INFORMATION TO USERS

This was produced from a copy of a document sent to us for microfilming. While the most advanced technological means to photograph and reproduce this document have been used, the quality is heavily dependent upon the quality of the material submitted.

The following explanation of techniques is provided to help you understand markings or notations which may appear on this reproduction.

1. The sign or "target" for pages apparently lacking from the document photographed is "Missing Page(s)". If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting through an image and duplicating adjacent pages to assure you of complete continuity.

2. When an image on the film is obliterated with a round black mark it is an indication that the film inspector noticed either blurred copy because of movement during exposure, or duplicate copy. Unless we meant to delete copyrighted materials that should not have been filmed, you will find a good image of the page in the adjacent frame. If copyrighted materials were deleted you will find a target note listing the pages in the adjacent frame.

3. When a map, drawing or chart, etc., is part of the material being photographed the photographer has followed a definite method in "sectioning" the material. It is customary to begin filming at the upper left hand corner of a large sheet and to continue from left to right in equal sections with small overlaps. If necessary, sectioning is continued again—beginning below the first row and continuing on until complete.

4. For any illustrations that cannot be reproduced satisfactorily by xerography, photographic prints can be purchased at additional cost and tipped into your xerographic copy. Requests can be made to our Dissertations Customer Services Department.

5. Some pages in any document may have indistinct print. In all cases we have filmed the best available copy.
PLEASE NOTE:

In all cases this material has been filmed in the best possible way from the available copy. Problems encountered with this document have been identified here with a check mark \[\checkmark\].

1. Glossy photographs or pages ______
2. Colored illustrations, paper or print ______
3. Photographs with dark background ______
4. Illustrations are poor copy ______
5. Pages with black marks, not original copy ______
6. Print shows through as there is text on both sides of page ______
7. Indistinct, broken or small print on several pages ______
8. Print exceeds margin requirements ______
9. Tightly bound copy with print lost in spine ______
10. Computer printout pages with indistinct print ______
11. Page(s) ______ lacking when material received, and not available from school or author.
12. Page(s) ______ seem to be missing in numbering only as text follows.
14. Curling and wrinkled pages ______
15. Other ________________________________

University
Microfilms
International
Reporting Child Maltreatment:
The Context of Decision Making
Among Physicians, Social Workers,
Teachers and Nurses

Dissertation

Presented in Partial Fulfillment of the Requirements for the Degree
Doctor of Philosophy in the Graduate School of
The Ohio State University

by

Joel Alexander Rabb, Jr., A.B., M.S.W.

** * * * **

The Ohio State University
1981

Reading Committee:
Angelo A. Alonzo
John H. Behling
Keith M. Kilty
Richard R. Medhurst
Nolan J. Rindfleisch

Approved By

Richard R. Medhurst
Advisor
College of Social Work
VITA

August 6, 1946  Born—Commerce, Texas
1968  A.B., Earlham College, Richmond, Indiana
1968-1970 Peace Corps Volunteer, Prados, Minas Gerais, Brazil
1972-1973 Administrative Associate, College of Social Work, The Ohio State University, Columbus, Ohio
1973  MSW, College of Social Work, The Ohio State University, Columbus, Ohio
1973-1976 Social Worker, South Side Settlement House, Columbus, Ohio
1976-1978 NIMH Fellow, College of Social Work, Ohio State University, Columbus, Ohio
1978-1980 Assistant Director, South Side Settlement House, Columbus, Ohio
1981 Project Coordinator, Institutional Child Protection Project, College of Social Work, The Ohio State University, Columbus, Ohio

FIELDS OF STUDY

Major Field: Social Welfare

Studies in the Sociology of Health, Professor Angelo A. Alonzo
Studies in Child Welfare, Professor Nolan J. Rindfleisch
Studies in Interprofessional Ethics, Professor Richard Medhurst
Studies in Research Methods and Multivariate Data Analysis, Professors John H. Behling and Keith M. Kilty
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. A HISTORY OF CHILD MALTREATMENT AND EFFORTS TO CONTROL IT</strong></td>
<td>1</td>
</tr>
<tr>
<td>A. Introduction</td>
<td>1</td>
</tr>
<tr>
<td>B. Identification of Child Maltreatment as a Major Social Problem</td>
<td>5</td>
</tr>
<tr>
<td>C. Medical Discovery of Child Maltreatment</td>
<td>9</td>
</tr>
<tr>
<td>D. History of Legislation to Control Child Maltreatment</td>
<td>12</td>
</tr>
<tr>
<td>E. Issues Related to the Residual Nature of Child Maltreatment</td>
<td>18</td>
</tr>
<tr>
<td>1. Problems in Defining Child Maltreatment</td>
<td>18</td>
</tr>
<tr>
<td>2. Conflicting Estimates of Child Maltreatment</td>
<td>21</td>
</tr>
<tr>
<td>3. Types and Severity of Child Maltreatment</td>
<td>25</td>
</tr>
<tr>
<td>4. Reporting Efficiency</td>
<td>27</td>
</tr>
<tr>
<td>5. Who is Reported</td>
<td>29</td>
</tr>
<tr>
<td>6. Sources for Reporting Child Maltreatment</td>
<td>30</td>
</tr>
<tr>
<td>F. Research Problem</td>
<td>33</td>
</tr>
<tr>
<td><strong>II. &quot;GATE-KEEPING&quot; DECISIONS IN THE SOCIAL CONTROL SYSTEM FOR CHILD MALTREATMENT</strong></td>
<td>36</td>
</tr>
<tr>
<td>A. System of Social Control for Child Maltreatment</td>
<td>36</td>
</tr>
<tr>
<td>B. Decisions to Report Child Maltreatment</td>
<td>39</td>
</tr>
<tr>
<td>C. A Theoretical Perspective</td>
<td>42</td>
</tr>
<tr>
<td>D. Factors Affecting Reports of Child Maltreatment</td>
<td>49</td>
</tr>
<tr>
<td>E. Specification of Concepts</td>
<td>69</td>
</tr>
<tr>
<td>1. Summary</td>
<td>69</td>
</tr>
<tr>
<td>2. Sources of Influence</td>
<td>70</td>
</tr>
<tr>
<td>3. Specification of Concepts to be Examined</td>
<td>70</td>
</tr>
<tr>
<td>F. Hypotheses</td>
<td>75</td>
</tr>
</tbody>
</table>
# III. METHODOLOGY

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Introduction</td>
<td>78</td>
</tr>
<tr>
<td>B. Plan of Research</td>
<td>80</td>
</tr>
<tr>
<td>1. Research Design</td>
<td>80</td>
</tr>
<tr>
<td>2. Measurement</td>
<td>82</td>
</tr>
<tr>
<td>3. Sampling Design</td>
<td>83</td>
</tr>
<tr>
<td>4. Data Analysis</td>
<td>84</td>
</tr>
<tr>
<td>C. Sampling</td>
<td>88</td>
</tr>
<tr>
<td>1. Social Workers Sample</td>
<td>88</td>
</tr>
<tr>
<td>2. Physicians sample</td>
<td>91</td>
</tr>
<tr>
<td>3. Teachers sample</td>
<td>94</td>
</tr>
<tr>
<td>4. Nurses sample</td>
<td>96</td>
</tr>
<tr>
<td>5. Summary of Sampling</td>
<td>98</td>
</tr>
<tr>
<td>D. Instrument Design</td>
<td>100</td>
</tr>
<tr>
<td>1. Research Using Vignette Analysis</td>
<td>100</td>
</tr>
<tr>
<td>2. Construction of Vignettes for Study</td>
<td>103</td>
</tr>
<tr>
<td>3. Scale Construction of Dependent Measures</td>
<td>109</td>
</tr>
<tr>
<td>4. Independent Measures</td>
<td>119</td>
</tr>
</tbody>
</table>

# IV. RESEARCH FINDINGS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Overview</td>
<td>125</td>
</tr>
<tr>
<td>B. Description of Respondents</td>
<td>128</td>
</tr>
<tr>
<td>1. Personal Characteristics of Respondents</td>
<td>128</td>
</tr>
<tr>
<td>2. Respondents' Professional Characteristics</td>
<td>135</td>
</tr>
<tr>
<td>3. Organizational Characteristics of Respondents' Practice Setting</td>
<td>141</td>
</tr>
<tr>
<td>4. Respondents' Attitudes and Experiences in Relationship to Child Maltreatment</td>
<td>147</td>
</tr>
<tr>
<td>C. The Influence of Professional Affiliation on Willingness to Report Score and Deviance Assessment Score</td>
<td>155</td>
</tr>
<tr>
<td>1. Willingness to Report Score</td>
<td>155</td>
</tr>
<tr>
<td>2. Respondent Trends on the Willingness to Report</td>
<td>158</td>
</tr>
<tr>
<td>3. Deviance Assessment Score</td>
<td>167</td>
</tr>
<tr>
<td>4. The Relationship Between Deviance Assessment and Willingness to Report Score</td>
<td>172</td>
</tr>
<tr>
<td>D. The Influence of Race and Class Characteristics of Persons Depicted in Vignettes on Respondents' Willingness to Report Scores and Deviance Assessment Scores</td>
<td>175</td>
</tr>
<tr>
<td>1. Vignette Race and Social Class Influence on Willingness to Report Scores</td>
<td>176</td>
</tr>
<tr>
<td>2. Vignette Race and Social Class Influence on Deviance Assessment Scores</td>
<td>188</td>
</tr>
<tr>
<td>E. Relationship Between Willingness to Report and The Social Context</td>
<td>190</td>
</tr>
<tr>
<td>1. Respondent Characteristics and Willingness to Report Score</td>
<td>190</td>
</tr>
<tr>
<td>Chapter</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>F. Multiple Regression Analysis of All Significant Effects on Willingness to Report Score</td>
<td>209</td>
</tr>
<tr>
<td>1. Influence of Vignette Characteristics</td>
<td>209</td>
</tr>
<tr>
<td>2. Personal Characteristics</td>
<td>209</td>
</tr>
<tr>
<td>3. Professional Characteristics</td>
<td>213</td>
</tr>
<tr>
<td>4. Organizational Characteristics</td>
<td>213</td>
</tr>
<tr>
<td>5. Attitudes and Experiences with Reporting Child Abuse</td>
<td>214</td>
</tr>
<tr>
<td>6. Deviance Assessment</td>
<td>215</td>
</tr>
<tr>
<td>7. Characteristics of the Entire Regression Model</td>
<td>215</td>
</tr>
<tr>
<td>V. SUMMARY AND IMPLICATIONS</td>
<td>218</td>
</tr>
<tr>
<td>A. Description of Study</td>
<td>218</td>
</tr>
<tr>
<td>B. Summary of Findings</td>
<td>221</td>
</tr>
<tr>
<td>1. Respondent Characteristics</td>
<td>221</td>
</tr>
<tr>
<td>2. Professional Influence on Deviance Assessment and Willingness to Report</td>
<td>222</td>
</tr>
<tr>
<td>3. The Effect of Race and Social Class of Persons Depicted in Vignettes on Deviance Assessment and Willingness to Report Scores</td>
<td>224</td>
</tr>
<tr>
<td>4. The Effects of Respondent Characteristics on willingness to Report</td>
<td>226</td>
</tr>
<tr>
<td>C. Limitations of the Study</td>
<td>229</td>
</tr>
<tr>
<td>D. Implications for Future Research</td>
<td>230</td>
</tr>
<tr>
<td>E. Implications</td>
<td>232</td>
</tr>
<tr>
<td>1. Conditions Affecting Under Reporting</td>
<td>232</td>
</tr>
<tr>
<td>2. Inefficiencies in Reporting Child Maltreatment</td>
<td>233</td>
</tr>
<tr>
<td>3. Limits of Procedural Protections to Parents Accused of Child Maltreatment</td>
<td>234</td>
</tr>
<tr>
<td>4. Identifying Causes of Child Maltreatment</td>
<td>235</td>
</tr>
<tr>
<td>F. Alternatives</td>
<td>236</td>
</tr>
</tbody>
</table>

APPENDIXES

| A. Instrument                                                          | 242  |
| B. Correspondence                                                      | 271  |
| C. Human Subjects Review                                               | 278  |
| D. Screening Criteria of Child Protective Service Agency               | 280  |
| E. Child Maltreatment Reports by Source in Franklin County, Ohio       | 283  |

BIBLIOGRAPHY                                                            | 285  |
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distribution of Social Workers In Agencies Serving Children Aged Six to Ten in Franklin County (May, 1980)</td>
</tr>
<tr>
<td>2</td>
<td>Sampling Schedule for Social Workers</td>
</tr>
<tr>
<td>3</td>
<td>Distribution of Family Practice and Pediatric Physicians in Franklin County (May, 1980)</td>
</tr>
<tr>
<td>4</td>
<td>Sampling Schedule for Physicians</td>
</tr>
<tr>
<td>5</td>
<td>Distribution of Elementary School Teachers in Columbus Public and Columbus Diocesan School Systems</td>
</tr>
<tr>
<td>6</td>
<td>Distribution of Nurses in Franklin County Treating Children Aged Six to Ten</td>
</tr>
<tr>
<td>7</td>
<td>Sampling Schedule for Nurses</td>
</tr>
<tr>
<td>8</td>
<td>Response Rates Among the Professional Groups</td>
</tr>
<tr>
<td>9</td>
<td>Vignettes Selected for Study</td>
</tr>
<tr>
<td>10</td>
<td>Upper Class Occupations</td>
</tr>
<tr>
<td>11</td>
<td>Lower Class Occupations</td>
</tr>
<tr>
<td>12</td>
<td>Distribution of Vignette Characteristics Among Various Professional Groups on Each Vignette</td>
</tr>
<tr>
<td>13</td>
<td>Factor Loadings on Factor Pattern of Obliquely Rotated Vignette Scale Items</td>
</tr>
<tr>
<td>14</td>
<td>Factor Score Coefficients</td>
</tr>
<tr>
<td>15</td>
<td>Orthogonally Rotated Factor Pattern of Attitude Items</td>
</tr>
<tr>
<td>16</td>
<td>Respondents' Personal Characteristics</td>
</tr>
<tr>
<td>Table</td>
<td>Page</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>17</td>
<td>Respondents' Professional Characteristics ........................................... 137</td>
</tr>
<tr>
<td>18</td>
<td>Organizational Characteristics of Respondents' Work Setting .................. 142</td>
</tr>
<tr>
<td>19</td>
<td>Respondents' Attitudes Concerning Child Maltreatment .............................. 148</td>
</tr>
<tr>
<td>20</td>
<td>Respondents' Experience in Relation to Child Maltreatment ....................... 151</td>
</tr>
<tr>
<td>21</td>
<td>Willingness to Report Score by Professional Group ................................. 156</td>
</tr>
<tr>
<td>22</td>
<td>Deviance Assessment Score by Professional Group .................................... 165</td>
</tr>
<tr>
<td>23</td>
<td>Correlation Between Assessment of Deviance Score and Willingness to Report Score .... 173</td>
</tr>
<tr>
<td>24</td>
<td>Willingness to Report Scores by Race and Class Depicted in Vignette ............ 177</td>
</tr>
<tr>
<td>25</td>
<td>Deviance Assessment Scores by Race and Class Depicted in Vignette ............... 184</td>
</tr>
<tr>
<td>26</td>
<td>Regression of All Respondent Personal Characteristics on Willingness to Report Score ......................................................................... 191</td>
</tr>
<tr>
<td>27</td>
<td>Regression of Respondents' Professional Characteristics on Willingness to Report Score .......................................................... 195</td>
</tr>
<tr>
<td>28</td>
<td>Regression of Organizational Characteristics on Willingness to Report Score .......................................................... 199</td>
</tr>
<tr>
<td>29</td>
<td>Regression of Respondents' Attitudes and Experiences Regarding Child Maltreatment on Willingness to Report Score .................................................. 203</td>
</tr>
<tr>
<td>30</td>
<td>Standardized Regression Beta Weights From Regression of Respondent Characteristics on Willingness to Report Score .................................................. 210</td>
</tr>
<tr>
<td>31</td>
<td>Contribution $R^2$ by Deviance Assessment Index .................................... 217</td>
</tr>
<tr>
<td>32</td>
<td>Child Abuse Reporting in Franklin County 1976-1979 .................................. 284</td>
</tr>
</tbody>
</table>
# LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Child Maltreatment Service Network</td>
<td>38</td>
</tr>
<tr>
<td>2</td>
<td>Perceptions of Norm Violations</td>
<td>43</td>
</tr>
<tr>
<td>3</td>
<td>Plot of Respondents' Willingness to Report Score</td>
<td>157</td>
</tr>
<tr>
<td>4</td>
<td>Plot of Respondents' Deviance Assessment Score</td>
<td>166</td>
</tr>
<tr>
<td>5</td>
<td>Plot of Willingness to Report Score by Race Depicted in Vignette</td>
<td>178</td>
</tr>
<tr>
<td>6</td>
<td>Plot of Willingness to Report Score by Social Class Depicted in Vignette</td>
<td>179</td>
</tr>
<tr>
<td>7</td>
<td>Plot of Vignette Race and Social Class Interaction on Willingness to Report Score</td>
<td>180</td>
</tr>
<tr>
<td>8</td>
<td>Plot of Deviance Assessment Score by Race Depicted in Vignette</td>
<td>185</td>
</tr>
<tr>
<td>9</td>
<td>Plot of Deviance Assessment Score by Social Class Depicted in Vignette</td>
<td>186</td>
</tr>
<tr>
<td>10</td>
<td>Plot of Vignette Race and Social Class Interactions on Deviance Assessment Score</td>
<td>187</td>
</tr>
</tbody>
</table>
CHAPTER I
A History of Child Maltreatment and
Efforts to Control It

A. Introduction

By the end of the 1960's every state in the United States had enacted child abuse statutes which required medical, social service, and education professionals to report suspected child maltreatment. The shocking case studies and the assertions that child maltreatment in the United States was the leading cause of harm to children resulted in a ground swell of public outrage which was translated swiftly into legislation.

Such public concern for the discharge of parental responsibility has not always occurred. Neither has there been the same public outcry against far more numerous childhood injuries resulting from accidents, sports, and poverty. The development of the categories of child maltreatment, as well as the institutional arrangements for identifying those conditions, have been the result of subjective social processes. An examination of the history of child maltreatment shows that the concern for child maltreatment, development of bureaucratic arrangements to control it, and process by which a parent is identified as a child maltreater are influenced by sets of factors outside the specific act of the parent or harm to the child. The identification of child maltreatment as a problem occurred, in part, because it served the interests of organized professional groups. The institutional
arrangements to control the phenomenon were developed in a way which was compatible with emerging and ongoing sets of organizational and professional interests.

In the rush to legislate against child maltreatment, a variety of social conditions of various origins were packaged into quasi medical terminology which focused blame on parents. The institutional arrangements which subsequently developed have focused on identification rather than effective treatment or prevention. Without clearly defined categories which lead to effective intervention, there is the possibility that child maltreatment categories serve as residual deviance categories. Under such conditions, the act of interpreting the behavior of another person as being child maltreatment may be as much a function of the person making the evaluation as it is a function of the behavior of the parent or the harm to the child. In essence acts of individuals have little social meaning until they are interpreted by others. Erickson (1966:4) cogently describes this perspective on deviance:

Deviance is not a property inherent in any particular kind of behavior; it is a property conferred upon that behavior by the people who come into direct or indirect contact with it. The only way an observer can tell whether or not a given style of behavior is deviant, then is to learn something about the standards of the audience which responds to it.

While there may be consistency in the types of acts considered as maltreatment by those obligated to make judgments, enough inconsistency exists in the designation of parents as child maltreators to question this facile assumption. Gelles (1975) points out that identification of child maltreatment is dependent on the labeling processes which are affected by the personal and social biographies of the labeler and the person designated as a child maltreater, as well as the social and organizational forces which shape the situational context in which the judgment is made. Yet, most efforts to understand child maltreatment have sought
explanation of causes by comparing the identified child maltreators with others. Little attention has been paid to understanding the factors which influence the identification of some parents but not others as child abusers.

Many of the current controversies and points of confusion among those concerned with child maltreatment result, at least in part, from a failure to distinguish those factors related to the process of identifying and reporting, from those factors which are causally related to maltreatment behaviors. The conflict over definitions suggests that differences in reporting may result from differences in definitions rather than differences in injuries or the parental behaviors which are observed. Conflicting definitions, attitudes, and mechanisms for reporting may contribute to inefficiencies which have been observed in the current official reporting system. The majority of reported cases are not confirmed. Of those cases which are confirmed only a small proportion involve severe maltreatment. The official reporting system fails to identify the number of cases of severe maltreatment estimated from various household surveys. This suggests that, either not all child maltreatment is observed, or if it is observed, it is perceived as something else. Racial minorities and the poor appear to be overrepresented in officially reported cases of child maltreatment. There is controversy over the meaning of this data. Some contend that poverty generates violence resulting in the overrepresentation of the poor and minorities in reports of child maltreatment. Others suggest that the poor and minorities, by virtue of their lower social status, are more likely to be suspected of child maltreatment. Finally, the determination of cause, and with it the hope of effective treatment and prevention strategies, will continue to be obscured by confusing the labeling process with the causal process.
In an effort to explore the process by which child maltreatment is reported, this study examined the influence of contextual contingencies on the decisions of physicians, social workers, teachers and nurses to report child maltreatment.
B. Identification of Child Maltreatment as a Major Social Problem

The recent identification of child maltreatment as a major social problem has created the notion that child maltreatment is an increasing phenomenon. If one looks at the increase in reported cases from 11,000 in 1968 (Gil, 1973) to 614,291 in 1978 (American Humane Association, 1980), one might conclude that the problem is indeed on the rise. The increase, however, has more to do with the implementation of systematic reporting procedures in the late 1960's. Subsequent increases in child maltreatment can be attributed to greater public awareness, an increase in those obligated to report, expanded categories of child maltreatment and an increase in reporting effort. Zigler (1976:2) suggests that child maltreatment is on the decline:

The fact of the matter is that the physical abuse of children has been commonplace over a period of many centuries, and that it is less common today than it was during any earlier century. Thus, if we are employing a time frame of several centuries as a general reference point, child abuse is clearly on the wane.

Payne (1916), Bakan (1971), Radbill (1971), Thomas (1972), and Langer (1974) document the degree to which the killing, maiming, torturing, harsh discipline, and exploitation of children have gone on for long periods in history without major social concern or systematic documentation. Indeed brutal acts against children have at various times occurred as a result of social ambivalence as well as active encouragement by social custom, religious ritual, legal sanction, and economic expedience. Radbill (1968) shows how the harsh beatings of the young, legitimied under the doctrine of "spare the rod and spoil the child," have historically served
the purposes of achieving family discipline, worker compliance, educational obedience and religious comportment. Bakan (1971:112-114) and Langer (1974) argue that infanticide and child abuse were methods of reducing resource consumption and served to produce a balance between population and resources. Thomas (1972: 294) suggests that infanticide served the purpose of "birth control, a way of avoiding embarrassment of an illegitimate child, a method of disposing of weak or deformed child, and a means of serving religious beliefs." In the tradition of less eligibility, dependent children in colonial America were either thrown into almshouses where they mingled with adult paupers, the insane and the retarded; or they were indentured to a master in a system not unlike slavery (Bremner, 1970:64-71).

It is not suggested that child maltreatment has existed without efforts to control it. In addition to the doctrine which prohibits infanticide among the three semitic religions (Christianity, Judaism and Islam) ancient and modern legal precedent prohibits infanticide and cruel treatment (Radbill, 1974; Thomas, 1972).

Sporadic public crusades have emerged around single issues regarding children but have not developed a sustained social concern for the care of children. Pfohl (1977) suggests that three of these movements, the nineteenth century House of Refuge movement, the twentieth century Society for Prevention of Cruelty to Children and Juvenile Courts movements, were less concerned with prevention of child maltreatment than they were with protecting society from the threat posed by children who were raised in corrupting circumstances. In a more descriptive tone, Radbill (1974:18) suggests that "the abuse of children has excited periodic waves of sympathy, each rising to a high pitch, and then curiously subsiding until the next period of excitation." Parton's (1979:434) historical interpretation suggests a compromise to the views offered by Pfohl or Radbill:
While there was an increasing concern for child welfare in the late nineteenth and early twentieth centuries, there was little recognition of child abuse as a social problem. Other problems related to child saving were preeminent during the period, particularly delinquency, neglect and the problem family. However, there is ample evidence to show that the kind of interaction and behavior we now call child abuse or non-accidental injury has existed throughout history—perhaps to a greater degree.

This historical review suggests that the prevalence of a particular social condition such as child maltreatment is not a sufficient condition to generate widespread public concern. Child maltreatment as it is currently identified, was much more prevalent in historical periods prior to its identification as a major social problem. It is ironic that concern with child maltreatment has become a major concern after its prevalence has considerably waned.

Durkheim (Traub and Little, 1975:1-7) used a subjective orientation to explain the paradoxical emergence of social concern with particular types of behavior at points in history when the frequency of the behavior had declined considerably. He argued that an unusual event rather than a common occurrence is more likely to receive public notice. If the uncommon event is negatively perceived then public reaction will set legislative efforts in motion to document and control it. It is the public effort to control the rare event which generates the illusion that such behavior is on the increase when it is in fact declining.

Expanding on this analysis, Durkheim and later Erickson (1966), suggest that the identification of deviance serves an important symbolic function in society, by reminding others of the central values of the community in which they live. Gusfield (1963) reformulates this position by suggesting that certain groups within society declare behaviors are deviant and constitute a social threat to serve their interests at the expense of others. According to Gusfield (1963:4-5):

Even if the law is not enforced or unenforceable, the symbolic import of its passage is important to the reformer. It settles the controversies between those who represent clashing cultures. The public support of one
conception of morality at the expense of another enhances the prestige and self esteem of the victors and degrades the culture of the losers.

Such an analysis can be applied to the "crusade" which resulted in the quick implementation of the child maltreatment reporting statutes during the mid-1960's. Much effort was put into enacting statutes against child maltreatment and little thought into the practical issues of enforcement.
C. Medical Discovery of Child Maltreatment

It is generally agreed that the current public concern with child maltreatment began with discoveries made by pediatric radiologists in the 1940's and 1950's. Radbill (1974) and Parton (1978) suggest that this resulted from using a new technology on an old problem. In 1860, Athol Johnson, a physician at the Hospital for the Sick Children of London, called attention to the frequency of repeated fractures in children. Johnson attributed the cause of the repeated fractures to the rachitic condition of the children (Radbill, 1974:18).

Parton (1978) offers similar evidence from this period from a case reported by an Englishman, Dr. Samuel West. On investigating the complaint of a "dropped" shoulder in a five-week-old child in a family of five children, it was discovered that the right and left humerus and the left femur were swollen. The eldest, the third and fourth children were similarly affected. The case was diagnosed as rickets (Parton, 1979:435). Certainly the living conditions of the late nineteenth century were conducive to rickets, but the "rachitic theory" did not explain many of the cases seen by physicians like Johnson and West.

As the radiological investigations explored conditions described in earlier periods physiological explanations could not be supported. John Caffey (1946) began exploring causes for the long bone fractures he found in small children suffering from subdural hematomas (blood clots around the brain). Although he expected to find an explanation in the physiology of the child, his research led him
to believe that the condition was traumatic in origin. He did not speculate on the source of the trauma.

Barmeyer, et al. (1951) suggested that these fractures were the result of accidents. Silverman (1953) suggested parental carelessness. Wooley and Evans (1955) went further accusing parents of "indifference, immaturity, and irresponsibility." John Caffey (1957) then set the stage for our current national concern with child maltreatment by concluding that the primary cause of the long bone fractures he explored resulted from "misconduct and deliberate injury" from the child's caretaker. In the process of this ten year period of research the alleged cause of long bone fractures among the children studied evolved from an internal physical one, to an accidental environmental one, to a neglectful parental one, and finally to the affirmation that the fractures were the result of willful parental conduct.

Kempe and his associates (1962:17), building on this evidence, published their findings which brought forth a clinical definition of child maltreatment called "Battered Child Syndrome." Their definition reads as follows:

The battered child syndrome, a clinical condition in young children who have received serious physical abuse, is a frequent cause of permanent injury or death. The syndrome should be considered in any child exhibiting evidence of fracture of any bone, subdural hematoma, failure to thrive, soft tissue swellings or skin bruising, in any child who dies suddenly or where the degree and type of injury is at variance with the history given regarding the occurrence of the trauma. Psychiatric factors are probably of prime importance in the pathogenesis of the disorder, but knowledge of these factors is limited.

Kempe et al. based their findings on 447 incidents from seventy-seven district attorneys and 302 incidents from seventy-one hospitals all over the United States. Many of these cases resulted in death to the children involved.

Kempe et al. (1962) defined child maltreatment in narrow and specific medical terms with the "Battered Child Syndrome." Their definition played a pivotal role in
developing public concern for "child abuse." It focused attention on shocking and brutal injuries inflicted on children by their parents and galvanized public and professional concern by giving the impression that it is far more widespread than evidence now suggests.

A variety of professional interests operated to include within the definition other conditions which lacked identifiable harm to the child (Pfohl, 1977). Typical of this process is the definition offered by Fontana (1971), who attempted to connect the "Battered Child Syndrome" to a multitude of parental behaviors were vaguely linked to the potential of harm to the child. Fontana (1971:4) developed the "Child Maltreatment Syndrome" and suggested it is evidenced where the child "often presents itself without obvious signs of being battered but with minor evidences of emotional and, at times, nutritional deprivation, neglect and abuse. The battered child is only the last phase of the spectrum of the maltreatment syndrome." In this giant leap in logic, he linked ill defined parental behaviors without tangible evidence of harm to the child to the "Battered Child Syndrome." Without a great deal of evidence, he suggested that these conditions, like some sort of disease, are early symptoms of the battered child syndrome.
D. History of Legislation to Control Child Maltreatment

Dr. Kempe's study was presented to a group of lawyers, doctors, and social workers at a conference on child abuse in 1962 called by the U.S. Children's Bureau. (Gil, 1973:21). The purpose of this conference was to stimulate the development of uniform and effective reporting laws for various professional groups who have contact with children.

Between 1963 and 1966, five different models for child abuse reporting laws were proposed. The reporting law movement is documented by Thomas (1972:331-332), Gil (1973:36-38), and Frischmeyer and Ballard (1980:1286-1289).

Leading the legislative proposals was the one published by the Children's Bureau in 1963. This proposal included the following recommendations:

1. Abuse was considered to be non-accidental, physical injury to a child by a parent or caretaker.
2. Physicians were obligated to report such conditions. Failure to do so would be considered a misdemeanor.
3. Police would receive reports.
4. Privileged communication between physicians and patients as well as between husband and wife was waived when child abuse was suspected.

The Children's Division of the American Humane Association published similar guidelines in 1963. The major difference between its legislative proposals and those of the Children's Bureau was over who should receive the reports and
investigate them. The Humane Association proposed that the reports should go to the child welfare agencies (provided they were adequate) rather than the police.

The 1965 Council of State Governments legislative guidelines represented a compromise between the proposals offered by the Children's Bureau and the American Humane Association.

The American Medical Association (AMA) objected to the Children's Bureau proposal because it focused exclusively on physicians and the mandatory reporting provisions conflicted with their ideological position of voluntarism. A counter proposal for state legislation was made by the AMA (Gil, 1973:37). It provided for reporting at the discretion of physicians, nurses, teachers, and social workers to either child welfare agencies or the police.

In contrast to the AMA, the Committee on the Infant and Preschool Child of the American Academy of Pediatrics sought mandatory reporting by physicians in its 1966 legislative recommendations. Further it proposed a control registry at the state level to document the problem and make it impossible for repeat offenders to avoid detection by geographic or social service mobility.

Within four years after these legislative proposals every state in the United States had passed legislation which adopted some form of the five proposals listed above. Forty-four states had the mandatory reporting provisions supported by the Children's Bureau and six states had voluntary reporting laws. Initially the state statutes focused on physicians as mandatory reporters and physical maltreatment as the condition which they were required to report. These types of legislative efforts constituted the first of three generations of state statutes designed to control child maltreatment (Frischmeyer and Ballard, 1980).

The second generation, stimulated by the passage of the 1974 Child Abuse Prevention and Treatment Act (PL 93-247), expanded the categories of mandatory
reporters and expanded the definitions of child maltreatment to include neglect, psychological and sexual abuse. It also provided for specific investigative procedures. The 1974 Child Abuse Prevention and Treatment Act created a mechanism, The National Center on Child Abuse and Neglect, for giving federal leadership to legislate against child abuse. The Center was given five primary functions with respect to the prevention, identification and treatment of child abuse and neglect:

1. Compile, analyze and publish an annual summary of current research on the problem.
2. Maintain a clearing house on all public and private programs showing promise of success.
3. Compile training materials for personnel working in the prevention, identification or treatment of child abuse and neglect.
4. Provide technical assistance through contracts or direct grants through the states to public or private agencies in planning or carrying out prevention, identification and treatment programs.
5. Conduct research on causes as well as methods to intervene.

In order for a state to qualify for technical assistance and project grants, it was required to have legislation for prevention, identification, and treatment which included as a minimum the following ten provisions:

1. Mechanisms for reporting known and suspected cases.
2. Immunity for those reporting.
3. Immediate investigation of reports.
5. Confidentiality of records.
6. Cooperation of law enforcement officials.
7. Representative for child in all litigation.
8. State spending level at least at the 1973 level.
10. Support for parental self help organization.

The third generation is now developing. In response to the complexity of the problem state statutes are being enacted which are directed toward providing the resources and services needed to deal with the problems which are associated with child maltreatment. Coordination of services and focus on treatment of the family unit are the concerns of the latest efforts to revise state statutes (Frischmeyer and Ballard, 1980:1288).

Most observers agree that the speed with which these proposals were enacted is uncharacteristic of state legislatures (Paulson, 1967; Gil, 1973; Thomas, 1972; Pfohl, 1977; Frischmeyer and Ballard, 1980). Pfohl (1977:320-321) suggests that the speed with which these legislative proposals were enacted is due in large part to the class differences between those proposing the laws and those who would be caught by them. This new category of deviance

...was generated by powerful medical interests and perpetuated by organized media, professional and upper middle class concerns. Its success was enlarged by the relative powerlessness and isolation of abusers, which prevented the possibility of organized resistance to the label.

This argument parallels the conclusions reached by Gusfield (1969) and to some extent by Lemert (1967) who see public concern about particular types of deviance resulting from the efforts of organized groups to promote their "status" interests. Building on this perspective Pfohl (1977) argues that medical and social service groups generated the public concern for child maltreatment and shaped the institutional arrangements for its management to serve their interests. Also implied in Pfohl's argument is that the institutional arrangements reinforce social
class distinctions because the lower class would provide a ready pool of behaviors which could be labeled as deviant.

Whether or not one accepts the argument that medical and social service groups were self serving, one can hardly deny that child maltreatment was defined in narrow medical terms which focused on parental responsibility. It focused attention away from social conditions which contribute to child maltreatment. Using an epidemiological approach a narrow medical model for viewing child maltreatment was established. The focus of concern was on detection rather than treatment or prevention despite rhetoric to the contrary.

In legislative zeal to save children from horrible and malicious injury, reporting laws eroded procedural protections of parents which permitted the reporting of a loose collection of conditions various people considered to be "child abuse." Persons who reported "child abuse" were given anonymity and legal immunity. Privileged communication between spouses and between families and physicians was waived by most reporting statutes. The enactment of reporting statutes had the effect of shifting the burden of proof to families to show that allegations were unfounded. Defining child maltreatment in medical terms was thought enlightened because it would promote treatment for child abusers as patients rather than punishment for them as criminals (See Scheff, 1966a and Freidson, 1970 for the differences in rules for medical and legal decisions). The focus on detection rather than treatment or prevention and the loss of procedural protections, suggests that patients as well as criminals can be treated punitively.

The complexities of conditions which are harmful to children become truncated into a narrow medical category—child abuse. Responsibility and blame is equally truncated and focused on the parent or caretaker. This facile categorization or social typing of complex phenomena may dull sensitivities to severe harm to children where parental responsibility is absent or not perceived. Conversely, the
creation of the category which can embrace a variety of behaviors may serve as a residual category. Child abuse or other categorical names given child maltreatment may serve the same functions as some diagnostic term for mental illness. Szasz (1961) and Scheff (1966a) suggest that many mental illness diagnoses do not serve to guide treatment; rather they are residual categories in which to place people because they are in some way different.

The focus on identification, and the continued professional interest group competition to include an ever wider range of conditions under quasi medical terms like child abuse, exascerbates the tendency to use child maltreatment categories as residual labels. It is the residual nature of the categories which are employed to identify and manage child maltreatment which may be at the heart of problems as well as criticisms of the system. Rosenfeld and Newberger (1979:82), in their criticism of the current system for managing child maltreatment seem to imply that it is a system for punitively labeling various behaviors as child maltreatment rather than efficiently identifying and treating severe maltreatment.

Since nearly all of the statutes are worded imprecisely, they give the reporter wide latitude in addition to legal immunity.... Few anticipated the number and variety of cases that would be reported under the child abuse laws. Where in 1967 fewer than 7,000 cases of child abuse came to the attention of authorities, in 1974 there were more than 200,000. No child welfare office had resources remotely adequate to deal with this deluge.... Moreover, the social workers who man these departments, which tender mainly to impoverished children and families, are overworked, underpaid, and poorly supervised, and have insufficient access to psychiatric, psychological, and medical consultation and treatment. Staff turnover in welfare departments is enormous and the prospects for continuing service to troubled families is small. With few clear cut guidelines for decisions, actions can be taken on the basis of exhaustion, emotionalism, or personal values about child rearing, rather than from attention to statutory or administrative guidelines or to commonly understood standards of sound professional practice. At present, services do not approach the humane rhetoric and the intent of child abuse legislation. The system may mete out punishment in the guise of help.
E. Issues Related to the Residual Nature of Child Maltreatment Definitions

1. Problems in Defining Child Maltreatment

Problems with defining child maltreatment have resulted, in part, from attempts to include a variety of conditions with a variety of causes under the concept of terms like child abuse or child neglect. The residual nature of child maltreatment categories causes conceptual confusion. The conceptual confusion enables the continued use of labels to cover many unrelated conditions.

