The monograph considers the role of teachers in child abuse prevention and reporting from the perspective of a New Zealand educator. A 1985 study of the author is summarized in which a training program resulted in commitment by 80% of teachers involved to identify and report child abuse and by 60% of teachers to further educate themselves in child abuse and educate children about child abuse. Teacher knowledge level was increased by providing inservice training. Content of the training program included increasing knowledge of: the definition of child abuse, incidence, causes, treatment, and attitudes. Teachers were encouraged to fulfill their roles to identify, report, support, and educate children who might become victims of child abuse. The paper concludes with a listing of possible signs and symptoms of child abuse and signs and symptoms of parents who might abuse. (DB)
IN 1984 I HEARD IT CLAIMED THAT, 'Teachers rarely report child abuse, partly because they lack knowledge of how to identify and report and partly because they are reluctant to get involved in legal proceedings which might arise.'

Feeling sure that the claim was unsound that teachers did report their concerns - I searched the literature and found, to my horror, that it is justified. In official statistics teachers were among the lowest reporters of child abuse in all countries which kept records. I also realised that as a teacher I had not reported cases of possible child abuse when children I had been teaching were showing obvious signs and symptoms of that abuse. There was a 6-year-old girl who masturbated frequently and played with the genitals of other children, and a 7-year-old who left stained panties in the toilet. But then, in the 1960's very few teachers had any knowledge about the sexual abuse of children and literature on child abuse in general was very limited.

What teachers know

MY 1985 STUDY set out to establish what today's teachers know and do about children they think are being abused at home, and what those teachers perceived as their responsibilities in relation to the prevention of child abuse. At the end of each term, knowledge, attitudes and behaviour of the 467 teachers from the 35 Hamilton primary schools who agreed to take part, were surveyed. About three quarters of the total teachers answered all questionnaires. Thirty of the schools asked for and received training programmes on child abuse - during Terms 2 and 3, 1985, and in Term 1, 1986 for Control Schools. By agreeing to take part in the project all teachers showed an initial willingness to be involved in child abuse prevention. However, in later testing in May and November, those teachers who had received training programmes displayed more knowledge, had read more literature and talked more with children and adults about child abuse, and had reported more at-risk children than Control teachers. At the final testing in November, more than 90% of teachers accepted a responsibility:

1. to identify child abuse;
2. to report child abuse;
3. to support the abused child in class.

About 60% accepted a responsibility:

4. to further educate themselves about child abuse;
5. to educate children in classroom programmes.

More than half thought teachers also had a responsibility to support the parents and 60% thought teachers should be legally required to report suspected cases of child abuse.

Teachers in the study reported a low level of previous education about child abuse, with 36 percent reporting less than 3 hours education, and 36 percent no education at all. But 25 percent said they had an acquaintance, a close friend, who had been abused as a child, and 50 percent reported having taught at least one child they knew or suspected had been abused. Very few of these children had been actually identified by the teacher - reports of past abuse had come through the Principal via Social Worker and Public Health Nurse. Those teachers who did know more about child abuse were also more involved in child abuse prevention.

Increasing knowledge

IF TEACHERS ARE SINCERE and want to accept more responsibility in the area they must also work at increasing their own knowledge, (1) of the signs and symptoms of child abuse, (2) of reporting procedures, and (3) of agency people actively involved in helping abused children and their families.

We tried two ways of helping teachers. The first was to provide them with books, pamphlets, articles, etc. We found that providing only literature did not increase knowledge or involvement. But providing inservice courses was effective in both. The school's Visiting Teacher, the Public Health Nurse, a Social Worker from Department of Social Welfare, an educational psychologist and a Parentline Counsellor, all participated as well as the teachers. This seemed to be a critical factor in increasing confidence.
Teachers need interaction with agency people who are actively involved in child abuse prevention and treatment to feel able to report suspect abuse. Teachers tend to operate within the confines of their immediate school environment and consequently they are most willing to report first to those agency people they know best. (In New Zealand this is usually the Visiting Teacher or Public Health Nurse, but in fact in New Zealand it is only the Department of Social Welfare Social Worker and the Police who have legal authority to take action to help the child.)

In discussion we found that often teachers report cases in good faith, expecting some action will be taken to help the child. Unfortunately in the Hamilton study this was often not the case. The report often stopped with the principal or another senior teacher and no outside agency person was informed. Teachers can be the first link in the chain but it is quite inappropriate for schools to try to intervene in the home in child abuse cases. This is the role of social workers, visiting teachers and public health nurses. In the best set-up they are monitored by oversight from a local ‘Child Protection Team’ which includes representatives from Health, Justice, Education, Police, community groups and the Social Welfare Department. Multi-disciplinary teams are recognised in all countries that are advanced in the prevention and treatment of child abuse. These teams collate information from all sources, and record all suspected child abuse reports, so that if abuse occurs again the complete picture is available. Teams provide advice and consultancy help but usually only one principal caseworker is closely involved in trying to help the child and the family.

