

# Pre-service Educators' Perceptions of Child Abuse/Neglect (CAN) Training: Recommendations for Practice

Authors:

Elizabeth A. Whitney, PhD, CHES

Assistant Professor  
Department of Kinesiology & Health Promotion  
The University of Kentucky  
222 Seaton Building  
Lexington, KY 40506  
Telephone: (859) 257-3645  
Email: liz.fettrow@uky.edu

Rebecca L. Sanford, MSSA, LCSW

Lecturer, BSW Field Education Coordinator  
Faculty of Education and Social Work  
School of Social Work and Human Service  
Thompson Rivers University  
900 McGill Road  
Kamloss, BC V2C08  
Telephone: (250) 828-5248  
Email: rsanford@tru.ca

Stephanie Bennett, PhD

Assistant Professor  
Department of Kinesiology & Health Promotion  
The University of Kentucky  
211 Seaton Building  
Lexington, KY 40506  
Telephone: (859) 257-5687  
Email: stephanie.bennett@uky.edu

## ABSTRACT:

*According to the National Child Abuse and Neglect Data System (NCANDS), Child Protective Service (CPS) agencies across the nation received approximately 3.5 million referrals related to child maltreatment in 2013. Unfortunately, maltreated youth are at an elevated risk for negative outcomes in both the short- and long-term, and educators play a pivotal role in the early identification of maltreated youth, with both the opportunity and responsibility to appropriately identify maltreatment and report it to the child protection agency. **PURPOSE:** Despite the requirement for mandated reporting of suspected maltreatment, training for educators is offered inconsistently, if at all. **METHODS:** For this study, a one-hour training was delivered to pre-service educators at three institutions of higher education during the Fall of 2012 through the Fall of 2014. The purpose of the training was to focus on the role of educators in recognizing and reporting child abuse. **RESULTS:** Data for N = 93 participants were analyzed and three themes emerged. Given the results of this study, it is essential that training on the topic occur early and often throughout the educator's career. **CONCLUSIONS:** While these data underscore the importance of training pre-service teachers in recognizing and reporting child abuse/neglect, this teaching method also represents a unique collaboration between the fields of health education and social work at the University*

level. Thus, it is recommended that these partnerships be developed in an effort to decrease barriers associated with reporting suspected child abuse/neglect.

**KEYWORDS:** child maltreatment, mandatory reporting, educators, pre-service training

## INTRODUCTION

According to the National Child Abuse and Neglect Data System (NCANDS), Child Protective Service (CPS) agencies across the nation received approximately 3.4 million referrals related to child maltreatment in 2012 (U.S. Department of Health and Human Services [USDHHS], 2012, p. 5). Of these referrals, more than 2 million reports received a disposition, which is an investigation response that includes assessment of the maltreatment and a determination of the child welfare agency's service response (USDHHS, 2012, pg. 6). In 2012, there were 686,000 victims of abuse and neglect nationwide, resulting in a rate of 9.2 victims per 1,000 children in the population (USDHHS, 2012, p. 19). Maltreated youth are at an elevated risk for negative outcomes in both the short- and long-term, and educators play a pivotal role in the early identification of maltreated youth, with both the opportunity and responsibility to appropriately identify maltreatment and report it to the child protection agency to ensure swift intervention.

### Types of Maltreatment

In the United States, each state has the autonomy to create formal definitions of child abuse and neglect, which has resulted in variation among states in their definitions of maltreatment and the criteria required for acceptance of a report and substantiation of maltreatment (USDHHS, 2012, p. 16). However, the Child Abuse Prevention and Treatment Act (CAPTA) provides a baseline definition of child abuse and neglect, which states have operationalized to guide the child protection system and determine the process for accepting referrals and substantiating maltreatment. CAPTA defines child abuse and neglect as "at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm" (USDHHS, 2012, p. 16). The U.S. Department of Health and Human Services (USDHHS) provides general definitions of the four recognized types of child maltreatment: neglect, physical abuse, sexual abuse, and

psychological or emotional abuse. Table 1 includes these general definitions as recognized by the USDHHS (2012).

In addition to the general definitions, the USDHHS (2012) provides an estimate of the prevalence of each type of abuse. According to these national data, neglect is the most common form of child maltreatment (78.3%), followed by physical abuse (18.3%), sexual abuse (9.3%), and emotional/psychological abuse (8.5%), respectively (USDHHS, 2012). It is important to note that the total percentage of maltreatment types is over 100%, indicating that some maltreatment types occur concurrently, with multiple forms of maltreatment substantiated for the same child victim.

### Age as a risk factor for the type of maltreatment

Neglect is most common among children under the age of 3 (29.7%) while sexual abuse occurs among 26.3% of children ages 12-14 and 33.8% of children ages 9 and under (USDHHS, 2012, p. 21). Physical abuse is most common for children age 1-2 (24.6%), though nearly half (48%) of all physical abuse cases involve school-age children between the ages of 3 and 11 (USDHHS, 2012, p. 21). It is important to note that although the risk of any type of maltreatment is highest for children younger than 1 year, victims of all ages <1 to 17 have been reported to be maltreated, with the rate and percentage steadily decreasing with age (USDHHS, 2012, p. 19). The reason maltreatment rates are highest among young children is not fully understood, but several hypotheses have been postulated. First, younger children may spend more time with their caregivers and be "more physically and psychologically dependent on them" for their needs, requiring much more time and attention than older children (Belsky, 1993, p. 419). Second, parents may have unrealistic expectations of the child developmentally and behaviorally, which may result in parental frustration when the child does not meet such expectations (Belsky, 1993). And finally, due to their developmental status, they may be more susceptible to injury and harm from physical abuse (Belsky, 1993). Due to their developmental needs and dependence on caregivers, young

children may have less capacity to protect themselves from harm. For example, a 10-year old child may be able to anticipate an incident of physical abuse and respond accordingly by hiding or running away, a response not possible for a 2-year old. Likewise, neglect occurs less frequently for older children due to their increased self-sufficiency and ability to find alternatives for meeting their basic needs. Thus, a school-age child may be able to access food at school whereas a toddler cannot due to their dependence on caregivers. It is important to note that sexual abuse is a unique exception to this as the risk for sexual abuse increases with age (Mraovich & Wilson, 1999).

