Experiences of School Counselors During and After Making Suspected Child Abuse Reports

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Abstract

The purpose of this study was to explore the experiences of school counselors during and after making suspected child abuse and neglect reports. A total of 847 school counselors who were members of the American School Counselor Association (ASCA) participated in this study. Results showed that professional school counselors encountered some interpersonal and intrapersonal negative experiences during and after making reports of suspected child abuse. Implications for school counselors and future research are provided.

Keywords: school counselors, child abuse, post-reporting experiences
Based on statistics gathered through the National Child Abuse and Neglect Data System (NCANDS) of the Children’s Bureau, for Federal Fiscal Year (FFY) 2006, an estimated 905,000 children in the District of Columbia, Commonwealth of Puerto Rico, and the 50 States were determined to be victims of neglect and abuse (U.S. Department of Health of Human Services, Administration on Children, Youth and Families, 2008). During FFY 2006, 3.3 million referrals, including approximately 6.0 million children, were made to Child Protective Services (CPS). In 2006, educational personnel submitted the largest percentage (16.5%) of suspected child abuse and neglect reports. As educators with a mental health perspective (American School Counselor Association, 2008), school counselors are in a unique position to detect, report, and prevent child abuse and neglect.

Often, school counselors encounter students they suspect are being abused or neglected. As mandated reporters, they are required by law to report suspected cases of child abuse and neglect. Although mandated reporters are legally and ethically obligated to report all cases of suspected child abuse, the literature suggests that there is reluctance to report (Alvarez, Kenny, Donohue, & Carpin, 2004; Bryant & Milsom, 2005; Kalichman & Craig, 1991, Kenny, 2001). Understanding why school counselors are sometimes reluctant to make reports may provide insight into the struggles school counselors face when reporting suspected child abuse or neglect.

Although professionals, including school counselors, principals, and teachers, are required to report suspected child abuse, they often fail to do so. For instance,
Webster, O'Toole, O'Toole, and Luca (2005) reported 84% of child abuse cases recognized in public schools are not reported. Kenny and McEachern (2002) found that 25% of school counselors failed to report suspected child abuse compared to 6% of school principals. Zellman (1990) found that more than one third (37%) of elementary school principals and one third (34%) of secondary school principals suspected child abuse at some time in their careers, but did not make a report. Multiple reasons have been identified to account for these failures to report.

Two common barriers to reporting identified in the literature are lack of knowledge in recognizing child abuse (Alvarez et al., 2004) and of reporting procedures (Kenny, 2001). In examining school counselors’ perceptions of their own capabilities in recognizing child abuse, Bryant and Milsom (2005) found that participants felt significantly more confident in their ability to recognize physical abuse than they did to recognize sexual abuse or emotional abuse. In a sample of 197 teachers, only a few (3%) reported they were aware of their school’s procedure for reporting child abuse (Kenny).

Lack of support is a common concern for professionals who are required to report suspected child abuse and neglect, especially school personnel. Administrators, including school principals and vice principals, do not always support the reporting of suspected child abuse or neglect (Crosson-Tower, 2008). School counselors, as well as other school staff, are in an arduous position and have to decide whether to make reports when they are not sure whether their supervisor will support them after they have made a report. Other common barriers to reporting suspected child abuse and neglect include negative consequences for the child (Bryant & Milsom, 2005; Hinson &
Fossey, 2000; Kalichman & Craig, 1991), negative consequences for the professional (Kenny, 2001; McCallum & Johnson, 1998; Vulliamy & Sullivan, 2000), lack of evidence (Bryant, 2009), and holding a negative view of the reporting agency (Brodie, 2008; Bryant & Milsom; Kenny & McEachern, 2002; Strozier, Brown, Fennell, Hardee, & Vogel, 2005).

