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The Development of a Child Abuse and Neglect Detection Instrument for Use by Michigan Elementary School Educators

Anthony K. Citrin

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THE DEVELOPMENT OF A CHILD ABUSE AND
NEGLECT DETECTION INSTRUMENT FOR USE BY
MICHIGAN ELEMENTARY SCHOOL EDUCATORS

by

Anthony K. Citrin

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
Degree of Doctor of Education

Western Michigan University
Kalamazoo, Michigan
April 1978
ACKNOWLEDGEMENTS

I am deeply indebted to my doctoral committee chair-
man, Dr. James A. Davenport, for his persistent support,
to my other committee members, Dr. Uldis Smidchens and
Dr. James Jaksa, for their invaluable assistance, and to
Dr. Mary Cain for her important technical assistance.

The actual research project was only made possible
by the assistance of the ten panelists and eight doctoral
students who gave so generously of their time and effort.

While at Western Michigan University, my stay was
enhanced by a fortunate association with Dr. John Sand-
berg, Dean, Dr. Kenneth Simon, Associate Dean, and Dr.
David Taylor, the Assistant Dean of the College of
Education.

Finally, at a very personal level, my deepest appre-
ciation goes to my mother, Edith Jacobsen Citrin, and to
my grandmother, Lena Jacobsen, who throughout their lives
so consistently believed in my potential.

Anthony K. Citrin
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The Development of a Child Abuse and Neglect Detection Instrument for Use by Michigan Elementary School Educators.

Western Michigan University, Ed.D., 1978
Education, guidance and counseling

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CHAPTER I

THE PROBLEM AND ITS BACKGROUND

Introduction

In recent years the topic of child abuse and neglect has become a familiar subject in the public media. The citizenry has been inundated with alarming facts and figures, horror stories, and pleas for concern. No longer can the problem of abused and neglected children be ignored. It has, in fact, become certain that the public and its agencies must take actions to remediate the plight of victimized children. The public schools, as the largest public agency dealing with children, logically should provide leadership in dealing constructively with the problem. However, such is not the case. In the past, and at the present time, schools tend to be one of the least sensitive public agencies. Recognizing this dilemma, a major objective of this study was to develop a classroom instrument which could serve to improve the schools' ability to respond to abused and neglected children, thus aiding schools to assume a role of responsibility.
Background Data

It was not within the scope of this study to provide a definitive clarification of child abuse and neglect. Such an undertaking would involve the efforts of many individuals and has, and is, being undertaken. For the present, one can view some of the information available, and draw what parameters seem appropriate.

No one definition of the terms "neglect" and "abuse" would be sufficient to include all contingencies. However, there are broad definitions of the terms which offer a perspective. Gill (1975) offered a most interesting definition, which included the rationale which follows:

Every child, despite his individual differences and uniqueness is to be considered of equal intrinsic worth, and hence would be entitled to equal social, economic, civil, and political rights, so that he may fully realize his inherent potential and share equally in life, liberty, and happiness. Obviously, these value premises are rooted in the humanistic philosophy of our Declaration of Independence.

In accordance with these value premises then, any act of commission or omission by individuals, institutions, or society as a whole, and any conditions resulting from such acts or inactions, which deprive children of equal rights and liberties, and/or interfere with their optimal development, constitute, by definition, abusive or neglectful acts or conditions. (p. 347)

Gill has reduced the definition of abuse and neglect to the two basic categories of acts of commission and...
acts of omission. There appears no authoritative dispute over Gill's two categories. Based on Gill's definition, it appears reasonable to assume that the terms "commission" and "abuse" are synonymous, as are the terms "omission" and "neglect".

The federal government's official definition of abuse and neglect is seen in Public Law 93-247 which was enacted on January 31, 1974, and was noted by Colucci (1977). This act stated that child abuse and neglect is:

... physical or mental injury, sexual abuse, negligent treatment or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened. (p. 99)

While Gill's terms "commission" and "omission" are not used in the federal enactment, the terms are clearly applicable to the definition. Virtually all state legislation is congruent to varying degrees with the federal definition of abuse and neglect and/or Gill's definition. It will be seen later that the definition of abuse and neglect specified by the State of Michigan, in its legal enactments, is congruent with the two aforementioned sources. Since this project is directed toward Michigan schools, it does not appear to be necessary to belabor the definition of child abuse and child neglect.

Having established some parameters for examining child abuse and neglect, it then became necessary to
examine the magnitude of the problem.

The actual number of abused and neglected children is uncertain, and estimates vary widely. One estimate noted by Brenton (1977) was that of the United States Department of Health, Education and Welfare, which states that there were somewhere between 100,000 and 200,000 cases of child abuse, between 60,000 and 100,000 cases of sexual abuse, and between 700,000 and 840,000 cases of neglect annually.

Katz (1977) reported that in 1975, of the twenty-nine states having child abuse and neglect reporting systems, there were almost 300,000 incidents reported. The National Center on Child Abuse and Neglect (Sheils et al, 1977) has calculated that 100,000 to 200,000 youngsters are victims of neglect annually. According to the center's estimates, there are about 2,000 deaths caused annually by abuse and neglect in the United States.

The authoritative estimates of child abuse and neglect instances in the United States obviously vary. Cohen and Sussman (1975), after conducting an extensive review of incidence figures, came to the conclusion that: "The only conclusion that can be made fairly is that information indicating the incidence of child abuse in the United States simply does not exist." (p. 441)

Whether one can accurately attach a figure to the

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incidence of child abuse and neglect is not important. What is important is that all estimates, regardless of how varied, indicate the existence of a major and widespread problem which is affecting American youth. It has been pointed out by Cohen and Sussman (1975) that much of the disparity in abuse and neglect incidence figures was due to the lack of uniform and consistent categories or classification schemes among the various states. Certainly, the need for a uniform, nation-wide reporting system is evident. However, even if uniform reporting did exist, it would still not account for the many children who are victimized but undetected by the various individuals and agencies with whom they interact.

Public Agency Involvement

Currently, all fifty states have legislation (Helfer and Kempe, 1974) dealing with child abuse and neglect. Wall (1975) noted that "Hospitals constitute the accounting agents for more than 50 percent of child abuse reported to any government agency. Police, welfare, and social workers account for almost all of the rest." (p. 233) Conspicuously, Wall did not include public schools as a major reporting agency. In the present investigation, no major disagreement was found with Wall's analysis of public agency involvement in the reporting of abuse and neglect. Later in this chapter it will be seen
that Wall's conclusions about reporting agencies are applicable to the State of Michigan.

Educational Imperatives

Martin (1973) made the following observation in respect to the schools' role in the detection of child abuse and neglect:

School personnel have the most opportunity of anyone in the community to observe suspected child abuse in children between five and six and eighteen years of age. While the most dramatic abuse— that of the battered child— occurs in children under three— most abuse actually occurs in older school age children. (p. 53)

Others such as Wall (1975) further elaborate on the necessary role of public education in dealing with the problem of abused and neglected children.

In the past, schools have not actively dealt with child abuse. As compensatory education moves to envelop younger children in kindergartens, preschools, and school related day care centers, the schools' responsibility in identifying, preventing, and treating abused and neglected children will continue to increase. Teachers, administrators, and other school personnel will need to recognize child abuse symptoms and characteristics and become familiar with appropriate agencies for reporting the suspected abuse. They must also know state and local laws pertaining to child abuse. (p. 224)

The most compelling argument for the involvement of public education with the problem of child abuse and neglect is perhaps that presented by the Educational Commission of the States (ECS) in 1976. The ECS has noted that the 1974 federal Child Abuse Prevention and Treatment
Act (Public Law 93-247) contained three specific funding stipulations which would compel public schools to take action or have legislative actions imposed upon them. Under the act, for states to receive federal funds they must: (1) have administrative and other procedures which will assure that suspected instances of child abuse and neglect are reported to appropriate agencies, (2) there must be provisions for cooperation among all public agencies to assure the most expedient help for victims of abuse and neglect, and (3) there must be provision for public dissemination of information pertaining to the problem of child abuse and neglect. Obviously, the public schools, as the largest public agency involved with children, would of necessity be an integral part of complying with the three preceding stipulations essential for federal funding. The ECS concluded that educators could no longer avoid being involved in the problem of child abuse and neglect, and that they would either implement their own policies or have policies imposed on them by agencies outside the educational arena.

Others, such as Shanas (1975) and Brenton (1977), have agreed with the ECS view that schools should be in the forefront in the reporting of child abuse and neglect incidents and should be leaders in implementing remediation measures. Both Shanas and Brenton noted, however, that failure of teachers to report suspected instances of
abuse and neglect is not a matter of professional negligence. There appeared to be a number of rational reasons for the teachers' and administrators' lack of appropriate actions. Often teachers and administrators were not well-informed regarding symptoms of abuse and neglect; legal aspects were unclear; school systems lacked clear policies; and there was an unrealistic fear of legal reprisals by irate parents. Such observations seem to be understandable in light of the past lack of attention the topic had received in educational circles. The ECS noted the work of Kline and Hopper in reviewing 475 articles and twenty books dealing with abuse and neglect. These researchers discovered only fifty-three articles concerned with the teacher's and administrator's role in abuse and neglect problems. The articles were superficial, repetitive, and did not appear in those journals most likely to be available to teachers.

A significant study concerning the involvement of public schools in the detection of child abuse and neglect was that conducted by Harriman in 1975. Harriman, studying California school districts, produced considerable evidence that the schools were less responsive than other public agencies in the reporting of instances or suspected instances of abuse and neglect. A noticeable discrepancy existed between the total number of school age children reported to public agencies and the number
of school age children reported by the schools themselves.

Purpose of the Study

As in many other states, Michigan highlighted the number of reports of abuse and neglect rather than the number of confirmed incidents. According to Cohen and Sussman (1975) there were 2,168 reports of abuse and 17,230 reports of neglect in 1973. The prevalence of neglect versus abuse reports appears typical of most states. Certainly the statistics indicate the existence of more than a trivial problem in Michigan as in the rest of the United States.

As in other states, Michigan has legislation which deals with child abuse and neglect. According to Act No. 138 of the Public Acts of 1975 (Michigan Department of Social Services, 1975), Michigan law requires that:

A physician, coroner, dentist, medical examiner, nurse, audiologist, certified social worker, social work technician, school administrator, school counselor or teacher, law enforcement officer, or duly regulated child care provider who has reasonable cause to suspect child abuse or neglect, immediately, by telephone or otherwise, shall make an oral report, or cause an oral report to be made, of the suspect child abuse or neglect to the State Department of Social Services. (unpaged)

Clearly, Michigan schools have an obligation to become involved in any instance or suspected instance of child abuse or neglect detected or suspected by school personnel.
As in the Harriman (1975) study of California schools, the annual statistical report presented by the Michigan Department of Social Services (1976) showed schools to be failing in their obligations to report instances of actual or suspected cases of child abuse and neglect. Due to the confidential nature of the Michigan Social Services Annual Report, it is not possible to cite the actual statistics. It is, however, possible to note that the discrepancies between the total number of school age children reported to Social Services and the number of school age children reported by schools is conspicuous. There can be little doubt that the schools could improve their efforts in this vital area.

Michigan administrators and classroom teachers currently lack any uniform method to facilitate the reporting of child abuse and child neglect. It is currently up to the individual school system to establish procedures by which teachers will transmit to administrators or Protective Service officials the status of a detected or suspected abused or neglected child. While state and local social service agencies have various procedural and informational forms to aid the teacher in describing an abused or neglected child, there does not exist any single research-based instrument specifically designed to aid in the detecting and transmitting of information concerning child abuse and neglect by school personnel.
Thus it can be seen that Michigan, like many other states, lacks methodology to aid educators in complying with state legislation.

The purpose of this investigation was, therefore, to develop a new methodology to assist elementary school personnel in the detection of abused and neglected children. It was hoped that by utilizing research methods to develop a specific abuse and neglect indicator instrument oriented toward the needs of elementary school teachers, the task of detection in cases of abuse and neglect would be improved.

Objectives

The purpose of the present investigation was realized by:

1. Producing a list of indicators for use by elementary school professionals in the detection of actual or suspected instances of child abuse and/or neglect.

2. Developing the indicators in a manner which will provide a child abuse and neglect detection instrument for use on a trial basis by elementary school personnel.

Definitions

The first three definitions used in this research project were taken from the State of Michigan Child Protection Laws, being Act No. 238, Public Acts of 1975, sections 722.621 through 722.636 of the Michigan Compiled...
Laws (Michigan Department of Social Services, 1975).

1. "Child" means a person under eighteen years of age.

2. "Child abuse" means harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare which occurs through nonaccidental physical or mental injury, or sexual abuse, or maltreatment.

3. "Child neglect" means harm to a child's health or welfare by a person responsible for the child's health or welfare which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care. (unpaged)

4. "Indicator" means a physical or psychological sign or symptom which can be visually or audibly witnessed by an observer.

Limitations

The study is limited, in that it deals with only one of many remedial measures which might be utilized to improve the reporting of neglect and abuse by classroom teachers. The study is further limited in that its focus is specific to the development of a detection instrument and does not address other areas of concern in the more general domain of child abuse and neglect.

Summary

The terms "child abuse" and "child neglect" were introduced and defined according to an academic and a legal parameter. The problem of ascertaining the extent of
child abuse and child neglect, in the United States, was discussed with the conclusion being drawn that the problem was one of considerable magnitude, but not one to which exact statistics could be applied. Next, it was shown that a variety of public agencies have a commitment to aid children in distress, and that the schools of necessity should be in the forefront, which is not the current case.

A statement of the Purpose of the Study was offered which related the general problem of child abuse and neglect to the specific situation existent in Michigan. The legal requirements of Michigan legislation would seem to make it imperative that educators increase their sensitivity to the problem of child abuse and neglect. As a possible partial solution to the lack of educator involvement, it was proposed that an instrument be developed which would assist educators in assessing possible instances of child abuse and neglect. Objectives were stated which included producing a list of child abuse and neglect detection indicators and utilizing the indicators in a manner which would make them functional. The Limitations of the study were also discussed.
CHAPTER II

DESIGN OF THE STUDY

Overview

Chapter I stated two objectives: (1) to produce a list of indicators for the detection of child abuse and neglect by elementary school personnel, and (2) to develop the indicators into an instrument suitable for use on a trial basis.

There are as many ways of developing an abuse and neglect detection instrument as there are individuals willing to undertake the task. The method to be discussed represents one concept of an acceptable alternative taken from among many possibilities.

The first consideration in developing an abuse and neglect detection instrument was with locating material resources available to accomplish the task. It was apparent when reviewing related literature that there existed a large body of child abuse and neglect indicators. These indicators, composed of short descriptive phrases and sentences, described signs and symptoms of child abuse and neglect. The books, Child Abuse: A Community Challenge, edited by Glazier (1971) and Concerning Child Abuse, by Franklin (1975) are particularly useful, and...
are typical examples of resources which might be used to derive abuse and neglect indicators. In the instance of Glazier's work there was a social welfare bias, and in Franklin's work there was a medical orientation. Lacking are texts or other resources which offer indicators developed specifically from the educator's perspective. This lack of educationally oriented material indicates an area of need in the educational profession.

Rather than have educators duplicate the works of other professional groups, it would seem reasonable that they might instead utilize the work of other groups which have preceded their own involvement. It does, after all, seem less than logical to ignore collective knowledge. A second consideration in developing a detection instrument was concerned with the best way to utilize human resources currently available within a multitude of other professional groups. As has been previously stated, there are many diverse groups dealing with the problem of abused and neglected children. Each professional group possesses certain unique perspectives which might enlighten the educator's efforts. It therefore seems essential to be aware of existing professional competence. An equally important consideration concerned how to combine the material and human resources into a working matrix which could increase the potential of both. The present investigation was therefore directed
toward a methodology which would enable people of varied professional backgrounds to work together, using their individual resource materials to derive an end product appropriate for the professional educator.

A number of secondary considerations entered into the selection of a specific methodology. If professionals of varied background were to participate together, it was important that they work in such a fashion as would permit them to maintain their own professional identities and not subjugate their individual views to those of other participants. An obvious temptation would exist to alter one's views in deference to an individual perceived as having more expertise or prestige than one's self. While anonymity was important, it was equally important that an opportunity exist to share views and reactions. A final, yet important, factor was the necessity to provide an opportunity for participants to alter reactions in view of new knowledge.

The Delphi Method--A Positive Solution

Stech and Ratliffe (1976) described a number of group problem solving techniques. One method, the Delphi Method of reaching group agreement, seemed to offer a structure which accommodated all of the criteria for this investigation.

Through the use of the Delphi Method, it was
possible for all participants to have full access to material resources. Because the participants could accomplish all tasks from other than a central location, no inhibitions existed in respect to material resources. Secondly, the participants could accomplish all tasks and remain completely unknown to their fellow panelists. The process further permitted the sharing of knowledge and the reaching of a consensus—all with the participants' remaining unknown to each other. Not to be discounted as advantages of the Delphi Method are its use of written procedures which provide a ready means of record keeping, and the relative ease with which the process can be controlled by a single person.

The Delphi Method—Negative Aspects

Weaver (1971) pointed out that the Delphi Method did have some disadvantages. He noted that participants tended to alter their rankings or ratings toward a group norm, which may or may not represent a suitable response. Weaver also noted that there was little evidence to demonstrate that the Delphi Method gave superior results when compared to any other method. Weaver reminded the reader that the Delphi Method, while commonly used for group problem solving activities, was initially intended as a futures prediction technique.

Other disadvantages inherent in the Delphi Method
are: its time-consuming structure, its lack of opportunity for negotiated responses, and its lack of opportunity for item clarification.

A description of the Delphi Method and its unique adaptation to this project will make evident the various points which have preceded. It will be apparent that in the instance of this project the positive factors could reasonably be considered to outweigh the negative to accomplish the ends desired.

The Delphi Method In Its Original Form

This study incorporated a modified version of the Delphi Method of Reaching Group Agreement. To assist the reader in understanding the research steps which would be utilized, the original format of the Delphi Method, as given by Stech and Ratliff (1976) is presented:

1. A problem statement is sent to each participant, who writes down possible solutions, ideas, and suggestions, which are forwarded to a central collection point.

2. The collected list of ideas is reproduced and sent to each participant, whose task is to combine and integrate the ideas in a way that seems to make sense, and then return the results to the central collection point.

3. The proposals are synthesized and integrated into one list by the person conducting the process and then the list is sent to all participants.

4. The participants rank order or rate the solution proposals and return the list to the central collection point.
5. Averaged rankings or ratings are sent to the participants for re-ranking or re-rating, and the list is sent back to the central collection point again. This procedure is continued until convergence occurs in the rankings or ratings so that the solution with the greatest support emerges as the clear choice of the participants. (p. 171-172)

It will be noted that the modifications being made in the procedure are of two types. First, steps are added to assure the objectivity of the research. Second, participants seek convergence on multiple factors, rather than on a single solution.

The Subjects

The study utilized three groups of people: (1) a group of ten expert panelists, (2) a group of thirty-nine elementary teachers, composed of the faculties of four elementary schools, and (3) seven advanced level graduate students.

Panelists

Panelists possessed special expertise in areas of child abuse and/or neglect. They were selected on the basis of their credentials in the area under consideration. To be a panel member, the individuals must have had either specific training in the area of child abuse or neglect or be involved with the topic by means of their employment or a demonstrable extraordinary interest.
Qualification for panel participation was determined by, and evidenced by, vitas for each participant and/or descriptions of work or interest involvements. Panelists were selected from among various experts residing in the Kalamazoo, Michigan, area. Lists of names of potential panelists were secured from information made available by experts not involved in the study.

Panelists were unknown to each other throughout the research process. Each panelist was assigned an identification number to be used only in the research. At the conclusion of the project, panelists were permitted to know the identity of fellow panelists, but not fellow panelists' individual contributions, unless panelists wished to reveal them. A human subjects release form, shown in Appendix B, explains all provisions.

It was believed that the use of selected panelists was appropriate for this project for specific reasons. At the time of the writing of this report, there did not exist a listing of experts in the area of child abuse and neglect which would be inclusive of the wide variety of professionals daily coping with the problem.

**Elementary Teachers**

Thirty-nine selected elementary teachers were utilized in the study. These teachers represented the faculties of four elementary schools of similar socio-
economic status in the Kalamazoo, Michigan, area. All of the participating faculty were full-time certified classroom teachers, working in non-specialist capacities. Teacher participants were only identified by a school identification number, and not by name.

Prior to conducting the study, a letter, appearing in Appendix A, was secured from the Kalamazoo school system, granting permission to conduct the project.

It can be noted in the research design that the use of selected teacher participants was appropriate to the project, since the contributions of the teacher participants was not for the purpose of a generalization.

Graduate Students

Seven selected graduate students were utilized in the study. Two of the seven students were selected as substitutes. All students were currently enrolled in the Educational Leadership Doctoral Program at Western Michigan University. No specific criteria existed for the selection of graduate students, other than an expressed willingness to perform the task at hand.

Procedures and Materials

The procedural steps were divided into two major parts. The first part dealt with the development of the
indicator instrument. The second part of the project dealt with the norming of the instrument on a selected sample of subjects, to demonstrate the applicability of the instrument for the purpose for which it is intended.

Prior to beginning the first part of the project, the panel of ten experts in the area of child abuse and neglect were selected. Selection of the panelists was made according to the criteria established elsewhere in this paper.

The procedural steps used to develop the instrument follow.

**The Indicator Instrument—Part One**

**Step One.** The panel of experts, who were selected for the project, were individually contacted, and an interview was scheduled. During this initial contact, the panelists were asked to sign a human subjects release form as required by Western Michigan University. The release form was in triplicate, with copies being retained by the researcher, the panelist, and Western Michigan University's Department of Educational Leadership. The panelist was next asked to assist in completing a demographic information form which would provide career information concerning the panelist. Upon completion of
these tasks, the panelist was presented with the first of five instruments.

The first instrument instructed the panelist to develop as many indicators of child abuse and neglect as each could, using any nonhuman resources available. Specific parameters were provided for the task.

The terms child abuse and child neglect were defined according to Michigan child protection statutes. The term indicator was defined as a physical or psychological sign or symptom which can be visually or audibly witnessed by an observer. Seven categories of abuse and neglect were derived from the legal definitions given for child abuse and child neglect: nonaccidental physical injury, nonaccidental mental injury, sexual abuse, maltreatment, failure to provide adequate food, failure to provide adequate clothing or shelter, and failure to provide adequate medical care. Provision for responses was made with seven color-coded sheets—one for each of the preceding categories of abuse and neglect. The educational parameters for indicator development were that all indicators apply to: (1) elementary school age children six through twelve years of age and enrolled in kindergarten through sixth grade, (2) situations which are visible or audible to a teacher pursuing normal classroom activities, (3) children in a fully-clothed state following their normal activities and (4) situations which do
not require the interrogation of children.

Panelists were urged to respond with short phrases whenever possible. Upon completion of Step One, the instruments were collected from the panelists at a predetermined place and time. Panelists were given a brief letter thanking them for their contribution and informing them of when to expect the next instrument.

The completed instruments were then presented to a panel of five graduate students, who were instructed to combine similar indicators, whenever possible, into single short statements which did not distort the meanings intended by the panelists. This task was presented as strictly a semantic one, requiring no expertise in the area of child abuse and neglect.

The newly-consolidated list of indicators served as the basis for the second instrument.

*Step One comments.* The educational parameters used in Step One were derived so as to minimize the technical skills needed by a classroom teacher, and to minimize any legal implications which might be inherent when dealing with the problem under consideration. It would seem less than likely that a teacher pursuing normal classroom activities, free from the use of extraordinary procedures such as the disrobing or interrogation of students, could be reasonably construed as acting inappropriately.

The use of the color coding procedure in Step One
was intended to simplify the task of sorting the various indicators in a fashion that would facilitate the use of the same categories in a later instrument.

**Step Two.** The newly-consolidated list of indicators originating from Step One was presented to the panelists. Panelists were requested to make any additions they deemed necessary for any of the categories of abuse and neglect established in the first instrument. The definitions and educational parameters were restated in the identical manner in which they appeared in the first instrument. The use of color coding was not necessary, since the number of responses, and the subsequent sorting problems, were expected to be minimal.

Upon receipt of the Step Two instrument, a brief letter was left with the panelists, thanking them for their contributions and informing them when the third instrument would be delivered. Again, all instruments were delivered and collected by the investigator.

Another panel of five graduate students—including some, if not all, the Step One graduate students—was convened. The graduate students were instructed to consolidate the additional indicators generated in the second instrument, in the same fashion as those indicators generated in the first instrument. Whenever possible, they were instructed to utilize existing statements if they appeared to apply. Only after it was determined that no
existing indicator was appropriate would a new indicator be utilized. The resultant list of indicators was composed of those developed in Step One by the consolidation process, plus those developed in Step Two by the same process.

**Step Two comments.** Because, as previously stated, the graduate students performed a strictly semantic task, it was not deemed important that the second group of graduate students contain all of the original members.

**Step Three.** The entire list of indicators derived from the two preceding instruments was presented to the expert panelists. Again, the definitions and educational parameters were presented, as in the two preceding forms. In this instrument, the panelists were requested to rate each of the indicator items on a four-point scale where: 1 = a poor indicator of child abuse and/or neglect for use by classroom teachers, 2 = a fair indicator of child abuse and/or neglect for use by classroom teachers, 3 = an adequate indicator of child abuse and/or neglect for use by classroom teachers, and 4 = a very good indicator of child abuse and/or neglect for use by classroom teachers.

The same procedure was followed upon receipt of the third instrument as was followed for the preceding ones. The panelists again received letters informing them of their next assignment and thanking them for their efforts.
to date.

