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DECISION-MAKING IN CHILD ABUSE AND NEGLECT: THE IMPACT OF CLINICIAN CHARACTERISTICS ON POTENTIAL REPORTING BEHAVIORS

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DECISION-MAKING IN CHILD ABUSE AND NEGLECT:
THE IMPACT OF CLINICIAN CHARACTERISTICS ON POTENTIAL REPORTING BEHAVIORS

A DISSERTATION APPROVED FOR THE
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

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ABSTRACT

The purpose of this study was to further clarify the impact of clinician characteristics on child abuse and neglect reporting decisions. Examined characteristics included personal attributes, training, length of practice, experiences, and counseling self-efficacy (CSE) on reporting decisions. Using a sample of 232 participants, data was collected using the Counselor Self-Estimate Inventory (COSE; Larson et al., 1992) and a Reporting Questionnaire adapted from Hansen et al. (1997). Results demonstrated partial support for the impact of the professional's maltreatment history on reporting. Length of practice was related to overall CSE, confidence in reporting abilities, and familiarity with reporting laws. Results also supported the theory that overall CSE relating to confidence in general clinical abilities may differ from domain-specific CSE in abuse reporting.

Decision-Making in Child Abuse and Neglect: The Impact of Clinician Characteristics on Potential Reporting Behaviors

CHAPTER 1

Over the past 30 years, the issue of identifying, reporting, and treating abused children has become an important issue for professionals working with children and families. Laws that were developed to mandate physicians to report suspected abuse have been extended over the years to include a variety of professionals such as nurses, social workers, school personnel, psychiatrists, psychologists, and other mental health care providers (Zellman & Faller, 1996) as well as, in at least in ten states including Oklahoma, to any person who suspects that a child is being abused or neglected (Kalichman, 1993; Oklahoma Attorney General's Office, 1999).

Despite greater recognition of the child abuse problem, a substantial number of children continue to suffer. A report published in 2006 by the U.S. Department of Health and Human Services (USDHHS) estimated that approximately 872,000 children were victimized in 2004. USDHHS (2006) also indicated that rates decreased between 2001 and 2004, from 12.5 to 11.9 per 1,000. However, child fatalities increased slightly between 2000 and 2004 (USDHHS, 2002, 2006). According to the Child Welfare Information Gateway (2004), there is debate concerning whether this is a true increase in incidence or, rather, an increase in recognition and determination; however, it is clear that abuse and neglect remains a persistent problem. Approximately 2.9 million referrals were made to child welfare agencies across the United States in 2003, with two-thirds of these reports being investigated (USDHHS, 2006). Fifty-seven percent of these reports were made by professionals, the remainder of which were made by friends, neighbors, and

relatives (USDHHS, 2006). As demonstrated in the high percentage of reports by professionals, the factors that affect the identification of and professional response to abuse continues to be an important issue.

In an attempt to promote greater accuracy in reporting, much of the relevant research literature has focused on the factors that influence professionals' decisions to report abuse. These factors, according to Kalichman (1993), can be encompassed in four main areas: the characteristics of potentially abusive situations, legal issues involved in reporting, organizational factors and ethical guidelines, and the characteristics of the professional making the decision about whether or not to report suspected abuse.

Statement of the Problem

While the impact of clinician characteristics on reporting has been clearly demonstrated (e.g., Hansen et al., 1997; Kalichman, 1993; Zellman & Faller, 1996), the manner in which specific characteristics interact and affect reporting decisions remains ambiguous. Clinician characteristics consist both of the innate (e.g., sex, race/ethnicity) as well as those that are more variable, including length of time in practice in their field, training, attitudes, and professional experiences (Kalichman, 1993). Past research examining the impact of age, sex, race/ethnicity, and history of maltreatment has indicated mixed support for the influence of these factors on reporting decisions. Conflicting findings were identified for sex (Kalichman et al., 1990; Jankowski & Martin, 2003; Kennel & Agresti, 1995), age (Jankowski & Martin, 2003; Kean & Dukes, 1991), race/ethnicity (Ashton, 1999; Hampton & Newburger, 1985; Zellman & Bell, as cited in Park, 2003), and history of maltreatment (Hansen et al., 1997; Jankowski & Martin, 2003).

In the past, researchers called for greater education in hopes that having better trained professionals would lead to greater competency in reporting decisions (Deisz, Doueck, George, & Levine, 1996; Finlayson & Koocher, 1991; Hawkins & McCallum, 2001; Harris, 1985; Jankowski & Martin, 2003; Reiniger, Robison, & McHugh, 1995; Romeo, 2000). However, the actual impact of training has not been so clear. Various studies have resulted in differential conclusions regarding effects of training, ranging from findings that demonstrate clear impact on reporting outcomes (Zellman & Faller, 1996) to those that show little or no effect (Finlayson & Koocher, 1991; Hawkins & McCallum, 2001). Additional research is needed in order to further clarify the impact of training on reporting decisions.

Similarly, the length of time professionals have practiced in their fields has yielded conflictual findings in terms of its impact on reporting outcomes. One study by Jankowski and Martin (2003) found no significant differences based on professional experience in therapists' intent to report abuse in response to a hypothetical vignette. Other studies have demonstrated an effect of experience, but with opposing findings regarding its impact. For example, Barksdale (1989) found that therapists with less experience were more likely to report and had greater levels of negativity about reporting than those with greater experience, while Haas, Malouf, and Mayerson (1988) found that psychologists with less experience were less likely to report. Brosig and Kalichman (1992b) proposed that differences in findings may be accounted for by the diverse ways this variable was operationalized (i.e., years of experience in field, number of reported cases, or number of hours of clinical experience); as such, further research examining the role of professional experience on reporting decisions is warranted.

Additionally, the influence of professional experience may be confounded by other factors. Hansen et al. (1997) found that reporting decisions were influenced by concerns about malpractice, inability of authorities to respond adequately, and the therapeutic relationship with the family. Results from studies by Badger (1989) and Saulsbury and Campbell (1985) indicated that previous negative interactions with child welfare detrimentally impacted reporting decisions. As a result, it may be that, in addition to having greater knowledge and expertise from lengthier work in their fields, the reporting decisions of more experienced professionals may also be affected by their attitudes and beliefs about reporting that develop following their training.

Effects of experience on reporting may also be moderated by professionals' confidence in and beliefs about their clinical abilities. Rodriguez (2002) proposed that professionals with greater experience have more confidence in reporting their suspicions of abuse and neglect. This assertion complements current knowledge about counselor development. Stoltenberg, McNeill, and Delworth (1998) indicated that novice counselors' perceptions of competence increase with training and experience. Similarly, Larson and Daniels (1988) demonstrated that counselors' overall counseling self-efficacy (i.e., judgment of their counseling skills and of their ability to handle particular situations with clients; Barnes, 2004; Lent et al., 2003) increases with experience. However, as suggested by Stoltenberg (1998), counseling self-efficacy (CSE) may vary by domain; for example, a counselor may feel confident in treating clients who are depressed but not a client with child abuse issues (see also Leach, Stoltenberg, McNeill, & Eichenfield, 1997). Past research in CSE has focused primarily on pre-practicum and novice counselors (Larson & Daniels, 1998), leaving questions as to its development in more

experienced counselors. Additional research is needed to clarify the role of CSE in professionals' reporting decisions.

The purpose of this study was to examine the impact of personal characteristics (i.e., gender, race/ethnicity, and history of maltreatment), training in abuse and neglect issues, length of professional experience, and counseling self-efficacy on professionals' (a) reporting patterns (i.e., times they have chosen/not chosen to report in response to actual clients), (b) reporting suspicions, and (c) reporting intentions (i.e., actions that professionals state they will take in response to suspecting abuse in hypothetical scenarios). Because a measure of self-efficacy was utilized with novices as well as practicing professionals, the study also examined the relationship between length of professional experience and CSE.

Research Questions

The following research questions were addressed in this study:

1. What demographic variables predict reporting suspicions and intentions?
2. Do specialized training, educational level, professional experience, and CSE predict reporting intentions?
3. Do specialized training, educational level, professional experience, and CSE predict failure to report?
4. What is the relationship between length of professional experience and CSE?
5. Does length of professional experience predict level of satisfaction in the authorities' handling of reported situations of child abuse and neglect?

CHAPTER 2

Review of the Literature

In order to fully understand the unique contribution of clinician characteristics to reporting decisions, its relationship to other factors becomes important. Based on their overview of relevant literature, and on Wills and Wells' (1988) conceptualization of reporting decisions made by police officers, Brosig and Kalichman (1992b) proposed a model for child abuse reporting decisions for psychologists composed of three overarching areas: legal, situational, and clinician characteristics. An additional area, organizational factors, was added to the model by Kalichman in 1993. According to Kalichman (1993), all four areas impact the willingness of professionals to report. Brosig and Kalichman (1992b) stated that clinician characteristics were "bi-directional, in that clinician characteristics influence tendency to report, and reporting decisions feed back to influence clinician attitudes" (p. 160). Thus, the clinician characteristics component poses an additional complexity due to its reciprocal nature with reporting decisions.

An examination of the current research in abuse and neglect reveals that Kalichman's four broad categories subsume a number of factors that have been identified to be of importance in the decisions that professionals make about whether or not to report a potentially abusive situation. For example, in their literature review, Warner and Hansen (1994) identified many of the same factors as Kalichman, grouping them into similar categories such as case characteristics, professional variables, and setting variables. Also, King, Reece, Bendel, and Patel (1998) proposed that reporting tendencies are influenced by a combination of various factors. An overview of the complex research

findings concerning these factors demonstrates both the interrelationships among factors as well as provides a clearer view of the influence of clinician characteristics in making reporting decisions.

Factors in Reporting

Legal Issues

Various researchers have examined the impact of legal factors on reporting decisions. These factors include knowledge of reporting laws, wording of statutes, and legal requirements in mandated reporting (Brosig & Kalichman, 1992b). Mandated reporters are often placed in the position of using this knowledge and their interpretations of the law to make professional judgments about whether or not to report (Zellman, 1990b).

Knowledge of reporting laws. According to Dekraii and Sales (1991), professionals' knowledge concerning reporting requirements of applicable statutes is integral in making ethical reporting decisions. Studies conducted in recent years indicate that most professionals are aware of reporting requirements (Crenshaw, Lichtenberg, & Bartell, 1993; Beck & Ogloff, 1995). However, despite knowledge of their obligations, they often failed to report specific incidences based on their interpretations of legal issues (Kalichman, Craig, & Follingstad, 1988).

Wording and legal requirements of state statutes. Despite identifying commonalities between the child abuse reporting laws used in all 50 states, research has shown that state laws often vary in wording regarding the time frame for abuse reporting (DeKraii & Sales, 1991; Foreman & Bernet, 2000). For instance, Foreman and Bernet asserted that the use of past tense in the wording of some statutes may compel reporting

of past abuse even in situations in which there is no evidence of current/recent abuse. On the other hand, other statutes use language consistent with reporting on-going abuse only. Wording of statutes has been shown to impact professionals' subsequent interpretations of their reporting responsibilities. Kalichman and Brosig (1992) indicated that reporting decisions are influenced by the specific conditions and exact wording outlined in statutes. In their study, some participants reviewed a legal definition that referred to the need for the reporter to observe signs of abuse in a child. These participants had lower ratings of their likelihood of reporting in response to an adult client whose behaviors appeared abusive than participants who reviewed an alternate definition.

In addition to wording, actual legal requirements for the level of suspicion necessary to compel a professional to report abuse and neglect have been shown to affect reporting decisions (Beck & Ogloff, 1995; Kalichman & Craig, 1991; Zellman, 1990a). Kalichman (1993) pointed out that legal requirements often do not include reporting suspicions based on children's behaviors that are consistent with sexual abuse, thus posing problems in decision-making. For instance, a child may not state she is being abused, but may display some behavioral indicators of sexual abuse, such as age-inappropriate knowledge of sex, engaging in age-inappropriate sexual acts, regressed behaviors, poor peer relationships, self-injurious behaviors, depressive symptoms, and aggression (Lambie, 2005).

Many studies have determined that confusion over reporting requirements often results in failure to recognize indicators of abuse, uncertainty about abuse occurrence, and failure to report (Brosig & Kalichman, 1992a; Crenshaw, Bartell, & Lichtenberg, 1994; Deisz, Doueck, George, & Levine, 1996; Foreman and Bernet, 2000; Gracia, 1995;

Kalichman & Brosig, 1992; Weinstock & Weinstock, 1989). Kalichman and Craig (1991) found 37% of psychologists in their survey had chosen not to report suspicions at least once. They concluded "reporting laws appear to be sufficiently vague to allow clinicians flexibility in their decisions, and yet penalize them for failure to report as a result of clinical judgment" (p. 6). In order to clarify ambiguities, professionals may choose to consult with colleagues, which according to Remley (1993) strengthens reporting decisions. However, complications may remain because of differences between professionals and the authorities to whom they are required to report.

In comparing the viewpoints of mandatory reporters and CPS workers, Deisz et al. (1996) found they often have conflicting perspectives. In general, CPS workers believed that the standards therapists use when reporting were not stringent enough. In determining reasonable cause for a report, CPS workers generally valued more behavioral and specific information over therapists' intuitions based on general patterns of behaviors. Due to conflicting recommendations obtained when calling the CPS reporting hotline for advice, professionals complained that hotline workers were unpredictable in providing assistance regarding the appropriateness of an abuse report.

Situational Factors

Many researchers have examined the characteristics of potentially reportable situations in order to determine the impact of situational factors on the decision making process (Hansen et al., 1997; Kalichman, 1993; Zellman, 1992; Jankowski & Martin, 2003). According to a literature review by Brosig and Kalichman (1992b), these factors include characteristics of victims, type of abuse, severity of the abuse, and evidence available to support a determination of abuse (see also Kalichman, 1993).

Characteristics of the victim. Victim attributes have been shown to impact reporting decisions. Several studies found that the victim's age is an important factor, as abuse of younger children was shown to be more likely to be reported (Hansen, et al., 1997; Kalichman & Brosig, 1992; Zellman, 1992). According to Zellman (1992), victims from lower socio-economic classes were also more likely to be reported. Studies examining the impact of ethnicity/race have shown varied results, with some studies determining that ethnicity/race impacts decisions (Hansen et al., 1997) and others showing few effects (Egu & Weiss, 2003; Kennel & Agresti, 1995).

Type of abuse. The type of suspected abuse has been shown to affect reporting decisions, with a greater likelihood of reporting for physical and sexual abuse than for neglect (Beck & Ogloff, 1995; Jankowski & Martin, 2003; Nightingale & Walker, 1986; Zellman, 1990b). Additionally, Jankowski and Martin found that compared to other forms of abuse, emotional abuse had the lowest likelihood of being reported. Kerig and Fedorowicz (1999) concluded that the difficulty of reporting emotional abuse was related to problems in definition. For example, they posed the question of whether witnessing domestic violence qualifies as maltreatment. Romeo (2000) asserted that emotional abuse is particularly difficult to define and subsequently identify because the damage to the child is not as overt as in other types of abuse.

Abuse severity. Reporting decisions have also been shown to be related to the severity of suspected abuse (Brosig & Kalichman, 1992b; Zellman, 1990b). In their study of the impact of racial bias in reporting, Egu and Weiss (2003) concluded that in scenarios in which the victim was severely abused, reporting was not significantly impacted by the race of the child, while in studies with less severe abuse, race did appear

to be a factor. Beck and Ogloff (1995) found that sexual abuse and physical abuse are viewed as more serious than neglect; however, as Gracia (1995) asserted, this perspective can be misleading given that the psychological consequences of neglect and emotional abuse can have serious long-term consequences on development.

Supporting evidence of abuse. According to Zellman (1990a), the amount of available evidence to support suspicions of abuse comprises a critical influence on professionals' reporting decisions. Zellman determined that case characteristics impacted reporting decisions by influencing professionals' ratings of abuse severity, willingness to define a scenario as being abusive, and beliefs about whether scenarios should be reported. Previous findings by Kalichman et al. (1988) revealed that 89% of the professionals in their study who had made a decision against reporting an incident of suspected abuse based this decision on the lack of supporting evidence that abuse had actually occurred, resulting in increased confidence in their decision to not report. Similarly, Beck and Ogloff (1995) found that the degree of certainty that abuse was occurring accounted for almost all of the variance in the reporting intentions of survey respondents. Nicolai and Scott (1994) also reported that certainty of abuse was linked to reporting intentions. Overall, it appears that the amount of evidence and indicators of abuse are linked to professionals' certainty that abuse is occurring and, thereby, to the degree of reasonable suspicion that they hold (Hansen et al., 1997; Kalichman, 1993).

Finlayson and Koocher (1991) proposed that the amount of reasonable suspicion a professional requires prior to reporting lies along a continuum. This concept seems consistent with research on failure to report. For instance, as discussed previously, Gracia (1995) found that less severe cases of abuse fall into a category of "not serious enough to

report" (p. 1083). Similarly, Zellman (1992) found that professionals failed to report suspicions when they believed they did not have enough evidence to report. Additionally, Kalichman (1993) stated that along this continuum there is a "reporting threshold" that professionals surpass when determining that they have reasonable suspicion to report abuse (p. 70). Kalichman noted that individual differences in this threshold may explain why some professionals report based on more subtle signs of abuse while others require more unambiguous indicators to report.

Organizational Factors

In addition to the complicating issues concerning professional discretion, conflict between laws and values, and level of certainty, Kalichman (1993) proposed that organizational factors play a role in influencing reporting decisions. According to Kalichman, these factors include ethical guidelines, institutional policies, and support for reporting in the workplace.

Ethical guidelines. As previously noted, American Psychological Association (APA) ethical guidelines require that psychologists are compliant with legal guidelines to report suspected abuse (APA, 1995). However, as reported by Crenshaw et al. (1993) professionals did not fail to report because they were unfamiliar with reporting requirements. Instead, they asserted that genuine ethical dilemmas exist in reporting decisions, stating that the problem for most professionals does not fall into deciding whether to report, but in deciding when it is appropriate and how best to do so.

Burkemper (2002) explored therapists' compliance with ethical guidelines, specifically how the ethical processes used in reporting decisions affect outcomes. She asserted that ethical decision-making is affected by the ability to engage in moral

reasoning. According to Burkemper, when using moral reasoning to resolve dilemmas, therapists first relied on ethical guidelines, then legal considerations, and then finally their intuitive response based on knowledge and experience. Therapists ranked ethical principles used in reporting decisions in the following order: (a) nonmalficence (i.e., not harming the client), (b) beneficence (i.e., acting in the client's best interest), (c) confidentiality, and (d) respecting for clients' autonomy.

Burkemper's framework is useful in understanding failure to report. Several studies have shown that despite awareness of legal and ethical guidelines, clinicians often fail to report suspected abuse (Crenshaw et al., 1993). In a survey of professionals who had significant experience with the legal and/or ethical aspects of psychology, Pope and Bajt (1988) found that 21% of respondents had failed to report child abuse in the past. Seventy-seven percent indicated that they believed it was acceptable to disregard ethical and legal standards that conflicted with what they perceived to be the client's welfare or their own deeper values. Similar findings were revealed in a 1993 study by Crenshaw et al., who reported that the desire to comply with statutory reporting requirements is only partially responsible for resulting decisions. In their study, most mental health professionals were unconcerned about potential legal or ethical charges resulting from their reporting decision, instead placing the most value on acting in what they believed to be in the child's best interests. Interestingly, this finding held true for both those professionals who chose to report and those who did not. Based on Burkemper's model, it is possible that these professionals were placing beneficence above the other ethical principles in making decisions about reporting. It is also possible that clinician's personal

values and professional experiences impacted reporting decisions, which comprise factors that will be further discussed in the section delineating clinician characteristics.

