

# Reporting Child Maltreatment: Challenges Faced by Teachers

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Child abuse and maltreatment are complex problems with serious immediate and long-term ramifications for children, their families, and for society. These problems transcend all structures in society, including familial, educational, health, social, and legal. The long-term effects of child abuse can afflict our society for years to come, as young victims become adults (Lungren, 1996).

It is tragic that abuse and neglect in the home are now the leading causes of death for young children in this country-- more than those who die in car accidents, house fires, falls, or drownings. Everyday, thousands of children are abused both physically and emotionally, often by members of their own family (Lungren, 1996).

More than three children die each day in the United States because of child abuse in the home. Of these fatalities, 85% of the children are under 6 years of age. In 2001, Stanislaus County Child Protective Services received 11,148 referrals for child abuse from individuals and agencies. In that same year, 18 out of every 1000 children in Stanislaus County became a victim of child abuse (California Abuse Prevention Committee, et al, 2004).

If we are to turn the tide on the increasing incidence of child abuse and neglect, we must strengthen our efforts in the areas of prevention and early intervention with youth and their troubled families. The importance of citizens as well as professionals who deal with children recognizing and helping to prevent child abuse cannot be understated (Lungren, 1996).

One of the difficulties encountered by researchers and practitioners in the area of child abuse and maltreatment is that of definition. For our purposes, we will define child abuse as: *any act of omission or commission that endangers or impairs a child's physical or emotional health and development*. This includes:

- Physical abuse or corporal punishment resulting in traumatic condition

- Physical neglect and/or inadequate supervision
- Sexual assault and/or exploitation
- Emotional abuse and/or emotional deprivation

The act of inflicting injury or allowing injury to result, rather than the degree of injury, is the determinant for intervention in child abuse cases.

Child abuse is usually not a single act of physical abuse, neglect or molestation, but is typically a repeated pattern of behavior, and a child abuser is most often a parent, stepparent, or other caretaker of a child. He or she can be found in all cultural, ethnic, occupational and socio-economic groups.

Ultimately, the actual definition of child abuse, neglect, or maltreatment is determined by the judiciary system. All states in the U.S. have laws defining child abuse and that specify the actions that can be taken to protect the child and punish the offender. When a child's safety and health are clearly threatened, child protection agencies are empowered to separate the child from his or her family (Foster, et al, 1989).

Strong traditions in North American culture work against a simple definition and recognition of when child abuse is occurring. Children in the past have been considered the property of their parents, and there has also been a tradition that "parents know best" and that discipline is a parent's right (Foster et al, 1989).

The first child abuse case ever prosecuted in the U.S. occurred in 1874, when Henry Beigh, the founder of the American Society for the Prevention of Cruelty to Animals, managed to bring a case to court by arguing that a young abused girl (Mary Ellen Wilson) deserved as much protection as animals. Up to that time, no child protection statutes had been in force (Foster, et al, 1989).

Over the past century, other protective laws and agencies have been created, but there has been ongoing reluctance on the part of the public, as well as doctors, nurses, police, lawyers, etc. to interfere

with the privacy of the family and rights of parents. In the United States, the Federal Child Abuse Prevention and Treatment Act of 1974 established guidelines for all states defining what constitutes abuse, neglect, and maltreatment. This act made reporting mandatory for some groups of professionals, e.g. teachers, health care workers, police, and recreation leaders (Foster, et al, 1989).

The purpose of this study is to describe current methods and procedures available to public elementary school teachers for assessing, detecting and reporting evidence of child abuse and neglect. (The child abuse and neglect under consideration here is typically perceived in but sustained outside the environment of public elementary schools.) A central component of my analysis involves assessing the typical knowledge and orientation of teachers with respect to procedures for reporting child abuse and neglect. In addition, this study attempts to assess the actual frequency and individual experience of reports of child abuse and neglect. Information gained could be useful in planning programs that will help teachers become more comfortable and accurate in detecting and reporting child abuse and/or neglect, and might lead to more streamlined and efficient approaches to dealing with specific cases of maltreatment.

