Teachers’ Responsibilities When Adolescent Abuse And Neglect Are Suspected

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Abstract

As institutions collectively serving young adolescents of every race, creed, ethnic, and socioeconomic group, middle level schools provide an ideal environment for combating adolescent abuse and neglect. Additionally, because of their frequent, recurring, and long-term contact with the young adolescents they teach, middle level teachers are in an excellent position to serve as primary agents in the identification of young adolescents who are victims of abuse and to report these cases to child protective services (CPS) as required by law.

As institutions collectively serving young adolescents of every race, creed, ethnic, and socioeconomic group, middle level schools provide an ideal environment for combating adolescent abuse and neglect. Additionally, because of their frequent, recurring, and long-term contact with the young adolescents they teach, middle level teachers are in an excellent position to serve as primary agents in the identification of young adolescents who are victims of abuse and to report these cases to child protective services (CPS) as required by law (Abrahams, Casey, & Daro, 1992). Berk (2002) estimated that the typical American student will spend nearly 15,000 hours in the school context before graduating from high school. Most of that time is spent in contact with teachers and other school personnel. Given the amount of time and contact that they spend with children and adolescents, teachers can play a strategic role in efforts to prevent and intervene in child and adolescent maltreatment (Reyome & Gaeddert, 1998).

In spite of the critical role that middle level teachers play in the effort to identify, report, and prevent cases of adolescent abuse and neglect, many teachers report feeling inadequately prepared to recognize the indicators of abuse (Abrahams, Casey, & Daro, 1992; Hazzard, 1984). Furthermore, these teachers report that they do not know the appropriate procedures for reporting cases of suspected abuse (Abrahams, Casey, & Daro, 1992). Most efforts to assess teachers’ knowledge, beliefs, and attitudes about reporting maltreatment have been focused on broad issues of child abuse in the vast field of child maltreatment. Reyome and Gaeddert (1998) reported that “little or no effort has been made to determine educators’ awareness of the phenomenon of adolescent maltreatment in comparison to child maltreatment and little or no documented attempt has been made to familiarize teachers with the plight of maltreated adolescents” (p. 112). Citing professionals in the field, they further provide three possible explanations as to why the issue of adolescent maltreatment has been ignored:

1. For some time, it was assumed that adolescents were less likely than younger children to experience maltreatment. However, data from the National Incidence Study conducted in 1988 suggested that adolescent maltreatment comprises close to half of the cases known to authorities.
2. Some believe that since adolescents are more like adults than children, there is a tendency to evaluate instances of adolescent maltreatment differently than instances involving younger children.

3. Cultural stereotypes about the nature of adolescence may also lead many to overlook instances of adolescent maltreatment. The popular belief that adolescents are troubled individuals tends to place adolescents more in the perceived position of the victimizer/provoker of abuse than the victim/unwitting recipient of abuse. (Reyome & Gaeddert, 1998, p. 112)

The purpose of this article is to serve as a resource for middle level educators, providing pragmatic guidelines and information to assist them in making appropriate ethical and legal decisions when working with victims of adolescent abuse and neglect. For this article, the term abuse is used to encompass physical, emotional, and sexual abuse, as well as neglect. The purpose of the article is consistent with This We Believe: Successful Schools for Young Adolescents (National Middle School Association, 2003), the position statement of the National Middle School Association (NMSA), particularly the belief that successful schools for young adolescents are characterized by a culture that includes an inviting, supportive, and safe environment. Such an environment is essential to providing support to victims of abuse and their families. Additionally, one of the positions in This We Believe is that “successful schools for young adolescents provide multifaceted guidance and support services” (p. 32). This position is appropriate to consider in a discussion about providing support to students who have been abused. This position is explained, in part, as follows:

Developmentally responsive middle level schools, therefore, provide both teachers and specialized professionals who are readily available to offer the assistance many students need in negotiating their lives both in and out of school. Counselors, special needs teachers, school psychologists, social workers, school nurses, and community liaisons assist young adolescents with learning difficulties, social adjustments, family issues, and health problems. They use their specific knowledge and skills to team with classroom teachers and administrators to promote student progress. … All faculty are aware of appropriate referral services and procedures to follow when recommending students for specialized services [italics added]. (pp. 32-33)

