s play, “most of the time if I find out, it’s because it’s in the file and I read the file or they show it through their play.” One of the other clinicians said,

I would say that [children bring up that they are being abused] in a whole host of ways. More often with older kids they will talk about it in counseling when you get to know them. I would say it is much more common that they will talk about previous abuse “you know when I was little my mom’s boyfriend...” It’s not as common for kids to come and say “this happened last night.”

Another way that clinicians often find out that a child is being abused is by seeing visual marks or bruises on the child, “anytime anyone comes in with any sort of injury, especially a facial injury, I will ask ‘what happened to your eye?’ innocently. You don’t have to say right out what you are thinking,” “Usually it will come up that a child has bruises or a mark on them and we will ask them about it,”

It could be someone notices the mark on the kid. Some teacher notices someone has a black eye or a mark, or some kids can be totally black and blue all over their body and they don't tell you until all of a sudden they start crying.

A few of the clinicians said that the topic of abuse will often come up in groups that they are running.

Sometimes they will bring it up in a group, but I'm not sure that it is exactly appropriate when they bring it up. I usually tell them "I'll talk to you about that later." But sometimes things will come up and I will say that is kind of private and not really other people's business, we will talk about it afterwards.

Another clinician felt the opposite, and that groups are a great place for kids to talk about any abuse that they might be experiencing:

What comes to mind is a bunch of groups that I did last year in the middle school and high school where once the group got to a certain level, the kids definitely talked a lot about their relationships with their parents. The group gets to a certain level and kids are talking about different things. There is something that happened last year in a group that I was running. The girls were talking about issues with their families, and one girl was talking about feeling that her mom was abusive and she was concerned about stuff that was going on at home. For me it seems that comes up more with older kids especially when they are with a group they trust and they can talk honestly about what is going on with them.

Although many of the clinicians said that they learned of the abuse from working directly with the child, many of them reported that they most often heard of the abuse from another person, such as a teacher or the school nurse. "I would say that the child will raise it to the teacher or to the nurse before they bring it to myself or the principal." "Sometimes it is through the school nurse or a teacher who has a good relationship with the student and sometimes it is through athletics that they find out information." One of the clinicians said that she can often even get a report of abuse from the school bus drivers or monitors,

Often at school I feel kind of badly for the bus driver, and monitors, though they have actually been included in all of the training that I've given about child abuse

and the signs and symptoms and what to look for. On the school bus the bus monitor is sitting there and the kid will say, "My daddy hits me every night before bed." It is more often than not that a child will disclose to innocuous people, the bus monitors or the people who provide the lunch.

One last way that clinicians found that they discovered that a child is being abused or neglected was through other students who are concerned about their peers.

I think that a lot of times it comes up from other kids. We're really lucky in this building that the kids will seek out adults if they think other kids are in trouble. And that is a really good thing. A lot of times they will come to us, one of the adults in the building, and say "I think so-and-so has been hit."

No matter how the issue of abuse is brought up to the clinician, it is always taken seriously, and much attention is given to that child in order to ensure that he or she gets what he or she needs.

Concerns with DCF

"Overworked and Underpaid"

The Department of Children and Families or DCF is where clinicians file a report when they have suspicions that a child is being abused or neglected. When doing this research it was found that there were different reasons that clinicians fear reporting child abuse, and one of those reasons was the fear that DCF would not do an adequate job when caring for the children and families. The most common concern that clinicians had about DCF is that they felt DCF workers were overworked and underpaid for what they do, and therefore get burned out quickly, or were unable to give enough attention to each individual child or family: "My biggest concerns have been right now they are the only book and they are so overloaded." Many clinicians also worried that some DCF workers are inadequately trained or incompetent at their jobs: "with the workers that you get, some are very well trained and some don't know what they are doing and don't have a

clue. The turnover is high and the caseloads are too high.” “My guess is that they get very little support in terms of debriefing and supervision.” Some clinicians also worried that DCF would screen out a child because it was not the worst case that they had heard that day,

I can remember an incident many years ago where I filed on a kid and it was substantiated and I didn't feel like there was much follow-up and so I called up the caseworker and she said to me, “well you know, this wasn't the abuse case of the year.” I said “well, I didn't realize that there was a contest, you investigated and you said that it was abuse.” My feeling is that they're obligated to do something not just sort of prioritizing and say this is abuse but we are not going to do anything about it.