I argue that the magnitude of child maltreatment in today's society demands more effective attention from public elementary school personnel, especially teachers. The basis of this premise is derived from this researcher's observations and from accounts and reports of people working with children. A cascade of personal and social problems can stem from child maltreatment. Oftentimes the victimized children do not receive proper care and attention from authority figures other than their parents; to compound the problem, teachers and other school personnel receive minimal training in how to recognize and handle apparent child maltreatment. If children were to receive better immediate care from teachers and other school personnel who perceive evidence of apparent child abuse or neglect, not only might the short-term/proximate consequences be addressed more adequately, but long-term/ultimate effects might be reduced significantly, or possibly even eliminated, as well. Fortunately, a set of mandates are in place to facilitate and motivate more effective responses from

teachers and school personnel, but those who would act on these responsibilities face challenges that call for careful attention. Let's begin with the mandates.

### ***Background Information***

The first child abuse reporting law in California was enacted in 1963. These early laws mandated only physicians to report physical abuse. Over the years, numerous amendments have expanded the definition of child abuse and the persons required to report. Procedures for reporting categories of child abuse have also been clarified. In California, certain professionals are required to report known or suspected child abuse. Other citizens, not required by law to report, may also do so (TAC, Inc. 2005).

The primary intent of the reporting law is to protect the child. Protecting the identified child may also provide the opportunity to protect other children in the home. It is equally important to provide help for parents. Parents may be unable to ask for help directly, and child abuse may be an underlying means of calling attention to family problems. The report of abuse may be a catalyst for bringing about change in the home environment, which in turn may help to lower the risk of abuse in the home (TAC, Inc. 2005).

The Penal Code (PC) defines child abuse as: "a physical injury which is inflicted by other than accidental means on a child by another person." It also includes emotional abuse, sexual abuse, neglect or abuse in out-of-home care. Child abuse *does not* include "mutual affray between minors," "reasonable and necessary force used by a peace officer" under specified circumstances, or spanking that is reasonable and age appropriate and does not expose the child to risk of serious injury (P.C. 11165.6, Welfare and Institutions Code [W&IC] Section 300).

Under the law, if the victim is a child (a person under the age of 18), the following types of abuse must be reported by anyone who is legally mandated to report it (regardless of the age of the perpetrator):

- A physical injury inflicted by other than accidental means on a child (P.C. 11165.6).
- Child sexual abuse including both sexual assault and sexual exploitation. Sexual assault includes sex acts with children, intentional masturbation in the presence of

children and child molestation (P.C. 11165.1).

- Willful cruelty or unjustified punishment, including inflicting or permitting unjustifiable physical pain or mental suffering, of the endangerment of the child's person or health (P.C. 11165.3). "Mental suffering" in and of itself is not required to be reported. However, it may be reported (P.C. 11166[b]).
- Unlawful corporal punishment or injury, willfully inflicted, resulting in a traumatic condition (P.C. 11165.4).
- Neglect of a child whether "severe" or "general," must also be reported if the perpetrator is a person responsible for the child's welfare. It includes acts or commissions harming or threatening to harm the child's welfare (P.C. 11165.2).
- Any of the above types of abuse or neglect occurring in out-of-home care (P.C. 11165.5).

Legally mandated reporters include "childcare custodians," "health practitioners," "employees of a child protective agency" and "commercial film and photographic print processors," which are defined as follows:

"Childcare custodian" means a teacher, an instructional aide, a teacher's aide or a teacher's assistant employed by any public or private school, or a classified employee of any public or private school, who has been trained in the duties imposed by the Penal Code; administrative officer, supervisor of child welfare and attendance or certificated pupil personnel employee of any public or private school; an administrator of a public or private day camp; administrators and employees of public or private youth centers, youth recreation programs and youth organizations that have been trained in the duties imposed by this article; a licensee, an administrator or an employee of a community care facility or a child day care facility licensed to care for children; a Headstart teacher; a licensing worker or licensing evaluator; a public assistance worker; an employee of a childcare institution including, but not limited to, foster parents, group home personnel and personnel of residential care facilities; a social worker or a

probation officer, or any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school (P.C. 11165.7).

Child abuse must be reported when one who is a legally mandated reporter "...has knowledge of or observes a child in his or her professional capacity, or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse..." (P.C. 11166[a]).

"Reasonable suspicion" occurs when "it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse" (P.C.11166[a]). Although a bit wordy, the intent of this definition is clear: if you suspect, report (TAC, Inc. 2005).

You must make a report immediately (or as soon as practically possible) by phone. A written report must be forwarded within 36 hours of receiving the information regarding the incident (P.C.11166[a]). Written reports must be submitted on Department of Justice forms, which can be requested from your local child protective agencies (police or sheriff's department, a county probation department or a county welfare department) (P.C.11168).

