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# The Relative Effectiveness of Programmed Instruction Versus the Lecture and Discussion Method on the Assessment Skills and Reporting Patterns of Child Abuse and Neglect Among Undergraduate Nursing Students

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**THE RELATIVE EFFECTIVENESS OF PROGRAMMED INSTRUCTION  
VERSUS THE LECTURE AND DISCUSSION METHOD ON THE ASSESSMENT  
SKILLS AND REPORTING PATTERNS OF CHILD ABUSE AND NEGLECT  
AMONG UNDERGRADUATE NURSING STUDENTS**

by

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**B.S. May 1972, Tuskegee University  
M.S. May 1978, University of Maryland**

**A Dissertation Submitted to the Faculty of Old Dominion  
University in Partial Fulfillment of the Requirements for  
the Degree of**

**DOCTOR OF PHILOSOPHY  
URBAN SERVICES  
OLD DOMINION UNIVERSITY  
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## ABSTRACT

THE RELATIVE EFFECTIVENESS OF PROGRAMMED INSTRUCTION VERSUS  
THE LECTURE AND DISCUSSION METHOD ON THE ASSESSMENT SKILLS  
AND REPORTING PATTERNS OF CHILD ABUSE AND NEGLECT AMONG  
UNDERGRADUATE NURSING STUDENTS

Pamela V. Wilson Hammond

Old Dominion University, 1992

Chairman: Dr. Stephen W. Tonelson

The problem studied in this investigation was whether different instructional methods could increase the assessment skills and affect reporting patterns of child abuse and neglect among undergraduate students majoring in nursing.

Two hundred and nineteen nursing students were selected for inclusion in the study from two urban universities located in Hampton Roads, Virginia. The sample was predominantly female (91.3%), African-American (79.9%) and mostly under 25 years of age (67.1%).

A programmed instruction manual, Child Abuse and Neglect, a pretest booklet, and a posttest booklet were developed specifically for this research. The pretest booklets and posttest booklets contained vignettes and questions developed by and used with the permission of Zellman (1990), and Dukes and Kean (1989).



The nonequivalent control-group design was selected for<sup>iv</sup> this quasi-experimental study. The responses of students to a series of questions regarding the assessment of child abuse and neglect and the legal obligations of mandatory reporters in Virginia were pretested.

Students were then given instructions on the assessment of child abuse and neglect and the legal responsibility of mandatory reporters. The control group was instructed by the lecture and discussion method while the experimental group completed a programmed instruction manual. Both the control group and the experimental group were retested approximately 30 days later in order to assess differences in retention.

Programmed instruction is viable as an alternative method of instruction on the topic of child abuse and neglect for undergraduate nursing students. Further, students who are instructed using the programmed instruction manual are able to acquire and retain information on the topic equally as well as those students who are instructed by the more traditional method of lecture and discussion.

Correlation coefficients on the data revealed that only 4 of 72 responses to the vignettes were significantly correlated with the type of instruction. Therefore, the effect of programmed instruction as compared with the lecture and discussion method on the responses of students to vignettes remains inconclusive.

## DEDICATION

This dissertation is dedicated to a loving family who gave so much of themselves so that I could complete this program of study. They all had the vision to see the light at the end of the tunnel during those times when all I could see was darkness. Those wonderful and giving persons are my husband, Gary; children, Jason and Alexis; mother, Nancy L. Wilson; parents-in-law, Gary and Mary Hammond; and sisters and brothers, Barbara Turner, Patricia Pennington, Ronald Wilson, Mary Walker, George Wilson, Cassie Brewer, and Joanne Kelly.

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I am indebted to my academic advisor, Dr. Maurice R. Berube, who guided my curriculum selections and convinced me that completion of the program was possible. The support given to me by Dr. Robert A. Lucking has been unsurpassed and I truly appreciate his caring about my success.

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guidance and support which were necessary to complete this research despite the demands of my employment. Thanks also should be extended to Dr. Rebecca Rice, chairperson, Department of Nursing, Norfolk State University for her assistance in my sampling procedures. To the students and faculty members of Hampton University and Norfolk State University who participated in data collection procedures, I am truly grateful.

I also am indebted to Mrs. Shirley S. Hall who served as the dynamic lecturer for the traditional lecture and discussion classes, critiqued the program instruction manual and assisted in data collection.

Genuine appreciation and sincere gratitude should be extended to other persons who provided assistance to make this research possible:

Mrs. Elaine Lloyd-Hudgins edited the programmed instruction manual, test booklets, and the dissertation.

Miss Lisa Perry typed the programmed instruction manual, test booklets, and the dissertation.

Mrs. Eleanor A. Lynch served as the testing and evaluation consultant for the programmed instruction manual, the pretest, and the posttest.

Dr. Linda C. Petty, Dr. Ellen F. Rosen, Mrs. Lorena G. Birts, and Mr. Gary J. Hammond coded data, generated the computerized results of my findings, and assisted in the interpretation of data.

Dr. Maurice C. Taylor provided expert consultation on family violence, abuse and neglect laws, and assisted with reliability and validity issues.

Dr. Patricia E. Sloan, Dr. Willar F. White-Parson, Dr. Linda W. Deans, Mrs. Arlene J. Montgomery, Mrs. Mary B. Laster, Mrs. Susan H. Jones, Mrs. Alicia A. Spencer, and Mrs. Julia B. Tucker critiqued the programmed instruction manual, pretest and posttest, and assisted with reliability and validity issues.

Mr. Jeffrey Scott illustrated the programmed instruction manual, and the test booklets.

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It is with great humility and sincere appreciation that I acknowledge that the completion of the rigors of my doctoral program in general and this dissertation specifically is owed to numerous individuals whose names I did not mention. To all of those persons I am thankful for their significant contributions to my personal and professional growth.

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## CHAPTER 1

### INTRODUCTION

#### Statement of the Purpose

The purpose of this research project is to determine if different instructional methods could increase the assessment skills and reporting patterns of child abuse and neglect among undergraduate nursing students. Specifically, the two instructional methods under study are programmed instruction and the lecture and discussion method. If the two methods are found to be equally effective, college and university faculties will have a viable alternative to the traditional class on child abuse and neglect.

#### Background

As components of urban environments become the topic of an increasing number of studies, including service delivery systems, development, poverty, and transportation, an analysis of the effects of these heavily populated areas on the health of the children and on the mounting social problems that affect them must be undertaken. The crime of child abuse and neglect is one of many social problems that affects the health of children and, thereby, affects the health of the total urban community. The crime, according to Donnelly (1991), is so much a part of the way communities are organized and the way families are structured that no one profession can prevent its

occurrence. Many professionals in many sectors of society have a role to play to insure that prevention efforts are successful (Donnelly, 1991). As a consequence there is a need to provide a multidisciplinary approach to the identification, reporting, prevention and treatment of child abuse and neglect.

This multidisciplinary approach must involve individuals, including nurses, whose occupations require contact with children and who also are required by law to report all cases in which child abuse and/or neglect is suspected. Nurses by the nature of their occupation are exposed constantly to situations in which independent decisions must be made. According to Ketefian (1981), it is essential that nurses practice morally and that their decisions be based on thought and reflection rather than on intuition, self-interest or pragmatic concerns. Decisions regarding child abuse and neglect also must be based on thought and reflection as well as national and state laws.

In exploring the adequacy in which nurses address moral and ethical issues including child abuse and neglect, Omery (1989) found that nurses in every practice setting are spending an increased amount of time addressing and resolving issues of a moral and ethical nature. Further, nurses may not always be aware which value system is guiding their choices since their decision-making may be either overt or covert and result in discomfort when

individual values differ from peer group values (Omery, 1989).

The involvement of nurses in the prevention, identification and treatment of child abuse and neglect is imperative. A lack of involvement by these professionals may be due to ignorance of the law and ignorance of the overt indicators for abuse, in addition to restrictions by their employers' policies (McGrath, Cappelli, Wiseman, Khalil, & Allan, 1987). Perceived institutional practices also must be taken into consideration when one is describing and measuring professionally ideal and moral behavior (Ketefian, 1987).

To encourage involvement, individuals must be educated on the signs and symptoms, risk factors, legal obligations and legal protection for mandatory reporters related to child abuse and neglect (Baxter & Beer, 1990; Faller, 1985; Lamond, 1989; McGrath et al., 1987; Tharinger & Vevier, 1987; Wurtele & Schmitt, 1992). This education may occur in colleges and universities where students are educated to serve children in a variety of settings. Child abuse and neglect is, therefore, a multiphasic health care problem that should not be ignored by college and university faculties as they prepare persons who will serve the nation's youth in a variety of settings and who will have the legal responsibility for the reporting of apparent child abuse and neglect.

### Significance of the Study

This study was undertaken in an attempt to determine whether different instructional methods could increase assessment skills and reporting patterns of child abuse and neglect among undergraduate nursing students. The students were pretested with a series of questions addressing their knowledge of signs and symptoms of child abuse and neglect, assessment skills and their legal obligations in the Commonwealth of Virginia as mandatory reporters. The students were given instructions on the assessment of child abuse and neglect and the legal responsibility of mandatory reporters. The control group was instructed by the lecture and discussion method while the experimental group completed a programmed instruction manual.

The programmed instruction manual, Child Abuse and Neglect, was developed specifically for this research to provide students with information to enhance their assessment skills and to identify their mandatory reporting responsibilities. Upon completion of the instruction, the students' responses to questions were measured to determine the relative effectiveness of programmed instruction as compared to the lecture and discussion method on enhancing assessment skills and reporting patterns of child abuse and neglect among undergraduate nursing majors. Both the control group and the experimental group were retested approximately 30 days later in order to assess differences in retention of the acquired information.

The significance of this study was twofold: First, the results will answer the question of whether programmed instruction could be used as an alternative teaching method to the traditional class, lecture and discussion, for undergraduate nursing students studying child abuse and neglect. Second, the study demonstrated the effect of increased information about legal obligations on patterns of reporting behavior among prospective mandatory reporters in Virginia. The results revealed important information on the use of programmed instruction on increasing assessment skills and the consistency of reports made by undergraduates to situations presented to them in the form of vignettes. An analysis of the data provided information that can be used by college and university faculties, school system administrators, hospital administrators, social service departments, legislators and other community leaders in deliberations regarding educational programs for mandatory reporters and state and local reporting policies.

### Hypotheses

The following null hypotheses were tested in this study:

1. There will be no difference in the retention of knowledge of the students who use programmed instruction in child abuse and neglect and those who receive the lecture and discussion method as measured by a paper and pencil test.

2. There will be no difference in the reporting patterns of students who receive the lecture and discussion method on child abuse and neglect and those who use programmed instruction as measured by the students' self-reports.

3. There will be no difference in pretest and posttest responses to child abuse and neglect vignettes among the students who use programmed instruction and those who receive the lecture and discussion method.

### Definition of Terms

1. Programmed Instruction: "A systematic method of instruction characterized by clearly stated behavioral objectives, small frames of instruction, self-pacing, active learner's response to inserted questions, and immediate feedback regarding the correctness of the response" (Anglin, 1991, p. 15).
2. Lecture and Discussion Method: A method of instruction characterized by having an instructor present preplanned information to a group of students who are given opportunities to ask questions and participate in a discussion of related issues.
3. Abused or Neglected Child: For the purposes of this study the following definition will apply to any referral to an abused or neglected child unless otherwise stipulated:

Abused or neglected child shall mean a child less than eighteen years of age whose parents or other person responsible for his care:

1. Creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon such a child a physical or mental injury by other than accidental means, or creates a substantial risk of death, disfigurement, impairment of bodily or mental functions;

2. Neglects or refuses to provide care necessary for his health; provided, however, that no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination shall for reason alone be considered an abused or neglected child;

3. Abandons such a child; or

4. Commits any act of sexual exploitation or any sexual act upon a child in violation of the law (Child Abuse and Neglect Act of 1975, Code of Virginia, p. 523).

4. Report: An official document on which information is given concerning abuse and neglect and which is required to be made by persons designated herein and by local departments in those situations in which investigation of a complaint from the general public reveals suspected abuse or neglect (Child Abuse and Neglect Act of 1975, Code of Virginia, p. 523).

#### Limitations

This research, focusing on the identification of abused and neglected children and reporting patterns among undergraduate nursing students, is limited to the Hampton Roads area elementary school children and is restricted to the identification of the students' assessment skills and reporting patterns of child abuse and neglect.

The geographic location was selected in an effort to ensure that adequate data could be collected from an experimentally accessible population. School aged children are likely to be seen by nurses in health care settings and



public school systems, therefore, both groups of nurses could benefit from information on child abuse and neglect and on legal reporting obligations. While prevention and treatment programs are admittedly important, the focus of this research was the assessment and reporting of child abuse and neglect. Further, of the many urban problems addressed in undergraduate nursing curricula, enhancing nursing students' abilities to assess child abuse and neglect and identify their legal reporting obligations helps to impact a major social and health problem facing children of all ages, ethnic groups and socioeconomic groups.

The results of this study are limited to undergraduate students at predominantly African-American institutions majoring in nursing. The results also are limited to urban settings similar in demographic composition to Hampton Roads, Virginia. Caution should be taken when attempts are made to generalize the results of this study to areas where the laws differ from that of Virginia and to colleges and universities located in rural areas.

### Overview of the Study

Programmed instruction has been used successfully for decades in institutions of higher education, business and the military (Ross & Wasicsko, 1981; Smith & Renzulli, 1982; McKeachie, Pintrich, Lin, & Smith, 1987). The use of programmed instruction as a teaching and learning method to

enhance the assessment skills and reporting patterns of child abuse and neglect has not, however, been demonstrated. The study is, therefore, designed to yield data to determine the effectiveness of a programmed instruction manual compared with the lecture and discussion method of instruction on undergraduate nursing students studying child abuse and neglect.

In chapter 1, the background and overall framework of the study is presented in the form of an introduction. Additionally, the definition of terms also are presented in chapter 1. In chapter 2, a review of relevant literature pertaining to the study is discussed. The components included in the literature review are: (1) use of programmed instruction; (2) prevalence of child abuse and neglect among school aged children; (3) legal obligations of those who suspect child abuse and neglect; (4) reporting patterns of mandatory reporters; and (5) decision-making theory. Chapter 3 includes an explanation of the methodology and the procedures used in the study, and a presentation of data analysis is found in chapter 4. Contained in chapter 5 are the summary, conclusions and recommendations for this study based on the data found in chapter 4. Finally, the appendices contain additional information applicable to this study and background information for data contained in the body of this dissertation.

## CHAPTER 2

### LITERATURE REVIEW

The literature relating to the role of colleges and universities in the education of mandatory reporters of child abuse and neglect is lacking in both numbers and depth of information provided. There is a need for an increased number of research studies that could add to the literature on the role of colleges and universities in educating prospective professionals about child abuse and neglect and the legal obligations of mandatory reporters. Such studies would serve to increase the knowledge base of those professionals who work with children and decrease the prevalence of myths surrounding child abuse and neglect.

Gelles and Cornell (1990) outlined seven myths related directly to child abuse and neglect. Those myths are: (a) family violence is rare, (b) family violence is confined to mentally disturbed or sick people, (c) family violence is confined to the lower class, (d) family violence occurs in all groups, (e) children who are abused will grow up to be child abusers, (f) alcohol and drug abuse are the real causes of violence in the home, and (g) violence and love do not coexist in families (Gelles & Cornell).

According to Gelles and Cornell (1990), these myths hinder progress toward public awareness of family violence

and must be dispelled before professionals can provide the level of assistance necessary to end the violence.

Reporting patterns are influenced greatly by the myths, values, and beliefs of mandatory reporters. This research will add to the literature on the education and expected reporting patterns of mandatory reporters. Despite the fact that the literature generally covers such subjects as the multidisciplinary nature of treating child abuse and neglect and the reporting patterns of mandatory reporters, some studies ignore the education and preparation of undergraduates for their role as mandatory reporters.

The focus of this literature review is on: (a) the use of programmed instruction as an alternative method of instruction versus lecture and discussion, (b) the prevalence of child abuse and neglect among school aged children, (c) legal obligations of those who suspect child abuse and neglect, (d) research surrounding reporting patterns of mandatory reporters, and (e) theory relevant to decision-making.

#### Use of Programmed Instruction

Skinner (1953) advocated that reinforcement is necessary to operant conditioning and serves to maintain new behaviors. This premise was the basis for the development of programmed instruction and its use by educators. According to Skinner, reinforcement must be immediate to develop skills and to cause an organism "to make a response which it did not or could not make before"

(p. 98). The author did take into account that in education and industry every response cannot realistically be reinforced. In these situations intermittent reinforcement is what drives the organism and will shape the organism's behavior. Intermittent reinforcement was found by Skinner to cause behavior to be quite stable and such reinforcement helps to study other variables and conditions surrounding learning.

Ramirez (1983) criticized Skinner's assumption that individuals do not need to want to learn to learn. This criticism is based on the fact that teachers are constantly reinforcing student behaviors and there are always students who do not learn. Ramirez did report that operant conditioning theory does explain some learning even though there is some learning that is not affected by the technique.

Programmed instruction was found to be utilized more in the military than in higher education by Ross and Wasicsko (1981). Ross and Wasicsko reported that the military's extensive use of programmed instruction reflected individualization of their educational programs based on the aptitudes of persons choosing to enter the service over college entrance. In addition to the military, frequent use of programmed instruction can be found in industrial training and in some educational computer programs (McKeachie, Pintrich, Lin, & Smith, 1987).

McMeen (1985) described linear and branching as two forms of programming techniques. Linear programming consists of logically sequenced units of information to which the learner responds. A minimum number of errors is expected in this type of programming. A larger number of errors on the part of the learner is expected in branching programs in which the learner is directed to a variety of material based upon responses to critical units of material. The combination of both linear and branching programming is called adaptive programming by McMeen (1985).

Smith and Renzulli (1982) studied the learning preferences of elementary students and obtained information relative to the students' attitudes toward a variety of instructional methods including programmed instruction. Other approaches studied were lecture, projects, drill and recitation, peer teaching, discussion, teaching games, independent study, and simulation. The authors concluded that there is no one definitive teaching approach and that educators must consider both advantages and disadvantages of each. The learning styles of students and the topics being discussed were the two important factors cited by the researchers as necessary to consider when developing any teaching materials.

Ross and Wasicsko (1981) presented a list of strengths and weaknesses of programmed instruction based on their use of this method. The perceived strengths of programmed

instruction are its usefulness in accommodating differences in learning styles, its slow and systematic presentation of material, and the remediation which may be made available to students through its use. Weaknesses of programmed instruction include the difficulty and time involved in writing the programs, the possibility of boring some students because of redundancy, and slow progression of the material. Ross and Wasiesko noted that the suitability of programmed instruction is most effective in teaching specific knowledge such as terms, names, and facts.

According to McKeachie et al. (1987), in their study on teaching and learning in the college classroom, the writing of a programmed instruction is difficult work which accounts for the lack of involvement by scholars who would rather write a textbook. The researchers found that while the programmed instructional booklets were sometimes designed to complement traditional teaching materials, they often were used as replacements for textbooks.

### Prevalence of Child Abuse and Neglect Among School Aged Children

The role of schools in providing nonacademic and social programs is not new. During the reform movements of the sixties, the schools were "burdened" by the effects of the Vietnam War, the civil rights movement, and the development of a counter-culture (Ravitch, 1983).

This burden continues into the 1990s and schools seem to be a likely place to address child abuse and neglect issues. With the increase in community awareness of physical and sexual abuse, programs specifically designed to increase the awareness of this crime have been implemented in many school systems (Wolfe, MacPherson, Blount, & Wolfe, 1986). Other programs which address nonacademic issues also are being implemented in the school systems. Drug and alcohol abuse prevention programs are widespread in elementary and secondary school systems (Dielman, Shope, Leech, & Butchart, 1989; Tricker & Davis, 1988). Sex education is another nonacademic program found in public and private school systems (Lester & Cox, 1988).

Goodwin, Goodwin and Cantrill (1988) were proponents of the schools' involvement in nonacademic matters. They stressed this involvement especially as it relates to mental health issues. A suggestion of involving the schools in partnership with the private sector to facilitate the use of programs that emphasize child health was made by Pigg (1989) who advocated support by the federal government to improve comprehensive school health programs.

Child abuse and neglect is a multiphasic health care problem that should not be ignored by college and university educators as they prepare students who will serve as mandatory reporters. The extent of the problem is yet to be determined. Because of the stigma attached to



abusing children, the statistics generally are considered questionable. Broadening of child abuse and neglect research in an effort to help document base rates of maltreatment with which to determine the impact of preventive programs is needed (Garbarino, 1986).

Nationally, there were 2,508,000 cases of child abuse reported to social service agencies during 1989-90 which represented approximately 39 of every 1,000 children -- a 4% increase in reports over the previous year (Daro & McCurdy, 1991). The Virginia Department of Social Services reported more than 27,418 complaints of child abuse and neglect during fiscal year 1990. Those data were based on a ten-month period because of the implementation of a new reporting system. For the fiscal year, however, the department reported investigations involving 43,341 children. Of this number over one-fourth or a total of 12,353 complaints were made in Hampton Roads, Virginia (Child Protective Services Unit, 1990).

Children from infancy to four years of age were reported to be the group with the greatest number of abused victims in Virginia representing 35% of the total population. Children who are aged 5 to 13, the age group of children seen on a daily basis by elementary school personnel (including nurses), represented 50.5% of all abused children in Virginia (Child Protective Services Unit, 1990).

Of the children who were reported as having been abused in Virginia during 1990, 56.8% were Caucasian, 37.3% were African-American, and 5.5% were of other racial and/or ethnic groups (Child Protective Services Unit, 1990). The Virginia Department of Social Services reported that the percentage of Caucasian victims had decreased from 63% to 56.8% since 1987.

For the ten-month reporting period in 1990, there were 1,608 reports of sexually abused children in Virginia compared to 1,677 such reports during fiscal year 1989 (Child Protective Services Unit, 1990). The majority of the victims were female. The number of female sexually abused victims remained constant into the teen years while the number of male sexually abused victims decreased as they matured (Child Protective Services Unit, 1990).

Presently, the reporting method used in the Commonwealth of Virginia does not require school systems to identify the occupation of the person making the initial complaint of suspected child abuse and neglect. Data are compiled and listed as "public schools." This method does not provide information specific to the compliance with state laws by individuals employed within the school system.

The public school system reported the greatest number of incidents of child abuse and neglect in Virginia. There were 5,615 reported cases of suspected child abuse and neglect from the Virginia public school systems in 1989-

1990. Approximately two-thirds of these cases were designated as unfounded (Child Protective Services Unit, 1990). With the large number of unfounded cases reported by school personnel, it is necessary that an investigation such as the one proposed in this study be conducted to determine an effective means of providing information which will affect the accuracy and consistency of assessment skills and reporting behaviors of nurses in health care settings and those employed as school nurses.

Gelles and Cornell (1990) stated that approximately one in three cases of child abuse and neglect is reported to social welfare agencies. The statistics in this section were used for illustrative purposes only in an effort to underscore the pervasiveness of the problem of child abuse. Federal, state and local governments have formulated laws and policies in an effort to not only identify and treat these children but also to provide guidelines to aid in prevention.

### Legal Obligations of Those Who Suspect

#### Child Abuse and Neglect

Gelles and Cornell (1990) reported that public attention to child abuse and neglect is a new phenomenon which was brought about by three events in the 1960s. These events included: (1) the publication of the benchmark article by Kempe, Silverman, Steele, Droegemueller, and Silver (1962) regarding the prevalence of physical abuse

inflicted upon children by their parents; (2) the recognition of child abuse and neglect by legislators which resulted in the passage of child abuse and neglect laws in all fifty states; and (3) the involvement of the federal government in attempts to educate the public on the issues surrounding this national crime (Gelles & Cornell, 1990). The advent of public awareness of child abuse as a social problem affecting all segments of the community brought about measures to insure that the crime was reported to the proper authorities by those individuals who came into contact with children as a result of professional involvement.

One of the means by which Congress sought to insure the protection of children was by passing Public Law (PL) 93-247, the Child Abuse Prevention and Treatment Act of 1974. This law established the National Center on Child Abuse and Neglect which coordinates all federal programs related to child abuse and neglect. In addition to the establishment of the National Center on Child Abuse and Neglect, PL 93-247 provided funds to be appropriated to public and nonprofit organizations for demonstration programs and projects designed to prevent, identify, and treat child abuse and neglect (Child Abuse Prevention and Treatment Act, 1974).

Within a year after the passing of PL 93-247, most states had passed laws for the protection of children. Each state, by virtue of the persons being required to

report suspected child abuse and neglect, has indicated support of the notion that child abuse and neglect is a total community health problem. It also is a multiphasic problem in need of the attention of a variety of professionals and volunteers in order to insure adequate identification, treatment and prevention (Sloan, 1983).

In the Commonwealth of Virginia, mandatory reporters include doctors, nurses, social workers, probation officers, teachers, other persons employed in public and private schools and day care facilities, Christian Science practitioners, mental health professionals, law enforcement officers, and any professional staff person employed by a private or state operated facility that cares for or treats children. Virginia statutes require all mandatory reporters to report their suspicions of child abuse and neglect (Child Abuse and Neglect Act, Code of Virginia).

Individuals who report suspected child abuse and neglect in accordance with the law are protected from civil and criminal liability. If individuals who are mandated by law to report child abuse and neglect fail to do so they may be fined \$500 for the first failure and \$100 to \$1,000 for subsequent failures (Child Abuse and Neglect Act, Code of Virginia).

#### Reporting Patterns of Mandatory Reporters

Faller (1985) documented problems inherent in the national child protection reporting system. These problems

are closely related to the generalization of the language in the Child Abuse Prevention and Treatment Act of 1974. The act, according to Faller, gave professionals too much room for interpretation of the definition. These professionals are frequently the only liaison between the family and social services.