The total rankings for each of the indicators were then determined. The process involved adding the rankings given by each panelist for each indicator and dividing the total sum by ten—the number of panelists. The result was a mean score for each indicator.

**Step Three comments.** At this point in the research process, the panelists had no indication as to what mean ranking was necessary for an item to be retained in the final instrument. This was done to obtain the most objective possible judgment of items, and to avoid inducing the panelists to rank items solely to insure their inclusion in the final instrument, rather than ranking items on their individual merits.

**Step Four.** The complete indicator list used in Step Three was presented to the panelists. In this fourth procedure, each item was accompanied by the mean rating obtained in Step Three. The panelists were requested to examine the rating for each item and to signify in a designated fashion whether they agreed or disagreed with the rating. If panelists disagreed with a rating, thinking it either too high or too low, they were to state briefly the reason for their disagreement. As in all of the preceding steps, the definitions and educational parameters were restated. Indicators were arranged according to the seven classification categories which had been
utilized on all of the preceding instruments.

At the conclusion of Step Four, the participants again received a note thanking them for their contributions and informing them of the date on which they might expect the fifth and last instrument.

The number of agreement and disagreement responses were recorded for each of the indicator items, and comments concerning each indicator were placed on a master list.

**Step Four comments.** Because space was provided for disagreement responses following each indicator item, it was likely that the instrument would be lengthy. Because the panelists could be very selective in choosing "disagree" responses, it did not seem likely that length would affect the quality of the responses.

**Step Five.** Step Five was the final procedural step of Part I. Utilizing the material gained from Step Four, a new instrument was prepared which again showed the mean ratings achieved in Step Three, plus all of the disagreement statements for each indicator, which was derived from Step Four. In this fifth procedure the participants were instructed to re-examine the ratings and to examine their own and fellow participants' disagreements with those ratings, and to re-rate each of the items on a four-point scale identical to those used in Step Three, where: 1 = a poor indicator of child abuse and/or neglect.
for use by classroom teachers, 2 = a fair indicator of child abuse and/or neglect for use by classroom teachers, 3 = an adequate indicator of child abuse and/or neglect for use by classroom teachers, and 4 = a very good indicator of child abuse and/or neglect for use by classroom teachers.

The ratings derived from this step were combined to derive new mean ratings for each of the indicators. As in Step Three, the ratings had a range beginning with one and ending with four. To determine which indicators had sufficient panel agreement to be retained for the final indicator instrument, the possible range of one through four was divided into quartiles. This provided four categories of indicators having ratings of: 1 through 1.75, 1.76 through 2.50, 2.51 through 3.25, and 3.26 through 4.00. These four ranges defined the categories of poor, fair, adequate, and good indicators. Indicators whose means in the final rating placed them in the adequate or good range were retained for use in the final instrument.

Step Five comments. When using the Delphi Method in its original form, only those items having complete convergence would be retained for final use. There were two reasons for electing to alter the original procedure and to utilize indicators having less than total convergence of ratings. First, the large number of items which would likely be involved would require an indefinite number of
additional steps to achieve convergence on a sufficient number of items to assure that the instrument contained sufficient scope. Second, as mentioned elsewhere in this paper, a fault of the Delphi Method was its tendency to encourage participants to alter ratings toward a group norm. When this occurred, it was questionable whether the resulting ratings any longer represented an accurate judgment of the participants. It was believed that by limiting the rating process at this point an adequate number of items would be forthcoming and the resultant ratings would tend to represent more accurately the actual sentiments of the participants.

Demonstrating Utility—Part Two

Rationale

In Part II it was necessary to demonstrate that the indicators developed by the use of the Delphi Method in Part I could be used to discriminate with consistency between non-abused and abused children and between non-neglected and neglected children.

In order to achieve the objective, it was necessary to discriminate between a level of abuse and neglect indication which is typical of any child and that level which truly indicates the existence of an adverse situation. It must be remembered that non-abused and
non-neglected children do, on occasion, exhibit varying degrees of symptoms which in more extreme forms would constitute abuse or neglect. The problem, then, was one of establishing an intensity scale which would allow the indicators derived from Part I to be used to discriminate between abused and non-abused, and between neglected and non-neglected, children. The solution to this problem was not simple. There were a number of obstacles which had to be circumvented before the logic employed could be made apparent.

One could seemingly demonstrate the utility of a child abuse and neglect detection instrument in a variety of contrived situations. The situation would, of course, have to be such that it could demonstrate that point at which abuse and neglect indicators exceed a point which might be typical of a non-abused or non-neglected child. It would seem likely that written case histories, or films or filmstrips, might be obtained which would provide appropriate subjects for this use. Such was not the case. Those case histories which exist in published form were taken from other than educational perspectives and therefore failed to provide a description appropriate to this project's unique orientation. The available films and filmstrips, like written case histories, either were not from the classroom teacher's perspective, or were of an informational nature. To further complicate the
matter, true case histories were virtually unobtainable from either social service or educational sources, due to confidentiality requirements. Even when names and dates are carefully omitted from records, there is still a possibility that confidentiality could be broken. One could conceivably create case histories in a fictitious fashion, given specific parameters, but not without the danger of bias providing unnecessary distortions. It might safely be said that any contrived case history would have had the one unalterable fault of being something less than appropriate for the instrument's intent.

Disregarding the use of contrived circumstances, the detection capacity of the instrument might be assessed by actual field use. This was inappropriate, however, unless one first had determined at what point the detection instrument differentiated between the normal child and the abused and neglected child. Thus one can see that a true dilemma exists in respect to establishing the utility of a child abuse and neglect detection instrument.

Having considered all of the preceding, the methodology which follows represented a viable approach to utilizing the indicators derived by the Delphi process to detect possible instances of child abuse or neglect.

The methodology of Part II. In this second part of the project, the indicators developed in Part I were randomly mixed and placed on a form which provided a
seven-response Likert Scale (Backstrom and Hursh, 1963). The randomization process served to eliminate location of indicator items as a variable. The seven response categories were: (1) never apparent, (2) rarely apparent, (3) seldom apparent, (4) occasionally apparent, (5) often apparent, (6) usually apparent, and (7) always apparent. The scale was used to determine the intensity of response existing between the two extremes represented by the terms "never" and "always". Thus, for each indicator item, the respondent would rate the intensity of the item as it applied to the child in question. It was essential that all indicator items be rated to facilitate the computing of instrument means which would be readily comparable.

The instrument and procedures were utilized by thirty-nine selected elementary classroom teachers representing the faculties of four schools. Because the Kalamazoo elementary schools have upper and lower levels, two of each level were represented. The schools were, as much as possible, of similar socio-economic composition.

The teachers were instructed to select randomly one student from their classrooms. These students were selected only from among those who the teacher believed were neither abused nor neglected children. The selection process was conducted at faculty meetings held in each of the four schools. Prior to the meetings, the
teachers had been requested to bring numbered class lists—typically, a grade book or record book. To facilitate the random selection of students, the teachers were provided with blank one-inch square cards on which they could record the identification numbers of the children selected. Each card bore one student's identification number. The teachers were next instructed to place the numbered squares in a paper bag and blindly select one number, after thoroughly mixing the contents of the bag. The student whose name corresponded to the number selected by a teacher was the subject of that teacher's evaluation, utilizing the newly-developed abuse and neglect detection instrument. (See Appendix K.)

Analysis of Part II. A mean score was computed for each of the teacher's individual instruments. With the individual means computed, group means were derived for each of the four faculties. Next, an analysis of variance (ANOVA) was computed to compare each group mean to each of the other group means. An implicit hypothesis was that there would be no significant difference between group means.

However, since the purpose of Part II of this study was to show the usefulness of the detection instrument, it was desirable that the ANOVA demonstrate that schools were similar. Therefore, in order to reduce the probability of committing a Type II error, a .20 probability
was used to compare schools. It was decided that if the null hypothesis of no difference among the schools cannot be rejected at the .20 probability of committing a Type I error, then a total mean for the four combined schools would be computed along with the standard deviation. The standard deviation would be used to compute a cutoff point.

The population being used to determine a cutoff point must be regarded as a population of non-abused and non-neglected children since there is no reason to assume that the teacher participants would have failed to follow explicit directions. With the assumption of normality in mind, the problem of determining a cutoff point becomes one of determining the percentage of error which would be appropriate for incorrectly classifying a non-abused and non-neglected child as either abused or neglected. Since it would certainly be more serious to classify an abused child as non-abused than it would be to classify a non-abused child as abused, it would seem logical that the margin of error should be generous rather than minimal, thus providing the lowest reasonable cutoff point. The next area of concern is determining what would constitute a generous margin of error when dealing with a population which must be considered homogeneous. Given a population of both abused and non-abused subjects, typical research techniques would indicate that a five percent margin of
error is minimal. However, given the assumption of a totally homogeneous population of non-abused and non-neglected subjects, it might well be expected that the subjects would obtain highly similar ratings giving importance to even a small percentage of deviation. Anticipating a very skewed distribution of scores, a two or three percent margin of error might be regarded as generous; this would account for the extreme portion of a totally normal range. To obtain the desired level of error one would utilize two standard deviations above the mean score of a group as a cutoff point, since this would account for approximately 97 percent of the normal population below the cutoff point. In the event, of course, that the normal population is not a skewed population but one with a wide range of scores, then a reconsideration of an appropriate cutoff point might be in order.

In the event that the schools proved to be dissimilar, then a comparison would be made, by use of a post hoc analysis utilizing the Scheffé Test, to compare the pair of upper-level schools to each other, and the pair of lower-level schools to each other. Two upper level schools had grades four through six, plus kindergarten, and two lower level schools had grades one through three, plus kindergarten. These comparisons would help locate which of the two pairs of schools contained the dissimilar results or if dissimilarities
existed in both pairs of schools. The combining of upper level schools as one group and lower level schools as one group was desirable since they would represent the most homogeneous sub-groups of the total population. As with the use of the ANOVA, a probability of .20 of committing a Type I error would exist. If a pair of schools proved sufficiently similar, then each pair would have a cutoff point established by use of standard deviations. If schools could not be grouped by levels, then it would be necessary to establish cutoff points by producing a standard deviation for each of the four schools. These steps were necessary to assure that a range of normality would not be exaggerated due to the use of very dissimilar schools. It was foreseeable that one could establish a cutoff point for the combined means of such dissimilar institutions that the cutoff point would reflect a deviant, rather than a typical, situation.

**Part II comments.** The analysis just described provided the individual schools, separately or together, with a method of determining when a child exhibits abuse and/or neglect indicators beyond those limits which might be deemed normal for a given institution or group of institutions. However, it must be remembered that the cutoff points are contingent upon the sensitivity of the instrument, which cannot be adequately judged at this time. While it seems reasonable to assume that a child
obtaining an instrument score in excess of two standard deviations above the mean is abused and/or neglected, it is conceivable that such is not the case. It is also possible that a child not exceeding a score two standard deviations beyond the mean is nonetheless a victim of abuse and/or neglect. It is apparent that the results of evaluations need cautious consideration.

Validity of the Instrument

Kerlinger (1973) states that there are three basic forms of validity which may be considered when examining instruments. Content validity is concerned with the representativeness of an instrument, criterion-related validity is concerned with the predictive ability of an instrument, and construct validity is concerned with what properties explain the variance of an instrument.

For the present purpose, only content validity can be examined because the instrument being considered is not predictive in nature and has not had sufficient use to investigate the variance of results rationally.

The mean ratings derived in Part I for each indicator provide a measure of content validity, since the ratings represent the panelists' degree of agreement concerning the representativeness of indicators. In other words, the participants have agreed that certain indicators of child abuse and/or neglect approximate closer
than others the real phenomena of abuse and/or neglect. Thus, the panelists have judged the representativeness of items and therefore established a degree of content validity.

Summary

The objectives of the study were restated and a rationale for the design of the study was presented. It was shown in the rationale that the selection of the Delphi Method as a major research component was justified. The Delphi Method of reaching group agreement was discussed in respect to both positive and negative aspects in the sections of the paper entitled The Delphi Method--A Positive Solution, and The Delphi Method--Negative Aspects. It was shown that the negative aspects of the Delphi Method were not sufficient to preclude the use of the method. Prior to presenting the researcher's methodology, a section entitled The Delphi Method In Its Original Form presented the Delphi Method as it was originally conceived.

Following discussion of the basis for the methods to be used, a section entitled The Subjects described the three groups of people used in the study: Panelists, Elementary School Teachers, and Graduate Students. Qualifications for participation in the project were presented.
In the section entitled Procedures and Materials, the actual design of the study was presented. The study design was divided into two basic components: The Indicator Instrument--Part I, and Demonstrating Utility--Part II. Part I dealt with the use of the Delphi Method to develop a list of indicators of the classroom detection of child abuse and neglect. Part II dealt with establishing a means of using the indicators, in the format of a child abuse and neglect detection instrument.

A final section, Validity of the Instrument, discussed validity as it pertains to the entire study and explained how validity would be determined for the study.
CHAPTER III

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

Overview

Three groups of selected participants were used in the study: Panelists, Elementary School Teachers, and Graduate Students.

The ten panelists included a pediatrician, a county prosecutor, a police lieutenant in charge of the juvenile division of a police department, a university coordinator of student teachers, a university professor of educational sociology, a university professor instructing in the area of social welfare, the chairperson of a university department of special education, an elementary school principal, a director of a Protective Services regional office, and the co-chairperson of a community action group dealing with child abuse and neglect. A more detailed description of each individual's qualifications for panel participation appears in Appendix L. The panelists represented a wide variety of educational and experiential backgrounds which gave each of them a unique perspective and unique value to the panel.

The elementary school teachers used in the study were all members of the Kalamazoo, Michigan, school
Eight doctoral students were used in the study, rather than the seven planned for originally. The increased number of graduate students was necessitated by a higher than anticipated degree of absenteeism, caused by adverse weather conditions.

It will be recalled that the procedures were divided into two parts. Part I procedures dealt with the development of indicators for use in a child abuse and neglect detection instrument. Part II dealt with demonstrating the utility of the indicators for the actual detection of abused and neglected children. The presentation of data follows the same order as that used in the research procedures.

The Results of Part I

Step One results. On Monday and Tuesday, January 16 and 17, 1978, the panelists were interviewed for the first time. At the meeting, the human subjects release forms (Appendix B) were explained and signed, the demographic information form (Appendix B) was completed, and the participants received the first instrument (Appendix B). Five of the interviews took place on each of the two days, each lasting approximately twenty minutes.

The first instrument was collected on Thursday, January 23. Nine of the ten panelists completed the first
instrument on time. One panelist gave notification of a seven-day delay, due to illness. The nine instruments collected were processed, and the tenth person's contributions were included as additions in Step Two. This was done to prevent a break in the continuity of the project which might be caused by delay between the project steps. Upon completion of the Step One instrument, a letter was given to each participant, thanking them for their contributions and informing them of the date the next instrument would be made available. (See Appendix A.)

The first instrument requested the participants to develop indicators of child abuse and neglect within specific parameters, as described in Chapter II. Through this process, nine panelists developed 352 indicators, of which ten were deleted due to illegibility. Table 1 shows the results of the Step One procedure.

Table 1
Participants' Total Contributions

<table>
<thead>
<tr>
<th>Total Number of Indicators</th>
<th>Range of Number of Indicators Per Person</th>
<th>Mean Number of Indicators Per Person</th>
<th>Median Number of Indicators Per Person</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>342</td>
<td>23 - 58</td>
<td>38</td>
<td>40</td>
<td>9</td>
</tr>
</tbody>
</table>

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Table 2 shows the results of Step One with respect to the seven categories of abuse and neglect utilized in the instrument.

Table 2

Responses by Categories

<table>
<thead>
<tr>
<th>Instrument Categories</th>
<th>Total No. Responses per Category</th>
<th>Mean Response per Category</th>
<th>Median Response per Category</th>
<th>Range of Response per Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>77</td>
<td>8.56</td>
<td>8</td>
<td>4 - 15</td>
</tr>
<tr>
<td>Mental Abuse</td>
<td>49</td>
<td>5.33</td>
<td>5</td>
<td>1 - 9</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>41</td>
<td>4.67</td>
<td>5</td>
<td>2 - 7</td>
</tr>
<tr>
<td>Maltreatment</td>
<td>27</td>
<td>3.00</td>
<td>3</td>
<td>0 - 7</td>
</tr>
<tr>
<td>Food</td>
<td>47</td>
<td>5.22</td>
<td>5</td>
<td>3 - 8</td>
</tr>
<tr>
<td>Clothing Shelter</td>
<td>47</td>
<td>5.22</td>
<td>5</td>
<td>3 - 8</td>
</tr>
<tr>
<td>Medical Care</td>
<td>54</td>
<td>6.00</td>
<td>6</td>
<td>4 - 9</td>
</tr>
</tbody>
</table>

On Monday, January 27, a meeting was held at 8:00 a.m. in Sangren Hall at Western Michigan University. Six doctoral students sorted the indicators, for the purpose of item consolidation. Prior to the meeting, the indicator responses were cut into strips as provided for in the
Step One instrument. Each strip had previously been marked with a participant identification number. The strips were put into seven stacks according to color coding. The doctoral students were instructed to work in teams of two. Each team was to examine two separate stacks of indicators. The task was to consolidate similar indicators, within a given stack, under a singular phrase which would express the meaning of all the component parts. It was emphasized that the doctoral students were not to make qualitative judgments about the worth of items, but to restrict themselves to semantic judgments. The first group to finish their sorting task was given the seventh and last stack of indicators. When all individual stacks were sorted, the sorted stacks were compared with each other, in pairs, to see if similar items existed between stacks. When the pairs of stacks had been combined as much as possible, the three student pairs sought to make any further combinations possible by comparing the consolidated stacks. This was accomplished by the three groups of students combining into two groups and ultimately into one group, for a last examination of all categories. This procedure allowed items listed by panelists in any one category to be re-categorized in the event that a new category appeared more appropriate. When one indicator or item appeared in more than one category, it was placed in that category in which it had most frequently appeared.
It was necessary frequently to remind the doctoral students not to make qualitative judgments about the worth of items. It should be noted that during the very last part of the sorting process, one graduate student had to leave the group to keep another appointment. The entire sorting process had lasted approximately two and one half hours. The graduate students had reduced 342 usable items to 70 consolidated items. The consolidated items can be seen in the Step Two instrument shown in Appendix D.

Step Two results. The second instrument was originally scheduled for January 26. Due to weather conditions, this distribution was delayed until Wednesday, February 1. The instrument was subsequently collected on Friday, February 3. The missing Step One contribution was collected on February 1, so that the involved panelist would not have two instruments in his possession at the same time. This was done to regularize the procedure.

The missing Step One contributions initially provided 35 indicators, which were consolidated into thirteen. In Step Two, the ten panelists offered 22 additional indicators. The consolidation process reduced these to eleven.

Table 3 shows the responses, by categories, of the missing Step One form processed in Step Two.
Table 3
Missing Step One Responses

<table>
<thead>
<tr>
<th>Instrument Categories</th>
<th>Number of Responses per Category</th>
<th>Instrument Categories</th>
<th>Number of Responses per Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>3</td>
<td>Food</td>
<td>6</td>
</tr>
<tr>
<td>Mental abuse</td>
<td>6</td>
<td>Clothing, Shelter</td>
<td>2</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>11</td>
<td>Medical care</td>
<td>2</td>
</tr>
<tr>
<td>Maltreatment</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4 shows the results of Step Two.

Table 4
Participants' Step Two Contributions

<table>
<thead>
<tr>
<th>Total Number of Indicators</th>
<th>Range of Number of Indicators</th>
<th>Mean of Number of Indicators Per Person</th>
<th>Median Number of Indicators Per Person</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>0 - 14</td>
<td>2.2</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 5 shows how these contributions were distributed among the categories of abuse and neglect.

The consolidation process used in Step Two only deviated from that used in Step One in that it involved two
Table 5

Step Two Responses by Category

<table>
<thead>
<tr>
<th>Instrument Categories</th>
<th>Number of Responses per Category</th>
<th>Mean Number Responses per Category</th>
<th>Range of Responses per Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>3</td>
<td>0.3</td>
<td>0 - 2</td>
</tr>
<tr>
<td>Mental Abuse</td>
<td>6</td>
<td>0.6</td>
<td>0 - 4</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>6</td>
<td>0.6</td>
<td>0 - 2</td>
</tr>
<tr>
<td>Maltreatment</td>
<td>2</td>
<td>0.2</td>
<td>0 - 2</td>
</tr>
<tr>
<td>Food</td>
<td>4</td>
<td>0.4</td>
<td>0 - 3</td>
</tr>
<tr>
<td>Clothing Shelter</td>
<td>0</td>
<td>0</td>
<td>0 - 0</td>
</tr>
<tr>
<td>Medical Care</td>
<td>1</td>
<td>0.1</td>
<td>0 - 1</td>
</tr>
</tbody>
</table>

(parts. On Friday, February 3, two doctoral students consolidated the missing Step One contributions in the same fashion as described in Step One. Second, five doctoral students meeting on Monday, February 6, consolidated the 22 additions from Step Two and rechecked the sorting of the missing Step One contributions. Thus, five doctoral students were involved in sorting all items in Step Two, since the two doctoral students who sorted items the preceding Friday also participated on Monday. The sorting...
by the two doctoral students on Friday, February 3, was intended to dispose of the missing Step One contributions. However, the items were re-examined by all five students to assure that all consolidated items from both Steps One and Two received equal treatment.

**Step Three results.** In Step Three of Part I, the panelists were instructed to rate all of the items developed, as a result of Steps One and Two, on a four-point scale consisting of: (1) a poor indicator, (2) a fair indicator, (3) an adequate indicator, and (4) a very good indicator.

Step Three was distributed on Tuesday, February 7, and collected on Thursday, February 9. The panelists received a brief letter with the instrument, thanking them for their prior work and informing them of the completion date for the Step Three instrument.

The mean scores for each of the indicators were calculated. One participant failed to provide responses to the section on nonaccidental mental injury. Following several unsuccessful attempts to secure the missing data, the mean rating for each item in the section was calculated by dividing the item total by ten, as in all other sections. This was the equivalent of treating the missing responses as zero, and provided a more conservative estimate of the item means than might have resulted from
complete data. The estimates were conservative since lower figures resulted than would have been the case had the totals for items been divided by nine. Each item mean was lowered by approximately two- to three-tenths of a point from what it would have been if divided by nine. A visual examination of the Step Five ratings indicates that overall the nonaccidental mental injury section changes slightly less between the Step Three and Step Five ratings than did several other sections, since there appear to be slightly less radical changes in ratings. Since the Step Three ratings for nonaccidental mental abuse may have been slightly lower had data not been missing, but subsequently were lowered less than other sections, it seems that the method used to treat the missing data was in this instance inconsequential. Appendix F shows the original instrument used in Step Three, while Appendix G shows the mean ratings for all indicators and the number of responses in each rating category for each indicator.

When Step Three instruments were collected, the panelists received a letter informing them when to expect the next instrument. (See Appendix A.)

Step Four results. In Step Four, the respondents were given the opportunity to see the mean ratings for each of the indicator items (Appendix G) derived in Step
Three. They were asked to agree or disagree with the ratings and if they disagreed to offer a brief explanation.

The forms were processed by combining all disagreement statements into a new instrument which was utilized in Step Five.

**Step Five results.** In Step Five, the respondents had the opportunity to see the mean ratings from Step Three, with a complete listing of all disagreement statements from Step Four (see Appendix I). The respondents were instructed to re-examine the ratings, examine all of the disagreement statements, and then re-rate each of the items. The new rating used the same four-category scale introduced in Step Three. (Results of the new ratings are shown in Appendix J.)

**Conclusion of Part I.** Those items which ranked in the two upper quartiles of the four-point scale were retained for use in the final child abuse and neglect instrument. For an indicator to be included, a rating of 2.6 or greater was necessary. This resulted in a 43-item indicator list. The items were placed in random order by first numbering each item as it appeared in Part V, from one to forty-three, and then assigning random numbers (1 to 43) electronically generated by the use of a hand-held calculator. (See Appendix K.)
Results of Part II

The faculties of four elementary schools (two upper and two lower levels) provided a total of 39 participating teachers. The four schools were located in lower socio-economic neighborhoods and were truly integrated, having an approximate ratio of four black students for every six white students.

The indicator instruments were completed by the teachers on Monday, March 6, and on Wednesday, March 8. On Monday, the writer administered the research procedure in two elementary schools. The research procedure was completed in a third school on Monday by a doctoral student at Western Michigan University. The student had, prior to the task, been instructed in the procedures to be followed. One instrument was administered on Wednesday by the writer, thus completing the research process.

The first step in the evaluation process was to determine the mean scores for each of the instruments completed. Next, the mean scores were computed for each of the four faculties which had participated. The mean scores were 1.21, 1.06, 1.10, and 1.14. Table 6 shows the four school populations, the group mean for each faculty, the standard deviations, and the range of individual mean scores for each faculty.

An ANOVA was next used to compare the differences
Table 6
Comparisons of the Four Schools

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Size</th>
<th>Mean Score</th>
<th>Median Score</th>
<th>Standard Deviation</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Upper Elementary</td>
<td>12</td>
<td>1.21</td>
<td>1.116</td>
<td>.21</td>
<td>1.0 - 1.58</td>
</tr>
<tr>
<td>2. Upper Elementary</td>
<td>8</td>
<td>1.06</td>
<td>1.058</td>
<td>.51</td>
<td>1.0 - 1.13</td>
</tr>
<tr>
<td>3. Lower Elementary</td>
<td>10</td>
<td>1.10</td>
<td>1.046</td>
<td>.15</td>
<td>1.0 - 1.37</td>
</tr>
<tr>
<td>4. Lower Elementary</td>
<td>9</td>
<td>1.14</td>
<td>1.116</td>
<td>.13</td>
<td>1.02 - 1.39</td>
</tr>
</tbody>
</table>

Between the four faculty means, and revealed, with an F of 1.90, that a significant difference did exist between the four groups at the .20 probability level. It will be recalled that groups were to be considered to differ at the .20 probability level of committing a Type I error. Table 7 shows the analysis of variance (ANOVA).