Institutional policies and support for reporting. According to Kalichman (1993), the policies of the professional's workplace also impact reporting decisions. Hinson and Fossey (2000) found that teachers often fear negative consequences for reporting from co-workers and/or administrators. Results of their study indicated that many teachers reported suspicions of abuse to their school principal instead of directly reporting to CPS. For example, Hinson and Fossey quoted a teacher who wrote that she had failed to report due to lack of support by the principal. They also asserted that principals, in turn, may refrain from reporting abuse due to anticipation of potential conflict between parents and the school system, a desire to limit the number of abuse/neglect reports coming from the school, and because they may personally believe there is not enough evidence that abuse is occurring despite the teachers' assertions.

The influence of institutional policies on reporting decisions can also be identified in a study by Kenny (2001), which compared the reporting processes of teachers and physicians. Kenny found that teachers and physicians differed in how they would report allegations of molestation by a stepfather, with 52% of teachers reporting to school administrators instead of directly to CPS, while 50% of physicians indicated they would report directly to CPS. In response to allegations of abuse by one of their colleagues, similar percentages of both teachers and physicians (15-18%) indicated that they would notify administrators of the allegations and allow them to make the decision of whether or not to report, instead of reporting themselves. Kenny pointed out that institutional

policies may “stipulate other protocol” (p. 18) for reporting despite instruction by statutes for suspicions to be reported directly to CPS.

Clinician Characteristics

Various characteristics of potential reporters have been shown to influence the decisions professionals make about whether or not to report abuse. These clinician characteristics contribute to a complex, reciprocal dynamic in reporting decisions (Brosig & Kalichman, 1992b); for example, attitudes and beliefs about reporting influence decisions and, in turn, outcomes of decisions influence attitudes and beliefs. According to Kalichman (1993), support has been shown in the literature for impact of the following clinician characteristics: years of experience, the type and extent of training, and the amount of reporting experience, which comprised the key variables in this study. Research on demographic variables (e.g., sex, ethnicity, professional affiliation), has yielded conflicting and often ambiguous findings. Additionally, one of the unique attributes of clinician characteristics is that some components can be influenced by training and education. For example, training may affect the attitudes and beliefs held by professionals about reporting outcomes.

Gender of reporter. Reporters’ sex appears to have mixed results in terms of reporting decisions. Several studies identified no differences between men and women’s reporting outcomes (Kalichman et al., 1990; Jankowski & Martin, 2003), while others (e.g., Kennel and Agresti, 1995) found that female clinicians were less likely to report sexual abuse suspicions. Additional studies indicated women were more likely to suspect abuse (Finlayson & Koocher, 1991; Hansen et al., 1997) and to report it (Attias & Goodwin, 1985; Crenshaw et al., 1993; Tilden, Schmidt, & Limandri, 1994). One

possible explanation for this variance was provided by Finlayson and Koocher (1991) who reported that "gender differences were less apparent when the clinical presentation of sexual abuse was most specific. This may indicate a ceiling effect, as virtually all respondents, regardless of gender, had substantial clinical suspicion" (p. 470).

Age of reporter. A literature review conducted by Brosig and Kalichman (1992b) indicated little support for the influence of the reporter's age on decision outcomes. Similarly, Jankowski and Martin (2003) and Kean and Dukes (1991) indicated no significant variance in outcomes based on therapists' ages. However, Kean and Dukes identified conflicting findings when examining the reporting decisions made by physicians, finding that younger doctors were more likely to report abuse. As Rodriguez (2002) asserted, it is difficult to distinguish whether these differences can be attributed to age or to differences in years in practice.

Ethnicity of reporter. Various studies (e.g., Ashton, 1999; Hampton & Newburger, 1985; Zellman & Bell, as cited in Park, 2003) have yielded mixed results regarding the influence of the reporter's ethnicity on reporting decisions. In his study, Park found no significant differences in reporting intentions based on ethnicity. He proposed that the small effects of ethnicity that were shown were probably due to differences in attitudes toward corporal punishment among African American, Caucasian, and multiracial respondents.

Theoretical orientation and history of maltreatment. Professionals' theoretical orientation and personal histories of maltreatment have also been shown to impact reporting decisions. Nicolai and Scott (1994) found that therapists with psychodynamic orientations had lower reporting rates than those from behavioral, cognitive-rational

emotive, and eclectic orientations. Findings by Hansen et al. (1997) demonstrated that therapists with histories of maltreatment were more likely to indicate that they planned on reporting in response to a hypothetical scenario. However, results of Jankowski and Martin's (2003) study indicated no significant differences in reporting behaviors related to either theoretical orientation or maltreatment history.

Attitudes and beliefs about reporting. Results from past research studies indicate that professionals are conflicted about reporting decisions based on their perceptions that reporting may have negative effects on the therapeutic alliance (Brosig & Kalichman, 1992b; Kalichman et al., 1989). Furthermore, Hansen et al. (1997) determined that the most important factor in reporting decisions was the consideration professionals gave to potential effects on the child and parent. Other beliefs negatively associated with reporting included fears about prosecution and malpractice, the inability of authorities to respond adequately, and the therapeutic relationship with the family. Similar findings by Zellman (1990a) revealed a significant correlation between the intent to report suspected abuse and the potential benefit to the child and the family.

Attitudes and beliefs about reporting are often based on previous interactions with and beliefs about child welfare. Badger (1989) and Saulsburry and Campbell (1985) indicated that previous negative interactions with child welfare resulted in decreased reporting. Zellman (1990b) found that, compared to professionals from other fields (i.e., social workers, physicians, school principals, and child care workers), child psychiatrists and psychologists appeared to view CPS more negatively, indicating that one reason for their failure to report was related to the perceived inadequate quality of CPS services. They also anticipated fewer benefits of reporting, such as helping the child/family and

stopping abuse. Zellman hypothesized that mental health professionals may view the services they could provide through their own treatment skills as being of higher quality than CPS services, thereby resulting in failure to report. Therefore, it would seem that prior reporting experiences and involvement in working with abuse issues would impact subsequent reporting decisions, as was hypothesized in this study.

Training of professionals. Many researchers have indicated that the key to ideal fulfillment of reporting responsibilities lies in educating professionals. Deisz et al. (1996) called for better training of reporters in order to decrease failure to report and increase coordination among those who work to protect children. The need for additional education was also supported by Zellman (1992) who stated that more widespread and specific training is needed to help professionals recognize their own reporting prejudices. Similarly, Jankowski and Martin (2003) asserted that greater emphasis should be placed on furthering these decision making skills in supervision of therapists and on helping therapists develop "conceptual models for decision making much the same way they benefit from developing a personal theory of therapy during their training" (p. 327). King et al. (1998) concluded that there is a need to strengthen the current educational curriculum in abuse and neglect for trainees as well as the continuing education requirements for mandated reporters after beginning work in the field of counseling.

Several empirical studies indicate that training has been lacking in the past. In their survey of professionals, Pope and Bajt (1988) reported that the majority of respondents indicated that ethical dilemmas in abuse reporting were not sufficiently addressed in their education, training, supervision, or in the available professional literature. In a 1993 study, Kalichman and Brosig found that only 23% of psychologists

received any type of training in child abuse detection and treatment. King et al. (1998) indicated that only 39% of the physicians, physician assistants, and social workers in their study had received such training in the past two years and, of this percentage, 56% indicated that the training had been less than 10 hours.

In spite of many researchers' stances that specialized training in abuse and neglect would help professionals address problems involved in reporting decisions, research studies have yielded ambiguous results. For instance, Zellman and Faller (1996) examined the lifetime reporting patterns of various professionals. They placed respondents into three categories: consistent reporters (reported at least one time as well as every time they had a suspicion); discretionary reporters (reported at least one time but had not reported every time abuse was suspected), and consistent non-reporters (had never reported despite suspecting abuse at least one time). Zellman and Faller found that consistent non-reporters had minimal training and knowledge about child abuse. On the other hand, discretionary reporters had similar levels of training in abuse to consistent reporters. Of the discretionary reporters, 56% had failed to report suspected abuse in the past year. Compared to the two other types of reporters, discretionary reporters were more likely to believe they could be effective in working with abuse, had more negative perceptions of CPS, believed reports often result in potentially harmful consequences to the child, and indicated that they "served as their agency's child abuse resource person" (p. 368).

On the other hand, Hawkins and McCallum (2001) found that mandated training did not appear to influence reporting intentions. They concluded that the likelihood of reporting was not significantly affected by training differences when a high level of

evidence was provided in the vignette, because all professionals indicated they had intentions of reporting. However, this result could have been based on the scenarios utilized in their study, which provided many details of abuse. To avoid this potential pitfall, this study utilized scenarios previously shown to result in reporting variances and inquired about participants' real-life reporting patterns.

Finlayson and Koocher (1991) also failed to show support for the role of specialized training in reporting decisions. Specifically, they found no significant differences in the reporting suspicions (i.e., the level of suspicion that abuse had occurred) and intentions of professionals with high and low levels of specialized training in sexual abuse. However, Finlayson and Koocher stated that "it is possible, but not plausible, that professional training has no effect on clinical decision making regarding child abuse reporting" (p. 471). Instead, they attributed their finding to two factors: (a) the possibility that similarities in basic and high levels of training may equip professionals to make similar reporting decisions and (b) their use of a homogeneous sample of professionals, consisting of doctoral level psychologists with interest and experience in working with children and victims of abuse.

Interestingly, Beck and Ogloff (1995) found that master's level psychologists were more likely than doctoral level psychologists to indicate that they would report abuse in response to a vignette. In contrast, a study by Kalichman et al. (1988) found that practitioners with more education were more likely to indicate they would report suspicions. In light of Finlayson and Koocher's (1991) observation regarding homogeneous samples and other conflicting findings, this study recruited a wide sample of professionals at various levels of clinical experience and with varying backgrounds in

working with child abuse in order to further identify key influences on reporting decisions.

Years of experience. In discussing the impact that professional experience has on reporting decisions, it is important to consider its relationship with training. Kenny and McEachern (2002) found that professionals with fewer years of experience considered their reporting training to be more adequate than those with greater experience. They hypothesized that recent students may receive better training in abuse identification and reporting. According to Rodriguez (2002), the role of experience is also somewhat difficult to determine due to individual studies' focus on particular professional groups, including: Head Start professionals (Nightingale & Walker, 1986); school teachers, counselors, and principals (Kenny, 2001; Kenny & McEachern, 2002); health professionals (Feldman, Monasterky, & Feldman, 1993; Van Haeringen, Dadds, & Armstrong, 1998; Warner-Rogers, Hansen, & Spieth, 1996); or psychologists (Brosig and Kalichman, 1992b). As a result, comparisons of findings based on these studies may not clearly illuminate the role of experience in reporting, as it may be confounded by type of profession and training.

Based on their review of the literature, Brosig and Kalichman (1992b) concluded that it is not yet clear how years of experience relate to reporting tendencies and outcomes. In addition to the problem with comparisons across professions, studies have often varied in their operational definition of experience. Brosig and Kalichman cited three studies to illustrate this point. In the first study (Barksdale, 1989), experience was defined as the number of years the psychotherapist was in practice, analyzed as a categorical variable. Results indicated that therapists with less experience were less

willing to report abuse suspicions and had attitudes about reporting that were more negative than those with greater experience. In addition, psychotherapists with more experience were less preoccupied with potentially negative consequences to themselves. In the second study (Haas et al., 1988), experience was analyzed as a continuous variable, operationally defined as the number of years since obtaining a degree. This study revealed opposite findings: psychologists with more experience were less likely to report abuse than those who were newer to the field. The third study (Nightingale & Walker, 1986) found that Head Start workers with less experience in working with preschool children were less likely to report suspected abuse; however, in this study, experience was defined as level of education.

In addition to the studies cited by Brosig and Kalichman (1992b), other studies vary in the support shown for the influence of amount of professional experience on reporting decisions. For instance, as previously noted, Warner-Rogers et al.'s (1996) study with medical students revealed no impact on reporting tendencies as a result of clinical experience. In contrast, although the effect was small, Hansen et al. (1997) found that professional experience in the field of maltreatment was significantly related to suspicion and reporting intentions.

Counselor Self-Efficacy

According to Rodriguez (2002), the role of clinician experience may be mediated by the amount of confidence professionals have in their clinical judgments and competency. Rodriguez maintained that professionals with greater experience have more confidence in reporting their suspicions of abuse. Similar findings have been shown for

the relationship between greater experience and increased perceptions of competence and confidence held by trainees (Larson et al., 1992; Leach et al., 1997).

CSE (i.e., counselor self-efficacy) is a construct that has arisen out of applying social cognitive theory to the development of counseling skills (Larson & Daniels, 1998; Lent, et al., 2003). CSE is defined both as "an individual's perception of his or her competence to conduct counseling" (Barnes, 2004, p. 56) and "to negotiate particular clinical situations" (Lent et al., 2003, p. 97). CSE is related to the confidence that professionals have in their abilities to counsel effectively. Higher levels of CSE have been correlated with higher levels of self esteem, lower levels of anxiety, and greater confidence in the ability to solve problems effectively (Larson et al., 1992). Greater CSE has been linked to higher satisfaction with counseling as well (Larson & Daniels).

Based on their review of relevant research, Larson and Daniels (1998) reported mixed findings regarding the relationship between CSE and training. They identified four studies that supported the finding of higher levels of CSE for more advanced students, three studies that determined this relationship is "not linear during training" (Larson & Daniels, p. 188), and two studies that showed minimal effects of CSE beyond training experiences. Although Larson and Daniels proposed that part of this variance was due to differences in definitions of CSE, they also asserted that CSE may vary according to students' level of development as a counselor.

Stoltenberg, McNeill, and Delworth's (1998) Integrated Developmental Model revealed that counseling students fluctuate in their level of confidence, autonomy, and motivation when transitioning from a basic level of understanding and experience to a more intermediate one. Despite these fluctuations, Leach et al. (1997) found intermediate

trainees had higher levels of overall CSE than novices. In an examination of trainees with various counseling experience (i.e., less than one year, one to three years, and more than three years), Lent confirmed Larson and Daniels' (1998) previous finding that trainees' CSE increased with experience.

In addition to varying with level of training, it may be that CSE varies with the relevant experience a counselor has in working in a particular domain area, as suggested by Stoltenberg (1998). Referring to a study conducted by Leach et al. (1997), Stoltenberg reported that trainees' overall amount of counseling experience did not differentiate their level of CSE on the Difficult Client Behavior subscale of the Counselor Self-Estimate Inventory (Larson et al., 1992), a questionnaire used to measure CSE. Instead, Leach et al. (1997) found that trainees with more experience in working with sexually abused clients (i.e., a difficult client issue) had higher levels of CSE than those with less experience. As a result, greater professional experience in the domain of abuse and neglect may result in higher levels of CSE.

It is important to note, however, that CSE has been studied almost exclusively with trainees and not with experienced counselors. In one study that compared bachelor's, master's and doctoral level counselors, researchers found that the counselors with master's and doctoral degrees had higher levels of CSE than those at the bachelor's level (Larson et al., 1992). However, there was not a significant difference between the master's and doctoral level counselors. Larson et al. also compared differences in CSE based on years of experience. They grouped respondents into three groups: those with no experience (beginning level), those with 2 to 8 years of experience (intermediate level), and those with 9 to 39 years of experience (advanced level). The group of beginning level

trainees had significantly lower CSE scores than those with intermediate or advanced levels of experience; however, there was not a significant difference in the CSE levels between the intermediate and advanced groups. The current study contributes to the self-efficacy literature base in that it compares CSE among seasoned professionals, beginning professionals, and trainees of various developmental levels.

As previously noted, the conflicting findings regarding the role of experience may be partially influenced by the role of CSE. For example, as professionals increase in confidence with their abilities, they could become less automatic and more discretionary reporters, thus resulting in more inconsistent reporting patterns with greater experience. On the other hand, as professionals grow in confidence, they could become more set in their determination of abuse and able to better tolerate the potential conflict and discomfort of reporting an on-going client. This is an important distinction because it may aid in separating the overlap between years of experience and confidence in one's counseling skills. It should be noted, however, that based on prior findings, it is expected that there may be a ceiling effect of experience on CSE as experience level increases beyond the training years.

In addition, further exploration of the nature of CSE in reporting decisions is warranted. It is possible that confidence in general clinical decision making abilities, as measured by a overall rating of CSE, accounts for differences in reporting decisions. However, Stoltenberg (1998) questioned the accuracy of utilizing a general measure of CSE, instead proposing that CSE is best measured as it pertains to different domains. For example, counselors might view themselves as confident when working with depressed clients, but question their efficacy when working with clients who have suffered abuse.

Thus, additional clarification of the relationship between general CSE and CSE in a domain-specific area is needed. In the current study, it was hoped that, through the use of an overall measure of CSE and a domain-specific measure of CSE in working with difficult client issues, a comparison of the development of these two types of efficacy could be made.

Implications of the Literature

The literature investigating the decisions that professionals make about reporting abuse and neglect has culminated in the identification of a multitude of factors that influence decision-making. By reviewing these factors in the context of Kalichman's (1993) model, understanding of the interplay among them is illuminated. The body of research in abuse and neglect clearly demonstrates the overall influence of the following factors on reporting decisions: characteristics of the situation, legal issues, organizational factors and ethical guidelines, and the characteristics of the professional (Kalichman). The literature base also emphasizes the importance of understanding clinician characteristics that influence reporting decisions and lead to problems with under- and over-reporting of abuse (Zellman, 1992). Further exploration of clinician characteristics will provide opportunities to deepen the understanding of ways to increase competency in reporting decisions.

In addition, there remain a number of limitations in the research on clinician characteristics that were addressed in this study. First, when considered as a group, the various studies that have examined the influence of static characteristics, such as gender, race/ethnicity of the reporter, and personal history of maltreatment, have yielded conflicting findings. Additional exploration of the impact of these demographic variables

on reporting decisions will provide further knowledge about characteristics that may unfairly bias decisions.

Another limitation in the literature concerns the lack of clear findings for the role that professional experience plays in decision-making. Results from previous research yielded mixed findings for the influence of this variable. However, this ambiguity may have been related to variance in the operational definitions of experience utilized in the studies. Comparisons of previous studies examining experience are also limited by the utilization of different samples of professionals in different studies (e.g., daycare teachers, psychologists, physicians). The impact of level of general training (i.e., bachelors, masters, doctoral) also had mixed findings, with some studies indicating that professionals with higher levels of education are more likely to report and others indicating that they are less likely. Moreover, several of the key studies examining the role of experience involved homogenous samples in which experienced professionals with training in abuse and neglect were provided hypothetical scenarios that might not have tapped into the threshold of uncertainty at which the reporting decision was not clear cut.

In order to address these limitations, this study attempted to examine reporting decisions of mental health professionals with various levels of general practice and with variable levels of training. Additionally, by recruiting participants still in doctoral programs as well as those with many years of practice in the field, an attempt was made to obtain a more heterogeneous sample in terms of years of experience. Finally, it was hoped that by utilizing a previously-developed survey, which yielded variable reporting

intentions by professionals in the past, and by gathering data on actual reporting patterns, the role of experience could be further delineated.

In order to more fully understand the relationship between training and experience, it is important to consider the potential contribution of professionals' confidence in their decision-making abilities. Previous studies examining CSE have supported the impact of this variable on clinical decision making (Leach et al., 1997) in general. Based on this research, this study set out to further identify the involvement of CSE in clinical decision-making. It was hoped that the study would also contribute to the CSE literature by including comparisons among seasoned professionals, professionals newly entering the field, and trainees of various developmental levels. In summary, the study attempted to extend the previous research regarding clinician characteristics by examining the relationships among static demographic characteristics, experience, general training, specialized training in child abuse and neglect, and overall CSE, and domain-specific CSE in working with difficult client issues.