Other problems in the system include: (a) professionals may discourage families from talking about maltreatment so that the professional does not have to make a report; (b) 50% of cases are unfounded (family cover-up, unskilled investigators, false allegations); (c) potential negative impact on the family unit once the report is made; (d) emphasis has by necessity been placed on investigation and protection with little or no treatment; (e) crisis intervention therapy is many times inadequate; and (f) lack of funds to hire more case workers and to develop and implement treatment programs. Faller recommended increased training of mandatory reporters, systematic research on the reporting patterns of mandatory reporters, and increased documentation of intervention strategies as means to reduce the problems of the reporting system.

Butz (1985) also wrote about a problem in the national mandatory reporting system. Mandatory reporting laws pose a threat to the confidential nature of the helping relationship. The three negative outcomes of breaching confidentiality, according to Butz, are: (a) abusive clients are less likely to seek counseling, (b) abusive

clients may not disclose during counseling, and (c) the trust relationships may be irreparably harmed. The abused and/or neglected child may receive inadequate treatment as a result of the decision to report being left to the discretion of mandatory reporters. An approach to avoid breach of confidence among mandatory reporters includes obtaining informed consent at the beginning of the helping relationship so that the client understands that disclosure to a third party is possible. Despite the problems with the reporting system, Butz urged professionals to reduce inconsistencies in their reporting behaviors for the welfare of the children.

Because of the inconsistencies in the reporting of child abuse, Dukes and Kean (1989) suggested that official reports are unreliable as indicators of the incidence of abuse. McGrath, Cappelli, Wiseman, Khalil, and Allan (1987) reported that an awareness by teachers of the laws governing official reporting of child abuse and of the indicators of abuse are prerequisites to having teachers participate in the protection of children. The researchers further stated that knowledgeable teachers are more likely to accept and conform to mandatory laws. Knowledgeable reporters also are necessary to prevent further victimization of the child through negative responses after disclosure (Tharinger & Vevier, 1987).

According to Lamond (1989), teachers reported significantly more cases of suspected abuse after the

introduction of mandatory reporting laws. The area of greatest increase by teachers was in the reporting of suspected sexual assault. Lamond reported no change in the proportion of reports from other professionals (counselors, social workers, psychologists, nurses, and law enforcement officers) during this same period of time. It must be noted that Lamond's study was conducted prior to the other professionals being required by law to report abuse.

A study of school personnel in a rural school district revealed that while 90% of the individuals surveyed were aware that there was a state law regarding mandatory reporters, only 22% had ever read it (Baxter & Beer, 1990). Further, 14% of those surveyed admitted to having reported or having someone else report for them cases of suspected child abuse and neglect. Interestingly, only one person studied reported having had formal instruction in child abuse and neglect. Caution must be taken in the broad interpretation of this data to larger metropolitan areas since there were only 42 participants in this study who provided self-report data.

Kalichman, Craig and Follingstad (1990) studied the relationship between responsibility attribution and the reporting practices of psychologists. The researchers found that responsibility attribution did not predict reporting practices. They did, however, find a relationship between the psychologists' confidence that the abuse did occur and their reporting practices.



Dukes and Kean (1989) studied the perceived danger of the situation to the reporting of child abuse.

Undergraduates' intent to report was found to be highest for cases of neglect which was rated as less serious than physical abuse. Dukes and Kean utilized situational scenarios (vignettes) to present various types of abuse to the students.

Vignettes depicting various abusive situations also were utilized by Kleemeier, Webb, Hazzard and Pohl (1988) in their experimental study to increase the knowledge base of elementary school teachers about sexual abuse of children. The program, in the form of a workshop, produced a significant increase in the participant's knowledge, opinions and anticipated behaviors with children who were the victims of sexual abuse. An experimental group and a control group of teachers were pretested, posttested and retested in a six-week follow-up period. The teachers participating in the training were better able to identify the abuse depicted in the vignettes. The vignettes offered a means of allowing the mandatory reporters a chance to suggest appropriate interventions during hypothetical situations.

Although not statistically significant, the reporting of child abuse by American physicians were found to be positively related to the level of injury to the child, and the socioeconomic status and ethnicity of families presented to them in the form of vignettes (Benson, Swann,

O'Toole & Turbett, 1991). Additionally, the American physicians were compared by Benson et al. (1991) to physicians practicing in Ireland. The researchers found that the Irish physicians' reporting practices did not correlate at a statistically significant level with the families' socioeconomic status or seriousness of the injury. The researchers did, however, find that reporting practices were influenced more by the seriousness of the injury than by the families' socioeconomic status.

Early identification of abusive situations is necessary to prevent the mutilation, humiliation and fatal outcomes that so often are the result of violence. To insure early identification, there must be improved coordination of efforts among public and private agencies. This coordination of services includes training programs which serve to educate and resultantly increase the number of reports made by multidisciplinary teams (Gelles & Cornell, 1990). Because of the varied experiences of mandatory reporters, both personal and professional, training programs focusing on child abuse and neglect should be relevant to the needs of the audience, and cover the issues of identifying, referring, reporting, and lawmaking (Baxter & Beer, 1990).

### Decision-Making Theory

To determine the effectiveness of programmed instruction on the assessment skills and reporting patterns

of undergraduate nursing students, the mechanism by which decisions to report child abuse and neglect are made must be considered. According to Dukes and Kean (1989), education which is focused on defining child abuse or on giving the indicators and the mandatory laws is not enough to make persons comply with the legal system. Information on proper socially acceptable actions to be taken when there is suspected child abuse and neglect should also be included in educational programs (Dukes & Kean, 1989). The theoretical basis of this section of the literature review is based on the assumption that proper socially acceptable actions, i.e., moral decision-making, evolves over a period of time and in several stages.

Kohlberg (1981) delineated a three-level model consisting of six stages to explain moral development. Kohlberg's three levels are: (a) preconventional -- of externally established rules to determine right or wrong action; (b) conventional -- expectations of family and groups are maintained, loyalty and conformity to the existing social order are considered important; and (c) postconventional -- the individual autonomously examines and defines moral values and principles as apart from the group norms of the culture with decisions of conscience dictating the right action (1981).

McIntyre (1987) reported that professionals should be involved in the identification and prevention of abuse and neglect for three reasons closely related to Kohlberg's

model: "...legislation mandates it, professionalism demands it, and humans' compassion for another subjected to cruelty and pain morally commits them" (p. 135).

Because much of Kohlberg's research involved middle-class White males (Gilligan, Ward, & Taylor, 1988; Kohlberg, 1981) it is necessary to question the validity of its use with predominantly female populations. Another theory of moral decision-making that is being studied by some nursing theorists (Ketefian, 1981; Huggins & Scalzi, 1988; Mustapha & Seybert, 1989; Omery, 1989) was developed by Gilligan (1982) who asserted that moral reasoning of females is different from that which is purported by Kohlberg. Gilligan (1982) does not support the notion that women must separate from others as they become more moral, but rather they tend to experience a connection that underlies the development of relationships. Further, the conception of morality, as it relates to women, centers around the understanding of responsibility and relationships (Gilligan, 1982).

While Huggins and Scalzi (1988) admonished nursing theorists for building ethical frameworks around the works of Kohlberg, they admitted that it may be premature to embrace Gilligan's framework. Huggins and Scalzi stated that it may be necessary to first provide a description of the structure of the consciousness of nurses who are faced with ethical decisions. In addition, the authors stated that there is a question of whether or not there are

differences in the ethical decision-making of male and female nurses (Huggins & Scalzi, 1988).

Omery (1989) asserted that nurses' individual values direct decision-making. Once values are acquired, they generally are reinforced by the nurses' societal, peer or professional group. This reasoning is consistent with the second level of Kohlberg's model in which loyalty to the existing social order is considered important. Further, Omery (1989) stated that nurses come to some of their decisions of right or wrong through a mental process called "moral reasoning."

According to Ketefian (1981) moral judgments made by registered nurses are affected by both their educational levels and their critical thinking abilities. Ketefian (1987) asserted that the educational process is structured to cause cognitive conflict and disequilibrium. This conflict and disequilibrium is accomplished by showing the inadequacies in an individual's thinking pattern and, therefore, stimulates the individual to seek more adequate means of making moral choices.

Omery (1989) also viewed education as a catalyst to make nurses more aware of moral decision-making. The author asserted that as nurses acquire advanced education, they acquire the capability to explain and discuss moral dilemmas about which decisions must be made. Nurses, by the nature of their occupational responsibilities, must be able to make effective decisions about child abuse and

neglect and to be able to report in the best interest of the child.

A means of facilitating the development of moral decision-making among nursing students is necessary, but definitive curriculum revisions have not been demonstrated (Mustapha & Seybert, 1989). In a study of 266 undergraduate students, Mustapha and Seybert (1989) suggested that all courses in an undergraduate curriculum be used to facilitate higher levels of moral development among students. Further, the researchers found that an integrated liberal arts curriculum was seen as superior over a more discrete liberal arts curriculum in being able to positively affect the moral decision-making ability of the students.

Decision-making patterns among professionals mandated to report child abuse were studied by Zellman (1990). The researcher looked at the reporting decisions in relation to: perceived seriousness of the incident; whether the incident was abuse or neglect; the requirements of the law; and whether the child or the family would benefit from the report. The findings indicated that the requirements of the law most closely predicted reporting decisions while the potential benefits of the report were least likely to predict reporting decisions.

### Summary

Programmed instruction as a teaching and learning

strategy has been used since the early works of Skinner (1953). Its use in academe, business and the military has been documented. Programmed instruction methods have not been demonstrated in the literature as effective on the emotionally-laden topic of child abuse and neglect. This research tested undergraduate nursing students on the relative effectiveness of using a programmed instruction manual which was designed to assess child abuse and neglect in school aged children versus instructing the students using the lecture and discussion method.

As the statistics in this chapter indicate, elementary school personnel have the opportunity to interact on a daily basis with over half of the children who are reported as abused or neglected. Further, the statistics indicate that child abuse and neglect continues to affect an alarmingly high rate of children in all age groups.

Efforts aimed at preventing child abuse and neglect include educating professionals on the signs of abusive and neglectful situations. Information on the responsibility of mandatory reporters and the laws surrounding both the rights of the children and the reporters should also be included in educational programs. Vignettes that depict abusive and/or neglectful situations have been utilized effectively in research. Further, it should be noted that the more nearly the vignette reflected an actual situation that may be encountered by the professional, the chances of accurate data collection increased.

Statutes have been enacted in all of the 50 states requiring the mandatory reporting of child abuse and neglect. In Virginia, professionals who come into contact with children are required to report their suspicions or be fined \$500. The individual may pay as much as \$1,000 for subsequent decisions not to report.

The process by which moral and ethical decisions are made have been studied by nursing theorists. There remains disagreement among nursing theorists regarding the suitability of using some models of moral and ethical decision-making.

The literature review revealed that an investigation into the relative effectiveness of programmed instruction versus the lecture discussion method to enhance the assessment skills and reporting patterns of child abuse and neglect among undergraduate nursing students is warranted. Additionally, the review has provided a basis for the research design and data gathering procedures to follow in chapter 3.



### **CHAPTER 3**

#### **RESEARCH METHODOLOGY**

Chapter 3 is designed to explain the procedures and methods used in this study. This research addressed the extent to which programmed instruction and the lecture and discussion method could be used in enhancing assessment skills and reporting patterns of child abuse and neglect among undergraduate students majoring in nursing.

The literature review on this topic revealed no studies on the use of programmed instruction on affecting assessment skills and reporting patterns of child abuse and neglect. Further, no programmed instruction manual had been designed specifically to obtain data from persons employed within elementary school systems regarding their knowledge of abuse and neglect or their reporting patterns. Thus, the objective of this study was to obtain such data from undergraduate nursing students and to determine how this data compared with using the lecture and discussion method to instruct students on child abuse and neglect.

Data collection procedures used are described in this chapter. Details are provided regarding sampling procedures, instruments, specific data gathering procedures, and an overview of the methods of analysis. The nonequivalent control group design was selected for this quasi-experimental study. The use of a pretest was deemed

necessary since randomization of the subjects was not possible. The posttest was given immediately after the instruction and again approximately 30 days after the instruction.

All subjects participating in the study were given instruction regarding assessing child abuse and neglect in school aged children. The subjects also were given information on the legal obligations of mandatory reporters in the Commonwealth of Virginia.

### Hypotheses

The hypotheses tested in this research were derived from the literature on teaching and learning methods which yielded evidence that programmed instruction can be an effective method for teaching a variety of information to both children and adult learners. The investigation determined if information on child abuse and neglect could be taught through the programmed instruction method. Further, whether or not this method would be as useful as the traditional lecture and discussion method for undergraduate students majoring in nursing also was determined.

The following null hypotheses were tested in this study:

1. There will be no difference in the retention of knowledge of the students who use programmed instruction

in child abuse and neglect and those who receive the lecture and discussion method as measured by a paper and pencil test.

2. There will be no difference in the reporting patterns of students who receive the lecture and discussion method on child abuse and neglect and those who use programmed instruction as measured by the students' self-reports.

3. There will be no difference in pretest and posttest responses to child abuse and neglect vignettes among the students who use programmed instruction and those who receive the lecture and discussion method.

The experimental variable in this study was the type of instruction given to undergraduate nursing majors on the identification of child abuse and neglect and their legal responsibilities as mandatory reporters. The two types of instruction were the lecture and discussion method and the programmed instruction method. Both types of instruction addressed the same objectives and material.

There were two dependent variables: (a) the students' assessment skills regarding child abuse and neglect as measured by their score on the posttest multiple choice and short answer questions, and (b) the reporting patterns of students as measured by their response to vignettes.

### Sampling Procedures

The target population for this study was undergraduate

students majoring in nursing. The students were selected from two Hampton Roads universities. The total number of subjects was 219. Both universities are historically and predominantly African-American.

The first university is coeducational, nonsectarian and privately endowed and is organized into three colleges with a total student population of approximately 5,700. The nursing program is organized as a school in the undergraduate college and is an integral unit of the university. The School of Nursing had an enrollment of 217 undergraduate students at the time of the study; 149 agreed to voluntarily and anonymously participate in the study. The nursing curriculum is a four-year sequence which leads to a bachelor of science degree. In collaboration with an assigned advisor, students may enroll in a five-year curriculum sequence.

The undergraduate department in this university is designed to prepare students who plan to enter professional nursing practice in general areas, assume a responsible nursing role in a dynamic society, and be prepared to pursue a specialization through graduate education. The university also offers a registered nurse completion program, a licensed practical nurse to registered nurse program, and a Master of Science degree in nursing.

The second university is publicly assisted, coeducational, nonsectarian, and is organized into nine schools. The nursing curriculum is organized as a

department in the School of Health Related Professions and Natural Sciences. The university has a student population of about 8,300 students. There were 190 students enrolled in the Department of Nursing at the time of this study; 70 students voluntarily and anonymously participated in this study. The Department of Nursing offers an associate degree which can be earned in two academic years and one summer session.

The nursing program in this public university is designed to prepare students to help meet the nursing care needs of society, to foster the development of the student's sense of social responsibility in a democratic society, and to assist the student toward self-actualization. The Department of Nursing also offers a registered nurse completion program leading to a bachelor of science degree and a licensed practical nurse to registered nurse program.

Students enrolled in both nursing education programs come from a variety of traditional and nontraditional backgrounds. The programs' enrollments include recent high school graduates and transfer students such as licensed practical nurses, registered nurses, military personnel, and career changers. Both nursing programs are accredited by the National League for Nursing and are approved by the Virginia State Board of Nursing. The two nursing programs are agency members of the Department of Baccalaureate and Higher Degree Programs of the National League for Nursing,

the Nursing Council of the Southern Regional Education Board, and the American Association of Colleges of Nursing. In addition, both programs are designed to include general education courses, professional content, and clinical experiences. At the completion of both nursing curricula, students are eligible to take the National Council Licensing Examination (NCLEX) which leads to licensure as a registered nurse.

Permission to conduct the study was obtained from the dean of the School of Nursing at the private university and from the chairperson of the Department of Nursing at the publicly assisted university. Intact classes were utilized after the faculty members responsible for the classes suggested by the dean and chairperson were contacted. Only classes that met for a minimum of two hours were considered. Those faculty members who allowed the use of their assigned class time for the study agreed to provide two class periods: one to administer the pretest, instruction and initial posttest; the other to administer the 30-day delayed posttest.

Prospective subjects were provided the following basic information: introduction of the research activities, the theoretical and practical importance of the research, statement of the research procedures, assurance of confidentiality, the voluntary nature of their participation, and the option to withdraw at any time. Each student who volunteered to participate was asked to

sign informed consent forms (see Appendix A - Permission Statement).

Students were asked to participate and received an explanation of procedures to insure confidentiality of the information. Those students who elected not to participate were given options by the faculty member responsible for the course. Those options included staying in the classroom but not completing any of the tests when the lecture and discussion method was used, being excused from the class, or being excused to the library when the programmed instruction manual was being completed. There was no place on the instruments for names and all instruments were completed during the regular class meetings to ensure anonymity. Each student was assigned a number to be used on all instruments.

### Instruments

The programmed instruction manual, Child Abuse and Neglect, a pretest booklet and a posttest booklet were developed specifically for this research (see Appendix B - Programmed Instruction Manual, Pretest Booklet, and Posttest Booklet). The manual on assessing child abuse and neglect and the legal obligations of mandatory reporters was designed to provide information for persons who are in a position to identify abused and neglected school aged children. This manual contains the same objectives and

course content used in the lecture and discussion class for the control group.

The 10 objectives in both instructional methods were:

1. Describe the four aspects basic to the legal definition of child abuse and neglect according to the Commonwealth of Virginia.
2. Identify signs of physical abuse.
3. Recognize ways in which psychological abuse can occur.
4. Describe situations that depict neglect.
5. Assess behaviors frequently displayed by abusive and/or neglectful parents.
6. List family risk factors commonly associated with child abuse and/or neglect.
7. Identify behaviors that are common to children who are victims of sexual abuse.
8. List five professional mandatory reporters of child abuse and neglect in Virginia.
9. Describe the legal responsibility of mandatory reporters in Virginia.
10. Identify the penalty for failure to report child abuse and neglect in Virginia.

The programmed instruction manual was developed with consultation provided by a testing and evaluation specialist, and child abuse and neglect specialists. In addition, the child abuse reporting procedure for Hampton City Schools was used to validate elementary school



procedures (see Appendix C). Content validity was established by having 20 professionals, nurses, teachers and social workers complete and evaluate the content contained in the manual. The manual was revised based on their comments and suggestions.

The professionals all agreed that the manual accurately reflected the policies and practices of elementary school systems and accurately represented situations that could be encountered in the school setting. Most revisions involved the language of the manual. Fifty percent of the teachers initially commented that there were either too many medical terms or that the medical terms were too distracting. Terms were replaced based on their comments. For example, "edematous eyelids" became "puffy eyelids" and "hematoma" was changed to "bruise."

Twenty-five percent of the nurses initially were concerned that the manual was not clinical enough. Their concerns resulted in the addition of a section in which marks made by weapons used to abuse children was added. Also, the information describing parents was expanded. There were not, though, any additions made regarding healing bones noted on x-rays, subdural hematomas, concussions or internal organ damage symptoms. While these signs are important in clinical diagnoses of physical abuse, the information may be more suitable for nurses employed in acute care settings rather than for elementary school personnel.

The programmed instruction manual provided students with a progressive means of acquiring information on child abuse and neglect and allowed them the freedom to pace themselves at a comfortable speed. Students were afforded the opportunity to check their answers prior to continuing to the next section of the programmed instruction manual. In addition, each section of the manual was designed to build upon previously reviewed sections.

The information presented in the programmed instruction manual was divided into units called frames. In order for the students to derive the most benefit from the manual, they were instructed to do what was asked in each frame: fill in the blank, check the box, or read the information. Students were asked to keep the correct answer covered with a card that accompanied the manual until they were ready to compare it to their answer. If the students answered incorrectly, they were instructed to refer back to the information provided before proceeding to the next frame.

A short Likert-type evaluation was included with the programmed instruction manual. The evaluation consisted of the statement "I thought this programmed instruction manual was...." The written instructions for the evaluation directed the students to complete the statement by placing a circle around the number that best described their opinion on a scale from 1 to 5. The choices for completion of the statement were: Very Informative - Not Informative; Very Interesting - Very Boring; Very Easy - Very Difficult;

and Better than having a lecture/discussion class - Worse than having a lecture/discussion class. There also was space for written comments regarding the programmed instruction manual included in the evaluation section.

Another instrument selected for use in this research study was a set of 12 vignettes developed by Zellman (1990). Appendix D contains permission to use the vignettes, examples of each of the vignettes, variations of the vignettes, and vignette questions and response options. The vignettes designed by Zellman included situations which depicted neglect, physical abuse, and sexual abuse. Zellman's instrument was pretested on 34 respondents and later used in a nationwide study in 1987 of 1,196 mandatory reporters in 15 states. The mandatory reporters who responded to the survey included pediatricians, family/general practitioners, child psychiatrists, psychologists, social workers, school principals, and child care providers.

Correlation data were supplied on the core vignettes by Zellman (1990). The range of the relationships was .23-.81. The highest relationship ( $R=.81$ ) existed between the likelihood of reporting to judgments about the requirements of the law in specific instances. The seriousness of the problem and the perceived benefit of the report to the rest of the family represented the lowest correlation ( $R=.23$ ).

Zellman (1990) reported that the pilot studies of the instrument resulted in five questions that tested the issues professionals often considered in deciding whether or not to report suspected maltreatment. A sixth question measured the respondents' behavioral intentions to report.

There was not a situation depicting psychological abuse among Zellman's vignettes. Because the review of the literature indicated that psychological abuse was one of the common forms of abuse, permission was obtained from Dukes and Kean (1989) to use their published situations (see Appendix E). The same six questions developed by Zellman were asked after Duke's and Kean's psychological situation.

It is important in the structuring of vignettes that the situations are presented in a format normally encountered by the professional (Benson, Swann, O'Toole, & Turbett, 1991). Therefore, each of the vignettes was modified to simulate a situation occurring in an elementary school setting. The children depicted in the vignettes also were given ages between 5-13 years to make it realistic to the undergraduate nursing majors. They were instructed to answer the questions as if they were employed by an elementary school system.

The pretest booklet consisted of a demographic data sheet, 10 true or false questions and 4 vignettes. The demographic data requested from each student included: classification, intended occupation, gender, age,

racial/ethnic group, marital status, parental status, and ages of children, if applicable. Also included on the demographic data sheet, were three questions related to the subjects' past associations with abused children, their expected reporting patterns, and their possible reasons for not reporting. The true and false questions were derived from the literature review and consisted mainly of commonly held myths regarding child abuse and neglect. Zellman's vignettes (1990) were used for three of the situations used in the pretest and posttest: sexual abuse, neglect and physical abuse. The vignette depicting psychological abuse in the pretest and posttest was developed by Dukes and Kean (1989).

The posttest booklet consisted of 10 multiple choice questions, 3 short answer questions, 1 question regarding the students' reporting patterns, 1 question related to the students' possible reasons for not reporting, and 4 vignettes. The multiple choice and short answer questions were derived from the literature and were included based on the instructional objectives. The two questions on reporting were extracted from the pretest to determine the impact, if any, that the instruction had on the students' expected reporting patterns, or their possible reason for not reporting a suspected case of child abuse and neglect.

After content and face validity were satisfied for both the pretest and posttest by a group of appropriate professionals, a means of scoring the tests was determined.

The pretest consisted of 10 true and false questions which were assigned a weight of 10 points per question. The posttest consisted of 10 multiple choice questions and 3 short answer questions with 4 blanks to be completed. It was determined that credit would be given for the short answer questions if the students gave at least two correct answers. Each of the 13 questions on the posttest was weighted and received 7.69 points for a correct response.

The vignettes were not assigned a weighted score. The number corresponding to the action marked by the students as most indicative of their suspected action was noted and compared to other students. No modification was made to the posttest for the 30-day administration of the instrument.

### Data Gathering Procedures

The nonequivalent control-group design was used for this research study. Intact classes were assigned to both the experimental and control groups. The faculty members were asked for a two-hour class period to accommodate the administration of the pretest, the posttest, and the instruction. Thirty minutes from another class period to accommodate the administration of the 30-day delayed posttest also was requested. Students were given information regarding the nature of the study and the option to withdraw at any point. Time was provided for student questions to be answered and for permission

statements to be signed. A 7.62 cm x 22.86 cm (3" x 9") card was distributed to each student with a number that corresponded to the number on their individual instruments. Students in the experimental group were instructed to use the card to keep the correct answers in the programmed instruction manual covered until they had responded to the frames' instruction. All students were asked to keep the cards in their textbooks so that they could use the same identification number on their delayed posttest in approximately 30 days.

The same pretest, in the form of a paper and pencil test, was given to both groups of students. Students were instructed not to erase their answers as they progressed through the instruments. Pencils without erasers were distributed to all students but student use of ballpoint pens by those who requested to do so was allowed. The pretest was immediately given prior to the instructional treatments. The average time spent completing the pretest was 10 minutes.

#### Lecture and Discussion Method

The undergraduate nursing students' classes were divided into two groups: control and experimental. The control group received the lecture and discussion instruction and was provided information on the recognition of child abuse and neglect among school aged children. They also were provided information on the Virginia statutes regarding child abuse and neglect and information

regarding the legal responsibilities of mandatory reporters.