The lack of similarity among the four elementary schools made it necessary to conduct a post hoc analysis as was indicated in the research design. As with the ANOVA, it was decided that should the difference between the means have less than a probability of .20 for committing a Type I error, then it would be possible to treat the upper level schools as a single group and the lower
Table 7
Analysis of Variance

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>d.f.</th>
<th>Mean Squares</th>
<th>Obtained F Ratio</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Schools</td>
<td>.14</td>
<td>3</td>
<td>.046</td>
<td>1.90</td>
<td>.15</td>
</tr>
<tr>
<td>Within Schools</td>
<td>.85</td>
<td>35</td>
<td>.0244</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>.99</td>
<td>38</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

level schools as a single group. The Scheffé test (Glass and Stanley, 1970) was used to determine if differences existed at the .20 level of probability between the group means of the upper level elementary schools, when compared to each other, and the group means of the lower level elementary schools when compared to each other. The results of the Scheffé test, shown in Table 8, indicated that a difference did exist at the .20 level of probability, between the two upper level schools when compared to each other, since the mean difference was .157 and the critical value was .156, thus precluding the use of one cutoff point for the combined population of upper level elementary students.

The Scheffé test did not indicate a difference to exist at the .20 probability level between the two lower elementary schools since their mean difference was .047
and the critical value was .157.

Table 8
Results of the Scheffé Test

<table>
<thead>
<tr>
<th>School</th>
<th>Size</th>
<th>Mean</th>
<th>Mean Difference</th>
<th>Critical Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper</td>
<td>12</td>
<td>1.215</td>
<td>.157</td>
<td>.156</td>
</tr>
<tr>
<td>Upper</td>
<td>8</td>
<td>1.058</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower</td>
<td>10</td>
<td>1.098</td>
<td>.047</td>
<td>.157</td>
</tr>
<tr>
<td>Lower</td>
<td>9</td>
<td>1.145</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Critical value is calculated using the procedure found in Glass and Stanley, 1970, pp. 388-393.

It was previously determined that if it were not possible to establish cutoff points for two separate groups of schools then each school would have an individual cutoff point. The individual cutoff points would be determined by calculating two standard deviations above the mean for each school. Table 9 contains the mean, standard deviation, and cutoff point for each school.

It is readily apparent from an examination of Table 9 that a considerable discrepancy existed between the two cutoff points of the upper level schools, and that only a slight difference existed between the cutoff points of the two lower level schools.
Table 9

Cutoff Points for Each School

<table>
<thead>
<tr>
<th>School</th>
<th>Size</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Cutoff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper</td>
<td>12</td>
<td>1.215</td>
<td>.214</td>
<td>1.643</td>
</tr>
<tr>
<td>Upper</td>
<td>8</td>
<td>1.058</td>
<td>.051</td>
<td>1.160</td>
</tr>
<tr>
<td>Lower</td>
<td>10</td>
<td>1.098</td>
<td>.147</td>
<td>1.392</td>
</tr>
<tr>
<td>Lower</td>
<td>9</td>
<td>1.145</td>
<td>.128</td>
<td>1.401</td>
</tr>
</tbody>
</table>
CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

In part I, the Delphi Method of group problem solving was used to develop indicators of child abuse and neglect. The process, involving ten expert panelists, consisted of the following five steps: (1) developing an initial list of indicators, containing 342 usable items, (2) reviewing the contributions of fellow panelists and making additions, which provided twenty-two more indicators, (3) ranking indicators on a four-point scale, (4) reviewing ratings made by fellow panelists and contributing comments concerning these ratings, and (5) reviewing fellow panelists' comments and giving each indicator a new rating. Final ratings were sorted so that all items achieving a rating of 2.6 or more were retained for use in the Part II detection instrument. The process resulted in a 43-item indicator list.

In Part II, the forty-three indicator items were developed into an instrument utilizing a seven-point Likert scale, which allowed seven responses ranging from "never apparent" to "always apparent". Four elementary school faculties, providing a population of 39 classroom
teachers, were selected from among the elementary schools of Kalamazoo, Michigan. The schools were of similar socio-economic composition. The teachers were instructed to separate non-abused and non-neglected children from those children who might be either abused or neglected. They then randomly selected one child from among the non-abused group and evaluated the child using the detection instrument. This was for the purpose of determining the instrument's mean score for a non-abused or non-neglected child so that one could know at what point the instrument might be considered to detect abuse or neglect. Upon completion of the instruments, mean scores were computed for each teacher and for each of the four schools. Using an ANOVA, it was determined that significant differences existed between the four schools at the .20 probability level and thus the four schools could not be treated as one population.

A post hoc analysis, using the Scheffé test, was conducted to determine if the two upper level elementary schools had enough similarity to be treated as a single group, and if the two lower level schools had similarity sufficient to be treated as a single group. It was decided that the schools would be regarded as similar if the probability of committing a Type I error did not reach or exceed the .20 level of probability. It was subsequently shown that the four schools could
not be treated as two separate groups. As a result of
the post hoc analysis, it was therefore necessary to es-
tablish cutoff points for each of the individual schools.
The cutoff points for the two upper level schools were
shown to be 1.643 and 1.160 on the Likert scale, and the
cutoff points for the lower level schools were shown to
be 1.392 and 1.401 on the Likert scale.

Conclusions

Two objectives were stated for the study. The
first was to produce a list of indicators for use by ele-
mentary school professionals in the detection of actual
or suspected instances of child abuse and neglect. This
objective was realized with the completion of Part I,
which produced forty-three indicator items. The items
were shown to possess content validity in that they
represented a consensus by the expert panelists. How-
ever, although the objective was met, it must be real-
ized that a number of factors were present which warrant
consideration.

The indicators which resulted from Part I were
greatly affected by the consolidation process performed
by the doctoral students after Steps One and Two. The
students, all having academic backgrounds in the field
of education, were unavoidably motivated to make qualitative as well as semantic decisions regarding the consolidation of items. It is not only possible, but likely, that a more academically neutral group of students would have chosen to consolidate fewer items than was the case. A brief look at the Part I, Step One, items in Appendix C gives credence to this assertion. While it is not possible to ascertain the degree to which the process was affected by the doctoral students' judgments, it is significant to note that such a variable existed.

The second objective was to develop the indicators into an instrument which could be utilized by elementary teachers for the detection of child abuse and neglect on a trial basis. This objective was achieved within the confines established for the study. It will be recalled that the study utilized selected panelists and selected teachers. Due to these conditions, the results of the study were restricted to a specific population and could not be generalized. However, the study was never construed as one which would produce a final product suitable for any population, but one which would provide a product adequate for more extensive field testing.

The need for further field testing was evidenced by the fact that the four schools were treated separately for the purpose of establishing cutoff points to distinguish between normal and abused and/or neglected
children. It is entirely possible that at a future time it might be feasible to establish universal cutoff points for the instrument. However, the current small sampling of schools precluded this possibility. It was seen that it would have been possible to treat the lower elementary schools as a single group. Had the lower elementary schools been treated as a single population, the mean for the combined schools would have been 1.12 and the cutoff point would have been 1.39. Clearly, there is little difference between the two separate lower-level school cutoff points of 1.39 and 1.40 and the combined cutoff point of 1.39. There is, then, reason to believe that it would be possible to develop cutoff points on other than an individual school basis. When one examines the individual scores for the students utilized in the study it is noteworthy that in no instance does an individual score exceed the cutoff point established for it, nor does any individual lower level score exceed the cutoff point which could have been used for the combined lower level population.

Also important are the generally low mean scores obtained with the non-abused and non-neglected subjects. It would appear that the indicator items were regarded by the teachers as acute indicators of abuse and/or neglect, since the teachers tended to exhibit great caution in exceeding ratings above two on a seven-point scale. An
obvious question is raised as to whether the items are acute to the extent that they do not provide for mild but significant instances of abuse and neglect. Only further trials, followed by confirmation of abuse and/or neglect, would clarify this last point.

It would appear, regardless of the overall low ratings, that the general consistency of the instrument within groups gave adequate reason to judge it worthy of more extensive testing. Thus, the second objective would appear to have been met.

General Recommendations

For the present, the instrument should utilize separate cutoff points for each individual school in which it is used. However, with increased use of the instrument it should be possible to establish cutoff points which are applicable to groups of schools or entire school systems. Only with the examination of a large number of individual school means and standard deviations will it become possible to judge the feasibility of a standardized instrument cutoff point.

The instrument developed in this project should undergo extensive field testing for the purpose of further demonstrating the content validity of the instrument and investigating its concurrent validity. It will be recalled that content validity is concerned with the
representativeness of the instrument and concurrent validity provides evidence that the instrument is actually measuring what it purports to measure. It was only possible, at the time of the study, to deal with a limited examination of content validity.

With more extensive field use, concurrent validity could be ascertained by verification of whether high-scoring children are in fact victims of abuse and neglect. Due to present laws concerning confidentiality, however, and the frequent reluctance of public agencies to share information, this method of establishing concurrent validity could be difficult to accomplish. Another more reasonable method of determining concurrent validity might be managed at the local school level. If single schools would continue their investigation of suspected students, including reports from school psychologists and social workers, then it might be possible to verify that the detection process was accurate. One might also compare the detection instrument results to available reports from social service or police agencies. However, this will only be possible in rare instances.

Later investigations of the instrument might well be concerned with the problem of reliability. In the present study the concept of reliability was omitted from extensive discussion, due to the lack of likelihood that any determination could be made at this time. Since
reliability deals with consistency, it becomes readily apparent that the preceding recommendations concerning both content and construct validity contain elements which reflect consistency. It is not particularly uncommon to deal with reliability in the course of more specifically examining validity. A recommendation that several people evaluate a single student concurrently, so that results might be compared and differences examined, would provide an opportunity to judge the consistency of the instrument, and thus, the reliability. Reliability could also be examined as a separate entity by such procedures as comparing specific evaluation results given by different examiners for the same children at different times. For the present, it seems sufficient to let the issue of reliability be dealt with in the course of examining the validity of the instrument.

Once validity is experimentally established, the worth of the instrument for increasing the response of schools to the problem of abuse and neglect can be readily determined. On a local level individual school systems would be well-advised to compare the number of reports of abuse and neglect from previous years to those numbers resulting from the detection instrument. Hopefully, the instrument would provide a noticeable increase in reports. A similar comparison could also be made at the state level by comparing previous Protective

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Service reports to those made after a year's use of the instrument on a regional or statewide basis.

Another recommendation concerns the Delphi procedure utilized in Part I of this study. It might well be worthwhile to duplicate the process utilizing a different group of panelists to arrive at a second instrument. It would then be possible to compare the results of the two instruments. This procedure would aid in measuring the content validity of the present instrument.

In later use of the instrument, it would seem worthwhile to utilize some of the indicator items which were initially developed in Step One of the Part I Delphi process. One could possibly develop an alternative form of the instrument from this resource pool.

The instrument developed here should not be considered a finished product. It would be a serious mistake for anyone to assume, prior to further testing, that a child attaining a score over the currently established cutoff points was definitely abused or neglected, since that point applies to only two groups of schools and is not, even for those schools, proven. It is recommended that if and when the instrument is utilized on a trial basis, teachers be alerted to the instrument's limitations. It would seem necessary that teachers be told to regard the results of an evaluation as indicative of a possibility, not necessarily of actual abuse.
Recommended Use of the Instrument

The following procedures are recommended when making use of the instrument at any future date. First, the teachers of the involved schools should norm the instrument for their school in the same manner as that employed in Part II of this study. They should randomly select a non-abused and non-neglected student and evaluate that student, using the instrument. In the instance of a school with a small faculty, such as those used in the current study, it might be worthwhile to have each teacher evaluate several students so as to increase the sample size. As in this project, the mean should be computed for all sample cases and a standard deviation computed for that mean. Two standard deviations above the mean would constitute the highest point at which one would consider a child non-abused. Any point beyond would be considered to indicate possible abuse or neglect. In the event that several schools or an entire school system were used, a total group norm might be employed.

For classroom use, teachers would be instructed to utilize the instrument in the event that they suspect that a child is abused. If, upon completion of the instrument, it is seen that the score exceeds that which might be considered within normal bounds, the teacher should request that the school administrator also

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complete the form for the child involved. Since the administrator has less contact with the child, it would be likely that his or her mean score would be lower. However, this may not be so if the administrator has knowledge of the child from previous years.

Upon completion of an instrument by both the teacher and the administrator, a meeting could be held and results compared. If the teacher and administrator agree that abuse or neglect is possible, a course of action can be planned.

It would be wise, for the present, if the forms contained no demographic information, and the use of the instrument was confined to its detection function and not used as evidence of either abuse or neglect. It might even be wise to destroy the form after its use, rather than to enter it into a student's record. In the event that it is decided, on the basis of the form and other evidence, that authorities such as Protective Services should be notified of an abuse situation, the form might serve as a guide for writing a formal description of the child's symptoms. If one simply expanded on the items of the instrument which were noted, a rather thorough case study would be forthcoming.

It cannot be overemphasized that the evaluation provided by the instrument's use, though indicative, is not necessarily absolute.
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BIBLIOGRAPHY


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Landsmann, L. Child abuse is no myth. Instructor, 83 (5), 84-85.


January 23, 1978

Dear Participant:

You have now completed Part I of the Child Abuse and Neglect Indicator Project. Your prompt return of Part I has been very much appreciated. I will be looking forward to seeing the remainder of your contribution.

Part II will be delivered on Thursday, the 26th of January and will be collected on Monday, the 30th of January. Should any problems arise concerning any project procedure, please call 383-1690 and leave a message. I will contact you as soon as possible. Again, thank you for your participation.

Sincerely,

Anthony Citrin
February 7, 1978

Dear Participant:

Thank you for completing Parts I and II of the Child Abuse and Neglect Indicator Project. Part III of the project, which you received today, will be due on Thursday, February 9, 1978.

Your contributions have been of excellent quality allowing the project to progress in a most satisfactory fashion. I feel certain that the remainder of the project will progress equally well. Since the project involves a number of people, located throughout the county, your punctual return of the various project sections is particularly appreciated.

Should any problem arise concerning any project procedures, please call 383-1690 and leave a message. I will contact you as soon as possible.

Sincerely,

Anthony Citrin
February 9, 1978

Dear Participant:

Thank you for completing Part III of the Child Abuse and Neglect Indicator Project. Part IV of the project will be delivered to you on Monday, the 13th of February, and will be collected on Wednesday, the 15th of February. I will be looking forward to seeing the remainder of your contributions.

Have a nice weekend.

Sincerely,

Anthony Citrin
February 16, 1978

Dear Participant:

On Monday, the 20th of February you will receive the final part of our project. This section will be collected on Thursday, the 23rd of February. Upon receipt of Part V, I will provide you with a list of your fellow participants' names. The final child abuse and detection instrument, which will result from our efforts, will be shared with you upon its completion in early April.

Again, thank you for your most recent contribution. Have a nice week-end.

Sincerely,

Anthony Citrin

dk

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February 23, 1978

Dear Participant:

You have now completed the final instrument for this project. I would like to take this opportunity to thank you for your excellent efforts.

As we agreed in the initial interview, I am now providing you with the names of your fellow participants. You are reminded that it is completely at your discretion as to whether or not you wish to disclose to a fellow participant your contributions to the project, or contact any fellow participant for the same.

Sincerely,

Anthony Citrin

Mr. James Beougher, Supervisor of Children's Protective Services, Kalamazoo
Dr. Leroy Densmore, Jr., Assistant Prosecuting Attorney, Chief, Juvenile Division, Kalamazoo
Dr. Joseph Eisenbach, Chairman of the Department of Special Education, Western Michigan University
Dr. Edsel Erickson, Professor (Education and Sociology), Western Michigan University, currently conducting a project in connection with child abuse and neglect
Ms. Shirley Gregory, Elementary School Principal, Kalamazoo
Ms. Norma Hungerford, Coordinator of Student Teachers and Participation, Western Michigan University
Mr. David Joslyn, Assistant Professor (Social Work), Western Michigan University
Ms. Beverly Kapelle, Service Club of Kalamazoo, Child Protection Committee, Kalamazoo
Lt. Glenn Neyelle, Police, Assistant Division Commander, Criminal Division, Youth Bureau, Kalamazoo
Dr. William Venema, Pediatrician, Kalamazoo

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TO: All Elementary Principals
FROM: Dr. Garret Vander Lugt
DATE: February 23, 1978
RE: Mr. Anthony Citrin's Doctoral Research

I have reviewed Mr. Citrin's research proposal and have given him permission to conduct his research project in our school system. If the necessary arrangements can be made in your building, please feel free to cooperate with him in this venture. As you will note, this research deals only with students who are not being abused or neglected, and it involves only teacher responses and not student responses to a survey instrument.
APPENDIX B

PART I: STEP ONE INSTRUMENT
Dear Participant:

In accord with Western Michigan University's human subjects research policies, I am requesting that you read and sign the following statement prior to your participating as a panelist in the research project being conducted by Anthony Citrin concerning child abuse and neglect.

I _______________________________am willing to serve as a panelist for Anthony Citrin with the express understanding that: (1) At the end of the project my name might be released to other panelist; (2) Only I, the panelist, can authorize the release of my personal contributions to other panelist; (3) My name and a description of my professional qualifications, as a panelist, can be used in the original research report; (4) My name cannot be used in any subsequent publication without my written consent, nor can my personal contribution be cited by name without my express consent.

All preceding items of authorization have been explained to my complete satisfaction and any mutually agreed upon additions have been noted. My signature on this document constitutes my authorization.

Participant's signature

Witness

Date: 1/ /78

Additional terms:

Note: The participants name will appear on the initial survey instrument along with an identification number. All forms following the initial one will only utilize an identification number.

cc: Western Michigan University
    Researcher
    Participant
Please complete the following information. This information will be completely confidential.

Name_________________________ Home Address________________________
_________________________________________ Phone______________________

Age____ Sex____ Occupation __________________________________________

Business or organization associated with________________________

Address____________________________________ Phone____________________

Briefly describe your educational background, including the name of special training programs, trade schools, colleges or universities, the year of graduation and the degrees obtained—begin with that which is most current.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Briefly describe your involvement in the area of Child Abuse and Child Neglect—include the names of any pertinent organizations with which you are or were associated concerning this matter and the years of affiliation.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What is the most convenient location for delivery and pick-up of the instruments involved in this study?

Place____________________________________________________________

Times____________________________________________________________

Phone Numbers____________________________________________________
Dear Participant:

In this first part of our project you are being asked to develop indicators of child abuse and child neglect. It is important that your contributions conform to the exact parameters which are set forth in this document.

For our purposes the terms "child abuse" and "child neglect" are defined according to the State of Michigan child protection laws, being Act No. 238, Public Acts of 1975, sections 722.621 through 722.636 of the Michigan Compiled Laws which state:

1. "Child Abuse" means harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare which occurs through nonaccidental physical or mental injury, sexual abuse or maltreatment.
2. "Child Neglect" means harm to a child's health or welfare which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.

It is also necessary for our purposes that the term "indicator" be defined. Therefore, an indicator shall be defined as: a physical or psychological sign or symptom which can be visually or audibly witnessed by an observer.

Bearing in mind the preceding definitions please follow the directions which appear next.

Directions:

The result of your efforts will be a child abuse and neglect detection instrument. This instrument is intended primarily for the use of classroom teachers at the elementary school level. Since many different types of professionals are acting as indicator contributors it is essential that all utilize similar language. For the sake of common understanding it would therefore be beneficial to reduce any technical terms to layman expressions, such that a common understanding might be facilitated.

Utilizing any nonhuman resources available, please list as many indicators as you can for each of the specified subsections. The subsections, which follow, conform to the legal definitions given above.
Subsections: Child Abuse
1. Nonaccidental physical injury
2. Nonaccidental mental injury
3. Sexual abuse
4. Maltreatment

Child Neglect
1. Failure to provide adequate food
2. Failure to provide adequate clothing or shelter
3. Failure to provide adequate medical care

It is essential that all indicators apply to: 
(1) Elementary school age children—six through twelve years of age and enrolled in kindergarten through sixth grade; 
(2) Situations which are visible or audible to a teacher pursuing normal classroom activities; 
(3) Children in a fully-clothed state following their normal activities; 
(4) Situations which do not require the interrogation of children.

It is suggested that indicators be expressed as short phrases whenever possible. Considerably more space has been provided for responses than is likely to be necessary. Therefore, do not be uncomfortable about the number of responses you deem necessary for any given section. Please feel free to be creative and draw upon your personal experiences and expert knowledge.
CHILD ABUSE INDICATORS

Nonaccidental physical injury (color code: blue)

1.

2.

3.

...

14.

15.

ADDITIONAL INDICATORS OR COMMENTS:
CHILD ABUSE INDICATORS

Nonaccidental mental injury  (color code:  yellow)

1. 

2. 

3. 

... 

14. 

15. 

ADDITIONAL INDICATORS OR COMMENTS:
CHILD ABUSE INDICATORS

Sexual abuse (color code: green)

1. 

2. 

3. 

……

14. 

15. 

ADDITIONAL INDICATORS OR COMMENTS:
CHILD ABUSE INDICATORS

Maltreatment (color code: pink)

1. 

2. 

3. 

... 

14. 

15. 

ADDITIONAL INDICATORS OR COMMENTS:

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CHILD NEGLECT INDICATORS

Failure to provide adequate food  (color code: light green)

1. __________________________________________________________

2. __________________________________________________________

3. __________________________________________________________

. . . .

14. __________________________________________________________

15. __________________________________________________________

ADDITIONAL INDICATORS OR COMMENTS:
CHILD NEGLECT INDICATORS

Failure to provide adequate clothing or shelter

(color code: goldenrod)

1. ______________________________________

2. ______________________________________

3. ______________________________________

....

14. ______________________________________

15. ______________________________________

ADDITIONAL INDICATORS OR COMMENTS:
CHILD NEGLECT INDICATORS

Failure to provide adequate medical care (color code: white)

1. 

2. 

3. 

....

14. 

15. 

ADDITIONAL INDICATORS OR COMMENTS:

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APPENDIX C

PART I: STEP ONE RESULTS
CHILD ABUSE INDICATORS

Nonaccidental physical injury

Initial Responses

1. Avoidance of talking about how any physical injury occurred.

2. Child is withdrawn, passive, shy or overly compliant. He may be inattentive, daydream, show fear of criticism or teacher authority. May show abrupt change to this type of behavior.

3. The complete lack of conversation referring to home life of a chronically injured child.

4. Not wanting to participate in physical education.


6. Unsatisfactory explanation by child of how they were injured.

7. Child reports severe headaches, earaches, or severe pain in body joints (legs, arms, being twisted or contorted)

8. Unsolicited comments by students

9. Complaints by the child of soreness, etc. often attributed to accidental injury, but used to avoid normal ongoing involvement with others.

10. Child reports burns to school personnel

11. Child reports bruises to teacher or other school personnel.

12. Observation, or reports by the child, of welts on the body.

13. Indicates he was "beat up" by parent.

14. Conversation by a child, referring to parental behavior, with other children.
Nonaccidental physical injury, continued

15. Parents' feelings, as expressed to teacher, show dislike of child, hostility, suspicious of child talking to teacher.

16. Parental behavior bizarre.

17. Walking--child walks differently and when asked about does not want to talk about it or gives a strange reason.

18. Limp or favoring of a limb by child that is consistent with other visible or psychological symptoms of maltreatment.


20. Arm or leg movements abnormal and indicating pain (such as from bruises or fractures).

21. A touchiness or tenderness apparent during play which is unusual for the activity.

22. Observation of imprint of hand marks on the child's face or other part of the body.

23. Bruises on face, arms, legs, etc. Identical bruises on both sides of body are seldom accidental, bruises on back of legs and arms may be caused from beatings.

24. Child evidences cuts and bruises about the face and arms.

25. Cigarette burns. Palms and bottom of feet--may be noticed if child walks "tenderly".


27. Visible bruises, abrasions, cuts, etc.

28. Broken bones with no apparent excuse or reason.

29. Reported physical injuries--fractures, etc.

30. Multiple wounds in various stages of healing.

31. Rope burns on neck, wrists, ankles, etc.

32. Skin injuries or burns.
Nonaccidental physical injury, continued

33. Evidence of burns on exposed parts of the body.
34. Bald spots could be caused by hair pulling.
35. Loss of teeth with no explanation.
36. Swollen, stiff, or enlarged joints.
37. Bite marks, belt buckles, or other identifiable marks on skin.
38. Frequent injuries.
39. Cuts or scars, about face, neck, or limbs or exposed body surfaces.
40. Observation of black eye.
41. Burns on hands, particularly round burns indicative of cigarette burns.
42. Scratches on face or arms that are parallel or equal distances apart, like fingernail scratches.
43. Cuts on face or hands that are straight and not from obvious falls and scrapes.
44. Visible burn marks—may appear anywhere particularly the arms—often made by cigarettes—therefore small round burn marks—may appear as first degree burns like sunburns—might be noticeable in the winter months.
45. Stiffness or swollen neck area.
46. Burns on head and face.
47. Swollen arms or extremities (fingers, toes [if exposed]).
48. Observation of burns.
49. Visible soreness or stiffness—appears uncomfortable when sitting—have difficulty leaning back in the chair—cannot get up and move with normal speed.
50. Hands—bruises or other marks about the fingertips—child also attempts to hide.
Nonaccidental physical injury, continued

51. Burns on face, neck, or limbs, or exposed body surfaces.

52. Visible bruising around the inside of ears.

53. Visible bruises--about the head, arms, legs.

54. Face--swollen and red bruises not noticed before, which child attempts to hide.

55. Bruises about face, neck, or limbs or exposed body surfaces.

56. Visible bruising on inside of arms.

57. Observation of bruises by teacher or other school personnel.

58. Visible abrasions about the head, arms, legs.

59. Eyes--blackened and appearing after the child has been home and not involved in any schoolyard or classroom fight.

60. Inappropriate clothes out of season--long-sleeved shirts in summer.

61. Wears clothes to keep covered limbs, etc.

62. Doesn't let anyone see him or her undressed.

63. The child may obviously attempt to hide the injury. This noticeable hiding coupled with other unusual behavior may be indicative.