These factors, as well as emerging characteristics listed below, have been found to be related to the reporting experiences of school counselors. Low socioeconomic status of students is associated with increased frequency of child abuse and neglect. Schools with a high percentage of students receiving free or reduced price lunch are more likely to encounter abuse issues (Bryant, 2009; Bryant & Milsom, 2005). Elementary school counselors have been found to report more cases of suspected child abuse (Bryant; Bryant & Milsom); thus resulting in increased likelihood of negative reporting experiences. Schools in rural settings and those with a greater number of students have been found to show an increased probability of underreporting (Webster et al., 2005). Increased years of experience and more training on child abuse, including indicators and reporting process, have been linked to reporting more cases of suspected child abuse (Engel, 1998).

As mandated reporters, school employees, and child advocates, school counselors are faced with multiple challenges when reporting suspected child abuse. School counselors are challenged with deciding whether to report and understanding proper procedures for reporting. In addition, they may lack support from their administrators, worry about the impact of the report on the child, sometimes experience negative responses from parents, and often experience difficulties with the reporting
agency. School counselors are not only responsible for reporting suspected child abuse, they also provide counseling services to children and their parents or guardians, coordinate resources in the community, and design prevention programs (Kenny & McEachern, 2002). With the numerous demands encountered when reporting child abuse, it is not surprising that feelings of anxiety, confusion, and frustration may be common among school counselors.

The challenges associated with recognizing and reporting child abuse do not end when reports have been made. Once reports are made, school counselors must deal with challenges encountered with students, their parents or guardians, teachers, administrators, social service workers, and other individuals. Yet, school counselors may not be prepared for those challenges and very little professional literature exists regarding challenges school counselors must face after they have made reports.

Currently, little research exists on child abuse reporting behaviors specific to school counselors. Additionally, no research was found that examines the experiences of school counselors after reporting cases of suspected child abuse and neglect. The current study asked participants to respond to a 36-item survey based on their experiences reporting suspected child abuse (see Appendix). The purpose of the study was to explore the interpersonal and intrapersonal experiences of school counselors during the process of making reports and after reporting suspected child abuse. Specifically, the following research questions were addressed: (a) What is the relationship between school level of school counselors and negative reporting experiences? (b) What is the relationship among school setting of school counselors, and socio-economic level of the counselors’ school, and negative reporting
experiences? (c) What is the relationship between professional school counselors’ years of experience and negative reporting experiences? (d) What is the relationship between post-master’s degree training and negative reporting experiences? (e) What is the relationship between professional school counselors’ credentials and negative reporting experiences? (f) Do professional school counselor variables and school variables predict frequency in reporting suspected child abuse?

Method

Participants

The survey population for this study consisted of all members of the American School Counselor Association (ASCA) who identified themselves as working in elementary, elementary/middle, middle/junior high, middle/secondary, secondary/high school, and K-12 work settings. Email addresses were obtained from the ASCA online member directory during the summer of 2008. A total of 11,113 ASCA members were sent surveys. Of those sent, 7,021 were returned undeliverable, suggesting that the online directory may have been out of date. A total of 847 of the 4,092 surveys that were not returned undeliverable were completed and returned for a 21% response rate.

The respondents included 201 (23.7%) elementary school counselors, 86 (10.2%) elementary/middle school counselors, 132 (15.6%) middle/junior high school counselors, 104 (12.3%) middle/secondary school counselors, 245 (28.9%) secondary/high school counselors, 71 (8.4%) K-12 school counselors, and 8 (.9%) who did not indicate the level of their schools. The sample of school counselors consisted of 114 (13.5%) males and 709 (83.7%) females. Twenty four (2.8%) participants chose not
to indicate their gender. The study participants reflected the ASCA membership related
to school level and gender.

The self-reported ethnicities of the survey respondents were the following: 735 (86.8%) White/Euro-American, 42 (5%) African American, 5 (.6%) Asian American, 21 (2.5%) Hispanic American, 5 (.6%) Native American, 14 (1.7%) Multiracial, 8 (.9%) Other, and 17 (2%) did not indicate their race. The participants ranged in age from 23 to 68 years with a mean age of 41 ($SD = 11.09$). Most (87%) of the respondents held a
master’s degree and almost 10% of the respondents had an advanced certificate,
specialist, or doctoral degree. School counselors from every state participated in the study. Two counselors from the United States Virgin Islands and five counselors from outside of the United States also participated.