The Prevalence and Nature of the Problem

While position statements and other official documents and publications related to teaching young adolescents do not speak directly to the needs of abused adolescents, many teachers and other middle level educators have undoubtedly experienced the dilemma of suspected abuse in their practice. In fact, approximately 2,400 children are found to be victims of child abuse each day, and each week Child Protective Services (CPS) agencies throughout the United States receive more than 50,000 reports of suspected child abuse or neglect (Prevent Child Abuse America, 2003). Sadly, the actual number of incidents of abuse is probably much higher, given that most abuse occurs in closed systems (families that remain distant and isolated from other families and social institutions), out of view of the public, thereby significantly reducing the likelihood of such cases being reported (Sechrist, 2000). For example, studies of adult survivors of child abuse indicate a high tendency not to tell anyone about their abuse for reasons such as fear of the abuser, fear of negative reactions from others, fear that no one would believe them, the belief that they deserved the abuse, and lack of awareness that abuse was unacceptable (DeVoe & Faller, 1999; Palmer, Brown, Rae-Grant, & Loughlin, 1999; Sechrist, 2000). Therefore, based on conservative estimates, it is probable that at least five students have been or will be reported as being possible victims of abuse in a typical teacher’s classroom in the United States.

The impact of abuse and neglect is far greater than its immediate or visible effects. Abuse and neglect have both short- and long-term consequences that may include brain damage, developmental delays, learning disorders, problems forming interpersonal relationships, social difficulties, aggressive behavior, depression, low academic achievement, drug use, teen pregnancy, sexual revictimization, and criminal behavior (Prevent Child Abuse America, 2003; Sechrist, 2000). More immediate effects include feeling helpless, hopeless, and ashamed.
The potential behavioral consequences of abuse may vary among adolescent victims. In some cases, destructive feelings about “self” can manifest in self-mutilation (deliberate destruction of body tissue without conscious suicidal intent). Other victims of abuse may develop perfectionist tendencies and focus on overachievement as a form of escapism by concentrating on other areas, such as school success, that may provide them some sense of control (Horton & Cruise, 2001). This type of perfectionism may be accompanied by anxiety and inflexibility.

The effects of abuse and neglect are of particular interest to middle level teachers because many of these consequences and problems may manifest themselves or may become more apparent during early adolescence. Furthermore, many young people become victims of abuse for the first time during early adolescence. Middle level educators need to be able to identify the symptoms of abuse as early as possible so they may intervene appropriately to reduce the potential consequences of abuse.

**Responsibilities for Reporting Suspected Abuse**

Professional educators have a moral, ethical, and legal obligation to students who have experienced abuse. All states have enacted legislation that identifies teachers among the professionals required to report signs of child abuse (Cambron-McCabe, McCarthy, Thomas, 2004). While all states require abuse and neglect to be reported if there is physical injury (Fischer, Schimmel, & Stellman, 2003), the specifics of the laws vary from state to state. For example, Georgia, Indiana, Iowa, Maryland, Minnesota, Oregon, and Wisconsin do not require reporting of emotional or mental injury. However, all states currently include sexual abuse and exploitation in their definition of child abuse. The laws are not ambiguous or varied about a teacher’s duty to report suspected abuse; the variations among the state laws are related to the definitions of abuse. It is important that middle level educators are knowledgeable about their state’s laws regarding abuse.

In 1974, Congress enacted the National Child Abuse Prevention and Treatment Act (P.L. 93-247). This act has been amended and reauthorized numerous times, most recently on June 25, 2003, as the Keeping Children and Families Safe Act of 2003 (P.L. 108-36). The legislation defines child abuse and neglect as:

Physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child under the age of eighteen or the age specified by the child protection law of the state in question, by a person who is responsible for the child’s welfare under circumstances which indicate that the child’s health or welfare is harmed or threatened thereby. (42 USCS § 5101, 2003)

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Child abuse is not a federal crime; however, the federal law made money available to states meeting the Child Abuse Prevention and Treatment Act’s reporting guidelines and other such standards (Fischer, Schimmel, & Stellman, 2003).

Child abuse is a state crime, with variance in state statutes. The following highlights key components of North Carolina’s statutes, which are relatively typical of statutes in other states.

G.S. § 7B-301: Duty to report abuse, neglect, dependency, or death due to maltreatment.

Any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, as defined by G.S. 7B-101, or has died as the result of maltreatment, shall report the case of that juvenile to the director of the department of social services in the county where the juvenile resides or is found. The report may be made orally, by telephone, or in writing. The report shall include information as is known to the person making it including the name and address of the juvenile; name and address of the juvenile’s parents, guardians, or caretakers; the age of the juvenile; the name and age of other juveniles in the home; the present whereabouts of the juvenile if not at home address; the nature and extent of any injury or condition resulting from abuse, neglect, or dependency; and any other information which the reporter believes might be helpful in establishing the need for protective services or courts intervention.

G.S. § 7B-309: Immunity of persons reporting and cooperating in an investigation.