64. Wearing long-sleeved clothes in warm weather.

65. Inappropriate clothing to hide bruises, injuries. Refused or reluctant to change clothing for gym. Refused to remove sweater.

66. The extreme expression of affection for one parent over another if asked about an injury.

67. Child startles quickly at person approaching him or her quickly.
Nonaccidental physical injury, continued

68. Flinching or cowering by child in presence of male authority figures, particularly in disciplinary situations—female authority figure also.

69. Child puts hands or arms up as if to defend self when spoken to firmly by any person.

70. Child cowers when confronted by aggressive child or adult.

71. Few if any friends.

72. Behavior is aggressive, disruptive, or destructive. Cruelty to other children or animals. Temper tantrums. May be abrupt changes to this type of behavior.

73. Child abuses toy figures such as dolls, or animals in play situation.

74. Child comes early and/or leaves school late—dislikes going home.

75. Child does not come to school. Excessive absences.

76. Excuses for absences after another injury.

77. Bandages and treatment seem inappropriate.
CHILD ABUSE INDICATORS

Nonaccidental mental injury

Initial responses

1. Child not allowed to dress appropriately to his peers, i.e., forced to wear crew cuts when long hair is "in", suits instead of jeans, etc. So he is not able to be accepted by his peers.

2. Child avoids close containment area such as closet, corner of room, partitioned area, etc.

3. Illness due to emotional upset—i.e., asthma, hives.

4. Extreme reaction to teacher's usual instructive direction. Quickness to cry, hides emotional response, overreaction, excessive anger expressed.

5. Child shows extreme apprehension of areas of darkness or shadow, or discussion of separation or death.

6. Unexplained crying, emotionally insecure, mood swings.

7. Frequent, unexplained crying.

8. Shows fear if he accidentally tears or dirties clothing.


10. Child is withdrawn, not responsive.

11. Demonstrated extreme shyness—unwilling to participate, cries easily.

12. Child seems to respond in passive way to regular school activities. Seems to prefer noninvolvement. Cries when forced to required to participate.

13. Child seems "out of touch", passive but also daydreams. The daydreams are more pleasant than reality.

14. Or is especially very passive and withdrawn.
Nonaccidental mental injury, continued

15. Withdrawn, totally passive behavioral patterns.

16. Child withdraws from new situations until convinced that the situation is not a threat to child's ability to cope with that situation.

17. Demonstrated by overaggressiveness and acting out towards other children, particularly in unusual manner for that particular child.

18. Child exhibits acting out behavior; lashes out in the same way that he has been treated.


20. Aggressive behavior at odd things—for example, over a pen when there are many pens around.


23. Child strikes out at or withdraws from strangers, without provocation. Shows aggressiveness and disruptiveness with or without apparent provocation.

24. The inability to show emotion, or to show too much emotion, or to be too protective of adult when not expected of a child that age.

25. State of depression or quietness of a person where very active before.

26. Child reports verbal abuse by the father or mother in the home: "You're stupid" "You idiot", etc.

27. Parents controlling, aggressive, pushing child beyond his limits. Over-concern for child and his progress in school.

28. The ability to take punishment and abuse as normal rather than as a form of doing something wrong.

29. Characterizes self as bad, stupid, etc., and especially if he indicates that his parents think that he is bad or stupid.

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Nonaccidental mental injury, continued

30. The ability to learn simple concepts and does not take offense at being called dumb or stupid by other children.

31. Child's complete lack of confidence in his/her physical, mental or social abilities.

32. Child blames self for all outcomes of behavior. Indicates that he or she is "too dumb" for outcomes to be positive.

33. Bizarre behavior toward other children.

34. The inability to share or trade food stuff.

35. Child becomes upset easily, seeks perfection in his work, and is quiet or fearful if he makes a mistake.

36. Child exhibits fear of other students.

37. Unreasonable fears of punishment, indicated by a protective or defense reaction at just the mere raising of a voice.

38. Seems unusually fearful--no expectation of doing things that parents would like.

39. Child rarely smiles or relates to other individuals.

40. The inability to mix with other children; often a loner.

41. Child exhibits fear of adults.

42. So very afraid of parents and adults or even other children.

43. Fear of adults.

44. Parents show little concern for child, interest in school work or activities. Failure to participate, or allow child to participate in school activities.

45. Child reports family quarrels and threats of divorce, separation or even bodily harm to various family members, including the children.

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Nonaccidental mental injury, continued

46. Normally this information comes from relatives, neighbors, other siblings. About strange means of discipline, i.e., tying naked in basement, made to walk or stand for hours, eating feces or messing pants, etc.

47. Child shows fear of being abandoned or left behind when groups or individuals are moving from one place to another.

48. Child comes to school very early and does not seem to want to leave at end of day.
CHILD ABUSE INDICATORS

Sexual abuse

Initial responses

1. Suddenly doesn't dress around others.
2. Shyness in changing clothes as a result of poor body image.
3. An unwillingness to go to the school nurse or to take bathroom break with the other children.
4. Unusual unwillingness to participate in athletic activities.
5. Refused to change clothing in gym period.
6. Not wanting to participate in physical education.
7. Passive resistance to various activities, with latent fear clearly visible.
8. Evasiveness in questioning.
9. Withdrawal into fantasy world, day-dream.
10. Girl withdraws—sudden shift in behavior.
11. Child avoids eye contact during class discussion of home, family or friends, or when sex is mentioned.
12. A shyness about their behavior with friends, where they were talking before.
13. Obvious increased shyness—very fearful in demeanor.
14. Withdrawn behavior.
15. Suddenly unconcerned about appearance—doesn't comb hair, etc.
16. Possible scapegoating by the other children—or teasing about queerness, etc.
17. Excessive fear of school contacting the home.

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Sexual abuse, continued

18. An unreasonable fear to take notes home about her behavior or to take requests home about field trips.
19. The unwillingness to talk about father, brother, uncle or nephew in a family scene when such topics are mentioned.
20. Uncommon knowledge by early elementary child referring to sexual acts.
22. Fear of interaction with adults, male or female, depending on the sex of the abuser.
23. Abrupt change in behavior, evidence of emotional upset, as in crying, unusual hostility, fear, or withdrawal.
24. Child avoids close contact with adult of same or opposite sex.
25. Fear of male teachers, in girls.
26. Child avoids close containment areas where escape routes appear to be limited.
27. Girl appears to be pregnant.
28. Girl reported her pregnancy and requested an abortion.
29. Need to talk to adults--subject matter not too important, looking for release from guilt, overly talkative
30. Child or siblings report that incest is common in the home or that a member of the family was sexually involved with the pupil.
31. Unsolicited comments by the child.
32. Child's report that a parent has attempted to have sexual relations with them.
33. Child's report that one of the parents was "fooling with" him/her.
34. Possible uncontrolled urination. Complains of bed wetting, even in class accidents.
Sexual abuse, continued

35. Walking strangely.

36. Difficulty in walking or sitting.

37. Complaint of pain in the area between the legs.

38. Soreness to rectum or vaginal area upon elimination by child.

39. Evidence of venereal disease reported by the child or school nurse.

40. Child seems preoccupied with keeping legs tightly crossed and shrugs away from physical contact with other children or adults.

41. Truancy, chronically late. Or the opposite, always early and loiters around school, needing escape from home.
CHILD ABUSE INDICATORS

Maltreatment

Initial Responses

1. Child who has been so overprotected as to have developed no independence or means of coping.

2. Child not allowed to attend school functions, activities, have friends.

3. Total loss of appetite which may result from severe depression.

4. Child is distrustful of promises and assurances.

5. Child shows aggressive, disruptive or destructive behavior. Abrupt change to this type of behavior.

6. Fear of adults/authority figures.

7. Child shows withdrawn, passive or overly-compliant behavior. Inattentive, day-dreaming and out of touch with reality.

8. Child is upset by any change in routine. Likes and responds to routine. Lacks flexibility and ability to change without showing a let-down feeling--tears or aggression.

9. Does not want to go home.

10. Child comes early, doesn't want to leave.

11. Child reports parents have left him/her alone for extended periods of time.

12. Child reports the parents have abandoned him/her.

13. Left on own: on school grounds early and late in all types of weather.

14. Chronically tired, hollow-eyed, up too late at night.

15. Family oversleeps and unable to get the child ready for school, catch the bus--a chronic condition.

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Maltreatment, continued

16. Frequent or prolonged absence from school.

17. Child is chronically absent or tardy. Excuses are poor ones.

18. Child not allowed to dress appropriately for his peer group, as in crew-cuts when long hair is in style, wearing suits instead of jeans.

19. Child reports they are locked in rooms, tied to chairs, beds, etc., by the parents, sitter, or member of the extended family.

20. Child avoids close containment areas such as closets, corner of room, partitioned areas, etc. Shies away from ropes and darkness.

21. Child cries a lot.

22. Cries often.

23. Unsolicited comments by the student.

24. Child reports parents are drunk or under the influence of narcotics for extended periods.

25. Discipline too severe for misbehavior.

26. Child reports the babysitter is punishing them and inclined to deny them food and water or other essentials.

27. Parents exhibit controlling, aggressive behavior.
CHILD NEGLECT INDICATORS

Failure to provide adequate food

Initial responses

1. Living in house without heat, electricity, water.
2. Severe tooth decay.
3. Poor teeth.
4. Parents show little concern for child.
5. Parent unresponsive to school, apathetic, fail to participate in school activities.
6. No lunch. No lunch money.
7. Comes to school without breakfast. "Forgets" to bring lunch or lunch money.
8. Lack of available food for lunch.
10. Lunch appears to be junk food and packed by the child
11. Child passes up school meals--eats snacks instead, when available.
12. Indicates that he/she is eating food inappropriate to good health, e.g., coke and cookies for breakfast.
13. In discussions dealing with food terms, they have an unreal attitude about certain terms.
14. Constant illness--cold, etc., that do not appear to improve through the winter months.
15. Frequent absence due to illness.
16. A child who is either too thin or too heavy.
17. Physical appearance of malnourished child.
18. Anemic looking.
Failure to provide adequate food, continued

19. Child appears to be emaciated.
20. Child appears below norm for structure and weight.
21. Malnutrition--flabby musculature, distention, dull hair and eyes, hair brittle.
22. Child overeats when meals or treats are provided.
23. Eats at school as if it is his or her last meal--seems starved.
24. Child gulps down offered food and seems to always be hungry.
25. Child seems lethargic and/or tired.
26. Sleeping in class; from lack of sleep and food, loss of attention--always asking when is lunch; lunch period is their favorite time of day.
27. A child who falls asleep in class because of inadequate breakfast.
28. Weak, tired, falls asleep in class. "Peaks" early in day and cannot concentrate later.
29. Child appears to be listless and unmotivated.
30. Stealing food from others.
31. Stealing food from other children, cafeteria, etc.
32. Stealing other kids' lunch money for food.
33. Steals food.
34. Child steals or hoards food.
35. Child complains about stomach aches and intestinal problems.
36. Chronic stomach aches.
37. Child indicates he/she is hungry early in the morning
38. Complains of having no breakfast, or dinner (evening meal).
Failure to provide adequate food, continued

40. Complains of hunger.
41. Repeatedly indicates not eating breakfast and dinner.
42. Unsolicited comments by the child: "I never have breakfast", etc.
43. Child reports he/she is fed animal food.
44. Goes through garbage cans.
45. Child reports he/she finds food in alleys, garbage cans.
46. A desire to obtain food at usual times and a refusal or reluctance to leave the lunch area.
47. Brittle fingernails.
CHILD NEGLECT INDICATORS

Failure to provide adequate clothing or shelter

Initial responses

1. Many colds due to lack of heat or too much heat.
2. Hair and skin show signs of chronic neglect. Hair may be oily, uncombed, lice-infested. Skin may have eruptions, scaling, impetigo.
3. Child comes very early and stays very late. Doesn't seem to have any place to go.
4. Child shows lack of sleep, complains of lack of privacy or quietness in which to relax and/or sleep.
5. Child tired all the time from lack of adequate sleep.
6. Child unable to stay awake during school which may result from over-crowded conditions, inadequate supervision, lack of heat, etc.
7. Sleeps in school--up nights
8. Indicates regularly that...watches late show...
9. Child has continuous colds, infections and diseases which result in many absences.
10. Child habitually late or truant.
11. Frequent absence.
12. Living in house without heat, water, electricity.
13. Observation by school personnel of shelter inadequately heated.
15. In knowing figures, poor concept of a human structure
16. Clothes unwashed, dirty, ill-fitting or inappropriate for the individual.
Failure to provide adequate clothing or shelter, continued

18. Child's shoes too small or extremely worn—ineffective support or cramping results.
20. Clothing inappropriate to weather conditions.
21. Improperly dressed for weather.
22. Always picking on children who have better clothes.
23. Clothes much too large or too small, especially shoes.
24. Child reports he must wear his brother's worn-out clothes.
25. Clothing tattered, dirty, unmended, unkempt.
26. Child appears inappropriately dressed for seasonal weather conditions—light clothing, no boots and no hat in winter weather.
27. Condition of clothing: unwashed, holes; inadequate for the weather or the season, likewise lack of clothing for the season.
29. Same clothing worn every day.
30. Inappropriately dressed for the weather.
31. Clothing too large or too small.
32. Seldom wears coats or heavy clothing during cold weather.
33. Child reports he has to sleep in his clothes to keep warm at home.
34. Is dressed inappropriately for weather.
35. Child wears torn or unwashed clothing.
36. Tattered, dirty clothing worn day after day.
Failure to provide adequate clothing or shelter, continued

37. Child's clothing appears never to reflect care, washing or mending as well as ironing.

38. Lacks sufficient clothes, boots, coats, mittens, etc.

39. Child does not wear clothing adequate for weather conditions.

40. Clothing inadequate for weather conditions.

41. Clothing appears to have been slept in as well as being very dirty; often accompanied by strong odor.

42. Powerful odor.

43. Child's odor is offensive to others.

44. Child dirty, smells unclean. Children reject him or refuse to sit next to him.

45. Have an odor about the person; dirty face, hands, etc.

46. Dirty--really dirty--smelly clothing.

47. Inadequate concept of home, family, terms like dinner, lunch, supper.

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CHILD NEGLECT INDICATORS

Failure to provide adequate medical care

Initial responses

1. Child sleeps much of the time in school as a result of medical intervention; dosage too strong.
2. Child has difficulty reading from texts or chalkboard.
3. Child needs glasses, and parents fail to provide them even after being informed by school.
4. Poor eyesight—indicated by poor work and sight tests.
5. Catches colds, statements by parents that they cannot afford necessary medication.
6. Parents show little concern for wellbeing of child.
7. Child reports that parents' religion interferes with the delivery of medical serum.
8. Child "favors" a limb or body area as a protective measure indicating pain in that area.
9. Obvious illness, severe colds, flu, sore throats, etc., which do not result in visit to the doctor.
10. Unattended or infected lacerations, abrasions, etc.
11. Moderate to very serious injuries appear to have home-made treatments applied.
13. Child's injuries minor or moderately serious appear to lack attention.
14. Chronic colds, sore throats, infections, complaints of sickness by child, no medical attention by parents.
15. Child's health conditions—convulsions, hyperactivity, etc.—remain unchecked and interfere with school task. Lack of medication or lack of supervision of child's injection of medical preparations.
Failure to provide adequate medical care, continued

16. Parents' refusal to get necessary preventive injections.


18. Doesn't go to doctor in serious cases.

19. Inappropriate bandages, etc.

20. Child who has a minor injury or illness which becomes severe from non-treatment.

21. Child who is chronically ill or complaining of ailment is sent home and nothing is done to correct situation.

22. Child who has a severe injury not treated.

23. Child who is chronically ill and not treated.

24. Infections are not treated and are permitted to spread on the individual or among other children.

25. Open sores on child's head, limbs, or exposed body.

26. Untreated sores, skin injuries.

27. Hearing problems indicated by the school but the parents fail to follow through with further medical help

28. Bruises left unattended by even a bandage, or the child indicates that parents did not seem concerned.

29. Untreated sores.

30. No dental care.

31. Child complains of tooth or earache.

32. Chronic tooth aches.

33. Teeth—dental problems.

34. Poor teeth, etc.

35. Child complains of toothaches, obvious need of dental care; parents fail to respond to school's notices.

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Failure to provide adequate medical care, continued

36. Evidence of lack of dental hygiene and caries apparent.

37. Lack of proof of immunization.

38. No, or incomplete, immunizations.

39. No vaccinations.

40. Glasses recommended but parents do nothing about providing glasses.

41. Child has lice, scabies, worms.

42. Repeated head lice, scabies.

43. Allergic reactions noted. Itching, hives, temperature elevation, coughing occurs when certain conditions exist.

44. Walking and talking difficulties and repeated request by teacher, to parents, have not explained the problem away.

45. Birth problems affecting the limbs but no real concern of parents to deal with this problem.

46. Child movements are spastic, hampered by evidence disability.

47. Braces restrictive and are obviously too small for the child.

48. Glasses or hearing aids not replaced periodically or when they are lost, broken, or damaged.

49. Child's medical prescriptions are not filled by the parent. Long periods of denial of medical preparation (insulin).

50. Knowledge that child on medication and behavior is different when off—and child seems to be off medication quite regularly.

51. Hearing difficulties—and no concern by parents to explain or clear up.
Failure to provide adequate medical care, continued

52. Child's diseases continue to deny the individual an opportunity to attend school.

53. Attendance at school with fever, persistent cough, congestions.

54. Frequent or prolonged absence.
Dear Participant:

A committee of graduate students has consolidated the indicator lists submitted by you and your fellow panelists. While you may not recognize the wording of a particular contribution, be assured that it has been incorporated in a rewarded form. When an indicator appeared under more than one subsection it was relisted under that subsection most frequently utilized by the majority of the panelists.

In Part I there were seven categories of indicators. In this second part the categories have been maintained, although not color coded.

Directions:

Please read carefully the following lists which includes all contributions made by all panelists. In the spaces provided at the end of each subsection make any additions you deem necessary. The criteria established for writing indicators is restated, in the same form in which it appeared in Part I, so that you will have the same guidelines for writing any new indicators you deem necessary.

For our purposes the terms "child abuse" and "child neglect" are defined according to the State of Michigan child protection laws, being Act No. 238, Public Acts of 1975, sections 722.621 through 722.636 of the Michigan Compiled Laws which state:

1. "Child Abuse" means harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare which occurs through nonaccidental physical or mental injury, sexual abuse, or maltreatment.
2. "Child Neglect" means harm to a child's health or welfare which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.

It is also necessary for our purposes that the term "indicator" be defined. Therefore, an indicator shall be defined as: a physical or psychological sign or symptom which can be visually or audibly witnessed by an observer.
Utilizing any nonhuman resources available, please list as many indicators as you can for each of the specified subsections. The subsections, which follow, conform to the legal definitions given above.

Subsections: Child Abuse
1. Nonaccidental physical injury
2. Nonaccidental mental injury
3. Sexual abuse
4. Maltreatment

Child Neglect
1. Failure to provide adequate food
2. Failure to provide adequate clothing or shelter
3. Failure to provide adequate medical care

It is essential that all indicators apply to: (1) Elementary school age children — six through twelve years of age and enrolled in kindergarten through sixth grade; (2) Situations which are visible or audible to a teacher pursuing normal classroom activities; (3) Children in a fully clothed state following their normal activities; (4) Situations which do not require the interrogation of children.
CHILD ABUSE INDICATORS

Nonaccidental physical injury

1. Child refuses to discuss absences
2. Lack of participation in specific activities
3. Child's self-reporting of abuse
4. The child expressing an interest in a positive family relationship
5. Inappropriate parental behavior
6. Obvious physical injuries
7. Reluctant to expose body
8. Parental favoritism
9. Fear of others
CHILD ABUSE INDICATORS

Nonaccidental mental injury

1. Parents impose values which are different from peer norms
2. Physical environment fears
3. Psychosomatic illness
4. Crying: often and unexplained
5. Withdrawn
6. Aggressive behavior
7. Unpredictable extreme behavior
8. Reports of parental mental violence
9. Parents controlling, aggressive, pushing child beyond his limits. Over concern for child and his progress in school
10. Low self concept
11. Exhibits bizarre behavior
12. The inability to share or trade food stuff

...
CHILD ABUSE INDICATORS

Sexual abuse

1. Withdrawn from or lack of normal social interaction
2. Social segregation by others
3. Fear of parental contact by school
4. Child's unwillingness to talk about family relationships
5. Uncommon knowledge by early development of sexual activities
6. Fear of adults
7. Unwanted pregnancy
8. Child expresses a need to talk to adults
CHILD ABUSE INDICATORS

Maltreatment

1. Lacks independence or coping behavior due to over-protection
2. Child not allowed to attend school functions, activities, have friends
3. Child shows severe depression by loss of appetite
4. Shows distrust of promises and assurances
5. Shows disruptive, destructive behavior
6. Fears adults, authority figures
7. Child indicates mental separation
8. Lacks flexibility, cries, aggressiveness
9. Seems to lack associations with home, tends to stay at others' places rather than home
10. Fears and reports of abandonment

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1. 

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2. 

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3. 

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4. 

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5. 

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6. 

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7. 

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8. 

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9. 

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10. Fears and reports of abandonment

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CHILD NEGLECT INDICATORS

Failure to provide adequate food

1. No lunch or lunch money
2. Parents show little concern for child and/or in school
3. Child appears to prefer "junk" food
4. In discussions dealing with food terms they have an unreal attitude about certain terms
5. Signs of malnutrition
6. Chronic illness
7. Compulsive eating when food is available
8. Lethargy
9. Steals food or money for food
10. Complains of hunger
11. Stomach aches
12. Child eats garbage or animal food
13. A desire to obtain food at unusual times and a refusal or reluctance to leave the lunch area
14. Brittle fingernails
CHILD NEGLECT INDICATORS

Failure to provide adequate clothing or shelter

1. Complains of tiredness, exhibits inadequate sleep
2. Absences: frequent and unusual
3. Child emits offensive clothing and body odor
4. Inadequate concept of family roles and schedules
5. Inadequate shelter
6. Child is dressed in inappropriate or inadequate clothing—that is dirty, torn, or ill-fitting
7. Child has difficulty with structure and/or organization

1. 

2. 

3. 

4. 

5. 

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CHILD NEGLECT INDICATORS

Failure to provide adequate medical care

1. Lacks oral hygiene
2. Lacks immunization
3. Child indicates signs of allergies—hives, coughing
4. Indicates skin disruptions, dermatological infections
5. Congenital disorders of motor control or neurologic difficulties—birth related problems, spastic nature of motor control
6. Indicates visual/reading problems
7. Lack of attention for hearing aid, glasses, braces
8. Lack of medical treatment of observable injuries, colds and infections
9. Bandages and treatment seems inappropriate
10. Exhibits behavior associated with hearing difficulty

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.
APPENDIX E

PART I: STEP TWO RESULTS
CHILD ABUSE INDICATORS

Nonaccidental physical injury

Additional responses

1. Parents belittle the child, overlook child's accomplishments and focus only on negatives.

2. Parental attitude toward school personnel is bizarre -- unnecessary explanations, hostile, aggressive, over-doing "perfect parent" roles for benefit of teacher and principal.

3. Frequent injuries.

4. Child is extremely fearful.

5. Child states to teacher or friends that he has been abused.

6. Welt marks.

7. Small cylindrical burns.

8. Similar bruises on both sides of face, bruises on the back of legs.

9. Adult size bite marks.

10. Child wears long sleeves on hot days.

11. Child has few friends, is a loner.

12. Child comes to school early and leaves late.

13. Child is overly passive or extremely aggressive.

14. Child is retarded, hyperactive, or in some way obviously special.
CHILD ABUSE INDICATORS

Nonaccidental mental injury

Additional responses

1. Fear of school contacting parents about student progress (academic) or behavior.

2. Parents use the child as a scapegoat and obviously belittle any of his accomplishments.

3. Child exhibits illness, such as asthma, hives, etc., which are often caused by emotional distress.

4. Fear of returning home—maybe early to school, or loiter after school.

5. Fear of arousing parents' anger—as in getting bad marks, getting clothes dirty or torn, or of losing possessions.

6. Child appears to be emotionally disturbed.

7. Child has a very poor self image.

8. Child has few if any friends.

9. Child seems tired, physically and emotionally exhausted.
CHILD ABUSE INDICATORS

Sexual abuse

Additional responses

1. Verbal reports by child of abuse or mischief.
2. School learns that an older sibling has been sexually abused by an adult within the family structure.
3. Child develops V.D.
4. Only the father attends school conferences.
5. Child informs teacher of the sexual incident.
6. Child is adopted or a stepchild
7. Child's peers or teacher overhear child relating incident of sexual abuse to his friends.
8. Seductive behavior
9. Refuses to dress regularly for gym.
10. Expression or reporting of problem indirectly related to sexual abuse--bed wetting, bad dreams, fear of adults.
11. Sudden change in behavior, personality changes.
CHILD ABUSE INDICATORS

Maltreatment

Additional responses

1. Parents' attitude toward school is inappropriate, can be either hostile, controlling towards teacher and principal, or can be totally unresponsive, apathetic.