As one moves further from specific physical harm to the child which is manifestly the result of willful parental misconduct, the identification of child maltreatment rests on contextual aspects of parental behaviors and outcomes for the child. While the child was not severely harmed, was the caretaker intending harm? Are harmful parental behaviors isolated or recurring? Do parental behaviors, none of which cause identifiable harm, indicate a lifestyle which taken as a whole is likely to harm the child? To what extent are parents concerned about their destructive behavior? Kamerman and Kahn (1976: 143) meticulously describe the attempts in legal definitions to identify the conditional elements of child maltreatment. The introduction of conditional elements serve to add to the considerable variation in definitions of child maltreatment.

(Child abuse) is sometimes defined as one broad problem category, encompassing several subcategories of problems (physical abuse, sexual abuse, emotional deprivation); sometimes as two separate and distinct problems (abuse and neglect). Some definitions are oriented toward the
behavior of the perpetrators (parents) and some toward the consequences of such behavior (the child's symptoms). Some include actual behavior (or consequences of this behavior) only; others include potential for abusive behavior as part of the problem. Some definitions are operational-descriptive; others are concerned with the dynamics and etiology of the phenomenon.

Giovannoni, Conklin and Iiyama (1978) suggest that the conceptual confusion and ambiguity of the definitions of child maltreatment result from the multiplicity of usage for different purposes. They suggest that at least three definitional vocabularies are in operation—legal, medical, and lay. Legal definitions attempt to get at some notion of acceptable parenting. Medical and social work professionals attempt to develop definitions which identify an etiology which connotes a treatment modality. Lay definitions are quasi professional in the sense that they often use professionally developed terms to fit their own understanding of a particular problem.

Most definitions which attempt to objectively define child maltreatment, albeit conceptually vague or confused and for different purposes, attempt to get at two entangled issues. They attempt to identify unacceptable levels of harm to a child and they attempt to identify the degree to which the harm is attributable to parental misconduct (Gelles, 1977:12). Giovannoni and Becerra (1979) note that the recognition of child maltreatment is more dependent on the willingness of the observer to hold the parent responsible for a child's injury than on the severity of the injury.

Despite the lack of clarity, most legal definitions in reporting legislation under which most professional groups must operate imply that child maltreatment can be objectively defined and consistently interpreted. Professionals are faced with the existential dilemma of being legally obligated to make reports of phenomena about which there is a great deal of confusion.

Giovannoni and Becerra (1979:11) comment on the problem this creates:
Whether from the standpoint of statutory definitions or from professional guidelines, . . . the burden of interpretation ultimately falls on various professionals, who must make decisions about whether individual cases belong under the broader rubrics of neglect and abuse. There is strong evidence that these professionals feel this burden keenly and are extremely dissatisfied with the ambiguous criteria under which they must operate.

Bourne (1979:1) articulates the problems of applying definitions of child maltreatment in a medical setting:

If parents bring a child to a hospital with a medical problem, the physician may have difficulty deciding whether it results from an "accident," disease, or "inflicted injury." They may be unable to judge whether the causal explanation offered by the family is a reasonable one or whether it is inconsistent with the presenting trauma.

Gelles (1977:2) more dramatically states that objective criteria do not exist:

1) There is not one, uniform accepted (or acceptable) definition of child abuse used by a majority of professionals who encounter cases of child abuse; 2) definitions of "abuse" vary among professional groups; 3) the process by which cases are identified and labeled "child abuse" varies and varies by professional group; and 4) the definitions of abuse and labeling processes employed by professional groups mean that two types of errors in case diagnosis are to be made—some cases of child abuse will be incorrectly diagnosed as "not abuse" while cases which are not abuse will be incorrectly labeled "child abuse."

Many scholars share in the concern for the conceptual confusion in defining child maltreatment and the implications this has on the identification and treatment of child maltreatment (Newberger and Daniel, 1979; Newberger and Hyde, 1979; Zigler, 1974; Rosenfeld and Newberger, 1979; Gelles, 1975; Lauderdale, Anderson and Cramer, 1978; Park and Collner, 1975; Kamerman and Kahn, 1976).

According to Giovannoni, Conklin and Iiyama (1978) the ambiguous and hard to interpret definitions of child abuse are problematic for research, public policy and legal protections for parents.

Research attempts to identify the scope of the problem are likely to vary depending on the definitions and sources of data used. Discovery of child maltreatment causes are difficult when various types of parental behaviors are
reported in one "catch all" category such as neglect. The selective labeling permitted by vague categories may also confuse research efforts to determine causes of child maltreatment (Gelles, 1975; Kituse and Cicourel, 1963).

Given the scarcity of resources in relationship to the demands, the crucial question for public policy is, where can resources most efficiently be invested? Addressing this issue requires identifying effective technologies and prioritizing needs. Both of these tasks are made difficult by the definitional imprecision.

The removal of procedural protections and the use of imprecise definitions makes the protection of parents from infringements on their civil liberties more difficult. Child abuse legislation, in effect, legislates standards for parental conduct. As long as definitions remain vague, it is difficult to ascertain the role and the power state agencies have to monitor family life. Arbitrary identification, which is likely to befall those with the least power to resist the label, is encouraged by the vague definitions.

2. Conflicting Estimates of Child Maltreatment

After early guesses as to the magnitude of the problem of child maltreatment, various strategies have been employed to determine the extent of child maltreatment in the United States. National projections have been based on information from household surveys, community agency surveys and official statistics (Gelles, 1978:54).

Each estimate must deal with various categories of child maltreatment and must consider the severity of the injury. Types of maltreatment can include such gross characterizations as physical abuse, neglect and sexual abuse. Severity can be grossly characterized as temporary injury, permanent injury, death. Severity
can also be characterized by the potential of harm generated by caretaker behaviors. Differences in assumptions about these parameters result in different estimates.

**Household Surveys**

From his national survey, Gil (1973:1) estimated incidents of physical abuse annually to be...

between 2.53 and 4.07 million for a population of about 190 million, or about 13.3 to 21.4 incidents per 1000 persons. The actual incidence rate, however was not determined by the survey and is likely to be considerably lower.

Light (1973) estimated from Gil's corrected data that between 200,000 and 500,000 children are abused annually. Light noted that Gil's estimates did not include severe neglect or sexual abuse and he calculated that between 465,000 and 1,175,000 are severely neglected or sexually abused each year.

Gelles (1978) in 1975 conducted a nationally representative household survey designed to estimate the incidence, modes, and patterns of parent-to-child violence. From his survey data, Gelles (1980) developed a Child Abuse Index from which he determined that between 1.4 and 1.9 million children were probably injured annually. This estimate included neglect and sexual abuse. Gelles suggests that these estimates probably underestimate the problem since they are based on self reported behaviors.

**Agency Surveys**

Nagi (1977:33-39) estimated the annual incidence of abuse and neglect nationally to be 428,386 based on reported rates in his sample, 560,235 from the Florida rates, and 1,057,955 from his respondents whose rates exceeded the Florida rate.
Burgdorf (1980) estimated that about 1,101,500 children were reported between May 1, 1979 and April 30, 1980, to child protective services agencies nationally. Using various assumptions the study estimates that the true incidence of serious maltreatment ranges between one and 3.5 million.

**Official Statistics**

It is widely agreed that the incidence of child maltreatment as recorded in official statistics is as much a result of growth in public concern with the problem, the development of organized procedures for recording such statistics and the development of categories of types of abuse as it is the actual occurrence of objectively defined child maltreatment. Cohen and Sussman (1975) observe that there are variations in state official statistics due to differences in definitions, mandated reporting groups, and administrative implementation. The American Humane Association (1980:9) study of the cases of child abuse and neglect reported in 1978 offers the following analysis of the growth of reported cases.

The overall national trend in reporting legislation is one of broadening the reportable conditions as well as the group of mandated reporters. This in combination with increased public awareness and improvements in reporting systems account for the 18.8 percent increase in reports over the past two years, and 47.7 percent increase over the past three.

While an examination of reported cases will not give a true incidence of child abuse, it will give the incidence of what has been operationally defined as child abuse. Incidence rates based on operational definitions are at least as important as the "true incidence rates" because the reported cases will provide information on what gets defined as child mistreatment, who defines the mistreatment and who becomes identified as the mistreater (Kitsuse and Cirourel, 1963).

One of the earliest presentations of national official statistics on child maltreatment was made by Gil (1973) who examined 5,993 confirmed cases for 1967.
and 6,617 confirmed cases for 1968 which were registered in central registries. Gil examined characteristics of families of abused and neglected children, the nature of the children and their injuries and reporting sources of abuse.

Cohen and Sussman (1975) examined the reported incidents of abuse from the ten largest states for 1972 and 1973. They estimated that there were 27,569 abused children in 1972 and 41,104 in 1973. They caution that these estimates are below the true incidence because they are based only on validated cases. They also point out that abuse accounts for a small proportion of child maltreatment.

The American Humane Association (1980) examined all forms of child maltreatment reported for 1978 and compared them to cases reported in 1976 and 1977. Their review found 614,291 reported cases for 1978. If one applies the confirmation rate of 40% found in the one-third of the reports for which individual case data was available, the number of confirmed cases of abuse and neglect would be 245,716 for 1978.

Conflicts in Estimates

There appears to be a gross discrepancy between the estimates from household and agency surveys and the number of cases officially reported. The American Humane Association's (1980) examination of officially reported cases of child maltreatment indicates that 245,716 cases were confirmed in 1978. Nagi's (1977) and Burgdorf's (1980) national random surveys of child protective agencies estimated between 428,386 and 470,600 confirmed cases of child maltreatment.

For all forms of maltreatment, Light (1973) estimates a minimum of about 600,000 cases. Gil's (1973) estimate of maltreatment, which he and others believe to be excessive, would be twelve million if neglect were included. If Gelles' estimates were extrapolated to include neglect between 4.2 and 5.7 million cases of child maltreatment could be expected annually. Of moderate to severe
maltreatment Burgdorf (1980) finds that 212,400 are officially identified out of an estimated one to 3.5 million cases. His standards eliminated half of the minor maltreatment confirmed by protective services agencies. His estimates of the undetected cases are only for moderate to severe cases resulting in identifiable impairment.

The comparison of estimates to officially reported cases of child maltreatment suggests that many maltreated children are not officially identified.

3. Types and Severity of Child Maltreatment

The most extreme measure of child maltreatment severity is a child's death. Gil (1973:120) cites the estimate of 686 homicides of children under fifteen years of age during 1967 from the Center for Health Statistics as a reliable estimate of deaths due to child maltreatment. Fontana (1973) estimates that seven hundred children are killed annually. Helfer in his U.S. Senate testimony estimates that deaths due to child maltreatment will reach five thousand annually. Pediatric News (1975) estimates 365 annual child maltreatment deaths. Projecting from the American Humane Association data for 1978 one could estimate 1068 deaths due to child maltreatment.

Burgdorf (1980) estimates one thousand annual fatalities due to child maltreatment based on his survey of child protective services and other service providers. He estimates that about 87 percent of these cases come to the attention of child protective services and concludes that as the severity of child maltreatment increases the chances of official recognition are increased. While death due to child maltreatment may have a high probability of being reported, the vast number of confirmed child maltreatment cases do not present severe or moderate injuries.

Gil (1973) developed a means to classify by extent of treatment the severity of child abuse (he excluded other forms of maltreatment) reported in 1967. Over sixty
percent of the cases were limited to injuries which required either one or no
medical treatment.

The American Humane Association (1980:34-35) analyzed officially reported
cases for 1978 by type of maltreatment and by severity of injury. Sexual abuse and
major physical injury constituted less than eight percent of the substantiated
maltreatment. Seventy-five percent of confirmed cases required no treatment.

Burgdorf’s (1980) survey reveals that only 55 percent of the confirmed cases of
child maltreatment resulted in identifiable physical, psychological, educational or
sexual injury to a child. The Burgdorf study found that 652,000 children with
identifiable injury due to maltreatment came to the attention of professional
agencies, but only 212,400 were officially reported. This information tends to
support the contention that only a modest amount of the severe abuse becomes
identified to child protective service agencies. Gil’s (1973) conclusion from his
data tends to be supported by later findings:

In spite of its strong emotional impact, and the tragic aspects of every
single incident, the phenomenon of child abuse needs to be put into a more
balanced perspective. Its true incidence rate has not been uncovered by
the nationwide surveys. It seems, nevertheless, that the scope of physical
abuse of children resulting in serious injury does not constitute a major
social problem, at least in comparison with several more widespread and
more serious social problems that undermine the developmental opportuni­
ties of many millions of children in American society, such as poverty,
racial discrimination, malnutrition, an inadequate provisions for medical
care and education.

These conclusions are supported by others (Bourne and Newberger, 1979;
Solnit, 1980; Atler, 1978; Divoky, 1976; Zigler, 1974) who argue that the narrow
focus on child abuse diverts money, attention and energy away from the needs of
children. Other forms of violence against children are systematically ignored.

These conclusions may not be supported by Gelles (1980) or Burgdorf (1980),
who systematically document the high incidence of intrafamilial violence and
severe injury to children which goes largely undetected. Gelles attributes the high rates of intrafamilial violence to cultural tolerance of violence rather than an individual problem.

Whether or not one agrees that child abuse is a major social problem or only a smoke screen for more fundamental social ills, one cannot escape the conclusion that our current method of identifying child abuse is at least problematic. Our current system fails to identify the severe maltreatment predicted from household surveys. Either severe maltreatment does not exist or the official efforts are ineffective in identifying it.

4. Reporting Efficiency

The second issue worth examining is the number of parents initially identified and investigated who are not found to be maltreating their children. In Light's framework these cases would constitute the category of false positives.

Nagi's (1977) sample of child protective agencies had a confirmation rate of 70%. If such a confirmation rate is projected nationally on the estimate of the 611,684 reported cases, about 183,298 families would be falsely accused. Other estimates reveal much less efficiency. In its study of about one third of national reported cases, the American Humane Association (1980) found that only 40% of reported cases were confirmed. If this figure is projected nationally about 368,575 out of 614,291 families are falsely accused. In his survey of child protective agencies, Burgdorf (1980) found a substantiation rate of 42.7 percent by child protection agencies for all types of child maltreatment. When his sample is projected nationally, Burgdorf estimates that 630,900 caretakers are falsely accused and investigated out of about 1,101,500 annual reports. Of the 5,994 child maltreatment cases reported to the Franklin County Ohio Child Protective Services
Agency from January 1, 1976 to October 31, 1979, 2296 were confirmed. The confirmation rate of 40% results in 3,698 cases of non-confirmed reports. (Data provided by the agency.)

The existing literature on the efficiency of reporting is not encouraging. The literature seems to imply that the overwhelming majority of child maltreatment remains undetected and untreated, while the majority of those who are reported to authorities as child maltreaters are not confirmed.

More pessimistic is the observation (Nagi, 1927 and Light, 1973) that increased reporting is likely to generate increased inefficiency. As the level of reporting increases, a smaller proportion of remaining child maltreaters are identified and a greater proportion of the reports are likely to be false positives. The trend, in support of this prediction, seems to indicate decreasing proportions of confirmed child maltreatment as the total of reported cases rises each year.

Clearly the inefficiency creates two undesirable circumstances. Many children are seriously harmed without detection or treatment. Many families are falsely accused of maltreating their children. Albee (1980:110) indicates that such false accusations "may stigmatize the innocent and even cause self fulfilling prophecies."

The false accusations and the inability to identify a high proportion of severe child maltreatment represent social costs, but they translate into economic costs as well. The investigations of false accusations represent a considerable expenditure of resources. Vague definitions make it difficult to establish priorities for screening, so that minor cases are not investigated and a higher proportion of severe cases are identified and investigated.
5. **Who is Reported**

Without the benefit of systematic research on the issue, it is widely believed that racial and social class stereotypes held by both professionals and laymen alike can influence reporting (Bourne, 1979; Gelles, 1977; Newberger and Daniel, 1979; Bourne and Newberger, 1979; Gil, 1973; Cohen and Sussman, 1974). The vagueness of the definitions can permit social stereotypes to operate and may constitute a threat to civil liberties. The following comparison to official reports to survey data suggests that this dynamic is in operation.

Gil's (1973) analysis of a sample of the child abuse cases reported in 1967 reveals that ethnic minorities and poor families are overrepresented in reported cases of child abuse. Gil's (1973:112) data suggests that twenty-five percent of the families earned less than $5,000 in 1967. Families in this income group committed nearly fifty percent of the officially identified child maltreatment.

The American Humane Association (1980) found a similar relationship between income and officially reported child maltreatment. Their data showed that over sixty-seven percent of officially reported child maltreatment was committed by families earning less than $9,000 in 1978. Blacks accounted for eleven percent of the general population and nineteen percent of officially reported child maltreatment.

Burgdorf (1980) found that the racial compositions of those reported for child maltreatment reflected the racial composition of the nation. Poor people tended to be overrepresented in the cases of child maltreatment reported to children protective services agencies. He suggested that families earning less than $7,000 have seventeen percent of children in the United States and committed fifty-two percent of the officially identified child maltreatment.
From a national survey on family violence Gelles (1980) reports that violence likely to result in serious injury to children is widely distributed among all economic and racial groups in the United States.

Burgdorf's (1980) examination of unreported child maltreatment suggests that the affluent are more likely to be unreported when they maltreat their children. In his sample of social service providers which examined reported and unreported cases of child maltreatment which resulted in observable harm, Burgdorf (1980:73) found differences in the social class composition of the reported and nonreported cases.

These differences are all in the expected direction, and they lend some support to the notion that stereotyping and selective reporting may have something to do with the association between poverty and reported abuse or neglect. In particular, they seem to support the contention that there may be some underreporting to CPS by schools, hospitals, and the like of suspected abuse/neglect situations among relatively affluent families. Families of $15,000 or more account for 21 percent of unreported cases from these sources, as compared to 10-13 percent of reported cases.

Burgdoff (1980:73) went on to suggest that the strong relationship between poverty and reported cases is "not entirely, or even largely, explainable as a result of selective reporting."

6. Sources for Reporting Child Maltreatment

Mandatory reporting laws created many lay and professional sources of reporting. As Gelles (1975) points out knowledge of the reporting source is crucial to interpreting the meaning of official reports.

The American Humane Association (1980:20) report reveals that while professional sources account for a minority of reports they account for a majority of substantiated reports. Medical, School, Social Service, Law Enforcement Personnel accounted for 45.2 percent of all reports while they accounted for 55.1 percent of all confirmed reports. When Law Enforcement Personnel are excluded
from the total the group accounts for 33.7 percent of the reports and forty percent of the confirmed cases.

In an analysis of data for Franklin County Ohio a similar set of findings emerge. Professionals account for 51 percent of the initial reports and 69 percent of the confirmed reports. When reports from law enforcement are excluded, professional sources account for 31 percent of initial reports and 41 percent of confirmed reports. (These findings are summarized in Table 32 located in the Appendix.)

Using 1974 data from the National Clearinghouse on Child Abuse and Neglect, Groeneveld and Giovannoni (1977) arrive at similar conclusions. Reports of abuse are much more likely to be substantiated than neglect. Groeneveld and Giovannoni (1977:26) offer several explanations for the differences observed among professional and non professional reporting sources:

If a case is reported by another agency, some screening probably has already taken place—a portion of cases that are not likely to be substantiated will have been screened out. Personnel in agencies would have some knowledge of what is likely to be considered abuse and neglect by investigating agencies and thus might not report those cases in which the criteria for such designation are clearly not met. This will not be so for cases reported directly by individuals to mandated agencies. Since agencies also have repeated contacts with the investigating agencies if they are displeased at the disposition of a case. It would be more important for the investigators to satisfy an agency with which there is a continuing relationship than to satisfy an individual.

Groeneveld and Giovannoni (1977:26) explain the higher rate of substantiated reports from law enforcement as follows:

One possibility is that there is a high degree of consensus between law enforcement agencies and the investigating agencies as to the definition of abuse and neglect. . . so that an initial evaluation by a law enforcement agency would be more likely to agree with the determination of the investigating agency than (other observer's evaluation). . . .Complaints that come to the attention of law enforcement agencies, and are subsequently reported as complaints, may be the more extreme cases, such as children who are in immediate physical danger.
Similar explanations could be made for hospital emergency room personnel which among health care workers are the largest source of referral. In fact, these groups may have a very restrictive definition of maltreatment but they see so many severe cases that they refer a large number and have a high rate of confirmation.

The three sources of information on the composition of reporting abuse and neglect by source of report tend to show that professional reports are more likely to be substantiated than nonprofessionals. While the two national studies suggest that law enforcement reports have substantially higher rates of confirmation, law enforcement reports in Franklin County are substantiated at rates less than reports from Medical and School Personnel. This may suggest that the role played by the law enforcement in Franklin County is different than that played by law enforcement than in other parts of the country.
F. Research Problem

This introduction asked questions about and identified problems with the current system of controlling child maltreatment. Why has child maltreatment suddenly become an issue of such tremendous social concern? What is child maltreatment? How is it identified? What do the rates of child abuse produced by the existing management of child maltreatment mean? What is the role of professionals in reporting child maltreatment? How do race and social class affect reporting rates?

The recent concern with child maltreatment has identified the problem in quasi medical terms which has fostered development of an epidemiological screening system and focused attention on the role of professional service providers to identify and report child abuse and neglect. The prevalence of vague and difficult to interpret definitions of child maltreatment have led to a number of problems.

This review finds that there are not as many cases of abuse and neglect either reported or confirmed as would be suggested by many estimates of abuse or neglect. Severe cases of abuse and neglect are not only less than predicted but constitute a much smaller proportion of the total than expected in previous estimates.

Bourne (1979:506) summarizes the contradictions in the data on incidence of child maltreatment in the United States:
The statistics on the amount of abuse also vary depending on whether their source is official reports or self reports. As with delinquency and crime, the frequency of abuse increases with self reports. If a random sample of the population is questioned as to its child-rearing techniques, then more abuse appears than when the incidence of abuse is culled from cases officially processed by Departments of Public Welfare or by the police.

Self-reports also reveal that abuse is committed by a wider and more heterogeneous grouping than is indicated by official data. Official processing falls more heavily on the poor and powerless than it does on the affluent and influential.

Further, the efficiency of the reporting system must be seriously questioned. About 60 percent of those reported to have maltreated their children are not confirmed. The system unfortunately, seems to leave serious maltreatment undetected while identifying a vast number of cases which are not confirmed.

The inefficiencies seem to be borne most heavily by the poor and ethnic minorities. Not only do they constitute the overwhelming majority of the confirmed cases but they constitute the overwhelming majority of unconfirmed cases. Their representation in official statistics exceeds the rates which would be predicted from most surveys in family violence. Despite the acknowledgement that race and class may cause stereotypic responses, little systematic research exists on examining race and class bias in professional decisions to report child maltreatment.

Professional groups play a central role in reporting child maltreatment. The professional groups mandated to report account for a minority of reported cases but a majority of confirmed cases. This finding suggests that professionals' reports are more likely to be confirmed than reports from non professionals. Possible explanations for this phenomena include the following:

1. The professionals are more aware of the criteria for confirmation.
2. Professionals, especially health care and police, are more likely to see the extreme cases.
3. Agencies which receive reports are more likely to respond more favorably to a professional's initial assessment than the initial assessment of a private individual.

Understanding their decision making is crucial to dealing with the problems identified in this chapter. Pursuant to these issues, this research examined factors which affect professionals' assessment of child maltreatment and their willingness to report:

1. How do different professional groups which are mandated reporters evaluate and respond to child maltreatment situations?
2. Is the race of the child and his family a factor in the evaluation or willingness to report situations of child maltreatment?
3. Is the social class of the child and his family a factor in the evaluation or willingness to report situations of child maltreatment?
CHAPTER II
"GATE-KEEPING" DECISIONS IN THE
SOCIAL CONTROL SYSTEM FOR CHILD MALTREATMENT

A. System of Social Control for Child Maltreatment

The service organizations for child maltreatment management can be viewed as system of a social control for child maltreatment. Various writers have described social service networks as systems of social control (Cummings, 1968; Stoll, 1968; and Scott, 1969). The pattern of social services is functional to the extent that it protects society and returns the individuals to productive lives.

Social control is an inevitable social process (Parsons, 1951; Janowitz, 1975, 1976; Pitts and Etzioni, 1968; Ehrenreich and Ehrenreich, 1974) which is achieved by a variety of means—symbolic, material, coercive (Pitts and Etzioni, 1968), through a variety of social mechanisms—folkways, fashion, conventions, laws, self interested rationality, ethics, and institutional norms (Gerth and Mills, 1953). While social control is a necessary and legitimate social function, the means of social control and the ends which it serves, are a matter of social evaluation. While social control is a "mechanism for creating or reinforcing acquiescence to the given order of society" (Ehrenreich and Ehrenreich, 1974:26), there is a qualitative difference between social control achieved through coercive or deceptive means for the benefit of a few, and social control achieved through mutual participation in regulating society for the benefit of all.
Nagi (1977) identifies six control functions in the child maltreatment service network. These functions include:

1. Identification and reporting.
2. Responses to reporting.
3. Availability and provision of services.
4. Legal intervention.
5. Decision making.
6. Coordination of programs.

Using the three sets of deviance control functions identified by Stoll (1968), Nagi's six functions can be condensed to the following three:

1. Detection.
2. Diagnosis and disposition.
3. Rehabilitation.

Figure 1 depicts the child maltreatment service network and identifies three decision points:

1. Recognition and reporting of suspected neglect.
2. Validation of neglect.
3. Provision of services
   a. case management.
   b. Service delivery.

Inevitably social control occurs in situational contexts. The situational context of social control of child maltreatment can be conceptualized as a series of decision points at which the family and the service provider interact and a service provider decision is made.
FUNCTIONS

DETECTION
Identification of suspected cases of child neglect

INITIAL DIAGNOSIS AND DISPOSITION
Assessment of suspected cases and either termination or intervention plan

SERVICE DELIVERY
Case Management, Service Delivery, Ongoing Assessment and Referral and Eventual Termination

SERVICE NETWORK

Population at Risk

Service Lay Agencies Reporting

Decision Criteria

Child Protective Court Services

Decision Criteria

Service Agencies Including C.P.S. and Juvenile Court

Decision Criteria

FIGURE 1
THE CHILD MALTREATMENT SERVICE NETWORK
B. Decisions to Report Child Maltreatment

The provision of services for child maltreatment requires a series of observations, assessments and decisions on the part of professionals who render such services. Beginning the process is a decision to report child maltreatment. This decision makes necessary subsequent decisions which occur in other contexts:

1) The validation of maltreatment, 2) selection of services from various providers, 3) provision of services, and 4) termination of the case.

Nagi (1974:48) suggests that the entry decisions made by "gate keepers" determine who eventually will be brought into contact with services and exert considerable influence upon the images of organizations and professions, and their relations to clients and to other segments of the public." It is precisely this level of decision-making which was examined by this study.

This study was particularly concerned with physicians, social workers, teachers, and nurses who are mandated to report under Section 2151.421 of the Ohio Revised Code:

Any attorney, physician, including a hospital intern or resident, dentist, podiatrist, practitioner of a limited branch of medicine or surgery as defined in Section 4731.15 of the Revised Code, registered or licensed practical nurse, visiting nurse, or other health-care professional, licensed psychologist, speech pathologist or audiologist, coroner, administrator or employee of a certified child care agency or other public or private children's services agency, school teacher or school authority, social worker, or person rendering spiritual treatment, in accordance with the tenets of a well recognized religion action in an official capacity, having reason to believe (conditions exist) as to reasonably indicate abuse or neglect shall report or cause reports to be made of such information.
The decisions which the "gatekeepers" must make are problematic because they are based on the vague and difficult to interpret definitions of child maltreatment which are discussed in Chapter I. Giovannoni and Becerra (1979:18-19) succinctly describe the nature of these definitions:

The definitional problems exist, as do the actual situations, along a continuum. At one extreme are those matters that are neither ambiguous nor controversial, situations that clearly belong under the rubrics of "abuse" or "neglect." At the other extreme are those that clearly do not. But between the extremes are matters that generate conflict, and the lines of demarcation become blurred.

Analytically, Nagi (1974) identifies two types of decisions made by the gatekeepers. Routine decisions have clear and specific criteria. Criteria for non-routine decisions are not clear. Decisions to report child maltreatment are non-routine for two reasons. First, requirement to make a decision to report child maltreatment does not occur regularly or predictably to most providers of services to children. Secondly, data needed to make the decision is not clearly specified, rather, "... one looks for signs, trends, syndromes, and clues, which upon further review of data would be shown as to whether or not they have substance" (Nagi, 1974:48-49). According to Nagi (1974:49) non-routine decisions typically "... fall along a continuum that ranges from the clearly eligible to the ineligible."

Clearly, the decision to report child maltreatment is non-routine and the reportability of most situations is not clear. Nagi (1974:49) suggests that non-objective factors are most likely to influence decisions which fall in the middle range. Sources of influence on these decisions according to Nagi (1974:49) include "... factors related to applicants, decision makers, and organizations."

Kirk (1972:30) calls these sources of variation, which are unrelated to objective criteria, situational contingencies:

Situational contingencies refer to the physical and interactional cues that may impinge on the deviant act and the way others respond to it, including 1) the acts geographic location, 2) actors characteristics, 3) the
respondents' interpretive process, and 4) the conditions that facilitate the actors' ritual transformation from normal person to deviant.

Consistent with this analysis, Gelles (1975:366) states that "the successful application of a label of deviance is dependent on circumstances of the situation and place, the social and personal biographies of the labelers and the 'deviant,' and the bureaucratically organized activities of social control."
C. A Theoretical Perspective

Various theorists have sought to explore the ways in which social living both generates and is affected by social designations or labels. One approach is the interactionist perspective which has evolved from the work of W.I. Thomas (1920), Mead (1934), Cooley (1924), Tannenbaum (1938), Becker (1963), Lemert (1951, 1967), K.T. Erickson (1962, 1966), Scheff (1966a, 1966b), Kitsuse (1962), Goffman (1962), Cicourel (1968), Lofland (1969), and others. When applied to the examination of deviant behavior, the interactionist approach is called labeling theory. The central focus of this approach is the examination of the development of social rules and their application in situations which result in the designation of an individual as deviant.

Becker (1973:9) summarizes the interactionist perspective to deviance as follows:

social groups create deviance by making the rules whose infraction constitutes deviance, and by applying these rules to particular people and labeling them as outsiders. From this point of view, deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an offender. The deviant is one to whom that label has successfully been applied; deviant behavior is behavior that people so label.

In the situation in which the label is applied Becker (1973:204) states that:

Interactionist theories of deviance like interactionist theories generally, pay attention to how social actors define each other and their environments. They pay particular attention to differentials in the power to define; in the way one group will be regarded, understood, and treated.
Becker (1973:180) suggests that the interactionist or labeling theory approach to deviance has expanded our ability to examine deviance by enabling us to appreciate its complex nature. He suggests that acts which violate norms do not automatically lead to sanctions. Rather, those who apply sanctions must perceive that a norm is being violated. In addition, some people are perceived to have violated norms without necessarily committing norm violating acts.

Becker (1973:20) uses the device of a four cell two by two table to explain the relationship between norm violations and the perception by relevant audience that these violations have occurred (See Figure 2).

<table>
<thead>
<tr>
<th>Behavior Perceived to be in Conflict with Norm</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior in Conflict with Norm Held by Relevant Audience</td>
<td>Yes</td>
<td>I</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>III</td>
</tr>
</tbody>
</table>

FIGURE 2
PERCEPTIONS OF NORM VIOLATIONS

The theory focuses on the interaction between the behavior and the audience. Rather than assume that only those who committed the violations are identified (Cell I) or those who are identified actually committed the violations (Cell II) the theory suggests that the reaction to perceived deviation has a powerful impact irrespective to the actual norm violation. Conversely, those who are not perceived to have violated a norm may in fact have done so (Cell III).
The four theoretical types of deviance which we created...distinguish between phenomena that differ in important respects but are ordinarily considered to be similar. If we ignore the differences we may commit the fallacy of trying to explain several different kinds of things in the same way, and ignore the possibility that they may require different explanations (Becker, 1973:21).

Two of the four outcomes represent "correct" decisions in that deviant behavior is identified and non-deviant behavior properly excluded. Two of the four outcomes represent "error" in that deviant behavior escapes detection or non-deviant behavior is improperly identified as deviant. Light (1973), Gelles (1977), Nagi (1977), and Albee (1980) have applied this conceptualization to child abuse and examined the possible consequences these types of error imply. The failure to identify maltreatment permits harm to continue and may prevent treatment. The false accusation may result in injustice or the possibility of self fulfilling prophecy.

In an attempt to describe and integrate several related elements of the interactionist perspective on deviance, Schur (1971) outlines three "audiences" or levels of analysis engaged by labeling theorists—Collective Rule Making, Organizational Processing and Interpersonal Reaction. The identification of three audiences serves to link decisions to identify certain behaviors as deviant in a specific situational context to those processes which were instrumental in developing both the labels and the contexts in which they are applied. Schur (1971:12-13) describes the levels of analysis as follows:

One "audience" is the society at large, the complex of interwoven groups and interests from which emerge general reactions to (and therefore labeling of) various forms of behavior. Another "audience" comprises those individuals (including significant others) with whom a person has daily interaction and by whom he is constantly "labeled" in numerous ways, positive and negative, subtle and not so subtle. A third "audience" includes officials and organizational agents of control. They are among the most significant of the direct reactors or labelers, for they implement the broader, more diffuse societal definitions through organized structures and institutionalized procedures.
The societal audience can be conceptualized as those events and interest groups which interacted to transform the medical identification of the "Battered Child Syndrome" to the national concern for child abuse. Pfohl (1977) and Parton (1978) document the emergence of child abuse and neglect in a framework which emphasizes the role of professional self interest.

The organizational audience are those elements within the vast number of agencies serving children. These include child protective services, children's health services, schools, public health, juvenile courts as well as various self help efforts. Most efforts to deal with child maltreatment consist of various strategies to organize resources, target efforts and increase the capacities of the various elements of this interorganizational field.

At each level of analysis imputation of deviance involves three non-objective processes—stereotyping, retrospective interpretation, and negotiation—which are likely to contribute to stabilized patterns of deviance—role engulfment, careers, or "secondary deviance."

Schur (1971:38-52) defines the process of stereotyping as follows:

Stereotyping...as a feature of deviance and control situations has a dual significance. On the one hand, it reflects the needs of participants in complex interactions to order their expectations so that they can predict the actions of others, at least to an extent sufficient for coherent organization of their own behavior...When we think of the selective perception frequently involved in this process, we recognized that the potential for reaction based on inaccurate assessments is substantial (Schur, 1971:41).

Stereotyping involves a tendency to jump from a single cue or a small number of cues...to a more general picture of 'the kind of person' with whom one is dealing (Schur, 1971:52).

Schur (1971:52-56) defines retrospective interpretation as the act of inspecting past behaviors of individuals to select and interpret past behaviors in light of current imputations of deviance. He elaborates as follows:
One of the most intriguing, and systematic forms of retrospective interpretation of deviance occurs in the organizational processing of deviators and involves the use of the 'case record,' or 'case history'. . .as Erving Goffman has pointed out, the actual function of case records seems to be almost entirely to support current diagnoses, to reinforce the formal definition of patients as mentally ill, and to deny their rationalizations and counter assertions (Schur, 1971:53-54).

The third process described by Schur (1971:56-69) is negotiation:

As imputation of deviant character inevitably incorporates some exercise of power (for some people label others), it is not surprising that various forms of negotiation and bargaining have been found to be a crucial element in labeling.

There may be direct bargaining within a particular designation of deviance. Plea bargaining (Sudnow, 1964), the patient/doctor negotiation over diagnosis (Friedson, 1970) and negotiations over relative disability for which entitlements exist (Nagi, 1969) are examples of the negotiation process which occurs in systems of social control.

There may be indirect bargaining over which categories of deviance to use. Is alcoholism a criminal or medical problem? Is school truancy identified as child neglect or delinquency? Is acting out in school an emotional disturbance or lack of respect for authority? Is mistreatment of children in institutions an individual caretaker problem or is it an administrative problem?

Edelman (1977:59-60), Cicourel (1970:146), and Freidson (1970:290) feel that indirect bargaining or ability to define the situation is in fact more important than subsequent bargaining. They suggest that defining social situations as medical creates a set of relationships of unequal power. While the movement to medicalize social situations may have humanitarian motives:

The consequence of the movement, however, is the strengthening of a professional control institution that in the name of the individual's good and of technical expertise, can remove from laymen the right to evaluate their own behavior and the behavior of their fellows...
Resentment or resistance is not usually great because the political and coercive elements of the interaction are masked by the scientific, technological definition of the situation.

Crucial to the negotiation process by which categories for situations are created and the process by which they can be made salient in a given situation is the concept of social power. Schur (1971:66) examines this element as follows:

Yet in relations between actual or suspected deviators and agents of social control—particularly in the latter's efforts to attach negative labels to the former, in both informal and formal interaction—the parties' stock of relevant resources and their relative capacities to wield or resist power are clearly important in shaping outcomes.