Another clinician talked about her feelings when she reported abuse that she thought was bad, that did not get substantiated by DCF:

There are a lot of cases per caseworker and there is a lot of burnout and I think that when they hear some of the stories that I hear, I probably think they are worse than the DCF worker does because they really hear the worst of the worst.

DCF workers are really busy and sometimes there is definitely a question about their level of competence and you wonder whether filing the report is really going to make things better for the family because sometimes the DCF workers won't follow through as much as they should or don't set up support services that are really needed.

Another clinician said, “I think that they have a lot of demands on them and it is probably difficult for them to do everything.” Another said, “I think they do the best they can with what they have.” One problem that can be seen is the inconsistency of screeners at DCF:

From the experiences that I have had, depending on the person that you report to, you get a different response. Since it is all up to the person that we report to, it often is very subjective. I have heard different responses from different DCF workers. Depending on who you were speaking to you get a totally different response.

One clinician talked about his frustrations with reporting child abuse or neglect to DCF:

I also have had more than enough experiences where I've been really frustrated where I felt like DCF investigates and from my perspective they have dropped the ball in terms of investigating or just as importantly, implementing appropriate interventions.

Another worry that clinicians have about reporting child abuse is that sometimes families are able to cover up when the report is filed, or the child may not feel comfortable telling the DCF worker about the abuse because they do not know him or her. One clinician told a story about a time when a child told her that he was being sexually abused, but when it was investigated they were unable to substantiate the abuse:

This happens to me over and over where kids will disclose to me and then deny it to the investigator. I had a four year old kid at [name of preschool] about two weeks ago, in the session tell me that his 12 year old brother, who is in treatment because he was sexually aggressive with another little boy, pulls down his pants; and the little boy started to pull down his pants in the session, I was like you don't have to, I get it. He said that his brother bites his pee pee and the DCF worker asked him about it and he denied, it so they didn't substantiate it. This is a boy who is very active in the classroom and hyper vigilant and he is showing every single textbook description of being abused and yet they did not substantiate it because he didn't give a timeframe of when it was happening. I said "he is four and he doesn't understand the concept of time." So part of it I understand the therapeutic benefit of telling and sharing the story but I don't understand why that doesn't count legally. In this case this four-year-old boy has to then go and tell a police officer or a stranger of course he is not going to tell. That is something that I have no idea about and it baffles me more and more and I don't know whether and what the reason is for that.

Another clinician talked about a time when she felt that a child was being abused or neglected, and the family was able to clean up and look good when the investigator came to visit them:

Every time that DCF has gone for a visit, the family does major cleanup and when they think they're kind of being looked at they have a major cleanup, they get nutritious food into the house and those sort of things.

Another clinician talks about the policy that DCF has that she is unhappy about:

They have a 10 day window to screen. I'm not really thrilled with their 10 day screening process because sometimes I think that they screen them out without even coming to the school to speak with the child or to the home to speak to the family. I understand that there are a high volume of calls and that if a child is being physically abused it is a higher priority than others. But, that's my concern because we have had situations that have been screened out and they were never even investigated. I hear that you have to file several times and make several phone calls before they investigate it, but it shouldn't have to be multiple phone calls before they investigate.

The clinicians did not think that DCF was all bad, or disruptive. They did feel that DCF can be helpful, and that the process can work to benefit the child: "I have to say that, for the most part, it has been a good experience with whoever is receiving the call and when investigators have come here, they've been in my opinion pretty thorough."

Another clinician felt comfortable with DCF and the reporting process: "I know that it will be investigated but I don't know how timely it will be, but it is out of my hands. I can then work with the family in a more honest way." DCF is an agency that works hard, and like many other agencies in the human services, they do not get adequately paid for what they do. It is hard to realize that they might be doing the best that they can when every clinician wants the very best for the kids whom they are working with. Clinicians do not want these children to suffer any longer, and they want to make sure that the children get the best care possible, and that is why so many people think long and hard when going through the reporting process.

CHAPTER V

DISCUSSION

This study was done to explore the experiences of school mental health clinicians as mandated reporters of child abuse and neglect. This chapter will explore the ways that the findings of this study relate to the current literature on the subject. This study has, for the most part, supported what has been written in the literature by providing the personal stories and experiences of the clinicians involved.