2. Child dressed inappropriately.

3. Physical indications that child is forced to work long hours.

4. Child relates having been bound for long periods of time or as a regular punishment, or rope marks on arms or ankles give indication of having been tied.

5. Child relates that parents confine him to closets, basement, etc.
CHILD NEGLECT INDICATORS

Failure to provide adequate food

Additional responses

1. Fatigue.
2. Child is always hungry.
3. Child is very thin, extended stomach.
4. Child relates that there is no food at home.
5. Does not participate in lunch program, but is often seen begging food from others.
6. Child relates that he/she prepares own breakfast as well as possibly preparing meals for younger siblings.
7. Other physical appearance symptoms: due to brittle hair, dull look in eyes, stomach distress, thin extremities.
8. Lack of interest in school activities.
CHILD NEGLECT INDICATORS

Failure to provide adequate clothing or shelter

Additional responses

1. Child is repeatedly dressed inadequately for the weather
2. Child wears same soiled clothing many days in a row.
3. Child smells of urine or feces.
4. Child has lice or scabies.
5. Hair is uncombed; dirty skin
CHILD NEGLECT INDICATORS

Failure to provide adequate medical care

Additional responses

1. Child's glasses are broken and not repaired
2. Severe tooth decay that is not being treated.
3. Child is in pain or obviously ill and the parent does not seek treatment for the child.
4. Child has burns or cuts that are not dressed regularly.
5. Child repeatedly is infested with parasites.
6. Parents fail to respond to school's request to check out a medical problem.
APPENDIX F

PART I: STEP THREE INSTRUMENT
Dear Participant:

A committee of graduate students has consolidated the additional indicators submitted by you and your fellow panelists. While you may not recognize the wording of a particular contribution, be assured that it has been incorporated in a rewarded form. When a new indicator appeared under more than one subsection it was relisted under the subsection most frequently utilized by the majority of panelists, as in Part II.

In Part II there were seven categories of indicators. In this third part the categories have been maintained.

The criteria established for writing indicators is restated, in the same form in which it appeared in Part I and Part II, so that you will have the same guidelines for evaluating indicators as you did for writing them.

For our purposes the terms "child abuse" and "child neglect" are defined according to the State of Michigan child protection laws, being Act No. 238, Public Acts of 1975, sections 722.621 through 722.636 of the Michigan Compiled Laws which state:

1. "Child Abuse" means harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare which occurs through nonaccidental physical or mental injury, sexual abuse, or maltreatment.

2. "Child Neglect" means harm to a child's health or welfare which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.

It is also necessary for our purposes that the term "indicator" be defined. Therefore, an indicator shall be defined as: a physical or psychological sign or symptom which can be visually or audibly witnessed by an observer.

Utilizing any nonhuman resources available, please list as many indicators as you can for each of the specified subsections. The subsections, which follow, conform to the legal definitions given above.

Subsections: Child Abuse

1. Nonaccidental physical injury
2. Nonaccidental mental injury
3. Sexual abuse
4. Maltreatment

Child Neglect
1. Failure to provide adequate food
2. Failure to provide adequate clothing or shelter
3. Failure to provide adequate medical care

It is essential that all indicators apply to: (1) Elementary school age children - six through twelve years of age and enrolled in kindergarten through sixth grade; (2) Situations which are visible or audible to a teacher pursuing normal classroom activities; (3) Children in a fully clothed state following their normal activities; (4) Situations which do not require the interrogation of children.

Directions:

Please rate each of the indicators in one of the following four categories:

1. A poor indicator of child abuse and/or neglect for use by classroom teachers.
2. A fair indicator of child abuse and/or neglect for use by classroom teachers.
3. An adequate indicator of child abuse and/or neglect for use by classroom teachers.
4. A very good indicator of child abuse and/or neglect for use by classroom teachers.

Place an "X" over the bracketed number which best indicates your evaluation of an item.

Example: The child does not wear socks in the summer. [X] [2] [3] [4]

If it was your belief that the preceding indicator was a poor indicator, then you would have placed an "X" over the bracketed number 1.
### CHILD ABUSE INDICATORS

<table>
<thead>
<tr>
<th>Nonaccidental physical injury</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Parents belittle the child, overlook child's accomplishments and focus only on the negative</td>
<td>[1] [2] [3] [4]</td>
</tr>
</tbody>
</table>

KEY:  
[1] = poor  
[2] = Fair  
[4] = Very Good
### CHILD ABUSE INDICATORS

<table>
<thead>
<tr>
<th>Nonaccidental mental injury</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parents impose values which are different from peer norms</td>
<td>[1] [2] [3] [4]</td>
</tr>
<tr>
<td>12. The inability to share or trade food stuff</td>
<td>[1] [2] [3] [4]</td>
</tr>
</tbody>
</table>
KEY: [1] = Poor  
[2] = Fair  
[4] = Very Good  

**CHILD ABUSE INDICATORS**

<table>
<thead>
<tr>
<th>Sexual abuse</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Withdrawn from or lack of normal social interaction</td>
<td>[1] [2] [3] [4]</td>
</tr>
<tr>
<td>10. Only the father attends school conferences</td>
<td>[1] [2] [3] [4]</td>
</tr>
</tbody>
</table>
CHILD ABUSE INDICATORS

Sexual abuse, continued

14. Seductive behavior

15. Refused to dress for regular gym activities

16. Expression or reporting of problems indirectly related to sexual abuse: bed wetting, bad dreams, fear of adults

17. Sudden change in behavior, personality changes

Ratings

[1] [2] [3] [4]

[1] [2] [3] [4]

[1] [2] [3] [4]

[1] [2] [3] [4]

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
**CHILD ABUSE INDICATORS**

<table>
<thead>
<tr>
<th>Maltreatment</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lacks independence or coping behavior due to overprotection</td>
<td>[1] [2] [3] [4]</td>
</tr>
<tr>
<td>2. Child not allowed to attend school functions, activities, have friends</td>
<td>[1] [2] [3] [4]</td>
</tr>
<tr>
<td>9. Seem to lack associations with home, tends to stay at others' places rather than home</td>
<td>[1] [2] [3] [4]</td>
</tr>
<tr>
<td>11. Physical indications that child is forced to work long hours</td>
<td>[1] [2] [3] [4]</td>
</tr>
<tr>
<td>12. Child relates having been bound for long periods of time or as a regular punishment</td>
<td>[1] [2] [3] [4]</td>
</tr>
<tr>
<td>13. Child relates that parents confine him to closets, basement, etc.</td>
<td>[1] [2] [3] [4]</td>
</tr>
</tbody>
</table>

KEY: [1] = Poor  
[2] = Fair  
[4] = Very Good
**CHILD NEGLECT INDICATORS**

**Failure to provide adequate food**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No lunch or lunch money</td>
<td>[1] [2] [3] [4]</td>
</tr>
<tr>
<td>2. Parents show little concern for child and/or in school</td>
<td>[1] [2] [3] [4]</td>
</tr>
<tr>
<td>4. In discussions dealing with food terms they have an unreal attitude about certain terms</td>
<td>[1] [2] [3] [4]</td>
</tr>
<tr>
<td>7. Compulsive eating when food is available</td>
<td>[1] [2] [3] [4]</td>
</tr>
<tr>
<td>13. A desire to obtain food at unusual times and a refusal or reluctance to leave the lunch area</td>
<td>[1] [2] [3] [4]</td>
</tr>
<tr>
<td>15. Child relates that there is no food at home</td>
<td>[1] [2] [3] [4]</td>
</tr>
<tr>
<td>16. Does not participate in lunch program but is often seen begging food from others</td>
<td>[1] [2] [3] [4]</td>
</tr>
</tbody>
</table>

**KEY:**

[1] = Poor  
[2] = Fair  
[4] = Very Good  

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CHILD NEGLECT INDICATORS

Failure to provide adequate clothing or shelter

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Complains of tiredness, exhibits inadequate sleep</td>
</tr>
<tr>
<td>2</td>
<td>Absences: frequent and unusual</td>
</tr>
<tr>
<td>3</td>
<td>Child emits offensive clothing and body odor</td>
</tr>
<tr>
<td>4</td>
<td>Inadequate concept of family roles and schedules</td>
</tr>
<tr>
<td>5</td>
<td>Inadequate shelter</td>
</tr>
<tr>
<td>6</td>
<td>Child is dressed in appropriate clothing--that is dirty, torn or ill-fitting</td>
</tr>
<tr>
<td>7</td>
<td>Child has difficulty with structure and/or organization</td>
</tr>
<tr>
<td>8</td>
<td>Hair is uncombed, dirty skin</td>
</tr>
<tr>
<td>9</td>
<td>Child seems tired, physically and emotionally exhausted</td>
</tr>
</tbody>
</table>

**CHILD NEGLECT INDICATORS**

<table>
<thead>
<tr>
<th>Failure to provide adequate medical care</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>--hives--coughing</td>
</tr>
<tr>
<td>dermatological infections</td>
<td></td>
</tr>
<tr>
<td>control or neurologic difficulties</td>
<td></td>
</tr>
<tr>
<td>--birth related problems, spastic</td>
<td></td>
</tr>
<tr>
<td>nature of motor control</td>
<td></td>
</tr>
<tr>
<td>glasses, braces</td>
<td></td>
</tr>
<tr>
<td>observable injuries, colds and infections</td>
<td></td>
</tr>
<tr>
<td>inappropriate</td>
<td></td>
</tr>
<tr>
<td>hearing difficulty</td>
<td></td>
</tr>
<tr>
<td>parasites</td>
<td></td>
</tr>
<tr>
<td>request to check out a medical problem</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX G

PART I: STEP THREE RESULTS
### CHILD ABUSE INDICATORS

<table>
<thead>
<tr>
<th>Nonaccidental physical injury</th>
<th>Number of Responses</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child refuses to discuss absences</td>
<td>0 4 6 0</td>
<td>2.6</td>
</tr>
<tr>
<td>2. Lack of participation in specific activities</td>
<td>3 5 2 0</td>
<td>1.9</td>
</tr>
<tr>
<td>3. Child's self-reporting of abuse</td>
<td>0 0 1 9</td>
<td>3.9</td>
</tr>
<tr>
<td>4. The child expressing an interest in a positive family relationship</td>
<td>3 4 2 1</td>
<td>2.1</td>
</tr>
<tr>
<td>5. Inappropriate parental behavior</td>
<td>1 5 3 0</td>
<td>2.0</td>
</tr>
<tr>
<td>6. Obvious physical injuries</td>
<td>0 0 1 9</td>
<td>3.9</td>
</tr>
<tr>
<td>7. Reluctant to expose body</td>
<td>0 2 4 4</td>
<td>3.2</td>
</tr>
<tr>
<td>8. Parental favoritism</td>
<td>2 4 3 1</td>
<td>2.3</td>
</tr>
<tr>
<td>9. Fear of others</td>
<td>1 4 1 4</td>
<td>2.8</td>
</tr>
<tr>
<td>10. Parents belittle the child, overlook child's accomplishments, focus only on negatives</td>
<td>2 2 4 2</td>
<td>2.6</td>
</tr>
<tr>
<td>11. Frequent injuries</td>
<td>0 0 5 5</td>
<td>3.5</td>
</tr>
</tbody>
</table>

**KEY:**
- [1] = Poor
- [2] = Fair
- [4] = Very Good

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<table>
<thead>
<tr>
<th></th>
<th>Nonaccidental mental injury</th>
<th>Number of Responses</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Parents impose values which are different from peer norms</td>
<td>2 2 5 0</td>
<td>2.1</td>
</tr>
<tr>
<td>2</td>
<td>Physical environment fears</td>
<td>1 4 2 2</td>
<td>2.3</td>
</tr>
<tr>
<td>3</td>
<td>Psychosomatic illness</td>
<td>1 1 6 1</td>
<td>2.5</td>
</tr>
<tr>
<td>4</td>
<td>Crying: often and unexplained</td>
<td>0 2 5 2</td>
<td>2.7</td>
</tr>
<tr>
<td>5</td>
<td>Withdrawn</td>
<td>1 1 4 3</td>
<td>2.7</td>
</tr>
<tr>
<td>6</td>
<td>Aggressive behavior</td>
<td>1 4 3 1</td>
<td>2.2</td>
</tr>
<tr>
<td>7</td>
<td>Unpredictable extreme behavior</td>
<td>1 1 6 1</td>
<td>2.5</td>
</tr>
<tr>
<td>8</td>
<td>Reports of parental mental violence</td>
<td>0 2 1 6</td>
<td>3.1</td>
</tr>
<tr>
<td>9</td>
<td>Parents controlling, aggressive, pushing child beyond his limits</td>
<td>1 1 5 2</td>
<td>2.6</td>
</tr>
<tr>
<td>10</td>
<td>Low self concept</td>
<td>1 2 3 3</td>
<td>2.6</td>
</tr>
</tbody>
</table>

^1Mean ratings are derived from responses of nine panelists, divided by ten.
CHILD ABUSE INDICATORS
Nonaccidental mental injury, continued

<table>
<thead>
<tr>
<th></th>
<th>Number of Responses</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Exhibits bizarre behavior</td>
<td>2 1 5 1</td>
<td>2.3</td>
</tr>
<tr>
<td>12. The inability to share or trade food stuff</td>
<td>5 2 2 0</td>
<td></td>
</tr>
</tbody>
</table>
### CHILD ABUSE INDICATORS

**Sexual abuse**

<table>
<thead>
<tr>
<th>Sexual abuse</th>
<th>Number of Responses</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Withdrawn from or lack of normal social interaction</td>
<td>1 4 4 1</td>
<td>2.5</td>
</tr>
<tr>
<td>2. Social segregation by others</td>
<td>4 4 2 0</td>
<td>1.8</td>
</tr>
<tr>
<td>3. Fear of parental contact by school</td>
<td>0 4 5 1</td>
<td>2.7</td>
</tr>
<tr>
<td>4. Child's unwillingness to talk about family relationships</td>
<td>0 4 3 3</td>
<td>2.9</td>
</tr>
<tr>
<td>5. Uncommon knowledge by early development of sexual activities</td>
<td>1 0 6 3</td>
<td>3.1</td>
</tr>
<tr>
<td>6. Fear of adults</td>
<td>2 2 4 2</td>
<td>2.6</td>
</tr>
<tr>
<td>7. Unwanted pregnancy</td>
<td>2 1 5 2</td>
<td>2.7</td>
</tr>
<tr>
<td>8. Child expresses a need to talk to adults</td>
<td>1 6 2 1</td>
<td>2.3</td>
</tr>
<tr>
<td>9. Child develops V.D.</td>
<td>0 3 4 3</td>
<td>3.0</td>
</tr>
<tr>
<td>10. Only the father attends school conferences</td>
<td>7 3 0 0</td>
<td>1.3</td>
</tr>
<tr>
<td>11. Child informs teacher of the sexual incident</td>
<td>0 0 1 9</td>
<td>3.9</td>
</tr>
</tbody>
</table>

**KEY:**
- [1] = Poor
- [2] = Fair
- [4] = Very Good

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<table>
<thead>
<tr>
<th></th>
<th>Sexual abuse, continued</th>
<th>Number of Responses</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ratings</td>
<td></td>
</tr>
</tbody>
</table>

**KEY:**
[1] = Poor  
[2] = Fair  
[4] = Very Good

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**CHILD ABUSE INDICATORS**

<table>
<thead>
<tr>
<th>Maltreatment</th>
<th>Number of Responses</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lacks independence or coping behavior due to overprotection</td>
<td>2 5 3 0</td>
<td>2.1</td>
</tr>
<tr>
<td>2. Child not allowed to attend school functions, activities, have friends</td>
<td>0 2 6 2</td>
<td>3.0</td>
</tr>
<tr>
<td>3. Child shows severe depression by loss of appetite</td>
<td>0 2 7 1</td>
<td>2.9</td>
</tr>
<tr>
<td>4. Shows distrust of promises and assurances</td>
<td>0 3 6 1</td>
<td>2.8</td>
</tr>
<tr>
<td>5. Shows disruptive, destructive behavior</td>
<td>1 3 5 1</td>
<td>2.6</td>
</tr>
<tr>
<td>6. Fears adults, authority figures</td>
<td>1 1 6 2</td>
<td>2.9</td>
</tr>
<tr>
<td>7. Child indicates mental separation</td>
<td>4 1 3 1</td>
<td>1.9</td>
</tr>
<tr>
<td>8. Lacks flexibility, cries, aggressiveness</td>
<td>2 2 5 1</td>
<td>2.5</td>
</tr>
<tr>
<td>9. Seems to lack associations with home, tends to stay at others' places rather than home</td>
<td>1 3 4 2</td>
<td>2.7</td>
</tr>
<tr>
<td>10. Fears and reports of abandonment</td>
<td>1 0 2 7</td>
<td>3.5</td>
</tr>
</tbody>
</table>
### CHILD ABUSE INDICATORS

**Maltreatment, continued**

<table>
<thead>
<tr>
<th>Number of Responses</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratings</td>
<td></td>
</tr>
<tr>
<td>11. Physical indications that child is forced to work long hours</td>
<td>0 1 5 4 3.3</td>
</tr>
<tr>
<td>12. Child relates having been bound for long periods of time or as a regular punishment</td>
<td>0 0 1 9 3.9</td>
</tr>
<tr>
<td>13. Child relates that parents confine him to closets, basement, etc.</td>
<td>0 0 2 8 3.8</td>
</tr>
</tbody>
</table>

**KEY:**
- [1] = Poor
- [2] = Fair
- [4] = Very Good
CHILD NEGLECT INDICATORS

<table>
<thead>
<tr>
<th>Failure to provide adequate food</th>
<th>Number of Responses</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No lunch or lunch money</td>
<td>1 1 4 7</td>
<td>3.1</td>
</tr>
<tr>
<td></td>
<td>[1] [2] [3] [4]</td>
<td></td>
</tr>
<tr>
<td>2. Parents show little concern for child and/or in school</td>
<td>0 2 7 1</td>
<td>2.9</td>
</tr>
<tr>
<td></td>
<td>[1] [2] [3] [4]</td>
<td></td>
</tr>
<tr>
<td>3. Child appears to prefer &quot;junk food&quot;</td>
<td>4 6 0 0</td>
<td>1.6</td>
</tr>
<tr>
<td></td>
<td>[1] [2] [3] [4]</td>
<td></td>
</tr>
<tr>
<td>4. In discussions dealing with food terms they have an unreal attitude about certain terms</td>
<td>2 4 3 1</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td>[1] [2] [3] [4]</td>
<td></td>
</tr>
<tr>
<td>5. Signs of malnutrition</td>
<td>0 0 2 8</td>
<td>3.8</td>
</tr>
<tr>
<td></td>
<td>[1] [2] [3] [4]</td>
<td></td>
</tr>
<tr>
<td>6. Chronic illness</td>
<td>1 2 7 0</td>
<td>2.6</td>
</tr>
<tr>
<td></td>
<td>[1] [2] [3] [4]</td>
<td></td>
</tr>
<tr>
<td>7. Compulsive eating when food is available</td>
<td>0 4 4 2</td>
<td>2.8</td>
</tr>
<tr>
<td></td>
<td>[1] [2] [3] [4]</td>
<td></td>
</tr>
<tr>
<td>8. Lethargy</td>
<td>2 2 4 2</td>
<td>2.6</td>
</tr>
<tr>
<td></td>
<td>[1] [2] [3] [4]</td>
<td></td>
</tr>
<tr>
<td>9. Steals food or money for food</td>
<td>0 2 4 4</td>
<td>3.2</td>
</tr>
<tr>
<td></td>
<td>[1] [2] [3] [4]</td>
<td></td>
</tr>
<tr>
<td>10. Complains of hunger</td>
<td>0 1 5 4</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>[1] [2] [3] [4]</td>
<td></td>
</tr>
<tr>
<td>11. Stomach aches</td>
<td>1 2 5 2</td>
<td>2.8</td>
</tr>
<tr>
<td></td>
<td>[1] [2] [3] [4]</td>
<td></td>
</tr>
</tbody>
</table>
Child Neglect Indicators

<table>
<thead>
<tr>
<th>Failure to provide adequate food, continued</th>
<th>Number of Responses</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Child eats garbage or animal food</td>
<td>1 0 2 7</td>
<td>3.5</td>
</tr>
<tr>
<td>13. A desire to obtain food at unusual times and a refusal or reluctance to leave the lunch area</td>
<td>0 2 4 4</td>
<td>3.2</td>
</tr>
<tr>
<td>14. Brittle fingernails</td>
<td>4 3 2 1</td>
<td>2.0</td>
</tr>
<tr>
<td>15. Child relates that there is no food at home</td>
<td>0 1 2 7</td>
<td>3.6</td>
</tr>
<tr>
<td>16. Does not participate in lunch program but is often seen begging food from others</td>
<td>1 1 2 6</td>
<td>3.3</td>
</tr>
</tbody>
</table>

KEY: [1] = Poor  
[2] = Fair  
[4] = Very Good
<table>
<thead>
<tr>
<th>Child Neglect Indicators</th>
<th>Number of Responses</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Complains of tiredness, exhibits inadequate sleep</td>
<td>1 1 4 4</td>
<td>3.1</td>
</tr>
<tr>
<td>2. Absences: frequent and unusual</td>
<td>0 1 5 4</td>
<td>3.3</td>
</tr>
<tr>
<td>3. Child emits offensive clothing and body odor</td>
<td>0 0 1 9</td>
<td>3.9</td>
</tr>
<tr>
<td>4. Inadequate concept of family roles and schedules</td>
<td>2 4 3 1</td>
<td>2.3</td>
</tr>
<tr>
<td>5. Inadequate shelter</td>
<td>0 1 1 8</td>
<td>3.7</td>
</tr>
<tr>
<td>6. Child is dressed in inappropriate clothing—dirty, torn or ill-fitting</td>
<td>0 0 0 10</td>
<td>4.0</td>
</tr>
<tr>
<td>7. Child has difficulty with structure and/or organization</td>
<td>2 5 3 0</td>
<td>2.1</td>
</tr>
<tr>
<td>8. Hair is uncombed, dirty skin</td>
<td>0 1 4 5</td>
<td>3.4</td>
</tr>
<tr>
<td>9. Child seems tired, physically and emotionally exhausted</td>
<td>0 1 4 5</td>
<td>3.4</td>
</tr>
<tr>
<td>CHILD NEGLECT INDICATORS</td>
<td>Number of Responses</td>
<td>Mean Rating</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Failure to provide adequate medical care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Lacks oral hygiene</td>
<td>1 2 2 5</td>
<td>3.1</td>
</tr>
<tr>
<td>2. Lacks immunization</td>
<td>1 0 4 5</td>
<td>3.3</td>
</tr>
<tr>
<td>3. Child indicates signs of allergies--hives--coughing</td>
<td>2 3 5 0</td>
<td>2.3</td>
</tr>
<tr>
<td>4. Indicates skin eruptions, dermatological infections</td>
<td>2 3 3 2</td>
<td>2.5</td>
</tr>
<tr>
<td>5. Congenital disorders of motor control or neurologic difficulties--birth related problems, spastic nature of motor control</td>
<td>4 4 0 2</td>
<td>2.0</td>
</tr>
<tr>
<td>6. Indicates visual/reading problems</td>
<td>1 5 4 0</td>
<td>2.3</td>
</tr>
<tr>
<td>7. Lack of attention for hearing aid, glasses, braces</td>
<td>0 0 5 5</td>
<td>3.5</td>
</tr>
<tr>
<td>8. Lack of medical treatment for observable injuries, colds and infections</td>
<td>0 1 3 6</td>
<td>3.5</td>
</tr>
</tbody>
</table>

KEY: [1] = Poor  
[2] = Fair  
[4] = Very Good

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**CHILD NEGLECT INDICATORS**

<table>
<thead>
<tr>
<th>Failure to provide adequate medical care, continued</th>
<th>Number of Responses</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ratings</td>
<td></td>
</tr>
<tr>
<td>9. Bandages and treatment seems inappropriate</td>
<td>0 1 4 5</td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td>[1] [2] [3] [4]</td>
<td></td>
</tr>
<tr>
<td>10. Exhibits behavior associated with hearing difficulty</td>
<td>1 2 6 1</td>
<td>2.7</td>
</tr>
<tr>
<td></td>
<td>[1] [2] [3] [4]</td>
<td></td>
</tr>
<tr>
<td>11. Child repeatedly is infested with parasites</td>
<td>0 1 0 9</td>
<td>3.8</td>
</tr>
<tr>
<td></td>
<td>[1] [2] [3] [4]</td>
<td></td>
</tr>
<tr>
<td>12. Parents fail to respond to school's request to check out a medical problem</td>
<td>0 0 0 10</td>
<td>4.0</td>
</tr>
<tr>
<td></td>
<td>[1] [2] [3] [4]</td>
<td></td>
</tr>
</tbody>
</table>

KEY:  
[1] = Poor  
[2] = Fair  
[4] = Very Good
APPENDIX H

PART I: STEP FOUR INSTRUMENT
Dear Participant:

In Part III of this project you rated all of the indicators generated by yourself and fellow panelists on a four-point scale. The four-point rating scale had the following categories:

1. **A poor indicator** of child abuse and/or neglect for use by classroom teachers.