While it can be argued that power carries with it a set of interests, not all power is the same nor are all interests of the powerful similar. Lemert (1967:6) examines the interaction of sets of interests or hierarchy of values in the process of negotiative labels.

The order of value satisfaction in groups must be understood as the product of the interaction of many individuals, each pursuing his hierarchy, sacrificing something of lesser value for something of greater. In so doing, the individual sees the group as a means to ends; he is adjusting to the fact that services of others whose value hierarchies differ from his own, become means whereby he can achieve his own ends. For this reason the pattern of his choices in a group setting may not correspond to his subjective hierarchy....

While those interests interact in the same situation, Becker (1973:163) clearly suggests that in most situations these interests are not the same:

We must see deviance and the outsiders who personify the abstract conception as a consequence of a process of interaction between people, some of whom in the service of their own interests, have committed acts which are labeled deviant.

Freidson (1974:439-443) affirms that the powerful, codes of conduct notwithstanding, not only define the situation but define it in their own best interest.

Schur (1971:66-69) also points out how the characteristics of the person labeled affect the relative balance of power in the situation. He uses the example of
blindness as a condition which creates dependency—"unequal ability to offer
rewards in interaction." There are other types of dependency either directly or
indirectly associated with the deviant status which may affect the negotiation. In
addition to temporary or permanent physical conditions, characteristics such as
age, gender, race, economic status or mental capacity affect the distribution of
power in the negotiating process.

In addition to their effect on negotiation, characteristics of dependency affect
stereotypic thinking. As measures of social distance they make possible
stereotypic thinking, which involves the labeling processes of typification and
retrospective interpretation. Scheff (1963, 1966a) suggests that within most social
control systems there is distance between social control agents and the people who
are managed. Scheff (1963), Erickson (1975) and Fanshel (1958) suggest that
different class origins make communication between professionals and clients more
prone to stereotypic assessments.

Sudnow (1964) shows how social typing based on characteristics of the person
and the nature of the criminal allegation, rather than determinations of guilt or
innocence affect public defenders processing of their clients. Roth (1974) argues
that patient characteristics, affecting distance between emergency room patients
and emergency room personnel, result in negative "moral" evaluations of patients.
These evaluations, according to Roth (1974) affect service providers' perceptions of
the presenting medical problem and its severity.
D. Factors Affecting Reports of Child Maltreatment

There are many characteristics of parents and of children, unrelated to definitional criteria of child maltreatment, which could affect the decision to report child maltreatment. Cicourel (1972) suggests that the demeanor of an accused person may affect the outcome. Burgdorf (1980) states that under reporting increases with the age of the child. Gender of a child may affect reporting decisions. Deviant life styles of parents may affect reporting decisions.

Of all the possible parent or child characteristics, this study focused on the race and social class of the family. The decision to limit the focus of those two characteristics was based on two issues identified earlier. The poor and ethnic minorities seem to be overrepresented in official reports. Labeling theory suggests that bias with respect to these two characteristics is probable. It is probable due to the role these characteristics are likely to play in stereotypic thinking and negotiating.

Bottomore (1966) states that social class is a man made rather than natural ordering of groups according to a hierarchy of privileges and vulnerability. While there is controversy among sociologists about a theory of social class, especially about the boundaries and stability of social classes, he argues that it operates through the inheritance of wealth which enables a person to maintain the privileges of his birth.

Race is, in sociological terms, related to, but different from social class. Blacks and Hispanics are the two largest racial minorities and are concentrated in
the lower class. Not all individuals of a racial minority are lower class, but they are likely to share with others in their racial group, similar cultural experiences and reactions from the white middle class. Racial differences are more consciously perceived than are social class differences.

DeFleur, D'Antonio, and DeFleur (1972) suggest that the contemporary study of social class emerged from the community studies conducted by Warner (1949) and his associates in the 1930's and 1940's. Hollingshead and Redlich (1958), Loeb (1961), and DeFleur, D'Antonio, and DeFleur (1972) extensively document the literature on social class in the United States.

Hollingshead and Redlich (1958:6) note that the American ideology of egalitarianism makes it difficult for our society to acknowledge stratification by social class. Further, "the idea that stratification in our society has any bearing on diagnosis and treatment of disease runs counter to our cherished beliefs about equality, especially when they are applied to the care of the sick." In their classic study on mental illness and social class they (1958:302) conclude "that latent social factors besides claimed medical criteria are influential in the determination of who is treated where, how, and for how long."

Since this seminal effort by Hollingshead and Redlich, the role of race and class has been examined in a variety of contexts which include their relationship to obtaining valued, scarce resources and resisting negative labels (Briar, 1961; Dinitz, et al., 1961; Cicourel and Kitsuse, 1963; Miller and Grigg, 1966; Nagi, 1969; Fischer, 1970; Chalfort and Kurtz, 1972; Fischer and Miller, 1973; Case and Lingerfeld, 1974; Erickson, 1974; Reinsel, 1976). With the exception of Case and Lingerfeld (1974) these studies identified class bias in professional assessments.

Erickson (1975:50) makes an interesting qualification of this body of literature by suggesting that race and class are not always salient factors. Rules of relevance
to a situational context may permit intrusion of ethnic characteristics in the
decision making process but not in others. "Since different rules hold in different
situations, in some encounters counselors notice a student's grades and ignores his
or her ethnicity, while in others they may be more influenced by ethnicity or some
other feature of social identity than by grades."

In addition to their effect on eligibility decisions, race and class appear to
affect the way in which services, benefits or social control measures are
administered after basic entitlement or negative label has been established (Nagi,
1974).

The role of social class in relationship to occurrence and identification of child
maltreatment is variously perceived. The evidence from studies based on official
statistics on child maltreatment seems to contrast with that from household
surveys and agency surveys. Studies based on official statistics suggest that child
maltreatment occurs almost entirely in families of low socioeconomic status—the
poor and minorities. The household and agency surveys suggest that maltreatment
is associated to some degree with low income. They suggest, however, that the
phenomenon of child maltreatment is more widely distributed in all socioeconomic
groups than is reflected in official statistics.

Some studies using official statistics have concluded that child maltreatment
is higher among blacks than other groups (Johnson, 1974; Gil, 1973; Thompson, et
al., 1971). Other surveys suggest that family violence among blacks is not greater
than other groups (Gelles, 1980; Burgdorf, 1980; Erlanger, 1974; Billingsly, 1969;
Young, 1964; Elmer, 1967). The difference may be attributable to racial bias.

Various efforts have attempted to examine the relationship of socioeconomic
status to child maltreatment. Gil (1973:106-107) argues that, while discrimination
in reporting may be a factor, the higher incident rates of non white groups probably
result from socioeconomic deprivations associated with broken families, limited opportunities, over-crowded living conditions, and limited resources. In addition, Gil (1973) suggests that violence is more justified in the culture of the poor and ethnic minorities.

Using official statistics from 1975, Pelton (1978) concludes that two myths can be "exploded": 1) Child maltreatment is evenly distributed among all classes. 2) The poor are more often reported because they are more likely to receive scrutiny by biased observers. He concludes that child maltreatment is a product almost exclusively of poverty. He supports this conclusion by suggesting that improved reporting and increased accuracy of reports has failed to show significant child maltreatment from socioeconomic groups other than the lower class. His study suggests that even within the lower class, the very poorest groups produce most of the child maltreatment. He contends that the myths (classlessness of maltreatment and stereotypic reporting) are designed to draw attention away from poverty, which is the primary cause of child maltreatment. He accuses medical interest groups of generating these myths in order to attract scarce resources to narrowly focused treatment strategies. The myths obscure the relationship of poverty to child maltreatment. Consequently, resources are not allocated to strategies which focus on poverty as the cause of child maltreatment.

This point of view is implicitly supported by Lystad (1975). In her exhaustive review of literature on family violence, Lystad (1973:539) concludes that family violence (including child abuse) is a socially induced phenomenon manifested at the individual level. She feels that violence results from social failures which result in unfulfilled basic human needs.

Social factors found to have a high relationship with violence at home include demeaning and debilitating social statuses, such as unemployment and poverty, and the socialization of aggression, in which the child learns
aggressive behavior from an aggressive parent or caretaker. . . . Thus, violence at home occurs when social needs and expectations of the individual are unsupported by either the family or by other social institutions, and when such mode of expression seems eminently available and legitimate to the individual.

Data presented by others seem to indicate that use of violence is widely distributed among all social classes (Gelles, 1980; Erlanger, 1974; Steele and Pollock, 1974; Costa and Nelson, 1978). Steele and Pollock (1974:9293) in their examination of the psychological characteristics of child abusers seemed to imply that the phenomenon is widely distributed in society rather than concentrated in lower socioeconomic groups:

If all the people we studied were gathered together, they would not seem much different than a group picked by stopping the first several dozen people one would meet on a downtown street. They were from all socioeconomic strata—laborers, farmers, blue-collar workers, white-collar workers, and top professional people. Some were in poverty, some were relatively wealthy, but most were in-between.

In examining the Standards Relating to Abuse and Neglect issued by the American Bar Association, Newberger and Bourne (1979:113-114) reflect on how these standards as well as daily practice are likely to result in the disproportionate representation of poor and minorities in officially reported child abuse and neglect statistics.

Data have established a significant correlation between poverty and neglect and have suggested a more disputed correlation between poverty and abuse. Even if this causal link is refuted, harm to poor children is more likely to be discovered because all aspects of the lives of the poor families are subject to the constant scrutiny of public clinics and welfare workers. Intervention (in which harm to the child need not be proven) because of the parent's mental illness, alcoholism, or drug addiction gives rise to a similar class of disparities in enforcement. A poor parent laboring under one of these disabilities is more likely to come to the attention of state authorities. Moreover, these disabilities may often be a result of the parent's poverty. Apparently, the standards tolerate intervention where poverty is an indirect cause of harm but not when it is a direct cause. This distinction is without substance and merely disguises the disturbing reality that the state will continue to intervene more often in poor than nonpoor families.
While not discounting the association between poverty and violence Newberger and Hyde (1979:323-324) suggest that the poor are disproportionately represented for other reasons in the reported statistics of child maltreatment.

It is well known that professional personnel are frequently reluctant to report child abuse cases from middle and upper class homes. Surveys of the private practitioners who care for the children of more affluent families indicate that they are seeing more cases than they report.

They go further to ask the following questions:

To what extent do the circumstances of poverty contribute to this apparently greater frequency of the phenomenon among poor people? And to what extent does the preferential selection for reporting of impoverished families make it appear that poor people abuse their children more?

After summarizing the literature on social class and child rearing practice Erlanger (1974) explored the widely held view that the lower class is more likely to use physical force with children than other social-classes which are assumed to use less coercive child rearing practices. Erlanger (1974) and Enon (1963) suggest that evidence on social class, race and violence has been overgeneralized and underqualified. Erlanger (1974:81) states that "the best conclusion about the relationship between social class and the use of physical punishment is that there is indeed some correlation, but that it probably is not strong enough to be of great theoretical or practical significance." While there is insufficient evidence to reach any conclusions, he argues that "race has an effect independent of social class."

Further in his examination of the alleged connection between lower class violence and child abuse Erlanger (1974:83) concludes that "Gil does not show that the reaction was related to discipline rather than stress."

The fact that the poor and minorities are over represented in the total of confirmed cases is consistent with at least four sets of overlapping and possibly contradictory explanations: 1) poverty breeds a culture of violence and stressful situations which elicit violence; 2) the poor are under more direct observation; 3)
the poor are discriminated against by biased observers; 4) a large number of categories of neglect are directly traceable to the condition of poverty rather than behaviors of parents.

Professional Characteristics' Affect on Labeling Outcome

Gingerich (1978:394-395) describes three characteristics—experience, personality, and motivation—of those who make social evaluations and how these characteristics affect labeling outcomes:

Experience. No doubt one of the most important influences on interpersonal labeling is the experience of the labeler, particularly in the form of training or education. One effect of such experience is to increase and further specify the category system within the cognitive structure of the labeler (i.e., the dimensions and degree of discrimination) and perhaps to specify the rules of inference. This is particularly true in professional clinical training where considerable emphasis is placed upon classification systems and the indicants or criteria for diagnosis. . . .

Personality Traits. Another potential source of variability in the labeling process is the relatively stable personality traits of the labeler. Three such traits which might be expected to influence labeling are authoritarianism, dogmatism, and cognitive complexity. Authoritarian or dogmatic labelers may make less accurate judgments because their need for clarity and certainty may lead to premature closure in the labeling process (Adorne, et al., 1950; Jones, 1954; Steffensmeier, 1974).

Motivational Factors. Different categories within the cognitive structure may have different salience for the labeler. These differences may in turn affect the outcome of the labeling process. (Categories called perceptual hypotheses) develop from past experience and their strength is a function of several determinants: 1) the frequency of past confirmation, 2) monopoly—the fewer competing hypotheses, the stronger the present one will be, 3) cognitive consequences—the more consistent with theory, the stronger it will be, 4) personal consequences—the extent to which the hypothesis reflects the goals of the labeler, and 5) social consequences—the extent to which a given hypothesis is in agreement with the hypotheses of other labelers. . . .

The significance of the hypothesis-testing theory of perception is clear. When one is trained to see deviance, is paid to identify and treat it, has seen it often, and is reinforced personally or by colleagues for identifying it, the likelihood increases that one might 'see' or label deviance that has little or no objective basis.
As we have previously noted that what constitutes child maltreatment depends on the values of those making the judgments. What is valued in the context of competing values depends on the ideology and culture of those making the decisions. Professional membership is one of the major determinents of those values and culture which structure the predominance of certain values which affect work decisions as well as other orientations.

Professional identity is an important indicator of experience of an individual. It is an indicator of primary socialization experiences as well as secondary socialization experiences of professional education and training. Milio (1975:141-165), Kleinbach (1974) and Navarro (1976) all point to the stratification of professional recruitment by gender, social class and race. Milio (1975) shows how white males from upper class origins dominate medicine, how middle class white females dominate nursing and how minorities dominate the less skilled health care occupations and services. As a result of stratified recruitment into a profession, members of a professional group bring with them common socialization experiences.

Professional education and training represent secondary socialization processes which are affected by the collection of primary socialization experiences. The secondary process of professional education and training transform and focus these early experiences and focus them into a professional identity. The degree to which a professional identity is focused and shared could be termed professionalism.

Volmer and Mills (1966:viii) describe professionalism as "...an ideology and associated activities that can be found in many and diverse occupational groups where members aspire to professional status." Further they suggest that the full participation in the specific ideology and culture of profession requires "socialization into an occupational group...whereby the person comes to take on the skills
and values of a particular occupation." They suggest that acculturation around skills and values enables the absorption of a relatively diverse group of people.

Another element of experience represented by profession is the setting in which professional skills are practiced. Members in professions share similar organizational and occupational experiences and professions operate to advance common interests based on those experiences.

Hughes (1966) notes that professions in modern society are mechanisms for group mobility within the larger society. Hughes (1966:65-66) states that professions represent "...the collective effort of an organized occupation to improve its place and increase its power in relation to others." To view a person as a member of a professional group is to recognize that they share with other members of the group common orientations and interests. These interests may be congruent or in conflict with the value of recognizing and reporting certain parental behaviors as child maltreatment. These values may be parallel to or different from the orientations of other professional groups. These factors could explain within profession consistency and differences among professions.

The impact of technology and interests on professionals' attitudes and decisions have been variously perceived.

Klein et al. (1962) reported that social workers had a significantly more humanistic outlook than do psychologists or psychiatrists. Garbin (1974) suggested that professions develop subcultures which pervasively influence their reactions to their work. In the area of doubt the pervasive orientation of the legal system is the presumption of innocence. The medical profession presumes illness when in doubt (Scheff, 1966a:105-127). Stoll (1968) suggests that professional groups operating providing services within deviance control networks are likely to disagree over the degree to which they perceive the deviant as responsible for his conditions.
Acording to Stoll, their perceptions are largely shaped by occupational experience and theoretical perspectives.

Kurtz and Giacopassi (1975) found that social work students were less likely than medical students to assign sick role incumbancy to each of ten conditions. This held for new professional students as well as graduating students. This perhaps implicates recruitment more than training for the difference.

*Professional Differences in and Assessments of Child Maltreatment*

Kamerman and Kahn (1976:146) give an outline of differences among various professional groups when applying definitions in their practice experience which are related to their training and technical expertise:

1. Medical practitioners tend to single out specific medical symptoms exhibited in children and organize them into quasi medical definitions called syndromes.

2. Mental health workers tend to focus on emotional and psychological damage.

3. Lawyers insist on operational definitions based on specific commissions or omissions of parents.

4. Social workers generally attempt to construct comprehensive definitions that focus on individual as well as social causes of maltreatment.

Giovannoni and Becerra (1979) observe that despite widespread acknowledgement that there are great discrepancies between professional groups mandated to report child maltreatment there is a paucity of systematic research to examine these differences.

Boehm (1964) was one of the first to examine professional attitudes towards child maltreatment. She asked community professionals to decide whether public intervention would be required in each of six cases of child neglect. She explained differences she found in terms of differences in professionals interests associated with the organizational locus of practice. Boehm (1964:457) states that social
workers, nurses, teachers and clergymen were significantly more likely to advocate public intervention than were physicians, business managers and lawyers. She noted that the occupations of the former were bureaucratically organized while the latter were organized along entrepreneurial lines.

Lena and Warkov (1978) examined the perceptions of child maltreatment and its causes among five professional groups—teachers, social workers, nurses, police, and probate court judges. Each respondent was asked to evaluate each of six conditions and state whether or not it constituted child abuse. Secondly, the respondents were asked to choose from a list of nine statements those which in the opinion of the respondent were causes of child abuse. Using factor analysis, Lena and Warkov (1978), identified a four factor structure which included two dimensions of child maltreatment (neglect and abuse) and two dimensions related to the causes of child maltreatment (uncontrolled behavior and psychological rejection). They concluded that there was considerable consistency within professional group with respect to perceptions of child maltreatment. The discrepancies between groups were explained as the result of differences in orientations and sensitivity conditioned by work experience. There was greater consistency between groups with respect to the dynamics of child maltreatment.

Gelles (1977) examined the way in which physicians, school guidance counselors, school principals, private social workers, public social workers, emergency room physicians and police officers define child abuse. Respondents were asked to assess each of thirteen conditions of child maltreatment and indicate if it did or did not constitute child abuse or whether they were not sure.

Among all professional groups there was considerable consensus that identifiable harm that resulted from intentional parental behaviors constituted child abuse. When direct intent was not present, there was considerable variation in the
responses of various professionals. Gelles (1977:12) suggests that some of this variation is explained by different orientations of professional groups.

Medical personnel were much more likely to define acts where physical injury took place as abusive. Professionals who interact with children in settings which involve the total child (physical and emotional) were more likely than physicians to define conditions where the injury was not purely physical as child abuse.

In a landmark study on the definitions of child mistreatment, Giovannoni and Becerra (1979) asked social workers, lawyers, police, and pediatricians to evaluate the seriousness of seventy-eight parental behaviors to the welfare of their children. These seventy-eight behaviors were presented in short vignettes and grouped into nine categories—questionable sexual mores, emotional mistreatment, educational neglect, failure to provide, alcohol and drug usage, lack of supervision, fostering delinquency, sexual abuse, physical abuse. These nine categories were then grouped into three more inclusive behavioral areas—physical care, nonphysical care, and abuse. **Physical care** included failure to provide and lack of supervision. **Nonphysical care** included fostering delinquency, emotional mistreatment, drug and alcohol usage, questionable parental sexual mores and educational neglect. The **abuse** category included physical and sexual abuse. Their major conclusion was that professional training and experience as well as the role each plays in the system to manage child maltreatment explain the patterns of agreement and disagreement, about the seriousness of child mistreatment represented in the vignettes, among the professionals studied. The personal demographic characteristics of the respondents did not significantly affect the pattern of agreement and disagreement among the professionals.

The following generalizations by Giovannoni and Becerra's (1980:151-156) characterize the findings with respect to the patterns of professional valuations of severity of child mistreatment:
Lawyers' ratings...were lower than any other professional group, significantly so in all but three categories. On the other hand, police and social workers' ratings of seriousness were greater than the other two professions. They also were most often in significant agreement with one another as to the overall seriousness of each type of mistreatment.

The generally higher ratings of the police and social workers are related to their distinct professional roles in the handling of mistreatment...As the primary gatekeeper, they bear a special burden through their investigatory functions...'Seriousness' therefore can take on the connotation of 'serious' or 'potentially serious' enough to warrant investigation, even though the outcomes of investigation would vary as to the extremity of measure to be taken.

Pediatricians are also in quasi-investigatory roles because of their reporting responsibility. However, they are mandated to report only matters of physical injury...Thus the consistency of ratings among them is not like that of the police and social workers, whose investigative work brings them into contact with the full range of types of mistreatment.

Those areas where the social workers and police failed to agree (emotional mistreatment, sexual mores, drug/alcohol use) also reflect different professional orientations and roles. Social workers by both training and conviction are particularly attuned to emotional and psychological matters...With respect to the use of marijuana and cocaine, or prostitution and homosexuality, the police orientation is likely to be different from that of social workers or other professionals. They alone have the function of apprehending those who have broken the law.

The generally low ratings of lawyers might be explained in part by their difference in professional functions: they represent both prosecutors and defenders of mistreatment perpetrators. (In the prosecutors) frame of reference, the incidents described in these vignettes...are considerably less serious...than others with which they deal, such as homicide, rape, and robbery...On the other hand those attorneys whose experience and responsibility have been the defense of parents most likely would view incidents of mistreatment on the less serious side of the spectrum, as they are charged with defense of their clients' actions.

Factors Affecting Reporting Behavior of Professionals

The literature in the previous section implies that differences among professional groups in the way they report child maltreatment is explained by the different definitions of child maltreatment held by each group. These differences are perceived to be the result of each group's experience related to training, professional practice, and different responsibilities within the child maltreatment management network.
It has been frequently noted that attitudes about certain issues frequently do not predict behavior in specific situations (Wicker, 1969). The discrepancy between abstract attitudes and behavior in a social context is variously explained. It is difficult to specify and measure behaviors which are representative of attitudes in question (Fishbein and Ajzen, 1977). This probably occurs because the motivational factors influencing behavior to report child maltreatment, like motivational factors in general, are grounded in specific situations where some elements of a value system or reward contingencies are perceived as relevant and others are not. Using an interactionist perspective (Lemert, 1967) abstract attitudes or preferences must compete with other preferences in the context of a situation. These preferences are arranged into a hierarchy based on the requirements of the situation and the interaction between those in the situation.

The following literature outlines many of the situational contingencies which may impact on definition but certainly have an impact on the degree to which certain behaviors are officially reported.

The literature on factors relating to the factors affecting those mandated to report has been examined in both speculative and systematic research efforts. The movement to establish legal requirements for professionals especially medical personnel was partially based on the belief that they would otherwise be reluctant to do so. The resistance of physicians to recognize and subsequently report child maltreatment was explicitly noted by Kemp et al. (1962:19). Denial and the role conflict implicit in acting both as physician and criminal investigator are cited as reasons for physicians' reluctance to report child abuse. Elmer (1960), Boardman (1962), and Holmes et al. (1975) have noted similar resistance of physicians as well as other health care professionals to recognize and report child maltreatment. They tend to attribute this resistance to the psychological defense mechanism of
denial. It is speculated that the maltreatment is so repugnant and overwhelming that psychological mechanisms muster the energy to block out the implications of the conditions they see.

Holmes, et al. (1975) suggests that among social workers conflicting loyalties may contribute to resistance to recognize child maltreatment, particularly when they have established a warm relationship with the parent.

Since these early efforts to identify the factors related to not reporting child abuse more systematic efforts were undertaken. Silver, et al. (1967) surveyed 179 physicians and found that over twenty percent did not consider reporting child maltreatment even if the injury was self evidently the result of willful parental conduct. They explained their findings in terms of the previously mentioned psychological denial. In addition to the psychological factors Saunders (1972) identifies practical issues such as ignorance of the law, desire not to be involved in legal proceedings, and conflict of interest as reasons for reluctance to recognize and report child maltreatment. Sussman and Cohen (1975:154-155) suggest that professionals do not report child maltreatment because they are not clear about their duty to report and are unaware of the specific definitions of child maltreatment. Chang's, et al. (1972:1199) review of the literature indicates that physicians fail to recognize child maltreatment because of the following reasons: "lack of experience, inability to obtain facts, emotional ties with the family, parent criticism or retaliation, reluctance to spend time in court, and fear of law suit." Chang, et al. (1972) found that over ninety percent of the physicians surveyed felt that physicians should report child maltreatment. Only about fifty-eight percent felt that physicians usually reported cases of child maltreatment. This finding gives implicit support to the notion that behavior and attitude are not necessarily congruent.
Nagi (1977) identifies six issues which he calls "contextual issues, conflicts and dilemmas," which impact on the degree to which certain behaviors are likely to be reported. These issues include the following:

1. Rights of children and parents.
2. Status of knowledge and technology.
3. Primitive and therapeutic approaches.
4. Role conflict.
5. Organizational and professional domains.

Rights of children and parents is discussed relative to the relationship between the state and the family. Nagi examined the changing relationship of the state to the family and the growth of state imposed responsibilities vis a vis their children which has limited the absolute authority of parents over their children. He asserts that we are deeply conflicted about the relationship of the state to the family and of rights and responsibilities of parents and children. Newberger and Bourne (1978:594), summarize the issue by stating that "So long as we are deeply conflicted about the relation of children to the state as well as to the family, and whether children have rights independent of their parents', we shall never be able to articulate with clarity how to enforce them." While the majority of Nagi's (1977:15) respondents felt that parents' rights had been emphasized at the expense of children, a significant minority (twenty-seven percent) felt that they had not.

The status of knowledge and technology is problematic with respect to two related issues. It is difficult to identify child maltreatment. The technology available to treat the situation are rudimentary at best. Frequently services needed to treat certain problems are just not available. Others (Gil, 1973; Zigler, 1976) would argue that the definitions of the problem as a clinical manifestation has directed our resources into medical technologies rather than strategies to
change the social conditions generating child maltreatment. Most of Nagi's respondents felt that child maltreatment could be identified without difficulty (sixty-nine percent) and they felt that effective treatment existed (sixty-four percent) for the problem. Roughly one-third in each category found difficulty identifying child abuse and did not think effective technology exists.

The dilemma of a punitive versus a therapeutic approach to parents who maltreat their children has been debated vigorously. Interestingly, Nagi's respondents (ninety-two percent) imply that the two approaches can be reconciled. Raymond (1974) states treatment and punishment are not exclusively competing concepts. Rosenfeld and Newberger (1978:85) argue that an effective approach to intervention must involve both "compassion" (therapy) and "control" (punishment).

Role conflict occurs when a professional who in the process of delivering services based on a confidential relationship must violate that trust to report child maltreatment. The physician depends on the parent for valid information to treat the child. If they fail to provide information for fear that it will be used against them the effective treatment of the child is hampered. Protective service social workers must carefully balance both the interests of the parents and the child in an effort to work effectively with the family. Nagi (1977) found that sixty-seven percent of his respondents did not feel a significant conflict between their service provider role and their obligation to report child maltreatment.

Nagi (1977:28) defines organizational and professional domain as the authority to act in a specific area and the access to resources in order to carry out its responsibilities. The authority, responsibility and the resources for managing child maltreatment is fragmented in most communities. In the interest of mobilizing these resources in the interest of identifying and treating child maltreatment, Nagi suggests that the agency with primary responsibility for the problem can use three management approaches—resource incentives, legal obligations and education.
In the context of organizational and professional domains, the work of Groeneweld and Giovannoni (1977) has previously been reviewed. They examine the rates at which the child maltreatment reports from various professional groups and private citizens by protective service agencies. The reports from professionals are confirmed at higher rates than those from the general public. They explain the patterns of confirmed reports in terms of interorganizational communication and in terms of the types of cases each agency is likely to encounter. Shared definitions, awareness of criteria used to confirm cases, and contact with severe maltreatment are factors which are likely to increase the rate at which reports are confirmed. They also imply that reporting agencies can exercise leverage on protective services to get its cases confirmed.

Frischmeyer and Ballard (1980) examine many of the practical issues presented by Nagi and others in their effort to determine the factors related to the implementation of the Iowa Statute on reporting child maltreatment. They examined attitudes of physicians, nurses, and social workers about reporting child maltreatment with respect to their understanding of the law, difficulty determining maltreatment, perceptions about the abilities of the legal and social service system, professional experience and practical considerations.

The findings of Frischmeyer and Ballard (1980) are summarized as follows:

Knowledge of legal requirements: The professionals in the study were overwhelmingly in favor of reporting child abuse. They tended to be unaware that they were protected from suit for errors under provisions for good faith reporting. They tended to be unaware that suspicion rather than clear and compelling evidence was sufficient for making a report. With these two factors in operation the mandated reporter is likely to restrict reporting to only the most severe cases.
Difficulty determining abuse: The ultimate decision as to whether a child is maltreated is difficult. Those in the study are not obligated to make this ultimate finding. Rather, the more permissive criteria of suspicion is easier to apply. The respondents tend to confuse their role as reporter with those of investigation which is the responsibility of protective services.

Perceptions of social service system: They found that the professionals' contact with or evaluation of the Child Protective Service System or the Juvenile Court activities had little impact on willingness to report.

Professional experience: Length of professional service did not affect a person's willingness to report. As experience with children increased the professionals' willingness to report child maltreatment increased. Those professionals who have experience in reporting cases are more willing to make reports. Perception of incidence of child abuse or underreporting was not related to reporting behavior.

Practical considerations: Training did not affect willingness to report although most expressed the concern that abuse was difficult to determine. Most acknowledged that a close relationship with the parent made it more difficult to report a case. Retaliation of the parent was a consideration in the professionals' willingness to report. Professionals in bureaucratic settings felt that organizational support was a factor in their willingness to report. Concern about being tied up in the legal system did not seem to inhibit reporting, although those who expressed this concern utilized higher standards of evidence before reporting. There was no relationship between a reporter's perception of the effectiveness of reporting and his willingness to report. There is concern on the part of nurses and social workers but not physicians that the duty to report child abuse might harm
the therapeutic relationship but that the overall concern for the welfare of the child meant that this did not affect their willingness to report child abuse.

Conclusions: They concluded that the effectiveness of the legal statute could be enhanced if the professional were more thoroughly schooled in his/her role as the agent of detection rather than of investigator. Since the legal sanction and support for this distinction is already incorporated into the statute and there is general willingness to comply, they suggest that improvements must come from institutional and educational arrangements rather than from further legislative changes.
E. Specification of Concepts

1. Summary

In this chapter the system of services to deal with child maltreatment were conceptualized as a system of social control. Within that system the points at which decisions are required and the types of decision making which are required were identified and described.

This study focused on decisions which determine the entry of people into the child maltreatment control system. This focus was chosen because these decisions affect who are identified as child maltreators, what services are subsequently provided and what is known about child maltreatment. If these decisions can be better understood, then the policy issues resulting from the problem of defining child maltreatment can be better understood and addressed.

Labeling theory was described as the theoretical perspective for examining "gate keeping" decisions. This perspective facilitated the examination of the systematic ways in which subjective factors influence decisions to report child maltreatment. This perspective was believed to be crucial to understanding much of the reporting behavior since most decisions to report child maltreatment are based on definitions which are vague and difficult to consistently interpret. With the labeling perspective the process by which child maltreatment definitions were socially developed and applied in specific situational contexts.

69
2. **Sources of Influence**

Literature was reviewed which suggested sources of systematic influence in decisions to report child maltreatment. These sources of systematic influence were divided between the attributes of the professional decision maker and the attributes of persons about whom the decisions were made.

For the purposes of this study the attributes of professionals which may have influence on decisions to report child maltreatment can be specified as follows: 1) Personal Characteristics, 2) Professional Characteristics, 3) Organizational Characteristics, and 4) Attitudes and Experiences Directly Related to Child Maltreatment. While there are probably several categories of attributes of people about whom decisions to report child maltreatment are made, this study will examine only the effect of race and social class.

The classes of respondent characteristics are considered to represent a hierarchy of experiences. Personal characteristics represent early socialization experiences and antecede the other characteristics and the experiences they may represent. Professional characteristics represent experiences acquired from education and training which antecede organizational characteristics. Organizational characteristics are experiences which antecede specific experiences which generate attitudes about child maltreatment. This hierarchy of experience represented by the characteristics is by no means rigid and there is probably reciprocal influence between them.

3. **Specification of Concepts to be Examined**

**Personal Characteristics**

Personal characteristics were chosen for their ability to describe the composition of each professional group as well as to identify salient socializing
experiences likely to influence willingness to report child maltreatment. In theoretical work on predicting behavioral intention Fishbein and Ajzen (1979) suggest that it is difficult to trace behavior from these earlier experiences. Rather, they suggest that attitudes about specific acts in concrete situations are much more predictive of behavioral intention. In research applied to evaluating child maltreatment Giovannoni and Becerra (1979) as well as Garret and Rossi (1978) support the Fishbein and Ajzen (1975) contention by suggesting that evaluation of child maltreatment is not easily predicted from demographic variables.

Included as a part of the personal characteristics is the concept of dogmatism. It is included because it is supposedly a personality type resulting from primary socialization. The concept has been measured by Adorno (1950) and by Rokeach (1960). Gingerich (1976) suggests that dogmatism is related to cognitive functioning and may affect a person's ability to assess complex phenomena. Assessment of child maltreatment is similar to the judgments identified by Nagi (1974) as requiring complex judgments. Krause (1974) linked dogmatism to the willingness to use force in child care institutions. Dogmatism may be related to tolerance in the use of force. Adorno (1950) systematically linked the relationship of bigotry to dogmatism. Dogmatism is measured using a short form of the Rokeach dogmatism scale developed by Troldahl and Powell (1965).

Professional Characteristics

Professional characteristics include the type of profession to which the respondent belongs. Giovannoni and Becerra (1979) had studied social workers, pediatricians, lawyers and police because of their involvement in various aspects of the service delivery and social control process. This study focused on specific decisions to report made by those covered under Section 2151.421 of the Ohio
decisions to report made by those covered under Section 2151.421 of the Ohio Revised Code. Consequently, lawyers and police were not studied. Family practice physicians were included with pediatricians, because they, no less than pediatricians, are covered by the law. Teachers were included for study because they have contact with so many children for so much time on a daily basis. Nurses were included because they are the health care provider which is likely to be the first to see an injury. Both teachers and nurses are mandated reporters under Section 2151.421 of the Ohio Revised Code.

Obvious measures of professional experience are years of professional education, organizational membership and years of service.

A professional's working orientation to his profession, organization, and clients were considered to be factors which might influence decisions to report child maltreatment. The professionalism scale attempted to measure the extent to which the behavior of professionals is oriented to the valuations of colleagues, clients, and supervisors as well as their primary motives for entering the profession. The weighting of items on the scale is explained in Wilensky (1964:153). The scale consists of three index scores. A person scoring high on the professional orientation index tends to value colleague opinions, find his work intrinsically interesting, and read professional journals. A person scoring high on the career index tends to value the opinion of supervisors, to view his work as an end to social prestige and economic reward, and not to read professional journals. A person scoring high on the client orientation scale tends to value most client opinion about his work and to find work enjoyable because it involves helping people.

Organizational Characteristics

Organizational service function was selected for study for descriptive purposes. Client control of organizations was identified by Nagi (1977) and
Frischmeyer and Ballard (1980) as likely to reduce willingness to report child maltreatment. Consequently, attributes identified by May (1976) as factors which facilitated client control such as auspice, source of pay and consumer influence on the organizations were identified for study.

**Attitudes and Experience Regarding Child Maltreatment**

The review identified specific values related to child maltreatment which were likely to affect reports of child maltreatment. Nagi (1977) described these values as contextual issues. The following attitudes were measured to study their affect on decisions to report child maltreatment: 1) concern for children's rights; 2) the belief that family relations are private; 3) the perception that clear criteria exist; 4) desire to punish rather than treat parents who maltreat their children; and 5) perception of no conflict between reporting maltreatment and professional practice.

In discussions with social workers, teachers, nurses, and physicians practical attitudes were identified which seemed to affect the degree to which a report would be made. These attitudes included the assessment that reporting child abuse would not do any good because those in authority in the organization would not do anything, or those in other organizations who were responsible would not adequately handle the situation. In addition, people seemed to suggest that the attitude of one's supervisors and associates affected willingness to report.

To examine these issues information was collected on the following items: 1) belief that reporting child maltreatment was an important part of the organization's work; 2) perception that reporting child maltreatment was important to colleagues and supervisors; 3) familiarity with and belief in competence of the child protective service agency.
Attitude about perceived role and responsibility to the child were considered important influences on a decision to report. Consequently, data was gathered on items which were measures of what Rosengren and Lefton (1966) call laterality of concern. Laterality of concern is the degree to which the interest of the professional focuses on limited or extended aspects of a client's background.

Nagi (1977) suggested that clarity of policies and the extent to which they were followed were important factors in decisions to report child maltreatment. Further, he suggested that a structured reporting might influence the outcome. Consequently, these experiences directly affecting reports of child maltreatment were measured. The number of reports and the number of training sessions in recognition and reporting of child maltreatment were intuitively relevant to reporting behavior and were included for study.

**Dependent Measures**

Dependent measures include assessment dimensions and behavioral dimensions. Assessment of child maltreatment, while an influence on, does not translate automatically to a report of child maltreatment. Assessment dimensions take into account the perceived severity of harm to the child and the culpability of the parent for that harm.