There are a high number of child abuse reports that come from school personnel (Fantuzzo et al., 1997). The findings of this study showed that some clinicians filed child abuse and neglect reports quite often, and others only filed once or twice a year. This seemed to vary depending on the age level of the students and the setting of the school. Of the clinicians who were interviewed those who work in elementary schools reported that they file reports more often than clinicians who work in middle or high schools. Although some clinicians may not file as often as others, the thought and discussion of reporting abuse seemed to be a frequent one among all of the clinicians whether or not they actually reported the abuse.

When reviewing the literature it was discovered that child abuse which is reported by a mandated reporter is much more likely to be substantiated than reports made by others in the community (Zelman & Antler, 1990). This may be true, but many of the clinicians who were interviewed for this study talked about the frequency of their reports

not being substantiated. They often felt that this number was too high, and that more of the cases they reported should have been substantiated.

Ten of the twelve participants of this study either discussed their plans to file a report with a team of staff members or with the principal or director of the school. This supports the research of Bryant and Milsom (2005) who talked about how school clinicians are able to collaborate with other team members in order to better serve the children whom they are working with. It can be very helpful for clinicians to talk with others in order to figure out what is the best thing to do when they suspect that a child is being abused.

Some of the clinicians who were interviewed in this study talked about relying on past experiences when deciding if they should file a child abuse report, and others talked about a fear that the child would not be adequately helped by the child welfare system. This finding goes along with Lambie's (2005) research stating that some school clinicians fear reporting abuse because of past experiences that did not turn out well, or that the child welfare system would not adequately support the child.

Many of the clinicians said that not only are they more likely to report abuse if there are physical markings on the child, but they have also found that DCF is more likely to substantiate the abuse. Bryant and Milsom's (2005) research agreed with this finding, stating that clinicians are more likely to report abuse if there are physical markings such as bruises. Bryant and Milsom had found that some school clinicians did not want to report child abuse because they feel that it violates the confidentiality of the child, but none of the clinicians that I interviewed mentioned that fear. The clinicians did talk about how they discuss with the students about the limits of confidentiality, and

make sure that the student understands that if he or she is in danger the clinician will report the danger to the Department of Children and Families. The one thing that clinicians did talk about was their fear of ruining or losing the relationship that they had formed with either the students they were working with or their families. Seven of the twelve clinicians who were interviewed for this study mentioned not reporting a suspicion of abuse at least one time throughout their time working in schools. This supports the findings by Delaronde, King, Bendel, and Reece (2000), and Zellman (1990) stating that between 40% and 58% of mandated reporters have held back from reporting a suspicion of child abuse or neglect at least one time.

Six of the twelve clinicians who were interviewed for this study reported that they felt that DCF is overburdened and underpaid, and feared that the child they were trying to get help for may not get adequate help because of the unavailability of time and money in the child welfare system. This finding supports Zellman (1990) who found that many people fear that the child protective services are overburdened, and they may not help the child in the best way possible. Even though many of the clinicians had concerns about the child welfare system, they still found it to be helpful and important to file reports of child abuse and neglect when a suspicion came up.

The narrative data of this research helps the reader to better understand exactly what the clinicians were experiencing, and helps the reader to be able to better understand what he or she might experience when being faced with the question of whether or not to file a report of child abuse or neglect.

Limitations of This Study and Ideas for Further Research

This study was limited by the small sample size, and by the geographic area that was chosen for this study. Due to using the snowball sampling method for this study and the unavailability of participants it was difficult to recruit for racial and ethnic diversity. The participants all had busy schedules with working in a school setting, but with more time and resources I believe that a much larger and diverse sample could be included. There were many people interested in participating in this study, and it could be easy to expand on the study

A larger study could help to further understand what clinicians go through when reporting child abuse or neglect, and could help to gain a better understanding of the process of reporting the abuse or neglect. Further research could also be done about clinicians' feelings about DCF and the reporting process. It would be helpful to better understand DCF, and what improvements might be made in order to better serve both the reporting clinician and the families in need of help.