The lecture and discussion classes were taught by a master's-prepared registered nurse with an educational and experiential background in child health nursing and psychiatric/mental health nursing. The lecturer was employed to avoid experimenter bias. The lecturer was given the programmed instruction manual but not the tests. The objectives, listed in the manual, were implemented in the lecture using overhead projector transparencies. This procedure provided an opportunity for the students to "see" the same information. Ample time was permitted for discussion. The lecture and discussion method averaged approximately 1 hour and 15 minutes.

#### Programmed Instruction

The experimental group was given a packet containing the pretest, the programmed instruction manual, and the posttest. Students were instructed to complete the three items in the order in which they appeared in the packet. Students were given instructions regarding the numbered card in the packet and were asked to complete the manual in one class setting. The manual included: (a) information on the assessment of child abuse and neglect among school aged children, (b) information on the Virginia statutes regarding child abuse and neglect, and (c) the responsibilities of mandatory reporters. Time was provided to answer student questions. While the manual was



completed by some students in about 50 minutes, the average time for completion was 1 hour and 10 minutes.

The posttest, measuring the students' knowledge on child abuse and neglect and expected reporting patterns, was administered immediately after both instructional treatments. The posttest completion time varied from 10 to 15 minutes.

Five of the faculty members requested that they be allowed to distribute the second posttest at a time that was convenient to the class. Therefore, for consistency all faculty members were given the second posttest to administer at their convenience within 23-37 days after the original test date. The same posttest was administered to the students and the completion time varied according to information obtained from the faculty members from 7 to 15 minutes.

### Methods of Analysis

Descriptive statistics on each of the groups of students with respect to demographic data: classification, gender, age, racial/ethnic group, past experience with child abuse and neglect, expected reporting patterns, and the individual's anticipated reason for not reporting were computed. Frequencies and percentages also were calculated for the student's responses to the Likert-type scale in the evaluation section of the programmed instruction manual.

One-way, two-way and multivariate analysis of variance was used to determine the impact of type of instruction on student test scores and chances of reporting abusive and/or neglectful situations. Correlation coefficients were computed on the results of the type of instruction, and students' responses to the vignettes. This analysis provided information on the relationship, if any, of programmed instruction and the lecture and discussion method to the students' responses to six questions regarding the vignettes.

## CHAPTER 4

### DATA ANALYSIS

This chapter presents the analysis of data and the procedures used in the analysis. A descriptive analysis will be presented for the subjects who volunteered to participate in the study. An inferential analysis of the experimental and control groups' pretest and posttests also will be presented. Additionally, an analysis of the statistics used to test the hypotheses is included.

The instruments used to collect the data included a pretest and a posttest developed by the researcher and situational vignettes developed by Zellman (1990), and Dukes and Kean (1989). The pretest and posttest were determined to have both content and face validity by a group of professionals who are mandatory reporters according to the statutes of the Commonwealth of Virginia. The situational vignettes were tested previously on groups of mandatory reporters.

Based on the data obtained, the two instructional methods, programmed instruction and lecture and discussion, were not statistically different in their impact upon the students' initial posttest or the 30-day delayed posttest scores. The data in this section revealed that programmed instruction is as effective a teaching and learning method

in studying child abuse and neglect as the lecture and discussion method among undergraduate nursing students.

### Descriptive Analysis

The demographic data were analyzed using descriptive statistics. The total number of participants in this study was 219 undergraduate nursing majors: 114 students (52.1%) comprised the experimental group (programmed instruction), 105 students (47.9%) participated in the control group (lecture and discussion method). There were 149 students (68%) who were enrolled at the private university used in the study. Participants from the public university numbered 70 students (32%). Two hundred students (91.3%) participating in the study were female and 19 (8.7%) were male.

In Table 1, the classification of the participants is presented. Most of the students were sophomores while the least number of students were freshman. However, there was comparable representation from each classification level.

Table 2 represents the ages of the students. Most of the students were in the age category 18-25 years. The least number of students was in the age category 56-65 years.

The racial/ethnic make up of the students is presented in Table 3. There were more African-American students represented in the study than any other group. The least

represented group of students by racial/ethnic group was American-Indian.

**Table 1**

**Classification Frequencies and Percentages**

<b>Classification</b>	<b>Frequency</b>	<b>Percent</b>
Freshman	34	15.5
Sophomore	72	32.9
Junior	53	24.2
Senior	60	27.4

**Table 2**

**Age Frequencies and Percentages**

<b>Age</b>	<b>Frequency</b>	<b>Percent</b>
18-25	147	67.1
26-35	45	20.5
36-45	20	9.1
46-55	6	2.7
56-65	1	0.5

Table 3

Racial/Ethnic Group Frequencies and Percentages

Racial/Ethnic Group	Frequency	Percent
African-American	175	79.9
American-Indian	2	0.9
Asian	8	3.7
Caucasian	28	12.8
Other	6	2.7

The students were asked to give the number of contacts they had had with abused and/or neglected children. There were 102 students (46.6%) who indicated they had not had any contact. Table 4 summarizes the frequencies and percentages of the students' contacts with abused and/or neglected children.

Presented in Table 5 are the frequencies and percentages of scores on the pretest. One hundred and eighty-three students (83.5%) earned a grade of 70% or higher on the pretest which was constructed in a true and false format.

The second question on the pretest regarding whether or not Virginia statutes protected individuals up to age 21 was the most frequently missed question. Although the statutes only apply to individuals less than 18 years of

age, true was the answer given by 130 students (59.4%). Additionally, that was the only question missed by more than 50% of the students. There were only three questions in which less than 70% of the students gave the correct answers. Table 6 presents the frequencies and percentages of answers by the students to the pretest (see Appendix B).

**Table 4**

**Frequencies and Percentages of Students' Self-Reported  
Contacts with Abused and/or Neglected Children**

Contact Status	Frequency	Percent
No Contact	102	46.6
3 or less	81	37.0
4 to 10	24	11.0
More than 10	11	5.0
No Response	1	0.4

The same instrument was used for the initial and the 30-day delayed posttest. The posttest consisted of 10 multiple choice questions and 3 short answer questions. The scores on both the initial and the delayed posttests ranged from 23%-100%. Eighty-three percent of the students earned scores between 77%-100% on the initial posttest while 52% of the students' scores were between 77-100% on

the delayed posttest as shown in Table 7. There were 22 missing cases (10%) on the delayed posttest.

**Table 5**  
**Frequencies and Percentages of Scores on the Pretest**

Score (%)	Frequency	Percent
0	1	0.5
40	3	1.4
50	4	4.1
60	23	10.5
70	48	21.9
80	70	32.0
90	52	23.7
100	13	5.9

Note.     M = 77.489.   SD = 12.807.

The most frequently missed question on the initial posttest was number 3. Students were asked to determine "Under which circumstance would the name of a mandatory reporter be given to the parents" (see Appendix B). While the answer to the question was "Evidence shows that the report was made in bad faith or with malicious intent," the most frequently chosen answer was "The name is kept confidential and never given to the parents." Nine of the ten multiple choice questions (69%) were answered correctly by greater than 70% of the students.



**Table 6**  
**Frequencies and Percentages of the Correct Pretest Answers**

Question (Answer)	Frequency	%
1. Child abuse rarely happens. (F)	218	99.5
2. Virginia's child abuse and neglect law protects individuals up to age 21. (F)	89	40.6
3. Child abuse is confined to highly populated urban areas. (F)	207	94.5
4. There is a direct relationship between family income and the incidence of child abuse and neglect. (F)	144	65.8
5. All children who are abused will grow up to be child abusers. (F)	191	87.2
6. To be charged with sexually abusing a child one does not have to have sexual intercourse with the child. (T)	196	89.1
7. In Virginia the age group that represents the largest percentage of abused children is infancy to 4 years. (T)	155	70.8
8. If teachers and nurses in Virginia fail to report suspected child abuse they may be imprisoned for at least 30 days. (F)	124	56.6
9. The name of the person making the report of child abuse is given to parents so that they can explain their side. (F)	200	91.3
10. African-American families experience a greater incidence of child abuse and neglect than any other racial/ethnic group. (F)	162	74.3

Note. T = True. F = False.

Table 7

**Scores on Initial and Delayed Posttests' Frequencies and Percentages**

Score	Initial Posttest <sup>a</sup>		Delayed Posttest <sup>b</sup>	
	Frequency	Percent	Frequency	Percent
23	1	0.5	4	2.0
46	1	0.5	9	4.6
54	3	1.4	20	10.2
62	9	4.1	24	12.2
69	23	10.5	36	18.3
77	70	32.0	51	25.9
85	71	32.4	38	19.3
92	35	16.0	12	6.1
100	6	2.7	2	1.0

$\bar{aM} = 80.46$ .  $\underline{SD} = 10.01$ .

$\bar{bM} = 71.60$ .  $\underline{SD} = 13.53$ .

The most frequently missed question on the delayed posttest was number 11. Students were asked to "List four behaviors common to abusive and/or neglectful parents" (see Appendix B). Four correct behaviors were given by 29.7% of the students. Nine questions (69%) were answered correctly by greater than 70% of the students. The frequencies and percentages of the correct choices made by the students on the initial and delayed posttests are presented in Table 8.

<b>Table 8</b> <b>Frequencies and Percentages of the Correct Initial and Delayed Posttests' Answers</b>				
Question (Answer)	Initial Posttest		Delayed Posttest	
	Frequency	%	Frequency	%
1. Failure to report suspected child abuse and neglect by mandatory reporters will result in: (A fine of \$500).	202	92.2	129	66.2
2. Parents who refuse to provide care necessary for the health of their children are at risk of committing which of the following crimes? (Neglect).	206	94.1	181	90.0
3. Under which of the following circumstances would the name of a mandatory reporter be given to the parents? (Evidence shows that the report was made in bad faith or with malicious intent).	42	19.2	154	79.4
4. Locking children in small dark places, such as closets, may have long-lasting effects upon the child's development. Parents who lock children up in this manner may be guilty of: (Psychological abuse).	186	84.9	163	83.6
5. Sexual abuse includes which of the following actions when children are involved? (All of the above: Exploitation, Explicit photographing, Molestation).	209	95.4	184	94.4

<b>Table 8 (cont.)</b> <b>Frequencies and Percentages of the Correct Initial and Delayed Posttests' Answers</b>				
Question (Answer)	Initial Posttest		Delayed Posttest	
	Frequency	%	Frequency	%
6. In Virginia the child abuse and neglect law is designed to protect which of the following age groups? (Less than 18 years).	215	98.2	163	83.6
7. Three of the following statements represent an aspect of Virginia's legal definition of child abuse and neglect. Which one is the EXCEPTION? (The child runs away from home).	159	72.6	148	75.9
8. In Virginia the age group that represents the largest percentage of abused children is: (Infancy to 4 years).	203	92.7	148	75.9
9. Which of the following statements is UNTRUE? (African-American families experience a greater incidence of child abuse and neglect than any other racial/ethnic group).	170	77.6	146	74.9
10. Which of the following statements would most certainly require more information if made by a 5-year-old kindergarten boy? ("My neighbor has a star tattoo on his butt").	82	37.4	77	39.5

<b>Table 8 (cont.) Frequencies and Percentages of the Correct Initial and Delayed Posttests' Answers</b>				
Question (Answer)	Initial Posttest		Delayed Posttest	
	Frequency	%	Frequency	%
11. It is very common for parents to deny their role in abusive and/or neglectful situations. List four other behaviors common to abusive and/or neglectful parents.	135	61.6	58	29.7
12. List four family risk factors commonly associated with child abuse and neglect.	143	65.3	78	40.0
13. Mandatory reporters are required by law to report cases of suspected child abuse and neglect. List four occupations which are mandated to report child abuse in Virginia.	203	96.2	135	83.3

The mean scores and standard deviations of the three tests (pretest, initial posttest and delayed posttest) did vary between the experimental and control groups. The students in the lecture and discussion class had a higher mean than the students who used the programmed instruction manual after the initial posttest. The reverse is true for the two groups after the delayed posttest as shown in Table 9.

Table 9

**Means and Standard Deviations of Test Scores by Type of Instruction**

<b>Test/Instruction</b>	<b><u>M</u></b>	<b><u>SD</u></b>
Pretest	77.49	12.81
Programmed Instruction	78.23	12.85
Lecture and Discussion	76.70	12.72
Initial Posttest	80.46	10.01
Programmed Instruction	79.35	10.71
Lecture and Discussion	81.65	9.05
Delayed Posttest	71.60	13.53
Programmed Instruction	73.24	12.24
Lecture and Discussion	70.08	14.46

There were two questions included in the posttest booklet regarding the students' reporting patterns. These questions were also in the pretest booklet. Students were asked about their chances of reporting a suspicious abusive or neglectful situation. One hundred and seventy-nine students (81.7%) and 146 students (74.1%) responded that they would be very likely to report their suspicions on the initial and delayed posttests, respectively. These figures compare to 125 students (57.1%) who chose the same response on the pretest. The students' answers regarding their likelihood of reporting are illustrated in Table 10.

Table 10

**Frequencies and Percentages of Students' Self-Reported  
Chances of Reporting Child Abuse and Neglect**

Possibility	Pretest		Initial Posttest		Delayed Posttest	
	Frequency	%	Frequency	%	Frequency	%
Very Likely	125	57.1	179	81.7	146	74.1
Somewhat Likely	71	32.4	35	16.0	46	23.4
Very Unlikely	20	9.1	5	2.3	3	1.5
Would Never Report	3	1.4	0	0.0	2	1.0

The second question repeated on the posttest booklet from the pretest booklet concerned the students' reasons for not reporting an abusive situation. The most frequently chosen answer on both posttests was being "Afraid of false accusations" which was also the popular choice on the pretest. The answer "It is a matter for the family to handle" was not selected by any student on the initial posttest. That answer was selected by one student on the pretest and by two students on the delayed posttest. It must be noted, as shown in Table 11, that 61.6% of the students did not select a reason not to report on the initial posttest. This information is consistent with the data in Table 10 which reflect that 81.7% of the students were very likely to report on the initial posttest.

### Inferential Statistics

A difference was noted during the calculations of descriptive statistics between the numbers of students who were very likely to report an abusive and/or neglectful situation on the pretest (125), and those who answered the same question on the initial posttest (179) and the delayed posttests (146) (see Table 10). To determine if those differences were significant, analysis of variance was utilized.

Table 12 illustrates a summary of a one-way analysis of variance. There was a statistically significant difference in the variance between the students' chances of reporting



at the beginning of the study and their chances of reporting immediately after the instructional treatments.

Table 11

Frequencies and Percentages of Students' Self-Reported Reasons for Not Reporting an Abusive Situation

Reason	Pretest		Initial Posttest		Delayed Posttest	
	Frequency	%	Frequency	%	Frequency	%
No reason	127	58.0	135	61.6	95	48.2
Do not want family reprisals	12	5.5	10	4.6	8	4.1
Do not want involvement with law enforcement system	2	0.9	5	2.3	15	7.6
Afraid of false accusations	49	22.4	48	21.9	49	24.9
May not recognize it	18	8.2	12	5.5	24	12.2
A matter for the family to handle	1	0.5	0	0.0	2	1.0
A matter for Social Services to handle	3	1.4	3	1.4	2	1.0
Other	7	3.2	6	2.7	2	1.0

Table 12

**Analysis of Variance of Students' Chances of Reporting at  
the Time of the Pretest and the Initial Posttest**

Source	df	MS	F
Between groups	1	6.666	16.123*
Within groups	414	0.413	
Total	415		

\* $p < .05$ .

There also was a significant difference in numbers of students who were very likely to report an abusive and/or neglectful situation at the beginning of the study and 30 days later. Table 13 presents a summary of the results of the analysis of variance.

Table 13

**Analysis of Variance of Students' Chances of Reporting at  
the Time of the Pretest and the Delayed Posttest**

Source	df	MS	F
Between groups	1	12.842	35.439*
Within groups	436	0.362	
Total	437		

\* $p < .05$ .

The students' chances of reporting an abusive and/or neglectful situation did not change significantly during the period of time between the administration of the two posttests. The summary table of the analysis of variance is presented in Table 14.

**Table 14**

**Analysis of Variance of Students' Chances of Reporting at the Time of Initial and Delayed Posttests**

Source	df	MS	F
Between groups	1	0.820	0.069
Within groups	414	0.253	
Total	415		

An analysis of variance was performed on three variables: pretest scores, type of instruction, and institution. This analysis was done to determine if the experimental and control groups were significantly different at the beginning of the study. It also was necessary to determine if utilizing a baccalaureate program and an associate degree program affected the group distribution significantly. As illustrated in Table 15 there was no statistically significant difference in the groups.

Table 15

Two-Way Analysis of Variance of Pretest Scores by Type of Instruction and by Institution

Source	df	MS	F
Institution	1	10.54	0.063
Instruction	1	24.91	0.150
Two-Way			
Interactions	1	18.33	0.110
Error	215	166.38	

To determine if the type of instruction had a significant impact on the pretest, initial posttest, and delayed posttest scores, a multivariate analysis of variance (MANOVA) was performed. According to Kachigan (1986), MANOVA can be performed on intact groups but no conclusions of causality can be made if a significant F occurs. Table 16 presents a summary of data for the MANOVA which shows that time (pretest, initial posttest, and delayed posttest scores' interactions) was significant at the .05 level. There was no significant interaction based on the type of instruction. Thus, both the experimental group (programmed instruction) and the control group (lecture and discussion) retained the information on child abuse and neglect equally as well.

Table 16

**Multivariate Analysis of Variance Summary for Type of Instruction by Pretest, Initial Posttest, and Delayed Posttest**

Source	df	MS	F
<b>Between</b>			
Type of Instruction	1	40.17	0.653
Error	192	201.31	
<b>Within Subjects</b>			
Time of Test	1	9353.10	65.95*
Type of Instruction by Time	1	382.33	2.70
Error	193	141.82	

Note. Pretest, initial posttest, and delayed posttest are represented by time of test.

\* $p < .05$ .

A MANOVA also was performed to determine if the two instructional methods made a difference in the students' chances of reporting over time. There was a significant F score of time as presented in Table 17. There was not, however, significance based on the type of instruction.

Table 17

**Multivariate Analysis of Variance of Type of Instruction by  
Students' Self-Reported Chances of Reporting Abuse and  
Neglect Over Time**

Source	df	MS	F
<b>Between</b>			
Type of Instruction	1	2.27	3.31
Error	192	0.69	
<b>Within Subjects</b>			
Time of Test	2	5.08	20.77*
Type of Instruction by Time	2	0.19	0.77
Error	384	0.24	

\* $p < .05$ .

Both the pretest booklet and the posttest booklet contained four vignettes depicting sexual abuse, neglect, psychological abuse, and physical abuse (see Appendix B). Following each vignette the students were asked to respond to six questions regarding the seriousness of the incident, whether the incident constituted abuse (or neglect), whether the law required a report, what impact would the

report have on the child and on the family, and the students' likelihood of reporting the incidence.

To determine whether the type of instruction was correlated with the responses the students gave to the vignettes, a Pearson Product Moment Correlation was performed. Correlational statistics, according to Borg and Gall (1989), are used to express in mathematical terms the degree of relationship between any two variables. A perfectly positive relationship is designated as 1.00, whereas a perfectly negative relationship has -1.00 as its designation. Relationships rarely have perfect correlations and are more often either uncorrelated or have intermediate degrees of correlation (Kachigan, 1986). The type of instruction was found to be significantly related to three pretest vignette responses and only one initial posttest vignette response as shown in Table 18.

#### **Students' Evaluations of the Programmed Instruction Manual**

The evaluation section of the programmed instruction manual consisted of a Likert-type scale and space for written comments. According to Borg and Gall (1989), the Likert-type scale is superior when compared to other attitude scales. The Likert-type scale gives five possible responses to each statement (Borg & Gall, 1989).

Frequencies and percentages were computed on the Likert-type scale in the evaluation section of the programmed instruction manual. Of the 114 students who

Table 18

**Correlation Coefficients of Students' Vignette Responses**  
**with Type of Instruction**

Vignette Response	Type of Instruction		
	Pretest	Initial Posttest	Delayed Posttest
<b><u>Sexual Abuse</u></b>			
Seriousness of the incident	.0480	.1000	-.0813
Constitutes abuse	.0985	.0145	-.0428
Required to report	.1425*	-.0548	-.0828
Impact on the child	.0807	-.0418	.0162
Impact on the family	.0349	.0508	.0042
Likelihood of reporting	.0933	-.1054	.0994
<b><u>Neglect</u></b>			
Seriousness of the incident	.0844	.0497	.0396
Constitutes neglect	.2197**	-.0697	-.1168
Required to report	.1473*	-.1010	-.1154
Impact on the child	.0093	-.0488	-.0139
Impact on the family	.0362	.0354	-.0869
Likelihood of reporting	.1036	.0386	-.1128
*p < .05.      **p < .01.      two-tailed.			



Table 18 (cont.)

**Correlation Coefficients of Students' Vignette Responses  
with Type of Instruction**

Vignette Responses	Type of Instruction		
	Pretest	Initial Posttest	Delayed Posttest
<b><u>Psychological Abuse</u></b>			
Seriousness of the incident	-.0203	-.0390	.1355
Constitutes abuse	.1139	.1045	.0898
Required to report	.0509	-.1518 *	.0184
Impact on the child	.0254	-.0473	.0127
Impact on the family	.0549	.0229	.0235
Likelihood of reporting	.0634	-.0364	.0705
<b><u>Physical Abuse</u></b>			
Seriousness of the incident	.0111	.0764	.0457
Constitutes abuse	.0692	.0191	.0522
Required to report	.0628	.0110	.0449
Impact on the child	.0020	-.0652	.0240
Impact on the family	.0003	-.0420	.0639
Likelihood of reporting	.9998	-.0487	.0168
* $p < .05$ .                      ** $p < .01$ .                      two-tailed.			

used the programmed instruction manual, 108 students (94.73%) completed, at least partially, the evaluation section. The tabulated frequencies are presented in the following four tables. Seventy-five students (69.4%) evaluated the programmed instruction manual as being very informative while 10 students (9.3%) found the manual not at all informative as illustrated in Table 19.

**Table 19**

**Frequencies and Percentages of Students' Evaluations of the Programmed Instruction Manual Information**

<b>Evaluative Scale</b>	<b>Frequency</b>	<b>Percent</b>
No Response	5	4.6
Not At All Informative	10	9.3
Not Very Informative	4	3.7
Undecided	3	2.8
Informative	11	10.2
Very Informative	75	69.4

Note. n = 108.

Table 20 presents information regarding the students' determination as to whether or not the programmed instruction manual was interesting or not. Seventy students (64.8%) rated the manual as being "Very Interesting." The manual was determined to be "Very Boring" by 9 students (8.3%).

Table 20

**Frequencies and Percentages of Students' Interest in the  
Programmed Instruction Manual**

<b>Evaluative Scale</b>	<b>Frequency</b>	<b>Percent</b>
No Response	7	6.5
Very Boring	9	8.3
Boring	2	1.9
Undecided	6	5.6
Interesting	14	13.0
Very Interesting	70	64.8

Note.  $n = 108$ .

Eight students (7.4%) rated the programmed instruction manual as "Very Difficult." Table 21 shows 27 students (25.0%) found the manual "Very Easy" to use.

When asked to respond as to whether or not the programmed instruction manual was "Better than having a lecture and discussion class" on child abuse and neglect, 36 students (33.3%) answered positively. There were, however, 14 students (13.0%) who responded that they thought the programmed instruction manual was "Worse than having a lecture and discussion class." A summary of the data appears in Table 22.

Table 21

**Frequencies and Percentages of Students' Evaluation of the  
Programmed Instruction Manual's Level of Difficulty**

<b>Evaluative Scale</b>	<b>Frequency</b>	<b>Percent</b>
No Response	8	7.4
Very Difficult	8	7.4
Difficult	0	0.0
Undecided	38	35.2
Easy	27	25.0
Very Easy	27	25.0

Note. n = 108.

Table 22

**Frequencies and Percentages of Students' Preferences for  
Programmed Instruction Versus Lecture/Discussion Class**

<b>Evaluative Scale</b>	<b>Frequency</b>	<b>Percent</b>
No Response	6	5.6
Much Worse than Lecture/Discussion	14	13.0
Somewhat Worse than Lecture/Discussion	4	3.7
Undecided	21	25.0
Somewhat Better than Lecture/Discussion	27	19.4
Much Better than Lecture/Discussion	36	33.3

Note. n = 108.

Nine students (8.33 %) wrote comments at the end of the

evaluation section. Those comments are quoted directly and written in their entirety below:

1. "I learned a lot about child abuse. Some things I would not have considered as child abuse. Thanks for the info."

2. "It was very informative. My views of child abuse have been modified. This programmed instruction aided me in setting my priorities of nursing/civil responsibilities."

3. "Exposed me to some things I didn't even know about. Very effective for survey study."

4. "I thought I could tell child abuse or neglect but from this I learned that it is not as easy as looking for bruises. Giving the answers to check your own helped to reinforce the objective that was trying to be taught."

5. "I feel it was better than lecture because as we try to become future nurses and doctors these are things we need to identify and know our responsibilities. Also I feel as though although students are not mandatory reporters I feel as if now that I know more symptoms and I am more confident with reporting individuals [sic] its my civic duty to preserve the life of a child."

6. "I thought this information was very interesting and I would like to know more about picking out signs of abuse since I want to be a pediatric nurse."

7. "Incorporate into Psych's lecture on child abuse or lower level nursing course."

8. "Situation too long. Many people not from Virginia."

9. "A good introduction for a program on child abuse."

The evaluation of the programmed instruction manual indicated that overall the students rated the manual positively. Those students who chose to complete the evaluation section found the programmed instruction manual to be informative, interesting, easy, and better than having a lecture and discussion class on the topic of child abuse and neglect. The written comments supported the quantitative evaluation, and also included suggestions from the students.