Participants’ years of school counseling experience ranged from 0 to 60 with a
mean of 8.36 ($SD = 7.60$). Eleven percent of the participants had less than two years of experience and 87% of the participants had two or more years of experience as a school counselor. Two percent of the participants did not indicate their years of school counseling experience.

Participants’ number of training events in child abuse and neglect ranged from 0 to 50 with a mean of 4.11 ($SD = 4.99$) and mode of 2. Participants were asked to indicate which licenses and certifications they held (i.e., Certified School Counselor, Licensed Professional Counselor, National Certified Counselor, National Certified School Counselor). Five hundred and forty five (64%) participants reported having one credential and 272 (32.5%) reported having two or more credentials.
The highest (31%) percentage of participants reported that 25 percent or less of the students in their schools received free or reduced price lunch. A total of 212 (25%) reported between 26 to 50 percent of the students in their schools received free or reduced price lunch, 156 (18%) reported between 51 to 75 percent, and 110 (13%) reported between 76 to 100 percent. Twelve percent did not respond to the item. Twenty four percent of the participants identified their school setting as urban (i.e., population more than 50,000), 51.4% as suburban (i.e., population 2,500-50,000), 23.3% as rural (i.e., population less than 2,500), and 1% did not provide an answer.

**Instrument**

The Child Abuse Post-Reporting Experiences of School Counselors Survey (CARE) was developed to assess professional school counselors’ interpersonal and intrapersonal experiences during and after reporting of child abuse. The instrument was developed based on the author’s personal experience as a professional school counselor, reported experiences of other school counselors, and a review of the literature related to child abuse reporting experiences of school counselors.

Section I of the CARE instrument consisted of 36 items that were used to assess school counselors’ interpersonal and intrapersonal experiences of child abuse reporting. Using a 6-point Likert-type scale (1 = never, 6 = always) participants were asked to specify the frequency of occurrence for each statement. For example, participants were asked to assess the frequency of support received from the principal or assistant principal when making the report. See Table for a complete listing of Section I items of the CARE.
Sections II and III of the instrument were created to assess counselor and school variables and demographics respectively. Participants were also asked to indicate the number of times they reported suspected child abuse cases in the past 12 months.

An expert review was conducted on the first version of the CARE to test content validity. The survey was sent to seven professionals in the field of school counseling, including two school counseling doctoral students, three school counselor educators, and two practicing professional school counselors. These individuals were asked for feedback on the survey, including whether each item of Section I was clearly positive or negative in describing reporting experiences. The criterion for retaining an item was based on whether the item was clearly positive or negative in describing reporting experiences i.e., did the item present clearly either a positive or negative reporting experience. Reviewers were also asked to provide feedback on the format, including clarity, flow, and wording of each item. For Sections II and III, reviewers were asked to offer their feedback in the form of commentary only. In an effort to provide further evidence of content validity, a second review process was conducted to assess the remaining 49 items of the survey. The pilot testing consisted of 17 doctoral students and 10 master’s students in a CACREP accredited counseling graduate program, and 34 local practicing school counselors. Reviewers were asked to determine whether the experience described was positive, neutral, or negative. They were also encouraged to comment on the clarity, flow, and wording of each item. Also, the length of time to complete each section was requested. Commentaries and feedback about the survey were used to enhance the survey’s clarity. Feedback was considered and 22 items were
deleted and 1 item was added based on reviewers’ suggestions. The final version of this section of the CARE contains 36 items.

**Procedure**

After obtaining approval from the Human Subjects Review Board, participants were recruited via an email message announcing the study, requesting participation, and providing a link to the informed consent statement and the CARE instrument. A request to participate in the study was sent to 11,113 individuals from October 10, 2008, to December 1, 2008. A follow up email recruitment message was not sent to participants.