CHAPTER 3

Method

Participants

A total of 232 individuals were included in the sample for the study. An additional 68 individuals initially consented to the survey, but discontinued before completing enough of the first instrument, the COSE, for data analysis. As a result, the utilized sample consisted of 140 (60%) doctoral level psychology graduate students and 92 (40%) psychologists from doctoral programs in the United States. Psychology program affiliation was as follows: 78 clinical (34%), 113 counseling (49%), 40 school (17%), and 1 professional school (0.4 %). Participants were distributed across the United States, with the majority, 65 (28 %) from Oklahoma, followed by 15 (7%) from Colorado, 13 (6%) from Pennsylvania, 10 (4%) from New York, 10 (4%) from Texas, 10 (4%) from Wisconsin, and the remaining 40% from 34 other states. Forty percent (n = 92) of participants were between the ages of 20-29, 30% (n = 70) were between 30-39, 14 % (n = 33) were between 40-49, and 13 % (n = 29) were between 50-59. Only 3% (n = 7) indicated they were above age 60. Approximately 76 % (n = 176) of the participants were female and 24% (n = 55) were male. The ethnic composition of the sample was as follows: 201 (87%) Caucasian/White; 7 (3%) African American/Black; 4 (2%) American Indian; 5 (2%) Asian American/ Pacific Islander; 5 (2%) Hispanic, Latino, or Mexican American; and 9 (4%) Multi-racial. The majority of participants, 139 (60%), identified that they were in a marital or committed relationship while 15 (6%) identified they were divorced, separated, or widowed. Approximately 64% (n = 148) endorsed that they had at least one child. The primary clinical or practicum setting of all participants was as

follows: Forty-four percent (*n* = 103) were in a university, 17% (*n* = 40) were in an agency/clinic, followed by 13% (n = 29) in a school, with the remaining 26% (*n* = 60) in private practice, hospital, or other setting.

Of the participants (*n* = 140) who identified that they had not yet completed their doctoral degrees, 43 (31%) were within the first year of their doctoral program, 60 (42%) had completed comprehensive exams, 16 (11%) were in the process of completing a pre-doctoral internship, 1 (1%) had completed a pre-doctoral internship, and 12 (9%) had completed all degree requirements with the exception of their dissertation. Twenty-four percent (*n* =34) endorsed that their highest degree was at the bachelors level (i.e., B.A./ B.S.) and 105 (75%) indicated they had completed a master's degree (i.e., M.A./M.S./ M.Ed./ M.S.W). However, the majority (*n* =120, 86%) of student participants identified that they had not practiced at the master's level prior to completion of their degrees. The approximate number of direct service hours for participants who had not yet begun their pre-doctoral internship ranged from 0 to 3,000, with 578 hours on average.

Of the participants (*n* = 92) who identified that they had completed their doctoral degrees, 6 (0.1%) had not yet completed any licensure requirements, 9 (10%) had partially completed licensure requirements, and 77 (84%) had completed licensure. The average number of years these participants had been practicing in the field was 15, ranging from 0 to 45.

Instruments

Counselor Self-Estimate Inventory (COSE)

Counselor self-efficacy (CSE) was measured by the COSE (Larson et al., 1992). The COSE, a self-report scale of CSE for the activities that occur in a counseling session,

consists of 37 items, and is presented in a six-point Likert scale, ranging from 1 (strongly disagree) to 6 (strongly agree). Higher scores indicate greater levels of CSE, with a total range of scores from 37 to 222. Items consist of positive and negative statements about perceptions of counseling abilities and are measured by five subscales: (a) Microskills, (b) Counseling Process, (c) Dealing with Difficult Client Behaviors, (d) Cultural Competence, and (e) Values (Larson et al., 1992). For this study, variables of interest included the total score for the COSE and the Dealing with Difficult Client Behaviors subscale score (seven items, range of scores = 7-42). Examples of items from the COSE include: "I am confident I can assess my client's readiness and commitment to change" and "I am not sure that in a counseling relationship I will express myself in a way that is natural without deliberating over every response or action" (reverse-scored item). Examples of items from the Dealing with Difficult Client Behaviors subscale (Difficult Client) include: "I am unsure how to deal with clients who appear noncommittal and indecisive" (reverse-scored item) and "I feel competent regarding my abilities to deal with crisis situations that may arise during counseling sessions- e.g., suicide, alcoholism, abuse, etc."

According to Larson et al. (1992), internal consistency for the total COSE score was .93 and test-retest reliability after a three-week interval was .87. For the subscale, Difficult Client, internal consistency was .80, with a three-week test-retest reliability of .97 (Larson et al., 1992). Additionally, convergent validity estimates obtained in prior research indicated a positive relationship between COSE scores and self esteem, self evaluation, positive feelings, and expectancies of client outcomes and a negative relationship between COSE scores and anxiety and negative affect (Larson et al., 1992).

Past studies also found minimal correlations between COSE scores and the following characteristics: defensiveness, self-criticism, age, gender, personality type, aptitude, achievement, theoretical orientation, and previous counseling experiences as a client (Larson et al., 1992). For this sample, the overall COSE scale had good internal consistency, with a Cronbach's alpha of .94. Internal consistency for the Difficult Client subscale was also good, with a Cronbach's alpha of .82.

The COSE has been shown to discriminate change in overall CSE scores over time for trainees and counselors (Larson et al., 1992). In trainees, Larson et al. (1992) reported that scores were approximately one standard deviation higher for those who had completed one semester of supervised practicum compared to those without practicum experience. Larson et al. reported that bachelor's level trainees had significantly lower COSE scores than master's and doctoral level counselors. In addition, they found that counselors with less than two years of experience had lower COSE scores than those with greater years of experience. However, further analysis of CSE with experienced counselors was not conducted. Larson categorized counselors with greater years of experience into two groups: those with 2-8 years of experience and those with 9-39 years of experience. However, no comparisons between these two groups were reported using the COSE scores. As a result, the ability of the COSE to discriminate higher levels of overall CSE among those with greater experience levels has not yet been established. In addition, it has been hypothesized that CSE varies by domain to a greater degree in more experienced counselors (Larson et al.; Stoltenberg, l998; Leach et al., 1997). For example, Larson et al. stated that the microskills of beginning and advanced counselors may be similar, but indicated that counselors may differ in domain specific CSE in

working with abused clients or those from other cultures. Therefore, this study examined overall CSE as well as the Difficult Client subscale in more experienced counselors.

Reporting Questionnaire adapted from Hansen et al. (1997).

This questionnaire utilizes four sets of hypothetical vignettes depicting scenarios of neglect and physical, sexual, and emotional abuse and was designed to gain information about professionals' intended responses to suspected abuse, the influence of victim attributes (e.g., child's age, race, socio-economic status) on reporting intentions, and information about past reporting behaviors. Three aspects of professionals' responses are surveyed: (a) suspiciousness, perceptions of severity, and reporting likelihood (four items for each); (b) factors considered in making determinations about reporting (10 items), and (c) satisfaction with responses to prior reports (one item). First, using a four-point Likert scale, for each vignette participants are asked to rate level of suspiciousness (1=not at all suspicious, to 4 =extremely suspicious), severity (1=not at all severe, to 4= extremely severe), and their likelihood/intentions of reporting (1=definitely would not report, to 4=definitely would report). Second, the level of consideration given to factors considered in reporting decisions overall is surveyed using a five-point Likert scale (0=not at all considered, to 4=primary consideration). These factors include: the potential impact of reporting on the child and parents, concern about the therapeutic relationship, confidence in authorities (e.g., legal authorities including CPS or Department of Human Services) to handle the situation, fear of being prosecuted for failure to report, and fear of malpractice for reporting. Satisfaction with the response of the authorities to past reports made by the participant (1 item) and the professional's personal history of maltreatment (seven items) are surveyed using four-point Likert scales (1=very dissatisfied to 4=very

satisfied, and 1=never to 4-=often, respectively). For this study, reporting suspicions (e.g., ratings of suspicion) and reporting intentions (e.g., likelihood of reporting) were summed across Hansen scenarios to create overall indicators of reporting suspicions (range of scores = 4-16) and intentions (range of scores = 4-16), which were then used in the following analyses.

Results of prior analyses conducted by Hansen et al. (1997) using this survey revealed a strong correlation between ratings of severity and ratings of suspicion (r = .79, p < .001), which is congruent with past research suggesting that perceptions of abuse severity are often linked to reporting suspicions (Zellman, 1990a). Similar to Hansen, results of this study yielded a moderately strong correlation between severity and suspicion ratings (r = .67, p < .01).

The original Hansen questionnaire (1997) was designed to explore the influence of both victim attributes and some professional characteristics. However, because the purpose of this study was to focus on the impact of professional characteristics on reporting decisions, the survey was modified to de-emphasize victim attributes. Four vignettes from the original survey were utilized, with race and socio-economic class information removed as variables for consideration. For example, the second sentence of the following vignette, shown in italics, was removed: “Diane, the mother, is 28 years old and her daughter, Lori, is 9 years old. *The mother and daughter are African American and live in a middle class neighborhood.* Diane reported that Lori has not taken her daily asthma medication for the past week because the prescription ran out. Diane said that she has been very busy and hasn’t had time to buy more. Lori is wheezing and coughing heavily. (Vignette A)” Also, the four vignettes involving older children (between ages 9

and 10) were the scenarios used because ratings of suspicion were higher for vignettes using younger children (Hansen et al.) and the goal of this study was to examine situations in which professionals were not automatically prompted to report. The demographics section of this survey was also modified to exclude professional variables that were not examined in the current study, (e.g.., religious orientation, theoretical orientation).

Procedure

After obtaining Institutional Review Board approval**,** a description of the study with directions to the website link was provided to participants. For licensed psychologists in the state of Oklahoma, recruitment was conducted using email and post-cards (if email addresses could not be located). A second email was used to follow-up with recruitment following the first wave of responses. However, response rates are unavailable due to anonymity of professionals and requests that were made to forward the research opportunity to other potential participants. Participation in the study was also recruited via emails to training directors of APA- approved doctoral programs in clinical, counseling, and school psychology and professional programs, who were asked to participate and to disseminate requests to students in their programs. Descriptions of the study were also posted to electronic mailing lists for Child Maltreatment Researchers, the Association for Women in Psychology (POWR-L listserv), and the Section for the Advancement of Women of Division 17, APA.

After being directed to the study website, participants were presented with the consent form (see Appendix A) and informed of the voluntary nature of the study. Following their consent, participants were presented with the demographic questionnaire,

the COSE, the Hansen Reporting Questionnaire, and additional reporting questions in that order. Following their completion of all instruments, they were thanked for their involvement, provided with contact information for the principal researcher, and instructed on how to enter an optional raffle prize drawing for a $50 gift card. In order to ensure that their personal data could not be linked to their responses, participants who chose to enter the drawing were asked to email their contact information to the principal researcher indicating that they completed the survey.

Hypotheses

Hypothesis 1. There will be no significant differences in (a) reporting suspicions and (b) reporting intentions scores based on the following demographic classifications: sex, race/ethnicity, marital status, personal maltreatment history, and clinical/practicum setting of practice.

Hypothesis 2. Specialized training, educational level, professional experience, and CSE will significantly predict (a) reporting suspicions and (b) reporting intentions.

Hypothesis 3. A linear combination of the variables of specialized training, educational level, professional experience, and CSE will significantly predict failure to report.

Hypothesis 4. Greater lengths of professional experience will significantly predict CSE, although it is expected that there will be a ceiling effect of training on CSE as level of experience increases beyond the training years.

Hypothesis 5. Length of professional experience will significantly predict level of satisfaction in the authorities' handling of reported situations of child abuse and neglect.

Results

Demographic Characteristics

Descriptive statistics were used to examine means, medians, and standard deviations for the variables of interest in the study and are presented in Tables 1 and 2. Testing of preliminary assumptions revealed no serious violations for normality, linearity, univariate and multivariate outliers, and homogeneity of variance-covariance.

Effects of Demographics on Reporting Suspicions and Intentions

To investigate the impact of demographic categorical variables on reporting suspicions and intentions, a series of one-way between-groups multivariate analyses of variance (MANOVAs) were conducted. Demographic variables included: sex, race/ethnicity, clinical setting, children, marital status, and age. As shown in Table 3, results of the MANOVAs revealed no significant differences on reporting suspicions and intentions between (a) males and females, (b) race/ethnic groups, (c) clinical practice/practicum settings, (d) children, (e) marital status, or (f) age.

Maltreatment History with Reporting Suspicions and Intentions

The relationships between participants' past personal experiences with maltreatment issues and reporting suspicions and intentions were examined using Pearson product-moment correlation coefficients (see Table 2 for *M* and *SD* and Table 4 for intercorrelations). Preliminary analyses were conducted to check for normality, linearity, and homoscedasticity, with no serious violations noted. There was a small positive correlation between witnessing domestic violence as a child and overall rating of suspiciousness of abuse for the Hansen scenarios ($r = .14$, $n = 225$, $p \leq .05$). Small positive correlations were also found between being sexually assaulted as an adult and (a)

overall ratings of suspiciousness of abuse (r = .19, n = 225, $p \leq .01$) and (b) reporting intentions (r = .19, n = 225, $p \leq .01$) for the Hansen scenarios. Suspicions and intentions were highly correlated with each other, suggesting that the greater suspicion that abuse had occurred, the greater the intention of reporting in response to the hypothetical scenarios (r = .73, n = 230, $p \leq .01$).

Professional Characteristics

Professional Characteristics with Reporting Suspicions and Intentions

The role of professional characteristics in predicting the criterion variables of (a) reporting suspicions and (b) reporting intentions were examined using a total of four simultaneous multiple regression models. Three predictor variables were included in the analyses for suspicions and intentions: number of hours of training in child abuse and neglect, years of professional experience, and COSE total score (Table 5) or Difficult Client subscale of the COSE (Table 6). Level of education was not included in the regression model because its relationship with reporting suspicions (r_s = -.04, *ns*) or reporting intentions (r_s = -.03, *ns*) was not significant. Correlations between predictor variables ranged from small to moderate with no evidence of multicollinearity.

As shown in Table 5, the first overall regression model for reporting suspicions using the COSE total score was not significant, $F(3,181) = .49$, *ns* , $R^2 = .01$, indicating that the predictor variables accounted for less than 1% of the variance in the model. Similarly, the second overall regression for reporting intentions using the COSE total score was not significant, $F(3,181) = .88$, *ns*, $R^2 = .01$, with predictor variables accounting for only about 1% of the variance in the model.

Using the Difficult Client subscale of the COSE for the measures of CSE, two additional multiple regression analyses for reporting suspicions and intentions were conducted in order to examine CSE in working with challenging client issues (see Table 6). However, these models were also nonsignificant (suspicions: $F(3,181) = .17$, *ns*, $R^2 = .00$; intentions: $F(3,181) = .81$, *ns*, $R^2 = .01$). In summary, reporting suspicions and reporting intentions were not significantly predicted by training in child abuse and neglect, years of professional experience, and COSE total scores or Difficult Client subscale scores.

Professional Characteristics and Failure to Report

The role of professional characteristics on failure to report over the course of one's career was also examined using two simultaneous multiple regression models. Again, three predictor variables were included in the analyses for failure to report: number of hours of training, years of professional experience, and COSE total score (Model 1) or Difficult Client subscale of the COSE (Model 2). As shown in Table 7, the overall regression for failure to report over the course of one's career was significant, $F(3,179) = 6.84$, $p < .001$, $R^2 = .10$, indicating that predictor variables accounted for about 10% of the variance in the model. However, the only predictor variable shown to be statistically significant was years of professional experience, $t(179) = 4.36$, $p < .001$; $\beta = .32$. A second multiple regression analysis for failure to report, using the Difficult Client subscale of the COSE, was also significant, $F(3,179) = 7.19$, $p < .001$, $R^2 = .11$. In this model, predictor variables accounted for about 11% of the variance. Again, the only predictor variable of statistical significance was years of professional experience, $t(179) = 4.28$, $p < .001$; $\beta = .31$. In summary, failure to report over the course of one's career was

significantly predicted by the combination of training in child abuse and neglect, years of professional experience, and CSE (measured by the COSE total score and the Difficult Client subscale), with years of professional experience being the only significant individual predictor.

Professional Experience

Professional Experience and Satisfaction with Authorities

Using simple linear regression analyses, the effect of length of professional experience on participants' ratings of satisfaction with the responses by authorities to past reports was examined. The r^2 explained by length of professional experience was .00, $F(1,196) = .65$, *ns*, indicating that professional experience was not a significant predictor of satisfaction with authority's responsiveness (see Table 8). A one-way between-groups analysis of variance was used to explore the effects of years of experience post-graduation from a doctoral program on satisfaction with authority's responses. As shown in Table 9, no statistical significance was found among the following experience groups: 1-5 years, 6-10 years, 11-20 years, 21-25 years, and over 26 years, $F(4,79) = .96$, *ns*.

Professional Experience and CSE

Professional Experience, COSE total score, and Difficult Client subscale. The effect of length of professional experience on the COSE total score was examined using a simple linear regression (see Table 10). The r^2 explained by length of professional experience was .09, $F(1,230) = 23.42$, $p \leq .001$, $\beta = .30$, indicating that professional experience significantly accounted for about 9% of the variance in CSE, with a medium effect size (Cohen, 1988). A simple linear regression was also conducted to examine the

effect of length of professional experience on the Difficult Client subscale of the COSE. The r^2 explained by length of professional experience was .06, $F(1,230) = 14.62$, $p \leq .001$, $\beta = .16$, indicating that professional experience significantly accounted for about 6% of the variance in the Difficult Client subscale, which is a small effect size (Cohen, 1988).

Differences in COSE total score based on degree status. In order to examine differences in the total COSE score among students and professionals, a one-way between-groups analysis of variance was done to explore the impact of professional experience. Participants were divided into three groups: first year doctoral students, doctoral students who had completed comprehensive examinations but who had not yet graduated, and participants with completed doctoral degrees. As shown in Table 11, there was a statistically significant difference in the total COSE score for all three groups, $F(2,229) = 23.40$, $p < .001$. The effect size of .17, measured by eta-squared, was large (Cohen, 1988). Post-hoc comparisons using the Tukey HSD test indicated that the mean score for first-year doctoral students ($M = 157.24$, $SD = 23.53$) was significantly lower than the mean score for students who had completed comprehensive exams ($M = 167.07$, $SD = 20.25$) and for participants with doctoral degrees ($M = 180.76$, $SD = 18.95$). Additionally, the mean score for students who had completed comprehensive exams (but had not yet graduated) was significantly lower than for participants with doctoral degrees.

With the purpose of determining the existence of a possible ceiling effect of experience on CSE beyond the training years, total COSE scores of professionals who had completed doctoral degrees were examined, using a one-way between-groups analysis of variance (refer to Table 12). Four experience groups were used: a) 1-5 years,

b) 6-10 years, c) 11-20 years, and over 21 years. No statistical significance was found between groups, $F(3,88) = 1.45$, *ns*. In summary, it appears that during degree completion, the total COSE score increases significantly as the student gains experience in the program. However, following degree completion, increased years of post-degree experience do not appear to significantly impact total COSE scores.

Ancillary Analyses

Variables Related to Reporting Decisions

Intercorrelations were conducted with selected variables of interest in the study, including factors of consideration when making reporting decisions, confidence in reporting abilities, familiarity with laws, total COSE score, and the Difficult Client subscale score. Selected moderate to large correlations are discussed below; for additional correlations, please refer to Tables 4 and 13.

Confidence in reporting abilities. Ratings of confidence in reporting abilities were moderately and positively correlated with participants' (a) total COSE scores (r = .42, $p \leq .01$); (b) scores on the Difficult Client subscale of the COSE (r =. 45, $p \leq .01$); and (c) total years of experience (r =. 39, $p \leq .01$). Greater levels of confidence in reporting abilities were moderately correlated with lower levels of consideration for the following factors taken into account when making reporting decisions: (a) fear of prosecution (r = -.38, $p \leq .01$) and (b) fear of malpractice (r = -.35, $p \leq .01$).