## CHAPTER 5

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### Summary

##### The Problem

The problem studied in this investigation was whether or not different instructional methods could be effective in increasing assessment skills and affecting expected reporting patterns of child abuse and neglect among undergraduate students majoring in nursing. The literature review revealed that the effects of programmed instruction on affecting the assessment skills and expected reporting patterns of mandatory reporters of child abuse and neglect had not been demonstrated. Further, limited research had been conducted on the factors which influence the reporting patterns of mandatory reporters, especially the reporting of elementary school personnel who interact on a daily basis with over half of the children affected by the crime of child abuse and neglect. A review of ethical and moral decision-making theory revealed that decision-making abilities evolve in stages and may be affected by education, professional workplace, peers, and other external factors.

##### Hypotheses

In an effort to determine whether programmed instruction was a viable means of affecting the assessment

skills and reporting patterns of undergraduate nursing majors, the following null hypotheses were tested in this study:

1. There will be no difference in the retention of knowledge of the students who use programmed instruction in child abuse and neglect and those who receive the lecture and discussion method as measured by a paper and pencil test.

2. There will be no difference in the reporting patterns of students who receive the lecture and discussion method on child abuse and neglect and those who use programmed instruction as measured by the students' self-reports.

3. There will be no difference in pretest and posttest responses to child abuse and neglect vignettes among the students who use programmed instruction and those who receive the lecture and discussion method.

### Research Design and Statistical Analysis

The nonequivalent control-group design was selected for this quasi-experimental study. Because randomization was not possible, the researcher pretested the responses of the students to a series of questions regarding the assessment of child abuse and neglect and the legal obligations of mandatory reporters in Virginia.

Students then were given instructions on the assessment of child abuse and neglect and the legal responsibility of



mandatory reporters. The control group was instructed by the lecture and discussion method while the experimental group completed a programmed instruction manual. Both the control group and the experimental group were retested approximately 30 days later in order to assess differences in retention.

Initially, a descriptive analysis of the demographic data was done. Analyses of variance also were performed on the data. In addition, correlation coefficients were used where appropriate to determine if a relationship existed between the type of instruction, students' test scores, students' self-reported likelihoods of reporting and the reasons they would not report, and their responses to abusive and neglectful situations presented in the form of vignettes.

### Subjects

Two hundred and nineteen undergraduate nursing students volunteered for inclusion in the study from two urban universities located in Hampton Roads, Virginia. The sample was predominantly female (91.3%), African-American (79.9%), and mostly under 25 years of age (67.1%).

### Instrumentation

To study the assessment skills and reporting patterns of undergraduate nursing students, a programmed instruction manual, Child Abuse and Neglect, a pretest booklet, and a

posttest booklet were developed. The instruments were based on a review of the literature and on suggestions made by nurses, teachers, and social workers experienced in working with elementary school children. The pretest and posttest contained vignettes and questions developed by and used with the permission of researchers Zellman (1990), and Dukes and Kean (1989).

### Discussion of Findings

The investigation revealed that both types of instruction, programmed instruction and the lecture and discussion method, are equally effective in impacting the students' knowledge base regarding child abuse and neglect. The findings have been organized below to reflect the results of the data analysis on each null hypothesis.

Hypothesis 1. There will be no difference in the retention of knowledge of the students who use programmed instruction in child abuse and neglect and those who receive the lecture and discussion instruction as measured by a paper and pencil test.

Analysis of variance on the mean scores revealed that the test scores were not significantly different based on the type of instruction. A multivariate analysis of variance, which factored in the interaction of the type of instruction with the pretest scores, the initial posttest scores, and the delayed posttest scores, was

performed to test student retention of information over time. The resulting F score was not significant and indicated that the students in both groups retained the information equally as well. There was not, therefore, a significant difference in the retention of knowledge based on the type of instruction. The null hypothesis was not rejected.

Hypothesis 2. There will be no difference in the reporting patterns of students who receive the lecture and discussion method on child abuse and neglect and those who use programmed instruction as measured by the students' self-reports.

To test hypothesis 2, multivariate analysis of variance was performed. Interactions were investigated by utilizing the type of instruction and the data collected for the students' self-reported expected reporting patterns. These data were obtained on the pretest, and initial and delayed posttests. The question used to obtain the data was "If I were to have contact with an abused or neglected child the chances of reporting my suspicions would be:." The choices given for the students' responses were (1) Very likely, (2) Somewhat likely, (3) Very unlikely, and (4) None, I would never report my suspicions. The resulting F score indicated that no significant difference existed between the experimental and control groups in relation to their self-reported reporting patterns. The null hypothesis was, therefore, not rejected.

Interestingly, there was a significant F score related to the interaction between the students' responses as an aggregate group. One-way analysis of variance revealed that the students' chances of reporting abusive and/or neglectful situations increased significantly immediately after the instructional treatments. In addition, there remained a significant increase in the students' chances of reporting over the pretest responses approximately 30 days later on the delayed posttest.

**Hypothesis 3.** There will be no difference in pretest and posttest responses to child abuse and neglect vignettes among the students who use programmed instruction and those who receive the lecture and discussion method.

The Pearson Product Moment Correlation performed on the data obtained on the vignettes revealed that overall the type of instruction was not related to the responses given by the students. Of the 24 responses on the pretest vignettes, 3 responses were found to be related positively to the type of instruction. One of those responses was to the question as to whether a reporter would be required by law to report an incidence in which the father confessed that after getting drunk he had fondled his daughter. From the direction of the correlation, the students who received the lecture and discussion class were more likely to respond that they would not be required by law to report the incident.

Both of the other significantly different responses involved the neglect vignette in which a 5-year-old girl was left alone on two occasions. The first question was for the students to decide whether the vignette described neglect. Second, the students had to decide whether or not they would be required by law to report the incident. The students' responses correlated positively with the type of instruction. Specifically, the lecture and discussion group was less likely to call the incident neglect and decided that the law did not require the incident to be reported.

Only 1 of 24 responses to the vignettes on the initial posttest significantly correlated with the type of instruction. That response was related to the psychological abuse vignette in which a child had spilled ice cream and was made by his father to lick it up in front of his friends. The positive relationship between the students' responses and the type of instruction indicated that the lecture and discussion group was more likely to decide that the law did not require a report of this incident.

There were no significant correlations between the students' responses to the vignettes on the delayed posttest and the type of instruction. Although only 5% of the 72 vignette responses was significant based on the type of instruction, the null hypothesis cannot be rejected. The evidence is inconclusive and therefore, should be

viewed with caution when applying the results to other groups. A larger sample may yield more conclusive results.

Most students gave no reason each of the three times they were asked why they would not report an abusive and/or neglectful situation. Those who did give a reason consistently chose "I am afraid of false accusations" most often. That choice accounted for 22% of the reasons on the pretest and 22% and 25% on the initial and delayed posttests, respectively. These findings are consistent with the report by Wurtele and Schmitt (1992). They reported fear of legal ramifications for false accusations as a potential barrier to reporting among mandatory reporters. The authors also found that child care workers were aware of their legal obligation to report but were concerned about their legal protection.

### Conclusions

Based on the findings of this investigation, programmed instruction is viable as an alternative method of instruction on the topic of child abuse and neglect for undergraduate nursing majors. Further, students who are instructed using the programmed instruction manual, Child Abuse and Neglect, are able to acquire and retain the information on the topic equally as well as those students who are instructed by the more traditional method of lecture and discussion.

The instructional treatments (programmed instruction and lecture and discussion) had a significant impact on the students' chances of reporting abusive and/or neglectful situations ( $p < .05$ ). Student responses increased immediately after the treatments and remained significantly increased at the time of the delayed posttest. The difference in the two instructional methods was not significant in affecting the students chances of reporting. Therefore, it can be concluded that programmed instruction is as effective as the lecture and discussion method in increasing students' chances of reporting child abuse and neglect.

Correlation coefficients on the data revealed that only 4 of 72 student responses to the vignettes were significantly correlated with the type of instruction. Therefore, the effect of programmed instruction versus the lecture and discussion method on the responses of students to vignettes is inconclusive.

The instructional treatments did increase the numbers of students who reported that they would be very likely to report abusive and/or neglectful situations. The treatments did not affect the fact that students remained afraid of false accusations despite the instruction regarding protection for mandatory reporters. False accusations were a concern for students over all other reasons listed on the pretest and the initial and delayed posttests.

### Recommendations for Further Study

This research determined that programmed instruction can be an alternative teaching method to the traditional lecture and discussion method of instruction on child abuse and neglect. The following recommendations are based on the analysis of data and the resulting conclusions of this research.

The study should be replicated using a larger sample in an effort to have more conclusive data on the impact of type of instruction on the students' responses to vignettes depicting child abuse and neglect. Also, a greater variety of vignettes to which the students must respond may yield more conclusive data.

It also is recommended that the study be replicated using elementary school personnel (registered nurses, teachers, counselors, social workers, and administrators) as part of the sample. Ketefian (1985) suggested that organizational settings may serve to reinforce rather than change role orientation and moral behavior. Using a measure of role orientation along with the programmed instruction manual for school personnel may provide increased data regarding how moral decisions about child abuse and neglect are made.

Further research using the programmed instruction manual, Child Abuse and Neglect, along with oral interviews also is recommended. It is not unusual for individuals to have some difficulty in responding without bias on matters



concerning their own behavior (Ketefian, 1985). The students in this study were asked to respond to the vignettes as if they were employed as school nurses by an elementary school system. Having the students directly respond in an oral interview may give a more valid indication of their reporting pattern.

The distribution of a handout to the sample population regarding their protection as mandatory reporters is suggested. The students in this investigation were afraid of false accusations at the beginning of this study and remained afraid despite instructional treatments. Distributing information on their legal protection would give potential mandatory reporters a reference for future use.

It is recommended that programmed instruction on child abuse and neglect be used in school settings and hospitals for both new personnel orientation classes and continuing education programs. This form of instruction would be especially useful when small numbers of personnel comprise a class and it is not cost effective to utilize an instructor.

For the programmed instruction manual, Child Abuse and Neglect, to be seen as a useful adjunct to the classroom, it is recommended that it be adapted to a computer-assisted instruction format. According to McMeen (1985), computer-assisted instructional programs are accomplished through careful planning and organization of instructional

materials and are grouped into four categories. These four categories are: drill and practice, tutorial, simulations, and games (McMeen, 1985).

The Child Abuse and Neglect programmed instruction manual may best be suited to the tutorial and simulation formats in which concepts are presented to the students regardless of their previous knowledge of the subject matter. Students then are guided through the steps with the use of words, computer graphics, and possibly branching (McMeen, 1985).

McMeen (1985) suggested that the simulation format be used to model real-life or experimental situations that would be impossible or very difficult for university and college faculties to provide for actual student observation. The simulation format may be extremely helpful in presenting realistic child abuse and neglect vignettes that are both informative and interactive. Students then would be able to acquire more information as needed to assess the child, the family, and the situation. Immediate feedback would be supplied based on the students' responses.

It is expected that with the adaptation of the Child Abuse and Neglect programmed instruction manual to the computer-assisted instruction format rather than the paper and pencil textbook style that was used in this study, more information and branching could occur. The increased use of branching may be helpful to those students who need

additional information upon which they could base their decision to report abuse and neglect.

The results of this study did uphold the premise that programmed instruction may be used by college and university faculties to aid students in the understanding of child abuse and neglect. The data also can be used by school system administrators, hospital administrators, social services departments, legislators, and other community leaders in deliberations regarding educational programs for mandatory reporters and state and local reporting policies. It is recommended that other difficult and maybe emotionally-laden materials be committed to a programmed instruction format. Programmed instruction on topics such as euthanasia, abortion and Human Immunodeficiency Virus (HIV) also may be successful in assisting students to address difficult materials and in making moral-ethical decisions that later could be discussed in a seminar setting.

In summary, programmed instruction is a useful tool for college and university faculties who are willing to devote the time to the development of well-designed programs that are based on behavioral objectives, that provide immediate feedback, and that allow the student to determine the pace at which the program is completed. As more textbook-type paper and pencil programs are adapted to computer-assisted instruction, today's technology will enable university faculties to shape tomorrow's future.

## References

- Anglin, G. J. (Ed.). (1991). Instructional technology: Past, present, and future. Englewood, CO: Libraries Unlimited.
- Baxter, G., & Beer, J. (1990). Educational needs of school personnel regarding child abuse and/or neglect. Psychological Reports, 67, 75-80.
- Benson, D. E., Swann, A., O'Toole, R., & Turbett, J. P. (1991). Physicians' recognition of and response to child abuse: Northern Ireland and the U.S.A. Child Abuse & Neglect, 15, 57-67.
- Borg, W. R., & Gall, M. D. (1989). Educational research: An introduction (5th ed.). New York: Longman.
- Butz, R. A. (1985). Reporting child abuse and confidentiality in counseling. Social Casework: The Journal of Contemporary Social Work, 66 (2), 83-90.
- Child Abuse and Neglect Act, VA. Code § 63.1-248.2 (1975, c. 341, 1981, c.123).
- Child Abuse and Neglect Act, VA. Code § 63.1-248.3 (1975, c. 341; 1976, c. 348; 1978, c. 747).
- Child Abuse Prevention and Treatment Act of 1974, § 1191, 42 U.S.C. § 5101.
- Child Protective Services Unit. (1990). Statistical report of Virginia's child protective services program: July 1, 1989 to June 30, 1990. Richmond, VA: Department of Social Services.
- Daro, D., & McCurdy, K. (1991). Current trends in child abuse reporting and fatalities: The results of the 1990 annual fifty state survey. The National Center on Child Abuse Prevention Research. (Available from [National Committee for Prevention of Child Abuse, 332 S. Michigan Avenue, Suite 1600, Chicago, IL 60604-4357]).
- Dielman, T. E., Shope, J.T., Leech, S. L., & Butchart, A. T. (1989). Differential effectiveness of an elementary school-based alcohol misuse prevention program. Journal of School Health, 59, 255-263.
- Donnelly, A. H. C. (1991). What we have learned about prevention: What we should do about it. Child Abuse & Neglect, 15, 99-106.

- Dukes, R. L., & Kean, R. B. (1989). An experimental study of gender and situation in the perception and reportage of child abuse. Child Abuse & Neglect, 13, 351-360.
- Faller, K. C. (1985). Unanticipated problems in the United States child protection system. Child Abuse & Neglect, 9, 63-69.
- Garbarino, J. (1986). Can we measure success in preventing child abuse? Issues in policy, programming and research. Child Abuse & Neglect, 10, 143-156.
- Gelles, R. J., & Cornell, C. P. (1990). Intimate violence in families (2nd ed.). Newbury Park, CA: Sage Publications.
- Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Massachusetts: Harvard University Press.
- Gilligan, C., Ward, J. V., & Taylor, J. M. (Eds.). (1988). Mapping the moral domain: A contribution of women's thinking to psychological theory and education. Massachusetts: Harvard University Press.
- Goodwin, L. D., Goodwin, W. L., & Cantrill, J. L. (1988). The mental health needs of elementary schoolchildren. Journal of School Health, 58, 282-287.
- Huggins, E. A., & Scalzi, C. C. (1988). Limitations and alternatives: Ethical practice theory in nursing. Advanced Nursing Science, 10(4), 43-47.
- Kachigan, S. K. (1986). Statistical analysis: An interdisciplinary introduction to univariate and multivariate methods (rev. ed.). New York: Radius Press.
- Kalichman, S. C., Craig, M. E., & Follingstad, D. R. (1990). Professionals' adherence to mandatory child abuse reporting laws: Effects of responsibility attribution, confidence ratings, and situational factors. Child Abuse & Neglect, 14, 69-77.
- Kempe, C. H., Silverman, F. N., Steele, B. F., Droegemueller, W., & Silver, H. K. (1962). The battered child syndrome. Journal of the American Medical Association, 181, 107-112.
- Ketefian, S. (1981). Critical thinking, educational preparation, and development of moral judgement among selected groups of practicing nurses. Nursing Research, 30(2), 98-103.

- Ketefian, S. (1985). Professional and bureaucratic role conceptions and moral behavior among nurses. Nursing Research, 34(4), 248-253.
- Ketefian, S. (1987). A case study of theory development: Moral behavior in nursing. Advanced Nursing Science, 9(2), 10-19.
- Kohlberg, L. (1981). Essays on moral development: Vol. 1. The philosophy of moral development: Moral stages and the idea of justice. San Francisco: Harper & Row.
- Kleemeier, C., Webb, C., Hazzard, A., & Pohl, J. (1988). Child sexual abuse prevention: Evaluation of a teacher training model. Child Abuse & Neglect, 12, 555-561.
- Lamond, D. A. P. (1989). The impact of mandatory reporting legislation on reporting behavior. Child Abuse & Neglect, 13, 471-480.
- Lester, B., & Cox, J. L. (1988). Involving nurses in public school sex education. Journal of School Health, 58, 108-109.
- McGrath, P., Cappelli, B. A., Wiseman, D., Khalil, N., & Allan, B. (1987). Teacher awareness program on child abuse: A randomized controlled trial. Child Abuse & Neglect, 11, 125-132.
- McIntyre, T. C. (1987). Teacher awareness of child abuse and neglect. Child Abuse & Neglect, 11, 133-135.
- McKeachie, W. J., Pintrich, P. R., Lin, Y. G., & Smith, D. A. F. (1987). Teaching and learning in the college classroom: A review of the research literature. Ann Arbor, MI: University of Michigan, National Center for Research to Improve Postsecondary Teaching and Learning. (ERIC Document Reproduction Service No. ED 314 999)
- McMeen, George R. (1985). Designing and creating computer-assisted instruction. Paper presented at the 12th Annual Conference of the Association for California College Tutorial and Learning Assistance, Sacramento, CA. (ERIC Document Reproduction Service No. ED 270 077)
- Mustapha, S. L., & Seybert, J. A. (1989). Moral reasoning in college students: Implications for nursing education. Journal of Nursing Education, 28(3), 107-111.
- Omery, A. (1989). Values, moral reasoning, and ethics. Nursing Clinics of North America, 24(2), 499-508.

- Pigg, R. M., Jr. (1989). The contribution of school health programs to the broader goals of public health: The American experience. Journal of School Health, 59, 25-30.
- Ramirez, A. I. (1983). Three theories of learning and their implications for teachers. Puerto Rico: Puerto Rico University, College of Education. (ERIC Document Reproduction Service No. ED 253 635)
- Ravitch, D. (1983). The troubled crusade: American education, 1945-1980. New York: Basic Books.
- Ross, S. M., & Wasiesko, M. (1981). Models of adaptive instruction: A handbook for college and university teachers. Freed-Hardeman College, Title III Grant. (ERIC Document Reproduction Service No. ED 209 214)
- Skinner, B. F. (1953). Science and human behavior. New York: Macmillan.
- Smith, L. H., & Renzulli, J. S. (1982). The assessment and application of learning style preferences: A practical approach for classroom teachers. Baltimore, MD. (ERIC Document Reproduction Service No. ED 229 444)
- Sloan, I. J. (Ed.). (1983). Child abuse: Governing law and legislation. London: Oceana.
- Tharinger, D. J., & Vevier, E. (1987). Child sexual abuse: A review and intervention framework for the teacher. Journal of Research and Development in Education, 20(4), 12-23.
- Tricker, R., & Davis, L. G. (1988). Implementing drug education in schools: An analysis of the costs and teacher perceptions. Journal of School Health, 58, 181-185.
- Wolfe, D. A., MacPherson, T., Blount, R., & Wolfe, V. V. (1986). Evaluation of a brief intervention for educating school children in awareness of physical and sexual abuse. Child Abuse & Neglect, 10, 85-92.
- Wurtele, S. K., & Schmitt, A. (1992). Child care workers' knowledge about reporting suspected child sexual abuse. Child Abuse & Neglect, 16, 385-390.
- Zellman, G. L. (1990). Report decision-making patterns among mandated child abuse reporters. Child Abuse & Neglect, 14, 325-336.

## **APPENDIX A**



## PERMISSION STATEMENT

	YES	NO
This study has been explained to me.	_____	_____
I agree to participate in this study.	_____	_____
I understand that my name will not be used.	_____	_____
My participation is voluntary.	_____	_____

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS

## **APPENDIX B**

# CHILD ABUSE AND NEGLECT



## PROGRAMMED INSTRUCTION MANUAL

**Pamela V. Wilson Hammond**

This programmed instruction manual was developed by a registered nurse for elementary school personnel. Consultation was provided by a testing and evaluation specialist and child abuse and neglect specialists. The information contained in this manual also has been reviewed by groups of teachers and nurses, and revised based on their comments.

This manual will provide you with a progressive means of acquiring information on child abuse and neglect and allow you the freedom to pace yourself at a speed that is comfortable for you. You will be afforded the opportunity to check your answers prior to continuing to the next section. In addition, you will find that each section builds upon previously reviewed sections.

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## INSTRUCTIONS

The information presented in this programmed instruction manual will be divided into units called frames. In order for you to derive the most benefit from this manual, it is necessary that you do what is asked in each frame: fill in the blank, check the box, or read the information. You are to keep the correct answer covered until you are ready to compare it with your own answer. If you answered incorrectly, then you are to refer back to the information provided before proceeding to the next frame.

### SAMPLE FRAME

0

In this programmed instruction manual, you will be provided information on identification and assessment of overt and covert signs of child abuse and neglect. In addition, you will be provided with information on selected aspects of the Commonwealth of Virginia's statutes regarding child abuse and neglect.

Complete the following sentence by checking the appropriate response.

This programmed instruction manual will provide information on:

- ☐ abuse and neglect signs only.
- ☐ aspects of Virginia's statutes only.
- ☐ both abuse and neglect signs and aspects of Virginia's statutes.

both abuse and neglect  
signs and aspects of  
Virginia's statutes

## OBJECTIVES

Upon completion of this manual, you will be able to:

- Describe the four aspects basic to the legal definition of child abuse and neglect according to the Commonwealth of Virginia.
- Identify signs of physical abuse.
- Recognize ways in which psychological abuse can occur.
- Describe situations that depict neglect.
- Assess behaviors frequently displayed by abusive and/or neglectful parents.
- List family risk factors commonly associated with child abuse and/or neglect.
- Identify behaviors that are common to children who are victims of sexual abuse.
- List five professional mandatory reporters of child abuse and neglect in Virginia.
- Describe the legal responsibility of mandatory reporters in Virginia.
- Identify the penalty for failure to report child abuse and neglect in Virginia.

1

Ronald, a 9-year-old, has been absent from school for two days this week. This is his tenth absence in six weeks. Mrs. Walker, his teacher, notices that his eyelids are puffy and he is not making eye contact when she talks with him. After a few minutes, he says, "I want to tell you something, but you must promise to keep it secret. Promise me!"

Mrs. Walker's best initial response should include which of the following statements?

- ☐ "You can trust me."
- ☐ "I promise not to tell."
- ☐ "I am here to help you."
- ☐ "Tell me about what's bothering you."
- ☐ "I cannot promise not to tell."

You are mandated by law to report abuse even if you only have reason to suspect that it is occurring. A child reporting abuse to you should be told early in the disclosure that you must report what is being said.

"I cannot promise not to tell."

2

After Mrs. Walker tells Ronald that she cannot promise to keep secrets, Ronald tells her that he just has a stomach ache. Mrs. Walker sends him to see the school nurse, Mrs. Pennington, who allows Ronald to lie down on the couch.

Mrs. Pennington asks about his bowel habits, his breakfast and his bedtime. Nothing Ronald says gives the nurse a clue as to the source of the "stomach ache." Mrs. Pennington then says, "Ronald, show me where it hurts." As Ronald reaches to show her the source of his pain, his shirt is pulled up slightly to reveal several small round marks. Two of the marks are healed and two have scabs on them. She asks Ronald to pull up his shirt and finds two large bruises on his abdomen.

Ronald immediately says, "I fell yesterday," and pulls down his shirt quickly. When the nurse asks about his fall, Ronald says that he was feeling better and wanted to go back to his classroom. When Mrs. Pennington tells Ronald that she would like to call his parents about the fall, he starts to cry. Mrs. Pennington stops questioning Ronald and he calms down.

3

Place a check in front of the action below that would be most appropriate for Mrs. Pennington at this time.

- ☐ Continue to ask Ronald simple questions using soft voice tones.
- ☐ Allow Ronald to return to his classroom.
- ☐ Call the principal to her office to talk with Ronald.

Allow Ronald to return to his classroom.

Under no circumstances should the child be forced to validate one's suspicion of abuse.

4

The nurse suspects that Ronald is an abused child and reports her suspicions to the principal, Mr. Harper.

Count the number of behavioral and physical signs exhibited by Ronald that you think may be indicative of child abuse. Write the number in the space below.

If you did not count at least 6 return to frames 1 and 2 before proceeding.

9

5

Mrs. Pennington describes the following assessments of Ronald to Mr. Harper:

- Vague complaint of "stomach ache"
- Small round marks in varying stages of healing
- Abdominal bruises
- Ronald's evasiveness
- Preference not to involve his parents

Mr. Harper then calls Ronald's teacher in to gather information about Ronald.

6

In the space below write four behaviors and/or signs that the teacher, Mrs. Walker, may give that could be relevant to the nurse's suspicions.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Excessive absences from school

Puffy eyelids

Lack of eye contact

Demanding secrecy

7

The combination of Ronald's behavior and physical signs makes his case highly suspicious. His actions in isolation are not by themselves signs of abuse. The physical signs do, though, require further investigation.

School personnel may report cases of suspected child abuse to the principal who generally makes the report to the Department of Social Services if a report has not already been made.

8

Mr. Harper decides to notify the Department of Social Services.

