

PRESCHOOL AND PRIMARY SCHOOL TEACHERS' ROLE IN DETECTING AND REPORTING CHILD ABUSE AND NEGLECT CASES

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Abstract: Any professional working with children is obliged by law to report suspected child abuse. However, teachers face several difficulties in recognizing and reporting abuse and neglect cases.

Using methods similar to those of international studies in this domain (qualitative analysis of open questions questionnaire) this paper analyses the responses given by a sample of teachers working in mainstream preschool and primary school establishments in Cluj, highlighting the issues linked to their knowledge of child abuse and neglect indicators and their reporting attitudes.

The results highlight that, although the respondents are aware of possible signs of child abuse and neglect, there is a lack of thorough knowledge of child abuse indicators on an individual basis. The results also emphasize on lack of training in this area and on reporting not being directed to social services, leaving possible abuse cases outside of special intervention area.

Keywords: child abuse and neglect, child abuse reporting, child abuse indicators

Introduction

Although there are specialized child protection services and professionals, child protection is not their responsibility only. Teachers have an essential role in protecting children. As Buckley and McGarry (2011) concluded, children attending preschool or primary school share a special bond with their teachers and teachers are privileged in knowing detailed aspects of children attending their units, as they are witnesses to many contacts between children and their parents. "No other professional has such daily and continuum contact with children as teachers do." (Briggs and Hawkins, 1997, p. 17, apud Goldman 2010, p 283). Once attending preschool, children are part of this relationship

that continues with a different teacher in primary school. For school age children, this relationship is probably the most appropriate context for taking the first step in risk assessment and thereafter in child protection case management.

Teachers' Role in Recognizing Child Abuse and Neglect

A large number of teachers encounter difficulties in the process of recognizing and reporting child abuse (Hinson și Fossey, 2000). Several factors are acknowledged as barriers in knowing exactly how many child abuse and neglect cases there are, such as: teachers failing to identify bruises and to recognize abuse signs as well as failing to report suspected cases (Giovannoni 1989, apud Cates 1995 p 6.). Once in the educational system, children are seen on a daily basis for a significant period of time of the day and therefore teachers may find it useful to have a tool that enables them to more easily recognize abuse cases (Cates 1995). Recognizing abuse however remains a difficult task as there are no rules that may indicate a child is being abused or neglected (Hawtin & Wyse, 1998). A child may be the victim of abuse and show no visible signs of abuse, or on the contrary, abuse signs may also be signs of different events in a child's life. Despite all difficulties, child abuse indicators have been drawn and they are a helpful tool in recognizing abuse. Adding family and environmental knowledge available to teachers to these abuse indicators, a decision of whether to report or not is more easily reached.

Several authors tackling abuse indicators conclude that in order to assess a risk, knowledge of both physical and behavioural child abuse indicators is needed. Analysing the two categories of abuse signs equals to questioning if an abuse is taking place. For instance, when questioning a physical abuse case, one teacher may observe bruises on a child – this may be one physical indicator of physical abuse or may simply be the sign of an accidental bruise. If the teacher questions the behavioural indicators (such as: the child is concealing the bruises, the child gives different explanations for the same bruise to different people or the child is being aggressive or on the contrary is unusually quiet and withdrawn) a clearer situation is being drawn and that is helping the teacher to decide to report.

The difference between facts and fiction regarding recognising abuse is highlighted as early as 1988 (Keiser și Berry 1988). Further down the time line, authors stress how important is to differentiate

between abuse indicators and abuse risk factors. (Lau et al, 2009, p.58). The latter are factors that indicate that an abuse may happen when child abuse indicators are indicating that an abuse is happening or has happened. Therefore, to be able to report an abuse or neglect, one needs to have knowledge of child abuse indicators, but also to have the ability to analyse these indicators according to the risk factors that may be present in the child's life. A thorough multidisciplinary assessment is the only tool that can confirm that the observed indicators are indeed indicators of an abuse or that they are alarm bells of a medical condition for example. However, the child abuse and neglect indicators importance in detecting abuse must not be minimised as child protection and child abuse forms knowledge contributes to teacher's skills in recognising and reporting abuse.