### **Child Maltreatment and the overall health of the child: short and long term consequences**

Child maltreatment is a clear threat to the immediate health of the child. In extreme cases, maltreatment may result in a fatality or near-fatality. In 2012, 1,593 children died as a result of abuse or neglect, a rate of 2.20 per 100,000 children nationally (USDHHS, 2012, p. 52). Fortunately, maltreatment does not typically result in death; however, the research on the topic suggests that the short- and long-term consequences of child abuse and neglect are significant and warrant attention.

Just as all incidents of maltreatment and the circumstances surrounding them are unique, youth reactions to maltreatment are heterogeneous and can vary greatly even among children exposed to similar types of maltreatment (Thompson & Wyatt, 1999). Despite the heterogeneity of responses, there are—generally speaking—several consistent (or prevailing) patterns and themes in youth responses to maltreatment demonstrated in the literature. In the short-term, responses to abuse or neglect may include an increase in both internalizing and externalizing problem behaviors (Staudt, 2001; Slopen, Koenen, & Kubzansky, 2014). Internalizing problem behaviors take the form of anxiety, depression, low self-esteem, or difficulty coping with stressful situations, while externalizing problem behaviors may be displayed in school-age children as aggression towards others and problematic peer relations (Staudt, 2001). Few studies indicated that maltreated youth may also be predisposed to negative physical health outcomes such as elevated Body Mass Index (BMI) (Slopen, Koenen, & Kubzansky, 2014). Though the relationship between maltreatment and physical health outcomes is not fully understood, biological mechanisms as well as health and lifestyle choices have been identified

as possible reasons: “It is possible that cumulative adversity may have an indirect influence on biological mechanisms that regulate metabolism and behavior, or that cumulative adversity may have an indirect influence via health-related behaviors, including diet and physical activity” (Slopen, Koenen, & Kubzansky, 2014, p. 636).

In addition to the short-term health related consequences of maltreatment, academic performance has been consistently shown to be lower for maltreated youth than non-maltreated youth (Staudt, 2001; Kinard, 2001). Not only do maltreated youth struggle academically (Daignault & Herbert, 2008) and perform at lower levels than their non-maltreated peers (Kinard, 2001; Hildyard & Wolfe, 2002; Crozier & Barth, 2005; Zolotor, Kotch, Dufort, Winsor, Catellier, & Bou-Saada, 1999), but studies have shown that maltreated youth may be less likely to graduate and achieve fewer years of total education (Tanaka, Georgiades, Boyle, & MacMillan, 2015; Smith, Park, Ireland, Elwyn, & Thornberry, 2013).

Part of the explanation for these adverse academic outcomes has to do with the damage incurred to the maltreated youth’s brain. In this regard, studies have shown that executive functioning, particularly spatial working memory, is compromised among maltreated youth compared to their non-maltreated peers (Augusti & Melinder, 2013). Such impairment to brain function could contribute to decreased academic performance among maltreated youth. Moreover, studies have indicated that more than half of youth with reports of some type of maltreatment are at an increased risk for adverse health and academic consequences such as academic failure, grade repetition, substance abuse, delinquency, truancy, or pregnancy than non-abused children (Administration for Children and Families, Office of Planning, Research and Evaluation [ACF, OPRE], 2012).

Although commonly overlooked as a form of maltreatment, neglect may have the most serious consequences for youth (Hildyard & Wolfe, 2002). When compared to other maltreated youth victims of physical abuse, neglect victims experience “more severe cognitive and academic deficits, social withdrawal and limited peer interactions, and internalizing (as opposed to externalizing) problems” (Hildyard & Wolfe, 2002, p. 679). Neglect is more likely than physical abuse to result in problems with emotional processing and inhibition in adults (Gould, Clarke, Heim, Harvey,

Majer, & Nemeroff, 2012). The severity of consequences for neglected youth may be explained, in part, by the negative impact that neglect has on the youth's ability to form a secure attachment to the caregiver (Hildyard & Wolfe, 2002). Attachment forms the basis for all future development (Child Welfare Information Gateway, 2009), and insecure attachments developed in early childhood may negatively impact development globally as the child matures (Child Welfare Information Gateway, 2009; Perry, 2001). Neglect also tends to be chronic in nature and has an "accumulating effect on subsequent developmental abilities and limitations," where such a "snowball" type of affect can be seen as particularly hazardous to a child's well-being (Hildyard & Wolfe, 2002, p. 681).

Though these consequences are commonly conceptualized as an emotional or psychological response to distress, the problems that arise following abuse or neglect could be a result of actual physiological changes that occur in the brain following maltreatment (Delima & Vimpani, 2011; Buckingham & Daniolos, 2012). In this regard, recent advances in the field of neurobiology have provided an important context for understanding the short-term and long-term implications of maltreatment as it affects the developing brain (Delima & Vimpani, 2011). Because of this potential to change the brain, abuse and neglect, as it is experienced early in life, can have a substantial and life-long impact (Painter & Scannapieco, 2013).

The impact of maltreatment extends beyond youth maturation and into adulthood. In this manner, research has consistently demonstrated that the effects of youth maltreatment have been shown to persist throughout an individual's life due, at least in part, to neurobiological changes that occur in early childhood (Painter & Scannapieco, 2013). Therefore, experiencing abuse or neglect as a child increases the risk of aggression and suicide attempts (Harford, Yi, & Grant, 2014), neurocognitive deficits (specifically in the areas of visual memory, executive functioning, and emotional processing) (Gould et al., 2012; Young & Widom, 2014), mental health disorders (Springer, Sheridan, Kuo, & Carnes, 2007) and substance abuse disorders (Buckingham & Daniolos, 2013), as well as poorer physical health (Springer et al, 2007) and health diagnoses, including asthma, diabetes, and cardiovascular disease (Buckingham & Daniolos, 2013; ACF, OPRE, 2012) into adulthood.

The short-term impact of maltreatment is particularly salient for teachers as the consequences, such as poor academic performance, aggressive behaviors, or limited peer interactions, may play out in the classroom. There may be a tendency to respond to the short-term impacts of maltreatment, especially externalizing behaviors that are problematic in the classroom. However, considering the potential long-term impact of maltreatment, educators must be equipped to respond appropriately to help ensure timely and adequate response, thus minimizing short-and long-term consequences.