2. **A fair indicator** of child abuse and/or neglect for use by classroom teachers.

3. **An adequate indicator** of child abuse and/or neglect for use by classroom teachers.

4. **A very good indicator** of child abuse and/or neglect for use by classroom teachers.

Since each item on the indicator list received a rating of from one to four, it was possible to derive an arithmetic average or mean for each indicator. The following example will illustrate the aforementioned.

Example: The child does not wear socks in the summer [1] [2] [3] [4]

Assuming that each of the ten respondents gave the following ratings of 2, 3, 1, 4, 2, 2, 2, 1, 1, 2, then the arithmetic average or mean would be 2 which is the total of all the rankings, divided by 10, which is the number of panelists contributing.

Directions:

The following pages contain each of the items rated in Part III of the project. Following each item is the arithmetic average or mean rating for each item. Would you please examine each item and its rating. If you agree that the rating for a given item is appropriate for that item then indicate so in the box marked agree. If you disagree that the rating for a given item is appropriate for that item, then indicate so in the box marked disagree, and explain briefly why you disagree. You may disagree with an item rating because it is either too high or too low.
Example: The child does not wear socks in the summer

Rating = 2.0 Agree [ ]

Disagree [ ]

Disagree The rating is too low. A serious lack of parental supervision could be responsible.

As in all other parts of the survey, the criteria for developing indicators is again repeated for your reference.

For our purposes the terms "child abuse" and "child neglect" are defined according to the State of Michigan child protections laws, being Act No. 238, Public Acts of 1975, sections 722.621 through 722.636 of the Michigan Compiled Laws which state:

1. "Child Abuse" means harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare which occurs through nonaccidental physical or mental injury, sexual abuse, or maltreatment.

2. "Child Neglect" means harm to a child's health or welfare which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.

It is also necessary for our purposes that the term "indicator" be defined. Therefore, an indicator shall be defined as: a physical or psychological sign or symptom which can be visually or audibly witnessed by an observer.

It is essential that all indicators apply to: (1) Elementary school age children - six through twelve years of age and enrolled in kindergarten through sixth grade; (2) Situations which are visible or audible to a teacher pursuing normal classroom activities; (3) Children in a fully clothed state following their normal activities; and (4) Situations which do not require the interrogation of children.
## CHILD ABUSE INDICATORS

**Nonaccidental physical injury**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child refuses to discuss absences</td>
<td>Rating = 2.6</td>
<td>Agree [ ] Disagree [ ]</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td></td>
</tr>
<tr>
<td>2. Lack of participation in specific activities</td>
<td>Rating = 1.9</td>
<td>Agree [ ] Disagree [ ]</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td></td>
</tr>
<tr>
<td>3. Child's self-reporting of abuse</td>
<td>Rating = 3.9</td>
<td>Agree [ ] Disagree [ ]</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td></td>
</tr>
<tr>
<td>4. The child expressing an interest in a positive family relationship</td>
<td>Rating = 2.1</td>
<td>Agree [ ] Disagree [ ]</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td></td>
</tr>
</tbody>
</table>

**KEY:**

- [1] = Poor
- [2] = Fair
- [4] = Very Good
CHILD ABUSE INDICATORS
Nonaccidental physical injury, continued

5. Inappropriate parental behavior  
   Disagree ____________________________  
   Rating = 2.0  Agree [ ]  Disagree [ ]

6. Obvious physical injuries  
   Disagree ____________________________  
   Rating = 3.9  Agree [ ]  Disagree [ ]

7. Reluctant to expose body  
   Disagree ____________________________  
   Rating = 3.2  Agree [ ]  Disagree [ ]

8. Parental favoritism  
   Disagree ____________________________  
   Rating = 2.3  Agree [ ]  Disagree [ ]
### CHILD ABUSE INDICATORS

**Nonaccidental physical injury, continued**

9. **Fear of others**
   - Rating = 2.8
   - Agree [ ] Disagree [ ]
   - Disagree ____________________________

10. **Parents belittle the child, overlook child's accomplishments and focus only on negatives**
    - Rating = 2.6
    - Agree [ ] Disagree [ ]
    - Disagree ____________________________

11. **Frequent injuries**
    - Rating = 3.5
    - Agree [ ] Disagree [ ]
    - Disagree ____________________________
CHILD ABUSE INDICATORS

Nonaccidental mental injury

1. Parents impose values which are different from peer norms
   Disagree [ ] Rating = 2.1 Agree [ ] Disagree [ ]

2. Physical environment fears
   Disagree [ ] Rating = 2.3 Agree [ ] Disagree [ ]

3. Psychosomatic illness
   Disagree [ ] Rating = 2.5 Agree [ ] Disagree [ ]

4. Crying: often and unexplained
   Disagree [ ] Rating = 2.7 Agree [ ] Disagree [ ]
CHILD ABUSE INDICATORS

Nonaccidental mental injury, continued

5. Withd rawn
   Rating = 2.7  Agree [ ]  Disagree [ ]
   Disagree _______________________________________________________________________

6. Aggressive behavior
   Rating = 2.2  Agree [ ]  Disagree [ ]
   Disagree _______________________________________________________________________

7. Unpredictable extreme behavior
   Rating = 2.5  Agree [ ]  Disagree [ ]
   Disagree _______________________________________________________________________

8. Reports of parental mental violence
   Rating = 3.1  Agree [ ]  Disagree [ ]
   Disagree _______________________________________________________________________
### CHILD ABUSE INDICATORS

#### Nonaccidental mental injury, continued

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Rating</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Parents controlling, aggressive, pushing child beyond his limits</td>
<td>2.6</td>
<td>[]</td>
<td>[ ]</td>
</tr>
<tr>
<td>10</td>
<td>Low self-concept</td>
<td>2.6</td>
<td>[]</td>
<td>[ ]</td>
</tr>
<tr>
<td>11</td>
<td>Exhibits bizarre behavior</td>
<td>2.3</td>
<td>[]</td>
<td>[ ]</td>
</tr>
<tr>
<td>12</td>
<td>The inability to share or trade food stuff</td>
<td>1.5</td>
<td>[]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**KEY:**
- [1] = Poor
- [2] = Fair
- [4] = Very Good
CHILD ABUSE INDICATORS

Sexual abuse

1. Withdrawn from or lack of normal social interaction  
   Rating = 2.5 Agree [ ] Disagree [ ]
   Disagree

2. Social segregation by others  
   Rating = 1.8 Agree [ ] Disagree [ ]
   Disagree

3. Fear of parental contact by school  
   Rating = 2.7 Agree [ ] Disagree [ ]
   Disagree

4. Child's unwillingness to talk about family relationships  
   Rating = 2.9 Agree [ ] Disagree [ ]
   Disagree
CHILD ABUSE INDICATORS

Sexual abuse, continued

5. Uncommon knowledge by early development of sexual activities
Disagree
Rating = 3.1 Agree [ ] Disagree [ ]

6. Fear of adults
Disagree
Rating = 2.6 Agree [ ] Disagree [ ]

7. Unwanted pregnancy
Disagree
Rating = 2.7 Agree [ ] Disagree [ ]

8. Child expresses a need to talk to adults
Disagree
Rating = 2.3 Agree [ ] Disagree [ ]
<table>
<thead>
<tr>
<th>Item</th>
<th>Rating</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Child develops V.D.</td>
<td>3.0</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>10. Only the father attends school conferences</td>
<td>1.3</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>11. Child informs teacher of the sexual incident</td>
<td>3.9</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>12. Child is adopted or a stepchild</td>
<td>1.2</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
CHILD ABUSE INDICATORS

Sexual abuse, continued

13. Child's peers or teacher overhear child relating incident of sexual abuse to his friends
Rating = 3.6 Agree [ ] Disagree [ ]

14. Seductive behavior
Rating = 2.6 Agree [ ] Disagree [ ]

15. Refused to dress for regular gym activities
Rating = 2.1 Agree [ ] Disagree [ ]
CHILD ABUSE INDICATORS

Sexual abuse, continued

16. Expression or reporting of problems indirectly related to sexual abuse: bed wetting, bad dreams, fear of adults
   Disagree ________________________________
   Rating = 2.6  Agree [ ]  Disagree [ ]

17. Sudden change in behavior, personality changes
   Disagree ________________________________
   Rating = 2.4  Agree [ ]  Disagree [ ]
CHILD ABUSE INDICATORS

Maltreatment

1. Lacks independence or coping behavior due to overprotection  
   Rating = 2.1 Agree [ ] Disagree [ ]
   Disagree __________________________

2. Child not allowed to attend school functions, activities, have friends  
   Rating = 3.0 Agree [ ] Disagree [ ]
   Disagree __________________________

3. Child shows severe depression by loss of appetite  
   Rating = 2.9 Agree [ ] Disagree [ ]
   Disagree __________________________

4. Shows distrust of promises and assurances  
   Rating = 2.8 Agree [ ] Disagree [ ]
   Disagree __________________________
CHILD ABUSE INDICATORS

Maltreatment, continued

5. Shows disruptive, destructive behavior  Rating = 2.6  Agree [ ] Disagree [ ]
   Disagree

6. Fears adults, authority figures  Rating = 2.9  Agree [ ] Disagree
   Disagree

7. Child indicates mental separation  Rating = 1.9  Agree [ ] Disagree
   Disagree

8. Lacks flexibility, cries, aggressiveness  Rating = 2.5  Agree [ ] Disagree
   Disagree

9. Seems to lack associations with home, tends to stay at others' places rather than home  Rating = 2.7  Agree [ ] Disagree
   Disagree

KEY:  [1] = Poor
       [2] = Fair
       [4] = Very Good
CHILD ABUSE INDICATORS

Maltreatment, continued

10. Fears and reports of abandonment  
    Disagree  ________________________________________________________________________  
    Rating = 3.5  Agree [ ]  Disagree [ ]

11. Physical indications that child is forced to work long hours  
    Disagree  ________________________________________________________________________  
    Rating = 3.3  Agree [ ]  Disagree [ ]

12. Child relates have been bound for long periods of time or as a regular punishment  
    Disagree  ________________________________________________________________________  
    Rating = 3.9  Agree [ ]  Disagree [ ]

13. Child relates that parents confine him to closets, basement, etc.  
    Disagree  ________________________________________________________________________  
    Rating = 3.8  Agree [ ]  Disagree [ ]
CHILD NEGLECT INDICATORS

Failure to provide adequate food

1. No lunch or lunch money 
   Rating = 3.1 Agree [ ] Disagree [ ]
   Disagree ___________________________________________________________________________

2. Parents show little concern for child and/or in school 
   Rating = 2.9 Agree [ ] Disagree [ ]
   Disagree ___________________________________________________________________________

3. Child appears to prefer "junk food" 
   Rating = 1.6 Agree [ ] Disagree [ ]
   Disagree ___________________________________________________________________________

4. Indisussions dealing with food terms they have an unreal attitude about certain terms 
   Rating = 2.3 Agree [ ] Disagree [ ]
   Disagree ___________________________________________________________________________

KEY: [1] = Poor 
[2] = Fair 
[4] = Very Good
CHILD NEGLECT INDICATORS
Failure to provide adequate food, continued

5. Signs of malnutrition        Rating = 3.8  Agree [ ]  Disagree [ ]
   Disagree

   6. Chronic illness        Rating = 2.6  Agree [ ]  Disagree [ ]
   Disagree

   7. Compulsive eating when food is available        Rating = 2.8  Agree [ ]  Disagree [ ]
   Disagree

   8. Lethargy        Rating = 2.6  Agree [ ]  Disagree [ ]
   Disagree

   9. Steals food or money for food        Rating = 3.2  Agree [ ]  Disagree [ ]
   Disagree

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD NEGLECT INDICATORS

Failure to provide adequate food, continued

10. Complains of hunger  
    Rating = 3.3  Agree [ ]  Disagree [ ]
    Disagree ________________________________

11. Stomach aches  
    Rating = 2.8  Agree [ ]  Disagree [ ]
    Disagree ________________________________

12. Child eats garbage or animal food  
    Rating = 3.5  Agree [ ]  Disagree [ ]
    Disagree ________________________________

13. A desire to obtain food at unusual times and a refusal or reluctance to leave the lunch area  
    Rating = 3.2  Agree [ ]  Disagree [ ]
    Disagree ________________________________

KEY:  [1] = Poor  
       [2] = Fair  
       [4] = Very Good
CHILD NEGLECT INDICATORS

Failure to provide adequate food, continued

14. Brittle fingernails

Disagree ____________________________ Rating = 2.0 Agree [ ] Disagree [ ]

15. Child relates that there is no food at home

Disagree ____________________________ Rating = 3.6 Agree [ ] Disagree [ ]

16. Does not participate in lunch program, but is often seen begging food from others

Disagree ____________________________ Rating = 3.3 Agree [ ] Disagree [ ]

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD NEGLECT INDICATORS

Failure to provide adequate clothing or shelter

1. Complains of tiredness, exhibits inadequate sleep
   Disagree ____________________________
   Rating = 3.1 Agree [ ] Disagree [ ]

2. Absences: frequent and unusual
   Disagree ____________________________
   Rating = 3.3 Agree [ ] Disagree [ ]

3. Child emits offensive clothing and body odor
   Disagree ____________________________
   Rating = 3.9 Agree [ ] Disagree [ ]

4. Inadequate concept of family role and schedules
   Disagree ____________________________
   Rating = 2.3 Agree [ ] Disagree [ ]

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD NEGLECT INDICATORS

Failure to provide adequate clothing or shelter, continued

5. Inadequate shelter  
   Rating = 3.7  Agree [ ]  Disagree [ ]
   Disagree ____________________________________________________________________________

6. Child is dressed in inappropriate clothing— that is dirty, torn, or ill-fitting
   Rating = 4.0  Agree [ ]  Disagree [ ]
   Disagree ____________________________________________________________________________

7. Child has difficulty with structure and/or organization
   Rating = 2.1  Agree [ ]  Disagree [ ]
   Disagree ____________________________________________________________________________

8. Hair is uncombed, dirty skin
   Rating = 3.4  Agree [ ]  Disagree [ ]
   Disagree ____________________________________________________________________________
CHILD NEGLECT INDICATORS

Failure to provide adequate clothing or shelter, continued

9. Child seems tired, physically and emotionally exhausted

Rating = 3.4  Agree [ ]  Disagree [ ]

Disagree ________________________________
CHILD NEGLECT INDICATORS

Failure to provide adequate medical care

1. Lacks oral hygiene  
   Rating = 3.1  
   Agree [ ]  
   Disagree [ ]

   Disagree __________________________________________________________

2. Lacks immunization  
   Rating = 3.3  
   Agree [ ]  
   Disagree [ ]

   Disagree __________________________________________________________

3. Child indicates signs of  
   allergies—hives, coughing  
   Rating = 2.3  
   Agree [ ]  
   Disagree [ ]

   Disagree __________________________________________________________

4. Indicates skin eruptions,  
   dermatological infections  
   Rating = 2.5  
   Agree [ ]  
   Disagree [ ]

   Disagree __________________________________________________________
KEY: [1] = Poor
[2] = Fair
[4] = Very Good

CHILD NEGLECT INDICATORS

Failure to provide adequate medical care, continued

5. Congenital disorders of motor control or neurologic difficulties — birth related problems, spastic nature of motor control
   Disagree

6. Indicating visual/reading problems
   Rating = 2.3 Agree [ ] Disagree [ ]
   Disagree

7. Lack of attention for hearing aid, glasses, braces
   Rating = 3.5 Agree [ ] Disagree [ ]
   Disagree

8. Lack of medical treatment for observable injuries, colds and infections
   Rating = 3.5 Agree [ ] Disagree [ ]
   Disagree
CHILD NEGLECT INDICATORS

Failure to provide adequate medical care, continued

9. Bandages and treatment seems inappropriate
   Rating = 3.4  Agree [ ]  Disagree [ ]
   Disagree

10. Exhibits behavior associated with hearing difficulty
    Rating = 2.7  Agree [ ]  Disagree [ ]
    Disagree

11. Child repeatedly is infested with parasites
    Rating = 3.8  Agree [ ]  Disagree [ ]
    Disagree

12. Parents fail to respond to school's request to check out a medical problem
    Rating = 4.0  Agree [ ]  Disagree [ ]
    Disagree
APPENDIX I

PART I: STEP FIVE INSTRUMENT
Dear Participant:

In part IV of this project you had the opportunity to see the arithmetic or mean rating derived for each of the indicator items in Part III. In Part IV you were given the opportunity to express agreement or disagreement with the rating and to state your reason for disagreement if such was the case.

You will recall that items were rated in the following fashion:

1 = A poor indicator of child abuse and/or neglect for use by classroom teachers.

2 = A fair indicator of child abuse and/or neglect for use by classroom teachers.

3 = An adequate indicator of child abuse and/or neglect for use by classroom teachers.

4 = A very good indicator of child abuse and/or neglect for use by classroom teachers.

Directions:

In this final exercise, Part V, you are requested to once again inspect the mean ratings for each item as derived in Part III. You are further asked to read the disagreement statements written by yourself and fellow panelists in Part IV. Having done the aforementioned, please re-rate each of the indicator items. Feel free to alter your previous assessment of any given item. An example of what you are expected to do follows.

Example: The child does not wear socks in the summer.
Rating = 2.0 New Rating = ___

Disagreement Statements:

1. The rating is too low. A serious lack of parental supervision could be indicated.
2. Rating is too high. All children like to walk without shoes or socks in the summer.

PLEASE CONFINE YOUR NEW RATING TO THE SAME WHOLE NUMBERS: 1, 2, 3, 4, AS IN PART II OF THE PROJECT.
As in all other parts of the survey, the criteria for developing indicators is again repeated for your reference.

For our purposes the terms "child abuse" and "child neglect" are defined according to the State of Michigan child protection laws, being Act No. 238, Public Acts of 1975, sections 722.621 through 722.636 of the Michigan Compiled Laws which state:

1. "Child Abuse" means harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare which occurs through nonaccidental physical or mental injury, sexual abuse, or maltreatment.
2. "Child Neglect" means harm to a child's health or welfare which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.

It is also necessary for our purposes that the term "indicator" be defined. Therefore, an indicator shall be defined as: a physical or psychological sign or symptom which can be visually or audibly witnessed by an observer.

It is essential that all indicators apply to: (1) Elementary school age children - six through twelve years of age and enrolled in kindergarten through sixth grade; (2) Situations which are visible or audible to a teacher pursuing normal classroom activities; (3) Children in a fully clothed state following their normal activities; and (4) Situations which do not require the interrogation of children.
CHILD ABUSE INDICATORS

Nonaccidental physical injury

1. Child refuses to discuss absences
   Rating = 2.6 New Rating = ___
   Disagreement Statements:
   1. Lower 1 or 2.

2. Lack of participation in specific activities
   Rating = 1.9 New Rating = ___
   Disagreement Statements:
   1. Lower unless elaborated.
   2. Rating should be lower. Children refuse to participate in activities for many reasons.

3. Child's self-reporting of abuse
   Rating = 3.9 New Rating = ___
   Disagreement Statements:
   1. Too low. Teachers should assume child wouldn't lie about this.

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD ABUSE INDICATORS

Nonaccidental physical injury, continued

4. The child expressing an interest in a positive family relationship
   
   Disagreement Statements:
   
   1. Lower
   2. This would seem to relate equally to mental injury or maltreatment.

   Rating = 2.1 New Rating = ____

5. Inappropriate parental behavior
   
   Disagreement Statements:
   
   1. Lower unless elaborated.
   2. A little too non-specific—would give it a lower rating.
   3. Doubt the teacher will have an opportunity to observe parents. Infrequent visitations to the home are also predicted. Should be lower—1.0.

   Rating = 2.0 New Rating = ____

6. Obvious physical injuries
   
   Disagreement Statements:
   
   1. If elaborated as "unexplained physical injuries".

   Rating = 3.9 New Rating = ____

KEY:  [1] = Poor
       [2] = Fair
       [4] = Very Good
CHILD ABUSE INDICATORS

Nonaccidental physical injury, continued

7. Reluctance to expose body
   Rating = 3.2  New Rating = ___
   Disagreement Statements:
   1. Very common among adolescent girls. Probably difficult to observe in elementary school where they don't undress for gym.
   2. There are many good reasons why children would choose not to expose themselves. This is rated too high--2.0
   3. I would rate this higher, although obvious injuries could certainly be inflicted by other than parents.

8. Parental favoritism
   Rating = 2.3  New Rating = ___
   Disagreement Statements:
   1. Lower unless elaborated.
   2. I would rate this 2
   3. Just a little high--this alone doesn't show much--2 high enough.

9. Fear of others
   Rating = 2.8  New Rating = ___
   Disagreement Statements:
   1. Lower unless elaborated.
   2. Too low
CHILD ABUSE INDICATORS

Nonaccidental physical injury, continued

10. Parents belittle the child, overlook child's accomplishments and focus only on negatives  
    Rating = 2.6  New Rating = ___

   Disagreement Statements:
   1. Too low; a vital variable is isolating the abused child.
   2. Unless elaborated.

11. Frequent injuries  
    Rating = 3.5  New Rating = ___

   Disagreement Statements:
   1. Unless elaborated.
CHILD ABUSE INDICATORS

Nonaccidental mental injury

1. Parents impose values which are different from peer norms
   Rating = 2.1 New Rating = ___

   Disagreement Statements:
   1. Too low. Being made to be "different" from peers can be devastating to a child.
   2. Lower unless elaborated.
   3. Parents' values may be for benefit of the child.
   4. Too high, not legally related to abuse.

2. Physical environment fears
   Rating = 2.3 New Rating = ___

   Disagreement Statements:
   1. Too vague

3. Psychosomatic illness
   Rating = 2.5 New Rating = ___

   Disagreement Statements:
   1. Rate a 1.
CHILD ABUSE INDICATORS

Nonaccidental mental injury, continued

4. Crying: often and unexplained  

   Rating = 2.7  New Rating = ___

Disagreement Statements:

   1. Too low. This should be an adequate symptom to alert the teacher.

5. Withdrawn  

   Rating = 2.7  New Rating = ___

Disagreement Statements:

   1. Lower. Withdrawn behavior does not result from abuse alone—death, separation, etc.—1.0.
   2. Unless elaborated.

6. Aggressive behavior  

   Rating = 2.2  New Rating = ___

Disagreement Statements:

   1. Unless elaborated.
CHILD ABUSE INDICATORS

Nonaccidental mental injury, continued

7. Unpredictable extreme behavior
   Rating = 2.5  New Rating = ___
   Disagreement Statements:
   1. Too low.
   2. Lower.

8. Reports of parental mental violence
   Rating = 3.1  New Rating = ___
   Disagreement Statements:
   1. Lower unless elaborated?
   2. Should be a little higher--this may be the only visible or notable indicator.

9. Parents controlling, aggressive, pushing child beyond his limits
   Rating = 2.6  New Rating = ___
   Disagreement Statements:
   1. I would rate this higher.
CHILD ABUSE INDICATORS

Nonaccidental mental injury, continued

10. Low self-concept
   Rating = 2.6  New Rating = ____
   Disagreement Statements:
   1. Rate this lower. Low self-concept can be
      related to many other factors.
   2. Too low, child's image of himself is a key
      indicator of unsatisfactory parenting.

11. Exhibits bizarre behavior
   Rating = 2.3  New Rating = ____
   Disagreement Statements:
   1. The word bizarre is a poor word; or exam­
      ples should be given. What is bizarre to
      one wouldn't be to another. Rate lower.
   2. Too low. What's the difference in this
      and #7 above?

12. The inability to share or trade food stuff
   Rating = 1.5  New Rating = ____
   Disagreement Statements:
   1. In many instances this behavior while on
      the surface appears unrelated, could hold
      deep roots in parental behavior or envir­
      onmental behavior of neglect.
   2. Lower.

KEY:  [1] = Poor
       [2] = Fair
       [4] = Very Good
CHILD ABUSE INDICATORS

Sexual abuse

1. Withdrawn from or lack of normal social interaction
   Disagreement Statements:
   1. Lower
   2. Too non-specific, would rate lower.
   Rating = 2.5 New Rating = ___

2. Social segregation by others
   Disagreement Statements:
   1. Lower
   2. Too high, no relevancy at all.
   3. Should be higher. I've seen this occur in correlation with sexual abuse. Perhaps 2.5, at least.
   4. Unless these acts are related in the whole picture, none of them make any sense.
   Rating = 1.8 New Rating = ___

3. Fear of parental contact by school
   Disagreement Statements:
   1. Lower--depends on context.
   2. Too high.
   Rating = 2.7 New Rating = ___
CHILD ABUSE INDICATORS

Sexual abuse, continued

4. Child's unwillingness to talk about family relationships
   Disagreement Statements:
   1. Lower--depends on context.
   Rating = 2.9 New Rating = ___

5. Uncommon knowledge by early development of sexual activities
   Disagreement Statements:
   1. Lower.
   Rating = 3.1 New Rating = ___

6. Fear of adults
   Disagreement Statements:
   1. Lower unless elaborated.
   2. Too high, the sexually abused child is not afraid of adults.
   3. Lower--1.0. Rapport with adults depends on many factors. It is highly unlikely that sexual abuse is an "adequate" indicator.
   Rating = 2.6 New Rating = ___

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD ABUSE INDICATORS

Sexual abuse, continued

7. Unwanted pregnancy  
Rating = 2.7  New Rating = ___

Disagreement Statements:
1. Too high, not relevant biologically to elementary schools.
2. Lower unless elaborated.
3. Much too high--these students are sixth graders and less--major are under the age of possible pregnancy--teachers might be the last to know.
4. If talking about children in the lower grades, this event may never occur.
5. Would rate higher--especially in very early teens.