Mandatory Child Abuse Reporting

Mandatory reporting was brought to discussion as a result of increased numbers of child abuse and neglect cases. California was the first American state to adopt the mandatory reporting legislation in 1963 and by 1967 all 50 American states embrace the same legislation (Pence and Wilson 1996, apud Hinson and Fossey 2000). 21 of those states include every adult citizen in the category of those obliged by law to report child abuse (Institute of Medicine 2002). Most countries adopted the mandatory reporting of child abuse in their legislation or working procedures, Romania being one of them. Mandatory reporting laws ask of professionals such as physicians, medics, teachers, and other professionals, to report any suspected child abuse case to child protection services. In few other countries (Cameroon, China, Germany, India, Holland, New Zealand, Pakistan, Santa Lucia, Singapore, Sri Lanka, Togo) child abuse reporting is voluntarily (Mathews & Kenny 2008). In Australia for instance, child abuse mandatory reporting refers to the laws that indicate whom by law is obliged to report child abuse and neglect (Goldman, 2010, p.285). This mandatory duty is not only a duty of teachers, but also a duty of medics, police officers, school counsellors, dental care medics, medical staff, nursery nurses. What is expected of these professionals and also of teachers is that they, following specialized training in this domain, can reach to a reasonable suspicion of a child being abused before sending the referral to child protection services.

Mandatory child abuse and reporting in the case of teachers probably has the roots in research outcomes that indicate that all school age abused children, although they have different backgrounds, they have in common the fact that they attend a form of education (Hinson and Fossey, 2010, p251). Not only that the law requires mandatory reporting, in some countries, the law also enables for accusations to be made to those teachers that fail to report. (Cates et al 1995). Further then that, judges also take action against school teachers that delay the reporting. (McCarthy & Cambron-McCabe, 1992 apud Cates et al 1995).

In Romania the 272/2004 act, in article 9, specifies what mandatory reporting means: Any person that by the nature of their profession of job, works directly with children and has suspicions that an abuse or neglect may occur, is obliged to refer to the Public Social Assistance Services or to the General Social Assistance and Child Protection Directorate where that abuse case has been identified (272/2004 Act Regarding Protection of Children's' Rights).

Why do Teachers Fail to Report Child Abuse and Neglect

"A teacher is concerned with the child's education. Teachers teach, they are not social workers. Teacher cannot be responsible for what goes on outside school. Teachers are overstretched enough as it is without adding to their responsibilities. Teachers are not experts in this area. There is a wealth of well trained people to deal with these issues. Talking to children about abuse destroys their innocence" (Hawtin & Wyse, 1998, p.16.) These may be only few of the possible answers given by teachers when asked about child abuse. Nevertheless, teachers, possibly more then any other professionals, are vital sources of information in referring child abuse cases and also in child protection assessments. Any profession or job has it's priorities or deadlines. This however does not justify that possible child abuse cases are not recognised and referred to the experts to assess.

Several factors impact upon teachers failing to recognize and report abuse: gender (Kenny, 2001; O'Toole et al., 1999 apud Walsh et al, 2008), work experience (Crenshaw et al., 1995; Kenny, 2001; O'Toole et al., 1999, apud Walsh et al, 2008), teaching context (Beck, Ogloff, & Corbishley, 1994; O'Toole et al., 1999, apud Walsh et al, 2008) access to training (Nightingale & Walker, 1986; Zellman & Bell, 1990, apud Walsh et al, 2008). Interestingly, teachers with higher

education degrees are more likely to fail in recognizing and reporting abuse and neglect cases (O'Toole et al., 1999, apud Walsh et al, 2008) but teachers desire to respect their mandatory responsibilities to report influence upon their detecting and reporting of abuse cases. (Hawkins & McCallum, 2001). How certain they feel regarding their decision to report (Crenshaw et al., 1995; Kenny, 2001, 2004, apud Walsh et al 2008) and past experiences in detecting and reporting also impact upon present attitudes in relation to detecting and reporting abuse (O'Toole et al., 1999 apud Walsh et al 2008). Teachers may also choose not to report due to lack of trust in social services (Rodriguez, 2002). Other studies also focus on the link between teachers and social workers. They conclude that teachers and social workers have difficulties their relationship due to the mandatory reporting legislation. The mandatory reporting causes over-reporting and therefore some cases are ignored by the social services (Zellman, 1990).