### **Educators' role in preventing and responding to child maltreatment**

In 2012, professionals such as child daycare providers, educators, legal and law enforcement personnel, and medical personnel accounted for the submission of nearly three-fifths of reports (58.7%), of which educators represented the second highest group (16.6%), outside of legal and law enforcement personnel (16.7%), to make reports of suspected maltreatment (USDHHS, 2012, p. 7). Clearly, educators play a pivotal role in recognizing and reporting child maltreatment given their exposure to youth, whom spend nearly a third of their time in the academic setting. Unlike other mandated reporters, such as physicians or law enforcement personnel, who may only have sporadic contact with vulnerable youth, educators are more likely to observe changes in youth behavior and functioning that may point to potential maltreatment (Martin, Cromer, & Freyd, 2010).

### **Mandated Reporting**

Mandated reporting laws exist in every state and require educators to report suspected child maltreatment (Child Welfare Information Gateway, 2014). The majority of states specify educators as a group of mandated reporters while a minority of states include educators as mandated reporters under a blanket requirement that any concerned citizen report suspected maltreatment (Child Welfare Information Gateway, 2014). Despite the requirement for mandated reporting of suspected maltreatment, training for educators in the signs, symptoms, and reporting of abuse and neglect is offered inconsistently, if at all (Krase, 2013). Thus, given the challenges inherent in appropriately identifying maltreatment, it is not surprising to find that educators often fail to report suspected maltreatment (Webster, O'Toole, O'Toole, & Lucal, 2005).

Reporting allegations of abuse or neglect is a grave task for any reporter, and research suggests that many mandated reporters from a variety of disciplines do not make reports even when doing so is indicated (Alvarez, Kenny, Donohue, & Carpin, 2004; Gilbert et al., 2009). A vignette study of educators found that a third of teachers would not report cases that met legal definitions of abuse or neglect (Webster et al., 2005). Literature on the topic suggests that there are several primary reasons for lack of reporting among educators and other professionals, including: lack of knowledge, concern about consequences for the youth and family, professional barriers and concern about consequences for the educator, a general negative attitude toward the child protection agency, and personal biases (Alvarez, Kenny, Donohue, & Carpin, 2004; Sinanan, 2011; Schols, Ruiter, & Ory, 2013).

#### **Lack of knowledge.**

There are a number of reasons speculated for the underreporting of maltreatment, and research on the topic indicates that lack of training may be a primary cause for this (Kenny, 2001). Lack of information about legal definitions of maltreatment and lack of clarity about what constitutes abuse or neglect may inhibit reporting suspected maltreatment (Smith, 2010). Ambiguous maltreatment, particularly abuse or neglect that is difficult to produce physical evidence of, may not be reported by educators as often as unambiguous forms of abuse that can produce evidence (Smith, 2010; Kenny, 2001; Smith, 2006; Webster, O'Toole, O'Toole, & Lucal, 2005; Vanbergeijk, 2008); therefore, educators may be reluctant to make referrals for suspected maltreatment and may instead only report instances of abuse or neglect that they know to be occurring (Smith, 2010). Additionally, educators may not be aware of indicators of abuse or neglect, and may struggle to properly identify such incidents (Reiniger, Robison, & McHugh, 1995). Research has indicated that educators consistently report lacking confidence in their ability to detect abuse or neglect and make appropriate reports (McKee & Dillenburger, 2009; McGarry & Buckley, 2013). Furthermore, educators may not know how to make a report (Reiniger, Robison, McHugh, 1995; Kenny, 2001; Kenny, 2004), may be fearful of the consequences of making an inaccurate report (Kenny, 2001; Kenny, 2004), or have concerns about the potential of being involved in court proceedings (Kenny, 2001).

**Concerns about youth and family.** Another concern educators may have is the complicated balance between the rights of the child and the rights of the parent (Feng, Chen, Fetzter, Feng, Lin, 2012). Reporting maltreatment may provide protection for the child while simultaneously causing harm to the parent (Feng et al., 2012). The conflicting rights of the parent and the child in such situations can be extremely challenging to navigate. In some cases of suspected neglect, educators may be reluctant to report suspected maltreatment out of sympathy for the parent and the hardships they are facing (Feng et al., 2012). Fear of making the situation worse by involving the child protection system may also inhibit reporting among some educators.

#### **Professional barriers and concerns.**

Educators describe not reporting suspicions of maltreatment due to concerns about how the referral may impact their working relationship with the parent and child (Schols, Ruiter, & Ory, 2013). The nature of the educator's role is such that she must continue an ongoing relationship with the parent and child even after making a referral. Fear of damaging this relationship may contribute to the decision to not report (Alvarez, Kenny, Donohue, & Carpin, 2004).

#### **Attitude toward the Child Protection Agency.**

Mistrust of the child welfare agency may lead an educator to conclude that reporting suspected maltreatment is not in the child's best interest (Schols, Ruiter, & Ory, 2013) or that no help will be offered to the child (Kenny, 2001).

#### **Personal views and biases.**

Educators may enter the field with preconceived notions and beliefs about maltreatment based not only on their educational experiences but also on personal experiences (Smith, 2006; Smith, 2010). Experiences from the educator's family-of-origin may influence her definition of maltreatment, resulting in a lack of reporting of maltreatment that meets legal definitions but not the educator's personal definition (Smith, 2006).

Moreover, barriers that occur concurrently may make the educator significantly less likely to report the maltreatment (Vanbergeijk, 2008). In fact, one study found that for each barrier identified by the educator, they were 19% less likely to make a report (Vanbergeijk, 2008). Given these data, the importance of decreasing barriers to reporting suspected child abuse among educators warrants attention.