Familiarity with laws. Familiarity with laws was highly and positively correlated with confidence in reporting abilities (r =. 68, $p \leq .01$) and moderately correlated with (a) COSE total score (r =. 32, $p \leq .01$); (b) Difficult Client subscale score (r =. 38, $p \leq .01$), and (c) total years of experience (r =. 39, $p \leq .01$). Familiarity with laws was also found

to have a negative moderate correlation with consideration of the factor, fear of malpractice (r = -.31, $p \leq .01$).

History of Maltreatment and Relationships among Maltreatment Types

In order to gain additional information about the interrelationships among maltreatment factors, correlations between history of maltreatment and other associated variables were considered (see Table 4). Results described in this narrative will focus primarily on the relationships between types of maltreatment, with reference to moderate to large correlations. For additional information on small, though statistically significant, correlations, please refer to Table 4.

Several moderate to large positive correlations were found between witnessing of parental domestic violence as a child and the co-occurrence of other types of child maltreatment, including (a) physical abuse of self (r = .52, $p \leq .01$) and (b) physical abuse of a sibling (r = .55, $p \leq .01$). Witnessing of parental domestic violence was also moderately correlated with being an adult victim of domestic violence (r = .36, $p \leq .01$). Additional moderate to large correlations were identified between physical abuse of self and the physical abuse of a sibling (r = .81, $p \leq .01$). Physical child abuse for self and for siblings each had a moderate to large correlation with the co-occurrence of child sexual abuse (r = .30, $p \leq .01$; r = .34, $p \leq .01$, respectively).

Discussion

The study was designed to examine the impact of personal characteristics (i.e., gender, race/ethnicity, and history of maltreatment) and professional characteristics on (a) reporting suspicions and (b) reporting intentions (using hypothetical scenarios and reporting patterns). Professional characteristics included: training in child abuse and neglect issues, length of professional experience, and CSE (i.e., counselor self-efficacy). Actual reporting patterns, including times professionals chose not to report, were also examined. The relationships between length of professional experience and (a) satisfaction with authorities and (b) CSE were also explored.

Overall, results indicated that professional characteristics have some impact on reporting decisions, although the effects were not significant for several of the examined variables. Significant findings were identified for the relationship between CSE and length of professional experience. CSE was also significantly related to confidence in reporting abilities and familiarity with laws. In turn, both confidence in reporting abilities and familiarity with laws were negatively associated with fears of legal ramifications. Significant intercorrelations were identified between types of maltreatment, including witnessing of domestic violence, physical abuse, and sexual abuse.

Professional Characteristics, Reporting Suspicions, and Reporting Intentions

Impact of Demographic Characteristics

As hypothesized, when examining responses to the Hansen scenarios, no significant differences were identified in (a) reporting suspicions or (b) reporting intentions based on sex, race/ethnicity, and clinical setting of practice. This finding is consistent with previous research that showed little effect of sex on reporting outcomes

(Kalichman et al., 1990; Jankowski & Martin, 2003) and contrasts with other research findings that women were more likely to report abuse (Attias & Goodwin, 1985; Crenshaw et al., 1993; Tilden, Schmidt, & Limandri, 1994). The nonsignificant effect of race/ethnicity further contributes to mixed findings on the impact of this variable (Ashton, 1999; Hampton & Newburger, 1985; Park, 2003); however, it is possible that the effect of race/ethnicity may not have been identifiable in this study due to the sample composition of mainly Caucasian (87%) respondents. It is also possible that significant effects were not found for sex due to the manner in which reporting suspicions and intentions were calculated. Overall reporting suspicions and intentions were summed across types of abuse (i.e., neglect and physical, sexual, and emotional abuse) rather than for each scenario. Previous research findings identified that women were more likely to report in response to sexual abuse (Kennel & Agresti, 1995).

Relationships of reporting suspicions and intentions with personal history of maltreatment were also examined. In contrast to previous research by Jankowski and Martin (2003), which found no significant relationships between prior history of maltreatment and reporting intentions, several small correlational relationships were identified. Witnessing of domestic violence as a child was related to greater suspicions of abuse in response to scenarios. Interestingly, results of Hansen et al.'s (1997) study also found small but significant relationships between witnessing domestic violence, reporting suspicions, and reporting intentions. Perhaps witnessing abuse of a parent increases later sensitivity to situations in which others are being maltreated. Additional positive relationships were identified between experiencing sexual assault as an adult and reporting suspicions and intentions. Although these findings should be interpreted with

caution, due to the small size of the relationships, they do point towards the impact of maltreatment experiences on sensitivity to maltreatment and towards the likelihood of reporting. Results are congruent with Hansen et al.'s findings that maltreatment history impacts reporting decisions; however, in contrast to this study's results, it should be noted that Hansen et al. also identified small positive significant correlations between reporting suspicions and a) physical abuse as a child and b) physical abuse of siblings.

Impact of Professional Characteristics

Contrary to hypotheses, neither reporting suspicions nor intentions were predicted by the combination of professional characteristics, which included specialized training in child abuse and neglect, length of professional experience, and CSE as measured by the total score on the COSE. This combination also failed to be a significant predictor when domain-specific CSE in working with difficult client issues (e.g., the Difficult Client subscale of the COSE) was used as the measure of CSE. This finding is similar to Jankowski and Martin's (2003) results, which identified no significant impact on the likelihood of reporting based on several factors, including experience.

Several explanations could clarify the results among professional characteristics, reporting suspicions, and reporting intentions. First, in accordance with Finlayson and Koocher's (1991) reasoning, the similar general training backgrounds of participants obtained during doctoral training could have led them to make similar reporting decisions. As a result, effects of subsequent specialized training, professional experience, and CSE would have been minimized. Second, it may be that the utilized scenarios did not vary enough in the description of the abusive situation to create conflict about whether the child was being maltreated. As demonstrated in previous research by Beck

and Ogloff (1995), variance in reporting intentions is significantly impacted by the degree of certainty that abuse is occurring. Third, it is possible that the effects of professional characteristics are more overt in situations with greater ambiguity than those described in the hypothetical scenarios. For example, in scenarios with clear-cut descriptions of abuse, participants might be inclined to indicate reporting intentions based on their interpretation of statutes requiring reporting of all suspicions. However, in more complex situations, bias based on situational characteristics (e.g., race, socio-economic class, previous history of maltreatment of the child) might come into play. For example, in the same way that Egu and Weiss (2003) proposed that "effective training may enable teachers to go beyond racial stereotypes and realistically look for reliable symptoms of abuse" (p. 472), perhaps specialized training, experience, and CSE also enable professionals to go beyond stereotypes as well.

In accordance with hypotheses, the combination of the professional characteristics of specialized training, length of professional experience, and CSE significantly predicted failure to report. However, examining the contribution of each predictor variable revealed that the only significant predictor of failure to report was length of professional experience. This result was evident regardless of which measure of CSE (total COSE score or Difficult Client subscale) was utilized. However, this finding may not have practical implications in light of the consideration that the number of reporting opportunities likely increases with further practice in the field, thereby allowing more opportunities for failure to report.

Impact of Length of Professional Experience

Contrary to the corresponding hypothesis, length of professional experience was not shown to be a significant predictor of participants' satisfaction with the handling of past reporting situations by authorities. Further analysis conducted using experience groups (i.e., 1-5 years, 6-10 years, 11-20 years, and over 21 years) found statistically similar ratings of satisfaction among all of the experience groups. Therefore, the results of the current study do not support the idea that satisfaction with authorities fluctuates significantly over time. This finding contrasts with two studies conducted in the 1980's (Badger, 1989; Saulsburry & Campbell, 1985), which indicated that prior negative experiences with CPS affected reporting decisions. It is possible that authorities have improved in their responses to reports since the 1980s. It is also possible that more widespread training in reporting and greater acceptance of mandatory reporting laws in recent years hav resulted in greater reporting to CPS regardless of the professional's beliefs about the effectiveness of CPS. This explanation would seem to correspond with Zellman's (1990a) stance that current laws require professionals to automatically report suspected abuse even in situations when they do not believe a report would result in an efficacious outcome for the child or family.

When examining the relationship between length of professional experience and CSE, several different analyses were conducted in order to compare the development of CSE in students and professionals. Previous research on CSE primarily focused on students or, as in research conducted by Larson et al. (1992), grouped both students and professionals together. In the current study, sample divisions consisted of: a) the overall sample, b) subsamples based on degree status, and c) professional subsamples based on

post-degree experience. By considering students and professionals separately, this study allowed for the examination of the hypothesis that there would be a ceiling effect of CSE for professionals. Interestingly, study results varied based on the ways in which professional experience and the sample of participants were operationalized.

In the first consideration, the overall sample (i.e., a combined sample of students and practicing professionals) was used. Length of experience was found to be a significant predictor of CSE, using both the COSE total score and the Difficult Client subscale. Thus, overall ratings of CSE and domain-specific CSE in working with difficult client issues were found to significantly increase as years of professional experience increased. This finding is supportive of prior research (Larson et al., 2003; Lent et al., 2003) in which ratings of CSE increased as students gained greater experience in the counseling field.

In the second consideration, results indicated that CSE was significantly lower for first year doctoral students than for (a) students who had completed their comprehensive examinations but had not yet completed their degrees and (b) those participants with doctoral degrees. Interestingly, the overall CSE of students who had completed their comprehensive examinations was significantly lower than ratings of those with doctoral degrees. Thus, when considering the CSE of students versus the CSE of professionals, additional support was shown for the growth of CSE with increased experience. This outcome is comparable to results from Larson et al.'s (1992) study in which higher levels of overall CSE were found for counselors with doctoral degrees compared to those with master's and bachelor's degrees.

In the third consideration, only the subsample of practicing professionals (i.e., participants with doctoral degrees) was utilized. Dividing professionals into four experience groups (i.e., 1-5 years, 6-10 years, 11-20 years, and over 21 years) allowed for the hypothesis that overall CSE would be subject to a ceiling effect as professionals gained greater experience to be examined. Results indicated that there were no statistically significant differences in overall CSE between any of the groups. Therefore, findings from the current study suggest that ratings of overall CSE are subject to a ceiling effect, as ratings are similar among professionals just beginning in the counseling field, for those with intermediate levels of experience, and for very seasoned professionals. However, an alternative explanation should be considered. It is possible that the nonsignificant findings regarding CSE were an effect of the instrument used to measure CSE in this study. Many of the items on the COSE appear to measure more basic counseling skills, such as the development of microskills (e.g., reflection of feeling, active listening, probing), which professionals may feel confident they have mastered by the time they complete training and obtain their degrees. It appears the COSE may be able to discriminate between varying levels of CSE in trainees but is not as sensitive to changes in CSE development among more experienced professionals. Another plausible explanation may be that professionals' conceptualizations of CSE become less clear-cut as they mature as professionals and are more realistic about and aware of their own limitations. Another possibility is that, as proposed by Stoltenberg (1998), CSE becomes increasingly domain-specific in professionals. For example, professionals with many years of experience in general practice may have a high level of overall CSE, but CSE in working with sexual orientation issues may be lower if their experience in this area is

limited. Similarly, it may be that the Difficult Client subscale is not specific enough to reflect changes in domain-specific CSE in child abuse and neglect reporting.

Confidence in Reporting Abilities

In order to further examine development of CSE, its relationship with confidence in reporting abilities was explored. A positive relationship was identified between these two variables. Higher ratings of overall CSE and domain-specific CSE in working with difficult clients issues were associated with greater levels of confidence in reporting abilities. In addition, confidence in reporting abilities increased in accordance with length of professional experience. These findings not only demonstrate support for Rodriguez's (2002) assertion that professionals with greater experience have more confidence in their reporting abilities, they also demonstrate a relationship between this confidence and perceptions of overall competence and competence in working with difficult client issues.

Examination of the relationships between confidence in reporting abilities and other variables of interest revealed interesting findings. A moderate to large correlation was found between confidence in reporting abilities and familiarity with reporting laws. Furthermore, as professionals reported higher levels of confidence in their reporting abilities, they indicated that they gave less consideration to certain factors when making reporting decisions, including fear of prosecution and fear of malpractice. It appears that confidence in reporting abilities is related to increased beliefs in competence about and greater likelihood of making reporting decisions without undue consideration being given to negative consequences to the reporters.

Similar results were identified when familiarity with laws was examined. In addition to its relationship with confidence in reporting abilities, greater familiarity was

moderately correlated with higher ratings of both overall CSE and domain-specific CSE. Greater familiarity was also associated with less consideration given to fear of malpractice when professionals were considering factors of importance in reporting decisions. It may be that perceptions of familiarity with laws are also related to increased feelings of competence in dealing with child abuse and neglect reporting decisions.

Thus, although CSE was not a direct significant predictor of reporting suspicions and intentions, there was some indirect evidence of a relationship between self-efficacy and reporting decisions. First, CSE was significantly related to confidence in reporting decisions and to familiarity with laws, suggesting that these variables are related to efficacy in reporting decisions. Second, confidence in reporting abilities and familiarity with laws were negatively associated with fear of prosecution and malpractice, indicating that preoccupation with fear of legal ramifications decreases as confidence and familiarity increase. Third, confidence in reporting abilities and familiarity with laws were significantly associated with length of professional experience. Therefore, the positive associations between confidence in reporting abilities, familiarity with laws, and professional experience suggest that certain efficacy-related variables may indeed be impacted by length of professional experience. This finding is in contrast to results identified when overall CSE was used as the measure of efficacy rather than confidence in reporting abilities and familiarity with laws, which may be considered specific measures of efficacy in abuse and neglect reporting. This explanation provides further support for the idea that CSE is domain-specific, in congruence with Stoltenberg's (1998) assertion that CSE development varies across domains based on counselor development, familiarity, and experience. It seems to confirm the hypothesis that professionals might

view themselves as competent when considering their overall abilities, yet have lower CSE in areas of less familiarity. For example, a professional with many years of experience in counseling may have a high level of overall CSE, but depending on his/her experiences in working with child abuse and neglect issues, have low CSE in making competent reporting decisions.

Additional Results

Although the research questions and hypotheses of the study focused on the relationships between reporting suspicions and intentions, and professional characteristics, an additional finding was of interest. Specifically, findings focusing on professionals' experiences with maltreatment as children and adults, including interrelationships between types of experienced abuse and between previous maltreatment and later incidents as adults, were examined. Results discussed will focus primarily on the relationships between types of maltreatment, with reference to moderate to large correlations.

Several moderate to large positive correlations were found between witnessing of parental domestic violence as a child and the co-occurrence of other types of child maltreatment, including (a) physical abuse of self and (b) physical abuse of a sibling. Witnessing of parental domestic violence was also moderately correlated with being an adult victim of domestic violence. Additional moderate to large correlations were identified between physical abuse of self and the physical abuse of a sibling. Physical child abuse for self and for siblings also had a moderate to large correlation with the co-occurrence of child sexual abuse.

The relationship between witnessing domestic violence and other types of maltreatment appears congruent with a previous meta-analytic review of relevant literature by Appel and Holden (1998), which indicated between 6-40% of cases that involved spousal violence also involved physical abuse of children. The correlation between witnessing domestic violence and experiences of domestic violence as an adult is aligned with current research findings showing that the risk of later experiences of domestic violence is doubled in cases of previous parental domestic violence (Whitfield, Anda, Dube, & Felitti, 2003). Overall, the results coincide with research showing co-occurrence of types of maltreatment, including domestic violence, physical abuse, psychological abuse, and neglect (McGuigan & Pratt, 2001). Although these findings are not directly related to the hypotheses of the proposed study, they do point to the importance of reporting suspicions of abuse and/or neglect, as it is possible that children are victims of multiple types of maltreatment. Not only are these implications applicable when deliberating over reporting decisions, they also have applicability for investigation of child abuse allegations by CPS agencies.

Limitations

The results of this study should be considered within the context of the methodological limitations associated with its design. First, the study utilized participants' self reports and perceptions of their own beliefs and behaviors. As a result, findings might have been affected by participants' desire to respond in ways that they thought would be perceived as ethical, without truly considering the actions they would actually take. Second, information about the specifics of training in child abuse and neglect were not gathered; instead focus was placed on the number of training hours

completed. As a result, it is possible that there were variances in the depth, quality, and type of specialized training reflected in this study. Third, several of the constructs, including failure to report, confidence in reporting abilities, and familiarity with law, were measured using only one item. Therefore, reliability of these ratings is lowered, as is the confidence in the reliability of results pertaining to these variables. Fourth, the significance of the correlations presented in the ancillary analyses should be viewed tentatively because the large number of correlational analyses conducted likely took advantage of experiment-wise error.

Despite previous research findings, which revealed consistency across "real-life" reporting patterns and responses to hypothetical scenarios (Jankowski & Martin, 2003; Kalichman & Craig, 1991), it is possible participants may have responded differently to scenarios than they would in actual practice. Additionally, the modification of the hypothetical scenarios to exclude some of the situational factors (i.e., race/ethnicity, socio-economic class) that added to variability in the scenarios may have resulted in them being less realistic and/or over-simplified. This is an important point as, according to Zellman (1992), situational/case characteristics have been shown to greatly influence reporting decisions. Thus, the insignificant findings regarding reporting suspicions and intentions may have resulted from focusing solely on clinician characteristics. At the same time, focusing on professional characteristics rather than attempting to incorporate the other factors identified in Kalichman's (1993) model (i.e., situational, legal, and organizational characteristics) allowed for greater understanding of the unique contributions of the professional characteristics factor.

Finally, generalizability of the sample may be limited by its composition. The majority of respondents were Caucasian females and more than half of the sample was composed of students-in-training as opposed to psychologists. As a result, the power to detect effects between students and psychologists and between females and males may have been decreased. It should be noted that a potential confound with gender differences could have also occurred as a result of recruitment methods used. Because some participants were recruited through specific listservs, particularly those specializing in women's issues, it is possible that participants recruited from these listservs differed in unique ways from those recruited through other listservs and electronic methods. This method of recruitment may have contributed to the gender skew present in the sample.

In addition, recruitment was based on self-selection and conducted using various methods, including post-card mailings, emails, and postings to listservs. It is possible that doctoral students and professionals who chose to respond to the recruitment requests and who completed the survey may be distinctly different from those who chose not to participate. It is also possible that the design of the electronic survey contributed to the dropout rate, as it was difficult to tell the number of items remaining, which may have potentially affected the participants' willingness to invest additional time.

Future Directions

The results of this study suggest that clinician characteristics play a role in child abuse reporting decisions; however, the combination of specialized training, length of experience, and CSE is not sufficient in predicting reporting outcomes professionals may make. As previously discussed, it may be that a combination of clinician characteristics, situational characteristics, legal factors, and organizational factors comprise the most

powerful predictors of reporting outcomes. As such, further research focusing on the relative importance of these variables in decision-making would allow for greater identification of intervention points through which reporting outcomes might be improved.

The suggestion that general CSE and CSE in working with difficult client issues may not measure the same construct as efficacy in the specific domain of decision-making in child abuse and neglect also has implications for future research. Unfortunately, due to the correlational nature of the analysis utilized, a causal determination between efficacy specific to reporting (i.e., measured by confidence in reporting decisions and familiarity with laws), reporting intentions, and failure to report cannot be made. Further research is needed to clarify the interactions and unique contributions of these factors. For example, future studies could focus on developing more specific ratings related to measurement of domain-specific CSE in reporting decisions, which would allow greater scrutiny of the factors that affect it. Perhaps specialized training and length of professional experience do contribute to domain-specific CSE (i.e., CSE specific to child abuse and neglect reporting) more significantly than they do to overall CSE. In addition, because beginning, intermediate, & seasoned professionals had similar ratings of overall CSE, further examination of the development of overall CSE and domain-specific CSE is warranted.