Despite being obliged to report, not all teachers succeed in reporting suspected child abuse. Over 50% of child abuse and neglect reported cases are cases of children attending a form of education; however only 10% of the referrals are made by school, ignorance being one of the reasons of failing to report. (McIntyre, 1990, apud Hinson and Fossey, 2000, p.252). In 2009 different outcomes are highlighted in Canada and Australia where teachers are the second largest group of professionals to report child abuse (H. Buckley and K. McGarry 2011). In 2011, a different study in Ireland, that focuses on the fact that teachers have access to clear child protection procedures, highlights several barriers that impact upon reporting child abuse and neglect. These are connected to teachers feeling fearful regarding the not so positive outcomes that a child abuse investigation may have upon the child (Zellman and Bell 1990 apud H. Buckley and K. McGarry 2011). In Ireland, newly qualified teachers are not familiar to the reporting procedures. Knowledge of reporting procedures is however key in reporting abuse. School management have to take on the responsibility of training their staff in this domain (Buckley & Garry, 2009).

Due to mandatory reporting laws and also due to the special relationship that preschool and primary school teachers share with their pupils, it would be expected that a high number of referrals made to the Public Social Assistance Service (PSAS) are coming from schools or pre school units. However, from January 2008 until December 2010, out of 1949 referrals sent to PSAS Cluj-Napoca, only 12 (that is less than

1%) are coming from schools and none is made by a pre school unit. No doubt there are several dilemmas regarding recognizing abuse indicators and where to report suspected cases. Other dilemmas may be linked to teachers' trust in the social services. Where or whom do we turn to when we suspect child abuse? All these dilemmas are connected to the existent/lack of local or national procedures and policies. Lack of knowledge of these procedures leads to confusion regarding what to do when a child abuse case is suspected. Cates tries to encourage school staff to work towards writing up procedures when those are missing. This would be in their best interest as they would have something to rely upon when accusations are made that they failed to report. According to Cates, this may serve as an example, a teacher suspects abuse and reports this to the manager who fails to send referral to the social services (Cates, 1995).

Following their study from 2010, Hinson & Fossey conclude that main reasons for failing to report child abuse cases in schools are: teachers are not clear about child abuse and neglect indicators, teachers have no training in this area, teachers cannot recognize abuse signs, teachers are not informed regarding the reporting procedures, teachers think that reporting a case may bring more bad in the child's life or think that no positive outcomes will be reached if a report is made, other teachers are not aware that if they don't report the law may cause negative outcomes for themselves. In order to support teachers in the process of recognising abuse cases some studies refer to a few questions that a professional must ask themselves when they suspect an abuse is occurring: 1. Where do I report? 2. Should I inform parents or the suspected perpetrator that I have those suspicions? 3. What exactly do I report? (PACER (1989), CYFD (1992), and WCI (1988), apud Cates 1995). In order to have clear answers to these questions training is essential. In his study, aiming to highlight the difficulties linked to child sexual abuse reporting, Goldman reaches to a conclusion that almost all subjects in the survey feel they are not sufficiently prepared to address child sexual abuse reporting issues. Both students and professors invited to this study wish they had more training in this domain (Goldman, 2010, p.291). Therefore Goldman believes that training in child protection is needed starting with the period when students study to become teachers. The importance of training in order to detect and report child abuse cases for teachers is also key in the view of Janice and Fossey in 2000.

To sum up, the reviewed literature emphasis on the very important role of teachers in detecting and reporting abuse. In order for this role to be fully accomplished teachers need to be aware of the child abuse and neglect indicators, need to show interest in detecting the very first signs, and also need to have facilitated access to training in this area (Hawtin and Wyse 1998). Following a certain guide that serves as a tool in detecting abuse cases is the very first step before deciding of a referral to social services is made. It is also needed that the answers to questions such as where do i report, what do i report, do i talk to parents about my suspicions, are known prior to making a referral (Cates, Markell și Bettenhausen, 2010).

Teachers' Detecting and Reporting Abuse Difficulties in Preschools and Primary Schools in Cluj

Objectives

In this study we aim to explore teachers' knowledge of child abuse and neglect indicators and to analyse how their access to training in child protection may impact upon the wealth of this knowledge and also upon the process of reporting child abuse and neglect. Answers regarding child sexual, physical, emotional abuse and neglect have been given by a sample of teachers working with children in mainstream preschool and primary school units.

Sample

Five mainstream preschool and primary school units from Cluj-Napoca and Turda voluntarily agreed to participate to this survey. We choose these five units due to access to the employees. Out of a total of 60 invitees, working in those units, 52 agreed to participate to the survey, including 2 professionals that were working in other schools. Those were invited to participate by some of the staff employed at the 5 units included in the survey. 18 respondents are teachers working in preschool units (or kindergartens) teaching children, aged 3 to 6, 23 are teachers in primary schools, teaching children aged 6 – 10) the rest being other employed professionals in those units such as children day carers, managers, primary school professors, psychologists or economists. 81% have been employed for a period of over 5 years and 19% have been employed for less then 5 years in their job. 32.8% of the professionals have a University and Higher Education Degrees and 18% have a High School degree. The rest of the sample did not provide information regarding their education.