The behavioral dimension is an index of willingness to report. Since actual behavior cannot be measured intention to perform behavior in certain situations is a good predictor of later behavior (Fishbein and Ajzen, 1975). The intention or willingness to report is an index measured by asking the respondent to identify a series of behaviors in response to each situation presented.
F. Hypotheses

Various studies have consistently found differences among various professional groups' assessments of child maltreatment situations. Personal characteristics of the professional does not appear to be a factor in the assessment. None of these studies has attempted to measure the effect of these factors on willingness to report. Rather, one is left to assume that reporting is a function of assessment.

The literature suggests that the race and class of the maltreated child's parent may affect the assessment as well as the professional's willingness to report the parent.

The literature suggests that attitudes about key issues in the child maltreatment field may affect willingness to report child maltreatment. Support from colleagues as well as organization seem to improve the willingness of professionals to report child maltreatment. The experience with reporting and the quality of interaction with the child protection service agency may affect reporting.

Hypotheses:

1. Different professional groups will differ in their willingness to report child maltreatment.

2. Different professional groups will evaluate child maltreatment differently.

3. The evaluation of a situation will influence the willingness to report the situation as child maltreatment.
4. The race and class of the family involved in the situation will affect both the assessment and willingness to report.
   a. Maltreatment occurring in lower class and black families will be perceived as more negative than the same maltreatment occurring in upper class and white families.
   b. The professionals will be more willing to report lower class and black families than upper class and white families for the same behaviors.
5. Respondent personal characteristics will not affect willingness to report.
6. Increased professionalism will result in lower willingness to report.
7. The following organizational attributes which enhance consumer control (where the parent is the consumer) will reduce willingness to report among professional respondents.
   a. Fee for service as opposed to salary.
   b. Private versus public organizations.
   c. Consumer influence over organization.
   d. As time spent in direct care of clients increases abuse reports will decrease.
8. The following attitudes are likely to increase willingness to report:
   a. Positive orientation toward child protection agency.
   b. Perception that reporting child maltreatment is supported.
   c. Punitive attitude toward maltreating parents.
   d. Concern with child's background.
   e. Concern for children's rights.
   f. Perception that reporting is counter productive.
9. The following experiences will be associated with increased willingness to report:
a. Number of cases of child maltreatment a respondent has reported.
b. Number of training sessions a respondent has undergone in the past year.
c. Formal reporting structure within a respondent's organization.
CHAPTER III
METHODOLOGY

A. Introduction

This study employed methods designed to measure respondents' assessment of child maltreatment and their willingness to report the situations they assess. The influence of the type and severity of child maltreatment, as well as social class and racial characteristics of persons depicted in vignettes, on the respondents' assessment and willingness to report was examined.

In brief, the study consisted of developing case analogues or vignettes and scales for measuring the dependent variables. Each of the ten situations of child maltreatment was systematically varied with respect to race (black or white) of the child and social class (upper or lower) of the parent, creating four possible combinations for each situation. The manipulation of race and social class in the situations of child maltreatment generated forty unique vignettes. These forty vignettes were displayed ten vignettes at a time in four different versions of the questionnaire. The four versions of the questionnaire were structured such that each vignette (the unique combination of situation, race and social class) appeared only once.

Scales for measuring deviance assessment and willingness to report were developed using a factor analysis technique. The influence of respondents'
profession, as well as the influence of race and social class characteristics of persons depicted in vignettes on the deviance assessment score and willingness to report score were assessed using analysis of variance designs. Correlation and multiple regression analyses were used to assess the influence of respondents' personal characteristics, professional characteristics, organizational characteristics, attitudes about child maltreatment, experience with child maltreatment and assessment of deviance on the willingness to report index.
B. Plan of Research

1. Research Design

This study utilized elements of both experimental and ex post facto research designs. Vignettes or experimental analogues were created in which the race and social class of individuals described were systematically varied. For a description of this design technique, see Thomas (1963, 1966); Fischer (1971); Case and Lingerfelt (1974); Crane (1974); Reinsel (1976). The systematic manipulation of race and class occurred in ten vignettes which were varied in type and severity of maltreatment. While each respondent rated all ten types of maltreatment, the combinations of race and class were randomly distributed to each of the respondents recruited from four professional groups—nurses, teachers, physicians, and social workers. Respondents were asked to complete items dealing with the assessment and reporting of each vignette. Effects of professional affiliation, and race and class of persons described in the vignette, on evaluation and willingness to report were evaluated using analysis of variance factorial design on each of the ten vignettes. This design is described by Campbell and Stanley (1963) as a post test only control group design.

Using an ex post facto design and employing a multiple regression statistical analysis the personal, professional, and organizational characteristics as well as the experiences and attitudes of the respondents which affect evaluation and reporting were examined. This design was similar to studies done by Rose and Prell (1955),
Rossi et al. (1974) and Giovannoni and Becerra (1979) which are designed to identify normative structures governing deviant behavior.

The control in experimental designs allows the researcher to collect the three types of evidence which Selltiz, et al. (1959) suggests is relevant to testing causal hypotheses:

1. Evidence that variables are related as predicted.
2. Evidence that the outcome variable does not precede the causal variable.
3. Evidence which rules out other factors as the cause of the outcome variable.

The classical experimental design is the pretest-posttest control group design. Control in this design is achieved in three ways: 1) random assignment of subjects to experimental and control groups, 2) control over the introduction of the experimental condition, and 3) testing immediately before and after the introduction of the experimental condition.

It is difficult in social science to meet all of the requirements of the true experimental design.

It is often difficult to make random assignments to experimental groups, to control all factors likely to affect outcome or directly manipulate the independent variable. Ex post facto (Kerlinger, 1973) or quasi-experimental designs (Campbell and Stanley, 1963) permit examination of conditions which are not practically studied under experimental conditions due to ethical, economic or time considerations.

The basic type of design found in most social science research is ex post facto. Kerlinger (1973:379) defines ex post facto research as follows:

Ex post facto research is systematic empirical inquiry in which the scientist does not have direct control of independent variables because their manifestations have already occurred or because they are inherently not manipulable. Inferences about relations among variables are made,
without direct intervention, from concomitant variation of independent and dependent variables.

There is no difference in the basic logic between experimental and ex post facto research. Both efforts attempt to empirically test causal propositions. The ex post facto design sacrifices control of experimental groups and the direct manipulation of the experimental condition and as such compromises internal validity. Smith (1975:95) examines the tradeoff between the two research strategies as follows:

What is lost in control over variable manipulation and internal validity may often be gained in quasi-experimental field studies through loss of experimental artificiality, reactivity, and deception, and gains in external validity from more naturally occurring variables and subject populations.

Despite these gains the lack of control in quasi-experimental designs increases the risk of inferring support for a causal proposition when in fact it is in error.

2. Measurement

The purpose of this study was to examine the relationship between the respondents' profession, and the race and class characteristics of the maltreating parents, on the respondents' assessment and willingness to report. In addition, other respondent characteristics were identified and examined with respect to willingness to report. This task required accurately specifying concepts and accurately measuring the association of those concepts.

This study collected data which were measured using various levels of measurement—nominal, ordinal, and interval. Reliability of scales forming independent measures was assessed using factor analysis and Cronbach's Alpha techniques. See Kerlinger (1973) for a description of this method of testing reliability. Factor analysis will be used to identify the structural components of the dependent measures as well as for the attitude items used as independent variables. While not a test of reliability the principal components factor analysis
procedure identifies common variance among functionally related elements. (See Rummel, 1970 and 1968; Child, 1970; Kerlinger, 1973; and Nunnally, 1978). This process is akin to procedures designed to estimate reliability which is concerned with the average correlation among items in a scale (Nunnally, 1978:246). Factor analysis which is based on shared variance (commonality) underestimates reliability because it cannot distinguish between unique and error variance. Consequently both unique and error variance are lumped together as error.

Kerlinger (1973:685) states that factor analysis is a tool for insuring construct validity "since the main preoccupation of factor analysis is common-factor variance . . ." The validity of construct is enhanced when it can be defined in relationship to constitutive elements. Factor analysis specifically identifies the constitutive elements of a factor and mathematically defines the relationship of the elements to the construct. Other issues of validity are not as straightforward mathematically and issues that affect validity of measures will be examined in the discussion.

3. Sampling design

To test the hypotheses presented in the previous chapter a purposive sampling technique (See Kerlinger, 1973) and a mailed questionnaire (See Dillman, 1978) to collect the data were used. Due to ethical considerations (the requirement that respondents be voluntary) and practical considerations (cost, time and logistical support) many studies of this type use purposive techniques. The problem this creates for generalizing the study is selection bias. The sampling technique has strengths in characterizing behaviors and traits but weakness in identifying actual distributions (Smith, 1975:115). While distributions are important to know, the primary purpose of this study was to identify traits and their relationship to certain
behaviors. Consequently, the bias created by this type of sample seemed less important than identifying relationships between identified characteristics and their effect on dependent measures.

The sampling frame was specified as those physicians, social workers, teachers, and nurses which served children aged six to ten. Not all professional groups in the study were likely to have practice experience with children under six. Descriptions of children as twelve or over were avoided since Burgdorf (1980) found that much underreporting was associated with children over twelve. This age range has practical utility because this age group accounts for thirty-five percent of children and thirty-four percent of the child maltreatment reports to protective services (Burgdorf, 1980).

4. **Data Analysis**

In this study, the primary interests were:

1. Describing the decisions of various professional groups with respect to assessment and reporting child maltreatment;

2. Examining the relationship between race and class of the hypothetical subjects, and the respondent's assessment and willingness to report;

3. Examining some of the personal characteristics, organizational characteristics, attitudes and experiences in relationship to willingness to report.

Measures of dispersion, central tendency, cell frequency as well as analysis of variance and chi square were used to describe the characteristics of the respondents and each professional group. Analyses of variance were used to examine the effect of respondents' profession and vignette characteristics of race and social class on the deviance assessment index and the willingness to report index for each vignette. Regression analysis was used to examine the correlation between respondent's deviance assessment score and their willingness to report...
index for each vignette. Using the total sample of respondents, multiple regression analyses were used to examine the effect of each set of respondent characteristics on the willingness to report score. Respondents' characteristics were grouped into the following sets: 1) personal, 2) professional 3) organizational, 4) attitudes and experience with child maltreatment. Variables which had significantly affected the willingness to report index for a vignette in the previous analyses were then put together in a multiple regression analysis for each vignette for all respondents.

The multivariate statistics employed in this study provided statistical control. In the ex post facto research design, control over independent and dependent variables is less than is possible when experimental designs are used. Multivariate statistics are a means to control for a large set of factors which may affect the condition or conditions which are being studied (Kerlinger, 1973).

The two principle statistical methods of evaluating the association of independent variables with dependent variables in this study were analysis of variance and multiple regression. Both statistical methods are based on a linear model of least squares method of calculating variance and testing the extent to which the variance explained by independent variables are significant. (See Cohen and Cohen, 1975.)

Analysis of variance examines the variance within and between classes of a variable on the dependent measure. The proportional contribution to total variance from each source (within class and between class) was then calculated and statistically evaluated using an F ratio or t test to establish the significance of the ratio of between group to within group variance.

Regression analysis provides a method of determining the significance and direction of association called correlation ($r$) among continuous dependent and independent variables. The strength of association is evaluated by examining the proportion of shared variance ($r^2$).
While multiple regression is simply an extension of the regression principle its interpretation is slightly altered. The degree of association among all variables with the dependent is expressed as $R$ which unlike $r$ ranges from 0.00 to 1.00. $R^2$ is the amount of variance the set of variables have in common with the dependent measure. The overall model is evaluated using an $F$ ratio.

The strength of association between each independent variable and the dependent variable can be examined by identifying the amount of variance uniquely explained by an independent variable. The significance of the unique variance explained is tested using an $F$ test. The sign on each beta weight is used to determine the direction of the association. The beta weight is a separate coefficient for each independent variable, expressing its relation to the dependent variable, which in combination with the other weighted variables under examination defines the line generating the least sum of squares for the total group of variables.

This study collected data which were measured using various levels of measurement—nominal, ordinal, and interval. All levels of measurement were included in the regression analysis. Using the dummy coding techniques described by Cohen and Cohen (1975) and Kerlinger and Pedhazur (1973), nominal variables were included in regression analysis. Using the justification explored by Nunnally (1978:138) the ordinal level data was treated like continuous level data. Both procedures constituted violations of regression assumptions but the rationale for violating the assumption was that the $F$ test was robust, particularly with measures that had narrow distributions, such as the distributions one finds in dummy coding and ordinal scales of limited length.

The above statistical procedures were conducted on the AMDAHL 470 computer at The Ohio State University Instruction and Research Computer Center. The data were prepared, classified and analyzed using the statistical package
C. Sampling

To carry out the purposes of this research the following sample plan was developed:

1. The occupational structure of medicine, social work, education, and nursing serving children aged six to ten in Franklin County, Ohio was identified. This age group of children provided a common basis of practice experience for all professional groups in the study.

2. A purposive sampling procedure appropriate to the type of professional group and occupational structure was employed. In general the sampling procedure was a heterogeneous quota sample. A sample was drawn directly from each occupational subgroup within each profession in the proportion that the subgroup existed in the occupational structure of the profession.

3. A mailed questionnaire procedure for the survey was used.

4. In expectation of a forty to sixty percent response rate, twice as many respondents as were needed for statistical analysis were identified. It was determined that seventy respondents from each professional group were needed.

1. Social Workers Sample

It was determined that social workers serve children aged six to ten and their families in basically four types of agencies—mental health, hospital social services,
TABLE 1
DISTRIBUTION OF SOCIAL WORKERS
IN AGENCIES SERVING CHILDREN AGED SIX TO TEN
IN FRANKLIN COUNTY (MAY, 1980)

<table>
<thead>
<tr>
<th>Total Social Workers</th>
<th>Sent Questionnaire</th>
<th>Returned Usable Questionnaire</th>
<th>Percentage of Total Social Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Childrens Mental Health</td>
<td>48(^a)</td>
<td>24(^e)</td>
<td>50</td>
</tr>
<tr>
<td>Hospital Social Services</td>
<td>43(^b)</td>
<td>23(^f)</td>
<td>53</td>
</tr>
<tr>
<td>Protective Services (excluding foster care)</td>
<td>138(^c)</td>
<td>67(^g)</td>
<td>49</td>
</tr>
<tr>
<td>Private Non-Profit Family Services</td>
<td>25(^d)</td>
<td>12(^h)</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>254</td>
<td>125</td>
<td>49</td>
</tr>
</tbody>
</table>

\(^a\) Franklin County total furnished by Children's Mental Health Center.

\(^b\) Information furnished by six hospitals in Franklin County with social service departments.

\(^c\) Information furnished by Franklin County Childrens Services.

\(^d\) Information on family service agencies provided by the United Way of Franklin County.

\(^e\) The twenty-four social workers in three of the four branch offices of the Childrens Mental Health Center.

\(^f\) The twenty-three social workers in the largest hospital social service department (Childrens Hospital).

\(^g\) The sixty-seven social workers in nine out of eighteen protective service units of Franklin County Childrens Services.

\(^h\) The twelve social workers in the largest private non-profit service organization (Family Counseling and Crittenton Services).
public child protection, and private non-profit family services. Social workers were identified by occupational designation. As a result there was a variety of educational training among social workers within the sample. Table 1 identifies the occupational structure of social workers in Franklin County and the pattern of sampling within the occupational structure.

It was estimated that if the questionnaire were distributed to half of the 254 social workers a sample of at least seventy social workers would be generated. Half of each occupational subgroup was sought in a form of heterogeneous quota sampling. In order to distribute questionnaires to half of the social workers within each occupational subgroup, questionnaires were distributed to all of the social workers in an organization, or organizational subunits which contained at least half of the social workers in the identified occupational subgroup for social workers.

Permission was sought from each of four agencies to distribute the questionnaire. Mr. William White of Family Counseling and Crittenton Services, Mr. Ward Tilton of Children's Mental Health, Ms. Rosalyn Bandman of the Social Services Department of Children's Hospital and Mr. Dan Matheny of Franklin County Children's Services were instrumental in either securing or granting approval for the distribution of the questionnaire to social workers in those organizations. Each agency supported the purposes of the study and gave permission to distribute the questionnaire. Questionnaires were returned anonymously with self-addressed envelopes contained in the questionnaire packet. Table 2 identifies the agencies, number of social workers given questionnaires and the date the questionnaires were distributed.
TABLE 2

SAMPLING SCHEDULE FOR SOCIAL WORKERS

<table>
<thead>
<tr>
<th>Organization</th>
<th>Number of Social Workers</th>
<th>Date Distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Hospital Social Services</td>
<td>23</td>
<td>April 4, 1980</td>
</tr>
<tr>
<td>Family Counseling and Crittenton Services</td>
<td>12</td>
<td>April 8, 1980</td>
</tr>
<tr>
<td>Children's Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Central Branch</td>
<td>10</td>
<td>April 4, 1980</td>
</tr>
<tr>
<td>East Area Branch</td>
<td>8</td>
<td>April 10, 1980</td>
</tr>
<tr>
<td>North Area Branch</td>
<td>6</td>
<td>April 15, 1980</td>
</tr>
<tr>
<td>Franklin County Children's Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nine of Eighteen Protective Services</td>
<td>66</td>
<td>April 22, 1980</td>
</tr>
<tr>
<td>Case Work Units</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>125</td>
</tr>
</tbody>
</table>

2. Physicians sample

It was determined that physicians who primarily serve children aged six to ten in Franklin County were pediatricians, family practice physicians, pediatric residents, and family practice residents. General practitioners and osteopathic physicians were not included because the practice focus for these groups was difficult to determine.

Using the Academy of Medicine of Franklin County Directory and membership lists from the Central Ohio Pediatric Society, Academy of Family Practice and information about residency programs from the Ohio State University School of Medicine a sampling frame was identified. Table 3 shows the number of physicians identified in this procedure, the number sent questionnaires and the number returned.

Physicians were sampled through their residency programs and in direct mail. Questionnaires were distributed to residents through the hospital where their
**TABLE 3**

DISTRIBUTION OF FAMILY PRACTICE AND PEDIATRIC PHYSICIANS IN FRANKLIN COUNTY (MAY, 1980)

<table>
<thead>
<tr>
<th></th>
<th>Total Physicians N</th>
<th>Sent Questionnaire N</th>
<th>Returned Usable Questionnaire N</th>
<th>Percentage of Total Physicians %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Practice Physicians</td>
<td>98&lt;sup&gt;a&lt;/sup&gt;</td>
<td>61</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Family Practice Residents</td>
<td>68&lt;sup&gt;b&lt;/sup&gt;</td>
<td>30</td>
<td>13</td>
<td>19</td>
</tr>
<tr>
<td>Pediatric Physicians</td>
<td>120&lt;sup&gt;c&lt;/sup&gt;</td>
<td>58</td>
<td>25</td>
<td>21</td>
</tr>
<tr>
<td>Pediatric Residents</td>
<td>48&lt;sup&gt;d&lt;/sup&gt;</td>
<td>24</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td><strong>334</strong></td>
<td><strong>173</strong></td>
<td><strong>70</strong></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>

<sup>a</sup>Academy of Medicine of Franklin County and information from Academy of Family Medicine.

<sup>b</sup>Ohio State University College of Medicine.

<sup>c</sup>Academy of Medicine of Franklin County and information from the Central Ohio Pediatric Society.

<sup>d</sup>Children's Hospital.
residency was based. All the pediatric residents are trained at Children's hospital and half of the pediatric residents were randomly given questionnaires. The three residency programs for family practice train sixty-eight physicians in the family practice specialty. Since half are trained at the Grant Hospital residency program, all of the residents in the Grant Hospital program were given questionnaires.

A member of the Central Ohio Pediatric Society, Dr. James Quilty, and a member of the Academy for Family Practice, Dr. James Soldano, helped in the identification of practicing physicians for respondents. Based on the information provided by these informants, a list of physicians in the two specialties were selected to receive a mailed questionnaire with self addressed stamped envelope. Dr. Quilty wrote a letter of endorsement which accompanied the mailed questionnaire to pediatricians. Dr. Soldano wrote personal notes which accompanied most of the questionnaires mailed to family practice physicians.

Table 4 outlines the schedule of distribution to physicians.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number of Physicians</th>
<th>Date Distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Practice Physicians</td>
<td>33</td>
<td>April 3, 1980</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>April 25, 1980</td>
</tr>
<tr>
<td>Family Practice Residents</td>
<td>30</td>
<td>April 16, 1980</td>
</tr>
<tr>
<td>Pediatricians</td>
<td>58</td>
<td>April 4, 1980</td>
</tr>
<tr>
<td>Pediatric Residents</td>
<td>24</td>
<td>April 3, 1980</td>
</tr>
</tbody>
</table>
In discussion with Dr. Quilty and Dr. Soldano, it was decided to distribute questionnaires to more than half of the physicians because there was doubt that a forty percent response rate could be achieved.

3. Teachers sample

Elementary school teachers in Franklin County were considered the educators who deal with children aged six through ten. Elementary school teachers in the Columbus Public Schools and the Catholic School system operated by the Diocese of Columbus were selected for study. Public schools in suburban areas of the county or other private schools were not included because the time required for extending the study to these other school systems was prohibitive.

Dr. Damon Asbury of the Columbus Board of Education and Mr. Lewis Dalton of the Diocese of Columbus reviewed the proposed study and secured letters of endorsement from their school administrators. These letters were sent with the questionnaire to teachers. Mr. John Grossman, President of the Columbus Education Association reviewed the proposal and wrote an endorsement to be included with the mailed questionnaire.

The teachers from the two respective school systems were randomly selected to receive the questionnaire. Stage random sampling was used to pick Columbus school teachers. Twenty schools were randomly identified from which teachers were randomly selected proportionate to the faculty size of each school.

The Columbus Diocese provided a list, from which teachers in Columbus Catholic schools were selected by simple random sample. Table 5 provides information on the number of teachers in the school systems and the number sampled.

The questionnaires with self-addressed stamped return envelopes were mailed to the teachers in the Columbus public elementary schools on April 22, 1980. The
<table>
<thead>
<tr>
<th>Total Teachers</th>
<th>Sent Questionnaire</th>
<th>Returned Usable Questionnaire</th>
<th>Percentage of Total Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Columbus Public Schools</td>
<td>2168a</td>
<td>101</td>
<td>4.7</td>
</tr>
<tr>
<td>Columbus Diocesan</td>
<td>314b</td>
<td>52</td>
<td>16.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2509</td>
<td>6.1</td>
<td></td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

*a* From Roster of Columbus Teachers  
*b* From Roster of Columbus Diocesan Teachers
questionnaires were mailed to Columbus Diocesan elementary school teachers on April 25, 1980.

By the first week in June only thirty-five percent of the teachers had responded. Each teacher was called and encouraged to complete the questionnaire if not already returned. This improved the response rate to 45%.

4. **Nurses sample**

Nurses treating children aged six to ten in Franklin County work primarily in three organizations. These organizations include the Columbus Public Schools, Children's Hospital, and the Columbus Health Department. All of the nurses in these organizations were asked to complete the questionnaires. The sample included both Registered and Licensed Practical Nurses. Table 6 gives the occupational distribution of nurses in Franklin County.

Recruiting the respondents from each organization took a slightly different form. The head of nursing at the Columbus Health Department, Ms. Jane Tschappat gave permission to recruit nurses from the Columbus Health Department for the study. She sent a roster with addresses from which to work. The administrators of the Columbus Public Schools gave permission to recruit nurses for the study at the same time as it gave permission to recruit teachers. Ms. Tamara Gibson-Parkavich, the director of nursing at Children's Hospital gave permission to distribute the questionnaire to the hospital nurses. The questionnaire with a return self-addressed stamped envelope was distributed through the hospital mail system to the seventy nurses who work at Children's Hospital.

Table 7 shows the schedule by which the sample was obtained.
<table>
<thead>
<tr>
<th>Total Nurses</th>
<th>Sent Questionnaire</th>
<th>Returned Usable Questionnaire</th>
<th>Percentage of Total Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>N, %</td>
<td>N, %</td>
</tr>
<tr>
<td>Columbus Health Department</td>
<td>57&lt;sup&gt;a&lt;/sup&gt;</td>
<td>57, 100</td>
<td>24, 42</td>
</tr>
<tr>
<td>Columbus Public Schools</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses Serving Columbus Schools</td>
<td>37&lt;sup&gt;b&lt;/sup&gt;</td>
<td>37, 100</td>
<td>20, 54</td>
</tr>
<tr>
<td>Nurses Serving Catholic Schools</td>
<td>12&lt;sup&gt;c&lt;/sup&gt;</td>
<td>12, 100</td>
<td>9, 75</td>
</tr>
<tr>
<td>Children's Hospital</td>
<td>70&lt;sup&gt;d&lt;/sup&gt;</td>
<td>70, 100</td>
<td>30, 43</td>
</tr>
<tr>
<td></td>
<td>176</td>
<td>176, 100</td>
<td>83, 47</td>
</tr>
</tbody>
</table>

<sup>a</sup>Columbus Health Department Roster
<sup>b</sup>Columbus Public School Roster
<sup>c</sup>List of Non-Public School Nurses
<sup>d</sup>Children's Hospital
TABLE 7

SAMPLING SCHEDULE FOR NURSES

<table>
<thead>
<tr>
<th>Organization</th>
<th>Number</th>
<th>Date Distributed or Mailed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Columbus Health Department</td>
<td>57</td>
<td>April 9, 1980</td>
</tr>
<tr>
<td>Columbus Public Schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses Serving Columbus Public Schools</td>
<td>37</td>
<td>April 22, 1980</td>
</tr>
<tr>
<td>Nurses Service Catholic Schools</td>
<td>12</td>
<td>April 22, 1980</td>
</tr>
<tr>
<td>Children's Hospital</td>
<td>70</td>
<td>April 23, 1980</td>
</tr>
<tr>
<td></td>
<td>176</td>
<td></td>
</tr>
</tbody>
</table>

5. **Summary of Sampling**

Table 8 makes it possible to compare the rates of return of questionnaires for each professional group. In addition to the sampling procedures described for each professional group, each respondent received a following post card two weeks after the distribution of the questionnaire. The card thanked those who had returned the questionnaire and encouraged those who had not done so to complete the questionnaire. The card also offered to send respondents who provided a self addressed stamped envelope a summary of findings. Completed questionnaires were accepted for inclusion in analysis until July 1, 1980. Letters of endorsement and the follow up post card which were sent with the questionnaire to respondents are included in Appendix B.
TABLE 8
RESPONSE RATES AMONG THE PROFESSIONAL GROUPS

<table>
<thead>
<tr>
<th>Professional Group</th>
<th>Number Receiving Questionnaire</th>
<th>Usable Responses</th>
<th>Response Rate</th>
<th>Non-Usable Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Workers</td>
<td>125</td>
<td>106</td>
<td>85%</td>
<td>1</td>
</tr>
<tr>
<td>Teachers</td>
<td>153</td>
<td>69</td>
<td>45%</td>
<td>3</td>
</tr>
<tr>
<td>Physicians</td>
<td>173</td>
<td>70</td>
<td>40%</td>
<td>2</td>
</tr>
<tr>
<td>Nurses</td>
<td>176</td>
<td>83</td>
<td>47%</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>627</td>
<td>328</td>
<td>52%</td>
<td>8</td>
</tr>
</tbody>
</table>

The response rate of social workers to the study was very positive. The response rate of eighty-five percent on a mailed questionnaire requiring thirty minutes to complete was about as high as could be expected. The other response rates were average for this type of survey. Kerlinger (1973) says that response rates above sixty percent are desirable but that most fall between forty percent to sixty percent with many falling below forty percent.

Not all of the questionnaires which were received could be used. Certain pages had been torn off or large portions of the questionnaire had been skipped. The number of non-useable questionnaires are recorded in Table 8. Not summarized in Table 8 are the twelve blank questionnaires or empty return envelopes which were received.
D. Instrument Design

1. Research Using Vignette Analysis

This study utilized experimental analogues or vignettes where a simulated social experience was presented to an observer, and the observer was asked to make judgments on the situation as if it had occurred in the routine of daily practice.

Media such as written situation, role play, visual recording, and auditory recording have been used to depict professional and client interactions. According to Kaplan (1964:150-151),

*Simulation experiments* are experiments on a model. They are designed to learn what will happen under certain 'real' conditions related in a definite way to the experimental ones. . . .

We simulate when more realistic experiments are. . . too costly, or physically or morally impossible, or when the real situation is too complex. In behavioral science, so-called 'operational gaming,' which is a type of simulation experiment, has been applied to military tactics, cold war problems, bargaining situations, industrial competition, and the like. In all simulation experiments the fundamental problem is that of 'scaling—that is, the translation of results from a simulation model to the real world.'

Thomas (1960, 1962) describes the basics of the experimental analogue utility for examining aspects of casework. Thomas (1962:29) suggested that it would provide a tool for controlling virtually all extraneous factors and permit 'examining microscopically the direct effects of the behavior of the worker or the client.' Characteristics of worker, client and organizational context are amenable to study using the simulations proposed by Thomas. As Reid (1964) has suggested the
primary problem with using the analogue approach as in most experimental designs is the problem of external validity. Specifically, the value of the approach varies to the extent that the stimulus variable accurately reflects the stimulus in an actual situation and the extent that the stimulus variable is placed in a life like context.

The analogue design has been used by Reid (1964), Fischer (1971), Fischer and Miller (1973), and Reinsel (1977) to examine the effects of certain factors on assessments made by caseworkers. Typically these studies provided one or two lengthy descriptions of a client, and then asked the practitioner to make a variety of assessments. Effects of client characteristics like race and class were examined by Fischer and Miller (1973) and Reinsal (1977). Reinsel (1977) and Fischer (1971) examined the theories of change held by caseworkers and their effect on assessment.

An analogue type design was employed by Crane (1977:23) to examine decisions of physicians to engage in heroic life-saving procedures. She used the method because "it resembles to some extent the tests which physicians take in order to become board certified." She systematically varied descriptions of context and descriptions of patients in vignettes requiring a decision to engage in intensive and costly resuscitation.

The experimental analogue is widely employed in the field of experimental social psychology. These studies tend to use a greater number of simple statements. Using these types of vignettes, Kilty (1980) found that evaluation of drinking behavior, depended on amount and context of drinking. Krulewitz and Payne (1978) studied willingness to blame the victim of a rape, and found it depended on force level used by attacker. Himmelfarb (1980) examined the severity of crime and moral evaluation of a bystander who failed to report the
crime. LaFrance and Cicchetti (1979) examined the role of social class and employment in perceptions of another person's unemployment.

Several studies have employed short vignettes in order to examine the existant norms governing certain types of illegal behavior. The general utility of this approach is stated by Rossi (1979:177):

The complexities of actual choice situations makes it difficult to discern the general principles that underlie the choice behaviors that ensue, since any particular choice outcomes may be in one case sensitive to one preference schedule and in another sensitive to another preference schedule. Vignette analysis. . . has been devised to help in the unraveling of choice behavior. The objective is to uncover the underlying collective preference schedules concerning some domain of objects or actions.

Rose and Prell (1955) used single sentences to describe a crime and asked the study participant to prescribe a punishment. They found a gap between popular opinion and legal codes. There was a stable hierarchy of crime valuations; punishments favored for criminals of different social classes and sex, depended on its cultural meaning to race, class, and sex; a year's imprisonment appeared to have the same valuation as an economic penalty of $2,500.

Building on this work Rossi et al. (1974) asked respondents to rate a set of 140 crimes according to each crime's level of seriousness. They found that norms concerning serious crime were widely diffused throughout subgroups of our society.

Further developing this methodology with respect to child abuse Garrett and Rossi (1978) concluded that demographic characteristics and response tendency might explain twenty-five percent of the variation among respondents. The absence of significant amounts of explained variance suggested to Garrett and Rossi (1978:20) that the act of abuse itself accounted for the variation. As such, they concluded "the findings indicate that there may be sufficient normative structure to serve as guides in the formation of an adequate legal code and accompanying administrative regulations."
The interesting technique used by Garrett and Rossi (1978) was the treatment of each of the respondents' sixty-four judgments as an independent observation in their multiple regression analysis. Each of the sixty-four respondent observations, rather than each respondent, was treated as a separate case. This process introduced the possibility of auto correlation due to lack of independent judgments. Kerlinger (1973:105-110) suggested that lack of independence undermined the assumptions of many statistical tests. Garrett and Rossi (1978) attempted to remove some of the auto correlation due to response pattern by introducing response pattern as an independent variable. Rossi (1979) suggested that auto correlation is only an "arcane statistical problem" whose satisfactory resolution will enable vignette analysis to be a part of standard repertory for social researchers.

Giovannoni and Becerra (1979) had respondents rate 156 short vignettes describing child maltreatment. They minimized the effect of auto correlation by examining each vignette in a separate analysis. Their findings were reviewed in Chapter II.

2. Construction of Vignettes for Study

For the purposes of this study the analogues took the form of ten brief vignettes depicting child mistreatment situations. The behavioral content depicted in the situations was chosen from Giovannoni and Becerra’s book Defining Child Abuse (1979). They tested reactions of lawyers, physicians, police, and social workers to various situations depicting various types of child maltreatment. Respondents were asked to rate the seriousness, on a nine-point scale, of harm to the child in the situation depicted. They utilized a Q-sort technique which forced a comparative evaluation among all events rather than a Likert scale in which each
item is evaluated on its own merits. Nunnally (1978:614) described the basic purpose of the Q-sort:

Rather than rate each (item) separately, as with an absolute rating method such as the rating scale, the subject is asked to make comparative preferences by 'sorting' the (items) into a specified number of piles.

The situations which they developed were taken from actual case material. They developed over one hundred situations, from which they chose seventy-eight. By using the vignettes with and without consequences, they doubled the number of vignettes to one hundred fifty-six.

For the purposes of this study ten situations were chosen. It was impractical to have more because each time a new variable was added to the vignette, it multiplied the number of unique vignettes. Since both the complexity of the vignettes and the evaluation task in this study were more complex, the number of different types of situations which could be rated were much smaller.

The situations were selected from the list developed by Giovannoni according to the following criteria:

1. Situations were selected to which social workers and physicians responded differently. Since one of the principle findings of Giovannoni was that professionals differ in their evaluation of child maltreatment, it was decided to select those which best captured those differences based on professional affiliation.

2. The differences of response to the situations were not attributable to the gender of the respondent.

3. The situation included a parental action and a consequence for the child.

4. The situation was plausible for high income as well as low income families.

5. Using the average estimate of severity of child mistreatment reported by Giovannoni for all respondents, the ten situations fell on a continuum in
which the situations are equal distance apart (in terms of average severity
ing rating) on the scale, ranging from three to eight on the one to nine scale.

6. The ten situations chosen were representative of the categories of child
mistreatment developed by Giovannoni and Becerra (1979).

7. The ten situations represented a ratio of three neglect type situations to
every one abuse type situation. Nagi (1977) suggests that three neglect
cases are reported for every abuse case.

The items e., f., and g. were specified in order to generate what Nunnally
(1978:616) called representative stimuli. Table 9 identifies the vignettes selected
from those created by Giovannoni and Becerra (1979) for use in this study.

Giovannoni and Becerra's vignettes described in Table 9 formed the core
behavioral content of the vignettes in this study. To put the behavior into a social
context demographic data was added to the vignettes. Since the age and sex of
child, and sex of parent, were not of primary concern, these characteristics were
randomly assigned to vignettes.

The ages of the children ranging from six to ten were randomly assigned to
each of the ten vignettes so that there were two situations each where the ages
were six, seven, eight, nine, and ten respectively. This age group depicted a
developmentally similar age group of children which was common to the practice of
the four professional groups identified for study. The sex of the child was randomly
assigned to each of the ten cases so that there were an equal number of male and
female children depicted in the ten situations.

The race and social class characteristics of persons depicted in the vignettes
were systematically varied in each case. Racial categories of black or white were
used to describe the child. Upper or lower social class membership was designated
using occupational descriptions for parents which had either high or low prestige
TABLE 9

VIGNETTES SELECTED FOR STUDY

<table>
<thead>
<tr>
<th>Vignette</th>
<th>Statement a</th>
<th>Type of Maltreatment b</th>
<th>Severity Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>&quot;The parent struck the child with a wooden stick. The child suffered a concussion.&quot;</td>
<td>Physical Abuse</td>
<td>7.90 1</td>
</tr>
<tr>
<td>2.</td>
<td>&quot;The parent hit the child in the face, striking him with the fist. The child suffered a black eye and a cut lip.&quot;</td>
<td>Physical Abuse</td>
<td>6.72 3</td>
</tr>
<tr>
<td>3.</td>
<td>&quot;A divorced mother, who has custody of her child brings home different men often. Her child knows about her sexual relations.&quot;</td>
<td>Parental Sexual Mores</td>
<td>3.84 9</td>
</tr>
<tr>
<td>4.</td>
<td>&quot;The parents allow their child to stay around when they have drinking parties.&quot;</td>
<td>Alcohol Use</td>
<td>3.07 10</td>
</tr>
<tr>
<td>5.</td>
<td>&quot;The child is a severe behavior problem. The parents refuse to accept treatment for themselves or for the child.&quot;</td>
<td>Emotional Maltreatment</td>
<td>5.74 5</td>
</tr>
<tr>
<td>6.</td>
<td>&quot;The parents ignore their child most of the time, seldom talking with or listening to him.&quot;</td>
<td>Emotional Maltreatment</td>
<td>4.67 7</td>
</tr>
<tr>
<td>7.</td>
<td>&quot;The parents have failed to obtain an eye exam for their child. The child complains of not being able to see things at a distance.&quot;</td>
<td>Failure to Provide</td>
<td>4.26 8</td>
</tr>
<tr>
<td>8.</td>
<td>&quot;The parents usually punish their child by spanking him with a leather strap leaving red marks on the child's skin.&quot;</td>
<td>Physical Abuse</td>
<td>5.37 6</td>
</tr>
<tr>
<td>9.</td>
<td>&quot;The parent and the child repeatedly engaged in mutual masturbation.&quot;</td>
<td>Sexual Abuse</td>
<td>7.60 2</td>
</tr>
<tr>
<td>10.</td>
<td>&quot;The parents regularly left their child alone outside the house after dark often as late as midnight. Neighbors have spotted the child wandering five blocks away from home.&quot;</td>
<td>Failure to Supervise</td>
<td>6.35 4</td>
</tr>
</tbody>
</table>

a Statements from Giovannoni and Becerra, 1979:112-122.

b It became difficult to keep the 3:1 ratio of neglect to abuse and maintain a continuum of severity. A 3:2 ratio was chosen for the study.

c Item fails to meet criterion 2.

d Item fails to meet criterion 3.
ratings. Upper class occupations were considered to be those rating around sixty on the Siegal Occupational Prestige Scale (Lin, Burt, and Vaughn, 1976). The upper class occupations selected are identified in Table 10.