Implications for Social Work

This study was able to explore the experiences of mental health clinicians who work in schools, and their experiences with being mandated reporters of child abuse and neglect. This study is able to help the profession of social work by allowing others who are also mandated reporters to read these stories, and think about why they may or may not want to report a suspicion that a child is being abused or neglected.

This study shows that every school, and each individual clinician has his or her own protocol for reporting abuse, but it is important to understand and think about why it is done the way that it is. Some clinicians feel that a team effort is necessary when

deciding whether or not to report abuse because the different members of the team might be able to put light on different aspects of the child's life, while other clinicians do not find it necessary because they feel that it is the law and their duty to report any suspicion that they might have that a child is being abused or neglected. Another big dilemma that came up in this research was whether or not to talk to the parents before filing a report of child abuse. Some clinicians were adamant that it was necessary every time, and others felt that it depended on the situation. New clinicians should think about this, and what it might mean both for the child and family, and what it might mean to the school or the clinicians him or herself.

The most important thing that this study has to offer are the experiences of when the clinicians have decided to report a suspicion of abuse, and when they have decided not to report that suspicion. It is the law that mandated reporters are required to report any reasonable suspicion that he or she may have that a child is being abused or neglected (Mass. Gen. Laws, 2008), but sometimes clinicians feel that they need more than the small suspicion to file a report that could affect the child and his or her family for a very long time. Some of the clinicians do not want to ruin the chance that they may have to help the child and family, by making a report that may not even be substantiated, and they also sometimes feel that DCF might not adequately help the child and family.

It can be very helpful in the stressful situation of having to decide whether or not to report a suspicion of child abuse or neglect to hear what others have said, and felt in the same situation. Although it is the law to report any suspicion that a child is being abused or neglected, not every clinician feels that it is that cut and dry. There are still times where these clinicians feel the need to consider the implications of what it might

mean to the child and family if the report is filed. It can be difficult and stressful to make a report, so it is always important to understand what others may have gone through before.

Conclusion

This study provides a glimpse into the experiences of mental health clinicians who work in schools. It was a way for each of them to share his or her story, and a way to explain his or her feelings and experiences when it comes to reporting child abuse or neglect to the Department of Children and Families.

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Appendix A

Screening questions to be asked before setting up the interview

Are you a social worker, psychologist, adjustment counselor, or mental health counselor who works in a school?

Have you worked in that position for at least one year?

I am looking for someone who has had the experience of reporting child abuse or neglect, or who has at least thought of doing so for one or more of his or her students, do you fit that description?

Appendix B

Recruitment Letter

Dear _____,

I am looking for people who might be interested in participating in a study exploring the experiences of school mental health clinicians (such as social workers, psychologists, adjustment counselors, and mental health counselors).

I am currently a masters' level graduate student at the Smith School for Social Work, and am conducting this study for my thesis. For this study I will be interviewing school mental health clinicians who have had the experience of either reporting child abuse or neglect, or who have thought about reporting, and then decided against it. For the purpose of this study, the clinician must be a social worker, psychologist, adjustment counselor, or a mental health counselor who either works for a school, or is contracted to work with students in a school. If you meet these criteria, I would appreciate your consideration to participate in this study.

If you agree to participate, you will be interviewed at a time and place that is convenient for you. The interview will last about 60 minutes. The interview will be audiotape recorded for my use only. Any information that would identify you to others will be kept confidential.

I believe that by participating in this study, you will:

Have the opportunity to share your experiences of reporting child abuse or neglect in the school system. Help other school clinicians who are looking for information and validation of their own experiences. Create awareness among mental health professionals as well as the community.

Please contact me if you would like to participate and we can set up a time, date and place for the interview. If you require further information, feel free to call or e-mail me.

Sincerely,

Christina Bagley
603-369-9008
cbagley@email.smith.edu

Appendix C

HSR Approval Letter

February 8, 2009

Christina Bagley

Dear Christina,

Your revised materials have been reviewed and all is now complete. We are happy to give approval to this very interesting and useful study. This is such an important and difficult issue that learning from the people who struggle with it should be very helpful.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Mary Beth Averill, Research Advisor

Appendix D

Informed Consent Form

February 23, 2009

Dear Potential Research Participant,

My name is Christina Bagley and I am a graduate student at the Smith College School for Social Work. I am currently working on my thesis project to complete my degree requirements. This study involves research that will explore the views of school counselors about being a mandated reporter of child abuse and neglect. This research could aid schools in their ability to better understand what it means to be a mandated reporter, and what feelings may go along with the process of reporting child abuse. I will use the information that I gather to explore reasons that cause a clinician to report or not to report abuse and neglect that he or she may suspect. The data will be used for my thesis and may be used for future presentations and publications.