Working Tools

The professionals have been invited to complete an open and closed questions survey focusing on child abuse indicators and on reporting child abuse and neglect. The questionnaire was the preferred working tool in this case as it ensures the anonymous answers and by this it encourages the sample to give more honest answers. Secondly, the questionnaire was preferred as the respondents did not have time to engage in an interview and as some other units refused to participate altogether. The refuse was motivated by lack of time to participate in interviews or surveys and also by the professionals being concerned about having problems with the management of the units, should they engage in this study.

We build the questionnaire following a literature review of similar studies. We used as a guide the child abuse and neglect indicators table which we adapted after Cates (1995), Janice & Fossey (2000), Lau et al 2009, and the questions highlighted by Pacer (1989), CYFD (1992), and WCI (1988). We also considered other variables used in similar research: access to training and training's influence upon detecting and reporting abuse, work experience, the link between training and reporting child abuse. The questions referring to child abuse indicators and child abuse reporting were open, in order to enable the qualitative analysis of the received answers.

Design

One professional of each of the 5 units has been contacted and given information regarding the objectives of this study and its anonymous and confidential feature. Thereafter, we organized meetings at each unit and we distributed the questionnaire. Answers were then collected after 1 or 2 weeks, depending on the unit and the teachers time to engage in the study. At collection time the professional who was initially contacted gave information regarding why some of the invitees refused to participate. The reasons were: they were on leave, they do not want to participate, they do not have time to participate. However, 52 of the 60 invitees completed the questionnaire showing great interest in this area of research.

Two studies formed the basis of the qualitative analysis of received answers. Firstly Goldman's study from 2010, when he grouped the answers of 81 Australian respondents in types of information received and secondly the study conducted by Hinson & Fossey in 2000 which results in a qualitative analysis of answers by the use of a table

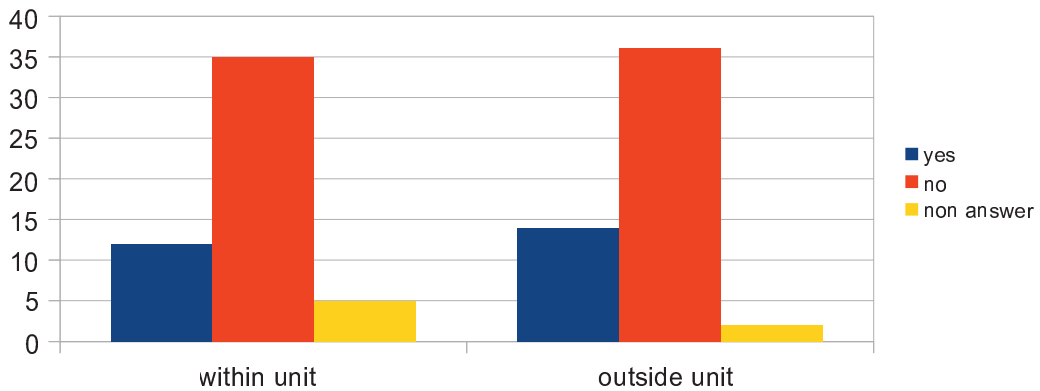
for abuse indicators. Both studies conduct a qualitative analysis of the questionnaires. The data we analysed are: professionals' access to child abuse and neglect training, professionals' knowledge of child abuse and neglect indicators, professionals level of certainty in respect of their ability to recognize abuse signs and their attitude regarding child abuse and neglect reporting.

Results

Access to Child Abuse and Neglect Training

12 respondents out of the 52 attended training in child protection domain facilitated by the unit they work in and 14 accessed training outside the unit. More than 50% of those questioned did not attend any training in child protection. Those who did attend training, they have accessed it both in and outside the work unit.