**Scoring**

The CARE was scored as a unidimensional scale providing only a total score for the 36 items in Section I. This score was obtained by computing the mean rating across all scores. The mean score ranged from 1.00 to 6.00, with higher scores indicating higher frequency in negative intrapersonal and interpersonal child abuse reporting experiences. Several items were reverse scored (i.e., items 3, 6, 10, 11, 13, 14, 22, 24, 25, 26, 27, and 29). Sections II and III outlined nominal- and ratio-level items that provided important school and school counselor information. Nominal-level items were dummy coded to examine frequencies, and means were computed for the ratio-level items. A Cronbach’s alpha of .71, indicating moderate internal consistency among items, was determined for the CARE instrument. The range of alphas was .68 to .72.

**Results**

Descriptive data for Section I responses of the CARE instrument \((n = 725)\) includes a mode of 3.08, median of 3.08, mean of 3.13, and standard deviation of .32.
Results of the statistical analyses used to test the hypotheses associated with each of the research questions are presented.

**School Level of School Counselors**

An analysis of variance (ANOVA) was conducted, revealing a significant relationship between school level (i.e., elementary, elementary/middle, middle/junior high, middle/secondary, secondary/high, or K-12) and the dependent variable, negative reporting experiences of school counselors, $F(5,715) = 2.39, p = .04$, with an effect size of 0.02. A Tukey HSD post hoc test indicated significant difference in the means negative reporting experiences between elementary ($M = 3.17$) and secondary/high school ($M = 3.07$) levels ($p = .03$), but no significant differences between any other school level and negative reporting experiences. Elementary school counselors reported a significantly higher frequency in negative reporting experiences than secondary/high school counselors.

**School Setting and Socioeconomic Level of School**

Using three school setting levels (i.e., urban, suburban, rural) as the independent variable, the total score from the CARE instrument as the dependent variable, and the socioeconomic (SES) level of the counselors’ school as the covariate, an analysis of covariance (ANCOVA) was conducted. The hypothesis for the second research question stated that controlling for socioeconomic level of the counselors’ school, there would be a significant relationship between school setting and reporting experiences in that professional school counselors practicing in rural school settings would report more negative reporting experiences than those practicing in urban and suburban school settings. Before conducting an ANCOVA, the homogeneity-of-slopes assumption was
tested. The homogeneity-of-slopes indicated that the relationship between the covariate and the dependent variable did not differ significantly as a function of the independent variable, $F(2, 631) = 1.35$, MSE = .11, $p = .26$, partial $\eta^2 = .00$. Based on this finding, the ANCOVA was conducted to evaluate differences in the adjusted means. Results of the analysis indicate that the null hypothesis that the population adjusted means are equal, should fail to be rejected, $F(2,633) = 1.42$, MSE = .11, $p = .24$. There was not a significant relationship between the school setting and negative reporting experiences, controlling for lunch percent.

**Years of Experience and Post-Master's Degree Training**

The correlation between years of school counseling experience and the frequency of negative reporting experiences was not significant, $r(714) = -.041$, $p = .27$. The correlation between number of post-master’s degree training events and the frequency of negative reporting experiences was significant, $r(649) = .11$, $p < .01$. In general, the results suggest school counselors who participate in more training on child abuse and neglect after receiving their master’s degree do not experience negative child abuse reporting experiences less often than school counselors who attend few or no trainings. Therefore, the hypothesis that there would be a significant negative relationship between amount of training and frequency in reporting experience in that those with more training would report lower frequency of negative experiences in making reports and following reports was not supported. Instead, the opposite was found in that school counselors with more post-master’s degree training in reporting child abuse reported more negatives experiences in reporting suspected child abuse.
School Counselor Variables and School Variables