<table>
<thead>
<tr>
<th>Vignette</th>
<th>Occupation</th>
<th>Prestige Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Manager of Motel</td>
<td>50</td>
</tr>
<tr>
<td>2.</td>
<td>Urban Planner</td>
<td>66</td>
</tr>
<tr>
<td>3.</td>
<td>High School Teacher</td>
<td>63</td>
</tr>
<tr>
<td>4.</td>
<td>City Government Administrator</td>
<td>61</td>
</tr>
<tr>
<td>5.</td>
<td>Pharmacist</td>
<td>61</td>
</tr>
<tr>
<td>6.</td>
<td>Veterinarian</td>
<td>60</td>
</tr>
<tr>
<td>7.</td>
<td>Draftsman</td>
<td>56</td>
</tr>
<tr>
<td>8.</td>
<td>Mechanical Engineer</td>
<td>62</td>
</tr>
<tr>
<td>9.</td>
<td>Accountant</td>
<td>57</td>
</tr>
<tr>
<td>10.</td>
<td>Public Relations Executive</td>
<td>57</td>
</tr>
</tbody>
</table>

Lower class occupations were those rating around twenty on the Siegal Scale. (Lin, Burt, and Vaughn, 1976). The lower class occupations selected are identified in Table 11.
TABLE 11
LOWER CLASS OCCUPATIONS

<table>
<thead>
<tr>
<th>Vignette</th>
<th>Occupation</th>
<th>Prestige Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Motel Maid</td>
<td>12</td>
</tr>
<tr>
<td>2.</td>
<td>Dry Wall Installer</td>
<td>27</td>
</tr>
<tr>
<td>3.</td>
<td>Waitress</td>
<td>20</td>
</tr>
<tr>
<td>4.</td>
<td>City Sanitation Worker</td>
<td>17</td>
</tr>
<tr>
<td>5.</td>
<td>Gas Station Attendant</td>
<td>22</td>
</tr>
<tr>
<td>6.</td>
<td>Bartender</td>
<td>20</td>
</tr>
<tr>
<td>7.</td>
<td>Custodian</td>
<td>16</td>
</tr>
<tr>
<td>8.</td>
<td>Parking Attendant</td>
<td>22</td>
</tr>
<tr>
<td>9.</td>
<td>Taxi Driver</td>
<td>22</td>
</tr>
<tr>
<td>10.</td>
<td>Freight Handler</td>
<td>17</td>
</tr>
</tbody>
</table>

There were four possible combinations of variations for each vignette—Upper Class Black, Upper Class White, Lower Class Black, Lower Class White. Consequently, there were ten basic vignettes with each vignette having four variations based on the race and class of the persons depicted.

In order to simplify distributing vignettes, to guarantee that each of the forty variations would be seen an equal number of times, and to insure that vignettes were randomly distributed, the forty vignettes were divided into four sets. They were assembled according to the following criteria:

1. Each set would have each of the ten situations and no situation would be repeated.
2. Each set would have one-fourth of the possible combinations of race and class.

3. Each set would have both races and classes evenly represented among all the vignettes.

When the questionnaires were distributed the four different sets were evenly distributed among each professional group in a structured random fashion. Table 12 shows the distribution of the race and social class characteristics among the respondents who returned usable questionnaires. Since the distribution of vignette characteristics are relatively balanced among respondents, the intent seems to have been achieved.

Appendix A shows the final version of the vignettes and the manner in which they were assembled.

3. Scale Construction of Dependent Measures

After each vignette a series of questions was presented so as to gather the subject's evaluation and proposed response to the situation. The set of questions were the same for each vignette.

The purpose of the vignette in this study was different from that of Giovannoni and Becerra (1979) and some of the other studies reviewed earlier. The purpose was to have the respondent examine each vignette in absolute rather than in comparative terms. Consequently the Likert scales were used to record the impressions of respondents rather than the Q-sort method used by Giovannoni and Becerra (1974). The purpose of this study was to examine the evaluation and willingness to report child maltreatment situations. While some comparison may occur in most practice situations each child maltreatment situation would be evaluated on its own merits rather than in comparison to some other type of child
**TABLE 12**

**DISTRIBUTION OF VIGNETTE CHARACTERISTICS AMONG VARIOUS PROFESSIONAL GROUPS ON EACH VIGNETTE**

<table>
<thead>
<tr>
<th>Profession</th>
<th>Race</th>
<th>Class</th>
<th>Vignette</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>White</td>
<td>Upper</td>
<td></td>
<td>15</td>
<td>19</td>
<td>15</td>
<td>21</td>
<td>15</td>
<td>19</td>
<td>15</td>
<td>21</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>Lower</td>
<td></td>
<td>21</td>
<td>15</td>
<td>19</td>
<td>21</td>
<td>15</td>
<td>19</td>
<td>21</td>
<td>15</td>
<td>21</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>Upper</td>
<td></td>
<td>15</td>
<td>21</td>
<td>15</td>
<td>19</td>
<td>21</td>
<td>15</td>
<td>19</td>
<td>15</td>
<td>21</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>Lower</td>
<td></td>
<td>19</td>
<td>15</td>
<td>21</td>
<td>15</td>
<td>19</td>
<td>15</td>
<td>21</td>
<td>15</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>Social Worker</td>
<td>White</td>
<td>Upper</td>
<td></td>
<td>29</td>
<td>27</td>
<td>28</td>
<td>22</td>
<td>29</td>
<td>27</td>
<td>28</td>
<td>22</td>
<td>29</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>Lower</td>
<td></td>
<td>22</td>
<td>29</td>
<td>27</td>
<td>28</td>
<td>22</td>
<td>29</td>
<td>27</td>
<td>28</td>
<td>22</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>Upper</td>
<td></td>
<td>28</td>
<td>22</td>
<td>29</td>
<td>27</td>
<td>28</td>
<td>22</td>
<td>29</td>
<td>27</td>
<td>28</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>Lower</td>
<td></td>
<td>27</td>
<td>28</td>
<td>22</td>
<td>29</td>
<td>27</td>
<td>28</td>
<td>22</td>
<td>29</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>Teacher</td>
<td>White</td>
<td>Upper</td>
<td></td>
<td>21</td>
<td>14</td>
<td>16</td>
<td>18</td>
<td>21</td>
<td>14</td>
<td>16</td>
<td>18</td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>Lower</td>
<td></td>
<td>18</td>
<td>21</td>
<td>14</td>
<td>16</td>
<td>18</td>
<td>21</td>
<td>14</td>
<td>16</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>Upper</td>
<td></td>
<td>16</td>
<td>18</td>
<td>21</td>
<td>14</td>
<td>16</td>
<td>18</td>
<td>21</td>
<td>14</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>Lower</td>
<td></td>
<td>14</td>
<td>16</td>
<td>18</td>
<td>21</td>
<td>14</td>
<td>16</td>
<td>18</td>
<td>21</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>Nurse</td>
<td>White</td>
<td>Upper</td>
<td></td>
<td>20</td>
<td>22</td>
<td>21</td>
<td>20</td>
<td>22</td>
<td>21</td>
<td>20</td>
<td>22</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>Lower</td>
<td></td>
<td>20</td>
<td>20</td>
<td>22</td>
<td>21</td>
<td>20</td>
<td>22</td>
<td>21</td>
<td>20</td>
<td>22</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>Upper</td>
<td></td>
<td>21</td>
<td>20</td>
<td>22</td>
<td>21</td>
<td>20</td>
<td>22</td>
<td>21</td>
<td>20</td>
<td>22</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>Lower</td>
<td></td>
<td>22</td>
<td>21</td>
<td>20</td>
<td>22</td>
<td>21</td>
<td>20</td>
<td>22</td>
<td>21</td>
<td>20</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>White</td>
<td>Upper</td>
<td></td>
<td>85</td>
<td>82</td>
<td>80</td>
<td>81</td>
<td>85</td>
<td>82</td>
<td>80</td>
<td>81</td>
<td>85</td>
<td>82</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>Upper</td>
<td></td>
<td>81</td>
<td>85</td>
<td>82</td>
<td>80</td>
<td>81</td>
<td>85</td>
<td>82</td>
<td>80</td>
<td>81</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>Upper</td>
<td></td>
<td>80</td>
<td>81</td>
<td>85</td>
<td>82</td>
<td>80</td>
<td>81</td>
<td>85</td>
<td>82</td>
<td>80</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>Lower</td>
<td></td>
<td>82</td>
<td>80</td>
<td>81</td>
<td>85</td>
<td>82</td>
<td>80</td>
<td>81</td>
<td>85</td>
<td>82</td>
<td>80</td>
</tr>
</tbody>
</table>
maltreatment. Crane (1977) observed that a clinical orientation is associated with the tendency to view each situation as unique.

Items were selected for the scale in categories of evaluation and action toward reporting.

**Evaluative scale items**

Giovannoni and Becerra (1979, and Gelles (1977) have mentioned that assessment of and designation of child maltreatment as child abuse involves assessment of the condition of the child and the establishment of parental responsibility for the condition. Gelles (1977) studied assessment of willful versus non willful parental behaviors which resulted in harm. Giovannoni and Becerra studies assessments of seriousness of harm resulting from parental behaviors.

The **first item** designed to measure the evaluative dimension on each vignette was Giovanni and Becerra's (1979:109) item which asked the respondent to rate the seriousness of harm to the child.

The **second item** was structured to measure the degree of culpability ascribed to the parent for his or her behavior. The second item consisted of four subparts which each measured an element of deviance—ignorance, criminality, mental illness, immorality.

Freidson (1970:225) suggests that there are types of deviance for which a person is personally held accountable and others for which they are not. Illness and ignorance are categories of deviance for which the individual is less likely to be held responsible. Immorality and criminality are categories of deviance for which the individual is held accountable.

Certain types of illness because they have social stigma attached are more limited in their ability to confer waiver of responsibility. The category of mental illness is one of those types of illness conditions which Freidson (1970) identified as stigmatic. Consequently mental illness is a deviance status in which the occupant
may not be held responsible but loses privileges in the process. As such the mental illness is a hybrid form of deviance in which blame or accountability for the condition may be limited but the deviant is likely to lose freedoms similar to the criminal.

The four types of deviance mentioned above come under separate deviance control systems—medicine, education, religion and law.

Respondents were asked to evaluate the behavior in each vignette on a nine-point scale in each of four categories:

1. Ignorance of child care.
2. Criminality.
3. Mental illness.
4. Immorality.

A score of one on the scale meant that the behavior in the vignette did not reflect the type of deviance identified, and a score of nine meant that the behavior in the vignette reflected the type of deviance identified.

In the third item on the questionnaire, the respondents were asked to categorize the behavior depicted in each vignette. The purpose was to examine the extent to which the situation was characterized as child abuse or criminal in the face of competing characterizations for the situation. This approach to examining what types of behaviors constitute child abuse was used by Lena and Warkov (1978). The following are the items which resulted:

1. Using nine to indicate very serious and one to indicate not serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between nine and one represent varying degrees of seriousness.)

   not serious 1 2 3 4 5 6 7 8 9 very serious
2. Indicate your reactions to the parental behavior, using the four categories below. (Each category used a one to nine scale similar to that in question one.)

A. Ignorance of Child Care
   not ignorant 1 2 3 4 5 6 7 8 9 very ignorant
B. Criminality
   not criminal 1 2 3 4 5 6 7 8 9 very criminal
C. Mental Illness
   not mentally ill 1 2 3 4 5 6 7 8 9 very mentally ill
D. Immorality
   not immoral 1 2 3 4 5 6 7 8 9 very immoral

3. Circle the one item which best characterizes the situation as a whole.
   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Child abuse/neglect problem
   f. Criminal problem
   g. Accident
   h. Family problem
   i. Other, specify ___________

Items for reporting scale

The item four, the first item developed for the reporting scale, focused on the context in which the situation described in the vignette would be handled. If the respondent was willing to move the interaction from the situational context to higher organizational and interorganizational levels, the professional was assumed more likely to report.

A person who involves those outside the organization is perceived to be even more likely to report. The assumption was that as the level of intervention increased more time and resources would be required of the person making the decision.
Five levels of possible intervention were identified and scaled on a one to five scale. These five levels were developed after discussing with several teachers, physicians, nurses and social workers how they would handle both minor and severe child maltreatment.

The fifth item on the scale after each vignette asked the respondent to evaluate the degree to which the situation ought to be reported as child abuse/neglect.

The sixth item and the seventh item attempted to place the decision to report child abuse or neglect in the context of the competing demands of everyday practice. Reporting behavior is tempered by competing demands and other value hierarchies described by Lemert (1967).

The eighth item attempted to measure the urgency of action required by asking the respondent to evaluate the extent to which the child ought to be removed from the home.

The final question was an effort to measure the urgency of the situation. The question asked was if the child should be removed temporarily.

The following are the items included in the questionnaire:

4. Indicate the one item which most represents how you would respond to the situation presented above.
   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify ________________________________________________
5. Should this situation be reported as child abuse?

   should never  1 2 3 4 5 6 7 8 9  should always
   be reported  be reported

6. Would you take the necessary action to see that the situation was reported?

   not very likely  1 2 3 4 5 6 7 8 9  very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?

   not very likely  1 2 3 4 5 6 7 8 9  very likely

8. Should the child be removed from the family temporarily?

   do not remove  1 2 3 4 5 6 7 8 9  remove temporarily

Except for two items the scale items following each vignette utilized a nine-point scale. Nunnally (1978:595) suggested that the reliability of scales begins to level off after seven points and not increase at all after eleven points. Nine-point scales were chosen to maximize the reliability of the scales.

**Developing Dependent Measures from Scale Items**

Factor analysis was used to examine the structure of the scale items to be used as the dependent variables in the statistical analyses.

The utility for scale construction was described by Rummel (1968:450):

A scientist often wishes to develop a scale on which individuals, groups, or nations can be rated and compared. . . .The problem in developing a scale is to weight the characteristics being combined. . . .The factor analysis will give the weights to employ for each characteristic when combining them into scales.

Factor analysis is a technique for examining the clustering of dependent measures and their strengths of association within the cluster. It is a procedure that identifies each set of intercorrelated items with a common factor.

The scale items were factor analyzed using an R-factor analysis described by Rummel (1970). Of the many factoring techniques principal components method
with oblique rotation was employed. Each item score was standardized across all
10 vignettes before the factoring procedure to avoid complication of different
distribution between scale items due to different scales for two of the items. This
technique provided a standard score for each scale item which would permit
comparison between vignettes. The principal components method was chosen
because it requires the fewest assumptions about the structure of the data.

Rotation techniques were employed which mathematically defined the disper-
sion of factors within geometric space. The number of factors in a given model is
dependent on the number of clusters in the model. (See Rummel, 1970 and 1968;
and Child, 1970.) Oblique rotation was used because it rotates the factors until the
factors are best specified.

The number of clusters which were selected was dependent upon the number of
factors which could be reliably predicted from the model. In principal components
factor analysis, Rummel (1970:363) suggested that the eigenvalue criteria of 1
maximizes reliability. "The sum of eigenvalues is equal to the sum of principal
diagonal elements of the matrix factored." When the eigenvalue of an item falls
below one the factor is ". . .not accounting for at least the total variance of one
variable."

In the principal components factor analysis using oblique rotation two factors
were identified for rotation.
TABLE 13
FACTOR LOADINGS ON FACTOR PATTERN OF OBLIQUELY ROTATED VIGNETTE SCALE ITEMS

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Var. Explained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Willingness to Report</td>
<td>Assessment of Deviance</td>
<td>h²</td>
</tr>
<tr>
<td>1</td>
<td>0.66647</td>
<td>0.23335</td>
<td>0.49864</td>
</tr>
<tr>
<td>2a</td>
<td>0.10579</td>
<td>0.48033</td>
<td>0.24191</td>
</tr>
<tr>
<td>2b</td>
<td>0.35542</td>
<td>0.56810</td>
<td>0.44906</td>
</tr>
<tr>
<td>2c</td>
<td>0.12194</td>
<td>0.72351</td>
<td>0.53834</td>
</tr>
<tr>
<td>2d</td>
<td>-0.21229</td>
<td>0.91117</td>
<td>0.87530</td>
</tr>
<tr>
<td>3</td>
<td>0.37437</td>
<td>0.32013</td>
<td>0.24264</td>
</tr>
<tr>
<td>4</td>
<td>0.70031</td>
<td>-0.03856</td>
<td>0.49192</td>
</tr>
<tr>
<td>5</td>
<td>0.90365</td>
<td>0.01950</td>
<td>0.81696</td>
</tr>
<tr>
<td>6</td>
<td>0.94205</td>
<td>-0.05277</td>
<td>0.89024</td>
</tr>
<tr>
<td>7</td>
<td>0.84053</td>
<td>-0.05999</td>
<td>0.71009</td>
</tr>
<tr>
<td>8</td>
<td>0.55915</td>
<td>0.32387</td>
<td>0.41754</td>
</tr>
</tbody>
</table>

Variance Controlled 36.3% 19.8% 56.1%

Correlation Between Factors = 0.50

These two factors explained fifty-six percent of the variance in the eleven scale items of the ten vignettes. No other factors had an eigenvalue greater than one. This means that an additional factor would explain less variance than was created by a single variable.

Table 13 shows the obliquely rotated factor pattern. The factor loading was the degree of correlation between each item and each factor. Those items with high loading either positive or negative were the items which most closely specified the factor. Those with lower loadings had less involvement with the factor. The
two factors had a correlation of 0.50 meaning that despite the separate identifiable clusters, the factors were correlated and had a common variance of 0.25.

From the rotated factors a factor score was generated. The score for each item on the factor is equivalent to a loading which predicts the vector intersecting the cluster of variables defining a factor. Table 14 displays the factor score coefficients.

An index for assessment of deviance and an index for willingness to report for each respondent was created by multiplying the appropriate factor score times the respondent's standard score on each item and then summing the items to form the index score.

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1 Willingness to Report</th>
<th>Factor 2 Assessment of Deviance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.15799</td>
<td>0.07130</td>
</tr>
<tr>
<td>2a</td>
<td>-0.00085</td>
<td>0.22081</td>
</tr>
<tr>
<td>2b</td>
<td>0.05830</td>
<td>0.24769</td>
</tr>
<tr>
<td>2c</td>
<td>-0.01091</td>
<td>0.33479</td>
</tr>
<tr>
<td>2d</td>
<td>-0.10796</td>
<td>0.44302</td>
</tr>
<tr>
<td>3</td>
<td>0.07769</td>
<td>0.12939</td>
</tr>
<tr>
<td>4</td>
<td>0.18260</td>
<td>-0.05918</td>
</tr>
<tr>
<td>5</td>
<td>0.23157</td>
<td>-0.04364</td>
</tr>
<tr>
<td>6</td>
<td>0.24569</td>
<td>-0.08003</td>
</tr>
<tr>
<td>7</td>
<td>0.21997</td>
<td>-0.07751</td>
</tr>
<tr>
<td>8</td>
<td>0.12506</td>
<td>0.12035</td>
</tr>
</tbody>
</table>
4. Independent Measures

The items on the questionnaire which are used to measure the dependent variables in each set of characteristics are presented below.

**Personal Characteristics**

The following were the personal characteristics measured in this study.

Section I, Item 1  Age
Section I, Item 2  Sex
Section I, Item 3  Race
Section I, Item 4  Marital Status
Section I, Item 5  Children Raised
Section I, Item 6  Social Class (Using Siegal Occupational Prestige Scale found in Lin, Burt, and Vaughn (1976))

Section III, Items 2, 4, 6, 8, 10, 12, 14, 16, 18, 20

**Professional characteristics**

The following list identifies the professional characteristics:

Section I, Item 7  Professional Occupation
Section I, Item 8  Years of Service
Section I, Item 9  Professional Organization Membership
Section I, Item 10  Education
Section I, Items 21, 22, 23  Professionalism Scale (Wilensky, 1964)

**Organizational Characteristics**

Section I, Item 13  Organizational Auspice
Section I, Item 14  Organization Service Orientation
Section I, Item 15  Consumer Influence on Organization
Section I, Item 17  How Respondent is Paid

Section I, Item 10a  Organization Role (as measured by percent of time in direct service)

Attitudes and Experience Regarding Child Maltreatment

The following list identifies the items used to measure attitudes and experiences which may affect reporting child abuse:

Section III, Contextual Issues (Nagi, 1977)
Items 1, 3, 5, 7, 9, 11, 13

Section III, Organization Concern with Child Maltreatment
Items 15, 17

Section III, Supervisor and Colleague concern with Child Maltreatment
Items 19, 21

Section III, Laterality of Concern
Items 22, 23

Section IV, Effectiveness of Protective Services for Children
Items 8, 9

Section IV, Policies for Reporting Child Maltreatment
Items 1, 2

Section IV, Reporting Structured
Item 3a

Section IV, Cases of Child Abuse Reported
Item 4a

Section IV, Training
Item 10

Factor Analysis of Attitude Items

Kerlinger (1973) and Rummel (1970) describe factor analysis as an excellent tool for examining a set of data and extracting a much smaller set of variables from the larger set. The smaller set is viewed as the pattern of association, called factors, underlying the variables which are measured directly. Table 15 displays
the principle components factor analysis with orthogonal rotation of the attitude items which are believed to affect the reporting of child abuse.

The factor analysis identified six factors which explained 60% of the variance among the seventeen attitude items studied. A cut off of 0.40 for factor loadings of each item each factor was chosen. That is an item with a loading of more than 0.40 was assumed to define a factor, an item with less than 0.40 was assumed not to define a factor. The following factors were defined by the attitude items listed below:

Factor 1  **Reporting Supported:** Items 15, 21, 22 of section three asked about perceived importance of reporting to the organization, supervisors, and colleagues. Items 1 and 2 of section four asked about the perceived clarity and use of policies of respondents' organizations for reporting child abuse. Item 15, section three was negatively stated and the rest of the items were positively stated. A negative loading for Item 15, section three and a positive loading for the rest indicates that these three items tend to measure the degree to which a person felt that reporting child abuse is supported by various people and rules in the practice setting. The scale from these items had a Cronbach Alpha reliability coefficient of .77.

Factor 2  **Child Advocate:** Items 1 and 3 of section three loaded on this factor. These items are Nagi's (1977) items which measure the importance of children's rights to the respondent. Persons scoring high on these items would be considered advocates for children's rights. The scale from these items had a Cronbach Alpha reliability coefficient of .61.

Factor 3  **Laterality of Concern:** Items 22 and 23 of section three weighted positively on this factor. These items asked about the degree to
<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1 Supported</th>
<th>Factor 2 Child Advocate</th>
<th>Factor 3 Laterally Concerned</th>
<th>Factor 4 Reporting Counterproductive</th>
<th>Factor 5 Non Punitive</th>
<th>Factor 6 Oriented Toward The Child Protection Agency h²</th>
</tr>
</thead>
<tbody>
<tr>
<td>S3Q01 Child Rights Neglected</td>
<td>0.15982</td>
<td>0.73962</td>
<td>0.14130</td>
<td>0.07366</td>
<td>0.03122</td>
<td>0.12663</td>
</tr>
<tr>
<td>S3Q03 Often Mistreat for Discipline</td>
<td>0.39170</td>
<td>0.83319</td>
<td>0.02319</td>
<td>-0.08807</td>
<td>0.09115</td>
<td>-0.02509</td>
</tr>
<tr>
<td>S3Q05 Family Affairs Private</td>
<td>-0.11429</td>
<td>-0.12195</td>
<td>-0.00383</td>
<td>0.66592</td>
<td>-0.09556</td>
<td>0.18213</td>
</tr>
<tr>
<td>S3Q07 Mistreat Hard to Determine</td>
<td>-0.06732</td>
<td>-0.35410</td>
<td>0.13857</td>
<td>0.39913</td>
<td>0.00938</td>
<td>-0.20943</td>
</tr>
<tr>
<td>S3Q09 Provide Therapy not Punish</td>
<td>0.08101</td>
<td>0.22922</td>
<td>0.05972</td>
<td>-0.08342</td>
<td>0.78590</td>
<td>-0.03998</td>
</tr>
<tr>
<td>S3Q11 Reports Lose Clients</td>
<td>0.05022</td>
<td>0.01035</td>
<td>0.01173</td>
<td>0.53339</td>
<td>-0.09187</td>
<td>-0.29574</td>
</tr>
<tr>
<td>S3Q13 Remove Child</td>
<td>0.03902</td>
<td>0.11460</td>
<td>0.22852</td>
<td>0.22130</td>
<td>-0.51053</td>
<td>-0.36291</td>
</tr>
<tr>
<td>S3Q15 Too Busy to Report</td>
<td>-0.04354</td>
<td>0.10119</td>
<td>0.00956</td>
<td>-0.60039</td>
<td>-0.00252</td>
<td>-0.10876</td>
</tr>
<tr>
<td>S3Q17 Reports Get Lost</td>
<td>-0.36671</td>
<td>0.01545</td>
<td>-0.18998</td>
<td>0.44971</td>
<td>0.08637</td>
<td>-0.43022</td>
</tr>
<tr>
<td>S3Q19 Colleague Support Reports</td>
<td>0.73960</td>
<td>0.01915</td>
<td>0.01382</td>
<td>-0.10670</td>
<td>-0.01801</td>
<td>0.03493</td>
</tr>
<tr>
<td>S3Q21 Supervisors Support Reports</td>
<td>0.72752</td>
<td>0.03559</td>
<td>0.13190</td>
<td>-0.16616</td>
<td>0.02176</td>
<td>0.01971</td>
</tr>
<tr>
<td>S3Q22 Learn About Family</td>
<td>0.32579</td>
<td>0.11907</td>
<td>0.68712</td>
<td>-0.13182</td>
<td>0.03560</td>
<td>0.06200</td>
</tr>
<tr>
<td>S3Q23 Know Child's Religion</td>
<td>-0.06159</td>
<td>0.03948</td>
<td>0.39599</td>
<td>0.00158</td>
<td>-0.02890</td>
<td>0.04137</td>
</tr>
<tr>
<td>S4Q01 Report Policy Clear</td>
<td>0.76796</td>
<td>0.20357</td>
<td>0.09288</td>
<td>0.01655</td>
<td>0.06697</td>
<td>0.20769</td>
</tr>
<tr>
<td>S4Q02 Policy Followed</td>
<td>0.71847</td>
<td>0.09605</td>
<td>0.02780</td>
<td>-0.05630</td>
<td>0.00036</td>
<td>0.36292</td>
</tr>
<tr>
<td>S4Q08 Familiar with CPS</td>
<td>0.26869</td>
<td>0.21887</td>
<td>0.01717</td>
<td>-0.15715</td>
<td>-0.06146</td>
<td>0.66838</td>
</tr>
<tr>
<td>S4Q09 Confident in CPS</td>
<td>0.15339</td>
<td>-0.00832</td>
<td>0.09367</td>
<td>0.20766</td>
<td>0.07920</td>
<td>0.77888</td>
</tr>
</tbody>
</table>

%Variance of each factor: .16 .10 .08 .09 .07 .10

Total Variance = .60
which the respondent got to know the background of each child.

Higher scores on these items indicated that a respondent is concerned
with elements of a child's life outside the specific professional
encounter. The scale from these items had a Cronbach Alpha
reliability coefficient of .50.

**Factor 4**

*Reporting Counter Productive: Items 5, 11, 15, and 17 of section
three weighted positively on this factor. A positive response to Item
5 indicated that public agencies should not bother families. A
positive response to Item 11 indicated that reporting causes profes­
sionals to lose the confidence of clients. A positive response to Item
15 indicated that the respondent felt that his agency does not have
time to get involved in child abuse reports. Item 17 indicated that
the respondents felt most reports get lost in the shuffle. If a person
scored positively on all those items one could assume that that
respondent felt a sense of futility in making reports. The scale from
these items had a Cronbach Alpha reliability coefficient of .56.*

**Factor 5**

*Nonpunitive: Items 7, 9, and 13 of section three weighted heavily on
factor 5. If a person responded positively to Item 7, he or she had
difficulty deciding what constitutes child abuse. A positive response
to Item 9 indicated a preference for therapy not punishment. A
negative response to Item 13 indicated a respondent felt that child
abuse should not be grounds for termination of parental rights. If a
person scored positively on Items 7 and 9 and negatively on Item 13,
then the respondent expressed a non punitive sentiment toward
maltreating parents. The summed from these items had a Cronbach
Alpha reliability coefficient of .08.*
Factor 6  **Positive Orientation to the Child Protection Agency:** Item 17 of section three and Items 8 and 9 of section four weighted heavily on factor 6. A negative response to Item 17 indicated that the person felt reports of child abuse do not get lost in the shuffle. Items 8 and 9 indicated awareness of and confidence in the local child protection agency. The summed scale from these items had a Cronbach Alpha coefficient of .62.

As is suggested by Rummel (1970) the items which loaded on a factor were summed to create a new variable which is called by the factor name. The new variables created by summing the relevant variables were used as independent variables in the subsequent analyses.
CHAPTER IV
Research Findings

A. Overview

Observations were made on thirty-two variables for each of 328 respondents. There are six categories of variables examined in this study. The following list identifies the categories of variables and the variables within each category:

1. Dependent Measures
   a. Deviance Assessment Score
   b. Willingness to Report Score

2. Vignette Characteristics
   a. Race
   b. Social Class

3. Background Characteristics of Respondents
   a. Age
   b. Sex
   c. Race
   d. Marital Status
   e. Social Class of Respondents' Parents
   f. Dogmatism

4. Professional Characteristics of Respondents
   a. Type of Profession
b. Years in Profession.

c. Membership in Professional Association.

d. Education.

e. Professionalism Scale Score.

f. Careerism Scale.

g. Client Orientation Scale.

5. Organizational Characteristics of Respondents' Work Settings.

a. Auspice.

b. Organization Type.

c. Consumer Influence on the Organization.

d. Type of Payment for Services.

e. Percent of Time in Direct Service.

6. Attitudes and Experiences Concerning Child Maltreatment.


b. Orientation to Child Protection Service Agency.

c. Organizational Support for Reporting Child Abuse.


e. Concern for Lateral Aspects of Client Life.

f. Child Advocate.

b. Belief that Reporting Child Abuse is Counter Productive.

h. Existence of Organizational Structure for Reporting Child Abuse.

i. The Number of Child Abuse Reports Made.

The findings will be presented in five sections. The first section describes the respondents in relation to the distribution of variables in this study among the four professional groups from which respondents were recruited. The second section examines the influence of professional affiliation on the willingness to report score
and deviance assessment score. The third section examines the influence of race and social class characteristics presented in the vignette, and their influence on respondents' willingness to report score and assessment of deviance score. The fourth section examines four sets of respondent characteristics in relation to willingness to report score. Each of the four sets of characteristics is tested separately in a multiple regression analysis for each of ten vignettes. The fifth section presents the results from regressions of each of ten vignettes examining the significant items from previous analysis.
B. Description of Respondents

1. Personal Characteristics of Respondents

The personal variables used in this study constitute a broad framework of early socialization experiences which may have influenced the judgments of respondents with respect to identifying and reporting child abuse. The personal characteristics of the respondents are displayed in Table 16. Where the number in a column represents the number of respondents in a particular category of a variable the column is headed by an N. Where the variable is continuous and the number in a column represents the mean, X heads the column. Where the number in the column represents the standard deviation of a continuous variable, SD heads the column. Where the number of respondents in the analysis of a particular variable is less than the total sample of 328 due to missing values, the number of valid responses is placed in parentheses beside the variable name.

**Age**

Three separate patterns for age distribution among the four professions can be identified. The mean and standard deviation for nurses and teachers were almost identical. The average age for both teachers and nurses was almost forty. The standard deviation for teachers was almost eleven and almost twelve for nurses. While physicians' mean age of forty was similar to nurses and teachers, the physicians had a much greater age range as indicated by a standard deviation of almost fourteen. Social workers with an average age of thirty-four were considerably younger than the other three professional groups. With a standard deviation of ten years the social workers tended to represent a narrower range of
ages than did the other three professions. The average age for the entire sample was thirty-eight with a standard deviation of almost twelve.

Race

The racial distribution within each health care professional group is probably representative of the distribution within its professional body. The two black physicians constituted three percent of the responding physicians. Milio (1975:156) states that just over two percent of physicians are black. The seven black nurses accounted for eight and a half percent of nurses in the sample. Milio (1975:156) shows that, nationally, seven and a half percent of nurses are black.

The eight black teachers constituted twelve percent of teachers who were respondents. The twenty-four black social workers accounted for just under twenty-five percent of the social workers. The distribution of black social workers and teachers in this sample was probably reflective of their respective professions.

Nationally, about eleven percent of the population is black. In Franklin County, Ohio about thirteen percent of the population is black. Blacks were underrepresented in this sample among physicians and nurses with respect to their distribution in the total population. The proportion of teachers who are black tends to reflect the distribution of blacks in the population as a whole. In comparison to their distribution in the national population, blacks are over represented in the social work sample.

The sample as a whole had thirteen percent black respondents which slightly over represents blacks in comparison to the distribution of blacks in the total population.

Sex

Responding physicians were predominately male while the respondents from the other three professions were predominately female. The respondents in the health care professions were probably reflective of the distribution in their
respective professions. The two male nurses constituted two and a half percent of nurses. Milio (1975:156) states that about two and a half percent of nurses nationally are males. The fifteen female physicians constituted twenty-one percent of the physicians. Milio (1975:146) shows that eight percent of family practice residents are female while thirty-two percent of pediatric residents are female. Of practicing pediatricians, twenty-one percent are female.

The thirty male social workers constituted twenty-eight percent of the social workers in the sample. The five male teachers constituted seven percent of the responding teachers.

In the total sample of 327, ninety-two were males and 235 were females. Males constituted twenty-eight percent of the total. This sample was predominantly female. If the sample was representative, this finding suggests that females have the primary responsibility for reporting child maltreatment.

Marital Status

Physicians in the sample tended to be married or never married. Only one responding physician was widowed, separated or divorced. Social work respondents had the highest proportion of respondents who had never been married. Thirty-two percent of all social workers had never been married, as compared with twenty percent for physicians, twenty-three percent for teachers and twelve percent for nurses. Since they were on the average younger, this characteristic may be a reflection of age.

With the exception of physicians the proportion of respondents who were separated, widowed or divorced was roughly the same. Seventeen percent of social workers, twelve percent of teachers, and fourteen percent of nurses were separated, widowed or divorced.
Children

Over half of the social workers did not have children while well over half of the respondents in the other three professional groups had children. This characteristic of social workers was probably reflective of their younger age.

Thirty-three percent of physicians had three or more children. Twenty-three percent of teachers and nurses had three children or more. Only eleven percent of social workers had three or more children. The fact that a higher proportion of physicians had three or more children may be related to their wider distribution in age, and their affluence. Since respondents from the professions which were predominately female had fewer children, perhaps families with women who are professionally employed tend to have fewer children.

Social Class

The social class origin of physicians contrasted with the social class origin of the other three professional groups. The social class was measured by scoring the occupational prestige of the fathers of respondents (Lin, Burt, and Vaughn, 1976:23-34). The mean occupational prestige for nurses' fathers was forty-five, and for social workers and teachers, it was forty-seven. Physicians' fathers had an average occupational prestige score of fifty-three.

The standard deviation for physicians was eighteen while the other three professions had a standard deviation of fifteen. The spread of social class background appears to be greater for physicians indicating that physicians may have been recruited from a more diverse set of social classes. The four professions appear to be a source of upward mobility for respondents in this sample. The mean occupational prestige for physicians' fathers of fifty-three was considerably below the prestige score of eighty-one for physicians. The prestige score for fathers of nurses was below the prestige score of sixty-two for nursing. Similarly, the prestige score of sixty-two for elementary school teaching was above the forty-
seven average for fathers of teachers. The least mobility was achieved by social
workers. The mean score of social workers' fathers was forty-seven as contrasted
with a prestige score of fifty-two for social work. The greater spread of
occupational prestige for fathers of physicians may indicate that the profession of
medicine may serve to maintain upper social class status as well as a means for
upward mobility.

**Dogmatism Score**

The mean score for all respondents of twenty-eight on the short dogmatism
scale was lower than the mean score of thirty-seven found by Rokeach (1967). This
finding suggests that respondents in general are less dogmatic and more cognitively
complex than the general population.