Families where there is abuse are often also mobile families and it is well researched that once child abuse has occurred is much more likely to recur, with ever increasing danger to the child. That is why it is essential to report cases of suspected abuse as soon as possible after any event which causes concern about the child’s safety.

The areas examined in the study - beginning with the most theoretical aspects (knowledge and attitudes) and ending with the most practical (what it is hoped teachers will do to help prevent child abuse in our society) are detailed below.

Knowledge

FIRST A DEFINITION from the ‘District Senior Inspector’s Newsletter’ in 1983 to Waikato Teachers - Child Abuse is non-accidental physical injury, sexual abuse, emotional impairment or extensive neglect of a child by a person responsible for the child’s welfare.

In my study 50 percent of reported cases were of physical abuse, 20 percent were of sexual abuse, 15 percent were of emotional abuse and 15 percent of neglect. The vast majority of reported cases of abuse occurred in the child’s own home.

Incidence

Child Abuse is about as prevalent as asthma in the child population. At least half the cases reported to official agencies are of school-age children.

About 1 in 400 primary school age children were reported to the Waikato Child Abuse Project 1980-1985 But, overseas research has found that for every one child reported at least 4 go unreported. In my study teachers reported 3.5 percent of the Hamilton primary school age population over 1985 - equivalent to one child per classroom in Hamilton city. While it was recognised that a few children may have been reported by more than one teacher it appeared that, as a conservative estimate, 1 to 2 children per hundred in Hamilton schools are being abused so obviously that reporting should occur. This is the same as official American statistics.

Child abuse occurs across all strata of society but lower socio-economic families are more often reported. This is because physical abuse tends to occur more when stresses of poverty are high, physical abuse is more readily identified and consequently reported, and those from lower socio-economic groups are less adept at protecting themselves from discovery.

Causes

Child Abuse occurs because of a combination of personal and environmental factors but is almost always a symptom of a family that is not functioning well. Stress factors for all family members will be high.

There are three major models to explain child abuse:

1. Psychiatric Model: This model sees personality deficiencies in the parent such as alcoholism, a rigid dominating personality, psychiatric disturbances, impulsiveness and immaturity, lack of ability to communicate with others, as the major cause.

2. Social Model: This model sees child abuse as a problem which arises from poverty, unemployment and social isolation.

3. Social Learning Model: This model views child abuse as learned behaviour with physical violence being the only way the abuser has learned to solve conflicts. This model makes sense of the ‘cycle of abuse’ found for many abusing parents - they also were abused as children. Studies in Auckland have shown that 80 percent of violent offenders in prison were physically abused as children and 75 percent of girls in ‘girls’ homes’ were sexually abused in childhood.

It is recognised that a child’s behaviour may serve to provoke abuse. Premature, adopted, physically and intellectually handicapped children are more at risk. So are children who as babies cried a lot or were behavioural problems from an early age. One child in a family may become the scapegoat with not only parents but also siblings abusing the child.

With sexual abuse, once one child has been molested all other siblings are also at risk. The reasons for sexual abuse are complex but the abuser probably does not so much require sexual gratification as a chance to display power over a weaker person who loves and trusts. Male and female children can be equally at risk but over 90 percent of reported abusers are male and most reported children are female.

Treatment

Treatment is complex. It is important to consider all the possible causes: parental inadequacies (and family histories), child behavior problems and sociological variables, must all be considered. Treatment can focus on teaching abusive families parent-child management skills, stress reduction skills, interpersonal communication skills and skills for effective living in a community. Overseas, treatment in groups has been found to be effective as it allows both victims and abusers not to feel so isolated.

Abused children nearly always consider the abuse is their own fault and will protect their parents even in the face of overwhelming evidence. They need (like all of us) to feel they belong and have usually been told they will be taken...
Abused children are usually low in self-esteem and often are failing in the school system. They need to learn new skills for interacting with adults and children. Providing sympathy, being 'soft', is not appropriate. There are many skills such children have not learnt at home and these include:

1. How to manage anger.
2. How to achieve - be good at something and proud of it.
3. How to be treated fairly and treat others fairly; (this means having clear rules and being consistent; do not use physical punishment on an abused child; behaviour modification programmes work because the rules are clean, set out and rewards come when deserved)
4. How to respond to appropriate physical contact.
5. How to express your feelings honestly and clearly.

All of these can be helped by good modelling by the teacher and class discussion. Support parents by listening to them and helping them to see good things about their child.