Findings from this study not only demonstrated the co-occurrence of various types of maltreatment in children, they also provided support for the impact witnessing and experiencing violence has on later personal relationships (i.e., domestic violence experiences) and professional decisions (i.e., reporting suspicions and intentions). Future

research examining the impact of maltreatment history would benefit from additional focus on background factors that might further sensitize professionals' reporting intentions. For example, cultural customs and beliefs of various ethnic/racial groups might impact professionals' decision-making. Similarly, exploring how disparities in the socio-economic status between the professional and the family might affect reporting would add to knowledge of important decision making factors. Additional information on the impact of maltreatment might be gained from a focus on professionals' perceptions of how their own experiences of victimization affect treatment in abuse situations and reporting decisions.

Overall, findings of this study suggest that future research should continue to examine factors that contribute to reporting decisions. Perhaps instead of focusing on whether training makes a difference in reporting decisions, additional research should focus on identifying the effects of differences in types and amounts of specialized training, as this might aid in greater accuracy in reporting decisions. For example, additional examination of ethical decision-making, such as that conducted by Burkemper (2002), might illuminate the rationale used by professionals in making decisions and provide further insight into the best approaches to training. Further knowledge of the ethical issues involved in reporting decisions might aid in helping professionals move from decisions of whether or not to report abuse suspicions to how it is best to do so (Crenshaw, 1993). It is hoped that such research can continue to clarify ways in which the population of abused and neglected children and their families can be better served.

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Table 1

Means, Medians, and Standard Deviations for Experience Variables of Psychologists and Students

Variable	*M*	*Mdn*	*SD*
Psychologists (*N* = 92)			
Years since doctorate	11.76	9.00	9.86
Years in practice	15.16	14.00	10.49
Students (*N* = 108)			
Hours direct service	577.75	432.50	586.55

Table 2

Means, Medians, and Standard Deviations for Professional Experience, Reporting Factors, Reporting Experiences, Training, Maltreatment History, COSE Scores, and Scenario Ratings for All Participants

Variable	*N*	*M*	*Mdn*	*SD*
Professional experience				
Years in Masters practice	232	1.07	0.00	3.34
Total years of experience (post- Masters degree)	232	5.66	1.00	8.46
Reporting factors				
Lack of confidence	229	1.21	1.00	1.03
Negative family experience	229	1.89	2.00	1.06
Positive family experience	228	1.98	2.00	0.95
Therapeutic relationship	230	1.64	2.00	0.94
Fear of prosecution	230	2.07	2.00	1.30
Fear of malpractice	230	1.76	2.00	1.32
Negative impact- child	228	3.54	4.00	0.73
Positive impact- child	230	3.27	3.50	0.91
Negative impact- parent	230	2.41	2.00	1.00
Positive impact- parent	230	2.16	2.00	1.07
Reporting experiences				
Reports- career	230	6.34	2.00	14.58

Table 2 (continued)

Means, Medians, and Standard Deviations for Professional Experience, Reporting Factors, Reporting Experiences, Training, Maltreatment History, COSE Scores, and Scenario Ratings for All Participants

Variable	*N*	*M*	*Mdn*	*SD*
Reporting experiences				
Reports- last year	230	0.71	0.00	2.08
Failure to report-career	226	1.09	0.00	2.28
Authority satisfaction	198	1.90	2.00	1.25
Familiarity with laws	230	2.27	2.00	0.68
Reporting confidence	228	3.81	4.00	0.88
Training experiences in hours				
Child abuse & neglect training	186	71.95	10.00	427.07
Sex abuse training	172	42.10	10.00	165.80
Provided training	59	59.95	20.00	154.93
Maltreatment history				
Parental domestic violence	225	.42	.00	.82
Physical abuse-self	225	.70	.00	.89
Physical abuse-sibling	222	.70	.00	.91
Sexual abuse-child	224	.21	.00	.59
CPS involvement-child	225	.01	.00	.13
Victim domestic violence	225	.29	.00	.57

Table 2 (continued)

Means, Medians, and Standard Deviations for Professional Experience, Reporting Factors, Reporting Experiences, Training, Maltreatment History, COSE Scores, and Scenario Ratings for All Participants

Variable	*N*	*M*	*Mdn*	*SD*
Maltreatment history				
Perpetrator domestic violence	225	.19	.00	.45
Sexual assault victim-adult	225	.29	.00	.58
COSE				
COSE total score	232	170.34	172.00	22.42
Difficult client subscale	232	30.66	32.00	6.06
Scenario Ratings				
Severity	230	11.58	12.00	1.96
Reporting suspicions	230	11.42	11.00	1.85
Scenario Ratings				
Reporting intentions	230	11.21	11.00	2.01

Note: Reporting Factors: range 0 to 4 with higher scores indicating greater consideration when making reporting decisions. Maltreatment History: range 0 to 3 with higher scores indicating greater frequency of maltreatment; COSE total: range 37 to 222 with higher scores indicating greater counselor self-efficacy. Difficult Client = COSE Dealing with Difficult Client subscale: range 7 to 42, with higher scores indicating greater counselor self-efficacy. Scenario Ratings; range 4 to 16, with higher scores indicating higher ratings of suspicion, and intentions.

Table 3

Multivariate Analysis of Variance for Effects of Demographic Variables on Reporting Suspicions and Intentions

Independent Variable	*F*	*df*	Λ	*Partial* η^2
Sex	1.24	(2, 227)	.99	.01
Race/Ethnic groups	1.60	(10, 446)	.93	.04
Clinical setting	.48	(10,446)	.98	.01
Children	.39	(2, 227)	1.00	.00
Marital status	1.78	(2, 452)	.97	.02
Age	.43	(8, 448)	.99	.01

Note: Bonferroni adjusted alpha level of .025 used. All results *ns*.

Table 4

Intercorrelations for Maltreatment History, Reporting Suspicions and Intentions, Training, COSE Scores, and Experience

Variable	*N*	1	2	3	4	5	6	7
1. Child abuse & neglect training	227	---	.00	-.04	-.03	-.09	-.01	.06
2. Parental domestic violence	225		---	.52**	.55**	.27**	.36**	.23**
3. Physical abuse-self	225			---	.81**	.30**	.24**	.20**
4. Physical abuse- sibling	222				---	.34**	.23**	.20**
5. Sexual abuse-child	224					---	-.01	.02
6. Victim domestic violence	225						---	.54**
7. Perpetrator domestic violence	225							---
8. Sexual assault	225							
9. Reporting suspicions	230							
10. Reporting intentions	230							
11. COSE total score	230							

Table 4 (Continued)

Intercorrelations for Maltreatment History, Reporting Suspicions and Intentions, Training, COSE Scores, and Experience

Variable	*N*	1	2	3	4	5	6	7
12. Difficult client subscale	230							
13. Total years of experience	230							

(Continuation of Table 4 for variables 8-13)

Variable	*N*	8	9	10	11	12	13
1. Child abuse & neglect training	227	.02	.04	-.11	.09	.13	.11
2. Parental domestic violence	225	.31**	.14*	.12	-.00	.05	-.03
3. Physical abuse-self	225	.19**	.08	.09	-.05	.01	-.04
4. Physical abuse- sibling	222	.18**	.05	.03	-.01	.01	.01

Table 4 (Continued)

Intercorrelations for Maltreatment History, Reporting Suspicions and Intentions, Training, COSE Scores, and Experience

Variable	*N*	8	9	10	11	12	13
5. Sexual abuse-child	224	.28**	-.00	.01	.05	.11	-.03
6. Victim domestic violence	225	.35**	.05	.11	-.06	-.07	.02
7. Perpetrator domestic violence	225	.20**	.07	-.03	-.11	-.10	-.07
8. Sexual assault	225	---	.19**	.19**	.03	.05	-.11
9. Reporting suspicions	230		---	.73**	-.01	-.05	-.02
10. Reporting intentions	230			---	-.01	.00	-.02
11. COSE total score	230				---	.85**	.30**
12. Difficult client subscale	230					---	.24**
13. Total years of experience	230						---

*$p \leq .05$. **$p \leq .01$

Table 5

Linear Multiple Regressions for Specialized Training, Years of Experience, and the COSE Total Score for Predicting Reporting Suspicions and Intentions

Variable	R^2	ΔR^2	*F*	*df*	*B*	*SE B*	β
Model 1: Reporting Suspicions	.01	-.01	.49	(3, 181)			
Child abuse & neglect training					.00	.00	.04
Total years of experience					-.00	.02	-.05
COSE total score					.01	.01	.08
Model 2: Reporting Intentions	.01	-.00	.88	(3, 181)			
Child abuse & neglect training					.00	.00	.14
Total years of experience					-.01	.02	.53
COSE total score					.00	.01	.65

Note: Results of both models *ns*.

Table 6

Linear Multiple Regressions for Specialized Training, Years of Experience, and the Difficult Client Subscale of the COSE Predicting Reporting Suspicions and Intentions

Variable	R^2	ΔR^2	*F*	*df*	*B*	*SE B*	β
Model 1: Reporting Suspicions	.00	-.01	.17	(3, 181)			
Child abuse & neglect training					.00	.00	.04
Total years of experience					-.01	.02	-.03
Difficult client subscale					-.00	.02	-.01
Model 2: Reporting Intentions	.01	-.00	.81	(3, 181)			
Child abuse & neglect training					.00	.00	.11
Total years of experience					-.01	.02	-.04
Difficult client subscale					.00	.02	.01

Note: Results of both models *ns*.

Table 7

Linear Multiple Regressions for Professional Characteristics Predicting Failure to Report

Variable	R^2	ΔR^2	F	df	B	$SE\ B$	β
Model 1	.10	.09	6.84***	(3, 179)			
Child abuse & neglect training					-.00	.00	-.06
Total years of experience					.09	.02	.32*
COSE total score					.00	.01	.00
Model 2	.11	.09	7.19***	(3, 179)			
Child abuse & neglect training					-.00	.00	-.07
Total years of experience					.08	.02	.31*
Difficult client subscale					.03	.03	.07

***$p \leq .001$.

Table 8

Linear Multiple Regression for Professional Experience Predicting Satisfaction with Authorities

Variable	r^2	*F*	*df*	*B*	*SE B*	β
Professional Experience	.00	.65	(1, 196)	.01	.01	.06

Note: Results *ns*.

Table 9

Univariate Analysis of Variance for Effects of Professional Experience Groups on Satisfaction with Authorities

Independent Variable	*N*	*M*	*SD*	*F*	*df*	η^2
Total Years of Experience	84	2.10	1.09	.96	(4, 79)	.05
1-5 years	17	2.00	1.17			
6-10 years	14	2.57	.65			
11-20 years	18	2.17	.99			
21-25 years	19	1.89	1.20			
Over 26 years	16	1.94	1.29			

Note: Results *ns*.

Table 10

Linear Multiple Regressions for Professional Experience Predicting COSE Total and Difficult Client Subscale Scores

Variable	r^2	*F*	*df*	*B*	*SE B*	β
Model 1: COSE total						
Professional Experience	.09	23.42***	(1, 230)	.75	.16	.30
Model 2: Difficult Client Professional Experience	.06	14.62***	(1, 230)	.24	.04	.16

***$p \leq .001$

Table 11

Univariate Analysis of Variance for Effects of Degree Groups on COSE Total Score

Independent Variable	*N*	*M*	*SD*	*F*	*df*	η^2
Degree Group	232	170.34	22.42	23.40***	(2, 229)	.17
1st year doctoral program	51	157.24	23.53			
Comprehensive exams completed	89	167.07	20.25			
Doctorate completed	92	180.76	18.95			

***p<.001.

Table 12

Univariate Analysis of Variance for Effects of Professional Experience Groups on COSE Total Score

Independent Variable	*N*	*M*	*SD*	*F*	*df*	η^2
Total Years of Experience	92	180.76	18.95	1.45	(3,88)	.05
1-5 years	29	177.72	20.18			
6-10 years	18	186.22	13.49			
11-20 years	24	184.29	15.10			
Over 21 years	21	176.24	23.86			

Note: Results *ns*.

Table 13

Intercorrelations between Hansen Factors of Consideration in Reporting Decisions

Variable	*N*	1	2	3	4	5	6	7
1. Lack confidence	229	---	.34**	.31**	.35**	.22**	.23**	.10
2. Negative past with family	229		---	.72**	.23**	.19**	.18**	.22**
3. Positive past with family	228			---	.30**	.13*	.20**	.26**
4. Therapy relationship	230				---	.20**	.21**	.11
5. Fear of prosecution	230					---	.77**	.15*
6. Fear of malpractice	230						---	.13
7. Negative impact- child	228							---
8. Positive impact- child	228							
9. Negative impact- parent	230							
10. Positive impact- parent	230							
11. Familiarity with laws	230							
12. Confidence in reporting	228							

Table 13 (Continued)

Intercorrelations between Hansen Factors of Consideration in Reporting Decisions

Variable	*N*	1	2	3	4	5	6	7
13. COSE total score	232							
14. Difficult Client subscale	232							
15. Total years of experience	232							

(Continuation of Table 13 for Variables 8-15)

Variable	*N*	8	9	10	11	12	13	14	15
1. Lack confidence	229	.25**	.05	.20**	-.07	-.15*	.05	.03	.04
2. Negative past with family	229	.34**	.14*	.26**	-.17*	-20**	-.04	-.10	-.03
3. Positive past with family	228	.34**	.14*	.27**	-.04	-.09	.03	-.04	.03
4. Therapy relationship	230	.31**	.08	.26**	-.14*	-.16*	-.06	-.02	-.19**
5. Fear of prosecution	230	.17**	.08	.15*	-.28**	-.38**	-.21**	-.20**	-.26**

Table 13 (Continued)

Intercorrelations between Hansen Factors of Consideration in Reporting Decisions

Variable	*N*	8	9	10	11	12	13	14	15
6. Fear of malpractice	230	.18**	.05	.13*	-.31**	-.35**	-.19**	-.21**	-.31**
7. Negative impact- child	228	.59**	.32**	.22**	.01	-.04	.06	.12*	-.05
8. Positive impact- child	228	---	.30**	.44**	-.09	-.20**	-.01	.04	-.20**
9. Negative impact- parent	230		---	.71**	-.01	-.03	.10	.14*	-.05
10. Positive impact- parent	230			---	-.07	-.10	.03	.05	-.10
11. Familiarity with laws	230				---	.68**	.32**	.38**	.39**
12. Confidence in reporting	228					---	.42**	.45**	.39**
13. COSE total score	232						---	.85**	.30**
14. Difficult Client subscale	232							---	.24**
15. Years of Experience	232								---

*$p \leq .05$. **$p \leq .01$

Appendix A

INFORMED CONSENT FOR ANONYMOUS/CONFIDENTIAL SURVEYS

Dear Professional/Future Professional:

I am a graduate student under the direction of Lisa Frey, Ph.D. in the Educational Psychology Department at The University of Oklahoma. I invite you to participate in a research study being conducted under the auspices of the University of Oklahoma-Norman Campus and entitled "Decision-Making In Child Abuse and Neglect". The purpose of this study is to examine the influence of professional characteristics, such as training, experience level, and personal experiences, on decisions made about reporting child abuse and neglect. Because of the nature of this study, please consider filling out this survey only if you are currently enrolled in or have completed a doctoral program in psychology.

Your participation will involve completing a web survey and should only take about 15-20 minutes. Your involvement is voluntary, and you may choose not to participate or to stop at any time. The results of the research study may be published, but your name will not be used. In fact, the published results will be presented in summary form only. Your identity will not be associated with your responses in any published format.

The findings from this project will provide valuable information regarding the influence of training and education on child abuse reporting, with no cost to you other than the time it takes for the survey. If you choose to participate in this study, you will be asked to respond to some questions regarding your personal history of maltreatment. Some participants may experience some discomfort because of the nature of the questions being asked. Because of this possible discomfort, you will be provided with a list of counseling resources that you may find helpful.

If you have any questions about this research project, please feel free to call me at 405-740-5972 or Dr. Lisa Frey at (405) 325-5974 or send an e-mail to elissa@ou.edu. Questions about your rights as a research participant or concerns about the project should be directed to the Institutional Review Board at The University of Oklahoma-Norman Campus at (405) 325-8110 or irb@ou.edu.

By clicking on the "next" button below, you are indicating that you have read and understood the description of the study and agree to participate. If you choose to participate, you will be eligible to enter a raffle for a $50 gift card. Following the completion of the survey, instructions on how to enter the raffle will be provided. This information will not be linked to responses on the survey. If you choose not to participate, please close out of your browser now or click to exit the survey. Thanks for your consideration!

Sincerely,
Elissa McElrath Dyer, M.Ed.

Appendix B

Proposal Submitted to the Graduate College

DECISION-MAKING IN CHILD ABUSE AND NEGLECT:

THE IMPACT OF CLINICIAN CHARACTERISTICS ON POTENTIAL REPORTING BEHAVIORS

A Dissertation Prospectus

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

degree of

Doctor of Philosophy

By

ELISSA MCELRATH DYER
Norman, Oklahoma
2006

CHAPTER 1

In the past 30 years, the issue of identifying, reporting, and treating abused children has become a relevant and controversial issue for all professionals working with children and families. An article written by Kempe et al. (1962) on the battered child syndrome first drew attention to the responsibility that physicians have to identify child abuse (Bonner, Kaufman, Harbeck, & Brassard, 1992). Although the laws that developed out of the movement prompted by this article originally focused on mandating physicians to report suspected abuse, they now extend to professionals such as nurses, social workers, school personnel, psychiatrists, psychologists, and other mental health care providers (Zellman & Faller, 1996) as well as, in at least in ten states including Oklahoma, to any person who suspects that a child is being abused or neglected (Kalichman, 1993; Oklahoma Attorney General's Office, 1999).

Despite the greater recognition of child abuse as a problem, current statistics demonstrate that a substantial number of children continue to suffer as a result of abuse and neglect. A 2005 report published by the National Clearinghouse on Child Abuse and Neglect (NCCAN) estimated that approximately 906,000 children were victims of abuse and neglect in 2003. In the overall population, NCCAN (2005) indicated that abuse and neglect victimization rates decreased between 1990 and 2003, from 13.4 children per 1,000 to 12.4 per 1,000. However, the number of child abuse and neglect fatalities has grown slightly in the last three years. In 2000, 1.84 child deaths per 100,000 were reported to have resulted from abuse and neglect (NCCAN, 2004); in 2003, this statistic had increased to 2 per 100,000 (NCCAN, 2005). According to NCCAN (2005), there is debate over the issue of whether or not this represents a true increase in incidence or,

rather an increase in recognition and determination; however, it is clear that abuse and neglect remain a persistent problem. Approximately 2.9 million referrals were made to child welfare agencies across the United States in 2003, with two-thirds of these reports being investigated (NCCAN, 2005). Fifty-seven percent of these reports were made by professionals, in comparison to those made by friends, neighbors, and relatives, which comprised 43% (NCCAN, 2005). As is demonstrated in this high percentage of reports by professionals, the factors that affect the identification of and professional response to child abuse continues to be an important issue.

Mandatory reporting statutes pose ethical issues and, often, dilemmas for professionals in working with clients. For mental health providers, decisions about whether or not to report abuse are frequently complicated by the desire to maintain confidentiality within the professional relationship, the desire to act in what they perceive to be the child and family's best interests, and the difficulty in deciding whether the maltreatment is serious enough to merit a report to a child protection agency (Zellman & Faller, 1996). Making the decision to report child abuse also creates difficulties for professionals because they are often faced with making choices that have the potential for harm (Kitchener, 2000). For example, harm to the therapeutic relationship may result if suspected abuse is reported, while the child may be at continued risk if the therapist fails to report.

In an attempt to promote greater accuracy in reporting, much of the relevant research literature has focused on the factors that influence professionals' decisions to report abuse. These factors, according to Kalichman (1993), can be encompassed in four main areas: the characteristics of potentially abusive situations, legal issues involved in

reporting, organizational factors and ethical guidelines, and the characteristics of the professional making the decision about whether or not to report suspected abuse.