There were however, significant differences among professional groups mean
scores on the dogmatism scale. The average dogmatism score for teachers was
thirty. The average dogmatism score for physicians and nurses was almost twenty-
nine. The average dogmatism score for social workers was twenty-six. The
dogmatism score for social workers was significantly lower than the dogmatism
scores for the other three professions. This difference may be a function of the
age difference between social workers and the other professions. It may also
reflect the task of social work versus the tasks in the other three professions. As
complex as the tasks are in all the professions, social work may be less certain
about cause and effect relationships, and the methods for dealing with identified
tasks may be less structured. Such a situation may require greater tolerance for
openness which was reflected in a lower dogmatism score. When the technology is
more certain and the service delivery is more structured too much openness may be
counter productive. (For a discussion of cognitive orientation and task environment
in organizations see Bobbitt and Ford, 1978.)
## TABLE 16
RESPONDENTS' PERSONAL CHARACTERISTICS

<table>
<thead>
<tr>
<th>Profession</th>
<th>Age</th>
<th>SD</th>
<th>N</th>
<th>N</th>
<th>N</th>
<th>N</th>
<th>N</th>
<th>N</th>
<th>N</th>
<th>N</th>
<th>N</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (70)</td>
<td>40.14</td>
<td>13.53</td>
<td>2</td>
<td>67</td>
<td>0</td>
<td>55</td>
<td>15</td>
<td>55</td>
<td>1</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker (106)</td>
<td>34.47</td>
<td>9.66</td>
<td>24</td>
<td>78</td>
<td>0</td>
<td>30</td>
<td>75</td>
<td>53</td>
<td>18</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher (69)</td>
<td>39.97</td>
<td>10.83</td>
<td>8</td>
<td>59</td>
<td>1</td>
<td>5</td>
<td>64</td>
<td>45</td>
<td>8</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse (83)</td>
<td>39.63</td>
<td>11.86</td>
<td>7</td>
<td>74</td>
<td>0</td>
<td>2</td>
<td>81</td>
<td>61</td>
<td>12</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (328)</td>
<td>38.14</td>
<td>11.61</td>
<td>41</td>
<td>278</td>
<td>1</td>
<td>92</td>
<td>235</td>
<td>214</td>
<td>39</td>
<td>74</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant Differences</td>
<td>Oneway AV</td>
<td>Chi Square</td>
<td>Chi Square</td>
<td>Chi Square</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>p &lt; .01</td>
<td>p &lt; .01</td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Respondents' Personal Characteristics (Cont.)

<table>
<thead>
<tr>
<th>Profession</th>
<th>Number of Children</th>
<th>Social Class Origin</th>
<th>Dogmatism Score (314)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0  1  2  3  4  5+</td>
<td>X  SD</td>
<td>X  SD</td>
</tr>
<tr>
<td></td>
<td>N  N  N  N  N  N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician (70)</td>
<td>28  5  14  17  5  1</td>
<td>52.54 18.36</td>
<td>28.77 9.07</td>
</tr>
<tr>
<td>Social Worker (106)</td>
<td>55  17  22  8  4  0</td>
<td>46.86 13.77</td>
<td>25.79 7.53</td>
</tr>
<tr>
<td>Teacher (69)</td>
<td>55  9  19  9  3  4</td>
<td>46.67 14.07</td>
<td>30.01 6.90</td>
</tr>
<tr>
<td>Nurse (83)</td>
<td>32  12  18  13  5  3</td>
<td>44.75 14.77</td>
<td>28.81 9.81</td>
</tr>
<tr>
<td>Total (328)</td>
<td>140 43 73 47 17 8</td>
<td>47.5 19.95</td>
<td>28.08 8.29</td>
</tr>
</tbody>
</table>

Significant Differences

- One way AV
  - p < .01
  - p < .05
  - p < .01
Summary

In general the attributes found among respondents to this survey appeared to be reflective of their professional group.

Physicians tended to be predominately older males of upper class origin. Most of the physicians were married and had a higher number of children on average than did the rest of the respondents. Physicians were almost exclusively white.

Social workers tended to be younger, tended to never have been married, and tended to have fewer children when compared with other respondents. While predominately a female profession, social work was not exclusively female as is the case of elementary school teaching and nursing. Social workers seemed to have the same social class origins as did nurses and teachers. When compared to their distribution in the normal population, blacks were overrepresented among social workers.

2. Respondents' Professional Characteristics

The respondents' professional characteristics in this study were used to describe the attributes as well as orientation toward profession, career, and clients. Differences among these attributes and attitudes are likely to reflect differences in outlook and interests. The professional characteristics of respondents are displayed on Table 17.

Years of Professional Experience

The years of professional experience of respondents very closely paralleled the distribution of age characteristics among the professional respondents found in Table 25. The same three patterns found in the age distribution applied to the distribution of years of service. Social workers with almost eight years of experience tended to be less experienced than either physicians with thirteen years, or nurses and teachers with twelve years. Physicians had a broader range of years
of experience with a standard deviation of almost thirteen years as compared with
the standard deviations of about eight years for nurses and teachers, and seven
years for social workers.

**Professional Membership**

Almost all of the physicians (sixty-five out of seventy) and teachers (sixty-four
out of sixty-nine) were members of their professional association. There may be a
qualitative difference in the nature of their professional organizations. The
teacher association while it functions in other ways, is the primary collective
bargaining unit with the public school in negotiation for salary. Except for school
nurses who may belong both to the education association as well as nursing
organizations, no other professional association functions in the same capacity for
its members.

The majority of social workers (sixty-five out of 106) tended not to be
members of professional organizations, although a large minority belonged to a
professional association. The majority of nurses tended to be members of a
professional association (fifty-one out of eighty-three) while a large minority did
not belong to a professional association.

**Education**

As a result of licensing requirements all seventy physicians in the sample had
completed a doctorate in medicine.

Teachers, due to licensing requirements had completed at least a bachelor
degree. Forty-seven teachers had completed a bachelor degree, twenty-one
teachers had completed a master degree and one teacher had completed a
doctorate degree.

The licensing of nursing permits nurses to practice who have not completed a
bachelor's degree (LPN and RN). Twenty-two nurses had less than a bachelor
degree, fifty-five had bachelor degrees, and six had master degrees.
### TABLE 17
### RESPONDENTS' PROFESSIONAL CHARACTERISTICS

<table>
<thead>
<tr>
<th>Profession</th>
<th>Years Professional Experience</th>
<th>Professional Association Membership</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>SD</td>
<td>Yes N</td>
</tr>
<tr>
<td>Physician (70)</td>
<td>13.06</td>
<td>12.50</td>
<td>65</td>
</tr>
<tr>
<td>Social Worker (106)</td>
<td>7.59</td>
<td>6.68</td>
<td>41</td>
</tr>
<tr>
<td>Teacher (69)</td>
<td>11.86</td>
<td>7.91</td>
<td>64</td>
</tr>
<tr>
<td>Nurse (83)</td>
<td>11.92</td>
<td>8.32</td>
<td>51</td>
</tr>
<tr>
<td>Total (328)</td>
<td>10.75</td>
<td>9.89</td>
<td>221</td>
</tr>
</tbody>
</table>

**Significant Differences**
- One way AV \( p < .001 \)
- Chi Square \( p < .001 \)
- Chi Square \( p < .001 \)
### RESPONDENTS' PROFESSIONAL CHARACTERISTICS (Cont.)

<table>
<thead>
<tr>
<th>Profession</th>
<th>Professionalism Score</th>
<th>Careerism Score</th>
<th>Client Orientation Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>SD</td>
<td>X</td>
</tr>
<tr>
<td>Physician (70)</td>
<td>5.67</td>
<td>1.97</td>
<td>0.33</td>
</tr>
<tr>
<td>Social Worker (106)</td>
<td>3.92</td>
<td>2.08</td>
<td>1.52</td>
</tr>
<tr>
<td>Teacher (69)</td>
<td>4.51</td>
<td>1.88</td>
<td>1.91</td>
</tr>
<tr>
<td>Nurse (83)</td>
<td>4.54</td>
<td>1.60</td>
<td>1.39</td>
</tr>
<tr>
<td>Total (328)</td>
<td>4.57</td>
<td>1.99</td>
<td>1.31</td>
</tr>
</tbody>
</table>

Significant Oneway AV Differences
- Professionalism: p < .001
- Careerism: p < .001
- Client Orientation: p < .001
A formal license to practice social work is not required in Ohio, although agencies require a master degree. Despite the fact that some social work respondents (8) had less than a bachelor degree, most of the social work respondents (75) had master degrees. Twenty-three social workers in the sample had bachelor degrees.

In terms of overall distribution, most teachers and nurses had bachelor degrees, most social workers had master degrees, and all physicians had doctor of medicine degrees.

**Professionalism Score**

Three patterns emerged on the professionalism score. Physicians scored the highest (5.67), nurses (4.54) and teachers (4.51) fell in the middle and social workers were the lowest. A high score reflected concern for colleague opinion and interest in practicing the technical skills of the profession. As an index, it seemed to describe accurately the hierarchy of occupational prestige discussed in the section on social class. The scale seemed to confirm the belief that medicine is the most professionalized profession, and of the four social work would be considered the least professionalized. The finding that a minority of social workers belonged to a professional association may reflect a lower concern for professional interests, and appears to be related to their lower score on the professionalism scale.

**Careerism Scale Score**

Three patterns emerged on the careerism score. Physicians scored the lowest (0.33), social workers (1.52) and nurses (1.39) were in the middle, while teachers (1.91) were highest. A high score reflected concern for supervisor opinion and seeing the occupation as a means to an income rather than an opportunity to perform interesting tasks. The fact that teachers scored higher on this index may reflect the more bureaucratic nature of the teaching profession. Lines of authority
in social work and nursing, while bureaucratic, may be slightly more collegial. Lines of authority within medicine appear to be almost exclusively collegial otherwise physicians would have scored higher on the careerism index and lower on the professionalism index. Social workers and nurses were certainly closer on the scale to teachers than were physicians. Teachers may view their work more as a means to an income rather than the performance of their work as intrinsically satisfying.

**Client Orientation Score**

Nurses (1.49) and social workers (1.49) scored higher on the client orientation index than either teachers (1.19) or physicians (1.09). While no professional ignores a client, this index taps the degree to which clients' opinions are more important to the respondents than colleague or supervisor opinions. The high score on the professionalism index for physicians and the high score on the career index for teachers probably resulted in a depressed client orientation score for these two professions. These scores tended to suggest that nurses and social workers were more client oriented than the other two professions when a choice was forced between either clients or colleagues and supervisors.

**Summary**

Physicians tended to have more professional experience than the rest of the respondents. Social workers have the least professional experience. The distribution of professional experience tended to be reflective of the different age distributions of the professional groups.

Physicians tended to be members of professional associations, had doctorate degrees, scored high on the professionalism index, scored low on careerism index, and scored low on the client orientation index.
Social workers tended not to be members of professional associations, had master degrees, scored low on professionalism index, scored in the middle on the careerism index, and scored high on the client orientation index.

Teachers tended to be members of professional associations, had bachelor degrees, scored in the middle on the professionalism index, scored high on the careerism index, and scored low on the client orientation index.

Nurses tended to be members of professional organizations, had bachelors degrees, scored in the middle of the professionalism index, scored in the middle on the careerism index, and scored high on the client orientation index.

3. Organizational Characteristics of Respondents' Practice Setting.

The organizational characteristics represent a variety of controls over and incentives for behavior of direct service professionals. Particular attention was paid to identifying items which reflected various mechanisms parents, as primary consumers, might use to control the behavior of professional service providers. To the extent that these incentives provided mechanisms for parents to control the professional, low reports of child abuse could be expected. Organizational characteristics of respondents are displayed on Table 18.

Auspice

Thirty-seven physician respondents worked in private practice, twenty-six worked for private non-profit organizations (mostly hospitals and incorporated family practice settings affiliated with a hospital). Seven physicians were affiliated with a public agency (a state university hospital). Forty social workers were employed in private non-profit organizations and sixty-six social workers were employed by a public agency. Twenty-four teachers worked in non-public education and forty-five worked in public education. Twenty-five nurses worked in a private non-profit setting and fifty-eight worked in a public facility.
### TABLE 18
ORGANIZATIONAL CHARACTERISTICS OF RESPONDENTS' WORK SETTING

<table>
<thead>
<tr>
<th>Profession</th>
<th>Auspice</th>
<th>Type of Service</th>
<th>Payment for Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Private/Prof</td>
<td>Private Non-profit</td>
<td>Public</td>
</tr>
<tr>
<td>Physician</td>
<td>37</td>
<td>26</td>
<td>7</td>
</tr>
<tr>
<td>Social Worker</td>
<td>0</td>
<td>40</td>
<td>66</td>
</tr>
<tr>
<td>Teacher</td>
<td>0</td>
<td>24</td>
<td>45</td>
</tr>
<tr>
<td>Nurse</td>
<td>0</td>
<td>25</td>
<td>58</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>69</td>
<td>83</td>
</tr>
</tbody>
</table>

Significant Differences:
- Chi Square $p < .001$
- Chi Square $p < .001$
- Chi Square $p < .001$
ORGANIZATIONAL CHARACTERISTICS OF RESPONDENTS' WORK SETTING (Cont.)

<table>
<thead>
<tr>
<th>Profession</th>
<th>% Time in Direct Care</th>
<th>Consumer Influence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>SD</td>
</tr>
<tr>
<td>Physician (70)</td>
<td>73.89</td>
<td>24.91</td>
</tr>
<tr>
<td>Social Worker (106)</td>
<td>68.69</td>
<td>30.11</td>
</tr>
<tr>
<td>Teacher (69)</td>
<td>80.00</td>
<td>27.60</td>
</tr>
<tr>
<td>Nurse (83)</td>
<td>80.17</td>
<td>27.39</td>
</tr>
<tr>
<td>Total (328)</td>
<td>75.08</td>
<td>28.18</td>
</tr>
</tbody>
</table>

Significant Differences

Oneway AV
p < .05

Chi Square
p < .001
Type of Service Offered by Organization

All seventy physicians were employed by organizations which had the primary purpose of providing health care services. All sixty-nine teachers worked in organizations providing primarily educational services. The work settings for social workers and nurses were more diverse. Twenty-four social workers were employed by mental health agencies, sixty-three social workers worked in social service agencies and nineteen worked in health care agencies. Twenty-nine nurses were employed in educational settings and fifty-four were employed by health care organizations.

The diversity of work settings among social workers and nurses seemed to be related to a high score on the client orientation index and a moderate score on the careerism index.

Payment for Services

Nineteen physicians were paid on a fee for service basis and fifty-one received a salary. Nine social work respondents stated that their salary was indexed based on the amount of direct care services they provided. All of the sixty-nine teachers and all of the eighty-three nurses received a salary.

Percent of Time Spent in Direct Service Delivery

This measure was designed to provide an index of time spent in direct work with clients. As such, it represents the degree to which the respondent was not involved in administration, supervision, research, professional training or other non direct service activity.

Nurses and teachers in the survey spent an average of about eighty percent of their time in direct service activities. Physicians in the survey spent almost seventy-four percent of their time in direct service. Social workers in the survey spent the least time in direct service activities with an average of sixty-nine
percent of their time spent in direct care. Despite their high client orientation social workers spent the least percentage of their time with clients.

Perhaps the commitment of some physicians in the sample to teaching other professionals, and the inclusion of residents who participate in seminars, accounted for some reduction of physicians' time in direct service.

The low proportion of time in non direct service activities of teachers and nurses in the sample suggests that supervisors of their work are not in the sample. Principals and assistant principals, who were not included in the sample, are key non direct service providers in the occupational setting of teachers and school nurses. Further, the activities of nurses in health care settings are directed by professionals who are not nurses. Since administrative and supervisory tasks are conducted by others, perhaps nurses and teachers are not needed to perform as many non direct service tasks freeing them to devote full time to their direct service activities

Social workers' tasks may include a wider range of administrative duties, and a higher proportion of social workers may be employed in both administrative and supervisory capacities.

**Consumer Influence over Organization**

Social workers and physicians tended to believe that consumers either had weak or no influence over the organizations in which they worked. Over half of the teachers felt that consumers controlled or strongly influenced their organizations. Over a third of nurses felt that consumers controlled or strongly influenced the organizations in which they worked.

The rank order of consumer influence on professional organizations based on the perception of the respondents is as follows:
(low) organizations employing social workers;
(low) organizations employing physicians;
(medium) organizations employing nurses;
(high) organizations employing teachers;

One of the weaknesses of this item is that it is not entirely clear who is the consumer, the child or the parent. Some respondents were polled and stated that they had answered as if the consumer was the parent. If this is a representative interpretation organizations employing teachers are more accountable to parents than any other organization.

Summary

Physicians tended to work in organizations which were private for profit, to deliver health care services to receive a salary to spend seventy-four percent of their time with patients, and to perceive limited consumer influence over the health organizations in which they worked.

Social workers tended to work in public agencies delivering social services, to receive a salary, to spend sixty-nine percent of their time in direct service, and to perceive limited consumer influence over the organizations in which they worked.

Teachers tended to work in public education facilities, to spend eighty percent of their time teaching, to receive a salary, and to perceive strong consumer influence on the organizations in which they worked.

Nurses tended to work in public agencies, to spend eighty percent of their time in direct service, to receive a salary, and to perceive moderate consumer influence on the organizations in which they worked.
4. Respondents' Attitudes and Experiences in Relationship to Child Maltreatment

This section presents findings on a broad range of attitudes and specific experiences which were likely to have influence on a respondent's willingness to report child abuse. These attitudes and experiences related to child maltreatment are likely to impinge directly on a decision to report child maltreatment. They are likely to mediate many of the more indirect personal and organizational influences. The respondents' attitudes are summarized in Table 19 and the specific experiences with reporting child abuse are summarized in Table 20.

**Reporting Supported**

This attitude reflects the belief that colleagues, supervisors, and organizational policies support the reporting of child abuse. Social workers, with a mean score of almost thirty, tended to perceive the highest support for reporting child abuse. Teachers, with a mean score of twenty-four, perceived the lowest support for reporting child abuse. Physicians, with a mean score of twenty-seven, and nurses, with a mean score of twenty-nine, were in the middle of the continuum falling closer to social workers than teachers.

**Child Advocacy**

Child advocacy represents the concern that rights of children have been long neglected in favor of parental rights. With a mean of twelve, social workers had the highest score. When the mean scores of teachers, nurses and physicians are rounded to whole numbers they all scored eleven. Teachers' actual score was the lowest, followed by physicians, and then nurses. The rank order among the mean scores of the professional groups was the same for child advocacy as it was for reporting supported.
<table>
<thead>
<tr>
<th>Profession</th>
<th>Reporting Supported</th>
<th>Child Advocate</th>
<th>Laterally Concerned</th>
<th>Reporting Counter</th>
<th>Nonpunitive</th>
<th>Oriented Toward Child Protection Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>SD</td>
<td>X</td>
<td>SD</td>
<td>X</td>
<td>SD</td>
</tr>
<tr>
<td>Physician (70)</td>
<td>26.77</td>
<td>5.50</td>
<td>10.67</td>
<td>2.86</td>
<td>9.68</td>
<td>2.37</td>
</tr>
<tr>
<td>Social Worker (106)</td>
<td>29.98</td>
<td>4.72</td>
<td>12.21</td>
<td>2.08</td>
<td>11.17</td>
<td>2.39</td>
</tr>
<tr>
<td>Teacher (69)</td>
<td>23.67</td>
<td>6.99</td>
<td>10.54</td>
<td>2.63</td>
<td>10.64</td>
<td>2.50</td>
</tr>
<tr>
<td>Nurse (83)</td>
<td>28.64</td>
<td>5.51</td>
<td>11.42</td>
<td>2.19</td>
<td>10.33</td>
<td>2.36</td>
</tr>
<tr>
<td>Total (328)</td>
<td>27.61</td>
<td>6.08</td>
<td>11.33</td>
<td>2.49</td>
<td>10.52</td>
<td>2.45</td>
</tr>
<tr>
<td>Significant Differences</td>
<td>One way AV p&lt;.001</td>
<td>One way AV p&lt;.001</td>
<td>One way AV p&lt;.001</td>
<td>One way AV p&lt;.001</td>
<td>One way AV p&lt;.001</td>
<td>N.S.</td>
</tr>
</tbody>
</table>
Laterally Concerned

This item measures the extent to which a service provider is concerned with the biography of the child he treats beyond the client's specific presenting need for service. Social workers and teachers had a mean score of about eleven. Nurses and physicians were lower having a mean score of about ten. Social workers ranked highest, teachers next, followed by nurses and then physicians.

Reporting Counter Productive

This item measures the extent to which reporting is likely to damage the relationship between client and professional, and the degree to which making a report is perceived as a waste of time because reports are not likely to be appropriately handled. The teachers mean score was almost eleven and was the highest among the four professional groups. Both nurses and physicians had a mean score of nine, and ranked in the middle between social workers and teachers. Social workers, with a mean score of seven, scored the lowest on this index. Social workers apparently felt that making reports of child abuse was not counter productive.

Nonpunitive Attitude Toward Maltreating Parents

This item attempts to measure the extent to which therapy, rather than punishment, for maltreating parents is preferred. There appears to be no important distinction between the four professional groups on this item. Nurses scored slightly higher than the rest but not to the extent that the difference was significant.

Oriented Toward the Child Protective Agency

This item measures the extent to which the respondent is aware of the child protective service criteria for validating reports of child abuse, and the belief that the agency can intervene successfully with parents who have maltreated their children. Since the child protection agency is operated almost exclusively by social
workers, it seems likely that social workers would be most familiar with its policies, and believe that the agency can successfully intervene in child maltreatment problems.

Social workers ranked highest on this index, having a mean score of nearly eighteen. Teachers, with a mean score of twelve on the index, were less familiar with and more uncertain about the effectiveness of the child protection agency than any of the other professional groups. In the rank order of the four professional groups, nurses and physicians fell in the middle with each scoring about fourteen on the index.

**Number of Training Sessions Concerning Child Maltreatment**

Table 20 summarizes the number of in service training sessions, workshops, seminars or conferences regarding child maltreatment a respondent attended in the year prior to participating in the study.

Nearly three fourths (seventy-four out of 106) of social workers attended at least one training session for child abuse recognition in the year prior to the study. Over half (forty-eight out of eighty-three) of the nurses attended a training session in the year prior to the study. Almost half of the physicians (thirty-four out of seventy) attended a training session in the year prior to the study. Fewer than one quarter of the teachers in the sample attended a training session on child abuse in the year prior to the study.

**Organizational Structure for Reporting Child Abuse**

The respondents were asked whether there was a person designated in their organizations to handle the reporting of child abuse to authorities outside the agency. It is assumed that such a position in an organization would increase the likelihood of reports. Symbolically such a position would indicate organizational
<table>
<thead>
<tr>
<th>Profession</th>
<th>Training Sessions</th>
<th>Organizational Structure for Reporting</th>
<th>Number of Cases Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0  1  2  3  4  5  6+</td>
<td>Yes  No</td>
<td>0  1  2  3  4  5-9  10-19  20+</td>
</tr>
<tr>
<td>Physician (70)</td>
<td>36 21 8 2 1 1 1</td>
<td>40 30</td>
<td>24 12 10 5 3 9 3 4</td>
</tr>
<tr>
<td>Social Worker (106)</td>
<td>32 26 24 13 5 4 2</td>
<td>49 57</td>
<td>32 11 13 9 6 8 12 15</td>
</tr>
<tr>
<td>Teacher (69)</td>
<td>54 13 2 0 0 0 0</td>
<td>35 34</td>
<td>43 16 4 2 3 1 0 0</td>
</tr>
<tr>
<td>Nurse (83)</td>
<td>35 21 19 6 2 0 0</td>
<td>30 53</td>
<td>27 18 15 6 7 4 5 1</td>
</tr>
<tr>
<td>Total (328)</td>
<td>157 81 53 21 8 5 3</td>
<td>154 174</td>
<td>126 57 42 22 19 22 20 20</td>
</tr>
</tbody>
</table>

Significant Differences

- Oneway Anova
  - p < .001
- Chi Square
  - p < .05
- Oneway Anova
  - p < .001
support for reporting. Further it might minimize the time a person had to take away from regular duties to make reports.

Most of the teachers (thirty-five out of sixty-nine) and most of the physicians (forty out of seventy) identified an organizational structure within their organizations for reporting child abuse. Fewer than half of the social workers (forty-nine out of 106) and fewer than half of the nurses (thirty out of eighty-three) identified a formal reporting structure for their organizations. When these findings are compared with the reporting experience of various groups, it appears that reporting structures may not be related to high levels of reporting. Teachers and physicians most often indicated they had reporting structures yet they made the fewest reports.

**Number of Cases Reported**

Respondents were asked to identify the number of cases they had reported in the year prior to the study. A report was defined as a referral to a functional unit of the organization or to the child protective service agency for the purpose of further consultation with the family to determine if child abuse occurred, and to intervene if abuse is confirmed.

Over half of the social workers (seventy-four out of 106), nurses (fifty-six out of eighty-three), and physicians (forty-six out of seventy) had reported at least one case in the year prior to the study. Less than half of the teachers (twenty-six out of sixty-nine) made a report in the year prior to the survey. Social workers and physicians tended to have a high proportion of respondents who reported more than five cases. Sixteen physicians and thirty-five social workers reported more than five cases in the year prior to the survey.
Summary

Physicians tended to feel that reporting child abuse was moderately supported, tended to score lower on the excessive child advocate index, tended not to be laterally concerned, viewed reporting child abuse as slightly counter productive and were moderately oriented toward the child protective service agency. About half of the physicians had attended a seminar on child abuse in the last year, worked in an organization with a structure for making reports and had made a report in the last year.

Social workers tended to feel that reporting child abuse was supported, were advocates for children's rights, were laterally concerned, did not view reporting child abuse as counter productive and were strongly oriented toward the child protective service agency. Social workers tended to have attended a training session in the last year, and had reported a child abuse case in the last year, but did not work in an organization which had designated an organizational structure for reporting. That social workers scored higher on the attitude indices was not surprising given the pivotal role of social work in the service delivery network for maltreated children.

Teachers tended to feel that reporting child abuse was not supported, tended to score lower on the child advocate index, were laterally concerned, felt that reporting was counter productive and were not oriented toward the child protective service agency. Teachers tended not to have been trained in recognition of child abuse, and had not reported a child abuse case but their organizations had designated a structure for making reports. The structure for reporting may reflect a bureaucratic organizational style rather than commitment to identifying child abuse. Teachers seemed to be the most distant from the other three groups both in attitude and in concrete experience with the child abuse training and reporting.
Nurses tended to feel that reporting was moderately supported, were moderate child advocates, were not laterally concerned, saw reporting as slightly counter productive, and were moderately oriented toward the child protective service agency. Nurses tended to have been trained in the last year, had reported a case of child maltreatment, and worked in an organization where there was no organized structure for making child abuse reports. Nurses seemed to rank in the middle ground on most attitude scales, and were similar to both physicians and social workers in both training and experience in reporting child abuse.
C. The Influence of Professional Affiliation on Willingness to Report Score and Deviance Assessment Score

In Chapter III, the selection of vignettes from the work of Giovannoni and Becerra (1979) for this study was discussed. Their major finding was that professional groups differed in their assessment of seriousness of child maltreatment. Vignettes were chosen for this study which reflected professional differences. Specifically, vignettes used by Giovannoni and Becerra were selected for this study if social workers and pediatricians differed in their assessments of the seriousness of harm to the child depicted in the situation. Vignettes were avoided if the different assessments between social workers and pediatricians were attributable to gender rather than professional affiliation. The methodology which was employed to develop a willingness to report score and an assessment of deviance score is described in Chapter III.

1. Willingness to Report Score

Table 21 and Figure 3 display the mean willingness to report scores of the various professional groups in this study. Table 21 displays the mean score for each profession on each vignette displayed from Vignette 1 to Vignette 10. Figure 3 is designed to display the rank ordering of vignettes and the rank ordering of each profession on each vignette. The ten vignettes are rank ordered from left to right beginning with the vignette with the lowest score on the willingness to report
### TABLE 21

**WILLINGNESS TO REPORT SCORE BY PROFESSIONAL GROUP**

<table>
<thead>
<tr>
<th>Profession</th>
<th>Vignette a</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td></td>
<td>X</td>
<td>0.65</td>
<td>0.40</td>
<td>-0.95</td>
<td>-1.37</td>
<td>-0.28</td>
<td>-0.45</td>
<td>-1.04</td>
<td>0.26</td>
<td>0.53</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD</td>
<td>0.71</td>
<td>0.79</td>
<td>0.64</td>
<td>0.61</td>
<td>0.76</td>
<td>0.80</td>
<td>0.65</td>
<td>0.86</td>
<td>0.83</td>
</tr>
<tr>
<td>Social Workers</td>
<td></td>
<td>X</td>
<td>0.81</td>
<td>0.79</td>
<td>-1.00</td>
<td>-1.26</td>
<td>-0.31</td>
<td>-0.56</td>
<td>-0.56</td>
<td>0.74</td>
<td>0.68</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD</td>
<td>0.53</td>
<td>0.48</td>
<td>0.70</td>
<td>0.62</td>
<td>0.73</td>
<td>0.73</td>
<td>0.69</td>
<td>0.53</td>
<td>0.61</td>
</tr>
<tr>
<td>Teacher</td>
<td></td>
<td>X</td>
<td>0.62</td>
<td>0.44</td>
<td>-0.58</td>
<td>-1.02</td>
<td>0.00</td>
<td>-0.34</td>
<td>-0.39</td>
<td>0.59</td>
<td>0.90</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD</td>
<td>0.70</td>
<td>0.68</td>
<td>1.01</td>
<td>0.93</td>
<td>0.75</td>
<td>0.85</td>
<td>0.71</td>
<td>0.66</td>
<td>0.55</td>
</tr>
<tr>
<td>Nurse</td>
<td></td>
<td>X</td>
<td>0.83</td>
<td>0.59</td>
<td>-0.77</td>
<td>-1.20</td>
<td>0.15</td>
<td>-0.22</td>
<td>-0.67</td>
<td>0.61</td>
<td>0.72</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD</td>
<td>0.62</td>
<td>0.72</td>
<td>0.87</td>
<td>0.75</td>
<td>0.71</td>
<td>0.76</td>
<td>0.68</td>
<td>0.72</td>
<td>0.62</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>X</td>
<td>0.74</td>
<td>0.58</td>
<td>-0.84</td>
<td>-1.22</td>
<td>-0.12</td>
<td>-0.41</td>
<td>-0.66</td>
<td>0.57</td>
<td>0.71</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD</td>
<td>0.63</td>
<td>0.68</td>
<td>0.82</td>
<td>0.73</td>
<td>0.76</td>
<td>0.76</td>
<td>0.71</td>
<td>0.70</td>
<td>0.66</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Significant Difference Oneway Anova Rank</th>
<th>p ≤ .10</th>
<th>p ≤ .01</th>
<th>p ≤ .01</th>
<th>p ≤ .05</th>
<th>p ≤ .001</th>
<th>p ≤ .05</th>
<th>p ≤ .001</th>
<th>p ≤ .001</th>
<th>p ≤ .001</th>
<th>p ≤ .001</th>
<th>p ≤ .001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank</td>
<td>10</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

*a For description of vignettes, see Table 9.*
Willingness to Report Score

Vignette Number

1  2  3  4  5  6  7  8  9  10

FIGURE 3
PLOT OF RESPONDENTS' WILLINGNESS TO REPORT SCORE
index. By examining the various patterned lines, one can determine the comparative rank of the professional groups on each vignette.

The five vignettes with the lowest mean scores on the willingness to report index seem to form a steadily increasing progression from least to most severe. The five vignettes which received the highest score seem to lack a distinctive progression in rank ordering found in the five vignettes which have the five lowest scores. The sixth ranked vignette has a score of 0.57 and differs only 0.17 from the highest ranked vignette with a score of 0.74. Respondents seemed to be indicating that the top five vignettes were all likely candidates for being reported. Three of the highest rated vignettes described physical maltreatment, one described parents who let their child wander around the neighborhood after midnight. By contrast, the lowest ranked vignette received a mean score of -1.22, and differs 1.10 from the fifth ranked vignette which received a mean willingness to report score of -0.12.

2. Respondent Trends on the Willingness to Report

The most obvious characteristic available from Table 21 is that professional scores on a willingness to report score were significantly different on all ten vignettes. Six of the vignettes were significantly different at the p<.01 level or better. The difference on Vignette 1 was only significant at the p<.10 level.

Physicians

Physicians tended to score low on all items with a mean score which ranked fourth on six items and third on four items. A rank ordering of physician mean scores followed the pattern of the rank order of the total sample means except for rank order of the score on Vignette 7 and Vignette 3. Physicians appeared to be slightly more willing to intervene in Vignette 3 where a parents' sexual promiscuity
was known to the child, than in Vignette 7 where the parent failed to obtain an eye examination for a child who has difficulty seeing. Physicians' evaluations tended to be graduated across all ten vignettes. The other three groups of respondents tended to indicate that they would intervene about equally in the five most highly rated situations.

Since the five highest rated vignettes dealt mostly with physical injury, physicians may, by virtue of their technical expertise, have been able to distinguish between the severity levels of those injuries. In general they tended to differ further from the other groups on their willingness to intervene in vignettes depicting physical injury than in the vignettes depicting non-physical child maltreatment.

Social Workers

Social workers presented two patterns of willingness to report scores. They were well below the total sample average on all five of the lowest ranked vignettes, scoring lowest on three of them. They were well above the total sample average on four of the five highest ranked vignettes scoring highest on two of them. It appears that social workers felt that there were five situations which needed to be reported and five which did not.

Four of the five highest ranked vignettes received almost the same mean score from social workers and it is meaningless to talk about a rank among them. These vignettes depicted a parent hitting a child with a stick (Vignette 1), a father and son engaged in mutual masturbation (Vignette 9), a parent hitting a child with a fist (Vignette 2), and excessive corporal punishment (Vignette 8). Vignette 10, which depicted a child who was left outside until after midnight, was ranked considerably lower than the other four by social workers.

Social workers appeared willing to intervene when there was specific identifiable harm. Social workers ranked lowest among the four groups on Vignette
3 describing a sexually promiscuous parent, Vignette 5 describing parents who refuse treatment for a child with a behavior problem, and Vignette 6 in which the parents ignore the child. Social workers scored lower than teachers or nurses on Vignette 10 where a child is left to be out in the neighborhood until after midnight. While these were all potentially damaging situations no specific harm was mentioned.

These situations may be typical of the types of problems with which social workers normally deal. Other respondents may have felt that they had neither the professional training nor the responsibility to deal with these situations directly, and therefore may have tended to report them at higher rates than social workers.

Teachers

Teachers tended to have the highest willingness to report scores on the five vignettes with the lowest scores. They tended to score lower than social workers or nurses on the five vignettes with the highest willingness to report score. This trend was opposite the one found among social workers.

Teachers seemed to react stronger than the other three groups to illicit sexual situations depicted in Vignette 3 and 9, and drinking parties described in Vignette 4. Public education implicitly, and parochial education explicitly, is expected to teach public morality. While other organizations in which professionals work may teach morality, the responsibility is not as clear cut. This role for education may be related to the higher score on vignettes which deal with moral concerns.

Teachers tended to score higher on Vignette 7 in which the parent fails to obtain an eye examination for a child who has trouble seeing. The higher score for teachers on Vignette 7 may indicate professional concerns of teachers causing them to place a higher value on a child's vision. While all respondents probably place a high value on vision, not seeing may well limit a child's ability to learn at school.
Teachers, therefore, may feel that parental disregard of a child's vision is a more serious parental failure than do other professionals.

Nurses

Nurses rated all of the situations consistently higher than the sample mean. Their mean score on two of the highest rated vignettes ranked highest among the four groups. They ranked next to the highest on seven of the vignettes in the study. They appeared to score particularly high on those vignettes which depicted moderate to severe maltreatment of a non-physical type. They scored highest of all groups on Vignettes 5, 6, and 10 which depicted various forms of non-physical maltreatment. Vignette 5 described parents who refuse treatment for their child's severe behavior problem. Vignette 6 described parents who ignored and did not speak with their child. Vignette 10 described parents who let their small child stay out in the neighborhood until after midnight. None of these situations described any specific harm to the child but there was potential for severe emotional and physical damage as a result of these parental behavior patterns. It is perhaps that potential of great harm represented by these patterns of parental behavior to which nurses, more than others in the sample, are reacting. Specific physical injury may not be viewed by nurses as damaging or serious as some types of parental behaviors which do not result in immediate indicators of harm. Nurses may be more willing to report these types of situations than social workers because nurses lack the training, the authorization, and the time to intervene in these types of situations.

Trends of Agreement and Difference Among Professions on Willingness to Report Scores

A Duncan difference in the means test was used to examine the pattern of agreement and disagreement among professional groups. All patterns of difference which are discussed are significant at the p<.05 level. Nurses and teachers differed
significantly in their scores only on Vignette 7 in which the parent fails to seek an eye exam for the child.

Physicians' and social workers' willingness to report scores were significantly different only three times (on Vignettes 2, 7 and 8). This is surprising inasmuch as the vignettes were selected on the basis that these situations were viewed differently by social workers and pediatricians in the Giovannoni and Becerra (1979) study. Social workers and physicians tended to disagree over physical maltreatment with social workers scoring significantly higher on vignettes describing physical abuse. Vignette 2 described a parent who punched a child and Vignette 8 described excessive corporal punishment. Nurses differed from physicians by scoring significantly higher four times, on Vignettes 5, 7, 8 and 10. Vignettes 5, 7, and 10 described non physical maltreatment while Vignette 8 described excessive corporal punishment. Apparently nurses and physicians shared common evaluations of most physical maltreatment, and situations tinged with issues of morality.

Nurses differed with social workers on Vignettes 2, 5, 6 and 10. Vignettes 5, 6 and 10 dealt with non physical care of the child and appeared the greatest source of difference in the willingness to report scores of social workers and nurses. Social workers scored all of these situations much lower than nurses. Nurses, on the other hand, had a lower mean score on Vignette 2 which depicted a child being punched than did social workers.