8. Child expresses a need to talk to adults  
Rating = 2.3  New Rating = ___

Disagreement Statements:
1. Would not indicate as sexual abuse. Believe this should be rated lower.
2. Too high, until she talked to teacher, the "need" to talk.
3. Lower.
CHILD ABUSE INDICATORS

Sexual abuse, continued

   Disagreement Statements:
   1. Too low, V.D. occurs through sexual contact.
   2. Higher.

10. Only the father attends school conferences  Rating = 1.3  New Rating = ___
    Disagreement Statements:
    1. Too high—what does this have to do with anything?
    2. Rate this 0 or 1.
    3. Even 1.3 seems high. "Only father attends . . . " does not seem relevant.
    4. Lower.
    5. Unless the explained absence of the other parent is reasonable.
    6. Too low in conjunction with other indicators is a valuable sign that the father has an unusual relationship/possible indicator of mother's abdication of her role.

KEY:  [1] = Poor
       [2] = Fair
       [4] = Very Good
CHILD ABUSE INDICATORS

Sexual abuse, continued

11. Child informs teacher of the sexual incident

   Rating = 3.9  New Rating = ___

   Disagreement Statements:
   None

12. Child is adopted or a stepchild

   Rating = 1.2  New Rating = ___

   Disagreement Statements:
   1. Lower
   2. Should be lower yet--I cannot see the significance of this alone.
   3. Too high, although there is a higher rate of abuse than with natural children. I feel it is inappropriate to be suspect of all step-parents or adoptive parents.
   4. Rate this 0 or 1.
   5. Too low, when taken with other indicators, this is a useful variable since incest taboo not as strong.

13. Child's peers or teacher overhear child relating incidents of sexual abuse to his friends.

   Rating = 3.6  New Rating = ___

   Disagreement Statements:
   1. Too low, when heard must be reported.

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD ABUSE INDICATORS

Sexual abuse, continued

14. Seductive behavior  Rating = 2.6  New Rating = ___

Disagreement Statements:
1. Lower unless elaborated.
2. Here again we have to remember the age group—seductive 8 year olds? Rating of 1.
3. Lower. May be predictive for mature 12 year old girls but not likely to be appropriate for others in this age group.

15. Refused to dress for regular gym  Rating = 2.1  New Rating = ___

Disagreement Statements:
1. Too high, no relationship to sexual abuse.
2. Unless elaborated.
3. Not an uncommon characteristic.
CHILD ABUSE INDICATORS

Sexual abuse, continued

16. Expression or reporting of problems indirectly related to sexual abuse—bed wetting, bad dreams, fear of adults

Disagreement Statements:
1. Too high, research does not reveal that many abused children have these experiences.

Rating = 2.6 New Rating = ___

17. Sudden change in behavior, personality changes

Disagreement Statements:
1. Lower
2. 2.7 would be more realistic if initial sex abuse occurred at this time.

Rating = 2.4 New Rating = ___
CHILD ABUSE INDICATORS

Maltreatment

1. Lacks independence or coping behavior due to overprotection
   Disagreement Statements:
   1. Lower. Question "due to . . . ."
   Rating = 2.1 New Rating = ___

2. Child not allowed to attend school functions, activities, have friends
   Disagreement Statements:
   None
   Rating = 3.0 New Rating = ___

3. Child shows severe depression by loss of appetite
   Disagreement Statements:
   1. Would seem to me to be more significant than #2.
   Rating = 2.9 New Rating = ___

4. Shows distrust of promises and assurances
   Disagreement Statements:
   1. Unless elaborated.
   Rating = 2.8 New Rating = ___
CHILD ABUSE INDICATORS

Maltreatment, continued

5. Shows disruptive, destructive behavior  
   Rating = 2.6  New Rating = ___
   Disagreement Statements:
   None

6. Fears adults, authority figures  
   Rating = 2.9  New Rating = ___
   Disagreement Statements:
   1. Somewhat lower--2.

7. Child indicates mental separation  
   Rating = 1.9  New Rating = ___
   Disagreement Statements:
   1. Lower.
   2. "Mental separation" does not mean anything to me.
   3. I have no idea what this means.
   4. As stated before, unless something is checked into this event may have more impact...

8. Lacks flexibility, cries, aggressiveness  
   Rating = 2.5  New Rating = ___
   Disagreement Statements:
   1. Lower.
CHILD ABUSE INDICATORS

Maltreatment, continued

9. Seems to lack associations with home, tends to stay at others' places rather than home
   Disagreement Statements:
   1. About 2.
   2. This depends on age. If a teenager, I would disagree because peers are so important. Some elementary children are teenage.

   Rating = 2.7 New Rating = ___

10. Fears and reports of abandonment
    Disagreement Statements:
    None

    Rating = 3.5 New Rating = ___

11. Physical indications that child is forced to work long hours
    Disagreement Statements:
    None

    Rating = 3.3 New Rating = ___

12. Child relates having been bound for long periods of time or as a regular punishment
    Disagreement Statements:
    None

    Rating = 3.9 New Rating = ___
CHILD ABUSE INDICATORS

Maltreatment, continued

13. Child relates that parents confine him to closets, basement, etc. Rating = 3.8 New Rating =

Disagreement Statements:

None

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD NEGLECT INDICATORS

Failure to provide adequate food

1. No lunch or lunch money
   Disagreement Statements:
   1. Higher.
   2. Too low—if this is a consistent pattern.

2. Parents show little concern for child and/or in school
   Disagreement Statements:
   1. Rated too high. Many parents may not attend school functions, but provide adequate food, etc.
   2. Higher.

3. Child appears to prefer "junk food"
   Disagreement Statements:
   1. Lower.
   2. Rate this 0 or 1.
   3. All kids prefer junk food.

Rating = 3.1 New Rating = ___

Rating = 2.9 New Rating = ___

Rating = 1.6 New Rating = ___

KEY: [1] = Poor  
[2] = Fair  
[4] = Very Good
CHILD NEGLECT INDICATORS

Failure to provide adequate food, continued

4. In discussions dealing with food terms they have an unreal attitude about certain terms Rating = 2.3 New Rating = ___

Disagreement Statements:
1. Lower unless elaborated.
2. What are "certain" terms?
3. Very unclear.
4. Child's diet may be extremely limited but nutritious. Lower--1.0.

5. Signs of malnutrition Rating = 3.8 New Rating = ___

Disagreement Statements:
1. Too low.

6. Chronic illness Rating = 2.6 New Rating = ___

Disagreement Statements:
1. Lower unless elaborated. Higher if combined with 1 above, etc.
2. Unless something in school record shows child has history of physical illness and it has been checked on, this factor is very important.
CHILD NEGLECT INDICATORS

Failure to provide adequate food, continued

7. Compulsive eating when food is available
   Disagreement Statements:
   1. Lower.
   2. This could very well be an emotional problem unrelated to abuse. Rate lower.
   Rating = 2.8  New Rating = ___

8. Lethargy
   Disagreement Statements:
   1. Lower.
   Rating = 2.6  New Rating = ___

9. Steals food or money for food
   Disagreement Statements:
   None
   Rating = 3.2  New Rating = ___

10. Complains of hunger
    Disagreement Statements:
    1. Higher.
    Rating = 3.3  New Rating = ___

11. Stomach aches
    Disagreement Statements:
    1. Lower unless elaborated.
    Rating = 2.8  New Rating = ___

KEY: [1] = Poor
     [2] = Fair
     [4] = Very Good
CHILD NEGLECT INDICATORS

Failure to provide adequate food, continued

12. Child eats garbage or animal food
   
   Rating = 3.5  New Rating = ___
   
   Disagreement Statements:
   
   1. Too low.

13. A desire to obtain food at unusual times and
    a refusal or reluctance to leave the lunch
    area

   Rating = 3.2  New Rating = ___
   
   Disagreement Statements:
   
   1. Maybe higher.

14. Brittle fingernails

   Rating = 2.0  New Rating = ___
   
   Disagreement Statements:
   
   1. Lower.
   3. Hard to observe--is this really indicative of malnutrition?
   4. If this stands as a separate category, so should all signs of malnutrition--dull, brittle hair, etc.
CHILD NEGLECT INDICATORS

Failure to provide adequate food, continued

15. Child relates that there is no food at home
   Disagreement Statements:
   None

   Rating = 3.6 New Rating = ___

16. Does not participate in lunch program, but is often seen begging food from others
   Disagreement Statements:
   None

   Rating = 3.3 New Rating = ___
CHILD NEGLECT INDICATORS
Failure to provide adequate clothing or shelter

1. Complains of tiredness, exhibits inadequate sleep
   Disagreement Statements:
   None
   Rating = 3.1  New Rating = ___

2. Absences: frequent and unusual
   Disagreement Statements:
   None
   Rating = 3.3  New Rating = ___

3. Child emits offensive clothing and body odor
   Disagreement Statements:
   None
   Rating = 3.9  New Rating = ___

4. Inadequate concept of family role and schedules
   Disagreement Statements:
   1. Lower.
   Rating = 2.3  New Rating = ___

5. Inadequate shelter
   Disagreement Statements:
   None
   Rating = 3.7  New Rating = ___

KEY:  [1] = Poor
       [2] = Fair
       [4] = Very Good
CHILD NEGLECT INDICATORS

Failure to provide adequate clothing or shelter, continued

6. Child is dressed in inappropriate clothing -- that is dirty, torn or ill-fitting  
   Rating = 4.0  New Rating = ___  
   Disagreement Statements:  
   1. Maybe a 3—depends on context.

7. Child has difficulty with structure and/or organization  
   Rating = 2.1  New Rating = ___  
   Disagreement Statements:  
   1. Lower.  
   2. Feel that rating is high.

8. Hair is uncombed, dirty skin  
   Rating = 3.4  New Rating = ___  
   Disagreement Statements:  
   1. Lower.  
   2. Rate 3.  
   3. Too low.

9. Child seems tired, physically and emotionally exhausted  
   Rating = 3.4  New Rating = ___  
   Disagreement Statements:  
   None
CHILD NEGLECT INDICATORS

Failure to provide adequate medical care

1. Lacks oral hygiene
   Disagreement Statements:
   1. Higher.
2. Lacks immunization
   Disagreement Statements:
   1. Feel that rating is too low.
3. Child indicates signs of allergies—hives—coughing
   Disagreement Statements:
   1. Feel that rating is too low.
   2. Must be looked at along with other factors.
   3. Too high, only if untreated when resources exist is it neglect.

Rating = 3.1  New Rating = ____

Rating = 3.3  New Rating = ____

Rating = 2.3  New Rating = ____

KEY:  [1] = Poor
       [2] = Fair
       [4] = Very Good
CHILD NEGLECT INDICATORS

Failure to provide adequate medical care, continued

4. Indicates skin eruptions, dermatological infections

   Disagreement Statements:
   1. Feel that rating is too low.
   2. Must be looked at along with other factors.
   3. Too high, only if untreated when resources exist is it neglect.
   4. Rate as a 2.
   5. Lower unless indication of no treatment.

   Rating = 2.5  New Rating = ___

5. Congenital disorders of motor control or neurologic difficulties--birth related problems, spastic nature of motor control

   Disagreement Statements:
   1. Must be looked at along with other factors.
   2. Too high, congenital problems can't be related by teacher to present neglect.
   3. Lower.

   Rating = 2.0  New Rating = ___
CHILD NEGLECT INDICATORS

Failure to provide adequate medical care, continued

6. Indicates visual/reading problems
   Disagreement Statements:
   1. Too high, many children have such a problem, but only neglect if the parent is aware of the problem and does not use resources to remedy situation.
   2. Lower unless...
   3. Too high. Having the problem isn't neglect, but not getting it taken care of would be.
   Rating = 2.3 New Rating = ___

7. Lack of attention for hearing aid, glasses, braces
   Disagreement Statements:
   None
   Rating = 3.5 New Rating = ___

8. Lack of medical treatment for observable
   Disagreement Statements:
   1. Only disagree in that medical treatment of common colds is not necessary and failure to treat such an ailment is not neglect.
   Rating = 3.5 New Rating = ___
CHILD NEGLECT INDICATORS

Failure to provide adequate medical care, continued

9. Bandages and treatment seem inappropriate  Rating = 3.4  New Rating = ___

Disagreement Statements:
None

10. Exhibits behavior associated with hearing difficulty  Rating = 2.7  New Rating = ___

Disagreement Statements:
1. Too high, again only neglect if parent is unaware of problem and does not use resources available to remedy problem.
2. Lower, unless elaborated.
3. Too high. Having the problem isn't neglect, but not getting it taken care of would be.
4. Higher. Deficiency in hearing may not be noticed by parent or accepted by them. Critical factor in learning. Should be 3.5.
CHILD NEGLECT INDICATORS

Failure to provide adequate medical care, continued

11. Child repeatedly is infested with parasites. Rating = 3.8 New Rating = ____

   Disagreement Statements:
   1. Would rate lower. Pin worms especially are very common.

12. Parents fail to respond to school's request to check out a medical problem Rating = 4.0 New Rating = ____

   Disagreement Statements:
   None
APPENDIX J

PART I: STEP FIVE RESULTS
CHILD ABUSE INDICATORS

Nonaccidental physical injury

1. Child refuses to discuss absences

Disagreement Statements:
1. Lower 1 or 2.

2. Lack of participation in specific activities

Disagreement Statements:
1. Lower unless elaborated.
2. Rating should be lower. Children refuse to participate in activities for many reasons.

3. Child's self-reporting of abuse

Disagreement Statements:
1. Too low. Teachers should assume child wouldn't lie about this.

Old Rating = 2.6  New Rating = 2.1
Individual Responses: 1, 2, 2, 2, 2, 2, 2, 3, 3

Old Rating = 1.9  New Rating = 1.3
Individual Responses: 1, 1, 1, 1, 1, 1, 2, 2, 2

Old Rating = 3.9  New Rating = 3.9
Individual Responses: 3, 4, 4, 4, 4, 4, 4, 4, 4, 4

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD ABUSE INDICATORS

Nonaccidental physical injury, continued

4. The child expressing an interest in a positive family relationship

Disagreement Statements:
1. Lower.
2. This would seem to relate equally to mental injury or maltreatment.

5. Inappropriate parental behavior

Disagreement Statements:
1. Lower unless elaborated.
2. A little too non-specific—would give it a lower rating.
3. Doubt the teacher will have an opportunity to observe parents. Infrequent visitations to the home are also predicted. Should be lower—1.0.

Old Rating = 2.1 New Rating = 1.6
Individual Responses: 1, 1, 1, 1, 2, 2, 2, 2, 2

Old Rating = 2.0 New Rating = 1.7
Individual Responses: 1, 1, 1, 1, 2, 2, 2, 2, 2, 3

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD ABUSE INDICATORS

Nonaccidental physical injury, continued

6. Obvious physical injuries

Disagreement Statements:
1. If elaborated as "unexplained physical injuries".

7. Reluctance to expose body

Disagreement Statements:
1. Very common among adolescent girls. Probably difficult to observe in elementary school where they don't undress for gym.
2. There are many good reasons why children would choose not to expose themselves. This is rated too high--2.0.
3. I would rate this higher, although obvious injuries could certainly be inflicted by other than parents.

KEY: [1] = Poor
[2] = Fair
[4] = Very Good

Old Rating = 3.9 New Rating = 3.4
Individual Responses: 2, 3, 4, 4, 4, 4, 4, 4, 4, 4

Old Rating = 3.2 New Rating = 2.5
Individual Responses: 1, 2, 2, 2, 3, 3, 3, 3, 3, 3
CHILD ABUSE INDICATORS

Nonaccidental physical injury, continued

8. Parental favoritism

Disagreement Statements:
1. Lower unless elaborated.
2. I would rate this 2.
3. Just a little high--this alone doesn't show much--2 high enough.

9. Fear of others

Disagreement Statements:
1. Lower unless elaborated.
2. Too low.

10. Parents belittle the child, overlook child's accomplishments and focus only on negatives

Disagreement Statements:
1. Too low; a vital variable is isolating the abused child.
2. Unless elaborated.

KEY: [1] = Poor  
[2] = Fair  
[4] = Very Good

Old Rating = 2.3  New Rating = 1.9  
Individual Responses:  1, 2, 2, 2, 2, 2, 2, 2, 2, 2

Old Rating = 2.8  New Rating = 2.4  
Individual Responses:  1, 2, 2, 2, 2, 3, 3, 3, 3, 3

Old Rating = 2.6  New Rating = 2.6  
Individual Responses:  1, 2, 2, 3, 3, 3, 3, 3, 3, 3
CHILD ABUSE INDICATORS

Nonaccidental physical injury, continued

11. Frequent injuries

  Disagreement Statements:
  1. Unless elaborated.
CHILD ABUSE INDICATORS

Nonaccidental mental injury

1. Parents impose values which are different from peer norms

Disagreement Statements:
1. Too low. Being made to be "different" from peers can be devastating to a child.
2. Lower unless elaborated.
3. Parents' values may be for benefit of the child.
4. Too high, not legally related to abuse.

2. Physical environment fears

Disagreement Statements:
1. Too vague.

3. Psychosomatic illness

Disagreement Statements:
1. Rate a 1.

KEY:  [1] = Poor
       [2] = Fair
       [4] = Very Good

Old Rating = 2.1 New Rating = 1.8
Individual Responses: 1, 1, 1, 2, 2, 2, 2, 2, 2, 3

Old Rating = 2.3 New Rating = 1.9
Individual Responses: 1, 2, 2, 2, 2, 2, 2, 2, 2

Old Rating = 2.5 New Rating = 1.7
Individual Responses: 1, 1, 1, 2, 2, 2, 2, 2, 2, 2
CHILD ABUSE INDICATORS

Nonaccidental mental injury, continued

4. Crying: often and unexplained

Disagreement Statements:
1. Too low. This should be an adequate symptom to alert a teacher.

5. Withdrawn

Disagreement Statements:
1. Lower. Withdrawn behavior does not result from abuse alone—death, separation, etc.—1.0.
2. Unless elaborated.

6. Aggressive behavior

Disagreement Statements:
1. Unless elaborated.

Individual Responses: 2, 2, 2, 3, 3, 3, 3, 3, 3, 3

Old Rating = 2.7 New Rating = 2.7

Individual Responses: 1, 2, 2, 2, 2, 2, 2, 2, 3, 3

Old Rating = 2.7 New Rating = 2.1

Individual Responses: 1, 1, 2, 2, 2, 2, 2, 2, 3, 3

Old Rating = 2.2 New Rating = 2.0
CHILD ABUSE INDICATORS

Nonaccidental mental injury

7. Unpredictable extreme behavior

Disagreement Statements:
1. Too low.
2. Lower.

8. Reports of parental mental violence

Disagreement Statements:
1. Lower unless elaborated?
2. Should be a little higher--this may be the only visible or notable indicator.

9. Parents controlling, aggressive, pushing child beyond his limits

Disagreement Statements:
1. I would rate this higher.

KEY: [1] = Poor
[2] = Fair
[4] = Very Good

Old Rating = 2.5 New Rating = 2.2
Individual Responses: 1, 1, 2, 2, 2, 2, 3, 3, 3, 3

Old Rating = 3.1 New Rating = 3.3
Individual Responses: 3, 3, 3, 3, 3, 3, 3, 4, 4, 4

Old Rating = 2.6 New Rating = 2.7
Individual Responses: 2, 2, 2, 3, 3, 3, 3, 3, 3, 3
CHILD ABUSE INDICATORS

Nonaccidental mental injury, continued

10. Low self-concept

Disagreement Statements:
1. Rate this lower. Low self-concept can be related to many other factors.
2. Too low, child's image of himself is a key indicator of unsatisfactory parenting.

Old Rating = 2.6  New Rating = 2.2
Individual Responses: 2, 2, 2, 2, 2, 2, 3, 3

11. Exhibits bizarre behavior

Disagreement Statements:
1. The word bizarre is a poor word; or examples should be given. What is bizarre to one wouldn't be to another. Rate lower.
2. Too low. What's the difference in this and #7 above?

Old Rating = 2.3  New Rating = 2.3
Individual Responses: 1, 2, 2, 2, 2, 2, 3, 3, 3, 3

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD ABUSE INDICATORS

Nonaccidental mental injury, continued

12. The inability to share or trade food stuff

Disagreement Statements:

1. In many instances this behavior while on the surface appears unrelated, could hold deep roots in parental behavior or environmental behavior of neglect.

2. Lower.

Old Rating = 1.5  New Rating = 1.5

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD ABUSE INDICATORS

Sexual abuse

1. Withdrawn from or lack of normal social interaction

   Disagreement Statements:
   1. Lower.
   2. Too non-specific, would rate lower.

2. Social segregation by others

   Disagreement Statements:
   1. Lower.
   2. Too high, no relevancy at all.
   3. Should be higher. I've seen this occur in correlation with sexual abuse. Perhaps 2.5, at least.
   4. Unless these acts are related in the whole picture, none of them make any sense.

Old Rating = 2.5  New Rating = 1.7
Individual Responses: 1, 1, 1, 2, 2, 2, 2, 2, 2

Old Rating = 1.8  New Rating = 1.6
Individual Responses: 1, 1, 1, 1, 1, 2, 2, 2, 2, 3

CHILD ABUSE INDICATORS

Sexual abuse, continued

3. Fear of parental contact by school

Disagreement Statements:
1. Lower—depends on context.
2. Too high.

4. Child's unwillingness to talk about family relationships

Disagreement Statements:
1. Lower—depends on context.

5. Uncommon knowledge by early development of sexual activities

Disagreement Statements:
1. Lower.

KEY: [1] = Poor
[2] = Fair
[4] = Very Good

Old Rating = 2.7 New Rating = 2.0
Individual Responses: 1, 1, 2, 2, 2, 2, 2, 2, 3, 3

Old Rating = 2.9 New Rating = 2.1
Individual Responses: 1, 1, 2, 2, 2, 2, 2, 3, 3, 3

Old Rating = 3.1 New Rating =
CHILD ABUSE INDICATORS

Sexual abuse, continued

6. Fear of adults

Disagreement Statements:
1. Lower unless elaborated.
2. Too high, the sexually abused child is not afraid of adults.
3. Lower--1.0. Rapport with adults depends on many factors. It is highly unlikely that sexual abuse is an "adequate" indicator.

Old Rating = 2.6 New Rating = 1.8
Individual Responses: 1, 1, 2, 2, 2, 2, 2, 2, 2, 2

7. Unwanted pregnancy

Disagreement Statements:
1. Too high, not relevant biologically to elementary schools.
2. Lower unless elaborated.
3. Much too high--these students are sixth graders and less--major are under the age of possible pregnancy--teachers might be the last to know.
4. If talking about children in the lower grades, this even may never occur.
5. Would rate higher--especially in early teens.

Old Rating = 2.7 New Rating = 2.1
Individual Responses: 1, 1, 1, 1, 2, 2, 3, 3, 3, 4
CHILD ABUSE INDICATORS

Sexual abuse, continued

8. Child expresses a need to talk to adults

   Disagreement Statements:
   1. Would not indicate as sexual abuse. Believe this should be rated lower.
   2. Too high, until she talked to teacher, the "need" to talk.
   3. Lower.

9. Child develops V.D.

   Disagreement Statements:
   1. Too low, V.D. occurs through sexual contact.
   2. Higher.


Old Rating = 2.3  New Rating = 1.7
Individual Responses: 1, 1, 1, 2, 2, 2, 2, 2, 2

Old Rating = 3.0  New Rating = 3.4
Individual Responses: 2, 3, 3, 3, 3, 4, 4, 4, 4
CHILD ABUSE INDICATORS

Sexual abuse, continued

10. Only the father attends school conferences

Disagreement Statements:
1. Too high--what does this have to do with anything?
2. Rate this 0 or 1.
3. Even 1.3 seems high. "Only father attends..." does not seem relevant.
4. Lower.
5. Unless the explained absence of the other parent is reasonable.
6. Too low in conjunction with other indicators is a valuable sign that the father has an unusual relationship/possible indicator of mother's abdication of her role.

11. Child informs teacher of the sexual

Disagreement Statements:
None

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD ABUSE INDICATORS

Sexual abuse, continued

12. Child is adopted or a stepchild

Old Rating = 1.2  New Rating = 1.3

Individual
Responses: 1, 1, 1, 1, 1, 1, 1, 2, 2, 2

Disagreement Statements:
1. Lower.
2. Should be lower yet—I cannot see the significance of this alone.
3. Too high, although there is a higher rate of abuse than with natural children. I feel it is inappropriate to be suspect of all step-parents or adoptive parents.
4. Rate this 0 or 1.
5. Too low, when taken with other indicators, this is a useful variable since incest taboo not as strong.

13. Child's peers or teacher overhear child relating incidents of sexual abuse to his friends

Old Rating = 3.6  New Rating = 3.8

Individual
Responses: 3, 3, 4, 4, 4, 4, 4, 4, 4, 4

Disagreement Statements:
1. Too low, when heard must be reported.
CHILD ABUSE INDICATORS

Sexual abuse, continued

14. Seductive behavior

Disagreement Statements:
1. Lower unless elaborated.
2. Here again we have to remember the age group—seductive 8 year olds? Rating of 1.
3. Lower. May be predictive for mature 12 year old girls but not likely to be appropriate for others in this age group.

Old Rating = 2.6  New Rating = 2.1

Individual Responses: 1, 2, 2, 2, 2, 2, 2, 2, 3, 3

2 36

15. Refused to dress for regular gym

Disagreement Statements:
1. Too high, no relationship to sexual abuse.
2. Unless elaborated.
3. Not an uncommon characteristic.