The report must be made to a "child protective agency;" a child protective agency is a county welfare or probation department or a police or sheriff's department (P.C. 11165.9, P.C.11166[a]). Exceptions are reports by commercial print and photographic print processors, which are made to the law enforcement agency having jurisdiction (P.C.11166[c]).

Those persons legally required to report suspected child abuse have immunity from criminal or civil liability for reporting as required (P.C.11172[a]).

Any person not mandated by law to report suspected child abuse has immunity unless the report is proven to be false and the person reporting knows it is false, or the report is made with reckless disregard of the truth or falsity of the incident (P.C.11172[a]).

No supervisor or administrator may impede or inhibit a report or subject the reporting person to any sanction (P.C.11166[f]).

Persons other than those legally mandated to report are not required to include their names when making a report (P.C.11167[e]).

Reports are confidential and may be disclosed only to specified persons and agencies (P.C.11167.5).

Mandated reporters and others acting at their discretion are not liable civilly or criminally for photographing the victim and disseminating the photograph with the report (P.C. 11172[a]).

A physician and surgeon or dentist, or their agents by their discretion, may take skeletal x-rays of the child without the consent of the child's parent or guardian, but only for purposes of diagnosing the case as one of possible child abuse and determining the extent of such child abuse (P.C.11171[b]).

Neither the physician-patient privilege nor the psychotherapist-patient privilege applies to information reported pursuant to this article in any court proceeding or administrative hearing (P.C.11171[b]).

A person who fails to make a required report is guilty of a misdemeanor punishable by up to six months in jail and/or up to \$1,000 fine (P.C.11172[e]). He or she may also be found civilly liable for damages, especially if the child-victim or another child is further victimized because of the failure to report (*Landeros vs. Flood* [1976] 17C.3d.399).

Any person entering employment which makes him/her a mandated reporter must sign a statement, provided and retained by the employer, to the effect that he or she has knowledge of the reporting law and will comply with its provisions (P.C.11166.5[a]).

Any person who fails to report an instance of child abuse which he or she knows to exist is guilty of a misdemeanor which is punishable by confinement in the county jail for up to six months or by a fine of not more than \$1,000 or by both (P.C.11172[e]).

After the investigation is completed or the matter reaches a final disposition, the investigating agency must inform the mandated reporter of the results of the investigation and any action the agency is taking (P.C.11170[b][2]).

### ***The Problem***

Resources to manage and repair abuse and neglect, however, have not kept pace with the

growing number of identified victims (Sedlak, 1996). In addition, evidence suggests that efforts to prevent abuse and neglect hold promise and deserve greater attention (U.S. Advisory Board on Child Abuse and Neglect, 1991).

According to the U.S. Department of Health and Human Services, the total number of children seriously injured by abuse or neglect had quadrupled between 1986 and 1993 (Ecker, 2001). While this increased rate may be attributable to growth in awareness and reporting, experts suggest that the numbers are too large for this to be the explanation behind the sudden escalation (Sedlak, 1996).

Abuse and neglect occur across all lines of race, religion, region, and income, and the incidence rate of abuse and neglect is identical for all races (Ecker, 2001). In addition, it is illegal not to report suspected child maltreatment in most states, but each state does have its own laws for reporting child abuse or neglect.

Children who have been harmed or who are at risk for harm are most frequently recognized by professionals who come into close or regular contact with children outside the family setting (Ecker, 2001), and teachers frequently occupy such positions. The most common source of abuse reports is the public school (Sedlak, 1996), because teachers and other school personnel have the opportunity to recognize clinical and behavioral changes that could signify problems in the child (Ecker, 2001).

Regarding the physical neglect of children, whenever possible, the family in question should be given ample opportunity to receive education about appropriate discipline, parenting skills, safe hygiene, the value of medical follow-up and access to community resources that might facilitate proper care for a child (Ecker, 2001). If school personnel can encourage reluctant or uninformed parents to recognize the value of attentive care for children, other interventions may never be necessary (Dubowitz, et al, 1994).

Regarding child sexual abuse, legal and forensic guidelines are clear and experts are available. The advice and support of experts is essential. The proper gathering of evidence is critical, both for legal reasons and for the well-being of the child (Ecker, 2001). An inappropriate or unnecessary examination

can be as traumatic as sexual abuse itself (American Academy of Pediatrics, 1999).