## PURPOSE

Underreporting by teachers is a serious concern with grave short- and long-term consequences; it “denies children who have been maltreated an opportunity to receive protection, reduces professional support for mandated reporting laws, exposes professionals to anxiety and liability, and distorts the statistics of child abuse which can impact both funding and policy” (Sinanan, 2011, p. 68). While underreporting occurs more often (Webster et al., 2005), it has been suggested that educators are a source of over-reporting maltreatment as well (Krase, 2013). Reports made by educators are less likely to be substantiated than reports made by other mandated reporting sources or even the general public (Krase, 2013; Kesner & Robinson, 2002; King & Scott, 2014). Though educators are the source of nearly 17% of all referrals made to the child welfare system (USDHHS, 2012), many reports made by educators are not substantiated when investigated (Krase, 2013). One U.S.-based study indicated the substantiation rate for reports made by educators was 56%, compared to a 59% substantiation rate for social services professionals, 62% for medical personnel, and 71% for legal personnel (Kesner & Robinson, 2002). A study in Canada found that reports made by educators were over 2 times as likely to receive a disposition of unsubstantiated when compared to other professionals (King & Scott, 2014). The reasons for this phenomenon are not fully understood, but one hypothesis concerns the focus of educators on the child’s well-being with primacy placed by educators on the functioning and risk factors of the child whereas the child protection agency also considers the functioning and risk factors of the parent (King & Scott, 2014).

Though it seems contradictory for there to exist a concern about both underreporting and over-reporting by educational professionals, both phenomena illustrate the fact that educators need additional training on the topic in order to make appropriate and effective referrals. Education on the topic must be provided to address many of the real and perceived barriers to reporting commonly cited by educators. However, educators often report limited training on the subject of maltreatment. Pre-service training on child protection at the University level is inconsistent, offered to varying degrees in some courses required of future educators (Rossato & Brackenridge, 2009). Similarly, training provided for educators within a school

system may focus on reporting procedures and the school policies for making a report, rather than the signs, symptoms, and risk factors of which teachers should be mindful (Kesner & Robinson, 2002). Importantly, educators often report that the training they received in their pre-service program or within the employing school system is either non-existent or inadequate (Kenny, 2001; McGarry & Buckley, 2013). One study found that only 34% of current educators received pre-service training on child maltreatment, with only 23% of this group rating the training as adequate (Kenny, 2004).

Given the fact that the majority of abused and neglected children are of school-age (USDHHS, 2012), educators are in an ideal position to make timely referrals of suspected maltreatment, though this is only possible with adequate training. Child maltreatment is a complicated, heterogeneous phenomenon, and despite training in child development, educators cannot intuit appropriate responses to maltreatment, nor should they be expected to (Thompson & Wyatt, 1999; Walsh & Farrell, 2008). As Walsh and Farrell (2008) state: “...teachers cannot and should not be expected to develop their own CAN [Child Abuse and Neglect] knowledge by chance or coincidence. Teacher education programmes must deliberately include CAN-specific knowledge and approaches” (p. 597). Therefore, appropriate recognition and response of maltreatment requires specialized training on the topic and the complexities it encompasses (Thompson & Wyatt, 1999). Thus, the purpose of this manuscript was to assess the impact of child abuse and neglect training as it was delivered to pre-service educators through a health course taken during their pre-professional coursework.

## METHODS

Child abuse training was integrated into a health course and delivered to students at three institutions of higher education during the Fall of 2012 through the Fall of 2014. The purpose of the training was to focus on the role of educators in recognizing and reporting child abuse, and all participants in this study population were pre-professional education majors seeking teacher licensure in elementary, middle, or high school settings and in either the core content areas (math, science, social studies, language arts), special education, or health and physical education. A guest speaker specializing in the field of social work, in both practice and academic preparation, was invited to deliver the

training to the participants, all of whom received the training at one time point in the semester.

The purpose of the child abuse training was to expose pre-service teachers to training related to child abuse and neglect and to specifically address the poignant role of the classroom educator in recognizing and reporting suspected child abuse. The pedagogical approach to the training was a one-hour lecture with an informal Question and Answer session to follow. The content of the training placed heavy emphasis on recognizing the physical, behavioral, emotional, and academic indicators of child abuse and neglect, which is summarized in Table 2. A description of the training using key concepts to be addressed is provided in Table 3.

The Q & A session lasted approximately 15 minutes following the training, providing participants with a forum to interact with the guest speaker on a more informal level. After completing the training, participants were asked to evaluate the impact of the training in a reflective assignment. Specifically, participants were prompted to respond to the question: *In what way has this training (child abuse and neglect) informed your professional skill-set as an educator?*

## DATA ANALYSIS

The individual responses to the reflective question were used as the source of data for this study. As such, participants were prompted to reflect on the value of the child abuse training as it had informed their professional skill set as a future classroom educator. Using these reflective data, the purpose of the analysis was to identify and extract those themes pertaining to the value these participants, pre-service educators, placed on the in-class training they received. In order to use pre-existing data for this study, IRB approval was obtained. Thus, the pre-existing data were de-identified and reported in the aggregate for all participants who completed the training during the Fall of 2012 through the Fall of 2014.

Data were analyzed using Dedoose, an online data management and analysis program capable of performing mixed methodological statistical analyses (Dedoose, 2014). In this study, both qualitative and quantitative methods were employed. Data files for N = 93 participants were uploaded as media files into Dedoose before they were analyzed. As a first step in the data analysis process, two individuals (raters) read the data in its entirety. Then, the two individuals

met to compare their observations of potential themes and then again to compare the extent to which they arrived at agreement on the themes to be used in the data coding process. To this extent, eight themes emerged and were agreed upon by both raters. Both raters then independently coded the data using the agreed upon themes. The analysis function of Dedoose provided a quantitative description of each rater's coding patterns. Upon examining the coding patterns for each rater, three overarching themes were created, and five subthemes were embedded within the overarching themes. In an effort to capture the agreement between these two raters, an inter-rater reliability test was performed using a random sample of N = 25 excerpts from one rater's code applications. As such, a Cohen's Kappa coefficient of .86 was obtained, indicating the two raters were in "almost perfect" agreement (Viera & Garrett, 2005).

## RESULTS

The underlying approach to the research design and analysis of the present study was based on a theoretical thematic analysis. As such, a theoretical thematic analysis approach implies some level of expectation regarding the outcomes to be studied (Braun & Clarke, 2006). Thus, based on an extensive review of the literature on child abuse training and educators, this approach was identified as being appropriate for an underpinning of this research, given the expectation that certain themes would emerge from the responses of the participants. Therefore, the themes were not entirely inductive in nature, but rather a deductive result of the anticipated responses. However, it is important to note that the participants were not led to any conclusions, as the reflective assignment posed an open-ended question. Once these data were interpreted, three overarching themes of knowledge, confidence, and student safety emerged, while the subthemes found a place beneath one of the three overarching domains. Table 4 provides a complete list of these major themes, subthemes, and a brief description for each.