### Educate

1. Yourselves - this includes discussion with other staff members and agency people. Suspicion of child abuse should not be kept to yourself - other concerned adults can help you be more objective about the behaviour that is concerning you.
2. The children - use class programmes. This is PRIMARY INTERVENTION - trying to educate the next generation in order to reduce violent behaviour in society. This involves teaching basic interpersonal skills at all levels of the school. Many of the stories you read aloud to children provide opportunities for discussion on how children should be treated, especially fairy stories like Cinderella, Snow White, and the Ugly Duckling. School Journals and reading books have a wealth of stories on family interaction themes. In New Zealand the new 'Keeping Ourselves Safe' programmes has units on the prevention of sexual abuse.

If you include material in your health, social studies and language programmes which allows for discussion on the right of children to be free from harm by adults it is possible that some children will self-report events at home that indicate abuse is occurring. In such events it is important for you to

1. believe the child,
2. allow the child TO TALK WITH YOU - Privately if a child appears to want to but, never put words in a child's mouth; your task is to LISTEN;
3. report the child's story to your PRINCIPAL;
4. ensure an appropriate AGENCY person knows and is checking the home situation.

Don't wait for conclusive evidence - that may be too late.

Teachers must have a key role in identifying child abuse in the school-aged population because they are often the only adults, apart from the parents, who have opportunities to observe the child over a period of time.

### Support

Abused children are usually low in self-esteem and often are failing in the school system. They need to learn new skills for interacting with adults and children. Providing sympathy, being 'soft', is not appropriate. There are many skills such children have not learnt at home and these include:

1. How to manage anger.
2. How to achieve - be good at something and proud of it.
3. How to be treated fairly and treat others fairly; (this means having clear rules and being consistent; do not use physical punishment on an abused child; behaviour modification programmes work because the rules are clean, set out and rewards come when deserved)
4. How to respond to appropriate physical contact.
5. How to express your feelings honestly and clearly.

All of these can be helped by good modelling by the teacher and class discussion. Support parents by listening to them and helping them to see good things about their child.

### What teachers can do

**WHAT CAN TEACHERS actually do to help?** There seems to be four major roles

1. **to IDENTIFY**
2. **to REPORT**
3. **to SUPPORT**
4. **to EDUCATE**

### Identify

It is important for every teacher to become very familiar with the signs and symptoms of child abuse and to acknowledge that abuse does exist and that it exists regardless of race, socio-economic status or the parent's 'respectability' in the community.

It helps to record children's comments or behavioural symptoms that are worrying. Most teachers intuitively can tell when something is wrong for a child. TRUST YOUR HUNCHES but also record any anecdotal information that may be useful. Children often 'tell' of their concerns in writing and drawings and in their interactions with other children and adults in the school.

There is a checklist of possible child abuse, its signs and symptoms on the last page. Some of these symptoms on their own may point to other problems than abuse, so use them carefully. However, if a number of the characteristics are present observe the child very carefully and try to get him/her to talk about events at home. Parents may show their negative attitudes toward their child in parent interviews. At such times it may be helpful to point them toward organisations like Parentline.

### Reporting

Each school needs a reporting procedure that ensures some action. There is a very large responsibility on the Principal for this, and also on agency people. Visiting teachers, public health nurses and social workers may be asked to check the home circumstances. (In New Zealand only the Department of Social Welfare and the Police have the legal right to intervene in the home) Drawing up a chart showing how to report, and to whom, perhaps at a staff meeting, will help get your own situation clear.

### Attitudes

**CHILD ABUSE** is an emotive subject and those of us who care for children are most likely to react strongly when we hear what has actually been done to hurt a child.

While teachers in my study showed a high positive response to the abused child at all testings (and this was confirmed by the 91% who thought teachers had a responsibility to support an abused child), there were still a large number who showed strong negative feelings towards abused children. A large percentage of those also showed strong negative feelings toward the abusive parent. This is disturbing because it suggests that many teachers may feel generally negative to families where child abuse is occurring. This may mean that some children are not being reported even when teachers know that the child is being abused at home. It is important not to 'judge' families as being unreceptive to change and therefore unable to be helped. If the 'cycle of abuse' from one generation to another is to be broken intervention in the family must occur and there must be hope from concerned professionals that change is possible. That change will not necessarily mean that the whole family stays together.

### What teachers can do

**WHAT CAN TEACHERS actually do to help?** There seems to be four major roles

1. **to IDENTIFY**
2. **to REPORT**
3. **to SUPPORT**
4. **to EDUCATE**

### Identify

It is important for every teacher to become very familiar with the signs and symptoms of child abuse and to acknowledge that abuse does exist and that it exists regardless of race, socio-economic status or the parent's 'respectability' in the community.

It helps to record children's comments or behavioural symptoms that are worrying. Most teachers intuitively can tell when something is wrong for a child. TRUST YOUR HUNCHES but also record any anecdotal information that may be useful. Children often 'tell' of their concerns in writing and drawings and in their interactions with other children and adults in the school.