Anyone who makes a report pursuant to this Article ... is immune from any civil or criminal liability that might otherwise be incurred or imposed for that action provided that the person was acting in good faith. (North Carolina General Statutes, 1999)
As is evident from these congressional acts and state statutes, educators are criminally liable if they fail to report a suspected case of child abuse in most states (exceptions are Idaho, Illinois, Mississippi, Montana, and Wyoming) (Fischer, Schimmel, & Stellman, 2003). Furthermore, all states provide some form of immunity from liability for persons (including educators) who in good faith report suspected instances of abuse or neglect. These immunity statutes protect reporters from civil and criminal liability (U.S. Department of Health & Human Services Administration for Children & Families, 2003a).

If teachers observe signs of possible abuse, they need to communicate their perceptions to the student and receive clarification before proceeding.

Symptoms of Abuse
Teachers play a critical role in safeguarding the well-being of students as students have almost daily contact with school personnel. The prevalence of child and adolescent abuse and the concern about the lack of reporting by teachers indicate a need for programs to assist teachers in recognizing symptoms of abuse and neglect (Cambron-McCabe, McCarthy, & Thomas, 2004). It is also important to note that symptoms do not necessarily mean that abuse is present and teachers’ overreactions may potentially worsen the situation for the student. Thus, if teachers observe signs of possible abuse, they need to communicate their perceptions to the student and receive clarification from the student concerning their interpretations before proceeding. For example, a teacher may observe that a student is exhibiting a pattern of inconsistent academic performance, isolationism, and erratic mood. If these behaviors are atypical for the student, a teacher may be warranted in approaching the student about her or his perceptions. First, the teacher may simply convey observations concerning the changes in behavior. Next, the teacher may ask an open question eliciting from the student his or her current life situation (i.e., How are things going for you?). In addition, having an understanding of abuse symptomology is paramount if teachers are to intervene as early as possible for the student’s benefit. The following definitions and symptoms of abuse are organized by type (i.e., physical abuse, sexual abuse, emotional abuse, and neglect) and are intended to provide introductory information for middle level teachers, enabling them to intervene appropriately in cases of suspected abuse.

Physical Abuse
Physical abuse may be defined as nonaccidental physical injury, ranging from minor bruises to severe fractures or death as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting, burning, or otherwise harming a child or adolescent (Crosson-Tower, 2002; Prevent Child Abuse America, 2003).

Physical symptoms include (a) unexplained bruises or burns in various stages of healing; (b) self-destructive behavior; (c) welts, human bite marks, bald spots; and (d) unexplained fractures, abrasions, or other injuries.

Behavioral warning signs include (a) nervous, hyperactive, aggressive, disruptive, and destructive behavior; (b) unusual apprehensiveness of physical contact; (c) demonstrating fear of parents or caretaker; (d) expressing little or no emotion when hurt; and (e) unusual shyness, passiveness, or withdrawn behavior (Crosson-Tower, 2002; Fischer, Schimmel, & Stellman, 2003; Prevent Child Abuse North Carolina, 2003).

Sexual Abuse
Sexual abuse may be defined as sexual involvement imposed on a child or adolescent by an adult who has greater power, knowledge and resources, including activities by parents or caretakers such as fondling a child’s genitals, penetration, incest, rape, sodomy, indecent exposure, and commercial exploitation through prostitution or the production of pornographic materials (Crosson-Tower, 2002; Prevent Child Abuse America, 2003).

Physical symptoms include (a) sleep disturbances or nightmares; (b) difficulty walking or sitting; (c) pain, itching, bruising, or bleeding in the genitalia; (d) venereal disease; (e) frequent urinary tract or yeast infections; and (f) pregnancy.

Behavioral warning signs include (a) engaging in sexual activity that is not age appropriate; (b) detailed and sophisticated understanding of sexual behavior; (c) going back to a behavior such as bedwetting, speech loss (regression); (d) unwillingness to change into gym clothes or participate in physical education; and (e) poor interpersonal relationships with peers.
Additional symptoms in adolescents include (a) delinquent or aggressive behaviors; (b) indicators of depression; (c) self-injurious behaviors such as substance abuse, self-mutilation, and attempted suicide; and (d) prostitution and running away (Crosson-Tower, 2002; Fischer, Schimmel, & Stellman, 2003; Prevent Child Abuse North Carolina, 2003).

**Emotional Abuse**
Emotional abuse usually accompanies all other types of abuse and neglect and may be defined as any pattern of behavior that impairs emotional development or sense of self-worth, including constant criticism, threats, or rejection, as well as withholding love, support, or guidance (Crosson-Tower, 2002; Prevent Child Abuse America, 2003).