The purpose of the final research question was to examine how well the school counselor variables of credentials, years of school counseling experience, and number of post-master’s degree trainings, and school variables setting, percent of students receiving free or reduce price lunch, and level predict frequency of negative reporting experiences. The hypothesis for this item stated that all six independent variables would significantly predict frequency of negative reporting experiences. Collinearity diagnostics were conducted for all six predictor variables in the regression equation and tolerance and VIF data indicate that the predictor variables are appropriately distinct from one another. The linear combination of school counselor and school variables was significantly related to the frequency of negative child abuse reporting experiences, $F(6, 555) = 3.71, p < .01$. The sample multiple correlation coefficient ($R$) was .20, indicating that approximately 4% of the variance of the negative reporting experience in the sample could be accounted for by the linear combination of school counselor and school variables. Further, t-tests of the predictor variables highlighted two significant variables: years of school counseling experience, $p = .03$, and number of post-master’s degree trainings, $p = .00$.

Discussion

Several noteworthy findings emerged from the analysis of the responses of participants to Section I items of the CARE instrument. An interesting finding was the participants’ general feelings regarding reporting suspected child abuse. School counselors reported that they generally felt they made the right decision when they have made reports of suspected child abuse, but 25 (3%) school counselors reported never
feeling that they made the right decision. Additionally, 80 (9.5%) of the school counselors in this study reported they had never or rarely felt satisfied after making reports. However, 93 (11%) of the respondents reported they had often, very often, or always felt emotionally overwhelmed. Similarly, 125 (14.7%) of the school counselors reported they have often, very often, or always felt apprehensive when making reports. These results suggest that a notable minority of school counselors struggle internally with the decision of whether to report and are uneasy after reporting suspected child abuse. Even though making suspected child abuse or neglect reports will never be a pleasant experience, school counselors should not be feeling apprehensive, uncomfortable, or overwhelmed when they make such mandated reports.

The feared negative impact of reporting on the child was a common intrapersonal experience among participants in this study. For example, a total of 391 (46.1%) of the participants reported they have often, very often, or always feared that reporting would lead to negative consequences for the child. Only 89 (10.5%) school counselors reported they have never or rarely feared that reporting would lead to negative consequences. In Bryant and Milsom's (2005) study, 31 (11.8%) school counselors indicated fear of repercussions for the child as an influencing factor in their decision to report suspected child abuse. The feared negative impact of reporting on the child further supports the findings of Kalichman and Craig (1991), who found that reporting had harmful effects for the child.

In this study, most school counselors reported negative reporting experiences in regards to the reporting agency. School counselors reported anxiety when they made reports because they were unsure if the reports would be investigated. A total of 548
(64.7%) of the participants reported that they sometimes, often, very often, or always had felt anxious when they had made reports. In addition, a total of 655 (77.4%) of the participants reported they had sometimes, often, very often, or always feared that reports would not be addressed once accepted.

These findings are concurrent with those of Bryant and Milsom (2005), who found that 24.7% of school counselors indicated as an influencing factor in reporting child abuse a concern that the reporting agency would not investigate their report. Similarly, Kenny and McEachern (2002) found that school counselors’ primary reason for not reporting suspected child abuse, other than lack of visible signs of abuse, was that “child protective services does not help children” (p. 71).

Interestingly, lack of knowledge of child abuse laws and reporting procedures was not reported as a concern by the school counselors who participated in this research study. A total of 802 (94.7%) of the participants reported they are always, very often, or often familiar with the child abuse laws in their states of employment. With regards to reporting procedures, 745 (87.9%) of the participants reported they never or rarely believed that they lack training in specific reporting procedures. More than half (52%) of school counselors reported that they have always felt competent in their ability to make reports of suspected child abuse.