Figure 1. Professionals' Access to Child Abuse and Neglect Training



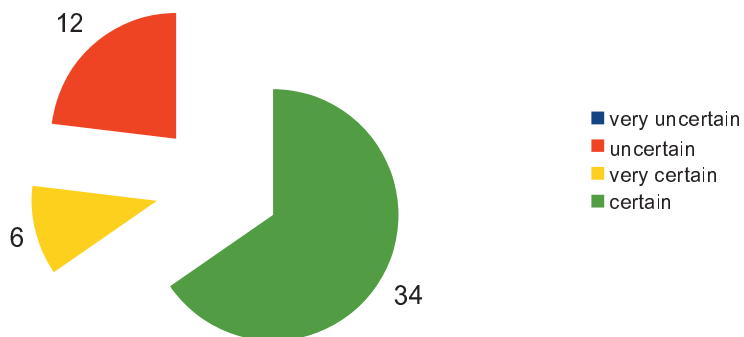
Access to Training and Professionals' Certainty About Their Ability to Recognize Abuse and Neglect Indicators

Respondents were invited to indicate how certain they were about their ability to recognise abuse signs, using the following scale: very uncertain, uncertain, certain, very certain. 12 respondents answer that they feel uncertain about their ability to recognize abuse signs; three of those uncertain had access to training in child protection. 6 professionals are very certain they can recognize abuse, 2 of which had accessed training in this area. 34 of the respondents are certain they can detect abuse cases, 15 of those having had training in this domain and

20 having a certainty about detecting abuse based on knowledge that they probably acquired somewhere else but during organised child protection training.

Out of the six that feel very certain about recognizing abuse, only one names more than 3 child abuse and neglect indicators for all four abuse forms (physical, sexual, emotional, neglect) and also in his/her answers is visible that she/he has the knowledge of both physical and behavioural child abuse indicators. Other 2 of the respondents that choose the answer very certain do not give any answer to the question related to sexual abuse indicators. However, they name a few of the physical, emotional abuse and neglect but no more than 2 different indicators for each of the three forms of abuse; they also fail to distinguish between physical indicators and behavioural indicators, referring to either one or the other of the indicators.

Figure 2. Professionals' Certainty About to Their Ability to Recognize Abuse&Neglect Signs



Professionals' Certainty About Recognizing Abuse&Neglect Signs and Their Knowledge of Child Abuse&Neglect Indicators

34 respondents declared that they felt certain they could recognize abuse signs. 6 of those did not give answers for all forms of abuse indicators and were selective when naming abuse and neglect signs.

When comparing **physical abuse indicators** answers, all 34 respondents certain about being able to recognize abuse gave an answer,

10 of them indicate only the physical visible signs of a possible physical abuse (for example, they mention the sign bruises without indicating that the bruises are unexplained by the child or that they are rather non accidental bruises etc). The rest of the 24 answers refer to both physical and behavioural signs of physical abuse. Out of all 34 answers for physical abuse signs 24 indicate more than 2 indicators of physical abuse and 10 give specific answers regarding physical abuse such as: the child is hiding the bruising, the child gives different explanations to different people for the same bruise, the child behaves differently than usual etc. Out of those 10 respondents that are aware of the behavioural signs of physical abuse, the majority is also referring to those indicators that are easily detected in school such as: aggressive behaviour during break time when the child thinks he is not supervised or extreme fear when the child is spoken to in a firm manner.

If we look at **sexual abuse signs** and the answers given by our respondents, 9 of the 34 respondents fail to indicate at least one sign of sexual abuse. 8 respondents indicate just one sign which is not necessarily specific to sexual abuse but to all forms of abuse (for instance withdrawn, lack of communication, lack of engagement in group activities). Only 4 professionals are able to show more specific knowledge for this form of abuse and name the following indicators: inappropriate sexual discussions, sexual knowledge, sexual behaviour outside norms, prostitution, sexuality denial, talks about sex. Other answers include the behavioural indicators of sexual abuse: depression, aggressive behaviour, lack of communication, etc – indicators that may suggest that a sexual abuse is occurring but may also indicate other forms of abuse or simply they can indicate a different life situation.

Two professionals out of our sample of respondents that feel certain about recognizing abuse do not give any answers regarding **emotional abuse signs**. The rest of 32 respondents indicate one or two signs, most of them answering that the signs for emotional abuse are: withdrawn, isolated, cries easily, emotional. Only one respondent identifies physical indicators of this form of abuse such as lack of sleep, nightmares, tiredness.

Five respondents indicate more than three signs of emotional abuse and only one answer is specific in saying that behavioural problems that are not similar to the general trend in the child's behaviour may indicate an emotional abuse.

When looking at **neglect signs**, we observed that 4 of the 34 respondents fail to give an answer regarding neglect indicators. The rest of 31 are mainly indicating the physical signs of neglect (poor hygiene, poor general appearance), only 4 being able to indicate the behavioural signs of neglect (aggressive or on the contrary very affectionate, attention seeking, shy, low self esteem) and only 7 making reference to the educational neglect (homework not being done, missing classes, parents not getting involved).