In general, once abuse is suspected, it is the obligation of the witness or provider to report the evidence to child protective services. When the child appears to be in imminent danger, a report to police may bring about the temporary or permanent removal of the child from the custody of the suspected perpetrators while further investigation takes place (Ecker, 2001).

In many communities, the systems to support children who would benefit from removal from an abusive or neglectful family are faltering. The investigating staff may be overworked and unable to quickly and thoroughly investigate all allegations of abuse and neglect (Ecker, 2001). In some cases, the foster care system may be overburdened and not available when needed (Sedlak, 1996). These factors add to the reluctance among nurses and school personnel or mandated reporters (i.e. teachers) to report for fear that the child will be traumatized further by removal to an unexamined or risky environment. This fear is even greater when allegations of abuse and neglect are not certain or clear (Ecker, 2001).

Accuracy in reporting helps to preserve resources so that they are available for the most needy cases. In addition, a valuable part of the management of child abuse and neglect includes selecting clinical experts to help with cases in which the signs and symptoms are confusing. In many communities, a team of experts in the identification and management of abuse and neglect is available for consultation. Online resources, if properly screened, can also help. Advice and consultation with experts remains an important part of the management of abuse and neglect (Ecker, 2001).

Parent education is a significant factor in preventing child abuse and neglect. Assessment of a family's strategies for coping with the stress of a sick or cranky child helps school personnel or mandated reporters identify families at risk and intervene with education or referral to community agencies (Ecker, 2001). Growing evidence supports the value of home visits during the immediate postnatal period. A national program, Healthy Families America, has been providing quality home visits in many communities (Ecker, 2001). Nurses' (and teachers')

contributions have been critical to this program and other like it (Healthy Families America, 2001).

Children who live in poverty are at greater risk for abuse and neglect. An awareness of the factors that contribute to poverty—a lack of education, political and economic factors, and substance abuse—can help guide the nurses' (and teachers') involvement in community life. To the degree that communities can decrease the number of people living in poverty, communities can decrease the number of children at risk for abuse and neglect (Ecker, 2001). Foster care also plays an invaluable role in the treatment of child abuse and neglect. Nurses (and teachers) can make a contribution by supporting adequate funding for foster care in their communities (Ecker, 2001). The awareness of signs, symptoms and methods of prevention on the part of all professionals who come into contact with children remains a cornerstone in the management of suspected child abuse and neglect (Ecker, 2001).

So as to hopefully reduce the proximate and ultimate effects of child maltreatment, better methods for detection and report could be implemented at the place where young children are (usually) supposed to be during the day—school. The sooner child maltreatment can be detected and reported in a young child's life the better; and it is the belief of this researcher that controlled school settings provide the best opportunity for careful monitoring of child maltreatment and for sensitive and responsible methods of helping abused children.

Child maltreatment has complex implications and fears associated with it, often making it difficult to properly assess and address such issues, especially in a school setting. Abuse and neglect in general are taboo subjects, and many may not want to speak up, for fear of legal repercussions detrimental to the child's welfare. Some may be afraid to wrongfully accuse the suspect, or simply do not remember the procedures involved. In addition, signs of child sexual abuse may not be as obvious as with other kinds of abuse where bruises, etc. are visible, and many may feel it simply too much of a hassle to deal with if they are already overloaded, have never had previous experience or have had negative previous experience dealing with such type of abuse. More can be done to orient school personnel to recognize and

respond to the myriad signs of child abuse and neglect.

### *The Purpose of the Study*

The purpose of this study was tri-fold: (1) to assess teachers' current knowledge of child abuse and neglect reporting; (2) to assess the actual frequency and experience of child abuse and neglect reporting; and most importantly (3) to assess the possible barriers that may exist to adequate/accurate reporting. After compiling results of these assessments, recommendations will be made based on the findings. This research should be of value in helping to fill the "information gap" experienced by many educators by providing information pertinent to the planning of programs to help teachers become more comfortable, and more accurate, in detecting and reporting child abuse and/or neglect. As knowledge deficits among teachers are detected in the results of my surveys, ways to reduce these deficits can be developed and implemented; for example, well-targeted in-service training programs might lead to more streamlined and efficient approaches for dealing effectively with specific cases of child maltreatment.