There is a checklist of possible child abuse, its signs and symptoms on the last page. Some of these symptoms on their own may point to other problems than abuse, so use them carefully. However, if a number of the characteristics are present observe the child very carefully and try to get him/her to talk about events at home. Parents may show their negative attitudes toward their child in parent interviews. At such times it may be helpful to point them toward organisations like Parentline.

### Reporting

Each school needs a reporting procedure that ensures some action. There is a very large responsibility on the Principal for this, and also on agency people. Visiting teachers, public health nurses and social workers may be asked to check the home circumstances. (In New Zealand only the Department of Social Welfare and the Police have the legal right to intervene in the home) Drawing up a chart showing how to report, and to whom, perhaps at a staff meeting, will help get your own situation clear.
Possible Signs and Symptoms of Child Abuse

Physical Abuse and Neglect
Unexplained bruises, welts, burns, fractures, abrasions
Undue hostility to authority
Excessive disruptiveness and aggressiveness
Violence toward peers
Destruction of school property, stealing
Wearing inappropriate clothing (e.g. long sleeves in hot weather)
Frequent absences without reasonable explanation
'Frozen watchfulness' – fear of sudden movement
Apparently very high pain threshold

Sexual and Emotional Abuse
Extreme passivity and withdrawal from peers
Being a social isolate
Wanting to be 'perfect' in all work and behaviour
Very low self-esteem
Crying a lot without apparent reason
Frequent headaches and/or stomachaches

Exposure to pornography/unusual sexual knowledge
Masturbation
Not wanting to go home/running away
Not wanting to take part in physical education
Lacking in trust towards adults/resistance to being touched
Showing marked changes in interest and aptitude for schoolwork

Some Signs and Symptoms of Parents Who Might Abuse
Do not seek medical help for a child who clearly needs it
Indicate their child is very 'bad' or different from other children
Present contradictory history for injuries
Are unwilling to discuss their child's problems with school work
Are reluctant to give information about the child
Have unrealistic expectations for their child
Are clearly under financial and/or personal stress
Indicate they were abused themselves as children
Live in a very isolated and withdrawn way with few social contacts

Notes

Joy Hay was previously a lecturer at Hamilton Teachers' College and is now co-ordinator of the Child Development Centre, Waikato Hospital, Private Bag, Hamilton New Zealand

The research project on which this article is based was made possible by a substantial grant from the Social Science Research Fund Committee and was supervised by Dr Larry Peters. A summary of the full findings is available from the author, the full report is with the SSRFC and is also available from the University of Waikato library.

Copying Permitted
© Copyright on this item is held by NZCER and ACEP, who grant to all people actively engaged in education the right to copy it in the interests of better teaching.
Contents

1 Contents Sheet
   Photo-copy this sheet to alert others to what this issue brings.

Four items on Mainstreaming/Integration

2. Adjusting to School
   Christin 't Veld
   This careful study of 8 children with Down's Syndrome (intellectually handicapped) shows how successful integration into ordinary classes can be.

3 Mind Your Language
   Frances Strong
   Help with words and phrases which do not 'put down' or insult the handicapped.

4 Co-operative Learning Strategies for Mainstreaming/Integration
   David Johnson and Roger Johnson
   Making children responsible for other children's success as well as their own has especially positive results in classes which include handicapped pupils.

5. Room Management in Mainstreamed/Integrated Classrooms
   Gary Thomas
   Experience in Britain shows how to organise parents or others who come to help in classrooms where handicapped children are mainstreamed/integrated.

Six items on classrooms and learning

10 New Vocabulary: How Do Children Learn New Words?
   Warwick Elley
   Most children learn 1000 new words each year. But no teacher teaches that many deliberately. The class activities that promote new vocabulary are revealed.

11 Joys and Fears
   Alison Searle and her students
   15 Aboriginal, Torres Strait Islander, and European Diploma of Teaching students asked children about their joys and fears. They discovered very strong differing cultural ties, even in very urban settings.

12 Stepfamilies
   Ruth Webber
   One divorce can create 2 step-families, and life becomes more complicated at school as well. From research in Australia comes this lively account and cheerful advice.

13 Teachers and Child Abuse Prevention
   Joy Hay
   Teachers rarely report child abuse. Yet they are often the most soon aware. Here is help with identifying, guidance about reporting, and how to support the abused child in class.

14 Better Discussion
   Christine Perrott
   Using case studies and transcripts the pitfalls of poor discussion, the virtues of good discussion, and the rules for educationally invigorating discussion are displayed.

15 Homework
   Brian Burnham
   Ten years of research are reviewed in this Canadian study. There have been waves of popularity and neglect of homework but the research has not, till recently, been very helpful.