In general, if we look at the answers of those 40 professionals who are either *very certain or certain* about recognizing abuse, we are able to conclude that despite their certainty, our respondents do not always show they have specific knowledge of physical and behavioural signs of all forms of abuse. The rest of the sample that declared they feel uncertain about recognizing abuse signs show however that their knowledge of abuse indicators is competitive with the knowledge of those who feel certain and very certain they can detect abuse.

Below we compare the answers of our sample with the child abuse and neglect indicators that are present in similar studies. In order to compare we selected those signs that were mentioned at least by 2 of our respondents. We had of course other indicators mentioned which we did not include in this comparison as they were indicated by only one of our 52 respondents. Looking at each of the answers individually and trying to establish categories of answers and groups of indicators, it is highlighted how abuse definitions differ from one person to the other. Next to each of the grouped indicators we noted how many answers of that kind we found in our sample.

Table 1. Teachers' Knowledge of Abuse and Neglect Indicators (Cates, 1995, Janice & Fossey, 2000, Lau et al 2009)

Physical Indicators	Behavioural Indicators
EMOTIONAL ABUSE AND NEGLECT	
High and weight below what's average for child age	Begging, stealing food
Inappropriately dressed for weather/season	Aggressive
Poor hygiene	Missing from school
Unpleasant smell	Chronic hunger
Abandoned child	Running away from home
Lack of safe and healthy shelter	The child says that nobody looks after him
	Sudden behavioural changes – extreme behaviour
	Unusually distressed when other child is upset
	Alcohol or drug abuse

<p>Unmet medical needs Developmental delay Unusual habits/change of habits Unexplained injuries Lack of appropriate supervision Drug dependency at birth Malnutrition Bruises Constant, continuous tiredness Apathy</p> <p><u>Respondents</u> <i>Unkempt, physical appearance, poor hygiene, dirty clothing, smell - 35</i> <i>Comes to school with no food, no books -11</i> <i>Lack of shelter - 2</i></p>	<p>Delinquency Excessively reliant on others Depression or passive behaviour Proof that the child is involved in dangerous and/or unsupervised activities</p> <p><u>Respondents</u> <i>Cries easily when spoken to in a firm manner, cries easily highly emotional - 25</i> <i>Separated from the rest of the group, isolation - 11</i> <i>Parents are not involved in school activities, they don't communicate with school, they refuse to work through the issues that have been communicated to them by school - 11</i> <i>Child is missing school, child is late for school - 9</i> <i>Homework is not done - 9</i> <i>Lack of affection/ need of affection - 5</i> <i>Lack of trust, emotional restlessness - 5</i> <i>Aggressive - 7</i> <i>Child is fearful - 5</i> <i>Child refuses to be isolated from the group or parents - 3</i> <i>Depression, Anxiety, Restless, 4</i> <i>Behavioral problems - 4</i> <i>Shy - 3</i> <i>Low self esteem - 3</i> <i>Difficulties in relationships - 2</i> <i>Child feels uncertain - 2</i> <i>Strong attachment to one person - 2</i> <i>Hyperactivity - 2</i> <i>Inappropriate language 2</i></p>
<p>PHYSICAL ABUSE</p>	
<p>Frequent injuries cuts, burns, bruises Child wears long sleeves on hot weather Child complains of pain despite lack of visible injury Unable to complete tasks that require fine abilities due to pain to fingers, hands Difficulties in walking or sitting</p>	<p>Missing from school Refusal to change for sport classes The child finds reasons to stay in school and not go home, is afraid to go home Fear of adults or overly cautious in their presence The child frequently complains that parents are treating him very harsh The child is unusually unsettled when another child is upset Fear of own parents Drug and/or alcohol abuse</p>