Statement of the Problem

While the impact of clinician characteristics on reporting has been clearly demonstrated (e.g., Hansen et al., 1997; Kalichman, 1993; Zellman & Faller, 1996), the manner in which specific characteristics interact and affect reporting decisions remains ambiguous. Clinician characteristics consist both of the innate (e.g., sex, race/ethnicity) as well as those that are more variable, including length of time in practice in their field, training, attitudes, and professional experiences (Kalichman, 1993). In the past, numerous researchers called for additional training and education in hopes that having better trained and informed professionals would lead to greater competency in reporting decisions (Deisz, Doueck, George, & Levine, 1996; Finlayson & Koocher, 1991; Hawkins & McCallum, 2001; Harris, 1985; Jankowski & Martin, 2003; Reiniger, Robison, & McHugh, 1995; Romeo, 2000). However, the actual impact of training has not been so clear. Various studies have resulted in differential conclusions regarding the effects of training, ranging from findings that demonstrate clear impact on reporting outcomes (Zellman & Faller, 1996) to those that show little or no effects (Finlayson & Koocher, 1991; Hawkins & McCallum, 2001). Additional research in this area is needed in order to further clarify the impact of training on reporting decisions.

Similarly, the length of time professionals have practiced in their fields has yielded conflictual findings in terms of its impact on reporting outcomes. One study by Jankowski and Martin (2003) found no significant differences based on professional experience in therapists' intent to report abuse in response to a hypothetical vignette. On

the other hand, other studies have demonstrated an effect of experience, but with opposing findings regarding its impact. For example, Barksdale (1989) found that therapists with less experience were more likely to report and had greater levels of negativity about reporting than those with greater experience, while Haas, Malouf, and Mayerson (1988) found that psychologists with less experience were less likely to report. Brosig and Kalichman (1992b) proposed that these differences in findings may be accounted for by the diverse ways this variable was operationalized (i.e., years of experience in field, number of reported cases of child abuse and neglect, or number of hours of clinical experience); as such, further research examining the role of professional experience on reporting decisions is warranted.

Additionally, the influence of professional experience may be confounded by other factors. Hansen et al. (1997) found that reporting decisions were influenced by concerns about malpractice, the inability of authorities to respond adequately, and the therapeutic relationship with the family. Results from studies by Badger (1989) and Saulsbury and Campbell (1985) indicated that previous negative interactions with child welfare detrimentally impacted reporting decisions. As a result, it may be that, in addition to having greater knowledge and expertise from lengthier work in their fields, the reporting decisions of more experienced professionals may also be affected by their attitudes and beliefs about reporting that develop following their training.

Effects of experience on reporting may also be moderated by professionals' confidence in and beliefs about their clinical abilities. Rodriguez (2002) proposed that professionals with greater experience have more confidence in reporting their suspicions of abuse and neglect. This assertion complements current knowledge about counselor

development. Stoltenberg, McNeill, and Delworth (1998) indicated that novice counselors' perceptions of competence increase with training and experience. Similarly, Larson and Daniels (1988) demonstrated that counselors' overall counseling self-efficacy (i.e., judgment of their counseling skills and of their ability to handle particular situations with clients; Barnes, 2004; Lent et al., 2003) increases with experience. However, as suggested by Stoltenberg (1998), counseling self-efficacy (CSE) may vary by domain; for example, a counselor may feel confident in treating clients who are depressed but not a client with child abuse issues (see also Leach, Stoltenberg, McNeill, & Eichenfield, 1997). Past research in CSE has focused primarily on pre-practicum and novice counselors (Larson & Daniels, 1998), leaving questions as to its development in more experienced counselors. The proposed study will attempt to clarify the role of CSE in professionals' reporting decisions.

The purpose of the proposed study is to examine the impact of personal characteristics (i.e., gender, race/ethnicity, and history of maltreatment), training in child abuse and neglect issues, length of professional experience, and counseling self-efficacy on professionals' (a) reporting patterns (i.e., times they have chosen/not chosen to report in response to actual clients), (b) reporting suspicions, and (c) reporting intentions (i.e., actions that the professional states they will take in response to suspecting abuse in hypothetical scenarios). Because a measure of self-efficacy will be utilized with novices as well as practicing professionals, the study will also examine the relationship between length of professional experience and CSE.

Research Questions

The following research questions will be addressed in this study:

1. What demographic variables predict reporting suspicions and intentions?

2. Do specialized training, educational level, professional experience, and CSE predict reporting intentions?

3. Do specialized training, educational level, professional experience, and CSE predict failure to report?

4. What is the relationship between length of professional experience and CSE?

5. Does length of professional experience predict level of satisfaction in the authorities' handling of reported situations of child abuse and neglect?

CHAPTER 2

Review of the Literature

In order to fully understand the unique contribution of clinician characteristics to reporting decisions, its relationship to other factors becomes important. Based on their overview of relevant literature, and on Wills and Wells' (1988) conceptualization of reporting decisions made by police officers, Brosig and Kalichman (1992b) proposed a model for child abuse reporting decisions for psychologists that was composed of three overarching areas: legal, situational, and clinician characteristics. An additional area, organizational factors, was added to the model by Kalichman in 1993. According to Brosig and Kalichman, the legal factors that impact reporting decisions include professionals' knowledge of the law, the wording of statutes, and mandatory reporting requirements. The second grouping, situational factors, refers to the circumstance that is potentially reportable and includes characteristics of victims, types of abuse, abuse severity, and amount of evidence available to support a determination of abuse. Organizational factors are comprised of the ethical guidelines involved in reporting, the support perceived by the clinician for reporting, and institutional policy regarding reporting. Clinician characteristics include professionals' years of experience and training, their attitudes, and experiences in their field.

According to Kalichman (1993), all four of these areas impact the willingness of professionals to report abuse. Brosig and Kalichman (1992b) proposed that clinician characteristics, however, were "bi-directional, in that clinician characteristics influence tendency to report, and reporting decisions feed back to influence clinician attitudes" (p.

160). Thus, the clinician characteristics component offers an additional complexity due to its reciprocal nature with reporting decisions.

King, Reece, Bendel, and Patel (1998) also proposed that reporting tendencies are influenced by a combination of various factors. Furthermore, an examination of the current research in child abuse and neglect reveals that Kalichman's four broad categories subsume a number of factors that have been identified to be of importance in the decisions that professionals make about whether or not to report a potentially abusive situation. For example, in their literature review, Warner and Hansen (1994) identified many of the same factors as Kalichman, grouping them into similar categories such as case characteristics, professional variables, and setting variables. An overview of the complex research findings concerning these factors will demonstrate both the interrelationships among factors as well as provide a clearer view of the influence of clinician characteristics in making reporting decisions.

Factors in Reporting

Legal Issues

Various researchers have examined the impact of legal factors on reporting decisions. These factors include knowledge of reporting laws, wording of statutes, and legal requirements in mandated reporting (Brosig & Kalichman, 1992b). Mandated reporters are often placed in the position of using this knowledge and their interpretations of the law to make professional judgments about whether or not to report (Zellman, 1990b).

Knowledge of reporting laws. According to the APA Committee on Professional Practice and Standards (APA, 1995), professionals need comprehensive awareness of the

laws, policies, and agencies involved in reporting abuse. Their knowledge concerning reporting requirements of applicable statutes is integral in making ethical reporting decisions (Dekraai & Sales, 1991). Similarly, their knowledge of the procedures and steps involved in reporting is crucial as well (Remley, 1993). Studies conducted in recent years indicate that most professionals are aware of reporting requirements (Crenshaw, Lichtenberg, & Bartell, 1993; Beck & Ogloff, 1995). However, despite knowledge of their legal obligations to report abuse, they often failed to report specific incidences of abuse based on their interpretations of statutes and other legal issues (Kalichman, Craig, & Follingstad, 1988).

Wording and legal requirements of state statutes. Foreman and Bernet (2000) completed a comprehensive review of the commonalities in the language of child abuse reporting laws used in all 50 states, pointing out key differences and similarities. Basing their conclusions on their review and on the work of Bell and Toolman (1994), they determined that the reporting laws of all states address the following seven components: the characteristics of potential reporting conditions, identification of required reporters, amount of certainty or suspicion that compels reports, legal consequences for not reporting, protection of reporters from prosecution, nullification of confidentiality, and explanation of the procedures to be used in reporting. In spite of these issues being addressed in all statutes, they found that state laws vary in wording regarding the time frame for abuse reporting as well as in the amount of certainty/suspicion needed to compel a report.

Variance in the language used to delineate time frames in reporting laws was further examined by DeKraii and Sales (1991). They also asserted that the time frame for

abuse reporting varies across states, pointing out that some statutes use past tense in wording while other statutes use language consistent with reporting on-going abuse only. They indicated that differences in time frames may affect subsequent reporting decisions. For instance, wording using past tense may result in requiring reporting of past abuse, despite situations in which there is no evidence of current/recent abuse.

State statutes also vary in the level of suspicion needed to compel a report, both in the language used and in the actual legal requirements. In examining variance in wording, Foreman and Bernet (2000) concluded that the idiosyncrasies of the language used between state laws regarding the degree of suspicion necessary to compel a report might lead reporters in different states to vary in their reporting decisions, even when presented with similar situations. For example, they suggest that statutes' use of the phrase "reason to believe" versus "reasonable cause to suspect" (p. 192) might result in different interpretations of reporting responsibilities. In Oklahoma, statutes require that a mandatory reporter who has "reason to believe" that abuse has occurred must make a report to a legally mandated agency (Foreman & Bernet; Oklahoma Attorney General's Office, 1999). However, according to Foreman and Bernet's stance on reporting abuse allegations, if professionals do not believe that abuse actually occurred, they are not required to report. It should be noted that other researchers, including Zellman (1990a), suggest that current laws require professionals to automatically report suspected abuse without such consideration of their own belief and even whether the child will benefit.

The issue of wording of statutes is important because of its impact on professionals' subsequent interpretations of their responsibilities. Kalichman and Brosig (1992) conducted a study in which they varied the wording of the mandatory reporting

laws presented to survey participants. They determined that reporting decisions are influenced by the specific conditions outlined in the laws. For example, participants who reviewed a legal definition that referred to the need for the reporter to observe signs of abuse in a child were less likely to indicate that they would report an adult client whose behaviors appeared abusive. As a result, Brosig and Kalichman contended that reporters attend to the exact wording used in statutes and base reporting decisions accordingly.

In addition to wording, actual legal requirements for the level of suspicion necessary to compel a professional to report abuse and neglect have been shown to affect reporting decisions (Beck & Ogloff, 1995; Kalichman & Craig, 1991; Zellman, 1990a). Kalichman (1993) pointed out that legal requirements often do not include reporting suspicions based on children's behaviors that are consistent with sexual abuse, thus posing problems in decision-making. For example, a child may not state she is being abused but may display some behavioral indicators of sexual abuse, which according to Lambie (2005), include: age-inappropriate knowledge of sex, engaging in age-inappropriate sexual acts, regressed behaviors including bedwetting and/or not talking, reluctance to change clothes in front of others, poor peer relationships, self-injurious behaviors, depressive symptoms, and delinquency/aggression.

Many studies have determined that vague wording in state statutes and confusion over legal requirements often result in failure to report, uncertainty about abuse occurrence, and failure to recognize indicators of abuse (Brosig & Kalichman, 1992a; Crenshaw, Bartell, & Lichtenberg, 1994; Deisz, Doueck, George, & Levine, 1996; Foreman and Bernet, 2000; Gracia, 1995; Kalichman & Brosig, 1992; Weinstock & Weinstock, 1989). For instance, Kalichman and Craig (1991) found that 37% of the

licensed psychologists in their survey had chosen not to report suspicions on at least one occasion. They concluded that "reporting laws appear to be sufficiently vague to allow clinicians flexibility in their decisions, and yet penalize them for failure to report as a result of clinical judgment" (p. 6).

Use of professional judgment. According to Zellman (1990b), the lack of guidance regarding reporting requirements (i.e., vague wording and variance in legal requirements) highlights the importance of determining how professionals make reporting decisions, in particular how they choose to apply their professional judgments in forming their intentions. Remley (1993) asserted that professional judgment can be strengthened through consultation with colleagues. However, he pointed out that, even when professionals attempt to adhere to state statutes, they may have difficulty determining the best actions to take due to the ambiguous nature of statutes, citing variances in the understanding of reporting past abuse as an example. Making a professional judgment about legal requirements also poses problems when there are differences in interpretation between mandated reporters and the authorities to whom they are required to report.

According to Deisz et al. (1996), there are often disparities between what professionals believe they are legally mandated to report and what Child Protective Services (CPS) define as abusive. In comparing the viewpoints of mandatory reporters and CPS workers, Deisz et al. found that they often have conflicting perspectives. In general, the CPS workers believed that the standards therapists used when making reports were not stringent enough. They also discovered that, in determining reasonable cause for a report, CPS workers generally value more behavioral and specific information over the

therapists' intuition and conclusions based on general patterns of client behaviors. Additionally, CPS workers did not believe reports of past physical abuse (in which the child was not currently at risk) constituted appropriate reports, further emphasizing the problem pointed out by Remley (1993) about the difficulty in determining when abuse should no longer be reported. Deisz et al. also found that professionals complained of receiving different recommendations from different CPS workers when calling the reporting hotline for advice and believed that the hotline was unpredictable in providing assistance in determining the appropriateness of an abuse report. The present study proposes that greater training in child abuse and neglect and professional experience aid potential reporters in resolving these complex issues in accordance with ethical standards and legal obligations.

Situational Factors

Many researchers have examined the characteristics of potentially reportable situations in order to determine the impact of situational factors on the decision making process (Hansen et al., 1997; Kalichman, 1993; Zellman, 1992). According to a literature review conducted by Brosig and Kalichman (1992b), these situational factors include the characteristics of victims, type of abuse, severity of the abuse, and evidence available to support a determination of abuse (see also Kalichman, 1993). However, victim characteristics, such as age, gender, and race/ethnicity, have been examined by several researchers (e.g., Hansen et al., 1997; Kalichman & Brosig, 1992; Zellman, 1992), with mixed results. Type of abuse and severity of the abuse have been shown to impact reporting decisions (Beck & Ogloff, 1995; Jankowski & Martin, 2003; Nightingale & Walker, 1986; Zellman, 1990b). Similarly, the amount of evidence in support of abuse

allegations has been found to influence reporting decisions (Beck & Ogloff, 1995; Kalichman et al., 1988; Zellman, 1990a). Additional support for the importance of situational characteristics on reporting decisions was provided by Zellman (1992), who found that case characteristics had greater influence on reporting decisions than the anticipation of positive outcomes for the child and/or family.

Characteristics of the victim. Victim attributes have been shown to impact reporting decisions. Several studies found that the victim's age is an important factor, as abuse of children of younger ages was shown to be more likely to be reported (Hansen, et al., 1997; Kalichman & Brosig, 1992; Zellman, 1992). According to Zellman (1992), victims from lower socio-economic classes were also more likely to be reported. Studies examining the impact of victims' ethnicity/race have varied results, with some studies determining that ethnicity/race impacts decisions (Hansen et al., 1997) and others showing few effects (Egu & Weiss, 2003; Kennel & Agresti, 1995).

Type of abuse. The type of suspected abuse has been shown to affect reporting decisions, with a greater likelihood of reporting for physical and sexual abuse than for neglect (Beck & Ogloff, 1995; Jankowski & Martin, 2003; Nightingale & Walker, 1986; Zellman, 1990b). Additionally, Jankowski and Martin found that compared to other forms of abuse, emotional abuse had the lowest likelihood of being reported. Kerig and Fedorowicz (1999) concluded that the difficulty of reporting emotional abuse was related to the difficulty involved in defining it. For example, they posed the question of whether or not a child witnessing domestic violence qualifies as psychological maltreatment. Romeo (2000) asserted that emotional abuse is particularly difficult to define and

subsequently identify because the damage to the child is not as overt as in other types of abuse.

Abuse severity. Reporting decisions have also been shown to be related to the severity of suspected abuse (Brosig & Kalichman, 1992b; Zellman, 1990b). In their study examining the impact of racial bias in abuse reporting, Egu and Weiss (2003) concluded that in scenarios in which the victim was severely abused, reporting decisions were not significantly impacted by the race of the child, while in studies with less severe abuse, race did appear to be a factor. Beck and Ogloff (1995) found that sexual abuse and physical abuse are viewed as more serious than neglect; however, as Gracia (1995) asserted, this perspective can be misleading given that the psychological consequences of neglect and emotional abuse can have serious long-term consequences on children's development.

Brosig and Kalichman (1992b) pointed out that it can be difficult to determine the effects of abuse severity on reporting decisions, as abuse severity is often relayed by researchers through providing greater information about the abuse. For example, when composing vignettes of greater severity, researchers may impart more details regarding the indicators of abuse for the victim. Provision of supporting evidence of abuse, as will be further discussed below, impacts decisions as well. As a result, studies examining increased evidence of abuse have often simultaneously and inadvertently heightened the level of abuse severity (Brosig & Kalichman, 1992b; Kalichman et al., 1990; Zellman, 1990b).

Supporting evidence of abuse. According to Zellman (1990a), the amount of available evidence to support suspicions of abuse comprises a critical influence on

professionals' reporting decisions. Zellman determined that case characteristics impacted reporting decisions by influencing professionals' ratings of abuse severity, willingness to define a scenario as being abusive, and beliefs about whether scenarios should be reported. In a later study using hypothetical vignettes, Zellman (1992) also found that the victim having a history of previous abuse led professionals to make more serious judgments of abuse and to indicate that they would report. In response to scenarios in which the victim recanted abuse allegations, professionals were less likely to indicate that they would report. According to Zellman, this finding is disturbing as victims often recant, even in cases in which the abuse is later confirmed. Zellman theorized that case characteristics may serve to provide professionals with enough supplementary information regarding the abuse situation that they feel more comfortable in making a determination of abuse.

Previous findings by Kalichman et al. (1988) revealed that 89% of the professionals in their study who had made a decision against reporting an incident of suspected abuse based this decision on the lack of supporting evidence that abuse had actually occurred, resulting in increased confidence in their decision to not report. Similarly, Beck and Ogloff (1995) found that the degree of certainty that abuse was occurring accounted for almost all of the variance in the reporting intentions of survey respondents. Nicolai and Scott (1994) also reported that certainty of abuse was linked to reporting intentions. Overall, it appears that the amount of evidence and indicators of abuse are linked to professionals' certainty that abuse is occurring and, thereby, to the degree of reasonable suspicion that they hold (Hansen et al., 1997; Kalichman, 1993).

Finlayson and Koocher (1991) proposed that the amount of reasonable suspicion a professional requires to believe he or she is compelled to report lies along a continuum. The idea of this continuum seems consistent with research on failure to report. For instance, as discussed previously, Gracia (1995) found that less severe cases of abuse fall into a category of "not serious enough to report" (p. 1083). Similarly, Zellman (1992) found that professionals failed to report suspicions when they believed they did not have enough evidence to report. Additionally, Kalichman (1993) stated that along this continuum there is a "reporting threshold" that professionals surpass when determining that they have reasonable suspicion to report abuse (p. 70). He stated that individual differences in this threshold may explain why some professionals report based on more subtle signs of abuse while others require more prominent and unambiguous indicators to report (Kalichman, p. 70). However, Kalichman asserted that there is a difference between not having enough evidence to form reasonable suspicion and not considering abuse to be severe enough to report. He asserted that "reporting thresholds are reached in both serious and non-serious cases of child abuse. Few states have statutes that limit reporting to serious child maltreatment… From this perspective, all child abuse, or suspicions of child abuse, can be taken as serious enough, and surpass lenient reporting thresholds" (p. 72-73).

Organizational Factors

In addition to the complicating issues concerning professional discretion, wording of statutes, conflict between laws and values, and level of certainty, Kalichman (1993) proposed that organizational factors play a role in influencing reporting decisions.