Conversely, the finding that 3% of the school counselors in this study reported that they never or rarely felt competent in their ability to make reports of suspected child abuse is different from the findings of Crenshaw et al. (1995) and Kenny and McEachern (2002). Crenshaw et al. found in a study of child abuse reporting of educators, including teachers, school counselors, principals, superintendents, and
school psychologists, that only 9.6% of the respondents felt very well prepared to recognize child abuse. In Kenny and McEachern’s study, they found that 50% of school counselors did not feel adequately prepared in child abuse identification and reporting. These findings are consistent with other research studies (Hinson & Fossey, 2000; Kenny, 2001; Kenny & McEachern; Kesner & Robinson, 2002) which found that school personnel, including principals and teachers, did not feel adequately trained to make child abuse reports. This discrepancy merits further investigation.

In this study, school counselors indicated they generally felt supported by principals, assistant principals, and teachers when making reports of suspected child abuse. A total of 817 (96.4%) of the participants reported that the principal or assistant principal always, very often, often, or sometimes supported their decisions to make reports. Similarly, a total of 795 (93.9%) of the participants reported the teacher of the involved student had always, very often, often, or sometimes supported their decision to make reports. Only 19 (2.2%) of the school counselors reported the teacher of the involved student had never or rarely supported their decision. A total of 807 (95.3%) of the participants reported they had never or rarely felt challenged by their co-workers after making reports. However, in other studies, school personnel reported not feeling supported by administration or co-workers. For instance, Kenny (2001) found that 40% of teachers felt that administrators would not support them if they made child abuse reports. In surveying elementary school teachers, Hinson and Fossey (2000) found that alienation from administrators or co-workers influenced their decisions of whether to report suspected child abuse. In a recent study, 41% of school counselors reported support of administrators as a factor influencing their decision to report child abuse
Based on these conflicting findings, further study of this issue is needed to determine whether school personnel do feel adequately supported when making reports of suspected child abuse.

Results showed that professional school counselors are encountering some negative interpersonal and intrapersonal experiences during and after making reports of suspected child abuse. In this study, school counselors from all school levels and settings reported anxiety, fear, worry, and discomfort regarding their child abuse reporting experiences. Specifically, this study found that elementary school counselors are having more negative experiences than high school counselors, which may mean that they are reporting more child abuse cases than counselors at secondary and other school levels. Recent studies (Bryant, 2009; Bryant & Milsom, 2005) examining the differences between child abuse reporting behaviors (i.e., frequency of reporting) and school levels found similar discrepancies between elementary and high school counselors, with elementary school counselors reporting more cases of child abuse. These findings likely reflect that elementary school counselors, due to the high frequency of direct contact with students (e.g., classroom guidance, individual counseling), may be more likely to report suspected cases of child abuse than those employed in middle or high school settings. Therefore, elementary school counselors have the potential to encounter more challenges with students, their parents or guardians, administrators, teachers, social service workers, and other individuals.

In examining the relationship between school setting and negative child abuse reporting experiences of school counselors, holding constant the socioeconomic level of the counselors’ school, professional school counselors practicing in rural, urban, and
suburban settings did not report significant differences in their negative reporting experiences when controlling for socioeconomic level of their school. In a recent study examining the underreporting and overreporting of child abuse by teachers, Webster, O’Toole, O’Toole, and Lucal (2005) found that rural schools showed an increased probability of underreporting. Unexpectedly, school setting was not related to the negative reporting experiences of professional school counselors in this study. Perhaps this finding was due to the low percentage (23%) of participants that reported practicing in rural school settings. Therefore, the frequencies used for analysis may not have been fully representative of the negative reporting experiences of school counselors practicing in rural school settings. Or perhaps, similar to Webster et al.’s findings, school counselors practicing in rural schools did not report more negative reporting experiences in this study because they have failed to report cases of suspected child abuse.

The study also discovered factors associated with professional school counselors’ decision to report suspected child abuse which include years of experience and number of post-master’s degree trainings in child abuse. Results revealed that years of school counseling experience and post-master’s degree training events significantly predicted the frequency of negative reporting experiences among school counselors. School counselors with more years of experience and with fewer post-master’s degree training events had less negative reporting experiences than school counselors with fewer years of experience and more post-master’s degree training events.
Limitations

Limitations should be considered when interpreting the results of this study. The population sample was primarily White/Euro-American females; thus results are less generalizable to male school counselors and school counselors of diverse ethnic groups. In addition, the return rate was somewhat low (21%), making it difficult to determine potential differences between school counselors who are members of ASCA who participated and those who did not participate in this study.