Complete the following sentence by checking the appropriate response.

Suppose that Mr. Harper did not feel that a report was warranted, it would then be most appropriate to:

- ☐ drop the matter.
- ☐ continue to observe Ronald.
- ☐ call Ronald's parents.
- ☐ notify the Department of Social Services.

Reporting of suspected child abuse is mandatory for teachers, nurses, principals and other school personnel.

9

The report to Social Services may be made by a telephone call to the local department during business hours. This number should be kept available at all times.

In Virginia, a state child abuse and neglect HOT-LINE is available 24 hours a day. The number is 1-800-552-7096.

Write the number for the state child abuse and neglect HOT-LINE that operates 24 hours a day in Virginia \_\_\_\_\_.

1-800-552-7096

10

Individuals who suspect child abuse and neglect and report it in accordance with the law are protected from civil and criminal liability. If individuals who are mandated by law to report abuse and neglect fail to report suspected abuse or neglect, they may be fined \$500 for the first failure and \$100 to \$1,000 for subsequent failures.

11

Mrs. Walker says to the principal, "You know, we have no proof for this report." She further states that she understands the requirement of the law that suspicions should be reported to protect the child, but wonders who will protect her.

Place a check by the information that would be important for Mrs. Walker to know.

- ☐ The name of the reporter is kept confidential.
- ☐ Mandatory reporters are protected by law from liability.

Both statements are true if the report is not made in bad faith or with malicious intent.

12

**Complete the following sentence.**

In addition to confidentiality, Mrs. Walker should be informed that if a report is not made when abuse or neglect is suspected, the punishment will be

---

---

---

**\$500 for the first failure to report and \$100 - \$1,000 for subsequent failures.**

13

Mr. Harper decides to schedule an inservice education class on child abuse and neglect. He asks both Mrs. Walker and Mrs. Pennington to help gather materials and information that would be helpful for school personnel to know about abuse and neglect. They each agree to present a portion of the class.

14

Mr. Harper thinks that all school personnel should know the legal definition of child abuse and neglect. He, therefore, prepares a transparency to be used to start the discussion on the subject.

**You are to read the definition below of an abused or neglected child as it appears on Mr. Harper's transparency.**

*"Abused or neglected child" shall mean a child less than eighteen years of age whose parents or other persons responsible for his care:*

- 1. Create or inflict, threaten to create or inflict, or allow to be created or inflicted upon such a child a physical or mental injury by other than accidental means, or create a substantial risk of death, disfigurement, impairment of bodily or mental functions;*
- 2. Neglect or refuse to provide care necessary for his health; provided, however, that no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination shall for reason alone be considered an abused or neglected child;*
- 3. Abandon such a child; or*
- 4. Commit any act of sexual exploitation or any sexual act upon a child in violation of the law (Child Abuse and Neglect Act of 1975, Code of Virginia, Chapter 12.1 Section 63.1-248.2, 1984).*



15

Place a check next to the age group that the law is designed to protect.

- ☐ up to 12 years      ☐ 21 years or less  
☐ less than 18 years      ☐ no age restriction

☒ less than 18 years

16

Abuse occurs when a parent or other responsible person inflicts, threatens to inflict or allows physical or mental injury to be inflicted upon a child.

Check the phrase(s) that is most appropriate to complete the following sentence.

Besides inflicting, threatening to inflict or allowing physical or mental injury to be inflicted, child abuse also occurs when a parent or other responsible person creates a substantial risk of

- ☐ death      ☐ impairment of bodily or mental function  
☐ disfigurement      ☐ all of the above

☒ all of the above

17

Children are at risk of neglect when their physical, medical or emotional needs are not met. Neglect also includes the abandonment of children for extended periods of time without adequate supervision.

Write the word that best completes the following sentence.

Allowing a child to be inadequately dressed for the weather and refusing to provide shelter, food or medical care are all considered forms of

                      
☒ neglect

18

Determine if the following statement is TRUE or FALSE and place a check in the appropriate box.

Any sick child who is being treated solely by spiritual means through the prayers of a recognized church or religious denomination is considered an abused or neglected child.

- ☐ TRUE      ☐ FALSE

☒ FALSE  
The fact that the child is being treated by spiritual means does not by itself constitute abuse or neglect.

TRUE

21

Children from infancy to 4 years of age are reported to be the group with the greatest number of abused and neglected victims in Virginia.

You are to place a check in the box which indicates the percentage of the total number of abused children in the infancy to 4-year-old age group.

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 13.5% | <input type="checkbox"/> 31.3% |
| <input type="checkbox"/> 19.2% | <input type="checkbox"/> 35.3% |

22

The 5 to 13-year-old age group forms a category that consists of children who are seen on a daily basis by elementary school personnel including teachers and nurses.

Place a check in the box that represents the approximate percentage of abused children in the 5 to 13-year-old age group.

- |                              |                              |
|------------------------------|------------------------------|
| <input type="checkbox"/> 25% | <input type="checkbox"/> 50% |
| <input type="checkbox"/> 35% | <input type="checkbox"/> 75% |

23

Mr. Harper starts the class with a short film. The film depicts the following situation:

Joanne Turner, an 8-year-old, comes to school with soiled clothes after being absent for three consecutive days without a note from her parents. The other children complain to the teacher that "Joanne smells." This is not the first time the teacher has noticed Joanne arriving at school in this condition. She also knows that Joanne has a high absenteeism rate.

The teacher talks to Joanne and finds out that she had to get her 6-year-old brother and herself ready for school today and that she did not have any clean clothes. Further, Joanne reveals that she could not come to school because her mother had not been home for three days.

The teacher and the principal discuss the situation. The principal calls Mrs. Turner to come to the school for Joanne and her brother. After much resistance, Mrs. Turner agrees to come to school.

By the time Mrs. Turner arrives (4 hours later), the school's social worker, Mrs. Brewer, had been contacted. Mrs. Brewer, Joanne and Gary (Joanne's brother) are waiting in the school clinic with the nurse.

continued on next page

23 continued

Mrs. Brewer begins to ask Mrs. Turner questions regarding the situation. Mrs. Turner denies having been away three days. She says she works two jobs and the children are sleep many times when she comes home and they don't realize that she is there. Joanne says, "Mom, you didn't come home." Mrs. Turner turns and shouts at Joanne using profanities. She goes on to describe Joanne as a brat and an ungrateful child who just doesn't want to do her share of the household responsibilities.

Mr. Harper stops the film for discussion after Mrs. Brewer decides further investigation by the Department of Social Services is warranted. Mr. Harper starts the discussion by saying, "Living in poverty does not mean a child must be neglected. Neglect can occur in all socio-economic groups. Physical abuse, neglect and psychological abuse many times occur simultaneously."

24

The following list contains behaviors extracted from the film.

Place a check in the appropriate box to indicate whether you think the behavior may be most suggestive of Physical Abuse, Neglect, Psychological Abuse or Neutral.

	Physical Abuse	Neglect	Psychological Abuse	Neutral	Physical Abuse	Neglect	Psychological Abuse	Neutral
<b>Behaviors</b>								
1. Joanne arrives at school with soiled clothes on more than one occasion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Joanne has had a body odor on more than one occasion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Joanne has a high absenteeism rate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Joanne helps to dress Gary for school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Joanne and Gary were left alone for extended periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Mrs. Turner shouts at Joanne and uses profanity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Mrs. Turner calls Joanne a brat and an ungrateful child in front of Gary, Mrs. Brewer and the nurse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Mrs. Turner makes Joanne help with household responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Mr. Harper shows the group a transparency listing some behaviors common to abusive and /or neglectful parents.

Read the following behaviors as they appear on Mr. Harper's transparency.

**ABUSIVE AND/OR NEGLECTFUL PARENTS' BEHAVIORS**

- Denies their role in abuse and/or neglect
- Very critical of the child
- Shows little concern for child's needs
- Infrequent contact such as touching and eye contact with the child
- Contradicts self or child when questioned
- Very concerned about own needs
- Overly apologetic for child's behavior
- Very aggressive or very passive
- Others

Mr. Harper has the group give other behaviors that they may have encountered in their experiences with parents and children.

List three behaviors exhibited by Mrs. Turner, the mother in the film, that would cause you to think that Joanne and Gary were at risk for an abusive and/or neglectful situation.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Resistance to coming to the school

Denial of actions

Belittling the child

(Others as appropriate)

Mrs. Walker leads the discussion on psychological abuse. She says that psychological abuse negatively affects a child's self-identity and, therefore, may retard psychological development. When parents do not praise the child, show affection or other signs of love they may be committing psychological abuse. Mrs. Walker describes three forms of psychological abuse. The three forms are:

Close Confinement which includes punishing a child by tying or binding the child in such a manner as to restrict movement and confining a child to a closet in other enclosed areas.

Verbal or Emotional Assault which includes belittling, denigrating, cursing, criticizing, scapegoating, threats of abuse (such as threat of beating, sexual assault, abandonment and others).

Other or Unknown Causes include any abusive treatment other than those specified under close confinement and verbal or emotional assault. Attempted or potential assault, withholding of food, shelter, sleep or other necessities as a form of punishment are all forms of psychological abuse.

Complete the following statement.

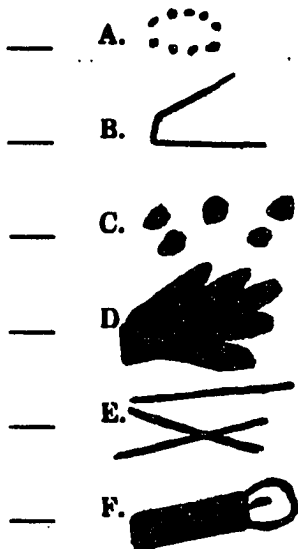
Punishing children by locking them in closets, tying them to chairs, withholding food, cursing and criticizing them are all forms of \_\_\_\_\_.

psychological abuse

Mrs. Pennington tells the group that the weapon used to abuse a child will often leave a recognizable mark. She warns them that while children do get bodily marks during normal activities, frequent bruising, even in the absence of a recognizable mark, requires investigation. All welts and burns should be questioned.

Mrs. Pennington distributes a handout showing pictures of marks made from various instruments used to physically abuse children. See how many you can recognize by matching the marks in Column I with their description in Column II.

#### COLUMN I



#### COLUMN II

1. Whip/Switch
2. Belt / Buckle
3. Coat hanger
4. Cigarettes
5. Teeth
6. Hand

- 5\_ A.
- 3\_ B.
- 4\_ C.
- 6\_ D.
- 1\_ E.
- 2\_ F.

During the class, one of the teachers asks, "Are there any family characteristics that place a child at high risk for child abuse and neglect?" Mrs. Pennington responds by saying that while child abuse and neglect affects all races and socioeconomic groups, there are some factors that place children and their families at high risk. These factors include:

- Young, inexperienced parents
- Families experiencing a period of great stress
- Families with poor coping mechanisms
- Families in which there is drug or alcohol abuse
- Families with few or no support systems
- Families in which there is lack of evidence that bonding has occurred
- Children who have physical or behavior traits that are different or difficult to care for
- Parents who were emotionally deprived, abused, or neglected as a child
- Children who are unwanted
- Children who look or act similar to someone the parent dislikes

Mr. Harper adds that school personnel should be aware of these risk factors, but they should not assume that child abuse or neglect has occurred when a risk factor is discovered. He emphasizes the use of appropriate referrals to help families at high risk.

List four family risk factors that you would consider referring to the school's social worker if the information came to your attention.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Your choice. Any may be referred as appropriate.

Before the class is over Mrs. Pennington distributes a handout describing sexual abuse of children. One of the teachers expresses concern since they "very seldom would have a reason to see a child's private areas." Mrs. Pennington explains that while observing the genitals are a part of the physical examination when sexual abuse is suspected, there are other signs to look for in these children.

She said that all school personnel should be suspicious if a child:

- Knows more about sex than is appropriate for his/her age
- Acts out sexual behaviors
- Shows signs of depression
- Has trouble concentrating
- Shows a sudden disinterest in school work
- Becomes sloppy
- Talks about nightmares frequently
- Does not want to go home

List four behaviors that are common to children who may be experiencing sexual abuse.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Acts out sexual behaviors

Has trouble concentrating

Shows a sudden disinterest  
in school work

Does not want to go home

(Others as appropriate)

The section of the statutes of Virginia that refers to mandatory reporters is 63.1-248.3: "Physicians, nurses, teachers, etc., to report certain injuries to children..."

Read the following passage from that statute.

*"Any person licensed to practice medicine or any of the healing arts, any hospital resident or intern, any person employed in the nursing profession, any person employed as a social worker, any probation officer, any teacher or other person employed in a public or private school, kindergarten or nursery school, any person providing full- or part-time child care for pay on a regularly planned basis, any duly accredited Christian Science practitioner, any mental health professional, any law-enforcement officer in his professional or official capacity and any professional staff person not previously enumerated, employed by a private or state-operated hospital, institution or facility which children have been committed to or placed in for care and treatment who has reason to suspect that a child is an abused or neglected child, shall report the matter immediately...."*

The principal, school nurse and teacher are all mandatory reporters. They form a multidisciplinary team. Each has experiences and knowledge from which they may contribute to the identification, assessment and prevention of child abuse and neglect in their school.

In the space below, write five other mandatory reporters who may serve on this multidisciplinary team.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Social workers

Counselors

Psychologists

School Physicians

Administrators

(Appropriate others may be given as examples)

## EVALUATION

Please complete the following statements by placing a circle around the number that best describes your opinion on a scale from 1 to 5.

I thought this programmed instruction was:

Very Informative	5	4	3	2	1	Not Informative
Very Interesting	5	4	3	2	1	Very Boring
Very Easy	5	4	3	2	1	Very Difficult
Better than having a lecture/discussion class	5	4	3	2	1	Worse than having a lecture/discussion class

OTHER COMMENTS:

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## REFERENCES

Child Protective Services Unit. Division of Service Programs, Child Protective Services Annual Report 1989-1990, Department of Social Services, Commonwealth of Virginia, 1990.

U.S. Department of Health and Human Services, Office of Human Development Services, Administration for Children, Youth and Families, Child Abuse and Neglect: A Shared Community Concern, National Center on Child Abuse and Neglect, March 1989.

U.S. Department of Health and Human Services, Office of Human Development Services, Administration for Children, Youth and Families, Study Findings: Study of National Incidence and Prevalence of Child Abuse and Neglect: 1988, National Center on Child Abuse and Neglect, 1988.

## ACKNOWLEDGEMENTS

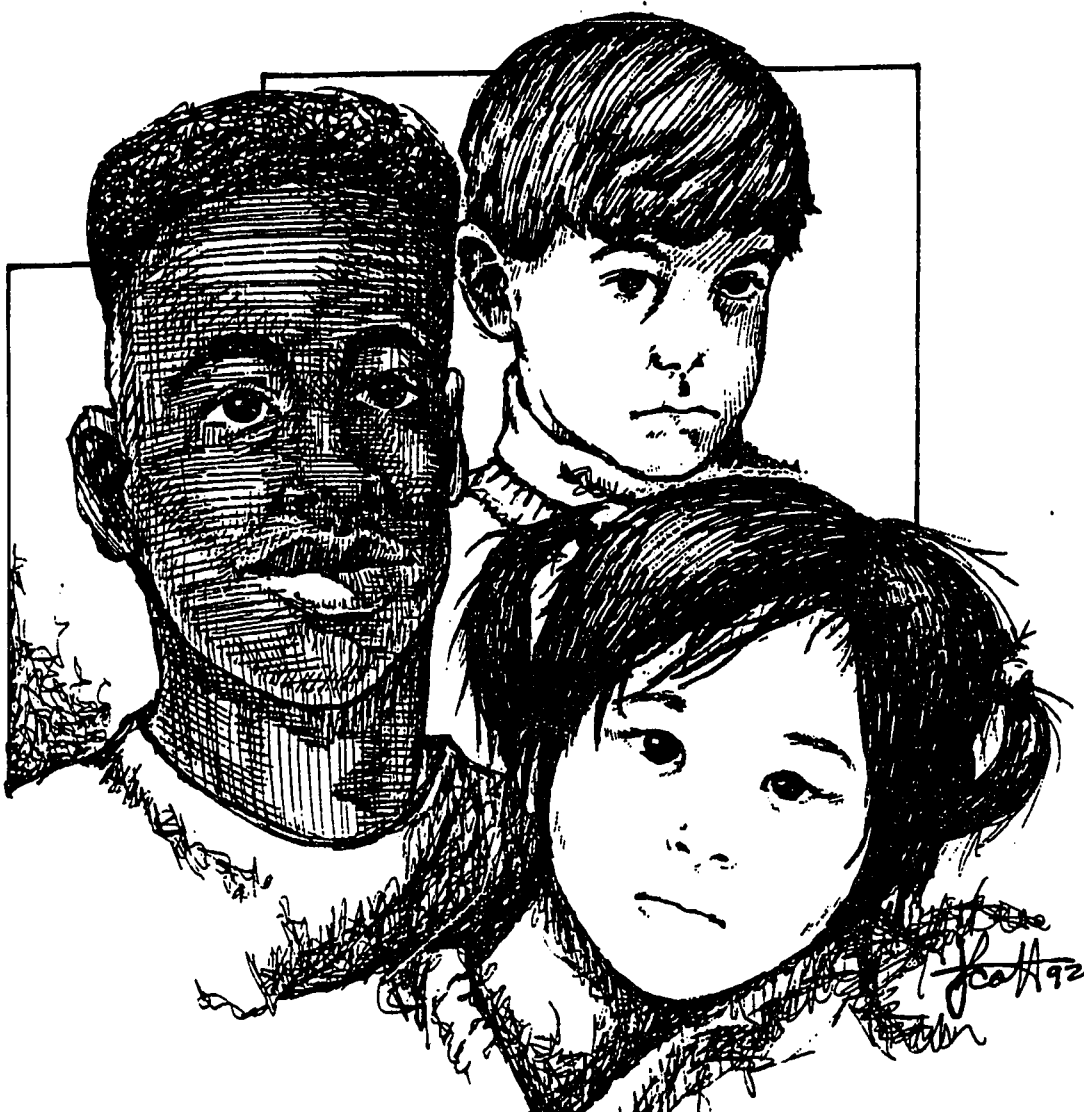
The physical abuse, neglect and sexual abuse vignettes and the vignette questions and response options in the pre- and post-tests were used with the permission of Gail L. Zellman, PhD, The Rand Corporation, Santa Monica, California.

The psychological abuse vignette in the pre- and post-tests was used with the permission of Robert B. Kean, Colorado Springs Police Department and Richard L. Dukes, University of Colorado, Colorado Springs, Colorado.

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# CHILD ABUSE AND NEGLECT



**Pre-Test**

**Pamela V. Wilson Hammond**

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## DEMOGRAPHIC DATA

**DIRECTIONS:** Place a check beside the appropriate response.

1. Classification: ☐ Freshman  
☐ Sophomore  
☐ Junior  
☐ Senior  
☐ Other \_\_\_\_\_
2. Intended Occupation: ☐ Nurse  
☐ Teacher  
☐ Other \_\_\_\_\_
3. Gender: ☐ Female  
☐ Male
4. Age: ☐ 18-25  
☐ 26-35  
☐ 36-45  
☐ 46-55  
☐ 56-65  
☐ over 65
5. Racial/Ethnic Group ☐ African-American  
☐ American-Indian  
☐ Asian  
☐ Caucasian  
☐ Hispanic  
☐ Other \_\_\_\_\_
6. Marital Status: ☐ Single  
☐ Married  
☐ Divorced  
☐ Widowed  
☐ Separated
7. Are you a parent? ☐ Yes  
☐ No
- Ages of children: \_\_\_\_\_
8. My contact with abused and/or neglected children can be described as follows:  
☐ No contact  
☐ Contact with 3 or less children  
☐ Contact with 4 to 10 children  
☐ Contact with more than 10 children
9. If I were to have contact with an abused or neglected child the chances of reporting my suspicions would be:  
☐ Very likely  
☐ Somewhat likely  
☐ Very unlikely  
☐ None, I would never report my suspicions.
10. If you think that you would not report an abusive situation, please check your reason below:  
☐ I do not want reprisals from the family.  
☐ I do not want to get involved with the law enforcement system.  
☐ I am afraid of false accusations.  
☐ I am not sure if I would recognize it.  
☐ I feel it is a matter for the family to handle.  
☐ I feel it is a matter for Social Services to handle.  
☐ Other \_\_\_\_\_



## SELF TESTING

**DIRECTIONS:** Place a "T" or an "F" in the blank to indicate whether the following statements are True or False.

- \_\_\_ 1. Child abuse rarely happens.
- \_\_\_ 2. Virginia's child abuse and neglect law protects individuals up to age 21.
- \_\_\_ 3. Child abuse is confined to highly populated urban areas.
- \_\_\_ 4. There is a direct relationship between family income and the incidence of child abuse and neglect.
- \_\_\_ 5. All children who are abused will grow up to be child abusers.
- \_\_\_ 6. To be charged with sexually abusing a child one does not have to have sexual intercourse with the child.
- \_\_\_ 7. In Virginia the age group that represents the largest percentage of abused children is infancy to 4 years.
- \_\_\_ 8. If teachers and nurses in Virginia fail to report suspected child abuse they may be imprisoned for at least 30 days.
- \_\_\_ 9. The name of the person making the report of child abuse is given to parents so that they can explain their side.
- \_\_\_ 10. African-American families experience a greater incidence of child abuse and neglect than any other racial/ethnic group.

**You may check your answers on the back of this page before proceeding.**

## **ANSWERS - SELF TESTING**

### **DO NOT CHANGE YOUR ANSWERS**

- |                 |                  |
|-----------------|------------------|
| <b>1. False</b> | <b>6. True</b>   |
| <b>2. False</b> | <b>7. True</b>   |
| <b>3. False</b> | <b>8. False</b>  |
| <b>4. False</b> | <b>9. False</b>  |
| <b>5. False</b> | <b>10. False</b> |



### **DIRECTIONS**

**On the next four pages, you will be presented with four vignettes (situations) depicting child abuse and/or neglect. You are to:**

- 1. Read the vignette as if you are employed in an elementary school.**
- 2. Answer the six questions following each vignette.**
- 3. Circle only one answer.**

---

**During your school's open house, Richard Lewis, an accountant, reveals that recently he has been drinking heavily. When you question him, he confides that several times recently when he has gotten drunk, he has lost control of himself and has fondled his 10-year-old daughter Gina.**

**1. Based on the information you have been provided, how serious is this incident?**

Very serious .....	1
Somewhat serious .....	2
Not certain .....	3
Not very serious .....	4
Not at all serious .....	5

**2. In your own professional judgment, does the incident described above constitute sexual abuse?**

Definitely yes .....	1
Probably yes .....	2
Not certain .....	3
Probably no .....	4
Definitely no .....	5

**3. In your view, would you be required by law to report this incident?**

Definitely required to report .....	1
Probably required to report .....	2
Not certain .....	3
Probably not required to report .....	4
Definitely not required to report .....	5

**4. All things considered, what overall impact would a sexual abuse report be likely to have on this child?**

Highly positive impact .....	1
Somewhat positive impact .....	2
No impact .....	3
Somewhat negative impact .....	4
Highly negative impact .....	5

**5. All things considered, what overall impact would a sexual abuse report be likely to have on the rest of the family?**

Highly positive impact .....	1
Somewhat positive impact .....	2
No impact .....	3
Somewhat negative impact .....	4
Highly negative impact .....	5

**6. How likely would you be to report this case?**

Very likely to report .....	1
Somewhat likely to report .....	2
Not certain .....	3
Not very likely to report .....	4
Almost certainly would not report .....	5



When 5-year-old Melanie fails to show up for kindergarten, you phone to see what happened. Melanie answers the phone and tells you that her mommy and daddy are both at work. When you ask to speak to someone else, she tells you that she is home alone. When you call after she misses another day, you find Melanie at home alone again.

1. Based on the information you have been provided, how serious is this incident?

- |                          |   |
|--------------------------|---|
| Very serious .....       | 1 |
| Somewhat serious .....   | 2 |
| Not certain .....        | 3 |
| Not very serious .....   | 4 |
| Not at all serious ..... | 5 |

2. In your own professional judgment, does the incident described above constitute neglect?

- |                      |   |
|----------------------|---|
| Definitely yes ..... | 1 |
| Probably yes .....   | 2 |
| Not certain .....    | 3 |
| Probably no .....    | 4 |
| Definitely no .....  | 5 |

3. In your view, would you be required by law to report this incident?

- |   |   |
|---|---|
| Definitely required to report .....     | 1 |
| Probably required to report .....       | 2 |
| Not certain .....                       | 3 |
| Probably not required to report .....   | 4 |
| Definitely not required to report ..... | 5 |

4. All things considered, what overall impact would a child neglect report be likely to have on the child?

- |                                |   |
|--------------------------------|---|
| Highly positive impact .....   | 1 |
| Somewhat positive impact ..... | 2 |
| No impact .....                | 3 |
| Somewhat negative impact ..... | 4 |
| Highly negative impact .....   | 5 |

5. All things considered, what overall impact would a child neglect report be likely to have on the rest of the family?

- |                                |   |
|--------------------------------|---|
| Highly positive impact .....   | 1 |
| Somewhat positive impact ..... | 2 |
| No impact .....                | 3 |
| Somewhat negative impact ..... | 4 |
| Highly negative impact .....   | 5 |

6. How likely would you be to report this case?

- |   |   |
|---|---|
| Very likely to report .....             | 1 |
| Somewhat likely to report .....         | 2 |
| Not certain .....                       | 3 |
| Not very likely to report .....         | 4 |
| Almost certainly would not report ..... | 5 |

---

**Eight-year-old Andrew spilled a dish of ice cream during his birthday party. His father, Edward, told him that his manners were no better than those of the family dog. Edward's father made him lick up the ice cream in front of his friends.**

1. Based on the information you have been provided, how serious is this incident?

Very serious .....	1
Somewhat serious .....	2
Not certain .....	3
Not very serious .....	4
Not at all serious .....	5

2. In your own professional judgment, does the incident described above constitute psychological abuse?

Definitely yes .....	1
Probably yes .....	2
Not certain .....	3
Probably no .....	4
Definitely no .....	5

3. In your view, would you be required by law to report this incident?

Definitely required to report .....	1
Probably required to report .....	2
Not certain .....	3
Probably not required to report .....	4
Definitely not required to report .....	5

4. All things considered, what overall impact would a psychological abuse report be likely to have on the child?

Highly positive impact .....	1
Somewhat positive impact .....	2
No impact .....	3
Somewhat negative impact .....	4
Highly negative impact .....	5

5. All things considered, what overall impact would a psychological abuse report be likely to have on the rest of the family?