Social workers' and teachers' mean willingness to report scores differed significantly on seven vignettes. Their scores appeared to agree on Vignettes 1, 7 and 8. Vignettes 1 and 8 dealt with physical harm, and Vignette 7 dealt with failing to obtain an eye examination for a child. Generally teachers and social workers would have intervened differently in most of the ten vignettes. The patterns of agreement appeared to be around maltreatment which implied physical harm, and disagreement appeared about maltreatment which was non physical in nature.
Physicians and teachers agree on Vignettes 1, 2 and 6. Vignettes 1 and 2 described physical maltreatment, and Vignette 6 described a parent's refusal to seek treatment for their child with a severe behavior problem.

Assessment of Hypothesis 1

Hypothesis 1: Different professional groups will differ in their willingness to report child maltreatment.

In general, the hypothesis is as confirmed because there was at least one significant difference among physicians, social workers, teachers and nurses at the p<.05 level on nine of the ten vignettes.

The patterns of differences on willingness to report scores were not as clear as expected. Although vignettes were selected because they represented differences between social workers and pediatricians, social workers' and physicians' willingness to report scores differed significantly only on four vignettes. These four represented the most severe injury. Social workers' and nurses' willingness to report scores differed four times. Nurses' and physicians' willingness to report scores differed four times. Social workers' and nurses' willingness to report scores also differed four times.

Nurses' and teachers' willingness to report scores only differed once. Teachers' willingness to report scores differed from social workers' and physicians' willingness to report scores on seven of ten vignettes. Clearly, the differences between teachers and both physicians and social workers represented the greatest source of systematic variation among professional groups.

The reaction of different professional groups to the situations depicted in the vignettes seemed to be related first of all to the level of seriousness of the situation to the welfare of the child. The rank order among the various
professional groups on each vignette seemed to be in part a function of professional expertise, training or practice related issues of concern. Physicians tended to rate all situations lower than any other profession. Nurses tended to rate situations higher than all other professions. Social workers tended to score lower than others on the five vignettes with the lowest mean score, and higher than others on vignettes with the highest mean score. Teachers have the reverse pattern scoring higher than most on the vignettes with the lowest mean score, and lower than the rest on the five vignettes with the highest mean score.

The average means of the five vignettes with the highest score were almost the same. The rank order of mean scores for the five highest rated vignettes varied considerably within the social work, teaching, and nursing professions. Patterns of agreement and differences among professional groups on the willingness to report score seemed to be related to the type of behavior described in the vignette. Differences or similarities seemed to occur on the willingness to report score when the types of child maltreatment fell within or were alien to competencies of a particular professional group.
### TABLE 22
DEVIANCE ASSESSMENT SCORE BY PROFESSIONAL GROUP

<table>
<thead>
<tr>
<th>Profession</th>
<th>Vignettea</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (70)</td>
<td></td>
<td>X</td>
<td>-0.01</td>
<td>-0.07</td>
<td>-0.89</td>
<td>-0.23</td>
<td>-0.23</td>
<td>-0.86</td>
<td>-0.06</td>
<td>1.11</td>
<td>0.35</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>0.84</td>
<td>0.81</td>
<td>0.83</td>
<td>0.83</td>
<td>0.85</td>
<td>0.87</td>
<td>0.57</td>
<td>0.88</td>
<td>0.63</td>
<td>0.77</td>
</tr>
<tr>
<td>Social Worker (106)</td>
<td></td>
<td>X</td>
<td>-0.31</td>
<td>-0.19</td>
<td>-0.49</td>
<td>-0.94</td>
<td>-0.16</td>
<td>-0.21</td>
<td>-0.59</td>
<td>-0.02</td>
<td>0.79</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>0.82</td>
<td>0.84</td>
<td>0.78</td>
<td>0.78</td>
<td>0.77</td>
<td>0.79</td>
<td>0.76</td>
<td>0.85</td>
<td>0.82</td>
<td>0.82</td>
</tr>
<tr>
<td>Teacher (69)</td>
<td></td>
<td>X</td>
<td>0.44</td>
<td>0.29</td>
<td>0.31</td>
<td>-0.34</td>
<td>0.16</td>
<td>0.11</td>
<td>-0.42</td>
<td>0.74</td>
<td>1.50</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>0.95</td>
<td>1.05</td>
<td>0.85</td>
<td>1.02</td>
<td>0.87</td>
<td>1.00</td>
<td>0.98</td>
<td>1.00</td>
<td>0.66</td>
<td>0.93</td>
</tr>
<tr>
<td>Nurse (83)</td>
<td></td>
<td>X</td>
<td>-0.06</td>
<td>-0.07</td>
<td>0.03</td>
<td>-0.67</td>
<td>-0.12</td>
<td>-0.14</td>
<td>-0.69</td>
<td>0.20</td>
<td>1.07</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>0.93</td>
<td>0.85</td>
<td>0.79</td>
<td>0.81</td>
<td>0.89</td>
<td>0.89</td>
<td>0.80</td>
<td>0.91</td>
<td>0.84</td>
<td>0.96</td>
</tr>
<tr>
<td>Total (326)</td>
<td></td>
<td>X</td>
<td>-0.01</td>
<td>-0.02</td>
<td>-0.10</td>
<td>-0.73</td>
<td>-0.10</td>
<td>-0.18</td>
<td>-0.64</td>
<td>0.19</td>
<td>1.08</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>0.92</td>
<td>0.90</td>
<td>0.86</td>
<td>0.88</td>
<td>0.85</td>
<td>0.88</td>
<td>0.80</td>
<td>0.95</td>
<td>0.80</td>
<td>0.89</td>
</tr>
<tr>
<td>Significant</td>
<td></td>
<td>p &lt; .001</td>
<td>p &lt; .01</td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
<td>p &lt; .05</td>
<td>p &lt; .10</td>
<td>p &lt; .05</td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
<td>p &lt; .01</td>
</tr>
<tr>
<td>Difference</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oneway Anova</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Rank**

10  7  2  1  5  4  3  6  9  8

aFor description of vignettes, see Table 9.
FIGURE 4
PLOT OF RESPONDENTS' DEVIANCE ASSESSMENT SCORE
3. **Deviance Assessment Score**

Table 22 and Figure 4 display the mean deviance assessment scores of various professional groups in this study. Table 22 displays the mean score for each profession on each vignette from Vignette 1 to Vignette 10. In Figure 4 the vignettes are rank ordered based on the mean willingness to report score of all respondents.

**Trends in Deviance Assessment Scores**

The most obvious characteristic about the deviance assessment scores is that there is a statistically significant difference among all four professions on all ten of the vignettes. In looking at Figure 4 one might conclude that this is primarily the result of teachers' deviance assessment scores. Using a Duncan means test to evaluate the differences, the teachers' mean scores were significantly ($p < .05$) different on ten vignettes from at least one other professional group. Even without differences attributable to teachers, there were seven vignettes with significant differences among mean scores of the three other professions.

If the pattern of mean deviance assessment scores were perfectly related to willingness to report scores the first vignette would be the lowest, and each vignette would have a higher score as its rank on the willingness to report score increased. Four variations to this expected pattern can be observed in respondents' deviance assessment scores. Vignettes 1, 2, 3 and 7 differed from the expected trend. Vignettes 1 and 2 depicted physical maltreatment of children and ranked respectively tenth and seventh on the willingness to report score. Vignette 3 described the parents as sexually promiscuous, and Vignette 7 described parents who fail to have an eye examination for a child who has trouble seeing. Vignette 3 ranked second and it was assessed as more deviant than might have been predicted from the willingness to report scores. Vignettes 1, 2 and 7 were assessed as less deviant than might have been predicted from the willingness to report score.
Apparently, failing to get an eye examination, hitting a child with a fist, and using excessive corporal punishment are not viewed as particularly deviant. The fact that there is concrete, immediate, and proveable injury may encourage respondents to report the case. There may be situations which the respondents find more deviant but do not report because harm to the child is more difficult to prove. Vignettes 3 and 9 received particularly high deviance assessment scores in relation to their willingness to report scores. Vignette 9 also deals with sexuality and, in combination, with Vignette 3, suggests that sexual taboos are stronger than prohibitions of violence against children.

Trends Within and Among Professional Groups

The trends among all professional groups were remarkably stable over the entire set of ten vignettes. Except for the ratings of physicians on two vignettes all other scores paralleled the mean trend of deviance assessment scores over the entire set of ten vignettes. In view of the variation in rank order of the willingness to report score this seemed remarkable. This may indicate that while judgments as to deviance of behavior were rather consistent, contextual factors were more likely to vary the degree to which respondents are willing to report certain types of behavior as child abuse.

Teachers had the highest mean deviance assessment score on all ten vignettes. They were significantly higher than all other groups except on Vignettes 6, 7 and 10. They were similar to nurses in their assessment of Vignettes 6 and 10, and similar to social workers in their assessment of Vignette 7. All three of these vignettes dealt with various types of non physical care of children. One area of interest was the particularly high score given by teachers to Vignette 8 which depicted excessive corporal punishment. Teachers appeared to tolerate excessive corporal punishment less than others, despite the wide use of corporal punishment in public schools. Teachers' high score on deviance assessment may be in part
explained by the implicit role of public education and explicit role of parochial
education to teach public morality. Teachers' actual reporting behavior appeared
to be inconsistent with their scores on the deviance assessment index and
willingness to report index. They have the lowest rates of reporting and the highest
deviance index scores. They have the highest willingness to report index scores on
the three vignettes with the lowest scores.

Social workers on the other hand, scored consistently lower on the deviance
assessment index than did the other three professional groups. They had the lowest
score among all respondents on Vignettes 1, 2, 3, 4, 9 and 10. These six vignettes
had the two lowest mean scores and the four highest mean scores on the willingness
to report index. On Vignettes 3 and 9, social workers' scores were significantly
lower than all other professions. Vignette 3 dealt with sexual promiscuity and
Vignette 9 dealt with sexual abuse. Social workers shared similar scores on
Vignettes 1, 2, 5, 6, 7 and 8 with nurses, and on Vignettes 2, 4, 5, 6, 8 and 10 with
physicians. Social workers tended to significantly differ from nurses or physicians,
primarily on sexual matters.

On none of the vignettes did the mean score of deviance assessment of
physicians or nurses differ significantly. On four of the ten vignettes there was a
significant difference between nurses' and physicians' willingness to report scores.
Nurses' mean scores were consistently in the middle ranks on each vignette, falling
very close to the mean each time. Physicians' mean scores were close to the mean
scores for all professions on Vignettes 1, 2, 3, 4, 9 and 10. Physicians had the
lowest deviance assessment scores on Vignettes 5, 6, 7 and 8. Vignettes 5, 6, and 7
depicted some type of parental omission rather than an aggressive act toward the
child. Vignette 8 depicted excessive corporal punishment.
Assessment of Hypothesis 2

Hypothesis 2: Different professional groups will evaluate child maltreatment differently.

In general, this hypothesis was confirmed because there was at least one significant difference among physicians, social workers, teachers and nurses at the p < .05 level on all ten vignettes. Although differences between ranks was not always significant, the rank ordering of the mean deviance assessment scores for each of the four groups was consistent on each of the ten vignettes. In general, teachers had the highest deviance assessment scores. Social workers generally had the lowest deviance assessment scores. Physicians' and nurses' deviance assessment scores ranked in the middle.

There was, however, general agreement among the four groups on the rank ordering of the ten vignettes with respect to deviance assessment. Further, there were substantial agreement of deviance assessment. Social workers shared similar deviance assessments with physicians and nurses on six of ten vignettes. Physicians and nurses shared common deviance assessments on all ten vignettes.

Teachers were the primary source of systematic variation among professional deviance assessments. Teachers' deviance assessments were different from all ten of physicians' deviance assessments, nine of social workers' deviance assessments and eight nurses deviance assessments.

The rank order of mean deviance assessment scores were not parallel to the rank order of willingness to report scores. Vignettes dealing with sexual promiscuity and sexual abuse appear to receive higher deviance assessment scores than would be predicted by the willingness to report score. Vignettes depicting physical abuse receive deviance assessment scores which were considerably below those predicted by willingness to report scores.
Despite the significant differences ($p<.05$) among the respondent groups they showed remarkably consistent and parallel deviance assessment score patterns over all ten vignettes. This was in contrast to respondents' mean willingness to report scores, where the rank order of the four professional groups on each vignette varied considerably. Further, each professional group rank ordered the vignettes receiving the highest scores differently.

This suggests that contextual factors may have affected a willingness to report score and not have affected the deviance assessment score. It may be easier to report a situation where there is concrete evidence of harm, than it is to report situations which are viewed as more deviant but with no evidence of harm done. It may be easier to report a situation where there is concrete evidence of harm, than it is to report situations which are viewed as more deviant but with no evidence of harm done.

Screening criteria may affect reporting but may not affect deviance assessment (See Appendix D for child protective service agency screening criteria). Such a policy on the part of the child protection agency may screen in a certain type of case, and rule out others where great harm can occur. In this way the influence of official policy on the production of deviance rates discussed by Kitsuse and Cicourel (1963) can be observed.

The consistency on the evaluative dimension and the greater variety on the behavioral scale is consistent with attitude measurement theory (Fishbein and Ajzen, 1975) which suggests that unless the contexts are specified it is hard to predict behavior from values. It is consistent with Lemert's (1967) suggestion that every value competes with a pluralism of values in each situation. Therefore, it is hard to predict behavior without some knowledge of the values competing in the context, the placement of each value in the hierarchy of the people in the situation, and the emergent interaction between the people in the situation. The consistency of the assessment scores, the greater inconsistency of willingness to report scores, and the conflict in rank order between the two sets of scores, can be explained with the knowledge that behaviors unlike assessments compete with contingencies operating within the context of the behavior.
4. **The Relationship Between Deviance Assessment and Willingness to Report Score**

Table 23 displays the correlations between willingness to report scores and deviance assessment scores of each professional group and the total sample on all ten vignettes.

When the total sample is considered the deviance assessment was significantly (p < .001) correlated with the willingness to report score on all ten vignettes. The magnitude of correlation between the two scores was higher for those vignettes with lower willingness to report scores ($r = 0.40 - 0.59$) than for those vignettes with higher willingness to report scores ($r = 0.21 - 0.35$). The highest willingness to report scores were on Vignettes 1, 2, 8, 9 and 10. The lowest willingness to report scores were on Vignettes 3, 4, 5, 6 and 7.

Consistent with the general trend, the correlations between physicians' willingness to report scores were significant. The magnitude of correlations described for the total sample was not found for physicians on Vignettes 7, 8 and 9. In Vignettes 8 and 9 which described excessive corporal punishment and sexual maltreatment, the correlations between the deviance assessment score was of a greater magnitude for physicians than for the sample as a whole. The correlation for Vignette 7 which described parents who fail to get an eye examination was of a lower magnitude for physicians than for the sample as a whole.

Social workers' deviance assessment score was uncorrelated with their willingness to report score on the six vignettes with the highest deviance assessment scores.

The correlations between deviance assessment and willingness to report for teachers and nurses tend to follow the correlation trends of the total sample.

It was earlier suggested that willingness to report is based on the evidence of specific and immediate harm to the child. The pattern of correlations between
TABLE 23
CORRELATION BETWEEN ASSESSMENT OF
DEVIANCE SCORE AND WILLINGNESS TO REPORT SCORE

<table>
<thead>
<tr>
<th>Profession</th>
<th>Vignette&lt;sup&gt;a&lt;/sup&gt;</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td></td>
<td>0.35</td>
<td>0.34</td>
<td>0.60</td>
<td>0.50</td>
<td>0.51</td>
<td>0.63</td>
<td>0.26</td>
<td>0.55</td>
<td>0.53</td>
<td>0.26</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.13</td>
<td>0.12</td>
<td>0.36</td>
<td>0.25</td>
<td>0.26</td>
<td>0.39</td>
<td>0.07</td>
<td>0.30</td>
<td>0.28</td>
<td>0.07</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.01</td>
<td>.01</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.05</td>
<td>.001</td>
<td>.001</td>
<td>.05</td>
</tr>
<tr>
<td>Social Worker</td>
<td></td>
<td>0.57</td>
<td>0.59</td>
<td>0.27</td>
<td>0.33</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.32</td>
<td>0.35</td>
<td>0.07</td>
<td>0.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N.S.</td>
<td>N.S.</td>
<td>.001</td>
<td>.001</td>
<td>N.S.</td>
<td>.001</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Teacher</td>
<td></td>
<td>0.41</td>
<td>0.39</td>
<td>0.63</td>
<td>0.66</td>
<td>0.56</td>
<td>0.57</td>
<td>0.51</td>
<td>0.51</td>
<td>0.37</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.16</td>
<td>0.26</td>
<td>0.40</td>
<td>0.44</td>
<td>0.31</td>
<td>0.33</td>
<td>0.26</td>
<td>0.26</td>
<td>0.13</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>N.S.</td>
</tr>
<tr>
<td>Nurse</td>
<td></td>
<td>0.39</td>
<td>0.29</td>
<td>0.54</td>
<td>0.53</td>
<td>0.49</td>
<td>0.46</td>
<td>0.46</td>
<td>0.36</td>
<td>0.54</td>
<td>0.30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.16</td>
<td>0.08</td>
<td>0.29</td>
<td>0.28</td>
<td>0.24</td>
<td>0.21</td>
<td>0.21</td>
<td>0.13</td>
<td>0.29</td>
<td>0.09</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>0.24</td>
<td>0.21</td>
<td>0.59</td>
<td>0.59</td>
<td>0.40</td>
<td>0.47</td>
<td>0.43</td>
<td>0.31</td>
<td>0.36</td>
<td>0.21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.06</td>
<td>0.04</td>
<td>0.35</td>
<td>0.35</td>
<td>0.16</td>
<td>0.22</td>
<td>0.18</td>
<td>0.10</td>
<td>0.13</td>
<td>0.04</td>
</tr>
<tr>
<td></td>
<td></td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
</tr>
<tr>
<td>Rank</td>
<td></td>
<td>10</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

<sup>a</sup>For description of vignettes, see Table 9.
It was earlier suggested that willingness to report is based on the evidence of specific and immediate harm to the child. The pattern of correlations between deviance assessment and willingness to report seem to support that interpretation. When the harm to the child was clear and specific, the assessment of the parental deviance was less related to willingness to report. In those situations where harm to the child was not clear and specific, the assessment of the parents' deviance was more related to the deviance assessment score. This is especially true for social workers, who more than most seemed to focus on clear and immediate harm as the basis for their willingness to report score.

**Assessment of Hypothesis 3**

Hypothesis 3: The evaluation of a situation will influence the willingness to report the situation as child maltreatment.

The findings confirmed this hypothesis. The deviance assessment was the largest single source of subjective influence on the willingness to report score. Although an important influence on all decisions to report child maltreatment, the deviance assessment seemed to be particularly important in decisions to report conditions where specific injury to the child is not clearly apparent.
D. The Influence of Race and Class Characteristics of Persons Depicted in Vignettes on Respondents' Willingness to Report Scores and Deviance Assessment Scores

Up to this point, the presentation of findings has focused on the comparison of professional groups with respect to descriptive characteristics and scores on dependent variables. This section examines the influence of vignette characteristics on the dependent measures of all respondents considered together. In an analysis which is not presented in this study a three way analysis of variance was performed in an effort to see if there were any interactions between professional group and race and class. No interactions were found and the pattern of significant relationships between professional group and the dependent variables were the same as the ones found in the one way analysis of variance for professional group presented in the previous section. The effect of race and social class on the dependent measures in the three way analysis of variance was the same as the effects found in the two way analysis of variance of race and social class which is presented in this section.

One of the principal hypotheses of this study is that assessment of deviance scores and the willingness to report scores would be higher than the average score on each vignette where the persons in the vignette were described as lower class or black.

Table 24 presents the mean willingness to report score given each race and social class on each vignette. In Figure 5 the willingness to report scores are
plotted for each race. In Figure 6 the willingness to report score is plotted for each social class. In Figure 7 the willingness to report score is plotted for the interactions of race and class.

Table 25 presents the mean deviance assessment score given when each characteristic of race and social class was depicted in each vignette. The mean deviance assessment scores on each vignette for racial characteristics are plotted in Figure 8. The mean deviance assessment scores on each vignette for social class characteristics are plotted in Figure 9. The mean deviance assessment scores for the interactions of race and social class are plotted in Figure 10.

1. Vignette Race and Social Class Influence on Willingness to Report Scores

Main Effects of Race

Where the vignette depicted clear cut injury to the child, race and class of persons in the vignette appear to have no impact on a respondents' willingness to report the situation. Physical maltreatment is described in Vignettes 1, 2, and 8. Vignette 10 describes parents who let their child wander about the neighborhood until after midnight. An exception to this characterization is found in the case of Vignette 9 which depicts sexual maltreatment.

The effect of race on willingness to report scores was contradictory. In Vignettes 3 and 9 which depicted sexual behavior, race was a significant factor. It is significant as a main effect in Vignette 3 (p<.001), and as part of an interaction with class in Vignette 9 (p<.10). When blacks were described in Vignette 3 the vignette received lower scores. Vignette 9 received lower scores when the persons in the vignette were described as black and upper class. This score difference may have occurred because the vignettes may have fit a stereotype of blacks as sexually unrestrained. In contrast, when blacks are depicted in Vignette 5 where the parents refuse to seek treatment for their child who has a severe behavior problem, the
TABLE 24
WILLINGNESS TO REPORT SCORES BY RACE AND CLASS DEPICTED IN VIGNETTE

<table>
<thead>
<tr>
<th>Race</th>
<th>Class</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td></td>
<td>0.72</td>
<td>0.58</td>
<td>-0.69</td>
<td>1.28</td>
<td>-0.27</td>
<td>-0.34</td>
<td>0.61</td>
<td>0.62</td>
<td>0.74</td>
<td>0.64</td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td>0.76</td>
<td>0.59</td>
<td>-0.99</td>
<td>-1.15</td>
<td>0.03</td>
<td>0.47</td>
<td>0.70</td>
<td>0.52</td>
<td>0.67</td>
<td>0.63</td>
</tr>
<tr>
<td>Upper</td>
<td></td>
<td>0.72</td>
<td>0.62</td>
<td>-0.99</td>
<td>-1.23</td>
<td>-0.19</td>
<td>-0.37</td>
<td>-0.78</td>
<td>0.60</td>
<td>0.60</td>
<td>0.59</td>
</tr>
<tr>
<td>Lower</td>
<td></td>
<td>0.76</td>
<td>0.55</td>
<td>-0.69</td>
<td>-1.20</td>
<td>-0.06</td>
<td>-0.44</td>
<td>-0.53</td>
<td>0.55</td>
<td>0.81</td>
<td>0.69</td>
</tr>
<tr>
<td>White</td>
<td>Upper</td>
<td>0.69</td>
<td>0.66</td>
<td>-0.85</td>
<td>-1.39</td>
<td>-0.30</td>
<td>-0.23</td>
<td>-0.73</td>
<td>0.54</td>
<td>0.70</td>
<td>0.61</td>
</tr>
<tr>
<td>White</td>
<td>Lower</td>
<td>0.76</td>
<td>0.50</td>
<td>-0.53</td>
<td>-1.17</td>
<td>-0.24</td>
<td>-0.45</td>
<td>-0.49</td>
<td>0.51</td>
<td>0.78</td>
<td>0.67</td>
</tr>
<tr>
<td>Black</td>
<td>Upper</td>
<td>0.76</td>
<td>0.57</td>
<td>-1.12</td>
<td>-1.08</td>
<td>-0.06</td>
<td>-0.51</td>
<td>-0.82</td>
<td>0.65</td>
<td>0.49</td>
<td>0.57</td>
</tr>
<tr>
<td>Black</td>
<td>Lower</td>
<td>0.76</td>
<td>0.60</td>
<td>-0.85</td>
<td>-1.23</td>
<td>0.12</td>
<td>-0.43</td>
<td>-0.57</td>
<td>0.59</td>
<td>0.85</td>
<td>0.70</td>
</tr>
</tbody>
</table>

Significance
Two-way AV

<table>
<thead>
<tr>
<th>Race</th>
<th></th>
<th>N.S.</th>
<th>N.S.</th>
<th>p&lt;.001</th>
<th>N.S.</th>
<th>p&lt;.001</th>
<th>N.S.</th>
<th>N.S.</th>
<th>N.S.</th>
<th>N.S.</th>
<th>N.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class</td>
<td></td>
<td>N.S.</td>
<td>N.S.</td>
<td>p&lt;.001</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>p&lt;.001</td>
<td>N.S.</td>
<td>p&lt;.01</td>
</tr>
<tr>
<td>Race &amp; Class</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>p&lt;.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rank</td>
<td></td>
<td>10</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

\(^{a}\)For description of vignettes, see Table 9.
FIGURE 5
PLOT OF WILLINGNESS TO REPORT SCORE BY RACE DEPICTED IN VIGNETTE
FIGURE 6

PLOT OF WILLINGNESS TO REPORT SCORE BY SOCIAL CLASS DEPICTED IN VIGNETTE
FIGURE 7

PLOT OF VIGNETTE RACE AND SOCIAL CLASS INTERACTION ON WILLINGNESS TO REPORT SCORE
vignette receives a significantly ($p < .001$) higher score than when whites are depicted in the same vignette.

**Main Effects of Social Class**

Social class effects were significant ($p < .01$) on Vignettes 3, 7 and 9. If the parents are described as lower class in the three vignettes the willingness to report score was significantly higher than for the same vignettes where parents were described as upper class. Vignette 3 depicted the parent as sexually promiscuous and Vignette 9 described sexual maltreatment. Vignette 7 describes parents who fail to get an eye examination for their child.

This finding suggests that respondents were more willing to enforce moral standards among the lower class than among the upper class. This may suggest that higher social status provides an individual greater tolerance for questionable moral behavior.

It is ironic that Vignette 7 was scored higher when lower class persons were described rather than upper class persons. It seems that a failure to obtain an eye examination for a child might easily be attributed among the lower class to the lack of resources. It would be difficult to attribute such a failure to the economic condition of upper class families. The significance of social class in this vignette suggests that lower class parents may be blamed for failures attributable to their socio economic status rather than their personal failure.

**Race and Social Class Interactions**

There were race and social class interactions on Vignettes 4, 6, and 9. When white upper class parents were described in Vignette 4, the willingness to report score was significantly lower than for the other three combinations of race and class. This interaction seems consistent with the findings on social class that suggest moral standards are more rigidly enforced on the lower class. It is,
however, inconsistent that upper class blacks would be judged the most harshly of all four combinations of race and class.

The willingness to report score for Vignette 6 was significantly higher for upper class whites than for all other combinations of race and class. Vignette 6 described parents who ignore and seldom talk with the child. This finding may be in part explained by stereotypes of the lower class as non-verbal and the upper class as being verbal. If upper class whites fail to talk with their child they may be perceived as denying a resource (language ability). Since blacks and poor whites may be perceived as having a language deficit anyway, not speaking with the child may not be perceived as particularly harmful. Conclusive inference from this finding should not be drawn since the effect was significant at only $p < .10$.

The willingness to report score for Vignette 9 was significantly ($p < .10$) lower for upper class blacks than for any other combination of race and class. Vignette 9 depicted a situation of sexual maltreatment. This finding is consistent with the previous suggestion that upper class status gains a measure of tolerance for morally deviant behavior. It is consistent with the suggestion that stereotypes of blacks as sexually unrestrained may operate to influence respondents to deal less harshly with blacks around sexual issues. Again, conclusive inference from the race and class interaction on Vignette 9 cannot be drawn since it is significant at the $p < .10$ level. The finding however, is consistent with other findings in this study and therefore, supports the inferences from these findings.

**Assessment of Hypothesis 4b**

Hypothesis 4b: The professionals will be more willing to report lower class and black families than upper class and white families for the same behaviors.

This hypothesis was partially unsupported and partially supported by the findings. Race significantly affected willingness to report in some vignettes
depicting less severe maltreatment. In one vignette respondents were significantly more willing to report black families in another they were less willing to report black families. Respondents were more willing to report lower class families in some vignettes depicting less severe maltreatment and in the one vignette depicting sexual abuse.

The willingness to report score appeared to be unaffected by the race and social class of persons depicted in vignettes when the vignette describes specific physical injury. Race and social class did not affect willingness to report scores on Vignettes 1, 2, 8 and 10. Vignettes 1, 2 and 8 described specific physical harm to a child. Vignette 10 described a situation where neighbors observed a child wander in the neighborhood after midnight. When criteria for assessing the harm to the child, such as physical injury, were absent the influence of race and social class appeared to be significant. When the parental behavior violates moral principle, the effect of race and class on the vignette appeared to be significant, whether or not there was clear injury to the child.

Significant effects of race were not consistently in the same direction. In judging sexual misconduct respondents' willingness to report scores were lower for blacks than whites. When blacks were described as refusing to seek treatment for their child with a behavioral disorder they received higher willingness to report scores than whites. Perhaps a behavior disordered black child was more threatening to respondents than a behavior disordered white child.

The effects for social class seemed to operate consistently in one direction. When social class was significant as a main effect, lower class persons described in vignettes received higher willingness to report scores than did upper class persons described in the same events.
### TABLE 25
DEVIANCE ASSESSMENT SCORES BY RACE AND CLASS DEPICTED IN VIGNETTE

<table>
<thead>
<tr>
<th>Race</th>
<th>Class</th>
<th>Vignette&lt;sup&gt;a&lt;/sup&gt;</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td></td>
<td></td>
<td>0.07</td>
<td>0.07</td>
<td>0.01</td>
<td>-0.80</td>
<td>-0.13</td>
<td>-0.03</td>
<td>-0.60</td>
<td>0.13</td>
<td>1.12</td>
<td>0.53</td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
<td>-0.10</td>
<td>-0.11</td>
<td>-0.21</td>
<td>-0.67</td>
<td>-0.07</td>
<td>-0.23</td>
<td>-0.68</td>
<td>0.24</td>
<td>1.04</td>
<td>0.39</td>
</tr>
<tr>
<td></td>
<td>Upper</td>
<td></td>
<td>-0.05</td>
<td>-0.02</td>
<td>-0.18</td>
<td>-0.80</td>
<td>-0.10</td>
<td>-0.16</td>
<td>-0.66</td>
<td>0.18</td>
<td>1.05</td>
<td>0.42</td>
</tr>
<tr>
<td></td>
<td>Lower</td>
<td></td>
<td>0.03</td>
<td>-0.02</td>
<td>-0.03</td>
<td>-0.67</td>
<td>-0.09</td>
<td>-0.10</td>
<td>-0.62</td>
<td>0.19</td>
<td>1.11</td>
<td>0.51</td>
</tr>
<tr>
<td>White</td>
<td>Upper</td>
<td></td>
<td>0.13</td>
<td>0.09</td>
<td>-0.12</td>
<td>-0.84</td>
<td>-0.05</td>
<td>-0.03</td>
<td>-0.65</td>
<td>0.17</td>
<td>1.19</td>
<td>0.49</td>
</tr>
<tr>
<td>White</td>
<td>Lower</td>
<td></td>
<td>0.01</td>
<td>0.05</td>
<td>0.13</td>
<td>-0.75</td>
<td>-0.21</td>
<td>-0.03</td>
<td>-0.55</td>
<td>0.09</td>
<td>1.05</td>
<td>0.58</td>
</tr>
<tr>
<td>Black</td>
<td>Upper</td>
<td></td>
<td>-0.24</td>
<td>-0.14</td>
<td>-0.23</td>
<td>-0.76</td>
<td>-0.16</td>
<td>-0.29</td>
<td>-0.66</td>
<td>0.18</td>
<td>0.90</td>
<td>0.35</td>
</tr>
<tr>
<td>Black</td>
<td>Lower</td>
<td></td>
<td>0.04</td>
<td>-0.09</td>
<td>-0.19</td>
<td>-0.59</td>
<td>0.02</td>
<td>-0.17</td>
<td>-0.70</td>
<td>0.29</td>
<td>1.17</td>
<td>0.44</td>
</tr>
</tbody>
</table>

Significance

Twoway Anova

<table>
<thead>
<tr>
<th>Race</th>
<th>p&lt;.10</th>
<th>p&lt;.10</th>
<th>p&lt;.05</th>
<th>N.S.</th>
<th>N.S.</th>
<th>p&lt;.05</th>
<th>N.S.</th>
<th>N.S.</th>
<th>N.S.</th>
<th>N.S.</th>
<th>N.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Race &amp; Class</td>
<td>p&lt;.05</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>p&lt;.10</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>p&lt;.05</td>
<td>N.S.</td>
<td></td>
</tr>
<tr>
<td>Rank</td>
<td>10</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup>For description of vignettes, see Table 9.
FIGURE 8
PLOT OF DEVIANCE ASSESSMENT SCORE BY RACE DEPICTED IN VIGNETTE
Deviance Assessment Score

Upper Social Class
Lower Social Class

<table>
<thead>
<tr>
<th>Rank</th>
<th>Vignette Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
</tr>
</tbody>
</table>

FIGURE 9
PLOT OF DEVIANCE ASSESSMENT SCORE BY SOCIAL CLASS DEPICTED IN VIGNETTE
FIGURE 10

PLOT OF VIGNETTE RACE AND SOCIAL CLASS INTERACTIONS ON
DEVIANCE ASSESSMENT SCORE
2. **Vignette Race and Social Class Influence on Deviance Assessment Scores**

Race influenced the deviance assessment score and it was consistent and pervasive across six of the ten vignettes. When blacks were described in Vignettes 1, 2, 3, and 6, the vignettes received significantly lower deviance assessment scores than whites received. The interaction of social class and race was significant on Vignettes 1, 5, and 9. When upper class blacks were described in Vignettes 1 and 9, they received lower deviance assessment scores than any other combination of race and class. When Vignette 5 depicted upper class blacks and lower class whites it received significantly lower scores. Vignettes 1 and 2 described physical maltreatment. Vignettes 3 and 9 involved sexuality. Vignette 5 described parental refusal to seek treatment for a child with a behavior disorder. Vignette 6 described parents who ignore their child.

**Assessment of Hypothesis 4a**

Hypothesis 4a: Maltreatment occurring in lower class and black families will be perceived as more negative than the same maltreatment occurring in upper class and white families.

The findings do not support this hypothesis. The social class of the family has no influence on the deviance assessments made by respondents in this sample. Race significantly influenced respondents' deviance assessments, but in an opposite pattern to that predicted. Black families received lower deviance assessments than white families in vignettes depicting physical injury, sexual abuse, and sexual misconduct.

When blacks as opposed to whites are described in deviant roles the deviance assessment score was likely to be lower. Perhaps stereotypes exist which suggest that these behaviors are more normal for blacks and therefore were not judged as deviant. Another interpretation of these findings is that harm to black children does not cause the degree of alarm that harm to white children causes. The race
was indirectly ascribed to the parent in the vignette by describing the child as black or white. The deviance assessment score may have measured the respondents' reaction to maltreatment of black children. In either case these finding are contrary to the research hypothesis and if either or both of these interpretations are valid this is a disturbing finding.

The findings on the deviance assessment score appear to be reflected in willingness to report score only on two vignettes. Only in Vignettes 3 and 9 which dealt with sexual issues did blacks receive lower willingness to report scores than did whites. It appears that in the case of specific physical injury, the tolerance for violence among black people, did not cause the willingness to report score to be less for blacks than whites.

While respondents felt that it was less deviant for upper class blacks, lower class black and upper class white parents to refuse treatment for a child with a behavior disorder, all black parents received higher willingness to report scores than do white parents.
E. Relationship Between Willingness to Report and The Social Context

This section presents findings from multiple regression analyses performed to examine the effects of sample characteristics, vignette characteristics and deviance assessment scores on the willingness to report score of each vignette.

In the first part, the relationship between each set of respondent characteristics to the willingness to report score is examined. In a method suggested by Cohen and Cohen (1975), each set of respondent characteristics (background, professional, organizational and attitudes/ experiences related to child abuse) is entered as a group of independent variables in a multiple regression with the willingness to report score on each vignette as the dependent variable.

The second part of this section examines the results of a multiple regression assessing simultaneously significant vignette characteristics, significant respondent characteristics, and deviance assessment on the willingness to report score of each vignette.

1. Respondent Characteristics and Willingness to Report Score

   Personal Characteristics

   Table 26 displays the findings of the relationship between background characteristics and willingness to report score.