Selected excerpts, taken from the participants' data, provide examples of how the narrative descriptions participants provided were applied to each theme and subtheme that emerged.

**Theme: Knowledge**

1. "This being said, educators, administrators, and school faculty members must be trained in how to identify potential abuse in students and know how to handle the situation. However unfortunate, it is almost certain that we as teachers will have a student in our classroom that is the victim of abuse or neglect. Trainings like this equip teachers with the skills necessary to provide help to these students."
2. "I learned that Ohio's policy is to try to keep the child in the household. To me, this makes some sense. I feel that if the home life of the child can be improved, they will be better off staying with their parents instead of being shipped to people they do not know or staying in the state's care."
3. "Now knowing the daunting statistic that a report of child abuse is made every 10 seconds in the United States makes me aware that I need to pay more attention to my students because child abuse is happening everywhere in the United States and might be happening in my classroom."
4. "The presentation was enriching because I got to learn about the different forms of abuse, plus what neglect actually constitutes."

**Subtheme: recognizing signs of abuse**

1. "I learned some key signs such as unusual bruising or injuries, destructive behaviors, or drops in school performance that can be indicators that a child is being abused or neglected."
2. "It was also good to know where to look for bruises that would not occur on a daily basis. Knowing where these bruises happen and listening to the child's reason how they got it can make all the difference in identifying abuse."
3. "She went over the different symptoms of child abuse, such as bruises, emotional withdrawn, and acting out."
4. "One of the most important points that teachers should know are the signs of abuse and neglect. These are crucial in the classroom because if a student is being abused/neglected it needs to be recognized right away so it can be stopped."

**Subtheme: types of abuse**

1. "Now knowing all the indicators for physical abuse, neglect, emotional maltreatment, and sexual abuse makes me a more informed teacher that knows

what to look for in my students, so when I do see one of the indicators I can help that student so the situation the student is suffering from don't have to last any longer."

2. "This training is also valuable to me because I need to be able to recognize the main indicators of neglect, emotional maltreatment, and sexual abuse."
3. "Another key point that I found very interesting is that emotional abuse co-occurs with another form of abuse. I found this neat because I have not learned much about emotional abuse but I am glad that the guest speaker gave us this information. One more key point that was shocking to me was how few sexual abuse cases there actually are because of all the publicity it gets."
4. "There is physical, emotional, sexual, and neglect. I learned that neglect is the most common type of abuse. Neglect is when the parents are not meeting their children's needs. This could include not providing adequate meals, home or clothing."

**Subtheme: mandatory reporting**

1. "I now understand that it is my duty as a future educator to report any type of abuse that I know of for sure, or that I suspect."
2. "I know that I must report any and all suspicions that I have in regards to seeing child abuse and neglect. I know that I am protected by law so I will not be intimidated to keep any information to myself."
3. "It will be my job to report abuse if I suspect I may see these children roughly 30 hours a week so I may see the indicators before anyone else and it will be my job to report it."
4. "It is my responsibility to make these reports to help these children. If I know of a case of child abuse, I am liable to report it so I need to know what to do in those situations."

**Subtheme: how to make a report**

1. "I will also be able to use the system of reporting in which the presenter taught us. Even if neglect is suspected and there is no concrete evidence, it is important to report, especially because it may take a few calls in order for officials to step into the situation. When reporting a suspected case of abuse, it is

important to have the child's name and birthdate, along with the address, names of parents, etc. If the names of parents and address are not able to be found, it is imperative to have the child's name and birthday. With those two pieces of information, Child Protective Services are able to find the child's home location, and decide whether or not they want to begin an investigation of suspected abuse or neglect."

2. "One last thing that all teachers should know is how to actually report an incident. We can call the hotline or the local DCBS office if it is not an emergency. If a child is in imminent danger, we of course call 911. There is also an online reporting system that we can use."
3. "I really thought it was important to know what the proper steps to take once the abuse is suspected. There is a chain of command that you must go through. You cannot skip steps!"
4. "I am protected from all liability that might be sought through filing of a legal action and my identity of the referral source may not be released without the party's written consent. And, this lecture taught me what I need to have ready when I report child abuse or neglect to child services."

**Theme: Confidence**

1. "I feel more confident and comfortable in my role as a teacher."
2. "However, with the knowledge of how to help, I feel more comfortable about how to address and report it."
3. "I feel better prepared to notice something wrong and now have the resources I need to handle it properly."
4. "...It also affects me because I feel a little more comfortable."

**Subtheme: prepared to respond to disclosure**

1. "The last thing that I learned that will affect me in the classroom would be that I learned that you need to ask open ended questions and how to respond to the disclosure, and that the two most important things to say during a disclosure are 'I believe you', an 'it's not your fault.' This will make sure that my student feels like there not the bad person and they feel comfortable telling me things in the future."

2. "It was also very useful to know to use open-ended questioning, so if the testimonies were used in a court case, they cannot be dismissed because the child was being coached. It is important to let the child tell you what happened and just be encouraging and not make them feel any more self-conscious or embarrassed by telling me. It is also important to tell the student that they did the right thing by telling me and always thank them for telling me about the situation."
3. "Students might talk to a teacher about getting abused because they trust them and teachers need to accept the message and believe the individual and not act skeptical because then they might feel like they are doing something wrong by telling someone about what is going on in their home. Furthermore, teachers need to ask open ended questions, tell them thank you for telling you, and let them know that you believe them."
4. "I know how to talk to a student if he or she comes and talks to me about it. I know what to say and what not to say to make the student feel comfortable talking to me about the situation. I now know who to talk to about this situation and how to handle it."

**Theme: Student Safety**

1. "...when a student walks into the classroom they are my responsibility."
2. "As a teacher it is my job to make sure my students are safe and I need to look out for them because as sad as it I might be the only one."
3. "I am there to, not only teach the students, but also recognize any harm that may be coming to the child. As a teacher, it will be important for me to do so to protect the children's lives that may be at risk."
4. "One of my responsibilities as a teacher is to make sure my students are always in a safe environment whether it be at school or at home. Their safety is my responsibility."