Highly positive impact .....	1
Somewhat positive impact .....	2
No impact .....	3
Somewhat negative impact .....	4
Highly negative impact .....	5

6. How likely would you be to report this case?

Very likely to report .....	1
Somewhat likely to report .....	2
Not certain .....	3
Not very likely to report .....	4
Almost certainly would not report .....	5

---

**The Reeds, a well-dressed middle class family who are new to your school, come to see you because neither parent can get their six-year-old daughter Mara to obey. Mr. Reed tells you that he uses a belt on Mara just as his dad did to him, but lately it isn't working. Mr. Reed admits that he hit Mara just yesterday and the belt left a red mark on her neck. When you ask to see it, you observe several raised welts.**

**1. Based on the information you have been provided, how serious is this incident?**

Very serious .....	1
Somewhat serious .....	2
Not certain .....	3
Not very serious .....	4
Not at all serious .....	5

**2. In your own professional judgment, does the incident described above constitute physical abuse?**

Definitely yes .....	1
Probably yes .....	2
Not certain .....	3
Probably no .....	4
Definitely no .....	5

**3. In your view, would you be required by law to report this incident?**

Definitely required to report .....	1
Probably required to report .....	2
Not certain .....	3
Probably not required to report .....	4
Definitely not required to report .....	5

**4. All things considered, what overall impact would a physical abuse report be likely to have on the child?**

Highly positive impact .....	1
Somewhat positive impact .....	2
No impact .....	3
Somewhat negative impact .....	4
Highly negative impact .....	5

**5. All things considered, what overall impact would a physical abuse report be likely to have on the rest of the family?**

Highly positive impact .....	1
Somewhat positive impact .....	2
No impact .....	3
Somewhat negative impact .....	4
Highly negative impact .....	5

**6. How likely would you be to report this case?**

Very likely to report .....	1
Somewhat likely to report .....	2
Not certain .....	3
Not very likely to report .....	4
Almost certainly would not report .....	5

# CHILD ABUSE AND NEGLECT



**Post-Test**

**Pamela V. Wilson Hammond**

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---

**DIRECTIONS:** Select the **BEST** answer for each question and circle the corresponding letter.

1. Failure to report suspected child abuse and neglect by mandatory reporters will result in:
  - a. a fine of \$500.
  - b. imprisonment.
  - c. fine and imprisonment.
  - d. suspension from the job.
  
2. Parents who refuse to provide care necessary for the health of their children are at risk of committing which of the following crimes?
  - a. Neglect.
  - b. Physical abuse.
  - c. Psychological abuse.
  - d. None, since the parents may not be able to afford health insurance.
  
3. Under which of the following circumstances would the name of a mandatory reporter be given to the parents?
  - a. Prior to the court date to help the parents prepare their defense.
  - b. Evidence shows that the report was made in bad faith or with malicious intent.
  - c. The parents are very remorseful and want to thank the reporter.
  - d. The name is kept confidential and never given to parents.
  
4. Locking children in small dark places, such as closets, may have long-lasting effects upon the child's development. Parents who lock children up in this manner may be guilty of:
  - a. neglect.
  - b. physical abuse.
  - c. psychological abuse.
  - d. no crime, since this is acceptable parental discipline.

- 
5. Sexual abuse includes which of the following actions when children are involved?
- a. Exploitation.
  - b. Explicit photographing.
  - c. Molestation.
  - d. All of the above.
6. In Virginia the child abuse and neglect law is designed to protect which of the following age groups?
- a. Up to 12 years only.
  - b. Less than 18 years.
  - c. 21 years or less.
  - d. No age restriction.
7. Three of the following statements represent an aspect of Virginia's legal definition of child abuse and neglect. Which one is the EXCEPTION?
- a. The parents create or inflict a physical or mental injury by other than accidental means.
  - b. The treatment by spiritual means alone is not reason for the child to be considered abused or neglected.
  - c. The child runs away from home.
  - d. An act of sexual exploitation is committed upon a child.
8. In Virginia the age group that represents the largest percentage of abused children is:
- a. Infancy to 4 years.
  - b. 5 to 9 years.
  - c. 10 to 13 years.
  - d. 14 to 18 years.
9. Which of the following statements is UNTRUE?
- a. Child abuse and neglect occurs in all socioeconomic groups.
  - b. African-American families experience a greater incidence of child abuse and neglect than any other racial/ethnic group.
  - c. Children who are abused will not necessarily grow up to be child abusers.
  - d. Child abuse and love can co-exist in families.
-

- 
10. Which of the following statements would most certainly require more information if made by a 5-year-old kindergarten boy?
- a. "My daddy has hair all around his penis."
  - b. "I don't like it when my babysitter changes my pants."
  - c. "My neighbor has a star tattoo on his butt."
  - d. "My mommy kisses me right here on the lips."

**DIRECTIONS:** Answer the following questions by writing the word(s) in the blanks.

11. It is very common for parents to deny their role in abusive and/or neglectful situations. List four other behaviors common to abusive and/or neglectful parents.
- a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
12. List four family risk factors commonly associated with child abuse and neglect.
- a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
13. Mandatory reporters are required by law to report cases of suspected child abuse and neglect. List four occupations which are mandated to report child abuse in Virginia.
- a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_

---

14. If I were to have contact with an abused or neglected child the chances of reporting my suspicions would be:

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Very unlikely
- ☐ None, I would never report my suspicions.

15. If you think that you would not report an abusive situation, please check your reason below:

- ☐ I do not want reprisals from the family.
- ☐ I do not want to get involved with the law enforcement system.
- ☐ I am afraid of false accusations.
- ☐ I am not sure if I would recognize it.
- ☐ I feel it is a matter for the family to handle.
- ☐ I feel it is a matter for Social Services to handle.
- ☐ Other \_\_\_\_\_





### **DIRECTIONS**

**On the next four pages, you will be presented with four vignettes (situations) depicting child abuse and/or neglect. You are to:**

- 1. Read the vignette as if you are employed in an elementary school.**
- 2. Answer the six questions following each vignette.**
- 3. Circle only one answer.**

---

**Ten-year-old Andrew spilled a dish of ice cream during his birthday party. His father Edward told him that his manners were no better than those of the family dog. He made him lick up the ice cream in front of his friends.**

**1. Based on the information you have been provided, how serious is this incident?**

Very serious .....	1
Somewhat serious .....	2
Not certain .....	3
Not very serious .....	4
Not at all serious .....	5

**2. In your own professional judgment, does the incident described above constitute psychological abuse?**

Definitely yes .....	1
Probably yes .....	2
Not certain .....	3
Probably no .....	4
Definitely no .....	5

**3. In your view, would you be required by law to report this incident?**

Definitely required to report .....	1
Probably required to report .....	2
Not certain .....	3
Probably not required to report .....	4
Definitely not required to report .....	5

**4. All things considered, what overall impact would a psychological abuse report be likely to have on the child?**

Highly positive impact .....	1
Somewhat positive impact .....	2
No impact .....	3
Somewhat negative impact .....	4
Highly negative impact .....	5

**5. All things considered, what overall impact would a psychological abuse report be likely to have on the rest of the family?**

Highly positive impact .....	1
Somewhat positive impact .....	2
No impact .....	3
Somewhat negative impact .....	4
Highly negative impact .....	5

**6. How likely would you be to report this case?**

Very likely to report .....	1
Somewhat likely to report .....	2
Not certain .....	3
Not very likely to report .....	4
Almost certainly would not report .....	5

---

Early one morning, you receive a phone call from Mrs. Nash, a parent of a fifth-grade student. Mrs. Nash reports that when driving the car pool yesterday afternoon, she heard 11-year-old Jennifer Hackett telling the other girls that her stepfather, a carpenter, had been beating her a lot recently, and that the broken wrist she said she had gotten from falling off her bike was actually caused by her stepfather. When Jennifer comes to school, you ask her about what you heard. Jennifer says she made up the story to amuse her friends.

1. Based on the information you have been provided, how serious is this incident?

Very serious .....	1
Somewhat serious .....	2
Not certain .....	3
Not very serious .....	4
Not at all serious .....	5

2. In your own professional judgment, does the incident described above constitute child abuse?

Definitely yes .....	1
Probably yes .....	2
Not certain .....	3
Probably no .....	4
Definitely no .....	5

3. In your view, would you be required by law to report this incident?

Definitely required to report .....	1
Probably required to report .....	2
Not certain .....	3
Probably not required to report .....	4
Definitely not required to report .....	5

4. All things considered, what overall impact would a child abuse report be likely to have on the child?

Highly positive impact .....	1
Somewhat positive impact .....	2
No impact .....	3
Somewhat negative impact .....	4
Highly negative impact .....	5

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of the family?

Highly positive impact .....	1
Somewhat positive impact .....	2
No impact .....	3
Somewhat negative impact .....	4
Highly negative impact .....	5

6. How likely would you be to report this case?

Very likely to report .....	1
Somewhat likely to report .....	2
Not certain .....	3
Not very likely to report .....	4
Almost certainly would not report .....	5

---

**James Simmons, a 5-year-old, was referred to you by his teacher. The referral was made because James had fondled several children on the playground, and masturbates frequently. When you speak with James' mother, Mrs. Simmons angrily states that she is sure that James' male babysitter, whom she hired so that James would have more time with men, has been abusing her son.**

**1. Based on the information you have been provided, how serious is this incident?**

- Very serious ..... 1
- Somewhat serious ..... 2
- Not certain ..... 3
- Not very serious ..... 4
- Not at all serious ..... 5

**2. In your own professional judgment, does the incident described above constitute sexual abuse?**

- Definitely yes ..... 1
- Probably yes ..... 2
- Not certain ..... 3
- Probably no ..... 4
- Definitely no ..... 5

**3. In your view, would you be required by law to report this incident?**

- Definitely required to report ..... 1
- Probably required to report ..... 2
- Not certain ..... 3
- Probably not required to report ..... 4
- Definitely not required to report ..... 5

**4. All things considered, what overall impact would a sexual abuse report be likely to have on the child?**

- Highly positive impact ..... 1
- Somewhat positive impact ..... 2
- No impact ..... 3
- Somewhat negative impact ..... 4
- Highly negative impact ..... 5

**5. All things considered, what overall impact would a sexual abuse report be likely to have on the rest of the family?**

- Highly positive impact ..... 1
- Somewhat positive impact ..... 2
- No impact ..... 3
- Somewhat negative impact ..... 4
- Highly negative impact ..... 5

**6. How likely would you be to report this case?**

- Very likely to report ..... 1
- Somewhat likely to report ..... 2
- Not certain ..... 3
- Not very likely to report ..... 4
- Almost certainly would not report ..... 5

---

**Seven-year-old John shows up to school wheezing and coughing heavily. When you call John's house, his mother reports that John has not taken his daily asthma medication for the last two weeks because the prescription ran out, and she can't afford to buy more until she gets paid at the end of the month.**

**1. Based on the information you have been provided, how serious is this incident?**

Very serious .....	1
Somewhat serious .....	2
Not certain .....	3
Not very serious .....	4
Not at all serious .....	5

**2. In your own professional judgment, does the incident described above constitute neglect?**

Definitely yes .....	1
Probably yes .....	2
Not certain .....	3
Probably no .....	4
Definitely no .....	5

**3. In your view, would you be required by law to report this incident?**

Definitely required to report .....	1
Probably required to report .....	2
Not certain .....	3
Probably not required to report .....	4
Definitely not required to report .....	5

**4. All things considered, what overall impact would a child neglect report be likely to have on the child?**

Highly positive impact .....	1
Somewhat positive impact .....	2
No impact .....	3
Somewhat negative impact .....	4
Highly negative impact .....	5

**5. All things considered, what overall impact would a child neglect report be likely to have on the rest of the family?**

Highly positive impact .....	1
Somewhat positive impact .....	2
No impact .....	3
Somewhat negative impact .....	4
Highly negative impact .....	5

**6. How likely would you be to report this case?**

Very likely to report .....	1
Somewhat likely to report .....	2
Not certain .....	3
Not very likely to report .....	4
Almost certainly would not report .....	5

## **APPENDIX C**



**Hampton City Schools Administrative Center**  
1819 Nickerson Boulevard  
Hampton, Virginia 23663

SCHOOL SOCIAL WORK SERVICES

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TO: Mrs. Hammond

FROM: Ivy D. Lee *IL*

RE: Per your request - Reporting Child Abuse

DATE: July 17, 1991

Attached is a copy of the child abuse reporting procedure for Hampton City Schools. If I can be of further assistance, let me know.

**Better...Because We Care**

## REPORTING CHILD ABUSE

Under Virginia law an "abused or neglected child" shall mean any child less than eighteen years of age whose parents or other person responsible for his care:

1. Creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon such child a physical or mental injury by other than accidental means, or creates a substantial risk of death, disfigurement, impairment of bodily or mental functions;
2. Neglects or refuses to provide care necessary for his health; provided, however, that no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination shall for that reason alone be considered to be an abused or neglected child;
3. Abandons such child; or
4. Commits or allows to be committed any act of sexual exploitation or any sexual act upon a child in violation of the law.

Suspected abuse and neglect cases are investigated by the Department of Social Services. Each case is professionally evaluated to determine the necessity of treatment for the family. Criminal prosecution is not the primary purpose of the investigation or the reports made by the educator.

The law provides immunity from any civil liability or criminal penalty to all who participate, in good faith, in the making of a report in an investigation in physical and sexual abuse, or neglect cases.

The law further requires teachers and school personnel to report cases of child abuse and neglect. Failure to do so may result in a \$500.00 fine.

The procedures below are to be followed in suspected physical abuse and sexual abuse cases.

a. Reporting procedure:

- (1) School staff members and any employee of the Board of Education shall orally report suspected child abuse to the Hampton Department of Social Services between the hours of 8:30 a.m. and 4:30 p.m. on business days. This number is 722-7931. The number for after hours is for emergencies only: 244-5511, pager 562 or the State Hot Line Number: 1-800-552-7096.
- (2) In addition to reporting orally to the Department of Social Services, school staff members shall advise the local school principal that



a case of suspected child abuse has been reported to the Department of Social Services. The obligation of the principal to report cases of suspected child abuse brought to his/her attention by staff members is not discretionary and the principal shall assure that the case is duly reported if this has not already been done.

- (3) The person making the oral report to the Department of Social Services is also responsible for submitting a written report. (See form Suspected Child Abuse Referral attached.) The written report must follow the oral report and be made within 48 hours of the contact which disclosed the existence of possible abuse.

Copies of the written report shall be sent to:

Protective Services  
Hampton Department of Social Services  
1320 LaSalle Ave.  
Hampton, VA 23669

School Social Work Department  
School Administration Center  
Hampton, VA 23663

These forms are available in each school office.

#### b. School Procedure

- (1) School staff members may initially question the child to determine if the child's injuries resulted from a cruel or inhumane treatment, sexual abuse or malicious acts by the child's caretaker. However, in no case should the child be subjected to undue pressure in order to validate the suspicion of abuse. Validation of suspected child abuse is the responsibility of the Department of Social Services. Any doubt about reporting a suspected situation is to be resolved in favor of the child and the report made immediately.
- (2) In suspected cases of physical and sexual abuse, the suspect victim may be questioned by the police or social worker at the school without the principal obtaining permission of the victim's parent or guardian.
- (3) Consultation service to school staff members is available from the Department of Social Services between 8:30 a.m. and 4:30 p.m.
- (4) Consultation service is also available from the School Social Worker at the request of a school staff member.

The procedures below are to be followed in suspected cases of child neglect.

School staff members who have reason to believe a child is suffering

from neglect may make referrals to the School Social Worker assigned to their school. The School Social Worker will evaluate the situation to determine what action should be taken. School Social Worker referral forms are available in each school office.

A neglected child may be one of the following:

- a. Malnourished, a pattern of being dirty and/or inappropriately clothed; without proper shelter or sleeping arrangements; lacking appropriate health care.
- b. Unattended; without adequate supervision
- c. Ill and lacking essential medical care
- d. Denied normal experiences that produce feelings of being loved, wanted, secure (emotional neglect)
- e. Unlawfully kept from attending school
- f. Exploited; overworked
- g. Exposed to unwholesome and demoralizing circumstances

In severe cases of child neglect or when efforts have been working towards constructive changes within the family, the School Social Worker will refer the case to the Department of Social Services. A written summary outlining the specific conditions of the family situation shall be forwarded to the Department of Social Services by the School Social Worker.

File: JHG\*-E

## SUSPECTED CHILD ABUSE REFERRAL

TO: Hampton Department of Social Services  
School Social Work Department  
School Administrative Center

FROM: Name of School and Individual Making Report

\_\_\_\_\_

\_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_

ADDRESS OF CHILD: \_\_\_\_\_

AGE OF CHILD: \_\_\_\_\_

BIRTHDATE OF CHILD: \_\_\_\_\_

NAME OF PARENT/ADULT RESPONSIBLE FOR CARE OF CHILD:

\_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

Nature and Description of Injury or Incident:

Include description of circumstances and any evidence and/or information available pertaining to present or previous injuries.

\_\_\_\_\_  
Signature of person making report

Date of oral report: \_\_\_\_\_

Date of written report: \_\_\_\_\_

To Whom reported: \_\_\_\_\_



## Hampton City Schools Administrative Center

1819 Nickerson Boulevard

Hampton, Virginia 23663

Ivy D. Lee, Coordinator

SCHOOL SOCIAL WORK SERVICES

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**TO:** All Principals

**FROM:** Ivy D. Lee, Coordinator  
School Social Work Services

**RE:** Suspected Child Abuse and Neglect

**DATE:** September 5, 1989

The Hampton School Division has developed an agreement with Hampton Department of Social Service-Child Protective Services regarding reporting and investigation of suspected child abuse and neglect cases.

A designated contact person in each school is to receive all reports from school staff on suspected child abuse or neglect. We are requesting at the elementary school level that the school principal be the designated contact person and at the middle and high school level the contact person would be the principal or his designee.

The contact person will immediately report to the Hampton Department of Social Services between the hours of 8:30 a.m. and 4:30 p.m. on business days. The number is ~~722-7931~~. The number after hours is the state HOT-LINE - 1-800-552-7096. 727-1800

The person who makes the report will be encouraged to give details about the suspected abuse or neglect as well as any other information which may be important. The reporter's name is always kept confidential.

Upon receipt of the complaint the Social Services Department will conduct an immediate investigation. This may include a visit to the school to talk to the child or the teacher.

The school shall allow the department of social services staff investigating a child abuse or neglect complaint access to talk with the child or siblings without consent of parent/guardian. Such an interview shall be in private, without the presence of school personnel, in order to protect the family's right to privacy.

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Following the investigation, the department of Social Services will send a written report to the Hampton School Social Work Department indicating whether the referral was founded or unfounded.

The Hampton School Social Work staff in conjunction with the Hampton Department of Social Services-Protective Services are available to make presentations on child abuse and neglect to school staff. Call the School Social Work Department - 850-5300.

#### Attachments

cc: Dr. Allen Davis, Ass't. Sup't.  
Secondary Education and Instruction  
Mr. Raymond Washington, Ass't. Sup't.  
Elementary Education  
Mr. Billy Cannaday, Director  
Secondary Education  
Dr. JoAnne Fama, Director  
Elementary Education

**HAMPTON CITY SCHOOLS  
CHILD ABUSE REPORTING PROCEDURES**

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**SCHOOL STAFF SHOULD REPORT SUSPECTED CHILD ABUSE OR NEGLECT CASES TO DESIGNATED CONTACT PERSONS IN THE SCHOOL BUILDING.**

**CONTACT PERSONS:**

<b>ELEMENTARY SCHOOL</b>	<b>- SCHOOL PRINCIPAL</b>
<b>MIDDLE SCHOOL</b>	<b>- SCHOOL PRINCIPAL/DESIGNEE</b>
<b>HIGH SCHOOL</b>	<b>- SCHOOL PRINCIPAL/DESIGNEE</b>

**POSSIBLE INDICATORS OF CHILD ABUSE - PHYSICAL OR SEXUAL ABUSE**

**THE PRESENCE OF A SINGLE INDICATOR DOES NOT PROVE THAT MALTREATMENT EXISTS, HOWEVER, THE REPEATED PRESENCE OF AN INDICATOR, THE PRESENCE OF SEVERAL INDICATORS IN COMBINATION, OR THE APPEARANCE OF SERIOUS INJURY SHOULD ALERT THE EDUCATOR TO THE POSSIBILITY OF CHILD ABUSE.**

**PHYSICAL ABUSE - DOES THE STUDENT HAVE BRUISES, WELTS OR OTHER INJURIES?  
DOES THE STUDENT COMPLAIN OF BEING BEATEN OR MALTREATED?  
DOES THE STUDENT DISPLAY EXCESSIVE AGGRESSIVE OR DESTRUCTIVE BEHAVIOR?  
DOES THE STUDENT APPEAR AFRAID TO GO HOME?**

**SEXUAL ABUSE - IS THE STUDENT OVERLY PASSIVE OR WITHDRAWN?  
DOES THE STUDENT HAVE DIFFICULTY WALKING OR SITTING?  
DOES THE STUDENT DISPLAY BIZARRE, SOPHISTICATED OR UNUSUAL SEXUAL BEHAVIOR OR KNOWLEDGE?  
DOES THE STUDENT STATE HE/SHE HAS BEEN SEXUALLY ASSAULTED BY A CARETAKER?**

**PHYSICAL NEGLECT - DOES THE STUDENT APPEAR HUNGRY OR MALNOURISHED?  
DOES THE STUDENT BEG OR STEAL FOOD?  
ARE STUDENTS CLOTHES FREQUENTLY DIRTY OR SMELLY?  
IS THE STUDENT FREQUENTLY INAPPROPRIATELY DRESSED?  
IS THE STUDENT HIMSELF UNCLEAN AND UNBATHED?  
ARE PARENTS APATHETIC WHEN QUESTIONED ABOUT THEIR CHILD'S SCHOOL WORK OR ACTIVITIES?  
ARE THE PARENTS ABUSIVE OR AGGRESSIVE WHEN CONFRONTED WITH THEIR CHILDS CONDUCT?**

**REPORTING IS MANDATORY - REPORT DIRECTLY TO CHILD PROTECTIVE SERVICES IF COMPLAINANT BELIEVES A DELAY WOULD RESULT FROM FOLLOWING PROCEDURES. NOTIFY PRINCIPAL OR PRINCIPAL'S DESIGNEE IF REPORT IS MADE DIRECTLY. A WRITTEN CHILD ABUSE REFERRAL WILL BE SENT TO PROTECTIVE SERVICE WITH A COPY TO THE SCHOOL SOCIAL WORK DEPARTMENT.**

**REPORT TO:**

**SOCIAL SERVICES - CHILD PROTECTIVE SERVICE - 722-7931**

**AFTER HOURS/WEEKENDS - STATE HOT-LINE - 1-800-552-7096**

-OVER-

**POSSIBLE INDICATORS OF NEGLECT**

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**IS THE CHILD CONSISTENTLY HUNGRY, HAVE POOR HYGIENE OR INAPPROPRIATELY DRESSED?**

**SCHOOL SOCIAL WORK REFERRALS - IS THE STUDENT TIRED OR LISTLESS IN CLASS?**

**IS THE STUDENT FREQUENTLY TRUANT WITH POOR EXCUSES FOR HIS/HER ABSENCES?**

**DOES THE CHILD HAVE UNATTENDED PHYSICAL PROBLEMS OR MEDICAL NEEDS?**

**IS THE CHILD A BEHAVIOR PROBLEM?**

**IF SCHOOL STAFF BELIEVE A CHILD IS BEING NEGLECTED, REFERRALS MAY BE FORWARDED TO THE SCHOOL SOCIAL WORKER ASSIGNED TO THEIR SCHOOL. THE SCHOOL SOCIAL WORKER WILL EVALUATE THE SITUATION TO DETERMINE WHAT ACTION SHOULD BE TAKEN. REFERRAL FORMS ARE LOCATED IN THE SCHOOL'S OFFICES.**

**HAMPTON SCHOOL SOCIAL WORK OFFICE - 850-5300**

## **APPENDIX D**



August 6, 1991

Pamela V. Hammond, R.N., M.S.  
School of Nursing  
Hampton University  
Hampton, VA 23668

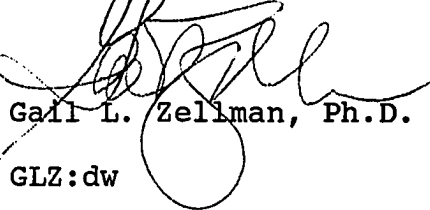
Dear Ms. Hampton:

Enclosed please find copies of the papers that you recently requested. The unpublished paper presents examples of each of the vignettes, and the table describes the variations. Figure 2 of this same paper describes the scoring mechanism. You are welcome to use the vignettes; I ask only that you keep me informed of your work with them.