According to Kalichman, organizational factors include ethical guidelines, institutional policies, and support for reporting in the workplace.

Ethical guidelines. As previously noted, APA ethical guidelines require that psychologists are compliant with legal guidelines to report suspected child abuse (APA, 1995). However, as reported by Crenshaw et al. (1993) mental health professionals did not fail to report abuse because they were unfamiliar with reporting requirements. Instead, they asserted that genuine ethical dilemmas exist in making reporting decisions, stating that the problem for most professionals does not fall into deciding whether or not to report, but in deciding when it is appropriate and how best to do so.

Burkemper (2002) explored therapists' compliance with ethical guidelines, specifically examining how the ethical decision-making processes used in making reporting decisions affect reporting outcomes. Burkemper asserted that ethical decision-making is affected by the therapists' ability to engage in moral reasoning. According to the results of Burkemper's study, when engaging in moral reasoning to resolve ethical dilemmas, therapists first made decisions along ethical guidelines, next according to legal considerations, and then based on their therapeutic response (i.e., intuitive response based on prior knowledge and experience). Therapists also indicated that, in responding to a child abuse scenario, they first valued the principles of nonmalficence (e.g., refraining from harming the client), followed by beneficence (e.g., acting in what they perceived as the client's best interest), then by maintaining confidentiality, and finally by respecting the client's autonomy and ability to choose their actions.

Burkemper's framework is useful in understanding failure to report. Several studies have shown that despite awareness of legal and ethical guidelines, clinicians often

fail to report suspected abuse (Crenshaw et al., 1993). In a survey of professionals who had significant experience with the legal and/or ethical aspects of psychology, Pope and Bajt (1988) found that 21% of respondents had failed to report child abuse in the past, among other actions typically deemed unethical. Seventy-seven percent indicated that they believed it was okay to disregard ethical and legal standards that conflicted with what they perceived to be the client's welfare or their own deeper values. Similar findings were revealed in a 1993 study by Crenshaw et al. They reported that the desire to comply with statutory reporting requirements is only partially responsible for resulting decisions. In their study, most mental health professionals were unconcerned about potential legal or ethical charges resulting from their reporting decision, instead placing the most value on acting in accordance with what they believed to be in the child's best interests. Interestingly, this finding held true for both those professionals who chose to report and those who did not. Based on Burkemper's model, it is possible that these professionals were placing beneficence above the other ethical principles in making decisions about reporting. It is also possible that clinician's personal values and professional experiences impacted reporting decisions, which comprise factors that will be further discussed in the following section delineating clinician characteristics.

Institutional policies and support for reporting. According to Kalichman (1993), the policies of the professional's workplace also impact reporting decisions. Research conducted in the school setting illustrates this principle. Hinson and Fossey (2000) found that teachers often fear negative consequences for reporting from co-workers and/or administrators. Results of their study also indicated that many teachers reported suspicions of abuse to their school principal instead of directly reporting to CPS.

Seventy-three percent of the teachers in their study believed that the principal would then report to the proper authorities; however, 23% were unsure of the school's required actions following their notification of the principal.

The influence of institutional policies on reporting decisions can also be identified in a study by Kenny (2001), which compared the reporting processes of teachers and physicians. In response to an allegation that a stepfather had molested a student (or patient, depending on profession of study participant) by touching her genital area, 52% of teachers indicated they would report the allegation to school administration while only 26% indicated they would report directly to CPS. Conversely, 27% of physicians indicated they would report the allegation to hospital administration while 50% indicated they would report to CPS. Kenny also examined responses to a student/patient's allegation that "another doctor (or, alternatively, teacher) has been touching her genitals" (p. 18). Only 4% of physicians indicated they would directly report the physician to CPS while 26% of teachers indicated they would directly report their colleague. Twenty-nine percent of physicians indicated they would report allegations to hospital administration who would then notify CPS, while 18% indicated that they would allow hospital administration to make the decision of whether or not to report. Of the teachers, 48% indicated they would report allegations to school administration, who in turn would notify CPS. Fifteen percent indicated they would then allow school administrators to make the reporting decision instead of them. In addition, teachers were more likely to take immediate action in reporting a colleague than physicians, with 0% indicating they would "wait for more obvious signs of abuse" (p. 18) compared to 18% of physicians who indicated that they would delay in reporting for more overt indicators. Kenny

pointed out that local hospital and school policies may "stipulate other protocol" (p. 18) for reporting despite instruction by state statutes that the professional should report suspicions directly to CPS.

The concern of teachers about potential ramifications of reporting abuse (Hinson & Fossey, 2000), as previously described, indicates that reporting decisions are often impacted by the institutional support provided for reporting. For example, Hinson and Fossey quoted a teacher who wrote that she had failed to report due to lack of support by the principal. Hinson and Fossey asserted that principals, in turn, may refrain from reporting abuse due to anticipation of potential conflict between parents and the school system, a desire to limit the number of abuse/neglect reports coming from the school, and because they may personally believe there is not enough evidence that abuse is occurring despite the teachers' assertions.

Clinician Characteristics

Various characteristics of potential reporters have been shown to influence the decisions professionals make about whether or not to report abuse. According to Kalichman (1993), support has been shown in the literature for impact of the following clinician characteristics: years of experience in the field, the type and extent of training, and the amount of reporting experience the clinician has, which comprise the key variables to be examined in the proposed study. Research on demographic variables, such as those that will be examined in this study (e.g., sex, ethnicity, professional affiliation), has yielded conflicting and often ambiguous findings.

Gender of reporter. The gender of the reporter appears to have mixed results in terms of its effect on reporting decisions. Several studies have found no differences

between men and women's reporting outcomes (Kalichman et al., 1990; Jankowski & Martin, 2003), while other researchers (e.g., Kennel and Agresti, 1995) found that female clinicians were less likely to have reported sexual abuse suspicions. Additional studies examining the impact of gender indicated that women were more likely to suspect abuse (Finlayson & Koocher, 1991; Hansen et al., 1997) and to report it (Attias & Goodwin, 1985; Crenshaw et al., 1993; Tilden, Schmidt, & Limandri, 1994). One possible explanation for the variance shown in the effect of gender was provided by Finlayson and Koocher (1991) who pointed out in their study that "gender differences were less apparent when the clinical presentation of sexual abuse was most specific. This may indicate a ceiling effect, as virtually all respondents, regardless of gender, had substantial clinical suspicion" (p. 470).

Age of reporter. A literature review conducted by Brosig and Kalichman (1992b) indicated little support for the idea that the age of the reporter influences decision outcomes. Similarly, Jankowski and Martin (2003) and Kean and Dukes (1991) indicated no significant variance in reporting outcomes based on the ages of therapists. However, Kean and Dukes identified conflicting findings when examining the reporting decisions made by physicians. They found that younger doctors were more likely to report abuse. However, as Rodriguez (2002) asserted, it is difficult to distinguish whether these differences can be attributed to the age of the reporter or to differences in their years of experience in practice. It is possible, as well, that more recent training opportunities, a tendency to immediately report all allegations/suspicions, and less confidence in relying on professional judgment steered younger doctors in making their decisions (Kean & Dukes).

Ethnicity of reporter. Various studies (i.e., Ashton, 1999; Hampton & Newburger, 1985; Zellman & Bell, as cited in Park, 2003) have yielded mixed results regarding the influence of the reporter's ethnicity on reporting decisions. In his study, Park found no significant differences in reporting intentions based on ethnicity. He proposed that the small effects of ethnicity that were shown were probably due to differences in attitudes toward corporal punishment among African American, Caucasian, and multiracial respondents.

Theoretical orientation and history of maltreatment. Professionals' theoretical orientation and personal histories of maltreatment have also been shown to impact reporting decisions. Nicolai and Scott (1994) found that therapists with psychodynamic orientations had lower reporting rates than those from behavioral, cognitive-rational emotive, and eclectic orientations. Findings by Hansen et al. (1997) demonstrated that therapists with histories of maltreatment were more likely to indicate that they planned on reporting in response to a hypothetical scenario. However, results of Jankowski and Martin's (2003) study indicated no significant differences in reporting behaviors related to either theoretical orientation or history of maltreatment.

Attitudes and beliefs about reporting. Results from past research studies indicate that professionals are conflicted about reporting decisions based on their perceptions that reporting may have negative effects on the therapeutic alliance (Brosig & Kalichman, 1992b; Kalichman et al., 1989). Furthermore, Hansen et al. (1997) determined that the most important factor in professionals' reporting decisions was the consideration they gave to the potential effects on the child and parent. Other attitudes and beliefs negatively associated with reporting included fears about prosecution and malpractice, the inability

of authorities to respond adequately, and the therapeutic relationship with the family. Similar findings by Zellman (1990a) revealed a significant correlation between the intent to report suspected abuse and the potential benefit, as perceived by the counselor, to the child and the family. According to Zellman, this perception becomes problematic when professionals are required to report even when they do not believe it will benefit the family. She asserted that this belief often deters them from reporting. However, as Hansen et al. pointed out, even though professionals consider these factors in reporting, there is no legal justification for their failure to report, because the law requires them to report regardless of whether or not they believe the family will benefit (Kalichman, 1993; Warner & Hansen, 1994).

Attitudes and beliefs about reporting are often based on previous interactions with and beliefs about child welfare. Badger (1989) and Saulsburry and Campbell (1985) indicated that previous negative interactions with child welfare resulted in decreased reporting. Zellman (1990b) found that, compared to professionals from other fields (i.e., social workers, physicians, school principals, and child care workers), child psychiatrists and psychologists appeared to view CPS more negatively, indicating that one reason for their failure to report was related to the perceived inadequate quality of CPS services. They also anticipated fewer benefits of reporting, such as helping the child/family and stopping abuse. Zellman hypothesized that mental health professionals may view the services they could provide through their own treatment skills as being of higher quality than CPS services, thereby resulting in failure to report. Therefore, it would seem that prior reporting experiences and involvement in working with child abuse issues would impact subsequent reporting decisions, as is hypothesized in the proposed study.

Reporting differences between professionals. The majority of studies examining the impact of professional affiliation have focused on differences among medical professionals, psychologists, social workers, CPS workers, teachers, and other educators (Kenny, 2001; Kenny & McEachern, 2002; Reiniger et al., 1995; Rodriguez, 2002; Zellman, 1990a, 1990b). Researchers have noted that perceptions of abuse and neglect (Deisz, et al., 1996), knowledge of reporting laws (Reiniger et al., 1995), and patterns of reporting decisions (King et al., 1998) were affected by the reporter's professional affiliation. As previously mentioned, Zellman (1990b) identified several key differences in the reporting beliefs of professionals from various affiliations. Reiniger et al. (1995) found that the mental health professionals in their study were more knowledgeable about reporting than other professionals, including teachers, optometrists, and podiatrists.

King et al. (1998) and Zellman (1990a) also found that reporting patterns vary by professional affiliation. King et al. examined the reporting patterns of professionals, specifically pediatricians, social workers, and physician assistants. Their findings revealed that reporting patterns were related to the professionals' attitudes and beliefs about reporting (e.g., reporting does more harm than good, reporting will result in removal of the child), concern about maintaining anonymity, and the amount of completed training in child abuse and neglect. Zellman (1990a) examined the actual reporting patterns of various professionals, including general and family physicians, pediatricians, psychiatrists, psychologists, and social workers. Results of her study revealed that psychologists, social workers, and psychiatrists were less consistent than other professionals in reporting abuse over the span of their careers.

Training of professionals. Many researchers have indicated that the key to ideal fulfillment of reporting responsibilities lies in educating professionals. For example, Harris (1985) proposed various stages involved in working with children determined to be at risk for abuse, including recognition, evaluation, immediate protection, and future planning. In order for professionals to adequately move through these stages, she proposed that greater education is needed, asserting that education is the most meaningful ethical obligation of professionals. Deisz et al. (1996) called for better education and training of reporters in order to decrease failure to report and increase coordination among those who work to protect children. The need for additional education was also supported by Zellman (1992) who stated that more widespread and specific training is needed to help professionals recognize their own prejudices regarding reporting. Similarly, Jankowski and Martin (2003) asserted that further emphasis should be placed on furthering child maltreatment decision making skills in supervision of therapists and on helping therapists develop "conceptual models for decision making much the same way they benefit from developing a personal theory of therapy during their training" (p. 327). King et al. (1998) concluded that there is a need to strengthen the current educational curriculum in child abuse and neglect for graduate students as well as the continuing education requirements for mandated reporters after professionals begin working in the field of counseling.

Several empirical studies indicate that training has been lacking in the past. In their survey of professionals, Pope and Bajt (1988) reported that the majority of respondents indicated that ethical dilemmas in child abuse reporting were not sufficiently addressed in their education, training, supervision, or in the available professional

literature. Another convincing argument for the need for further education was made by Kalichman and Brosig (1993), who identified that only 23% of psychologists received any type of training in child abuse detection and treatment. In a more recent study, King et al. (1998) found that only 39% of the physicians, physician assistants, and social workers in their study had received child abuse and neglect training in the past two years and, of this percentage, 56% indicated that the training had been less than 10 hours. Overall, these findings point to the importance of addressing the education and training history of potential reporters in current research.

In spite of many researchers' stances that specialized training in child abuse and neglect would help professionals address problems involved in reporting decisions, research studies have yielded ambiguous results. Using hypothetical scenarios, Zellman (1992) found that many professionals failed to indicate that they would report sexual abuse allegations if the victim recanted. Zellman asserted that this finding revealed a lack of adequate training, in particular a lack of awareness that research supports the idea that victims often recant even if allegations are true. Zellman's findings that race and socio-economic status influence reporters' judgments in ambiguous reporting scenarios led her to conclude that additional education is needed to "help mandated reporters recognize both child maltreatment and their own biases" (p. 70).

Zellman and Faller (1996) examined the lifetime reporting patterns of various professionals. They placed respondents into three categories: consistent reporters (reported at least one time as well as every time they had a suspicion); discretionary reporters (reported at least one time but had not reported every time abuse was suspected), and consistent non-reporters (had never reported despite suspecting abuse at

least one time). In examining differences between reporters, Zellman and Faller found that consistent non-reporters had minimal training and knowledge about child abuse. On the other hand, discretionary reporters had similar levels of training in child abuse to consistent reporters. Of the discretionary reporters, 56% had failed to report suspected abuse in the past year. Compared to the two other types of reporters, discretionary reporters were more likely to (a) believe they could be effective in working with child abuse, (b) have more negative perceptions of CPS, (c) believe reports often result in potentially harmful consequences to the child, and (d) indicate that they "served as their agency's child abuse resource person" (p. 368).

On the other hand, Hawkins and McCallum (2001) found that mandated training did not appear to influence reporting intentions. However, this result could have been based on the scenarios utilized in their study, which provided many details of the abuse. They concluded that the likelihood of reporting was not significantly affected by mandated training differences when there was a high level of evidence provided in the vignette, because all professionals indicated they had intentions of reporting. To avoid this potential pitfall, the proposed study will utilize both a hypothetical scenario that has been previously shown to result in reporting variances as well as inquire about respondents' real-life reporting patterns.

A key study by Finlayson and Koocher (1991) also failed to show support for the role of specialized training in reporting decisions. Specifically, they found no significant differences in the reporting suspicions (i.e., the level of suspicion that abuse had occurred) and intentions of professionals with high and low levels of specialized training in sexual abuse. However, Finlayson and Koocher stated that "it is possible, but not

plausible, that professional training has no effect on clinical decision making regarding child abuse reporting" and instead attributed their finding to two factors (p. 471). First, they proposed the possibility that core similarities in basic and high levels of training may equip professionals to make similar reporting decisions. However, they proposed that it was more likely the findings were related to a second factor, that is, their use of a homogeneous sample of professionals, consisting of doctoral level psychologists with interest and experience in working with children and victims of abuse.

Interestingly, Beck and Ogloff (1995) found that master's level psychologists were more likely than doctoral level psychologists to indicate that they would report abuse in response to a vignette. In contrast, a study by Kalichman et al. (1988) found that practitioners with more education were more likely to indicate they would report suspicions. In light of Finlayson and Koocher's recommendation and other conflicting findings, the proposed study will recruit a wide sample of mental health professionals at various levels of clinical experience and with varying backgrounds in working with child abuse in order to further identify key influences on reporting decisions.

Years of experience. In discussing the impact that professional experience has on reporting decisions, it is important to discuss the relationship between training and experience. In their study of school professionals, Kenny and McEachern (2002) found that the respondents who had fewer years of experience considered their training in child abuse and neglect reporting to be more adequate than the respondents with greater experience. They concluded that educational programs are beginning to provide school professionals with more training in child abuse and neglect identification and reporting. Another important consideration concerns the population of professionals targeted in the

various studies. According to Rodriguez (2002), the overall role of experience is somewhat difficult to determine because studies have focused on particular groups of professionals: Head Start professionals (Nightingale & Walker, 1986); school teachers, counselors, and principals (Kenny, 2001; Kenny & McEachern, 2002); health professionals (Feldman, Monasterky, & Feldman, 1993; Van Haeringen, Dadds, & Armstrong, 1998; Warner-Rogers, Hansen, & Spieth, 1996); or psychologists (Brosig and Kalichman, 1992b). As a result, comparisons of findings based on these studies may not clearly illuminate the role of experience in reporting decisions, as it may be confounded by type of profession and training.

Based on their review of the literature, Brosig and Kalichman (1992b) concluded that it is not yet clear how years of experience relate to reporting tendencies and outcomes. In addition to the problem with comparisons across professions, studies have often varied in the operational definition of experience that is used. Brosig and Kalichman cited three studies to illustrate this point. In the first study (Barksdale, 1989), experience was defined as the number of years the psychotherapist was in practice, analyzed as a categorical variable. Results indicated that therapists with less experience were less willing to report abuse suspicions and had attitudes about reporting that were more negative than those with greater experience. In addition, psychotherapists with more experience were less preoccupied with potentially negative consequences to themselves. In the second study (Haas et al., 1988), experience was analyzed as a continuous variable, operationally defined as the number of years since obtaining a degree. This study revealed opposite findings: psychologists with more experience were less likely to report abuse than those who were newer to the field. The third study

(Nightingale & Walker, 1986) found that Head Start workers with less experience in working with preschool children were less likely to report suspected abuse. However, experience was defined as level of education.

In addition to the studies cited by Brosig and Kalichman (1992b), several other studies vary in the support shown for the influence of amount of professional experience on reporting decisions. As previously noted, Warner-Rogers et al.'s (1996) study with medical students revealed no impact on reporting tendencies as a result of professional/ clinical experience. Although the effect was small, Hansen et al. (1997) found that professional experience in the field of maltreatment was significantly related to suspicion and reporting intentions. The proposed study would contribute to the literature by further clarifying the overall impact of this variable on reporting decisions.

Counselor Self-Efficacy

According to Rodriguez (2002), the role of clinician experience may be mediated by the amount of confidence professionals have in their clinical judgments and competency. Rodriguez maintained that professionals with greater experience have more confidence in reporting their suspicions of abuse. In order to determine the role that confidence may play in reporting decisions, the proposed study will explore the separate contributions of experience and CSE in reporting decisions.

CSE is a construct that has arisen out of applying social cognitive theory to the development of counseling skills (Larson & Daniels, 1998; Lent, et al., 2003). CSE is defined both as "an individual's perception of his or her competence to conduct counseling" (Barnes, 2004, p. 56) and of his or her ability "to negotiate particular clinical situations" (Lent et al., 2003, p. 97). CSE is related to the confidence that professionals

have in their abilities to counsel effectively. Higher levels of CSE have been correlated with higher levels of self esteem, lower levels of anxiety, and greater confidence in the ability to solve problems effectively (Larson et al., 1992). Greater CSE has been linked to higher satisfaction as well (Larson & Daniels).