**CONCLUSIONS**

As it was indicated, participants had reported a general lack of knowledge with regard to the many facets of child abuse, including recognizing the signs and symptoms, types, and legal responsibilities facing educators in reporting child abuse. As it pertains to this study, participants

cited improved knowledge, either concerning legal statutes or recognizing signs and symptoms, and skills, in the form of mandated reporting, as a result of this training.

## RECOMMENDATIONS

Given a lack of knowledge was identified as a significant barrier to reporting in the literature, this training can help equip future teachers with the knowledge necessary to make timely and appropriate referrals. While it is important for educators to be aware of indicators of abuse and neglect, educators are better served by a comprehensive understanding of the complexity of maltreatment. Indicators of abuse and neglect, particularly behavioral responses, may overlap with indicators of psychiatric or other problems not originating from maltreatment (Martin, Cromer, & Freyd, 2010). It is not enough for educators to simply be knowledgeable about indicators of abuse and neglect; they must also know about risk factors for maltreatment and the complexities involved in maltreatment. Training should be comprehensive and designed to help educators understand the complex nature of maltreatment.

On the other hand, there have been instances where educators may be adept at identifying maltreatment, but yet may be reluctant to report suspicions due to a lack of self-confidence in their abilities (Yanowitz, Monte, & Tribble, 2003). As such, a lack of self-confidence in generating a legitimate report is consistently reported as a barrier to reporting for educators (Yanowitz, Monte, & Tribble, 2003). Training can be utilized to increase competence and self-efficacy in the reporting process. In this study, participants reported an improved sense of confidence with regard to recognizing and reporting child abuse. Therefore, training programs such as the one in this study designed for educators need to consider strategies for increasing the confidence that educators have in their ability to identify maltreatment and report it appropriately (Yanowitz, Monte, & Tribble, 2003).

Child abuse training for educators should emphasize the short- and long-term consequences of maltreatment for youth, as it did for this study. While making a decision to report is challenging, consideration of prospective outcomes for the youth and the impact of maltreatment may help educators make a report even if they question doing so (Schols, Ruiters, & Ory, 2013). In this manner, the participants in this study identified student safety

as a personal responsibility, indicating that perhaps the training was successful in accomplishing this objective. It should be emphasized in any training that early intervention is crucial to ameliorating both the short- and long-term effects of maltreatment (Sechrist, 2000). In addition, training should also focus on ambiguous types of maltreatment that may be most difficult for educators to identify (Smith, 2010).

Additionally, sensitive communication about the topic of child abuse is of utmost importance. Youth may be reluctant to report maltreatment for fear of reprisal, negative judgment, and other consequences of sharing such information, such as removal from the home. The attitude taken by the educator when communicating with the youth about the maltreatment can hinder or support disclosure of sensitive information necessary for a referral. It is essential that educators respond to disclosures with sensitivity, empathy, and respect. Educators must not react in a way that suggests shock, disgust, or apathy, for these reactions may lead the youth to shut down. Developing this skill requires training, modeling, and practice. According to the results of this study, participants placed particular value on having the skill and ability to appropriately respond to disclosure.

Although limited in number and scope, preliminary studies of training programs designed for educators to disseminate information about child abuse show promise (Kenny, 2007; McKee & Dillenburger, 2012). Given the vital role of educators in responding to child abuse and neglect, it is essential that training on the topic occur early and often throughout the educator's career (Krase, 2013). While there is no national-level model or framework for training across all types of mandated reporters, the trainings delivered to pre-service educators in this study were predicated on the understanding of barriers or limiting factors in recognizing and reporting child abuse and neglect as they occur among educators, which provided a basis on which future trainings for this population may be developed. The potential for encountering incidents of maltreatment begins as soon as a pre-service educator enters the classroom as a student teacher; thus training in child abuse and neglect should begin in the pre-service process (McKee & Dillenburger, 2009; Kenny, 2004; Smith, 2006). Additionally, the career of the educator begins in the educational training process, making the undergraduate curriculum

the ideal starting point for disseminating important information about child abuse and neglect. While these data underscore the value of training pre-service teachers in recognizing and reporting child abuse and neglect, this teaching method represents a unique collaboration between the fields of education and social work at the University level. Thus, it is recommended that these partnerships continue to be developed in an effort to decrease the barriers associated with reporting suspected child abuse and neglect, particularly during pre-professional coursework of future educators (Sinanan, 2001).

### LIMITATIONS

The present study was an attempt to place value on child abuse and neglect training as it was delivered during the professional coursework of future educators, and as such, the findings are reflected heavily in the knowledge domain. Future research might want to hone in on the attitudinal measures related to child abuse and neglect, especially confidence, as interventions designed to increase self-confidence in reporting suspected child abuse and neglect warrant attention. Furthermore, the content of the training could be expanded or adapted so as to cover other barriers, such as concern about consequences for the educator, a general negative attitude toward the child protection agency, and personal views and biases, as these were additional barriers educators identified to reporting child abuse and neglect. Additionally, because the training occurred at one time point, it is difficult to ascertain any longitudinal effect of the training as it pertains to student teaching experiences or first years on the job as an educator. In this manner, future research could assess the outcomes of the training immediately (as in this study), during the student teaching experience, and again during the first year on the job to determine the impact of the training longer-term.

### REFERENCES

Administration for Children and Families, Office of Planning, Research and Evaluation. (2012). *Adolescents with a history of maltreatment have unique service needs that may affect their transition to adulthood*. Retrieved from [http://www.acf.hhs.gov/sites/default/files/opre/youth\\_spotlight\\_v7.pdf](http://www.acf.hhs.gov/sites/default/files/opre/youth_spotlight_v7.pdf).

Alvarez, K.M., Kenny, M.C., Donohue, B., & Carpin, K.M. (2004). Why are professionals failing to initiate mandated reports of child maltreatment, and are there any empirically based training programs to assist professionals in the reporting process? *Aggression and Violent Behavior, 9*, 563-578.

Augusti, E.M., & Melinder, A. (2013, December). Maltreatment is associated with specific impairments in executive functions: A pilot study. *Journal of Traumatic Stress, 26*, 780-783.