A paper that will appear in Child Abuse and Neglect, Vol. 16, No. 1 presents my analyses of the effects of ethnicity on vignette outcomes. I think that those findings will be of interest to you. I would have sent this paper, but it is currently undergoing final revisions prior to publication.

I wish you good luck with your work. Let me know if I can be of further assistance.

Sincerely yours,



Gail L. Zellman, Ph.D.

GLZ:dw

enclosures

**A NATIONAL STUDY OF PROFESSIONALS' CHILD ABUSE REPORTING  
BEHAVIOR: DESIGN OF THE VIGNETTE ANALYSIS\***

Gail L. Zellman  
Robert Bell

The RAND Corporation

## INTRODUCTION

Public concern and federal pressure have resulted in the passage of child abuse reporting laws in every state. Some believe that these laws, which mandate professionals to report suspected abuse, unnecessarily limit the discretion of trained professionals; others that they provide a necessary and often under-used warning mechanism.

RAND is conducting the first national study of these issues. The study includes two tasks--a mail survey of seven groups of professionals required to report suspected maltreatment, and case studies of state reporting policies and practices. This paper focuses on the mail survey, fielded in April, 1987. It details conceptual and methodological issues in the design of survey materials to analyze how professional decide whether or not to report.

The survey was mailed to professionals in a random sample of 15 states that had been selected to assure variation on demographic and report-relevant variables (e.g., region, urbanicity, existence of a central registry, statute characteristics such as the requirement that law enforcement receive an initial report). As a group, these 15 states are nationally representative of the country.

The seven groups of professional who received survey materials included pediatricians, family/general practitioners, child psychiatrists, psychologists, social workers, school principals and child care providers. Within groups, individuals were selected to insure adequate representation of women and rural practitioners.

The major goal of the survey was to obtain national data on the incidence of professional reporting, particularly non-reporting of suspicions of maltreatment. We also included on the survey a number of questions that would both help respondents feel more comfortable about admitting a failure to report, and that would help us to understand why professional decide not to report in some instances. Of necessity, these questions asked respondents about their general attitudes towards the police, child protective

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\*Paper presented at the Third National Family Violence Research Conference, Durham, New Hampshire, July, 1987.

services, and the efficacy of a report. For example, we asked respondents:

What problems did you encounter or would you expect to encounter in the process of making reports of child abuse or neglect?

- A. Don't/Didn't know who to report to
- B. Telephone lines repeatedly busy
- C. Child Protective Services (CPS) staff poorly trained
- D. CPS staff inflexible or use no discretion
- E. Police treated family insensitively
- F. Other problem (Please describe below)

These sorts of questions, while very important in identifying attitudes that may explain professional reporting behavior, had several limits. First, the response alternatives were themselves generally socially acceptable ones. Criticizing Child Protective Services or the police, or noting the system's overload, are common and often accurate responses to reality.

Second, while we could potentially aggregate responses into an "attitudes towards the system" index, asking questions in this form would not allow us to explore the relative contributions of each of these attitudes to reporting behavior. Finally, these responses were aggregated by respondents across cases to represent their total experiences with CPS or the police. Thus, these data would not enlighten as about how report decisions are made in individual cases.

Because of these limitations, we decided it would be very useful to include the survey a series of case vignettes. These vignettes, which would present standardized hypothetical cases, would enable us to:

- Study decision making in specific instances across respondents
- Systematically vary factors, which would allow us to assess their relative importance in reporting decisions
- Include in our analysis less socially acceptable reasons for non-reporting, such as family income or race.

#### **DEVELOPMENT OF A REPORT DECISIONMAKING MODEL**

A key goal of the vignette portion of the survey was to illuminate the report decision making process. We wanted to know how professionals decide whether to report or not when faced with a case of possible maltreatment. To learn about the decision-making process, we needed to develop a working model of how we thought the process proceeded. This model guided our preliminary development of outcome

measures for the vignettes and enable us to get useful feedback from pretest subjects.

The literature provided little help in this endeavor. We had already mined it for clues as to how professionals make these decisions, and had, as discussed below, discovered several factors that are potentially important to professional in making these decisions. But the process itself remained shrouded in mystery. In hopes of illumination, we turned to our own clinical experiences and those of colleagues in our own and other child-serving professions.

These discussions led us to conclude that on the way to a decision about whether or not to report a case of possible maltreatment, a professional makes a number of prior decisions, either explicitly or implicitly. Our assumption going into pretesting was that these decisions are at least to some extent independent. This assumption would be tested in the process of pretesting and in the ultimate analysis. These decisions include:

1. How serious is the incident?

Giovannoni and Becerra (1979) found that their professional respondents judged the seriousness of an incident not only by the perpetrator's behavior but also by its negative consequences. Similarly, we expected that when faced with consequences of possible abuse, professionals would be more likely to judge the profound the consequences. We also guessed that perpetrator intent might come into play in making this decision. If the perpetrator did not intend and could not be expected to foresee the consequences, is the incident less serious?

2. Given the circumstances of this case or incident, how much risk does this child or other children face of additional abuse in the future?

Included in this decision might be a number of different case characteristics, for example, in the case of an adult revealing abuse as a child, is the perpetrator still alive? is he elderly? does he have easy access to young children? Or, in the case of a child allegedly molested by a babysitter, a professional might ask, does the perpetrator continue to have access to the child? does he continue to provide babysitting services to other children? Still other case characteristics might bear on the risk decision. Unusual and transient stress in the family might cause a professional to assign a lower future risk probability to a first-time incident of physical abuse perpetrated by a parent.

3. Where does the reporting law stand? Under the law, is this situation reportable?

We knew that almost always, when a professional comes to ask this question, the technically correct answer is that a report should be made. After all, the laws in every state are clear in requiring that suspicions along are reportable. Professionals would not be asking these questions if the situation before them were not in some way suspicious. But we also knew, from our own experiences and from the literature that repeatedly finds high rates of admitted underreporting, that professionals do make decisions not to report their suspicions. What we didn't know was whether decisions not to report reflected an assessment that the situation was in the profession's judgment outside the law, or whether knowing the situation was reportable under the law, the professional chose to ignore the law and not report. The role of the law in these decisions was obviously an important issues to pursue because of its clear policy relevance. Much effort in recent years has been devoted to modifying reporting laws to make them more effective determinants of professional's reporting behavior. By including this concept in our decision making model, we could address some of these important policy issues.

4. Regardless of where the law stands, do I think this is abuse?

In this question, we explicitly acknowledge that professionals may not always conform to the law in forming their own definitions of abuse. Moreover, we acknowledge that the law's insistence that suspicion alone is sufficient to precipitate a report may not conform to a professional's own view of what constitutes abuse or neglect. By including both these concepts in our preliminary decision making model, we could address what we believe is frequently a significant factor in failures to report: a disparity between what the law demands and what the professional considers reasonable. More specifically, while the law demands that professional discretion not be a factor in reporting, professional may insist on exercising such discretion in making or withholding reports.

5. What are the likely consequences of a report?

This decision captures often-reported beliefs that child abuse reports may have negative consequences. Hampton and Newberger (1985) go so far as to label the system iatrogenic. Others believe that system response interacts with case characteristics and family factors to create negative consequences in some cases. A clear-cut example of mixed consequences of a report occurs when abuse is revealed in the course of on-going therapy. The family is self-referred and the issues that precipitated the abuse are being dealt with fairly effectively in treatment. A report in these circumstances is likely to seriously undermine the treatment process, and may result in termination. In such cases, professionals may question the

longer-term wisdom of making a report, especially if the professional believes that no action or inappropriate action is likely to be taken by social service or law enforcement personnel.

#### VIGNETTE DEVELOPMENT

Development of the vignette portion of the survey required a number of theoretical, methodological and practice decision, including what kinds of cases to include and which factors to vary. We also had to develop procedures to generate vignettes and assign vignette variations to individual respondents.

#### Characterization of the Core Vignettes

A first task was to decide what kinds of hypothetical cases we should present. Certainly, we wanted to include cases of neglect, physical abuse and sexual abuse. Based upon our own clinical experiences and a careful reading of the literature, we began by identifying a number of current reporting issues. For example, we wanted to include one case in which an adult reported past abuse to a professional and the know perpetrator either had or laced current access to children. We also made some decisions to exclude certain issues as too ambiguous, e.g., sexual abuse when the perpetrator is less than three years older than the victim. Finally, with an eye on experimental design, we endeavored to choose situations that had some generalizability across child age, gender and profession, so that in our analyses we could examine such effects.

These efforts resulted in 12 core vignettes that included 4 cases of neglect, 3 cases of physical abuse, and 5 sexual abuse cases. (See Figure 1 for one variation of each of the 12 core vignettes). However, in reading these "cases" you will note that some of them are clearly not generalizable across professions. John Arnold, who took anti-hypertensive medication, and Linda Collins, who has a vaginal discharge, are two cases that were written for and directed exclusively to primary care physicians. Similarly, Louise Madden, a woman who reports having been sexually abused by her father as a child, was directed only to professionals who provide counseling services--psychiatrists, psychologists and social workers. Nor are the situation appropriate for every aged child. For example, the latch-key child case would not make sense for a teenager as an instance of possible neglect. In many cases, however, the incident described in the vignette could be modified in such a way that it might believably occur in the work life of most of the professionals in the sample, and could happen to children of different ages.

Which factors to Vary?

Professionals consider many factors when deciding whether or not to report specific cases. We could address only a fraction of these factors in our vignettes. For help in making these choices, we turned to the available literature. Giovannoni and Becerra (1979) pointed to class and race as important factors to include in their community survey, was somewhat important in defining abuse. Although not explicitly addressed in their study, they discuss the importance of knowing why an event occurred as a factor of potential importance in deciding whether or not an incident was abusive.

Other studies were also informative. Attias and Goodwin (1984) found in their study of psychiatrists, psychologists, pediatricians and family counselors that significant percentages of these professionals would not report a case despite strong evidence if the child later retracted the allegation. Morris, Johnson and Clasen (1985) found in their study of a small sample of physicians that "personal experience with family through previous visits" was an important consideration for over half their sample when they had to decide whether to report suspected abuse.

The pretest subjects with whom we discussed the vignettes in some detail urged us to include a history of prior incidents as a vignette factor. Several noted that particularly in cases of suspected neglect or mild physical abuse, they often use other approaches, such as a referral to social services or a parenting group, if there is no prior history of abuse.

The resulting list included a total of ten factors, not all of which would be varied for any given core vignette. But to the extent possible, we would vary each across a number of vignettes so that we would be able to validate that the contribution of a given factor was not unique to the particular vignette in which it was imbedded. We were also constrained in assigning factors to vignettes by a sense of return on investment: for example, we chose not to vary perpetrator intent within any of the sexual abuse vignettes because we believed that this issue is not particularly relevant in defining sexual abuse. Finally, the vignettes had to be easy to read and the factors not terribly obtrusive. The ten factors we chose to vary are:

- social class of the family
- child race
- child age
- child gender
- child recants initial allegation
- severity of the situation
- history of prior incidents of similar occurrences

- perpetrator intent
- prior relationship between the family and the professional
- risk to other children (limited to a single sexual abuse vignette)

(See Table 1 for presentation of these factors by core vignette.)

#### PRETESTING THE MODEL

To begin to test the usefulness of our preliminary model of report decision making, we operationalized these ideas and tested them, along with the vignettes, on a total of 34 pretest respondents. Pretesting was done iteratively to yield maximum information. And pretest subjects were asked to comment upon the materials as a means of refining our approach.

Our initial pretest results reassured us that the basic outlines of the model fit well with the cognitive processes of the professionals we surveyed. Most indicated that the above questions were those that led them to decide to report, or not to. The fact that these professionals appeared to weight these factors somewhat differently across both individuals and cases led us to feel that these outcome measures would indeed help us to understand how professionals come to decisions about making reports in individuals cases.

Early pretesting did reveal however, that we faced important measurements problems in presented these decisions. Some of these problems and how they were resolved are discussed below.

A key problem concerned the ultimate outcome, the report decision. At first, we presented this item as dichotomous--would you or would you not make a report in this case? This dichotomous seemed sensible, as it reflected the reality that one does make a yes-no choice in these situations. However, we realized that for purposes of research and understanding, we would lose a good deal of information using a dichotomous choice format. Moreover, our pretest respondents seemed to feel more comfortable with a range of probabilities given the limited information the vignettes provided and their hypothetical nature. (See Figure 2 for a listing of the questions that follow the vignettes and the response options.)

A second issues we had to face concerned the way in which we asked respondents to describe the likely consequences of a report. It seemed that at minimum we were dealing with two dimensions in thinking about consequences--the positive/negative dimension thinking about consequences--



the positive/negative dimension (which might or might not be related) and the target dimension (consequences to whom? the child? the family? the perpetrator?) In many cases, especially those involving sexual abuse by a parent, consequences might well be unrelated--the child benefits by having the perpetrator removed from the family, but the perpetrator suffers immediately by his removal, and the remaining family members might gain or lose. We tried these questions in several different ways that captured different aspects of the above issues. Analysis of the pretest data revealed that most of the time positive/negative ratings were closely and inversely related, though this was not always the case. Given this data and the real constraint that we had set for ourselves--each vignette and the questions that followed it had to fit on one page--we elected to ask the consequences questions in this way:

All things considered, what overall impact would a child abuse report be likely to have on the child?

All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

A third issues we had to address in designing the vignette questions concerned the measurement of seriousness. We were not too surprised to learn that our pretest respondents tended to rate all the vignettes we gave them as very serious or somewhat serious on a standard 5-point scale that left them in addition only unsure, not very serious and not at all serious as response options. Such response patterns, however, with their truncated range, would give us little to work with in analysis. We therefore developed a 5-point scale that ranged from extremely serious through very serious, somewhat serious, not very serious and not at all serious. We were relieved to find that respondents spread out better with this metric and seemed not to miss the 'unsure' option, a point discussed in more detail below.

A fourth issue concerned the distinction between the concepts of risk and seriousness. Conceptually, we saw them as somewhat different, although clearly they were related, at least in some cases. Pretest data revealed that the two decisions were moderately correlated ( $r=.37$ ). Our decision to drop the risk concept was based on its low correlation with the other measures, and our need to keep the number of questions following each vignette to a minimum.

Finally, we had to confront the "unsure" issue. We started pretesting with unsure included in nearly every question in the belief that first, unsure was probably the most sensible response to our very brief, hypothetical

vignettes, and second, without this response option, respondents would be rather put off by the choice in the early rounds. However, when we deleted it later on, replacing it with a disclaimer which stated:

We know that as a competent professional if you were actually faced with these incidents you would investigate further before making the judgments we ask you to make. However, for the purposes of this study, we would appreciate your making the best judgment you can given the information provided.

We discovered that the unsure responses were dividing non randomly and virtually no one refused to answer the questions. We happily eliminated the unsure alternative from all the questions.

Our pretests and subsequent analyses thus left us with a set of six questions that follow each vignette with only minor variations and, with the vignette, fit, sometimes a bit snugly, onto one page. (See Figure 2 for a listing of the six questions and their response options).

A few remaining issues could not be statistically resolved given our small pretest N. For example, we wanted each vignette to be assessed independently of the other, but we could not be sure that respondents would approach them independently. It seemed possible for example, that if a very serious vignette preceded a less serious one, rating on the second might be weighted in the less serious direction.

Because we could not resolve this issue through pretesting, we made the decision to randomize the order of presentation of vignettes assigned to each respondent. We also decided that certain vignettes would not be jointly assigned to the same subject. The computer programs we used to generate vignettes, discussed briefly below, allowed us to implement these decisions.

### **GENERATING VIGNETTES**

Our pretesting indicated that in addition to the other survey materials and a fairly lengthy cover letter, we could include only five vignettes in each survey package. Given the fairly large number of core vignettes (12) and the staggering number of possible combinations of vignette variations (in the millions), we could not achieve our analysis objectives if even just a few vignette packets were identical. Thru, we needed to generate and individually print each respondent's set of vignettes. To accomplish this, we developed three computer programs.

The first program assigned core vignettes to each respondent. This step was quite simple for school principals and child care providers, for whom we deemed only five or six vignettes respectively were appropriate. For counselors and physicians, however, we needed to select five vignettes from nine or ten, respectively. Rather than assigning each vignette equally often for these groups, we attached higher assignment probabilities to a few particularly interesting vignettes (Louise Madden, Mrs. Arnold, Linda Collins and the Reeds). We achieved two designed goals with this step: to assign each respondent a balanced mixture of vignettes from the three abuse types and to assign each vignette to about the same proportion of professionals in each state.

The second program, which assigned levels to the two or more factors for each vignette, imbedded within it several analysis goals:

1. To obtain maximum information about the effect of each factor. To achieve this goal we assigned each level of a factor equally often. For example, the program assigned equal numbers of Gina and Gene Lewis vignettes.

- 2 To separate the effects of the various factors in a given vignette. To accomplish this, we needed to assign factors orthogonally within each vignette. Thus for the Lewis vignette, the program assigned each combination of child gender (Gina vs. Gene) and child age (6 vs. 14) about one quarter of the time.

3. To separate factor effects from those of state and professional group. The program attempted to assign each level of a given factor equally often within each combination of state and professional group. Because of conflicts among the four design goals, this goal was least perfectly implemented.

4. To maximize information available from each respondent's subset of vignettes. When a respondent received more than one vignette that varied a common factor (e.g., age, gender, race), the program tried to balance the frequency of each level across the vignettes. This design feature provides a limited amount of within-respondent information about the effects of these factors. Also, by increasing the variety of the vignettes seen by a respondent, the respondent would probably be less aware of the various factors.

The third program generated vignettes by using a skeleton for each vignette. This skeleton included all the different lines that needed to vary across factors and professional groups. using a file created by the second program mentioned above, this program printed the

particular lines to be included in a given variation directed to a given professional group. For example, we needed to generate slightly different versions of the Reed vignette for primary care physicians and counselors. For physicians, we sometimes introduce the Reeds this way; "During 7 year old Mara's annual physical" while for counselors, the vignette began: "During ongoing treatment..." Figure 3 presents the skeleton lines that enabled us to generate different versions of the core Reed vignette.

Vignettes and factor levels were assigned to individual respondents using arithmetic sequences, a technique that allowed us to come substantially closer to achieving perfect balance than would random assignment. Thus each respondent received a unique subset of vignettes, appropriate to his or her profession, which varied the factors described above in an easily readable, fairly unobtrusive manner.

### SUMMARY AND CONCLUSIONS

We are very excited about the potential of the vignettes to illuminate many important issues concerning how professionals make reporting decisions. By looking across the responses to the questions about each vignette, we may learn something about which judgments are weighed most heavily in reaching a decision to report or not to report a case. By analyzing the effects of the vignette factors on the outcome questions, we may learn more about which victim and case characteristics influence decisions to report. by relating responses to the questions to respondent characteristics, we can learn something about the effects of personal background and experience on report decision making. By comparing the responses of the different professional groups, we can begin to understand how professional factors influence report decision-making. Finally, by examining state effects, we can begin to clarify the role of state policies, operations and legislation in professionals' child abuse reporting behavior.

**APPENDIX****Figures and Table**

**Figure 1: Samples of the 12 core vignettes**

**Table 1: Vignettes generation design**

**Figure 2: Vignette questions and response options**

**Figure 3: Skeleton lines to generate the Reeds vignettes**

## REFERENCES

Attias, B. and J. Goodwin. Knowledge and management strategies in incest cases: a survey of physicians, psychologists and family counselors. Cited in J. Garbarino, Professionals as reports of child maltreatment. Paper presented at the Symposium on Professional Ethics and Child Abuse sponsored by the American Bar Association, Washington, D.C., September, 1985.

Giovannoni, J. and R. Becerra. Defining Child Abuse. New York: Free Press, 1979.

Hampton, R. and E. Newberger. Child abuse incidence and reporting in hospitals: significance of severity, class and race. American Journal of Public Health, 1985, 75, pp. 56-60.

Morris, J., C. Johnson, and M. Clasen. Physicians' attitudes toward discipline and child abuse. American Journal of Diseases of Children, 1985, 139, pp. 194-197.

## FIGURE 1 EXAMPLES OF THE TWELVE CORE VIGNETTES

### NEGLECT VIGNETTES

Five year old Mara shows up for her regular checkup wheezing and coughing heavily and having difficulty breathing. Her mother reports that Mara has not taken her daily asthma medication for the last two week because the prescription ran out, and she can't afford to buy more until she gets paid at the end of the month.

When four year old Melanie fails to show up for her first day at your nursery school, you phone to see what happened. Melanie answers the phone and tells you that her mommy and daddy are both at work. When you ask to speak to someone else, she tells you that she is home alone. When you call the next day after she misses another day, you find Melanie at home alone again.

Mrs. Arnold, a mother who you suspect is mildly retarded, brings 18-month-old John to the clinic's waiting room without an appointment. He needs immediate attention, having swallowed an unknown amount of anti-hypertensive medication.

A counselor, Mrs. Varon, comes in to talk to you about a 13 year old white student, Chris Manning. She is concerned because Chris has missed 18 out of the last 30 days of school, and when he does show up, he is withdrawn and disturbed. Mrs. Varon also tells you that she has heard that Chris mother is heavily into cocaine. When you call the Manning home, Chris answers and tells you he is home alone. He doesn't expect his mom back that evening, he says, since she usually spends the night at her boyfriend's.

### PHYSICAL ABUSE VIGNETTES

The Reeds, a well-dressed middle class family who are new to your school, come to see you because neither parent can get their six year daughter Mara to obey. Mr. Reeds tells you that he uses a belt on Mara just as his dad did to him, but lately it isn't working. Mr. Reed admits that he hit Mara just yesterday and the belt left a red mark on her neck. When you ask to see it, you observe several raised welts.

When the Alvarados, who are all long-time patients in your practice, bring in six month old Juan for a checkup, Mr. Alvarado complains that Juan cries a great deal--much more than her other children ever did. She believes he does it to make her mad, and she often slaps his mouth to make him stop.

Early Tuesday morning, you receive a phone call from Mrs. Nash, a parent of an eighth grade student. Mrs. Nash reports that when driving the carpool yesterday afternoon she heard 14 year old Jennifer Hackett telling the other girls that her stepfather, a carpenter, had been beating her a lot recently, and that the broken wrist she said she had gotten from falling off her bike was actually caused by her stepfather. When Jennifer comes to your office, you ask her about what you heard. Jennifer says she made up the story to amuse her friends.

#### SEXUAL ABUSE VIGNETTES

Early Monday morning, you receive a phone call from Carol Nash, the married sister of 14 year old Jennifer Hackett, whom you have been seeing for some time. Mrs. Nash reports that last weekend she overheard Jennifer telling a friend on the phone that her stepfather, a carpenter, had exposed himself to her several times recently. Mrs. Nash decided to call you because she knew Jennifer was seeing you that day. When you ask Jennifer about what you heard, she starts to cry and refuses to talk about it.

Louise Madden, a 24 year old woman who you have been seeing for some time because of difficulties relating to men, reveals that her father molested her from the time she was five until her parents divorced when she was ten. Her father is now living in a nearby town. He has recently married a woman with two young children.

James Simmons, a three year old white boy, was referred to you by his preschool. The referral was made because James had fondled several children on the playground and masturbates frequently. When you speak with James' mother, Mrs. Simmons angrily states that she is sure that James' male babysitter, who she hired so that James would have more time with men, has been abusing her son. Physical findings are negative.

The Collins, a black family you have been seeing for years, bring in a six year old Linda because of vaginal discharge. The lab report indicates that Linda has gonorrhea.

During his annual physical, Richard Lewis, an accountant, reveals that recently he has been drinking heavily. When you question him, he confides that several times recently when he has gotten drunk, he has lost control of himself and has fondled his 14 year old daughter Gina.