Based on their comprehensive review of relevant research, Larson and Daniels (1998) reported mixed findings regarding the relationship between CSE and training. They identified four studies that supported the finding of higher levels of CSE for more advanced students, three studies that determined this relationship is "not linear during training" (Larson & Daniels, p. 188), and two studies that showed minimal effects of CSE beyond training experiences. Although Larson and Daniels proposed that part of this variance was due to differences in definitions of CSE used in studies, they also asserted that CSE may vary according to students' level of development as a counselor.

Stoltenberg, McNeill, and Delworth's (1998) Integrated Developmental Model reveals that counseling students tend to fluctuate in their level of confidence, autonomy, and motivation when transitioning from a basic level of understanding and experience to a more intermediate one. Despite these fluctuations, Leach et al. (1997) found that intermediate trainees had higher levels of overall CSE than novice trainees. Lent et al. (2003) examined the CSE of trainees with various levels of past counseling experience (i.e., less than one year, one to three years, and more than three years). Results confirmed Larson and Daniels' (1998) previous finding that trainees' CSE increases with experience.

In addition to varying with level of training, it may be that CSE varies with the relevant experience a counselor has in working in a particular domain area, as suggested

by Stoltenberg (1998). Referring to a study conducted by Leach et al. (1997), Stoltenberg reported that trainees' overall amount of counseling experience did not differentiate their level of CSE on the Difficult Client Behavior subscale of the Counselor Self-Estimate Inventory (Larson et al., 1992), a questionnaire used to measure CSE. Instead, Leach et al. (1997) found that trainees with more prior experiences in working with sexually abused clients (i.e., a difficult client issue) had higher levels of CSE than those with less experience. As a result, greater professional experience in the domain of abuse and neglect may result in higher levels of CSE.

It is important to note, however, that CSE has been studied almost exclusively with trainees and not with experienced counselors. In one study that compared the CSE levels of counselors with bachelor's, master's and doctoral degrees, researchers found that the counselors with master's and doctoral degrees had higher levels of CSE than the bachelor's level (Larson et al., 1992). However, there was not a significant difference between the master's and doctoral level counselors. Larson et al. also compared the relationship of years of experience with CSE. They grouped respondents into three groups: those with no experience (beginning level), those with 2 to 8 years of experience (intermediate level), and those with 9 to 39 years of experience (advanced level). The group of beginning level respondents had significantly lower CSE scores than those with intermediate or advanced levels of experience; however, there was not a significant difference in the CSE levels between the intermediate and advanced groups. The proposed study further contributes to the self-efficacy literature base in that it will allow for the comparison of CSE among seasoned professionals, beginning professionals, and trainees of various developmental levels.

The support for the relationship between CSE and confidence in general clinical decision making abilities (Larson et al., 1992) would seem to imply a relationship between CSE and more specific clinical decisions, including those involving child abuse reporting. However, as suggested by Stoltenberg (1998) it may be that this confidence is more domain specific based on past experiences. Results of the proposed study will aid in the clarification of the relationship between general CSE and experience in a domain-specific area. As previously noted, the conflicting findings regarding the role of experience may be at least partially influenced by the role of CSE. For example, as professionals increase in confidence about their abilities, they could become less automatic and more discretionary reporters, thus resulting in more inconsistent reporting patterns with greater experience. On the other hand, as professionals grow in confidence, they could become more set in their determination of abuse and able to better tolerate the potential conflict and discomfort of reporting an on-going client. This is an important distinction because it may aid in separating the overlap between years of experience and confidence in one's counseling skills. It should be noted, however, that based on prior findings, it is expected that there may be a ceiling effect of experience on CSE, as experience level increases beyond the training years.

Implications of the Literature for the Proposed Study

The literature investigating the decisions that professionals make about reporting child abuse and neglect has culminated in the identification of a multitude of factors that influence decision making. By reviewing these factors in the context of Kalichman's (1993) model, understanding of the interplay among them is illuminated. The body of research in child abuse and neglect clearly demonstrates the overall influence of the

following factors on reporting decisions: characteristics of the situation, legal issues, organizational factors and ethical guidelines, and the characteristics of the professional (Kalichman). The literature base also emphasizes the importance of understanding clinician characteristics that influence reporting decisions and lead to problems with under- and over-reporting of abuse (Zellman, 1992). Further exploration of clinician characteristics, as outlined in the proposed study, will provide opportunities to deepen the understanding of ways to increase competency in reporting decisions.

There remain a number of limitations in the research on clinician characteristics that will be addressed in the proposed study. First, when considered as a group, the various studies that have examined the influence of static characteristics, such as gender, race/ethnicity of the reporter, and personal history of maltreatment, have yielded conflicting findings. Additional exploration of the impact of these demographic variables on reporting decisions will provide further knowledge about characteristics that may unfairly bias decisions.

Another limitation in the literature concerns the lack of clear findings for the role that professional experience plays in decision-making. Results from previous research yielded mixed findings for the influence of this variable. However, this ambiguity may have been related to variance in the operational definitions of experience utilized in the studies. Comparisons of previous studies examining experience are also limited by the utilization of different samples of professionals in different studies (e.g., daycare teachers, psychologists, physicians). The impact of level of general training (i.e., bachelors, masters, doctoral) also had mixed findings, with some studies indicating that professionals with higher levels of education are more likely to report and others

indicating that they are less likely. Moreover, several of the key studies examining the role of experience involved homogenous samples in which experienced professionals with training in abuse and neglect were provided hypothetical scenarios that might not have tapped into the threshold of uncertainty at which the reporting decision was not clear cut. In order to address these limitations, the proposed study will examine reporting decisions of mental health professionals with various levels of general practice and with variable levels of training in this field. It is hoped that by utilizing a previously-developed survey, which yielded variable reporting intentions by professionals in the past, and by gathering data on actual reporting patterns, the role of experience can be further delineated.

In order to more fully understand the relationship between training and experience, it is important to consider the potential contribution of professionals' confidence in their decision-making abilities. Previous studies examining CSE have supported the impact of this variable on clinical decision making (Leach et al., 1997) in general. Based on this research, the proposed study will set out to further identify the involvement of CSE in clinical decision-making. The study will also contribute to the CSE literature in that it will include comparisons among seasoned professionals, professionals newly entering the field, and trainees of various developmental levels. In summary, the study will extend the previous research regarding clinician characteristics by examining the relationships among static demographic characteristics, experience, general training, specialized training in child abuse and neglect, and CSE.

Chapter 3

Method

Participants

Participants will consist of licensed psychologists, post-doctoral psychology fellows, psychology interns, and doctoral psychology students who are currently enrolled in a training program. Participants will be asked to complete an on-line survey and will be recruited in several ways. First, a list of the licensed psychologists in the state of Oklahoma will be obtained and used in the recruitment of participants. Prospective participants will be emailed a description of the study and an internet link to the on-line survey. For those with unknown email addresses, a post-card will be mailed with the same information. Second, email will be used to contact the training directors of APA-approved doctoral programs for recruitment of students. Third, invitations to participate in the study will be provided to several email list-services for professionals (e.g., Association for Women in Psychology, Association for Treatment of Sexual Abusers, etc.) in order to recruit additional psychologists, interns, and students. In accordance with Wampold and Freund's (1987) recommendation regarding sample size for reliable regression analysis, this study will seek to survey between 107 and 164 participants in order to ensure adequate power (e.g., between .70 and .90). Additionally, approximately equal numbers of male and female professionals with a range of years of experience will be sought.

Instruments

Two instruments will be administered for the purposes of this study, the Counselor Self-Estimate Inventory (COSE) developed by Larson et al. (1992) and a

survey on child abuse reporting practices developed by Hansen et al. (1997). In addition, a demographic information sheet will be completed in order to obtain general demographic data, as well as information about profession and prior child abuse and neglect experience (see Appendix A).

Counselor Self-Estimate Inventory (COSE; Larson et al., 1992). The COSE consists of 37 items, presented on a six-point Likert scale, ranging from 1=strongly disagree to 6=strongly agree. The COSE was developed to obtain ratings of CSE for the activities that take place during a counseling session, with higher scores indicating greater levels of CSE (total range of scores = 37 to 222). While the COSE does not directly measure counselor performance, a moderate correlation between these two constructs has been reported (Larson et al., 1992; White, 1996). Items consist of positive and negative statements about perceptions of counseling abilities related to the following underlying five factors: confidence in use of micro-skills, ability to attend to the counseling process, coping with difficult client behaviors (e.g., describes behaviors of clients who are abused, suicidal, alcoholic, etc.), working in a culturally competent manner, and awareness of values.

According to Larson et al. (1992), overall internal consistency using the COSE was .93, and test-retest reliability after a three week interval was .87. Internal consistency estimates for the five factors, Microskills, Process, Difficult Client Behaviors, Cultural Competence, and Awareness of Values were .88, .87, .80, .78, and .62, respectively. Test-retest reliability after a three week interval were also high, yielding correlations of .98 for Microskills, .99 for Process, .97 for Difficult Client Behaviors, 1.00 for Cultural Competence, and .94 for Awareness of Values.

According to Larson et al., 1992, convergent validity estimates indicated a positive relationship between CSE and self esteem, self evaluation, positive feelings, and expectancies of client outcomes. The COSE was also found to be negatively correlated with anxiety and negative affect. Minimal correlations were found between CSE and the following characteristics: defensiveness, self-criticism, age, gender, personality type, aptitude, achievement, theoretical orientation, and previous counseling experiences as a client.

Larson et al. (1992) found that the COSE was able to discriminate change in overall CSE scores over time. Following practicum experience, trainees' scores on the COSE increased approximately one standard deviation and the scores of trainees with at least one semester of supervision were higher than those without such supervision (Larson et al.). Bachelor's level trainees had significantly lower COSE scores than master's and doctoral level counselors. In addition, counselors with less than two years of experience had lower COSE scores than those with greater years of experience. However, further analysis of CSE with experienced counselors was not conducted. Although Larson categorized those counselors with greater years of experience into two groups: those with 2-8 years of experience and those with 9-39 years of experience, no comparisons between these two groups were reported using the COSE scores. As a result, the ability of the COSE to discriminate higher levels of overall CSE among those with greater experience levels has not yet been established. In addition, it has been hypothesized by Larson et al., Stoltenberg (l998), and Leach et al. (1997) that CSE varies by domain to a greater degree in more experienced counselors. For example, Larson et al. stated that the microskills of beginning and advanced counselors may be similar, but indicated that they may differ in

domain specific CSE in working with abused clients or those from other cultures. Therefore, the proposed study intends to further examine overall CSE as well as the Difficult Clients Behavior factor in more experienced counselors.

Reporting Questionnaire adapted from Hansen et al. (1997). This questionnaire utilizes five sets of hypothetical vignettes depicting scenarios of neglect and physical, sexual, and emotional abuse and was designed to gain information about professionals' intended responses to suspected abuse, the influence of victim attributes (e.g., child's age, race, socio-economic status, etc.) on reporting intentions, and information about past reporting behaviors. Participants are asked to rate a practice vignette, not included in scoring, prior to rating the remaining four vignettes. Three aspects of professionals' responses are surveyed: (a) suspiciousness, perceptions of severity, and reporting likelihood; (b) factors considered in making determinations about reporting; and (c) satisfaction with responses to prior reports. First, using a four-point Likert scale, participants are asked to rate level of suspiciousness (1=not at all suspicious, to 4 =extremely suspicious), severity (1=not at all severe, to 4= extremely severe), and likelihood of reporting (1=definitely would not report, to 4=definitely would report). Second, the level of consideration given to factors considered in reporting decisions is surveyed using a five-point Likert scale ((0=not at all considered, to 4=primary consideration). These factors include: the potential impact of reporting on the child and parents, concern about the therapeutic relationship, confidence in authority's response to report, fear of being prosecuted for failure to report, and fear of malpractice for reporting. Satisfaction with the response of the authorities to past reports made by the participant and the professional's personal history of maltreatment are surveyed using four-point

Likert scales (1=very dissatisfied, to 4=very satisfied and 1=never, to 4-=often, respectively). This instrument has not been included in the appendices at the request of the author.

Results of prior analyses conducted by Hansen et al. (1997) using this survey revealed a strong correlation between ratings of severity and ratings of suspicion ($r = .79$, $p < .0001$), which is congruent with past research suggesting that perceptions of abuse severity are often linked to reporting suspicions (Zellman, 1990a). Additionally, Hansen et al. reported several findings related to the impact of professional characteristics on reporting decisions. For sexual abuse, female psychologists had significantly higher levels of suspicion [t (122) = 2.32, $p < .04$] and greater likelihood of reporting sexual abuse than male psychologists [t (206) = 2.38, $p < .03$]. Training, reporting experience, and satisfaction with the outcome were positively correlated to level of suspicion and reporting intentions, ranging from small to moderate correlations. Mixed findings were noted for the impact of personal history of maltreatment on reporting suspicions and intentions.

The original Hansen questionnaire (1997) was designed to explore the influence of both victim attributes and some professional characteristics. However, because the purpose of the proposed study is to obtain a detailed examination of the impact of professional characteristics on reporting decisions, the survey has been modified to deemphasize victim attributes. Four vignettes from the original survey will be utilized, with race and socio-economic class information removed as variables for consideration. For example, the second sentence of the following vignette, shown in italics, will be removed. Vignette A: “Diane, the mother, is 28 years old and her daughter, Lori, is 9

years old. *The mother and daughter are African American and live in a middle class neighborhood.* Diane reported that Lori has not taken her daily asthma medication for the past week because the prescription ran out. Diane said that she has been very busy and hasn't had time to buy more. Lori is wheezing and coughing heavily." It should be noted that the practice scenario, containing details regarding race and socio-economic status, will be excluded. Also, the four vignettes involving older children (between ages 9 and 10) will be the scenarios used because ratings of suspicion were higher for vignettes using younger children (Hansen et al.) and the goal of this study is to examine situations in which professionals are not automatically prompted to report. The demographics section of this survey has also been modified to exclude professional variables that will not be examined in the proposed study, (ex., religious orientation, income level, and theoretical orientation).

Procedure

A description of the study with directions to the website link for the study will be provided to potential participants via email or on a post-card. After the participant is directed to the website, they will be presented with the consent form. The participant will be asked to indicate their consent before beginning the survey. The survey will consist of the demographic questionnaire and two additional instruments: the Hansen Questionnaire and the COSE, in this order of presentation. After completing all instruments, the participants will be thanked for their involvement, will be provided with contact information for the principal researcher, and instructed on how to enter a raffle prize drawing for a $50 gift card. In order to ensure that their personal data cannot be linked to their responses, participants who choose to enter the raffle drawing will be asked to email

their contact information to the principal researcher indicating that they completed the survey.

Hypotheses and Data Analyses

Hypothesis 1: There will be no significant differences in terms of (a) reporting suspicions and (b) reporting intentions based on the following demographic classifications: sex, race/ethnicity, personal maltreatment history, specialized training, and clinical setting of practice.

In order to determine the impact of sex on decision-making, a two-tailed t-test for independent samples will be conducted to determine if there is a statistically significant difference between male and female professionals with respect to their mean scores on (a) reporting suspicions and (b) reporting intentions. T-tests will also be conducted with personal maltreatment history and specialized training. Further analysis of the impact of other demographic variables, including race/ethnicity, personal maltreatment history, and clinical setting with respect to their mean scores on (a) reporting suspicions and (b) intentions will be conducted using ANOVAs.

Hypothesis 2: Specialized training, educational level, professional experience, and CSE will significantly predict (a) reporting suspicions and (b) reporting intentions.

Two simultaneous multiple regression models will be examined to determine how much of the variance in the two criterion variables, (a) reporting suspicions and (b) reporting intentions, is accounted for by the predictor variables: specialized training, educational level, professional experience, and overall CSE.

Hypothesis 3: A linear combination of the variables of specialized training, educational level, professional experience, and CSE will significantly predict failure to report.

A simultaneous multiple regression will be conducted to determine how much of the variance in the criterion variable, failure to report, is accounted for by the predictor variables: specialized training, educational level, professional experience, and overall CSE.

Hypothesis 4: Greater lengths of professional experience will significantly predict CSE, although it is expected that there will be a ceiling effect of training on CSE as level of experience increases beyond the training years.

A simple linear regression analysis will be conducted to determine the amount of variance in the criterion variable, level of CSE, accounted for by the predictor variable, length of professional experience. Participants will then be assigned to four groups based on their length of experience in the field: little experience, moderate experience, intermediate experience, and high experience. An ANOVA will be conducted to determine if the groups differ significantly in their mean levels of CSE. For this hypothesis, CSE will be examined using both the overall CSE score as well as the domain specific CSE score yielded by the Difficult Client Behaviors factor.

Hypothesis 5: Length of professional experience will significantly predict level of satisfaction in the authorities' handling of reported situations of child abuse and neglect.

A simple linear regression analysis will be conducted to determine the amount of variance in the criterion variable, satisfaction in authorities' handling of reported situations of child abuse and neglect, accounted for by the predictor variable, length of

professional experience. In addition, an ANOVA will be conducted to determine if the experience groupings (see Hypothesis 4) differ significantly in their mean levels of satisfaction with the authorities' handling of past reports.

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Appendix A

Demographic Questionnaire

Please complete the following questions.

1. What APA-approved psychology doctoral program are you enrolled in or have you completed?

   ___ Clinical psychology
   ___ Counseling Psychology
   ___ School Psychology
   ___ Professional School
   ___ Other: _____ (specify)

2. In what state are you currently living? _____ (Will have drop down list)

3. Have you completed your doctoral degree?

   ___ Yes
   If you marked YES, please answer items 4, 5 & 6; skip items 7 and 8. (Electronic Survey will prompt questions automatically when YES is chosen)

   ___ No
   If you marked NO, skip to item 6. (Electronic Survey will prompt questions automatically when NO is chosen)

4. If YES, what is the number of years since you completed your degree?____

5. If YES, how many years have you been practicing in the field?_____

6. IF YES, what is your current status with licensure as a psychologist?

   ___ Not yet completed any licensure requirements
   ___ Partially completed licensure requirements
   ___ Licensure requirements completed

7. If NO, what is your current status with your doctoral degree?

   ___ First year of doctoral program
   ___ Completed comprehensive examinations
   ___ Currently completing pre-doctoral internship
   ___ Completed pre-doctoral internship
   ___ Completed all degree requirements, except for defending dissertation
   ___ Defended dissertation, but not yet graduated

8. If NO and you have not yet begun your pre-doctoral internship, approximately how many hours of direct service with clients have you obtained in practicums through your program? _____

9. Prior to your PhD work, did you previously practice with a counseling license at the master's level (LPC, LMFT, etc)?

   ___ Yes; for ____ years
   ___ No

10. At the current time, what is your primary work setting? (Please choose one)

    ___ Agency/Clinic
    ___ Hospital
    ___ Private practice
    ___ School
    ___ University
    ___ Other: _____

Appendix B

Additional Reporting Questions

(To be inserted following Hansen questionnaire)

1. How many times in your professional career have you chosen **not** to report your suspicions/ an incident of child abuse or neglect? ____

2. How many times in the past year have you chosen **not** to report suspicions/ an incident of child abuse or neglect? ____

3. What do you consider your level of confidence in your ability to appropriately report child abuse or neglect? (Mark only one)

   ___ *Not confident* - I am NOT AT ALL confident in my decision-making abilities regarding the reporting of child abuse and neglect.

   ___ *Low confidence*- I am RARELY confident in my decision-making abilities regarding the reporting of child abuse and neglect.

   ___ *Somewhat confident*- I am SOMETIMES confident in my decision-making abilities regarding the reporting of child abuse and neglect.

   ___ *Moderate confidence*-- I am OFTEN confident in my decision-making abilities regarding the reporting of child abuse and neglect.

   ___ *High confidence*- I am ALMOST ALWAYS confident in my decision-making abilities regarding the reporting of child abuse and neglect.