Physical symptoms include (a) speech disorders; (b) delayed physical or emotional development; and (c) ulcers, asthma, and severe allergies.

Behavioral warning signs include (a) habit disorders such as sucking, rocking, and biting; (b) extreme passive and undemanding demeanor; (c) low self-esteem; (d) exceedingly demanding, aggressive, and angry behavior; (e) conduct disorder, including antisocial and destructive behavior; (f) depression and/or suicidal ideation; and (g) attention-seeking behavior (Crosson-Tower, 2002; Fischer, Schimmel, & Stellman, 2003; Prevent Child Abuse North Carolina, 2003).

**Neglect**
Neglect can be defined as a failure to provide for basic needs, which can be broken into three categories—physical, educational, and emotional. Physical neglect is a lack of appropriate supervision or failure to provide food, shelter, or medical care. Educational neglect is a failure to educate a child or adolescent or attend to special educational needs. The third type of neglect, emotional neglect, involves inattention to emotional needs or exposure to domestic violence (Crosson-Tower, 2002; Prevent Child Abuse America, 2003).

Physical symptoms include (a) consistent lack of supervision; (b) unattended medical needs, pale and listless appearance; (c) abandonment by parents or caretaker; and (d) consistent hunger, inappropriate dress, poor hygiene, lice, and distended stomach.

Behavioral warning signs include (a) poor social skills; (b) craving attention and indiscriminate demonstration of affection; (c) falling asleep in class and regularly displaying fatigue; (d) self-destructive behavior; (e) begging for or stealing food; and (f) frequent school absences or tardiness (Crosson-Tower, 2002; Fischer, Schimmel, & Stellman, 2003; Prevent Child Abuse North Carolina, 2003).

**Guidelines for Reporting Cases of Suspected Abuse**
As noted, middle level educators are ethically and legally obligated to report cases of suspected child abuse. A middle level teacher suspecting abuse may want to alert the school principal. However, if the principal is the designated reporter for the school, and does not file the report, the middle level teacher must make the report (Fischer, Schimmel, & Stellman, 2003). In most states, failure to report is a misdemeanor carrying a penalty from a jail sentence of 5 to 30 days and/or a fine of $10 to $100 to one year in jail and a fine of $1,000 (Fischer, Schimmel, & Stellman, 2003).

Most states require the reporter to make an oral (i.e., telephone or in-person communication) report within a reasonable period of time to a designated protection agency, usually a division of social services (e.g., CPS). A definition of “reasonable period of time” to report ranges from 24 hours to 72 hours; however, some states permit up to seven days to file the report (Fischer, Schimmel, & Stellman, 2003; Prevent Child Abuse America, 2002).

**Filing the Report**
Once a teacher has a suspicion of abuse, the next step is to file the report. The information reported to CPS generally includes the following: (a) the name, address, and gender of the student; (b) the name and address of the parent, guardian, or caretaker; (c) the name and age of any other children or adolescents living in the home; (d) the student’s condition, including the nature and extent of the injury; (e) an explanation of the injuries as observed by the reporter and/or described by the student; (f) any information regarding the presence of weapons, alcohol or drug abuse, or other factors affecting the social worker’s safety; (g) actions taken by reporter, such as detaining the student; and (h) any other information the reporter believes may be helpful in establishing the cause of injuries or in protecting the student (Crosson-Tower, 2002; Fischer, Schimmel, & Stellman, 2003; Prevent Child Abuse North Carolina, 2003).

It is good practice to develop a written checklist of the information necessary to file a complete report prior to contacting CPS. Some school districts have written protocols, making the reporting process
more consistent throughout the system. When such a uniform reporting procedure is not available, it is suggested that educators advocate for the creation of such a school- or district-wide document.

It is important to remember that the reporter does not have to prove that abuse has taken place. The standards for when a mandated reporter must file a report vary from state to state. Typically, “a report must be made when a reporter has reasonable cause to know, suspect, or believe that a child has been abused or neglected” (U.S. Department of Health & Human Services Administration for Children & Families, 2003b). In some states, reporters do not have to provide their names since reports may be filed anonymously. However, this limits the reporter’s ability to receive feedback from CPS. Also, in some states, a reporter does not need the permission of the school, parents, or caregivers to make a report, and it is not necessary to tell them the report was made (Prevent Child Abuse North Carolina, 2003). Because reporting guidelines vary from state to state, mandatory reporters (e.g., educators) should find out about the specific standards for making a report in the particular state of interest. The U.S. Department of Health and Human Services Administration for Children (2003b) hosts a Web site (http://nccanch.acf.hhs.gov/general/legal/statutes/) that provides links to state-specific information and statutes related to standards for filing reports of suspected child abuse and neglect.