<p>Unexplained injuries, fractures, or unexplained fractures, burns of different forms and ages that appear after missing from school Bites Induced illness</p> <p><u>Respondents</u> <i>Injuries, bruises, cuts, scratches, signs on body -30</i></p>	<p>Delinquency Although hurt, child pretends he feels no pain the child refuses to talk about his injury Social anxiety Aggressive, depressive, suicidal thoughts Running away Self blaming Hiding injuries</p> <p><u>Respondents</u> <i>The child gets scared easily, he is withdrawn when in an environment where people talk loudly, he seems to be afraid of being hit when one's getting close to him - 12</i> <i>Violent behaviour - 11</i> <i>Withdrawn - 6</i> <i>Behavioural problems - 3</i> <i>Attention seeking behaviour- 3</i> <i>Depression, suicidal thoughts - 6</i> <i>Hides injuries - 3</i> <i>Not communicative or not playing with others -5</i> <i>Child's emotional state - 3</i> <i>Fear - 2</i> <i>Child's reaction - 2</i> <i>Emotional -2</i> <i>Shy, scared when with persons of opposite sex, - 2</i></p>
SEXUAL ABUSE	
<p>Incontinence, enuresis Stained underwear blood stains on underwear Sexually transmitted diseases Anal or genital pain, bruising, itching Genital bleeding or genital fluids Difficulties in walking or sitting Teenage pregnancy Complains of pain without visible cause for it Frequent urinary infection Oral injuries</p>	<p>Excessive fear, over-reliant others Cautious with adults Unusual advanced sophisticated knowledge of sexual Behavior or of unusual sexual behaviour Rapid change of extreme behaviour Missing from school The child finds reasons to stay in school and not to go home Alcohol or drug abuse Delinquency Withdrawn, infantile behaviour Refuses to get changed for sport classes The child says he/she is sexually abused by those who look after him Sudden withdrawn from school activities Depression Artistic activities in school (drawings, poetry, stories) that have unusual sexual content Seductive behaviour</p>

<p><u>Respondents</u> Apathy - 2</p>	<p>Explicit descriptions Promiscuity, prostitution Child does not want to be left alone with certain adults Sleep problems Child behaves as an adult</p> <p><u>Respondents</u> Withdrawn - 9 Child appears to be uncomfortable when one touches him - 4 Scared when one is getting close to him- 6 Nightmares - 3 Low self esteem - 2 Screams out of the blue - 2 Child does not communicate - 2 Child avoids opposed sex persons - 2 Sexual behavioural problems, prostitution, in denial of own sexuality -2</p>
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Looking at the above comparison table, we observe that our sample (per total) demonstrates they have the knowledge to detect alarm signs that a child may be abused. What is missing, if we look at individual answers and also at the frequency of indicators present in the answers, is the specific naming of the indicator and that is probably due to the lack of training. However, some of the respondents are aware of the alarm signs when noticed in class or during break times. Only very few respondents demonstrate they have specific knowledge of abuse and neglect indicators by using a more specific language when answering the questions; this demonstrates they are able to detect a possible abuse situation and that they can differentiate between abuse and neglect indicators and signs of a different life situation. For example, when answering the question linked to physical abuse, the majority of the sample referred to bruising, injuries etc., but only one respondent continued to explain this indicator linking it to others such as: *the child refuses to explain the injury or the child hides the injuries*. It is also noticed that when referring to behavioural indicators respondents talk about: *aggressive, emotional or behavioural problems, sadness or shyness*; these indicators however remain unspecific and vague if they are not linked to explanations such as *exaggerated shyness which is not specific to the child's day to day behaviour, sexual related discussions that are present excessively or on the contrary are not present at all*. These in depth explanations are present in our sample in a

very low frequency – one or two of the respondents only demonstrate thorough knowledge of abuse and neglect indicators for all four forms of abuse.

A simple comparison analysis has enabled us to conclude that our total sample demonstrated their ability to detect the following of the abuse and neglect indicators. It is important to mention here that some of the below indicators have been present in answers of only 2 or 3 of the respondents and that they are not always found in the same form amongst the respondents answers, they are similar to the indicators in the reviewed studies, although not always very specific.

Emotional abuse and neglect:

Inappropriately dressed for the weather

Poor hygiene

Unpleasant smell

Lack of safe and healthy shelter

Missing from school

Chronic hunger

Sudden changes in behaviour- extreme behaviour

The child is unusually distressed when another child is upset

Excessively reliant on others

Depression or passive behaviour

Physical abuse:

Frequent injuries cuts, burns, bruises

Social anxiety

Fear of adults or overly cautious in their presence

Aggressive, depressive, suicidal thoughts

Hiding injuries

Sexual abuse:

Sudden withdrawn from school activities

Sleep problems

Sexual abuse signs appear to be the most difficult to indicate, as is shown above. When asked about sexual abuse signs our respondents mention indicators that are not necessarily specific to this form of abuse, or have no answer at all. This concludes that our respondents have the ability to observe that a child is going through something but they have difficulties in being specific about what is wrong with the child and fail to link the observed sign to the general normal day to day behaviour of that child.