Belsky, J. (1993). Etiology of child maltreatment: A developmental-ecological analysis. *Psychological Bulletin, 114*(3), 413-434.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Buckingham, E.T., & Daniolos, P. (2013). Longitudinal outcomes for victims of child abuse. *Current Psychiatry Reports, 15*(342), 1-7.

Child Welfare Information Gateway. (2009). *Understanding the Effects of Maltreatment on Brain Development*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from [www.childwelfare.gov](http://www.childwelfare.gov).

Child Welfare Information Gateway. (2014). *Mandatory reporters of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from [www.childwelfare.gov](http://www.childwelfare.gov).

Crosson-Tower, C. (2003). *The Role of Educators in Preventing and Responding to Child Abuse and Neglect*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, Office on Child Abuse and Neglect.

Crozier, J.C., & Barth, R.P. (2005). Cognitive and academic functioning in maltreated children. *Children & Schools, 27*(4), 197-206.

Daignault, I.V., & Hébert, M. (2008). Short-term correlates of child sexual abuse: An exploratory study predicting girls' academic, cognitive, and social functioning 1 year later. *Journal of Child & Adolescent Trauma, 1*, 301-316.

Dedoose. (2014). *About us*. Retrieved from <http://www.dedoose.com/about-us/>.

Delima, J., & Vimpani, G. (2011). The neurobiological effects of childhood maltreatment: An often overlooked narrative related to the long-term effects of early childhood trauma. *Australian Institute of Family Studies, 89*, 42-52.

Feng, J.Y., Chen, Y.W., Fetzer, S., Feng, M.C., & Lin, C.L. (2012). Ethical and legal challenges of mandated child abuse reporters. *Children and Youth Services Review, 34*, 276-280.

Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D., & MacMillan, H.L. (2009). Recognising and responding to child maltreatment. *Lancet, 373*, 167-180.

Gould, F., Clarke, J., Heim, C., Harvey, P.D., Majer, M., & Nemeroff, C.B. (2012). The effects of child abuse and neglect on cognitive functioning in adulthood. *Journal of Psychiatric Research, 46*, 500-506.

Harford, T.C., Yi, H., & Grant, B.F. (2014). Associations between childhood abuse and interpersonal aggression and suicide attempt among U.S. adults in a national study. *Child Abuse & Neglect, 38*, 1389-1398.

Hildyard, K.L., & Wolfe, D.A. (2002). Child neglect: Developmental issues and outcomes. *Child Abuse & Neglect, 26*, 679-695.

Kenny, M.C. (2001). Child abuse reporting: Teachers' perceived deterrents. *Child Abuse & Neglect, 25*, 81-92.

Kenny, M.C. (2004). Teachers' attitudes toward and knowledge of child maltreatment. *Child Abuse & Neglect, 28*, 1311-1319.

Kenny, M.C. (2007). Web-based training in child maltreatment for future mandated reporters. *Child Abuse & Neglect, 31*, 671-678.

Kesner, J.E., & Robinson, M. (2002). Teachers as mandated reporters of child maltreatment: Comparison with legal, medical, and social service reporters. *Children & Schools, 24*(4), 222-231.

Kinard, E.M. (2001). Perceived and actual academic competence in maltreated children. *Child Abuse & Neglect, 25*, 33-45.

King, C.B., & Scott, K.L. (2014). Why are suspected cases of child maltreatment referred by educators so often unsubstantiated? *Child Abuse & Neglect, 38*, 1-10.

Krase, K.S. (2013). Educational personnel as reports of suspected child maltreatment. *Children & Schools, 35*(3), 147-154.

Martin, C.G., Cromer, L.D., & Freyd, J.J. (2010). Teachers' beliefs about maltreatment effects on student learning and behavior. *Journal of Child & Adolescent Trauma, 3*, 245-254.

McGarry, K., & Buckley, H. (2013). Lessons on child protection: A survey of newly qualified primary-level teachers in Ireland. *Child Abuse Review, 22*, 80-92.

McKee, B.E., & Dillenburger, K. (2009). Child abuse and neglect: Training needs of student teachers. *International Journal of Educational Research, 48*, 320-330.

McKee, B.E., & Dillenburger, K. (2012). Effectiveness of child protection training for pre service early childhood educators. *International Journal of Educational Research, 53*, 348-359.

Mraovich, L.R., & Wilson, J.F. (1999). Patterns of child abuse and neglect associated with chronological age of children living in a midwestern county. *Child Abuse & Neglect, 23*(9), 899-903.

Painter, K., & Scannapieco, M. (2013). Child maltreatment: The neurobiological aspects of Posttraumatic Stress Disorder. *Journal of Evidence-Based Social Work, 10*(4), 276-284.

Perry, B.D. (2001). *Bonding and attachment in maltreated children: Consequences of emotional neglect in childhood*. Retrieved from [www.childtraumaacademy.org](http://www.childtraumaacademy.org).

Reiniger, A., Robison, E., & McHugh, M. (1995). Mandated training of professionals: A means for improving reporting of suspected child abuse. *Child Abuse & Neglect, 19*(1), 63-69.

Rossato, C., & Brackenridge, C. (2009). Child protection training in sport-related degrees and initial teacher training for physical education: An audit. *Child Abuse Review, 18*, 81-93.

Schols, M.W.A., de Ruiters, C., & Ory, F.G. (2013). How do public child healthcare professionals and primary school teachers