**TABLE I**  
**VIGNETTE GENERATION DESIGN**

<b>NEGLECT VIGNETTES</b>									
Name	Sex	Age (s)	Situation	Factors	MD	Coun	Child Care	Clem Prins.	Sec. Prins.
Mara	F	5	No asthma Rx	Perpetrator intent: lazy/poor/incompetent Previous incidents: yes/no	x	x	x	x	x
Melanie	F	4.8	Latch key kid	SES: clinic/private Prior relationship: yes/no Age: 4/8	x	x	x	x	
John Arnold	M	18 mo.	Took pressure pills	SES: working/middle class Perpetrator intent: retarded/upset with child gender	x				
Chris Manning	M	13	Left alone nights mom uses drugs	Severity: mom selling drugs to kids/not selling					x
<b>PHYSICAL ABUSE VIGNETTES</b>									
Name	Sex	Age (s)	Situation	Factors	MD	Coun	Child Care	Clem Prins.	Sec. Prins.
Kevin Reed	M	6, 14	Parent hit with belt	Age: 6/14 Prior relationship: yes/no Severity of injury: moderate/severe	x	x	x	x	x
Danny	M	6 mo.	Slapped across mouth when he cries	Perpetrator intent: anger/cultural SES: Well-dressed MC/poorly groomed welfare					
Mrs. Nash, re: Jennifer H	F	14	Overhears Jennifer tell of beatings	Race: Hispanic/white SES: middle/working class Prior relationship: yes/no	x	x	x		
				SES: attorney/carpenter Recants: yes/no	x	x			x
<b>SEXUAL ABUSE VIGNETTES</b>									
Name	Sex	Age (s)	Situation	Factors	MD	Coun	Child Care	Clem Prins.	Sec. Prins.
Mrs. Nash re: Jennifer H.	F	14	Overhears Jennifer tell of incest	SES: attorney/carpenter Recants: yes/no	x	x			x
Louise Madden	F	24		Risk: not remarried/ 2 young stepchildren		x			
James Simmons	M	3, 8	Father abused her sexually as a child	Access: known address lives nearby/left state no known address					
Linda Collins	F	6							
Gina Lewis	F	6, 14	Fondles other kids; abused by man	Age: 3/8 Perpetrator relationship: Babysitter/father Race: Black/white	x	x	x	x	
			Lab report: gonorrhea	SES: clinic/private practice Race: black/white Prior relationship: yes/no	x				
			Father reveals fondling	Age: 6/14 SES	x	x	x	x	

**FIGURE 2 VIGNETTES QUESTIONS AND RESPONSE OPTIONS**

1. Based on the information you have been provided, how serious is this incident?

Extremely serious . . . . .	1
Very serious . . . . .	2
Somewhat serious . . . . .	3
Not very serious . . . . .	4
Not at all serious . . . . .	5

2. In your own professional judgment, does the incident described above constitute neglect (abuse)?

Definitely yes . . . . .	1
Probably yes . . . . .	2
Probably no . . . . .	3
Definitely no . . . . .	4

3. In your view, would you be required by law to report this incident?

Definitely required to report . . . . .	1
Probably required to report . . . . .	2
Probably not required to report . . . . .	3
Definitely not required to report . . . . .	4

4. All things considered, what overall impact would a child abuse report be likely to have on this child?

Highly positive impact . . . . .	1
Somewhat positive impact . . . . .	2
Somewhat negative impact . . . . .	3
Highly negative impact . . . . .	4

5. All things considered, what overall impact would a child abuse report be likely to have on the rest of this family?

Highly positive impact . . . . .	1
Somewhat positive impact . . . . .	2
Somewhat negative impact . . . . .	3
Highly negative impact . . . . .	4

6. How likely would you be to report this case?

Almost certainly would report . . . . .	1
Very likely to report . . . . .	2
Somewhat likely to report . . . . .	3
Not very likely to report . . . . .	4
Almost certainly would not report . . . . .	5

### FIGURE 3 SKELETON LINES TO GENERATE THE REEDS VIGNETTES

The  
 .xx  
 .xx  
 During 7 year old Mara' annual physical, the  
 During ongoing treatment, the  
 The  
  
 Reeds, a  
  
 white  
 black  
  
 middle-class  
 welfare  
  
 family,  
 come to see you with their 7 year old daughter Mara  
 .xx  
 .xx  
 ask for your help  
 ask for your help  
 come to see you with their 7 year old daughter Mara  
  
 because neither parent can get  
 their daughter  
 .xx  
 .xx  
 their daughter  
 their 7 year old daughter Mara  
 their daughter  
  
 to obey.  
 Mr. Reed  
 Mrs. Reed  
 Mr. Reed  
 Mrs. Reed  
  
 tells you

during intake

.xx

.xx

.\ " DUMMY LINE

.\ " DUMMY LINE

.\ " DUMMY LINE

that

          when Mara defies him it makes him so angry that he often  
hits her

when Mara defies her it makes her so angry that she often  
hits her

he uses a belt to get Mara to obey just as his dad did with  
him,

she uses a belt to get Mara to obey just as her mom did  
with her,

          with a belt. Mr. Reed

with a belt. Mrs. Reed

but lately it isn't working. Mr. Reed

but lately it isn't working. Mrs. Reed

admits that the belt once left a red mark.

## **APPENDIX E**

# CITY OF COLORADO SPRINGS

*The "America the Beautiful" City*

## POLICE DEPARTMENT

224 E. Kiowa Street      P.O. BOX 2169  
COLORADO SPRINGS, COLORADO 80901

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OFFICE OF CHIEF OF POLICE  
LORNE C. KRAMER

July 5, 1991.

Ms. Pamela V. Hammond, R.N. M.S.  
Assistant Professor of Nursing  
Hampton University  
School of Nursing  
Hampton, VA, 23668

Dear Ms. Hammond,

Enclosed are copies of the experimental instruments used in the child abuse research conducted by myself and Dr. Rick Dukes of the University of Colorado at Colorado Springs.

You will note that there are three basic abuse scenarios. Within each scenario the factors of age of the child, sex of the child, sex of the abusive parent and, whether or not the child had engaged in a provocative act were systematically varied so as to test the effect each of these factors had on a witness' reactions. This factorial design has the advantage of reducing the number of cases necessary and permitting the testing of interactions between factors.

This 2X2X2X2 factorial design requires 16 cases for each scenario in order to fill each cell once. If you were to add the factor of race while using this design, you would need 32 cases to fill each cell once (assuming you only tested for two races). I would recommend that you have at least ten cases per cell. Therefore you would need 320 subjects. Assuming you have a moderate size school system and elementary school teachers are your subjects, this should pose no problems.

In our study each subject was given a packet containing one version of each of the three scenarios. One of the 16 versions of each the three scenarios were selected at random and the three scenarios were then placed in the packet in a random order. The scenarios were followed by a demographics sheet which was used to capture information on the subjects which was subsequently treated as covariants in the statistical analysis.

I am very interested in your hypothesis that ethnicity will affect reporting. If this turns out to be correct, it could be consistent with the finding in our subsequent research that gender significantly affected reporting by jurors. We speculated this gender based effect might be the product of a relationship between a sense of social empowerment and the choice to either report the incident or handle it by directly confronting the perpetrator. However, in this subsequent research, mandated reporters did not display this affect. The mandated reporters in this subsequent study reacted in a more "even handed" fashion than did the jurors. This may or may not be the case in your study.

As I mentioned to you on the phone, this subsequent research is scheduled to be published in Vol. 15, #4 of Child Abuse and Neglect. It used jurors, Child Protective Service workers and police officers as subjects.

If I can be of further assistance, please feel free to contact me.

Truly Yours



Robert B. Kean, M.A.

Lieutenant

Colorado Springs Police Department

7850 Goddard

Colorado Springs, CO, 80920

You are being asked to take part in a study of opinions and attitudes on the subject of the treatment of children and child abuse. This study is being conducted as part of graduate studies research in the Department of Sociology at the University of Colorado at Colorado Springs.

The questionnaire you are being asked to complete is extremely brief. If you do not wish to participate, please feel free to not take part. The questionnaire consists of three paragraphs which each depict a situation involving a parent and child. Following each paragraph are 5 questions asking you to rate your reaction to the paragraph. There is then a demographics sheet the purpose of which is to assure that a representative sample of the community is obtained.

All information provided by you on this questionnaire is kept confidential. The responses to this questionnaire are completely anonymous. No attempt will be made to identify the respondents.



What is your sex? Male \_\_\_\_\_ Female \_\_\_\_\_

What was your age on your last birthday? \_\_\_\_\_ Years.

Are you a parent? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your marital status? Single \_\_\_\_\_, Married \_\_\_\_\_  
Divorced \_\_\_\_\_, Widowed \_\_\_\_\_.

What is your racial or ethnic group?

\_\_\_\_\_ White  
\_\_\_\_\_ Black  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian  
\_\_\_\_\_ American Indian  
\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

What is your educational level? Please mark the highest number of years of schooling you have completed:

\_\_\_\_\_ Less than 8  
\_\_\_\_\_ 8  
\_\_\_\_\_ 9  
\_\_\_\_\_ 10  
\_\_\_\_\_ 11  
\_\_\_\_\_ Graduated High School \_\_\_\_\_

Years of college or Technical school completed:

\_\_\_\_\_ 1  
\_\_\_\_\_ 2  
\_\_\_\_\_ 3  
\_\_\_\_\_ 4  
\_\_\_\_\_ Bachelors Degree? \_\_\_\_\_

Years of post graduate schooling:

\_\_\_\_\_ 1  
\_\_\_\_\_ 2  
\_\_\_\_\_ 3 or more  
\_\_\_\_\_ Post graduate degree? \_\_\_\_\_

What category best describes your total household income last year?

\_\_\_\_\_ under \$7,500  
\_\_\_\_\_ \$7,500 to 9,999  
\_\_\_\_\_ \$10,000 to 14,999  
\_\_\_\_\_ \$15,000 to 24,999  
\_\_\_\_\_ \$25,000 to 29,999  
\_\_\_\_\_ \$30,000 to 49,999  
\_\_\_\_\_ \$50,000 to 69,999  
\_\_\_\_\_ \$70,000 and over

**PSYCHOLOGICAL ABUSE SCENARIO  
2X2X2X2 EXPERIMENTAL DESIGN**

**EXPERIMENTAL INSTRUMENTS  
CROSS CULTURAL STUDY OF GENDER AND  
SITUATION IN THE PERCEPTION AND REPORTING  
OF CHILD ABUSE**

Three year old Andrew spilled a dish of ice cream during his birthday party. His mother Ellen told him that his manners were no better than those of the family dog. She made him lick up the ice cream in front of his friends.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some action?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent was Andrew responsible for the situation?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent do you think Ellen needs help?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Three year old Andrew threw a dish of ice cream during his birthday party. His mother Ellen told him that his manners were no better than those of the family dog. She made him lick up the ice cream in front of his friends.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent was Andrew responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Ellen needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Ten year old Andrew threw a dish of ice cream during his birthday party. His mother Ellen told him that his manners were no better than those of the family dog. She made him lick up the ice cream in front of his friends.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some action?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent was Andrew responsible for the situation?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent do you think Ellen needs help?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Ten year old Andrew spilled a dish of ice cream during his birthday party. His mother Ellen told him that his manners were no better than those of the family dog. She made him lick up the ice cream in from of his friends.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some action?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent was Andrew responsible for the situation?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent do you think Ellen needs help?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Ten year old Amy spilled a dish of ice cream during her birthday party. Her mother Ellen told her that her manners were no better than those of the family dog. She made her lick up the ice cream in front of her friends.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some action?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent was Amy responsible for the situation?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent do you think Ellen needs help?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	



Three year old Amy spilled a dish of ice cream during her birthday party. Her mother Ellen told her that her manners were no better than those of the family dog. She made her lick up the ice cream in front of her friends.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some action?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent was Amy responsible for the situation?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent do you think Ellen needs help?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Three year old Amy threw a dish of ice cream during her birthday party. Her mother Ellen told her that her manners were no better than those of the family dog. She made her lick up the ice cream in front of her friends.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some action?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent was Amy responsible for the situation?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

To what extent do you think Ellen needs help?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

Ten year old Amy threw a dish of ice cream during her birthday party. Her mother Ellen told her that her manners were no better than those of the family dog. She made her lick up the ice cream in front of her friends.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent was Amy responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Ellen needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Ten year old Amy threw a dish of ice cream during her birthday party. Her father Edward told her that her manners were no better than those of the family dog. He made her lick up the ice cream in front of her friends.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some action?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent was Amy responsible for the situation?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent do you think Edward needs help?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Three year old Amy threw a dish of ice cream during her birthday party. Her father Edward told her that her manners were no better than those of the family dog. He made her lick up the ice cream in front of her friends.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low	—	—	—	—	—	—	To a high
degree	1	2	3	4	5	6	degree

To what extent would you be willing to take some action?

To a low	—	—	—	—	—	—	To a high
degree	1	2	3	4	5	6	degree

If you were willing to take some kind of action, what type of action would you take?

To what extent was Amy responsible for the situation?

To a low	—	—	—	—	—	—	To a high
degree	1	2	3	4	5	6	degree

To what extent do you think Edward needs help?

To a low	—	—	—	—	—	—	To a high
degree	1	2	3	4	5	6	degree

Three year old Amy spilled a dish of ice cream during her birthday party. Her father Edward told her that her manners were no better than those of the family dog. He made her lick up the ice cream in front of her friends.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent was Amy responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Edward needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Ten year old Amy spilled a dish of ice cream during her birthday party. Her father Edward told her that her manners were no better than those of the family dog. He made her lick up the ice cream in front of her friends.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some action?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent was Amy responsible for the situation?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent do you think Edward needs help?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Three year old Andrew spilled a dish of ice cream during his birthday party. His father Edward told him that his manners were no better than those of the family dog. He made him lick up the ice cream in front of his friends.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some action?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent was Andrew responsible for the situation?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent do you think Edward needs help?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	



Three year old Andrew threw a dish of ice cream during his birthday party. His father Edward told him that his manners were no better than those of the family dog. He made him lick up the ice cream in front of his friends.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some action?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent was Andrew responsible for the situation?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent do you think Edward needs help?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Ten year old Andrew spilled a dish of ice cream during his birthday party. His father Edward told him that his manners were no better than those of the family dog. He made him lick up the ice cream in front of his friends.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

---

**To what extent was Andrew responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Edward needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Ten year old Andrew spilled a dish of ice cream during his birthday party. His father Edward told him that his manners were no better than those of the family dog. He made him lick up the ice cream in front of his friends.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low	—	—	—	—	—	—	To a high
degree	1	2	3	4	5	6	degree

To what extent would you be willing to take some action?

To a low	—	—	—	—	—	—	To a high
degree	1	2	3	4	5	6	degree

If you were willing to take some kind of action, what type of action would you take?

To what extent was Andrew responsible for the situation?

To a low	—	—	—	—	—	—	To a high
degree	1	2	3	4	5	6	degree

To what extent do you think Edward needs help?

To a low	—	—	—	—	—	—	To a high
degree	1	2	3	4	5	6	degree

**NEGLECT SCENARIO  
2X2X2X2 EXPERIMENTAL DESIGN**

After work Barbara went to the mall with her ten year old son, Billy, to finish her Christmas shopping. It took Barbara twenty minutes of searching to find a parking space. Frustrated, Barbara decided to shop without the child. Three hours later Barbara returned to find Billy cold, hungry and in tears.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

To what extent would you be willing to take some type of action?

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

If you were willing to take some kind of action, what type of action would you take?

To what extent is Billy responsible for the situation?

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

To what extent do you think Barbara needs help?

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

After work Barbara went to the mall with her three year old son, Billy, to finish her Christmas shopping. It took Barbara twenty minutes of searching to find a parking space. During this time, Billy threw a tantrum. Frustrated, Barbara decided to shop without the child. Three hours later Barbara returned to find Billy cold, hungry and in tears.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

**To what extent would you be willing to take some type of action?**

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Billy responsible for the situation?**

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

**To what extent do you think Barbara needs help?**

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

After work Barbara went to the mall with her three year old son, Billy, to finish her Christmas shopping. It took Barbara twenty minutes of searching to find a parking space. Frustrated, Barbara decided to shop without the child. Three hours later Barbara returned to find Billy cold, hungry and in tears.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Billy responsible for the situation?**

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

**To what extent do you think Barbara needs help?**

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

After work Barbara went to the mall with her three year old daughter, Bonnie, to finish her Christmas shopping. It took Barbara twenty minutes of searching to find a parking space. Frustrated, Barbara decided to shop without the child. Three hours later Barbara returned to find Bonnie cold, hungry and in tears.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some type of action?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent is Bonnie responsible for the situation?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

To what extent do you think Barbara needs help?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	



After work Barbara went to the mall with her ten year old daughter, Bonnie, to finish her Christmas shopping. It took Barbara twenty minutes of searching to find a parking space. Frustrated, Barbara decided to shop without the child. Three hours later Barbara returned to find Bonnie cold, hungry and in tears.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some type of action?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent is Bonnie responsible for the situation?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

To what extent do you think Barbara needs help?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

After work Barbara went to the mall with her ten year old son, Billy, to finish her Christmas shopping. It took Barbara twenty minutes of searching to find a parking space. During this time, Billy threw a tantrum. Frustrated, Barbara decided to shop without the child. Three hours later Barbara returned to find Billy cold, hungry and in tears.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Billy responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Barbara needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

After work Barbara went to the mall with her ten year old daughter, Bonnie, to finish her Christmas shopping. It took Barbara twenty minutes of searching to find a parking space. During this time, Bonnie threw a tantrum. Frustrated, Barbara decided to shop without the child. Three hours later Barbara returned to find Bonnie cold, hungry and in tears.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some type of action?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent is Bonnie responsible for the situation?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

To what extent do you think Barbara needs help?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

After work Barbara went to the mall with her three year old daughter, Bonnie, to finish her Christmas shopping. It took Barbara twenty minutes of searching to find a parking space. During this time, Bonnie threw a tantrum. Frustrated, Barbara decided to shop without the child. Three hours later Barbara returned to find Bonnie cold, hungry and in tears.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Bonnie responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Barbara needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

After work Bob went to the mall with his ten year old son, Billy to finish his Christmas shopping. It took Bob twenty minutes of searching to find a parking space. Frustrated, Bob decided to shop without the child. Three hours later Bob returned to find Billy cold, hungry and in tears.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Billy responsible for the situation?**

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

**To what extent do you think Bob needs help?**

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

After work Bob went to the mall with his ten year old son, Billy to finish his Christmas shopping. It took Bob twenty minutes of searching to find a parking space. Frustrated, Bob decided to shop without the child. Three hours later Bob returned to find Billy cold, hungry and in tears.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

To what extent would you be willing to take some type of action?

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

If you were willing to take some kind of action, what type of action would you take?

To what extent is Billy responsible for the situation?

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

To what extent do you think Bob needs help?

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

After work Bob went to the mall with his three year old son, Billy to finish his Christmas shopping. It took Bob twenty minutes of searching to find a parking space. During this time, Billy threw a tantrum. Frustrated, Bob decided to shop without the child. Three hours later Bob returned to find Billy cold, hungry and in tears.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

**To what extent would you be willing to take some type of action?**

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Billy responsible for the situation?**

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

**To what extent do you think Bob needs help?**

To a low	—	—	—	—	—	—	To a high
degree							degree
	1	2	3	4	5	6	7

After work Bob went to the mall with his ten year old son, Billy to finish his Christmas shopping. It took Bob twenty minutes of searching to find a parking space. During this time, Billy threw a tantrum. Frustrated, Bob decided to shop without the child. Three hours later Bob returned to find Billy cold, hungry and in tears.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Billy responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Bob needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	



After work Bob went to the mall with his ten year old daughter, Bonnie, to finish his Christmas shopping. It took Bob twenty minutes of searching to find a parking space. Frustrated, Bob decided to shop without the child. Three hours later Bob returned to find Bonnie cold, hungry and in tears.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Bonnie responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Bob needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

After work Bob went to the mall with his ten year old daughter, Bonnie, to finish his Christmas shopping. It took Bob twenty minutes of searching to find a parking space. During this time, Bonnie threw a tantrum. Frustrated, Bob decided to shop without the child. Three hours later Bob returned to find Bonnie cold, hungry and in tears.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some type of action?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent is Bonnie responsible for the situation?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent do you think Bob needs help?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

After work Bob went to the mall with his three year old daughter, Bonnie, to finish his Christmas shopping. It took Bob twenty minutes of searching to find a parking space. During this time, Bonnie threw a tantrum. Frustrated, Bob decided to shop without the child. Three hours later Bob returned to find Bonnie cold, hungry and in tears.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some type of action?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent is Bonnie responsible for the situation?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent do you think Bob needs help?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

After work Bob went to the mall with his three year old daughter, Bonnie, to finish his Christmas shopping. It took Bob twenty minutes of searching to find a parking space. During this time, Bonnie threw a tantrum. Frustrated, Bob decided to shop without the child. Three hours later Bob returned to find Bonnie cold, hungry and in tears.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some type of action?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent is Bonnie responsible for the situation?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent do you think Bob needs help?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**ASSAULT SCENARIO  
2X2X2X2 EXPERIMENTAL DESIGN**

John was late for work. As he hurried to back the car out of the garage, he ran over trash can that was left in the driveway. Hearing the crash, his ten year old daughter Joanie went running out of the house to see what had happened. Now angry, John got out of the car and struck his daughter in the face, knocking her down. This blow caused bleeding from Joanie's mouth and nose.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Joanie responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think John needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

John was late for work. As he hurried to back the car out of the garage, he ran over trash can that was left in the driveway. Hearing the crash, his three year old daughter Joanie went running out of the house to see what had happened. Now angry, John got out of the car and struck his daughter in the face, knocking her down. This blow caused bleeding from Joanie's mouth and nose.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some type of action?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent is Joanie responsible for the situation?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

To what extent do you think John needs help?

To a low	—	—	—	—	—	—	—	To a high
degree								degree
	1	2	3	4	5	6	7	

John was late for work. As he hurried to back the car out of the garage, he ran over a bike that was left in the driveway by his daughter. Hearing the crash, his three year old daughter Joanie went running out of the house to see what had happened. Now angry, John got out of the car and struck his daughter in the face, knocking her down. This blow caused bleeding from Joanie's mouth and nose.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Joanie responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think John needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	



John was late for work. As he hurried to back the car out of the garage, he ran over a bike that was left in the driveway by his daughter. Hearing the crash, his ten year old daughter Joanie went running out of the house to see what had happened. Now angry, John got out of the car and struck his daughter in the face, knocking her down. This blow caused bleeding from Joanie's mouth and nose.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	___	___	___	___	___	___	___	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	___	___	___	___	___	___	___	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Joanie responsible for the situation?**

To a low degree	___	___	___	___	___	___	___	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think John needs help?**

To a low degree	___	___	___	___	___	___	___	To a high degree
	1	2	3	4	5	6	7	

Jane was late for work. As she hurried to back the car out of the garage, she ran over a bike that was left in the driveway by her son. Hearing the crash, her three year old son Jimmy, went running out of the house to see what had happened. Now angry, Jane got out of the car and struck her son in the face, knocking him down. This blow caused bleeding from Jimmy's mouth and nose.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Jimmy responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Jane needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Jane was late for work. As she hurried to back the car out of the garage, she ran over a bike that was left in the driveway by her son. Hearing the crash, her ten year old son Jimmy, went running out of the house to see what had happened. Now angry, Jane got out of the car and struck her son in the face, knocking him down. This blow caused bleeding from Jimmy's mouth and nose.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Jimmy responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Jane needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Jane was late for work. As she hurried to back the car out of the garage, she ran over the trash can that was left in the driveway. Hearing the crash, her ten year old son Jimmy, went running out of the house to see what had happened. Now angry, Jane got out of the car and struck her son in the face, knocking him down. This blow caused bleeding from Jimmy's mouth and nose.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Jimmy responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Jane needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Jane was late for work. As she hurried to back the car out of the garage, she ran over the trash can that was left in the driveway. Hearing the crash, her three year old son Jimmy, went running out of the house to see what had happened. Now angry, Jane got out of the car and struck her son in the face, knocking him down. This blow caused bleeding from Jimmy's mouth and nose.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Jimmy responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Jane needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Jane was late for work. As she hurried to back the car out of the garage, she ran over the bike that was left in the driveway. Hearing the crash, her three year old daughter Joanie went running out of the house to see what had happened. Now angry, Jane got out of the car and struck her daughter in the face, knocking her down. This blow caused bleeding from Joanie's mouth and nose.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Joanie responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Jane needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Jane was late for work. As she hurried to back the car out of the garage, she ran over the bike that was left in the driveway. Hearing the crash, her ten year old daughter Joanie went running out of the house to see what had happened. Now angry, Jane got out of the car and struck her daughter in the face, knocking her down. This blow caused bleeding from Joanie's mouth and nose.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Joanie responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Jane needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

Jane was late for work. As she hurried to back the car out of the garage, she ran over the trash can that was left in the driveway. Hearing the crash, her ten year old daughter Joanie went running out of the house to see what had happened. Now angry, Jane got out of the car and struck her daughter in the face, knocking her down. This blow caused bleeding from Joanie's mouth and nose.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Joanie responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Jane needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	



Jane was late for work. As she hurried to back the car out of the garage, she ran over the trash can that was left in the driveway. Hearing the crash, her three year old daughter Joanie went running out of the house to see what had happened. Now angry, Jane got out of the car and struck her daughter in the face, knocking her down. This blow caused bleeding from Joanie's mouth and nose.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Joanie responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think Jane needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

John was late for work. As he hurried to back the car out of the garage, she ran over the trash can that was left in the driveway. Hearing the crash, his ten year old son Jimmy went running out of the house to see what had happened. Now angry, John got out of the car and struck his son in the face, knocking him down. This blow caused bleeding from Jimmy's mouth and nose.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Jimmy responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think John needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

John was late for work. As he hurried to back the car out of the garage, he ran over the trash can that was left in the driveway. Hearing the crash, his three year old son Jimmy went running out of the house to see what had happened. Now angry, John got out of the car and struck his son in the face, knocking him down. This blow caused bleeding from Jimmy's mouth and nose.

Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent would you be willing to take some type of action?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

If you were willing to take some kind of action, what type of action would you take?

To what extent is Jimmy responsible for the situation?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

To what extent do you think John needs help?

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

John was late for work. As he hurried to back the car out of the garage, he ran over the bike that his son had left in the driveway. Hearing the crash, his three year old son, Jimmy, went running out of the house to see what had happened. Now angry, John got out of the car and struck his son in the face, knocking him down. This blow caused bleeding from Jimmy's mouth and nose.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Jimmy responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think John needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

John was late for work. As he hurried to back the car out of the garage, he ran over the bike that his son had left in the driveway. Hearing the crash, his ten year old son, Jimmy, went running out of the house to see what had happened. Now angry, John got out of the car and struck his son in the face, knocking him down. This blow caused bleeding from Jimmy's mouth and nose.

**Assume that you witnessed this scene. To what extent would you feel an abusive situation has been portrayed?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent would you be willing to take some type of action?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**If you were willing to take some kind of action, what type of action would you take?**

**To what extent is Jimmy responsible for the situation?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	

**To what extent do you think John needs help?**

To a low degree	—	—	—	—	—	—	—	To a high degree
	1	2	3	4	5	6	7	