### *Methodology*

The method of research for this study revolved around a simple survey/questionnaire. The questionnaire was designed to be completed in less than fifteen minutes. The questionnaire addressed demographics (gender, age, grade(s) teaching/taught, and years teaching/taught) as well as questions pertaining to: what training respondents had received regarding child abuse issues; when they had received such training; whether they felt the training had been adequate; whether they had ever suspected abuse; if so, how many times they had suspected abuse; whether they had ever officially reported abuse; if so, the number of actual reports, when the last report had been made, and the most common type of abuse reported, whether they had sought assistance from anyone else during the reporting process, and if so, to whom they had sought assistance, and the reasons they sought assistance/advice; whether they had ever suspected a case and not reported it; and if so, what their reasons were for not reporting it. Respondents were also asked to rank-order different types of abuse from most severe to least severe, and to rank order the same types of abuse from most easy to detect to

most difficult to detect. They were then asked questions regarding what types of training they felt would be useful, whether they even thought more training would help address their issues, and whether they felt there were any specific barriers to reporting, and if so, what these might be.

Volunteers were recruited off campus through direct call for participants in Stanislaus County. Data was collected from three elementary schools in the Modesto City Schools district. No government agencies were used, and because this was exploratory research my focus was not limited to any particular age or racial/ethnic groups of teachers. All procedures were thoroughly explained to ensure voluntary participation. Since this was a pilot study, teachers who participated were only of the elementary school level (K-6), though future studies could be designed to include the junior high and high schools levels, which could also yield invaluable data with regards to child abuse and neglect issues. Participants were given a questionnaire packet complete with instruction sheet, consent for participation form, the actual survey, and a debriefing form at the end to be filled out at their leisure within one to two week's time (though about 15 minutes total was needed to complete the packet—10 minutes to read and 5 to write). Questionnaires were collected after distribution and were analyzed and cataloged.

Included in the study questionnaire packets were human subjects rights and risks information, for example, one risk may include being reminded of abuse and/or assault. The consent form clearly outlined what was being asked and potential participants were expected to decide for themselves, without coercion, to participate or not. Thus, we followed the ethical principles of the American Psychological Association. The consent form also contained specific information regarding whom the participants could contact if they were to become anxious or distressed.

### *Results*

The majority of respondents were female teachers of the 40-50 year old age range (27/N=47). There were only three male respondents, and two of the respondents were former teachers now in administration or serving as school principals. Four respondents were either special education (dealing

with the learning handicapped), special intervention, or reading instructors for different grade levels. There were four no-responses to the demographics section of the questionnaire. The majority of respondents were K-6 elementary school teachers though (37/N=47), and the range of years teaching/taught was from two to 39 years.

The majority of respondents did say they had had pre-service or in-service training regarding child abuse and/or neglect, while others marked that they had had training at the college level as well. The majority of respondents had marked that their training was done some time in the 1990s, and only a few respondents had had training in the 2000s. Some had no response to the question or simply didn't remember when they had last had the training. The majority of respondents felt the training they had received was not adequate and many said they still felt uncertain about what constitutes certain types of abuse; some felt that they had not received enough updates, that their training was too brief, or that they simply lacked information pertinent to the issue(s).

The majority of respondents said that they had suspected abuse in their schools, and only six out of a total of forty-seven said they had not. The majority of respondents marked that they had only suspected abuse one to five times; the next highest amount was six to ten times, and six respondents had no response to the question.

The majority of respondents also admitted to having reported abuse in their school, but for the most part, this amounted to only one report in their careers. Two respondents indicated they had reported at least ten times, and five respondents indicated they had reported about five times.

The most common date of the last report made by respondents was one to five years ago, the next being less than a year. Fourteen respondents had no response to the question. The most common type of abuse reported was physical abuse, followed by physical neglect. Perhaps because the signs or symptoms of emotional and sexual abuse are not as obvious as physical abuse and/or neglect these types of abuse were not typically reported.

The majority of respondents did admit to having sought assistance from another person regarding reporting procedures, to simply ask if the case(s) were reportable or not, or for other reasons pertaining

to the case(s). Only four respondents said they had not done so, and eight had no response to the question. Of those who had sought assistance regarding reporting, the most common resources from whom they had sought assistance were school administrators, followed by school nurses, then other teachers, then Child Protective Services (CPS). Some even responded that they sought advice from a spouse, a training binder, or the District Attorney's office. The most common reason respondents had turned to these resources for help/advice was for questions regarding reporting procedures; the next most common reason was to see if a case was reportable or not. Other reasons included seeking additional information, such as the case/background history of the suspected abuse victim, the status of current investigated case(s), safety issues, or for follow-up on a current case.