**A report must be made when a reporter has reasonable cause to know, suspect, or believe that a child has been abused or neglected.**

**Supporting the Abused Young Adolescent Student**

When working with a student who is a suspected victim of abuse, middle level teachers should use sound and appropriate communication skills. A student who discloses abuse may be feeling scared, guilty, ashamed, angry, and powerless, while the teacher may feel a sense of outrage, disgust, sadness, or disbelief. It is critical that the educator demonstrate to the student that he or she cares and is concerned. Care may be expressed by listening carefully to what the student says, telling the student that you believe him or her, expressing to the student that the abuse was not his or her fault, and letting the student know that making a report to help stop the abuse is necessary. It is not helpful to the student if the middle level teacher (a) makes promises that cannot be kept, such as promising not to tell anyone, (b) pushes the student to give details about the abuse (The teacher’s role is to listen to what the student wants to share.), or (c) discusses what the student says with others who are not directly involved in helping the young adolescent (Prevent Child Abuse North Carolina, 2003). In brief, when a middle level educator talks with a student who has possibly been abused, he or she should balance gathering information about the abuse with providing the young person a safe place to talk. Therefore, the teacher should do more listening than speaking or probing.

After listening to the student, the middle level teacher should consult with his or her school’s mental health professional, who in most cases is the professional school counselor (PSC). PSCs are specialists in human behavior, communication, and relational issues, having received specialized graduate level training in child development, therapeutic interventions, and crisis intervention, such as child and adolescent abuse. Through collaborative consultation, the middle level teacher should feel more confident in the reporting process and the services that will be offered to students. Additionally, the middle level teacher and the PSC can develop a more comprehensive and responsive intervention plan for supporting abused young adolescents.

**Recommendations**

The interactions middle level educators have with their students and families offer them insight into possible cues to abuse (Lambie & Rokutani, 2002). Furthermore, teachers educated about the symptoms of young adolescent abuse can intervene early, and through consultation with other school personnel, can work to provide necessary services to support students who have been abused. In addition to support services for students, middle level teachers should advocate for a formalized process for managing suspected student abuse. This protocol should include written guidelines that specify (a) responsibilities for all school personnel (e.g., teachers, administrators, bus drivers, student support personnel) in addressing suspected abuse, (b) procedures for designated reporters (if that is what a school chooses...
to implement), (c) established documentation measures, and (d) management of disagreements related to suspected abuse (e.g., an administrator and teacher disagree about the need to file a report).

While the formalized protocol for managing suspected abuse is essential, another recommendation that may benefit many middle level schools is to establish a more comprehensive support plan for assisting students who have been victims of abuse. This plan may be integrated into the School Crisis Intervention Plan. In this plan, school personnel may include school and community resources that provide support services to adolescents who have been identified as victims of abuse. To raise awareness of adolescent abuse issues among all stakeholders, this plan should be collaboratively developed by school personnel, parents, and participating community agencies.

Ongoing professional development relating to young adolescent abuse and its symptoms is also needed. Typically, middle level teacher preparation programs do not include specific information and training related to the identification, reporting, and prevention of adolescent abuse. Additionally, teacher turnover due to retirement and attrition is common in today’s middle level schools; therefore, frequent professional development related to abuse symptom recognition, intervention, and school policy is necessary for teachers to respond both ethically and effectively to students’ needs. Furthermore, students need to have an assurance that there are professional educators in their schools that they may speak with in a confidential relationship (Confidentiality must be broken in cases of abuse and/or suicidal ideation.) concerning personal issues.

Adolescent abuse and neglect is a topic seldom addressed explicitly in middle level teacher preparation programs or professional development planning. In addition, most literature relating to abuse is generalized to “child” abuse, with limited writing and research specific to adolescent abuse. Yet, middle level teachers and other school personnel continuously encounter young adolescent students who are (or have been) victims of abuse. To begin addressing the needs of abused young adolescents, middle level teachers must learn more about adolescent abuse. Specifically, they should learn about abuse symptomology as well as the appropriate ethical and legal guidelines for reporting suspected cases.

While the middle level school offers incredible promise to provide both support for students who have been abused and prevention programs for potential victims and would-be abusers, this promise will not be realized until a systemic effort is made. A collaborative approach is needed in which middle level teacher educators and researchers work along with teachers, counselors, administrators, and other school personnel to develop resources and information that explicitly address adolescent abuse. If middle level teachers and schools are to be responsive rather than reactive to the needs of abused young adolescents, they must prepare for action and intervention before the need to act arises.

References

U.S. Department of Health & Human Services

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