The sample for this study was selected from the ASCA on-line member directory of email addresses published during the summer of 2008. Of the 11,113 emails sent, 7,021 (63%) were returned undeliverable. Because so many emails were returned undeliverable, the email list on the ASCA on-line membership directory was most likely out of date. Because the email list was out of date, it is impossible to determine the exact return rate of participants. Therefore, the return rate was most likely much higher than 20.7% because so many of the email addresses used were not accurate.

Participants may not have known answers to some survey questions. For example, participants were asked to estimate the percent of students in their school that receive free or reduced price lunch. They may not have had access to this type of information. Because participants were asked to recall experiences in general (i.e., no specified time frame), it may have been difficult for them to accurately recall all of the information requested in this study. In addition, participants may have over or underestimated items asking for a number or percentage. To strengthen the CARE items, further psychometrics and factor analysis is needed.
The study was further limited by the self-report nature of the data. For example, data were gathered through self-report and results may be skewed because of social desirability issues. Also, child abuse is a sensitive issue. Therefore, participants may have been reluctant to respond to the survey. In addition, members of the professional organization, ASCA, may have more access than non-members to literature and professional development activities. Thus, these school counselors may have more knowledge on child abuse reporting issues.

**Implications for School Counselors**

Professional school counselors are encountering interpersonal and intrapersonal experiences during and after making reports of suspected child abuse. A notable minority of the participants of this study reported fear, anxiety, worry, and discomfort regarding their reporting experiences. In addition, many school counselors indicated they have experienced challenges associated with reporting suspected child abuse. In an effort to address in an effective manner the negative feelings and challenges associated with reporting suspected child abuse, school counselors might collaborate with others in the community to advocate for improvements in education and training opportunities that explore what happens after reports are made. In addition, school counselors may want to invite officials from their local reporting agency to district level training sessions to discuss the process and possible outcomes of reporting.

Because elementary school counselors reported more negative reporting experiences in making reports, they may need extra training and education in how to deal with reporting issues. Also, school counselors with more experience reported more negative reporting experiences. Perhaps more experienced school counselors need to
be asked why child abuse reporting leads to negative experiences. Additionally, they could be asked to help suggest solutions to the problem of school counselors having negative reporting experiences when they make child abuse reports. The same reasoning could be applied to the finding that school counselors with more credentials have more negative child abuse reporting experiences.

Results from this study could be used to open a dialogue within the school counseling profession regarding the experiences of school counselors after reporting suspected child abuse or neglect. School counselors should consider ways to address their needs when handling cases of child abuse. An open dialogue among current and future school counselors could increase their understanding of what happens after child abuse reports are made.

**Implications for Future Research**

In this study, school counselors indicated they felt prepared to recognize and report suspected child abuse. Overall, this finding is not supported by professional literature examining educators in general (Crenshaw et al., 1995; Hinson & Fossey, 2000; Kenny, 2001; Kesner & Robinson, 2002), and school counselors specifically (Kenny & McEachern, 2002). Based on these conflicting findings, further study of this issue is needed. Are school counselors adequately prepared to make suspected child abuse and neglect reports? Which areas of preparation are adequate and which areas need to be improved?

Another issue for additional study is the amount of support school counselors receive from administrators and other school personnel with regards to child abuse and neglect reporting. According to Crosson-Tower (2008), principals and vice principals do
not always support the reporting of suspected child abuse or neglect. However, participants in this study indicated that administrators supported their decisions to make reports of suspected child abuse. Only 2.7% of school counselors reported that the principal or assistant principal never or rarely supported their decisions. Additionally, 94.2% of the participants in this study reported they have always, very often, or often felt supported by their co-workers. This finding, in comparison to other studies (Bryant & Milsom, 2005; Hinson & Fossey, 2000; Kenny, 2001) related to support when reporting suspected child abuse, is worthy of future study as well.