- identify and handle child abuse cases? A qualitative study. *BMC Public Health*, 13(807), 1-16.
- Sechrist, W. (2000). Health educators and child maltreatment: A curious silence. *Journal of School Health*, 70(6), 241-243.
- Sinanan, A.N. (2011, Summer-Fall). Bridging the gap of teacher education about child abuse. *Educational Foundations*, 59-73.
- Slopen, N., Koenen, K.C., & Kubzansky, L.D. (2014). Cumulative adversity in childhood and emergent risk factors for long-term health. *The Journal of Pediatrics*, 164(3), 631-638.e2.
- Smith, C.A., Park, A., Ireland, T.O., Elwyn, L., & Thornberry, T.P. (2013). Long-term outcomes of young adults exposed to maltreatment: The role of educational experiences in promoting resilience to crime and violence in early adulthood. *Journal of Interpersonal Violence*, 28(1), 121-156.
- Smith, M.C. (2010). Early childhood educators: Perspectives on maltreatment and mandated reporting. *Children and Youth Services Review*, 32, 20-27.
- Smith, M. (2006). What do university students who will work professionally with children know about maltreatment and mandated reporting? *Children and Youth Services Review*, 28, 906-926.
- Springer, K.W., Sheridan, J., Kuo, D., & Carnes, M. (2007). Long-term physical and mental health consequences of childhood physical abuse: Results from a large population-based sample of men and women. *Child Abuse & Neglect*, 31, 517-530.
- Staudt, M.M. (2001). Psychopathology, peer relations, and school functioning of maltreated children: A literature review. *Children & Schools*, 23(2), 85-100.
- Tanaka, M., Georgiades, K., Boyle, M.H., & MacMillan, H.L. (2015). Child maltreatment and educational attainment in young adulthood: Results from the Ontario child health study. *Journal of Interpersonal Violence*, 30(2), 195-214.
- Thompson, R.A., & Wyatt, J.M. (1999). Current research on child maltreatment: Implications for educators. *Educational Psychology Review*, 11(3), 173-201.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2012). *Child Maltreatment*. Retrieved from: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect (2003). The Role of Educators in Preventing and Responding to Child Abuse and Neglect. *Child Abuse and Neglect User Manual Series*, 1-85.
- Vanbergeijk, E.O. (2008). Mandated reporting among school personnel. *Journal of Aggression, Maltreatment & Trauma*, 15(2), 21-37.
- Viera, A.J., & Garrett, J.M. (2005). Understanding inter-observer agreement: The Kappa statistic. *Family Medicine*, 37(5), 360-363.
- Walsh, K., & Farrell, A. (2008). Identifying and evaluating teachers' knowledge in relation to child abuse and neglect: A qualitative study with Australian early childhood teachers. *Teaching and Teacher Education*, 24, 585-600.
- Webster, S.W., O'Toole, R., O'Toole, A.W., & Lucal, B. (2005). Overreporting and Underreporting of Child Abuse: Teachers' use of professional discretion. *Child Abuse & Neglect*, 29, 1281-1296.
- Yanowitz, K.L., Monte, E., & Tribble, J.R. (2003). Teachers' beliefs about the effects of child abuse. *Child Abuse & Neglect*, 27, 483-488.
- Young, J.C., & Widom, C.S. (2014). Long-term effects of child abuse and neglect on emotion processing in adulthood. *Child Abuse & Neglect*, 38, 1369-1381.
- Zolotor, A., Kotch, J., Dufort, V., Winsor, J., Catellier, D., & Bou-Saada, I. (1999). School performance in a longitudinal cohort of children at risk of maltreatment. *Maternal and Child Health Journal*, 31(1), 19-27.

<b>Table 1: Child Maltreatment Prevalence by Type</b>		
<b>Maltreatment Type</b>	<b>Definition</b>	<b>National Prevalence</b>
Neglect	“Failure by the caregiver to provide needed, age-appropriate care although financially able to do so or offered financial or other means to do so” (USDHHS, 2012, p. 117); failure to provide may be in the areas of food, clothing, shelter, or care, including medical or educational care (Delima & Vimpani, 2011); typically chronic in nature, contrasted with the episodic nature of physical or sexual abuse (Hildyard & Wolfe, 2002)	78.3%
Physical Abuse	“Physical acts that caused or could have caused physical injury to a child” (USDHHS, 2012, p. 118)	18.3%
Sexual Abuse	“Involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities” (USDHHS, 2012, p. 121)	9.3%
Emotional/ Psychological Abuse	“Acts of omission-other than physical abuse or sexual abuse- that caused or could have caused: conduct; cognitive; affective; or other behavioral or mental disorders. Frequently occurs as verbal abuse or excessive demands on a child’s performance” (USDHHS, 2012, p. 119)	8.5%
(Crosson-Tower, 2003: USDHHS, 2003, p. 13)		

**Table 2: Indicators of Abuse and Neglect***Physical Indicators*

- Visible marks (bruises, welts, scratches, burn marks)
- Physical appearance (underweight or malnourished, inappropriate clothing for weather conditions)
- Somatic symptoms (stomachaches, headaches)
- Complaints of pain or frequent hunger

*Behavioral Indicators*

- Aggression toward peers or others
- Destructive behaviors towards self and others
- Poor peer relations
- Inappropriate sexual behaviors
- Possesses sexual knowledge beyond age expectations
- Regressive/less mature behavior than expected for age and developmental level
- Defiant and oppositional behaviors
- Fearful of adults
- Uncomfortable with physical contact (pat on the back)
- Lying
- Stealing
- Hoarding food
- Poor hygiene

*Emotional Indicators*

- Withdrawal from others
- Anxiety
- Sadness or depression
- Thoughts of suicide
- Low self-esteem

*Academic Indicators*

- Truancy
- Sudden changes in school performance
- Low achievement, particularly if it does not match academic ability
- Difficulty concentrating
- Arrive at school early or not want to leave
- Sleeping in class/often very tired

➤ Statistics regarding types of maltreatment,
➤ Legal definitions of maltreatment, including both federal definitions and state-specific definitions,
➤ Mandatory reporting laws and the role of the educator in responding to abuse and neglect,
➤ Narrative descriptions and examples of maltreatment cases and their conclusions, and
➤ Tips on responding to disclosure appropriately.

	<b>Description</b>
<b>(1). THEME: <i>Knowledge</i></b>	Value of training related to enhancing/informing skill set
SUBTHEME(S):	
<i>i. Recognize Signs of Abuse</i>	Able to decipher the signs of each type of abuse.
<i>ii. Types of Abuse</i>	Able to differentiate between the different types of abuse (physical, sexual, emotional/psychological, and neglect).
<i>iii. Mandatory Reporting</i>	Now aware and understands the states mandatory reporting laws.
<i>iv. How to Make a Report</i>	Processes and procedures associated with making a report of suspected child abuse and neglect.
<b>(2). THEME: <i>Confidence</i></b>	Improved confidence to hand incidents of child abuse and neglect.
SUBTHEME:	
<i>v. Prepared to Respond to Disclosure</i>	Process to follow in the event a student discloses abuse.
<b>(3). THEME: <i>Student Safety as a Priority</i></b>	Recognizes the importance of student safety in the context of his/her role as an educator and mandatory reporter.