Respondents' Certainty About Their Ability to Detect Abuse and Neglect and Child Abuse and Neglect Reporting

More than 50% (18) of our sample who feel confident about their ability to recognize abuse (34) declare that there had been situations when they suspected abuse or neglect. Only one of the 18 declares that there had been no further action regarding discussions about his/her suspicions, the rest of them (17) state that they had followed up their suspicions by discussions with the manager, other employees, school psychologists, child's parents, highlighting that the reporting of the case had been done to the unit manager. Three of the remaining 17 state that the report had been sent to Child Protection Services by the management. It is thoroughly highlighted in past studies that suspected abuse should not be discussed with parents (PACER (1989), CYFD (1992), and WCI (1988), apud Cates 1995); by doing this the risk that the child is exposed to is increased. Going back to our sample of 18 respondents who had suspicions of abuse or neglect, 4 of them advise in their answers that there had been situations when they suspected abuse and choose not to report it (not even to the management, as for our sample reporting an abuse case means reporting it to management and not to social services). The reasons for their choice are: own security that the situation can be resolved if they talk to parents and the child, past experience with social workers when social workers did not get involved. Some professionals who state they choose not to report do not indicate why.

If we look at all 52 respondents, 28 declare that there had been situations when they suspected abuse. 25 state that they discussed their suspicions further and reported the case to one or two persons of the following: work colleagues, child's parents, school manager, school psychologist, school mediator. 8 respondents state that there had been situations when although they suspected an abuse was occurring they did not report the case due to: parents are noncooperative, i had no one to talk to about the case, own security, i observed that the child's behaviour was improving. 3 of the 8 do not give a reason for them not reporting. The difficulties regarding the reporting of suspected cases may be attributed to the fact that 17 of our sample do not know if there is a clear procedure in this respect and 10 of them state there are not aware of any clear procedure regarding reporting of those cases. 23 however say that there is a clear procedure in this respect but probably for those the procedure is to report the case to the manager of the unit or

other colleagues. The small sample however does not allow us to statistically test this at this stage.

Child abuse and neglect reporting may mean different things to different people. The open question used to analyse this issue was formulated as such on purpose, as it allows a free answer. Therefore we can conclude that, for our sample, reporting the abuse case means reporting it to the management of the unit. This highlights the supervision process and it is of course in the best interest of the child for discussions to be held within unit. The questions are: is that case sent to the Child Protection Services for a thorough assessment of risks? and what happens to those cases that are not even reported to the management of the unit as professionals may feel secure about not reporting the case.

Discussions and Study Limitations

This paper analyses the answers of a small sample. However, most of the answers are linked to the dilemmas highlighted in international similar studies focusing on teachers' difficulties in detecting and reporting child abuse and neglect. The answers received were diverse and most of the abuse and neglect indicators were unfrequent in the answers. This emphasizes the fact that abuse and neglect means different things to different persons and that when looking at possible abuse signs personal experience and background is key. Though the sample's full picture of abuse and neglect indicators is complex, our comparison concludes that there is lack of training in this area. Having said that, our sample is alert to their pupils' well-being but their suspicions remain within the unit and this is not in the best interest of the children as it does not give them access to specialized assessment and services. The lack of constant and continuous training is revealed by the fact that those who did attend training identified just one training course that had been facilitated by their employer. This impacts upon teachers' specific and in-depth knowledge of child protection issues.

The limits of this paper consist of the small sample and also of the fact that our instrument (the questionnaire) did not allow a detailed assessment of some of the answers we received, as an interview probably would have. Nevertheless, this paper highlights that teachers have difficulties in detecting and reporting child abuse and neglect cases, therefore it can serve as a first step towards a detailed and thorough research that may also include medical and police staff.

A more detailed analysis of what was presented in this study will be completed within a focus group discussion and by the use of case studies.

Conclusions and Recommendations

Child protection is everybody's responsibility and risk assessment is multidisciplinary. A good knowledge of child abuse indicators is the key element towards promoting positive outcomes for children. This paper draws into attention that teachers are concerned about children's well-being and that they are reading the signs of possible abuse every day. The results of this study and the PSAS statistics indicate that there are a large number of suspected cases that are not brought to the attention of Child Protection Services due to missing procedures or unclear procedures and lack of training.

A multidisciplinary and interdisciplinary programme, by which access to child protection training is facilitated and also a clear procedure regarding reporting of cases would contribute to diminishing teacher's difficulties in this area, to knowing how many child abuse neglect cases we truly have and at last but not least to protecting children and supporting them through accessing the services they need.

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