You are being asked to participate in an interview because of your experience working as a mental health clinician in a school setting. In order to participate in this research you must be a mental health clinician (such as social workers, psychologists, adjustment counselors, and mental health counselors) and have experience either reporting abuse or neglect, or having a suspicion that a student has been abused or neglected, and then deciding not to report the abuse. It is also required that each participant have at least one year of experience working as a mental health clinician in a school setting.

Participation in this research project could be beneficial to both you as a participant, and to others who work as mental health clinicians in schools. Participation will allow you to share your experiences working with children who have been abused or neglected. Your contributions will provide important information about how school counselors may feel about your roles as mandated reporters. This research will give you the opportunity to offer your knowledge and experiences to others who may experience similar situations.

If you choose to participate in the study you will be asked to sit for an interview that should last about 60 minutes. The interviews will be audiotape recorded. The interview will cover the following topics: your experiences working with children who have been abused, and any experiences where you may have either had to report abuse, or where you have had some suspicions of abuse, but decided not to report your suspicions. You will also be asked brief, demographic questions regarding your age, professional degree(s), years in practice, and amount of experience working with children who have been abused.

There are potential risks to participating in this study, specifically the possibility that interview questions may bring up painful memories of your work with the abused children. You can choose not to answer any question and/or to stop the interview at any

time. There will be no financial benefit to you for participating in this study. However, participation will allow you to share your experience(s) working with children who need much more recognition. Your contributions will provide important information about how school counselors may feel about their role as a mandated reporter.

Your confidentiality is very important in this research, and will be ensured by assigning numbers to the audiotapes and transcripts. Some quotes will be used for publication but no names or identifying information will be used, thereby protecting your privacy. It is also very important that while you share the experiences you have had with your clients that you keep the confidentiality of any clients whose stories you may be sharing by not sharing any names or identifying information about them.

I will be the main handler of all data including tapes and transcripts, however my thesis advisor(s) will also have access to this information should it be necessary to assist in the completion of this study. Any person working with the data or assisting with transcription will be required to sign a confidentiality agreement. I will keep the tapes and transcripts for three years, in compliance with federal regulations. During this time, tapes, transcripts, and consent forms will be kept in a secure place. After the three year period has expired, all material will be destroyed or, if it is still needed it will remain in a secure place.

If at any time during the interview you do not want to answer a question or you wish to discontinue the interview, that is your right and I will honor your request without any repercussions to you. You have the right to withdraw from this study at any time (before, during or after the interview) up to April 1, 2009, when the report will be written. All of your information will be destroyed at that time. If you have any concerns about your rights or about any aspect of the study, you are encouraged to call me at 603-369-9008 or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

_____ Date _____
Signature of Participant

_____ Date _____
Signature of Researcher

If you have any questions, or wish to withdraw form the study, please contact me at:
Christina Bagley
603-369-9008

cbagley@email.smith.edu

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORD

Appendix E

Interview Guide

I want to start by reminding you not to use any identifying information when talking about any clients you have worked with.

Demographics

What is your age?

What ethnicity do you identify as?

What professional degree(s) do you hold?

Have you received any training about reporting child abuse and neglect, if so, where?

What is your position at the school?

What age group do you work with?

Are you an employee of the school, or are you contracted in from a separate agency?

How long have you been working as a school clinician?

Open Ended questions with follow ups if the participant does not elaborate on the question.

What have your experiences been with reporting child abuse?

What is the protocol for reporting at your school?

If you work for an outside agency how does this protocol differ from that of your agency?

Is there anyone you have to discuss the report with before you file?

Has there ever been differing opinions on filing?

Were there ever times you were unsure if you should file?

What made you decide that it was necessary to report the abuse?

Have you ever had any suspicions about child abuse, and decided not to report the abuse?

What were your reasons for not reporting the abuse?

How has the issue of abuse come up while working with children in school?

What are your concerns of the child welfare system or the reporting process, if any?