The majority of respondents marked that they had never suspected a child abuse case and not reported it, but fourteen out of the forty-seven respondents said that they had. Of those who had suspected a case and not reported it, their stated reasons for doing so included not being sure if it qualified as a type of child abuse, not having enough evidence to support the suspected case, fearing the suspected abuse would not be considered severe enough to yield removal of the child from the abusive home, presumptions based on lack of response to previously reported cases, and believing the case would not be taken seriously. One respondent discovered the child had actually lied about being abused.

The majority of respondents rank-ordered sexual abuse as the most severe or highest priority to address expediently, and physical neglect as the least severe or lowest priority to address expediently, with physical and emotional abuse falling somewhere in-between these; five of the respondents marked that they felt all types were equally severe and equally important to address expediently.

The majority of respondents rank ordered physical abuse as the most obvious or easy to detect, followed by physical neglect, then emotional abuse, and finally sexual abuse (as the most difficult to detect). [Note: There were some counterintuitive responses most likely due to misunderstanding of the wording of the question; that is, some respondents had rank ordered the types of abuse opposite to what

the majority of respondents had, i.e. physical abuse as most difficult to detect and sexual abuse as most obvious/easy to detect, which goes against common belief. It is probable these individuals misinterpreted how to rank order the various types of abuse and really meant to indicate the opposite of what they had actually marked.]

Of the types of training/tools respondents thought would be more helpful in the detection and report of child abuse, some marked that they felt educational videos, easy-to-use handbooks, placards, and visual hands-on aids would be helpful in better addressing the issues of child abuse, however, most respondents indicated that outside professional help/instructional seminars and yearly updates would be the most beneficial to them.

Though most respondents thought more training with regards to child abuse issues would help address the problems of child abuse and/or neglect, some had no response to the question, and one respondent suggested parent training would be more helpful.

Some of the common barriers to reporting had to do with teachers feeling like nothing is actually done about the cases; or that irate parents will challenge or harass them if they report. Many teachers were simply not sure what constitutes a reportable case or not. Others thought it would be difficult to prove the existence of abuse, and many believed there would not actually be any follow through. Many were afraid to wrongfully report abuse and seemed to feel that “looks” are not enough to make a case. Others who have had experience with agencies like CPS feel that too little is accomplished in response to their notification; they often fear repercussions for the child. The majority of respondents admitted to lack of information, fear of being identified as the reporter, fear of a misreport, and fear that the abuse could escalate if reported and investigated. Some responded that children have been found to be afraid to tell “family secrets”, and that the “hidden symptoms” of abuse are not obvious to teachers. Many teachers felt a lack of confidence in their judgment as reporters, in addition to frustration with CPS in regard to not getting positive results previously, or felt that cases are simply ignored by such agencies.

### ***Recommendations and Conclusions***

It is the opinion of this researcher that many of these reporting barriers can be reduced or even eliminated with the simple implementation of informational devices that are sensitive/pay attention to issues teachers have admitted having problems with in regards to perceived abuse and neglect. Reporting would also be easier if agencies like CPS were to follow the legal guidelines laid out in the Penal Code to their fullest extent in as many cases as possible. The reality is that humans in general will not always perform optimally, which puts a damper on these suggestions. Still, this does not negate the fact that we should attempt improvement in a number of areas for the sake of teachers/reporters and ultimately for the sake of abused children.

For example, since many respondents admitted to a lack of confidence in their ability to accurately assess suspected abuse, perhaps an easy-to-follow flow chart could be devised that simply outlines what types of things teachers need to address in their assessments, i.e. the who, what, where, when, and how details of suspected cases. If the guidelines are met, then they might feel more comfortable/confident in deciding whether or not to make a report. The same could go for the procedures involved in making a report—another flow chart could be devised outlining exactly what teachers need to do, whom to contact for advice in making a report, and whom to make the report to. The ultimate goal here would be to reduce a teacher’s inhibitions and fears regarding reporting issues, as well as to better educate them on what to report or not report, by the simple use of a flow chart outlining relevant issues and answers to FAQs.

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