Similar to previous studies (Bryant & Milsom, 2005; Kenny & McEachern, 2002; Vulliamy & Sullivan, 2000), participants in this study reported negative experiences with regards to the child abuse reporting agency. Nearly 50% of the school counselors reported that officials from the governmental agency to which reports are made never or rarely interviewed them by telephone after making reports. Other experiences of school counselors after making reports included fear that the report would not be addressed once accepted, not being interviewed face-to-face by officials from the reporting agency, and feeling anxious because they were unsure if the reports would be investigated. Future research exploring the roles and responsibilities of child abuse reporting officials would be beneficial; specifically, the reporting process and what happens after reports are made. This type of information would increase understanding and possibly strengthen the relationship between school counselors and child abuse reporting officials.
Conclusion

The study was a descriptive study of the experiences of school counselors during and after making suspected child abuse and neglect reports. The purpose of the study was to explore the interpersonal and intrapersonal experiences of professional school counselors during the process of making reports or after reporting suspected child abuse. School counselor and school variables, in conjunction with specific professional school counselor experiences with reporting suspected child abuse were assessed. The results of this study can help counselor education programs provide education and training in child abuse issues being encountered by school counselors. Finally, these results can help school counselors and mandated reporters increase their awareness and understanding of what happens after reports of suspected child abuse are made.
References


Appendix

Child Abuse Reporting Evaluation (CARE)

Section I: Experiences

Please mark the circle below to indicate the frequency of your experience when reporting suspicion of child abuse.

1 2 3 4 5 6
Never Rarely Sometime Often Very Often Always

1. The principal or assistant principal criticized my decisions to make reports.
2. Parents or guardians have gotten angry because reports were made.
3. I have felt that I have made the right decisions when I have made reports.
4. I have held conferences with the child’s parents or guardians after reporting and the conferences have not gone well.
5. I have felt anxious when I made reports because I was unsure if the reports would be investigated.
6. The principal or assistant principal has supported my decisions to make reports.
7. I have feared that reporting suspected abuse would lead to negative consequences for the child.
8. I have had a hard time deciding whether to make reports because of the potential negative consequences.
9. I have worried that my name would be revealed when making reports.
10. I have felt that I helped the child when I made reports.
11. I have felt competent in my ability to make reports.
12. I have worried about having to go to court in relation to making reports.
13. I have felt relieved after making reports.
14. The teacher of the involved student has supported my decision to make reports.
15. I have felt anxious when making reports because I did not know how the child would respond.
16. I have felt guilty after making reports.
17. Parents have confronted me about making reports.
18. I have felt apprehensive when making reports.
19. Teachers of the involved student have criticized my decision to make reports.
20. I have felt emotionally overwhelmed related to making reports.
21. I have felt challenged by my co-workers after making reports.
22. I have felt satisfied after making reports.
23. I have feared that reporting suspected abuse would lead to negative consequences for me.
24. Officials from the governmental agency to which reports are made have interviewed me face-to-face after making reports.
25. I am familiar with the child abuse laws in my state of employment.
26. I have given my name when making reports.
27. Being adequately prepared to respond to suspected child abuse and neglect has helped me have positive reporting experiences.
28. I have felt that I did not help the child when I have made reports.
29. I have felt supported by my co-workers after making reports.
30. I have not given my name when making reports.
31. Officials from the governmental agency to which reports are made have interviewed me by telephone but not in person after making reports even though the reported abuse was severe.
32. I believe that I lack training in specific reporting procedures, such as when to report and how to make a report.
33. I have feared that reporting would damage my relationship with children.
34. I have felt uncomfortable when teachers (or other referral persons) have asked about what children disclosed.
35. I have feared that I could be sued by parents or guardians for making false or inaccurate reports of abuse.
36. I have feared that reports would not be addressed once accepted.
Biographical Statement

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