Old Rating = 2.1  New Rating = 1.7

Individual Responses: 1, 1, 1, 2, 2, 2, 2, 2, 2, 2

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD ABUSE INDICATORS

Sexual abuse, continued

16. Expression or reporting of problems indirectly related to sexual abuse: bed wetting, bad dreams, fear of adults

   Old Rating = 2.6  New Rating = 1.8
   Individual Responses: 1, 1, 1, 2, 2, 2, 2, 2, 2, 3

   Disagreement Statements:
   1. Too high, research does not reveal that many abused children have these experiences.

17. Sudden change in behavior, personality changes

   Old Rating = 2.4  New Rating = 2.2
   Individual Responses: 1, 2, 2, 2, 2, 2, 3, 3, 3

   Disagreement Statements:
   1. Lower
   2. 2.7 would be more realistic if initial sex abuse occurred at this time.
CHILD ABUSE INDICATORS

Maltreatment

1. Lacks independence or coping behavior due to overprotection

Disagreement Statements:
1. Lower. Question "due to..."

2. Child not allowed to attend school functions, activities, have friends

Disagreement Statements:
None

3. Child shows severe depression by loss of appetite

Disagreement Statements:
1. Would seem to me to be more significant than #2.

Old Rating = 2.1  New Rating = 1.8
Individual Responses: 1, 1, 2, 2, 2, 2, 2, 2, 2, 2

Old Rating = 3.0  New Rating = 3.0
Individual Responses: 3, 3, 3, 3, 3, 3, 3, 3, 3, 3

Old Rating = 2.9  New Rating = 2.6
Individual Responses: 2, 2, 2, 2, 3, 3, 3, 3, 3, 3

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD ABUSE INDICATORS

Maltreatment, continued

4. Shows distrust of promises and assurances
   Disagreement Statements:
   1. Unless elaborated.

5. Shows disruptive, destructive behavior
   Disagreement Statements:
   None

6. Fears adults, authority figures
   Disagreement Statements:
   1. Somewhat lower--2.

KEY: [1] = Poor
[2] = Fair
[4] = Very Good

Old Rating = 2.8  New Rating = 2.7
Individual
Responses: 2, 2, 2, 3, 3, 3, 3, 3, 3, 3

Old Rating = 2.6  New Rating = 2.7
Individual
Responses: 2, 2, 2, 3, 3, 3, 3, 3, 3, 3

Old Rating = 2.9  New Rating = 2.5
Individual
Responses: 2, 2, 2, 2, 2, 3, 3, 3, 3, 3
CHILD ABUSE INDICATORS

Maltreatment, continued

7. Child indicates mental separation

Disagreement Statements:
1. Lower.
2. "Mental separation" does not mean anything to me.
3. I have no idea what this means.
4. As stated before, unless something is checked into this event may have more impact...

8. Lacks flexibility, cries, aggressiveness

Disagreement Statements:
1. Lower.

Old Rating = 1.9  New Rating = 1.2
Individual Responses: 1, 1, 1, 1, 1, 1, 1, 1, 2, 2

Old Rating = 2.5  New Rating = 2.2
Individual Responses: 2, 2, 2, 2, 2, 2, 2, 3, 3

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD ABUSE INDICATORS

Maltreatment, continued

9. Seems to lack associations with home, tends to stay at others' places rather than home

Old Rating = 2.7  New Rating = 2.7
Individual Responses: 2, 2, 3, 3, 3, 3, 3, 3, 3, 3

Disagreement Statements:
1. About 2.
2. This depends on age. If a teenager, I would disagree because peers are so important. Some elementary children are teenage.

10. Fears and reports of abandonment

Old Rating = 3.5  New Rating = 3.7
Individual Responses: 3, 3, 3, 4, 4, 4, 4, 4, 4, 4

Disagreement Statements:
None

11. Physical indications that child is forced to work long hours

Old Rating = 3.3  New Rating = 3.2
Individual Responses: 3, 3, 3, 3, 3, 3, 3, 3, 3, 4, 4

Disagreement Statements:
None

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD ABUSE INDICATORS

Maltreatment, continued

12. Child relates having been bound for long periods of time or as a regular punishment

Disagreement Statements:
None

Old Rating = 3.9  New Rating = 4.0
Individual Responses: 4, 4, 4, 4, 4, 4, 4, 4, 4, 4

13. Child relates that parents confine him to closets, basement, etc.

Disagreement Statements:
None

Old Rating = 3.8  New Rating = 4.0
Individual Responses: 4, 4, 4, 4, 4, 4, 4, 4, 4, 4
CHILD NEGLECT INDICATORS

Failure to provide adequate food

1. No lunch or lunch money

Disagreement Statements:
1. Higher.
2. Too low—if this is a consistent pattern.

2. Parents show little concern for child and/or in school

Disagreement Statements:
1. Rated too high. Many parents may not attend school functions, but provide adequate food, etc.
2. Higher.

Old Rating = 3.1 New Rating = 3.1
Individual Responses: 2, 2, 3, 3, 3, 3, 3, 4, 4, 4

Old Rating = 2.9 New Rating = 2.4
Individual Responses: 2, 2, 2, 2, 2, 2, 3, 3, 3, 3

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD NEGLECT INDICATORS

Failure to provide adequate food, continued

3. Child appears to prefer "junk food"

   Disagreement Statements:
   1. Lower.
   2. Rate this 0 or 1.
   3. All kids prefer junk food.

4. In discussions dealing with food terms they have an unreal attitude about certain terms

   Disagreement Statements:
   1. Lower unless elaborated.
   2. What are "certain" terms?
   3. Very unclear.
   4. Child's diet may be extremely limited but nutritious.
      Lower--1.0.

   Old Rating = 1.6  New Rating = 1.2
   Individual
   Responses: 1, 1, 1, 1, 1, 1, 1, 1, 2, 2

   Old Rating = 2.3  New Rating = 1.4
   Individual
   Responses: 1, 1, 1, 1, 1, 1, 2, 2, 2, 2

KEY: [1] = Poor
     [2] = Fair
     [4] = Very Good
CHILD NEGLECT INDICATORS

Failure to provide adequate food, continued

5. Signs of malnutrition

Disagreement Statements:

1. Too low.

6. Chronic illness

Disagreement Statements:

1. Lower unless elaborated. Higher if combined with 1 above, etc.
2. Unless something in school record shows child has history of physical illness and it has been checked on, this factor is very important.

Old Rating = 3.8  New Rating = 3.9
Individual Responses: 3, 4, 4, 4, 4, 4, 4, 4, 4

Old Rating = 2.6  New Rating = 2.6
Individual Responses: 2, 2, 2, 2, 3, 3, 3, 3, 3

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD NEGLECT INDICATORS

Failure to provide adequate food, continued

7. Compulsive eating when food is available

Disagreement Statements:
1. Lower.
2. This could very well be an emotional problem unrelated to abuse. Rate lower.

Old Rating = 2.8  New Rating = 2.3
Individual Responses: 2, 2, 2, 2, 2, 2, 3, 3, 3

8. Lethargy

Disagreement Statements:
1. Lower.

Old Rating = 2.6  New Rating = 2.1
Individual Responses: 1, 2, 2, 2, 2, 2, 2, 3, 3

9. Steals food or money for food

Disagreement Statements:
None

Old Rating = 3.2  New Rating = 2.9
Individual Responses: 2, 3, 3, 3, 3, 3, 3, 3, 3

KEY: [1] = Poor  
[2] = Fair  
[4] = Very Good
CHILD NEGLECT INDICATORS

Failure to provide adequate food, continued

10. Complains of hunger

**Disagreement Statements:**
1. Higher.

11. Stomach aches

**Disagreement Statements:**
1. Lower unless elaborated.

12. Child eats garbage or animal food

**Disagreement Statements:**
1. Too low.

Old Rating = 3.3 New Rating = 3.3
Individual Responses: 2, 3, 3, 3, 3, 3, 4, 4, 4, 4

Old Rating = 2.8 New Rating = 1.8
Individual Responses: 1, 1, 2, 2, 2, 2, 2, 2, 2

Old Rating = 3.5 New Rating = 3.7
Individual Responses: 3, 3, 3, 4, 4, 4, 4, 4, 4
CHILD NEGLECT INDICATORS

Failure to provide adequate food, continued

13. A desire to obtain food at unusual times and a refusal or reluctance to leave the lunch area

Disagreement Statements:
1. Maybe higher.

14. Brittle fingernails

Disagreement Statements:
1. Lower.
3. Hard to observe—is this really indicative of malnutrition?
4. If this stands as a separate category, so should all signs of malnutrition--dull, brittle hair, etc.

Old Rating = 3.2  New Rating = 3.2
Individual Responses: 3, 3, 3, 3, 3, 3, 3, 4, 4

Old Rating = 2.0  New Rating = 1.5
Individual Responses: 1, 1, 1, 1, 1, 2, 2, 2, 2, 2
CHILD NEGLECT INDICATORS

Failure to provide adequate food, continued

15. Child relates that there is no food at home

Disagreement Statements:
None

Old Rating = 3.6  New Rating = 3.6
Individual
Responses: 3, 3, 3, 3, 4, 4, 4, 4, 4

16. Does not participate in lunch program, but is often seen begging food from others

Disagreement Statements:
None

Old Rating = 3.3  New Rating = 3.4
Individual
Responses: 3, 3, 3, 3, 3, 4, 4, 4, 4
CHILD NEGLECT INDICATORS

Failure to provide adequate clothing or shelter

1. Complains of tiredness, exhibits inadequate sleep
   Disagreement Statements:
   None

2. Absences: frequent and unusual
   Disagreement Statements:
   None

3. Child emits offensive clothing and body odor
   Disagreement Statements:
   None

Old Rating = 3.1  New Rating = 3.0
Individual
Responses:  2, 3, 3, 3, 3, 3, 3, 3, 3, 4

Old Rating = 3.3  New Rating = 3.3
Individual
Responses:  3, 3, 3, 3, 3, 3, 3, 3, 4, 4

Old Rating = 3.9  New Rating = 3.8
Individual
Responses:  3, 3, 4, 4, 4, 4, 4, 4, 4, 4
CHILD NEGLECT INDICATORS

Failure to provide adequate clothing and shelter, continued

4. Inadequate concept of family role and schedules

Disagreement Statements:
1. Lower.

5. Inadequate shelter

Disagreement Statements:
None

6. Child is dressed in inappropriate clothing—that is dirty, torn or ill-fitting

Disagreement Statements:
1. Maybe a 3—depends on context.

Old Rating = 2.3  New Rating = 2.0
Individual Responses: 2, 2, 2, 2, 2, 2, 2, 2, 2

Old Rating = 3.7  New Rating = 3.6
Individual Responses: 2, 3, 3, 4, 4, 4, 4, 4, 4

Old Rating = 4.0  New Rating = 3.8
Individual Responses: 3, 3, 4, 4, 4, 4, 4, 4, 4

KEY: [1] = Poor
[2] = Fair
[4] = Very Good
CHILD NEGLECT INDICATORS

Failure to provide adequate clothing or shelter, continued

7. Child has difficulty with structure and/or organization
   Disagreement Statements:
   1. Lower.
   2. Feel that rating is high.

8. Hair is uncombed, dirty skin
   Disagreement Statements:
   1. Lower.
   2. Rate 3.
   3. Too low.

9. Child seems tired, physically and emotionally exhausted
   Disagreement Statements:
   None

   Old Rating = 2.1   New Rating = 1.6
   Individual Responses: 1, 1, 1, 1, 2, 2, 2, 2, 2

   Old Rating = 3.4   New Rating = 3.1
   Individual Responses: 2, 2, 3, 3, 3, 3, 3, 4, 4

   Old Rating = 3.4   New Rating = 3.3
   Individual Responses: 3, 3, 3, 3, 3, 3, 3, 4, 4

KEY: [1] = Poor
      [2] = Fair
      [4] = Very Good
CHILD NEGLECT INDICATORS

Failure to provide adequate medical care

1. Lacks oral hygiene

Disagreement Statements:
1. Higher.

2. Lacks immunization

Disagreement Statements:
1. Feel that rating is too low.

3. Child indicates signs of allergies—hives, coughing

Disagreement Statements:
1. Feel that rating is too low.
2. Must be looked at along with other factors.
3. Too high, only if untreated when resources exist is it neglect.

KEY: [1] = Poor
[2] = Fair
[4] = Very Good

Old Rating = 3.1 New Rating = 3.1
Individual Responses: 2, 3, 3, 3, 3, 3, 3, 3, 4, 4

Old Rating = 3.3 New Rating = 3.3
Individual Responses: 2, 3, 3, 3, 3, 3, 3, 4, 4, 4

Old Rating = 2.3 New Rating = 2.1
Individual Responses: 1, 1, 2, 2, 2, 2, 2, 3, 3, 3
CHILD NEGLECT INDICATORS

Failure to provide adequate medical care, continued

4. Indicates skin eruptions, dermatological infections

   Old Rating = 2.5 New Rating = 2.1

   Individual
   Responses: 1, 1, 2, 2, 2, 2, 2, 3, 3, 3

   Disagreement Statements:
   1. Feel that rating is too low.
   2. Must be looked at along with other factors.
   3. Too high, only if untreated when resources exist is it neglect.
   4. Rate as a 2.
   5. Lower unless indication of no treatment.

5. Congenital disorders of motor control or neurologic difficulties—birth related problems, spastic nature of motor control

   Old Rating = 2.0 New Rating = 1.6

   Individual
   Responses: 1, 1, 1, 1, 1, 2, 2, 2, 2, 3

   Disagreement Statements:
   1. Must be looked at along with other factors.
   2. Too high, congenital problems can't be related by teacher to present neglect.
   3. Lower
CHILD NEGLECT INDICATORS

Failure to provide adequate medical care, continued

6. Indicates visual/reading problems
   Old Rating = 2.3  New Rating = 1.7
   Individual
   Responses: 1, 1, 1, 2, 2, 2, 2, 2, 2, 2

   Disagreement Statements:
   1. Too high, many children have such a problem, but only neglect if the parent is aware of the problem and does not use resources to remedy situation.
   2. Lower unless...
   3. Too high. Having the problem isn't neglect, but not getting it taken care of would be.

7. Lack of attention for hearing aid, glasses, braces
   Old Rating = 3.5  New Rating = 3.4
   Individual
   Responses: 2, 3, 3, 3, 3, 4, 4, 4, 4, 4

   Disagreement Statements:
   None
CHILD NEGLECT INDICATORS

Failure to provide adequate medical care, continued

8. Lack of medical treatment for observable injuries, colds and infections

   Old Rating = 3.5  New Rating = 3.4
   Individual
   Responses: 3, 3, 3, 3, 3, 3, 4, 4, 4, 4

   Disagreement Statements:
   1. Only disagree in that medical treatment of common colds is not necessary and failure to treat such an ailment is not neglect.

9. Bandages and treatment seems inappropriate

   Old Rating = 3.4  New Rating = 3.4
   Individual
   Responses: 3, 3, 3, 3, 3, 3, 4, 4, 4, 4

   Disagreement Statements:
   None
CHILD NEGLECT INDICATORS

Failure to provide adequate medical care, continued

10. Exhibits behavior associated with hearing difficulty

Disagreement Statements:

1. Too high, again only neglect if parent is unaware of problem and does not use resources available to remedy problem
2. Lower, unless elaborated.
3. Too high. Having the problem isn't neglect, but not getting it taken care of would be.
4. Higher. Deficiency in hearing may not be noticed by parent or accepted by them. Critical factor in learning. Should be 3.5.

Old Rating = 2.7  New Rating = 1.9
Individual Responses: 1, 1, 1, 2, 2, 2, 2, 2, 3, 3

11. Child repeatedly is infested with parasites

Disagreement Statements:

1. Would rate lower. Pin worms especially are very common.

Old Rating = 3.8  New Rating = 3.5
Individual Responses: 2, 3, 3, 3, 4, 4, 4, 4, 4, 4


257
CHILD NEGLECT INDICATORS

Failure to provide adequate medical care, continued

12. Parents fail to respond to school's request to check out a medical problem  
    Old Rating = 4.0 New Rating = 4.0
    Individual Responses: 4, 4, 4, 4, 4, 4, 4, 4, 4, 4
APPENDIX K

THE CHILD ABUSE AND NEGLECT INSTRUMENT
Dear Participant:

Thank you for cooperating in the development of a child abuse and neglect detection instrument for use by elementary teachers and administrators.

The total project should not consume more than a very few minutes of your valuable time, and will hopefully help produce a useful tool for your professional use in the future. The following definitions are offered to aid you in your understanding of the topic.

For our purposes, the terms "child abuse" and "child neglect" are defined according to the State of Michigan child protection laws, being Act No. 238, Public Acts of 1975, sections 722.621 through 722.636 of the Michigan Compiled Laws which state:

1. "Child Abuse" means harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare which occurs through nonaccidental physical or mental injury, sexual abuse, or maltreatment.
2. "Child Neglect" means harm to a child's health or welfare which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.

It is also necessary for our purposes that the term "indicator" be defined. Therefore, an indicator shall be defined as: a physical or psychological sign or symptom which can be visually or audibly witnessed by an observer.

Directions:

The items which will follow are indicators of child abuse and/or neglect. You are being asked to read each item and respond to it for the child you have randomly selected. The response scale is as follows:

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Seldom</th>
<th>Occasionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apparent</td>
<td>Apparent</td>
<td>Apparent</td>
<td>Apparent</td>
</tr>
<tr>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
<tr>
<td>Often</td>
<td>Usually</td>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>Apparent</td>
<td>Apparent</td>
<td>Apparent</td>
<td></td>
</tr>
</tbody>
</table>

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Please check one response for each indicator. The aforementioned is important for reasons of calculating a total score. Your responses will be subjective in nature, and based on your prior experience with the child involved.

Example:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Never</th>
<th>Rarely</th>
<th>Seldom</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child does not wear socks</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occasional</th>
<th>Often</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
</table>

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INDICATORS

1. Does not participate in lunch program, but is often seen begging food from others. [1] [2] [3] [4] [5] [6] [7]


<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Child is dressed in inappropriate clothing—that is dirty, torn or ill-fitting.</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
<td>[5]</td>
</tr>
<tr>
<td>13.</td>
<td>Seems to lack associations with home, tends to stay at others' places rather than at home.</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
<td>[5]</td>
</tr>
</tbody>
</table>

INDICATORS
<table>
<thead>
<tr>
<th></th>
<th><strong>INDICATORS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Complains of tiredness, exhibits inadequate sleep.</td>
</tr>
<tr>
<td>19</td>
<td>Parents controlling, aggressive, pushing child beyond his/her limits.</td>
</tr>
<tr>
<td>20</td>
<td>Child develops V.D.</td>
</tr>
<tr>
<td>21</td>
<td>Child repeatedly is infested with parasites.</td>
</tr>
<tr>
<td>22</td>
<td>Complains of hunger.</td>
</tr>
<tr>
<td>23</td>
<td>Child seems tired, physically and emotionally exhausted.</td>
</tr>
<tr>
<td>24</td>
<td>Child relates that there is no food at home.</td>
</tr>
<tr>
<td>25</td>
<td>Child eats garbage and animal food.</td>
</tr>
</tbody>
</table>
### INDICATORS

<table>
<thead>
<tr>
<th></th>
<th>Never Apparent</th>
<th>Rarely Apparent</th>
<th>Seldom Apparent</th>
<th>Occasionally Apparent</th>
<th>Often Apparent</th>
<th>Usually Apparent</th>
<th>Always Apparent</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.</td>
<td>A desire to obtain food at unusual times and a refusal or reluctance to leave the lunch area.</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
<td>[5]</td>
<td>[6]</td>
</tr>
<tr>
<td>33.</td>
<td>Physical indications that child is forced to work long hours.</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
<td>[5]</td>
<td>[6]</td>
</tr>
</tbody>
</table>
### INDICATORS

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Never Apparent</th>
<th>Rarely Apparent</th>
<th>Seldom Apparent</th>
<th>Occasionally Apparent</th>
<th>Often Apparent</th>
<th>Usually Apparent</th>
<th>Always Apparent</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>Parents fail to respond to school's request to check out medical problem.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>36</td>
<td>Steals food or money for food</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>37</td>
<td>Reports of parental mental violence.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>38</td>
<td>Chronic illness.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>39</td>
<td>Signs of malnutrition.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>40</td>
<td>Lacks immunization.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>41</td>
<td>Child relates having been bound for long periods or as regular punishment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>42</td>
<td>Uncommon knowledge by early development of sexual activities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>43</td>
<td>Child relates that parents confine him to closets, basement, etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
APPENDIX L

VITAE OF THE PANELISTS
James Beougher

Mr. Beougher received both his Bachelor of Science Degree and his Master of Social Work Degree from Western Michigan University. He has been, throughout his career, associated with the Michigan Department of Social Services. Currently he is the Supervisor of Children's Protective Services in Kalamazoo, Michigan. In his present capacity he is daily involved with the problems of child abuse and neglect both from the perspective of dealing with children and that of dealing with parents.

Dr. Leroy Densmore, Jr.

Dr. Densmore received his Bachelor of Science Degree from Western Michigan University and did Master's-level study at the same institution in the area of political science. He completed a Juris Doctorate at Wayne State University. His career has included teaching in the public schools, working in a juvenile home, being a probation officer for juvenile offenders, working for Job Corps, and currently being the Assistant Prosecuting Attorney, Chief of the Juvenile Division, for Kalamazoo County, Michigan. Needless to say. Dr. Densmore's daily work is intimately involved with the problems of child
abuse and child neglect.

Dr. Joseph Eisenbach

Dr. Eisenbach received his Bachelor of Arts and Bachelor of Science degrees from Kansas State Teachers College. He received a Master of Science Degree in psychology from Kansas State University and completed his Doctor of Education degree at Wayne State University in the area of special education. Currently Dr. Eisenbach is Chairman of the Department of Special Education, in the College of Education at Western Michigan University. Since the field of special education is by its very nature involved with the special needs of children who deviate from the norm, Dr. Eisenbach's credentials are particularly appropriate as a panelist.

Dr. Edsel Erickson

Dr. Erickson received his Bachelor of Science Degree from Central Michigan University in the areas of psychology, sociology, social science, and education. He completed a Master of Arts Degree at Michigan State University in rehabilitation counseling and did doctoral work at Washington State University, completing a Doctor of Education Degree at Michigan State University. His areas of concentration include educational research, educational sociology, and educational psychology, as well as the
sociology of education. He is the author of many articles and a book in the area of educational sociology. Currently Dr. Erickson is Professor of Education and Sociology at Western Michigan University. He is now developing a Media Center on Child Abuse and Neglect at Western, and is involved in the preparation of a book in the same area.

Ms. Shirley Gregory

Ms. Gregory received her Bachelor of Arts Degree in elementary education and her Master of Arts in guidance and counseling from Western Michigan University. She is currently pursuing further graduate work at Michigan State University and Western Michigan University in the area of school administration. Presently Ms. Gregory is Principal of the West Main Street Elementary School in Kalamazoo. Since here is a school which serves a wide range of socio-economic groups, she typifies the normal administrator's involvement in the area of child abuse and neglect. She reports that while the instances have been few, her administrative tasks have included the topic.

Ms. Norma Hungerford

Ms. Hungerford received her Bachelor of Science Degree in the area of elementary education, and her Master
of Arts Degree from Western Michigan University in the same area. Ms. Hungerford has a number of years' experience as an elementary school teacher. Currently, she is Assistant Professor and Coordinator of Student Teacher and Participation at Western Michigan University. In her work she must instruct student teachers concerning their professional obligation with respect to the detection and reporting of actual or suspected instances of child abuse and neglect.

Mr. David Joslyn

Mr. Joslyn received a Bachelor of Arts Degree from Western Michigan University in anthropology and sociology. He received the Master of Social Work Degree from the University of Michigan and is currently pursuing the Doctor of Philosophy Degree at Western Michigan University in the field of sociology. His field experience most relevant to his involvement in this project includes being a supervisor of Social Services in a regional office of the Michigan Department of Social Services—a position involving all aspects of social services—and acting as a consultant to a regional Protective Services office. Currently, Mr. Joslyn is an Assistant Professor of Social Work at Western Michigan University.
Ms. Beverly Kapelle

Ms. Kapelle received her Bachelor of Arts Degree from Trinity University, majoring in sociology. She did graduate study in the field of social work at the University of Denver. In 1975, Ms. Kapelle participated in a project for the Service Club of Kalamazoo, Michigan, to detect an important area of public need which the club could serve. In 1976, the Service Club of Kalamazoo formed a Child Abuse Council, which Ms. Kapelle chairs. She has also served, and continues to serve, on a statewide task force to establish community action in the area of child abuse and neglect.

Lt. Glenn Nevelle

Lt. Nevelle has studied criminal law at both Kalamazoo Valley Community College and Western Michigan University. He is a graduate of the Kalamazoo, Michigan, Police Academy and has served as a police officer since that time. Currently he is Assistant Division Commander, Criminal Division, Youth Bureau, of the Kalamazoo Police Department. In this capacity he oversees all child abuse investigations involving the Police Department of Kalamazoo.
Dr. William Venema

Dr. Venema did his undergraduate work at Kalamazoo College and completed his medical degree at the University of Michigan. Upon completion of his internship, he did a residency in Pediatrics at University Hospital in Ann Arbor, Michigan. Currently he is a practicing pediatrician in Kalamazoo. He has had in-service training in the area of child abuse, has given programs for public information, and is advisor to a local child abuse and neglect council.