   The most obvious finding is that the sex of the respondent was significantly related to the willingness to report score on nine of the ten vignettes. This result is surprising inasmuch as great care was taken in choosing vignettes from the
# TABLE 26
REGRESSION OF ALL RESPONDENT PERSONAL CHARACTERISTICS ON WILLINGNESS TO REPORT SCORE

<table>
<thead>
<tr>
<th>Background Characteristic</th>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Vignette e 4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>( r^2 )</td>
<td>0.10</td>
<td>0.01</td>
<td>0.10</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td></td>
<td>( p &lt; ) N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>0.01</td>
</tr>
<tr>
<td>Sex(^a)</td>
<td>( r^2 )</td>
<td>0.16</td>
<td>0.18</td>
<td>0.10</td>
<td>0.12</td>
<td>0.16</td>
<td>0.20</td>
<td>0.26</td>
<td>0.16</td>
<td>0.20</td>
</tr>
<tr>
<td></td>
<td>( r^2 )</td>
<td>0.03</td>
<td>0.03</td>
<td>0.01</td>
<td>0.01</td>
<td>0.03</td>
<td>0.04</td>
<td>0.07</td>
<td>0.02</td>
<td>0.04</td>
</tr>
<tr>
<td></td>
<td>( p &lt; )</td>
<td>.01</td>
<td>.01</td>
<td>.10</td>
<td>.05</td>
<td>.10</td>
<td>.01</td>
<td>.01</td>
<td>.01</td>
<td>.001</td>
</tr>
<tr>
<td>Race(^b)</td>
<td>( r^2 )</td>
<td>-0.17</td>
<td>-0.10</td>
<td>-0.10</td>
<td>-0.03</td>
<td>0.01</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td></td>
<td>( p &lt; ) N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Marital Status 1(^c)</td>
<td>( r^2 )</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
</tr>
<tr>
<td></td>
<td>( p &lt; ) N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Marital Status 2(^d)</td>
<td>( r^2 )</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
</tr>
<tr>
<td></td>
<td>( p &lt; ) N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Children Raised</td>
<td>( r^2 )</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
</tr>
<tr>
<td></td>
<td>( p &lt; ) N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Social Class</td>
<td>( r^2 )</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
<td>0.01</td>
<td>0.12</td>
</tr>
<tr>
<td></td>
<td>( p &lt; ) N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
</tbody>
</table>
**REGRESSION OF ALL RESPONDENT PERSONAL CHARACTERISTICS ON WILLINGNESS TO REPORT SCORE (Cont.)**

<table>
<thead>
<tr>
<th>Background Characteristic</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dogmatism</td>
<td>r²</td>
<td>-0.12</td>
<td>-0.17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>r</td>
<td>0.02</td>
<td>0.03</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>p&lt;</td>
<td>.05</td>
<td>.01</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Model</td>
<td>r²</td>
<td>0.22</td>
<td>0.27</td>
<td>0.26</td>
<td>0.23</td>
<td>0.26</td>
<td>0.30</td>
<td>0.17</td>
<td>0.24</td>
<td></td>
</tr>
<tr>
<td></td>
<td>r</td>
<td>0.05</td>
<td>0.07</td>
<td>0.07</td>
<td>0.05</td>
<td>0.07</td>
<td>0.09</td>
<td>0.03</td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td></td>
<td>p&lt;</td>
<td>.05</td>
<td>.01</td>
<td>N.S.</td>
<td>.01</td>
<td>.05</td>
<td>N.S.</td>
<td>.01</td>
<td>.001</td>
<td>.05</td>
</tr>
</tbody>
</table>

*a Dummy Code—Positive correlation means higher score is associated with female respondents.*

*b Dummy Code—Positive correlation means higher score is associated with white respondents.*

*c Dummy Code—Positive correlation means higher score is associated with married respondents.*

*d Dummy Code—Positive correlation means higher score is associated with respondents who are widowed, separated or divorced.*

*e For description of vignettes, see Table 9.*
Giovannoni and Becerra (1979) study to eliminate, where possible, those vignettes on which males and females differed significantly. Females in this study consistently gave the vignettes higher scores than did males. In vignettes where gender was significant it accounted for between one percent and seven percent of the variance.

Another significant finding is that dogmatism was negatively related to Vignettes 1 and 2, which had high willingness to report scores. This finding suggests that respondents with more rigid perceptual capacities have difficulty distinguishing those situations with identifiable harm to the child from those where specific harm is not clear. In Vignettes 1 and 2 dogmatism explains two percent and three percent of the variance.

The remainder of the significant relationships seemed to be moderate and confined to one vignette. Age seemed to have a slight influence in two vignettes on respondents' scores. As ages increased, respondents scored higher on Vignettes 4 and 10. Blacks scored Vignettes 4 and 7 lower than did whites. Respondents who were widowed, separated or divorced tended to score higher on Vignette 5. While the individual variable may not show a particular pattern, the most significant influences occur on those vignettes which generally have lower willingness to report scores. In these five sets of significant relationships, between one percent and three percent of the variance is explained.

Assessment of Hypothesis 5

Hypothesis 5: Respondents personal characteristics will not affect willingness to report.

With some qualifications this hypothesis was supported. Females were more willing to report nine of ten situations than were males. Dogmatism was negatively related to willingness to report in two vignettes describing specific physical injury.
Age, race, and marital status significantly affected the willingness to report scores in a total of five vignettes which represented primarily less severe maltreatment.

When these significant relationships are assessed in a multiple regression model with other significant influences, their significance is considerably reduced. Females are different from males on only two vignettes which depict physical injury. Dogmatism, race and marital status continue to be significant.

The number of children raised and social class of origin had no effect on willingness to report.

**Professional Characteristics**

Table 27 displays the significant relationships between respondent professional characteristics and willingness to report score.

It is obvious from Table 27 that professional affiliation was a major influence on the willingness to report score. This analysis presents, in another form, the information presented and discussed in Section C of Chapter IV. The reader is referred to that section for a detailed discussion of the relationship between professional affiliation and the willingness to report score. Professional affiliation significantly affected the willingness to report score on each vignette and contributed between one percent and nine percent to the variance explained in each vignette.

A second major finding is that the respondents' score on the client scale was significantly related to the willingness to report score. Respondents which had a high score on the client orientation scale tended to score higher on the willingness to report scale for Vignettes 3, 5, 6 and 10. In none of these situations was immediate physical harm described. Rather, these vignettes depicted patterns of parental behavior which might have resulted in serious emotional, educational or physical harm if the pattern continued. This finding implies that a high client
<table>
<thead>
<tr>
<th>Professional Characteristics</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profession 1 (^a) (Physicians)</td>
<td>(r^2)</td>
<td>-0.14</td>
<td>-0.11</td>
<td>0.11</td>
<td>-0.28</td>
<td>-0.23</td>
<td>-0.14</td>
<td>-0.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(r)</td>
<td>0.02</td>
<td>0.01</td>
<td>0.01</td>
<td>0.08</td>
<td>0.05</td>
<td>0.02</td>
<td>0.03</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(p)</td>
<td>N.S.</td>
<td>.01</td>
<td>N.S.</td>
<td>.05</td>
<td>N.S.</td>
<td>.001</td>
<td>.001</td>
<td>.05</td>
<td>.01</td>
<td></td>
</tr>
<tr>
<td>Profession 2 (Teachers)</td>
<td>(r^2)</td>
<td>-0.12</td>
<td>-0.15</td>
<td>0.15</td>
<td>0.12</td>
<td>0.12</td>
<td>0.12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(r)</td>
<td>0.01</td>
<td>0.02</td>
<td>0.02</td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(p)</td>
<td>N.S.</td>
<td>.05</td>
<td>N.S.</td>
<td>.05</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profession 3 (Nurses)</td>
<td>(r^2)</td>
<td>-0.11</td>
<td>0.10</td>
<td>0.23</td>
<td>0.16</td>
<td>.05</td>
<td>0.03</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(r)</td>
<td>0.01</td>
<td>0.01</td>
<td>0.05</td>
<td>0.03</td>
<td>0.04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(p)</td>
<td>N.S.</td>
<td>.05</td>
<td>N.S.</td>
<td>.001</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years in Profession</td>
<td>(r^2)</td>
<td>0.11</td>
<td>0.01</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td></td>
</tr>
<tr>
<td>(r)</td>
<td>0.01</td>
<td>0.01</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td></td>
</tr>
<tr>
<td>(p)</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td></td>
</tr>
<tr>
<td>Membership in Professional Organization</td>
<td>(r^2)</td>
<td>-0.12</td>
<td>0.01</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>(r)</td>
<td>0.01</td>
<td>0.01</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>(p)</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Professional Education</td>
<td>(r^2)</td>
<td>-0.14</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>(r)</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>(p)</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
</tbody>
</table>
### REGRESSION OF RESPONDENTS' PROFESSIONAL CHARACTERISTICS ON WILLINGNESS TO REPORT SCORE (Cont.)

<table>
<thead>
<tr>
<th>Professional Characteristics</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism Scale</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( r^2 )</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-0.09</td>
</tr>
<tr>
<td>( p &lt; )</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.01</td>
</tr>
<tr>
<td>N.S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.10</td>
</tr>
<tr>
<td>Careerism Scale</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( r^2 )</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-0.09</td>
</tr>
<tr>
<td>( p &lt; )</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.01</td>
</tr>
<tr>
<td>N.S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.10</td>
</tr>
<tr>
<td>Client Orientation Scale</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( r^2 )</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.12</td>
</tr>
<tr>
<td>( p &lt; )</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.01</td>
</tr>
<tr>
<td>N.S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.05</td>
</tr>
<tr>
<td>Model</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( r^2 )</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.31</td>
</tr>
<tr>
<td>( p &lt; )</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.01</td>
</tr>
<tr>
<td>N.S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.01</td>
</tr>
</tbody>
</table>

*a Dummy Code—A positive correlation with Profession 1 indicates that higher scores associated with physicians. A positive correlation with Profession 2 indicates that higher scores are associated with teachers. A positive correlation with Profession 3 indicates that higher scores are associated with nurses.

*b Dummy Code—A positive correlation with professional membership means that higher scores are associated with non-members.

*c For description of vignettes, see Table 9.
orientation is related to reports of child maltreatment where immediate harm is not identified but, respondents believe likely to cause harm for the child. The client orientation scale explained one percent or two percent of the variance in those four vignettes.

Three variables have a relationship with Vignette 9 at the p<.10 level. Years of service, professionalism scale and careerism scale were all negatively related to respondents' score on Vignette 9. A person who scored high on the independent variables listed above might be more experienced, disciplined and detached, and therefore respond with less emotion to sexual abuse than others with less service and professional or organizational commitment. Each of these variables contribute one percent of explained variance to Vignette 9.

Two other variables were significant but failed to create an interpretable pattern. Years of service was positively related to the willingness to report score for Vignette 4 and explains one percent of variance. Professional education is negatively related to the willingness to report score on Vignette 8 and explains two percent of the variance.

**Assessment of Hypothesis 6**

Hypothesis 6: Increased professionalism will result in lower willingness to report.

The findings did not support this hypothesis. While professional affiliation did influence willingness to report, measures of professionalism appear to be unrelated to willingness to report.

One element of the professionalism sub scale identified as client orientation was positively related to willingness to report in four vignettes which represented primarily less severe maltreatment. Years in profession, professional education, membership in professional organization, professionalism, and careerism were significantly related to one or two vignettes and did not present an interpretable pattern.
Organizational Characteristics

Table 28 displays the significant relationships between organizational characteristics of respondents and their willingness to report scores.

Auspice was significantly related to scores for Vignettes 1, 2, 7, 8, 9 and 10. With the exception of Vignette 7 these vignettes had the five highest willingness to report scores. Auspice 1 was a dummy code variable comparing private medical practice to all other work settings. It appears that private practice physicians are less willing than all other professionals to report the five most severe conditions. This finding is consistent with the finding for physicians in general. From two percent to seven percent of the variance was explained for Vignettes 1, 2, 7, 8, 9 and 10 by Auspice 1. Professionals in public agencies, represented by Auspice 2, scored higher on Vignette 7. Since this relationship only explained one percent of the variance, and was significant at $p < .10$, not too much can be made of this relationship.

Respondents from Organization Type 1 were social workers working in mental health settings. Their willingness to report score was lower than all other professionals on eight of the ten vignettes. The two exceptions were Vignettes 4 and 7 which were two of the three lowest ranked vignettes. Organization Type 1 (mental health) explained one percent to three percent of variance in the vignettes where mental health social workers differed significantly from others.

Organization Type 2 represented teachers and nurses working in public and parochial schools. Respondents in Organization Type 2 scored below other respondents on the two most highly rated vignettes, which depict specific physical harm (Vignettes 1 and 2). They scored significantly higher on three vignettes which depicted moderate to severe parental omissions which could have resulted in harm to a child (Vignettes 4, 7 and 10). The variable Organization Type 2 accounted for
## TABLE 28
REGRESSION OF ORGANIZATIONAL CHARACTERISTICS ON WILLINGNESS TO REPORT SCORE

<table>
<thead>
<tr>
<th>Background Characteristics</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auspice 1&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vignette</td>
<td>-0.13</td>
<td>-0.19</td>
<td></td>
<td></td>
<td>-0.17</td>
<td>-0.26</td>
<td>-0.17</td>
<td>-0.15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>r&lt;sup&gt;2&lt;/sup&gt;</td>
<td>0.02</td>
<td>0.04</td>
<td></td>
<td></td>
<td>0.03</td>
<td>0.07</td>
<td>0.03</td>
<td>0.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>r</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p&lt;</td>
<td>.05</td>
<td>.001</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.01</td>
<td>.001</td>
<td>.01</td>
<td>.01</td>
</tr>
<tr>
<td>Auspice 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vignette</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.10</td>
</tr>
<tr>
<td>r</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p&lt;</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.10</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Organization Type 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vignette</td>
<td>-0.16</td>
<td>-0.09</td>
<td>-0.12</td>
<td></td>
<td>-0.18</td>
<td>-0.15</td>
<td>-0.15</td>
<td>-0.15</td>
<td>-0.17</td>
<td></td>
</tr>
<tr>
<td>r&lt;sup&gt;2&lt;/sup&gt;</td>
<td>0.02</td>
<td>0.01</td>
<td>0.01</td>
<td></td>
<td>0.03</td>
<td>0.02</td>
<td>0.02</td>
<td>0.02</td>
<td>0.03</td>
<td></td>
</tr>
<tr>
<td>r</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p&lt;</td>
<td>.10</td>
<td>.05</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.01</td>
<td>.01</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.01</td>
<td>.01</td>
</tr>
<tr>
<td>Organization Type 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vignette</td>
<td>-0.12</td>
<td>-0.17</td>
<td>0.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r&lt;sup&gt;2&lt;/sup&gt;</td>
<td>0.02</td>
<td>0.03</td>
<td>0.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p&lt;</td>
<td>.05</td>
<td>.01</td>
<td>.05</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.10</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.05</td>
</tr>
<tr>
<td>Organization Type 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vignette</td>
<td>-0.09</td>
<td></td>
<td></td>
<td></td>
<td>0.12</td>
<td>-0.09</td>
<td>-0.12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.01</td>
<td>0.01</td>
<td>0.01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p&lt;</td>
<td>N.S.</td>
<td>.10</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.05</td>
<td>.10</td>
<td>.05</td>
<td>N.S.</td>
</tr>
<tr>
<td>Consumer Influence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vignette</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p&lt;</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
</tbody>
</table>
### REGRESSION OF ORGANIZATIONAL CHARACTERISTICS ON WILLINGNESS TO REPORT SCORE (Cont.)

#### Background Characteristics

<table>
<thead>
<tr>
<th>Source of Pay $^c$</th>
<th>Vignette $^d$</th>
</tr>
</thead>
<tbody>
<tr>
<td>$r_2$</td>
<td>5 6 7 8 9 10</td>
</tr>
<tr>
<td>$p$</td>
<td>N.S. N.S. N.S. N.S. N.S. N.S. N.S. N.S. N.S. N.S.</td>
</tr>
<tr>
<td>% of Time in Direct Service</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>$r^2$</td>
<td>-0.10 -0.11 -0.13 -0.13 -0.11</td>
</tr>
<tr>
<td>$p$</td>
<td>0.01 0.01 0.02 0.02 0.01</td>
</tr>
<tr>
<td>Model</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>$r^2$</td>
<td>0.27 0.30 0.24 0.25 0.23 0.28 0.34 0.25 0.30</td>
</tr>
<tr>
<td>$p$</td>
<td>0.001 0.05 0.06 0.01 0.05 0.001 0.001 0.01 0.001</td>
</tr>
</tbody>
</table>

$a$ Dummy Code—Auspice 1 = for profit organizations and Auspice 2 = publicly sponsored organizations. A positive correlation means a high score is associated with the auspice indicated.

$b$ Dummy Code—Organization Type 1 = Mental Health, Organization Type 2 = Education and Organization Type 3 = Health. A positive correlation means a high score is associated with organization type indicated.

$c$ Dummy Code—Salary is contrasted with other types of reimbursement. A positive correlation means a high score is associated with not receiving a salary.

$d$ For description of vignettes, see Table 9.
one percent to three percent of the variance explained in vignettes where it was significant.

Organization Type 3 represented physicians, nurses and social workers who worked in health care settings. There is a tendency to rate physical injury significantly lower, and to rate potentially harmful situations without immediate consequences significantly higher than other respondents. Health care professionals had significantly lower scores on Vignettes 2, 7 and 8. They had significantly higher scores on Vignettes 6 and 10. The findings for health care professionals must be qualified by noting that two of the five relationships were significant at the $p < .10$ level, and only one percent of the variance was explained by Organization Type 3 in four of the five vignettes.

Neither the consumer influence nor source of pay for the professional appeared to significantly affect the willingness to report scores of professionals.

The proportion of time spent in direct service seems to be inversely related to the willingness to report score for those Vignettes which received the lowest scores. Those professionals which spent the largest amount of time in direct care appear less willing to spend the time required to report cases which had lower scores than others. Perhaps they feel it would be a waste of time and are reluctant to spend energy which could be devoted to other needs. This variable accounted for one percent or two percent of the variance in the willingness to report score on those vignettes for which it was significant. This finding conflicts moderately with an earlier finding. Nurses and teachers scored the highest on the willingness to report score for the five vignettes with the lowest scores. They also had the highest proportion of time spent in direct care.

In general there is probably some overlap in variance explained in Auspice and Organization Type as well as with the variable of Profession which is presented in
Table 27. An evaluation of overlap or redundancy will be examined in a multiple regression examining all significant respondent and vignette characteristics.

**Assessment of Hypothesis 7**

Hypothesis 7: Organizational attributes which enhance consumer control (where the parent is the consumer) will reduce willingness to report.

This hypothesis was partially supported by the findings. The private practice auspice, which was viewed as a condition of high consumer control was negatively related to willingness to report in six vignettes which described the most severe maltreatment. Mental health organization type, which was viewed as dependent on consumer participation for effective treatment, was negatively related to willingness to report in eight of ten vignettes. Respondents who spent the most time in direct service were the least willing to report less severe maltreatment.

Other findings do not support the hypothesis. Assessment of consumer influence was unrelated to willingness to report. Source of pay for respondents was unrelated to their willingness to report.

**Attitudes and Experience**

Table 29 displays the significant relationships between attitudes and experience of respondents and their willingness to report scores. Before presenting the findings it must be pointed out that some of the significant relationships presented in Table 29 are redundant. Some of variance explained by the variables which are significant are better explained by other variables in the table. They only achieve significance in the hierarchial regression because they were entered before the more powerful variable. Variables which are redundant have partial $r^2$'s which are not significant. That is, they contribute nothing in addition to the other variables in the group when all the common variance is pooled and withdrawn.
### TABLE 29
REGRESSION OF RESPONDENTS' ATTITUDES AND EXPERIENCES REGARDING CHILD MALTREATMENT ON WILLINGNESS TO REPORT SCORE

<table>
<thead>
<tr>
<th>Attitudes and Experiences</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Training Sessions</td>
<td>0.01</td>
<td>0.03</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.05</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td></td>
<td>p &lt; .05</td>
<td>.01</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.05</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Oriented Toward Child Protection</td>
<td>-0.14</td>
<td>0.24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.12</td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td>0.02</td>
<td>0.06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.02</td>
<td></td>
</tr>
<tr>
<td></td>
<td>p &lt; .01</td>
<td>.001</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.05</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Reporting Supported</td>
<td>0.17</td>
<td>0.03</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.05</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Nonpunitive</td>
<td>-0.15</td>
<td>-0.12</td>
<td>-0.14</td>
<td>0.02</td>
<td>0.01</td>
<td>0.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>p &lt; N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.05</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Laterally Concerned</td>
<td>0.12</td>
<td>0.16</td>
<td>0.15</td>
<td>0.15</td>
<td>0.17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Advocate</td>
<td>0.15</td>
<td>0.18</td>
<td></td>
<td></td>
<td></td>
<td>0.15</td>
<td>0.10</td>
<td>0.23</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>p &lt; .01</td>
<td>.001</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.01</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
</tbody>
</table>

203
REGRESSION OF RESPONDENTS' ATTITUDES AND EXPERIENCES REGARDING
CHILD MALTREATMENT ON WILLINGNESS TO REPORT SCORE (Cont.)

<table>
<thead>
<tr>
<th>Attitudes and Experiences</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Counter</td>
<td>( r^2 )</td>
<td>-0.10</td>
<td>0.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>( r )</td>
<td>0.01</td>
<td>0.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Productive Counter</td>
<td>( p &lt; )</td>
<td>.10</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.10</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td></td>
<td>( r^2 )</td>
<td>-0.10</td>
<td>-0.12</td>
<td>-0.12</td>
<td>-0.13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>( r )</td>
<td>0.01</td>
<td>0.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structure for Reporting</td>
<td>( p &lt; )</td>
<td>.10</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>N.S.</td>
<td>0.05</td>
<td>N.S.</td>
<td>0.05</td>
<td>N.S.</td>
</tr>
<tr>
<td></td>
<td>( r^2 )</td>
<td>0.11</td>
<td>0.17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>( r )</td>
<td>0.01</td>
<td>0.03</td>
<td>0.01</td>
<td>0.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Cases Reported</td>
<td>( p &lt; )</td>
<td>.05</td>
<td>0.001</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.10</td>
<td>N.S.</td>
<td>N.S.</td>
<td>0.05</td>
<td>0.05</td>
</tr>
<tr>
<td></td>
<td>( r^2 )</td>
<td>0.35</td>
<td>0.40</td>
<td></td>
<td></td>
<td>0.23</td>
<td>0.27</td>
<td>0.41</td>
<td>0.23</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>( r )</td>
<td>0.12</td>
<td>0.16</td>
<td>0.05</td>
<td>0.05</td>
<td>0.07</td>
<td>0.16</td>
<td>0.05</td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td></td>
<td>( p &lt; )</td>
<td>.001</td>
<td>.001</td>
<td>N.S.</td>
<td>N.S.</td>
<td>.10</td>
<td>.05</td>
<td>.01</td>
<td>.001</td>
<td>.10</td>
</tr>
</tbody>
</table>

\( a \) Dummy Code—Positive correlation means higher scores are associated with respondents in agencies with a designated person in the agency to make child abuse reports.

\( b \) For description of vignettes, see Table 9.
Even though the $r^2$ was significant, the partial $r^2$ for number of training sessions was not significant on Vignettes 1, 2 and 8. The partial $r^2$ for Orientation Toward the Child Protection Agency was not significant on Vignettes 1 and 8. The partial $r^2$ for Reporting Supported was not significant in Vignettes 1 and 8. The partial $r^2$ for Nonpunitive was not significant for Vignette 8. These relationships were not considered in the discussion which follows. While the significant relationships were redundant and not useful in the interpretation, their variance would be added to later variables.

**Attitudes.** Reporting supported was unrelated to the respondents' willingness to report score. The feeling that reporting is counterproductive was related significantly but only at the p<.10 level on Vignettes 1 and 5. This relationship was negative on Vignette 1, and the relationship was positive on Vignette 5. Only one percent of variance was explained by these relationships on each vignette.

The Orientation Toward the Child Protection Agency while significant on only Vignette 2, explained six percent of the variance on that one vignette. This positive association suggests that an orientation toward the child protection agency is likely to result in higher reports of certain specific types of physical maltreatment.

Respondents who were nonpunitive toward abusive parents tended to have lower scores on Vignettes 7 and 9. They appear to be less willing to blame the parent for a failure to get an eye exam and less judgmental about sexual abuse than other respondents.

Lateral concern and child advocacy positively influenced the willingness to report score significantly. These two variables measured respondents' concern with the child. The other independent variables measured the degree to which the respondents focused on other actors in the situational, organizational and
interorganizational contexts. In general, it seems that attitudes about children have the greatest effect on a respondent's willingness to report score.

Child Advocates tended to score higher than others on Vignettes 1, 2, 6, 7 and 8. Child Advocates tended to report physical abuse at higher rates than others. The variable Child Advocacy explained between one percent and five percent of variance on each vignette where it is significant.

**Assessment of Hypothesis 6**

Hypothesis 6: The following attitudes are likely to increase willingness to report: a) positive orientation toward child protection agency, b) perception that reporting child maltreatment is supported, c) punitive attitude toward maltreating parents, d) concern for child's background, e) concern for children's rights, f) perception that reporting is counter productive. All of these attitudes were associated with increased willingness to report in at least one vignette. However, only attitudes which expressed concern for children's rights and concern about the needing to know child's background were associated with increased reporting in more than one vignette. The other four attitudes do not appear to have a very meaningful effect on willingness to report. They appear, however, to be primarily related to willingness to report physical injury.

The major implication of these findings is that respondent attitudes about the nature of a professional's responsibility to a child, and a belief that children's rights are under protected, are far stronger predictors of willingness to report scores than beliefs about agency support, non punitive attitude toward parents, beliefs about counter productivity of report, or orientation toward the child protection agency.

**Experiences with Child Maltreatment.** The amount of training regarding child maltreatment was unrelated to the willingness to report score.
Structure for reporting was significantly related to the willingness to report score on Vignettes 1, 6, 8 and 10. Since the variable was scored as one when reporting was structured, and scored as two when reporting was not structured, a negative correlation meant that respondents in agencies without a reporting structure scored lower on a willingness to report score. Respondents in agencies with reporting structure had higher scores on the four vignettes. Having a reporting structure tended to increase scores on vignettes which depicted physical abuse and on vignettes which depicted potential serious harm without immediate consequences. In the regression, structure for reporting accounts for one percent or two percent of variance. When earlier redundant variables are removed the amount of variance explained is likely to increase. This finding seems to be in conflict with earlier findings which suggested that structures were more prevalent among teachers and physicians who had reported fewer actual cases and scored lower on vignettes where the scores are positively related to a structure for reporting. Since multiple regression more precisely measures the patterns of association than the previous analysis the finding in this section is probably the soundest.

The number of abuse cases reported by respondents was significantly related to willingness to report score. On Vignettes 1, 2, 8, and 9, which constituted four of the five vignettes with the highest willingness to report scores, respondents' scores increased as their number of reports increased. Vignette 5, which depicted parents who refused treatment for a child with a behavior disorder, was negatively related. In the present regression these significant relationships explain between one percent and three percent of the variance but should go higher when the redundant variables are removed.

This finding suggests that as experience in reporting child abuse increases there is a greater willingness to report serious cases without increasing (perhaps
decreasing) the tendency to report less severe cases. This suggests that experience is the best teacher.

Further, this finding provides evidence of external validity for the willingness to report index. If the instrument has predictive validity, it should be able to distinguish between those who are likely to make reports and those who are not likely to make reports. By distinguishing those who, on the basis of past history, have made many reports from those who have not, the index appears to be predictive of child abuse reporting.

Assessment of Hypothesis 7

Hypothesis 7: The following experiences will be associated with increased willingness to report scores: a) number of cases of child maltreatment a respondent has reported, b) number of training sessions a respondent has undergone in the past year, c) formal reporting structure within a respondent's organization.

The hypothesis was confirmed by the findings with respect to reporting child maltreatment which was severe in nature. Training was not significant when other attitudes and experiences were controlled for. Having a structure for reporting in an organization and respondents' experience with reporting were positively related to willingness to report scores for vignettes depicting severe injury to a child. This suggests that ongoing organizational structures and specific experience are more important than training in influencing willingness to report. None of the experiences directly affected either positively or negatively the willingness to report less severe child maltreatment.
F. Multiple Regression Analysis of All Significant Effects on Willingness to Report Score

Table 30 displays the results from multiple regressions on the willingness to report scores of each vignette. Entered into the multiple regression analysis as independent variables are those variables which were identified as significant in previous analysis. If no beta weight appears in a vignette column for a particular variable, that variable was not included in the regression model for the vignette. The beta weight for each variable entered into the regression model for a vignette is displayed in Table 30. It should be noted that the deviance assessment was placed in the regression as an independent variable.

1. Influence of Vignette Characteristics

The interpretation of the effect of race and class on the willingness to report score hold up when these characteristics are considered in combination with other influences. The race and class interactions did not hold up, but the main effects of race and class were substantial.

2. Personal Characteristics

The background characteristics were redundant with other variables in the regressions. Background variables seem not to be systematically linked to willingness to report. In earlier analyses, the gender of the respondents was strongly related to the willingness to report score on all vignettes. When placed in
TABLE 30
STANDARDIZED REGRESSION BETA WEIGHTS FROM REGRESSION OF RESPONDENT CHARACTERISTICS ON WILLINGNESS TO REPORT SCORE

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Vignette e</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Vignette Characteristics</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>-0.10&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Social Class</td>
<td>0.13&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Race X Class</td>
<td>-0.06</td>
</tr>
<tr>
<td>Background Characteristics</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.07</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>-0.12&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Marital Status 1</td>
<td></td>
</tr>
<tr>
<td>Marital Status 2</td>
<td></td>
</tr>
<tr>
<td>Dogmatism Scale</td>
<td>-0.08</td>
</tr>
<tr>
<td>Professional Characteristics</td>
<td></td>
</tr>
<tr>
<td>Professional 1</td>
<td>-0.16</td>
</tr>
<tr>
<td>Professional 2</td>
<td>-0.25&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Professional 3</td>
<td>-0.08</td>
</tr>
<tr>
<td>Years of Service</td>
<td></td>
</tr>
<tr>
<td>Professional Organizational Membership</td>
<td></td>
</tr>
<tr>
<td>Professional Education</td>
<td></td>
</tr>
<tr>
<td>Professionalism Scale</td>
<td></td>
</tr>
<tr>
<td>Career Scale</td>
<td></td>
</tr>
<tr>
<td>Client Orientation Scale</td>
<td>0.13&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup>,<sup>b</sup>,<sup>c</sup>,<sup>d</sup> Significant at the 0.05, 0.01, 0.001, and 0.0001 levels, respectively.
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Vignette e</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Organizational Characteristics</td>
<td></td>
</tr>
<tr>
<td>Auspice 1</td>
<td>-0.07 -0.12(^a)</td>
</tr>
<tr>
<td>Auspice 2</td>
<td>0.05 0.07</td>
</tr>
<tr>
<td>Organization Type 1</td>
<td>-0.18(^b) -0.10 -0.07</td>
</tr>
<tr>
<td>Organization Type 2</td>
<td>0.03 0.03 -0.08</td>
</tr>
<tr>
<td>Organization Type 3</td>
<td>0.04 0.12 0.05</td>
</tr>
<tr>
<td>% Time Direct Service</td>
<td>-0.09(^a) -0.10(^b) -0.11(^b) -0.12(^b)</td>
</tr>
<tr>
<td>Attitudes and Experience</td>
<td></td>
</tr>
<tr>
<td>Oriented to CPA</td>
<td>0.19(^c)</td>
</tr>
<tr>
<td>Non Punitive</td>
<td></td>
</tr>
<tr>
<td>Laterally Concerned</td>
<td></td>
</tr>
<tr>
<td>Child Advocate</td>
<td>0.14(^b)</td>
</tr>
<tr>
<td>Reporting Counterproductive</td>
<td>-0.02 0.14(^c) 0.07</td>
</tr>
<tr>
<td>Organizational Structure for Reporting</td>
<td>-0.11(^b)</td>
</tr>
<tr>
<td>Number of Cases Reported</td>
<td>0.12(^b) 0.19(^c)</td>
</tr>
<tr>
<td>Deviance Assessment</td>
<td>0.31(^c) 0.29(^c) 0.56(^c) 0.58(^c) 0.38(^c) 0.45(^c) 0.37(^c) 0.36(^c) 0.36(^c) 0.15(^c)</td>
</tr>
</tbody>
</table>
STANDARDIZED REGRESSION BETA WEIGHTS FROM
REGRESSION OF RESPONDENT CHARACTERISTICS ON WILLINGNESS TO REPORT SCORE

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Vignette</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model</td>
<td>r^2</td>
<td>0.53</td>
<td>0.54</td>
<td>0.65</td>
<td>0.62</td>
<td>0.56</td>
<td>0.55</td>
<td>0.61</td>
<td>0.55</td>
<td>0.51</td>
<td>0.43</td>
</tr>
<tr>
<td></td>
<td>r</td>
<td>0.28</td>
<td>0.29</td>
<td>0.42</td>
<td>0.39</td>
<td>0.31</td>
<td>0.30</td>
<td>0.37</td>
<td>0.30</td>
<td>0.26</td>
<td>0.19</td>
</tr>
<tr>
<td></td>
<td>p</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
<td>.001</td>
</tr>
</tbody>
</table>

^a p < .10
^b p < .05
^c p < .01
^d Regression analysis was performed only on variables where numbers are given, based on previous findings of significance of the specific characteristic on the specific vignette.
^e For description of vignettes, see Table 9.
a regression with other variables, this relationship was not so strong. Females remained significantly more willing to report some types of physical abuse. This finding was consistent with findings reported by Giovannoni and Becerra (1979). The negative relationship between dogmatism and scores on physical maltreatment remained significant. The remaining personal characteristics were related significantly to scores on vignettes which received the lowest scores.

3. Professional Characteristics

Professional affiliation seemed to be much less influential on the willingness to report score when other variables are entered into the regression. Since professionals were significantly different on the deviance assessment index, the inclusion of the deviance assessment score as a dependent variable probably explained variance which formerly was explained by professional affiliation.

Perhaps the organizational and attitudinal variables were stronger influences on willingness to report. Professional affiliation appeared to be significant on Vignettes 7, 8 and 10 which depicted failure to get an eye exam and two types of physical maltreatment.

4. Organizational Characteristics

Several organizational characteristics seemed to sustain a significant influence on willingness to report in a larger multiple regression. Respondents in Organization Type 1, which were mental health social workers, tended to score significantly lower on two of three types of physical abuse than other respondents. Nurses and teachers tended to score significantly higher than other respondents on Vignette 10 which described a child who wandered unsupervised until midnight.

Continuing to have a significant effect on scores for Vignettes 3, 4, 5 and 7 was the proportion of time spent in direct care. On four of the five vignettes with
the lowest willingness to report scores, those with the most time in direct care scored lower than other respondents. This finding is consistent with earlier findings.

5. Attitudes and Experiences with Reporting Child Abuse

The orientation to the child protection agency appeared to remain strong on the score for Vignette 2. This suggests that a relationship with the agency would encourage reporting a certain type of physical abuse.

The concern for lateral aspects of a child's situation seemed to continue to be related to higher scores on non physical and non sexual types of maltreatment. In situations where danger to the child may be predictable, such as Vignettes 5 and 10, but not currently identifiable, those who were laterally concerned tended to be more willing to report than other respondents.

Child Advocates tended to score significantly higher on those vignettes with identifiable physical harm as in Vignettes 1 and 2. They also scored higher on Vignette 6 where a child was purposely ignored.

When reporting was viewed as counter productive, respondents tended to score lower on Vignette 1 which had the highest mean score of all vignettes. When there was an organizational reporting structure the willingness to report score was higher.

Experience with reporting was related to higher scores on Vignettes 1, 2, 7 and 8. This confirms the earlier finding, that as the number of reported cases increased for respondents, they tended to score higher on the willingness to report index for those vignettes which received the highest mean scores.
6. **Deviance Assessment**

The Deviance Assessment score was positively related to the willingness to report score in every vignette. The pattern of association closely followed the pattern of correlations discussed in an earlier section of the findings.

When the deviance assessment was removed from the model the amount of explained variance declined. Table 31 indicates the proportion of explained variance contributed by the deviance assessment score.

When the injury to the child was clear, the relationship between the deviance assessment and willingness to report was much stronger than when the injury was not clear. This finding indicates that assessment of parental deviance is an important factor in a decision to report a child maltreatment situation as child abuse.

It is on those vignettes which have the highest correlations between deviance assessment and willingness to report, that parental characteristics of race and class seem to influence the willingness to report scores of respondents. This indicates that parental attributes of race, class and possibly life style strongly influence willingness to report behaviors as child maltreatment when the behaviors are assessed as deviant.

7. **Characteristics of the Entire Regression Model**

All of the regressions were significant at the \( p < .001 \) level. The proportion of variance explained ranged from 0.19 to 0.42 for each vignette. The five vignettes with the lowest scores had the highest variance controlled by the model. While much of the uncontrolled variance would have been error, it is probable that the uncontrolled variance was related to the seriousness of the situation to the child. As the mean willingness to report scores increased, the variance explained was reduced. Given the consistent separation of the least from the most serious
situations by all respondents, it would appear that much of the variance could be explained by the relative seriousness of the situation. If the relative seriousness of harm to the child had been one of the independent variables, the proportion of explained variance would have been much higher. It is probably safe to assume that the majority of the uncontrolled variance in the model was related to the seriousness of the situation to the child. These findings tend to support the contention that severity of harm to the child if it is observed may be the most important predictor of reporting behavior. However, a major portion of variance was explained by factors which were unrelated to the seriousness of the situation to the child. Such a finding suggests that factors unrelated to the child's condition or parent treatment of the child strongly influence decisions to report child maltreatment.
<table>
<thead>
<tr>
<th>Vignette&lt;sup&gt;a&lt;/sup&gt;</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without Deviance</td>
<td>$R^2$</td>
<td>0.20</td>
<td>0.21</td>
<td>0.16</td>
<td>0.08</td>
<td>0.18</td>
<td>0.11</td>
<td>0.24</td>
<td>0.20</td>
<td>0.16</td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Deviance</td>
<td>$R^2$</td>
<td>0.28</td>
<td>0.29</td>
<td>0.42</td>
<td>0.39</td>
<td>0.31</td>
<td>0.30</td>
<td>0.37</td>
<td>0.30</td>
<td>0.26</td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution of</td>
<td>$R^2$</td>
<td>0.08</td>
<td>0.08</td>
<td>0.26</td>
<td>0.31</td>
<td>0.23</td>
<td>0.19</td>
<td>0.13</td>
<td>0.10</td>
<td>0.10</td>
</tr>
<tr>
<td>Deviance Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rank</td>
<td></td>
<td>10</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>

<sup>a</sup>For description of vignettes, see Table 9.
CHAPTER V
SUMMARY AND IMPLICATIONS

A. Description of Study

This study began by tracing the historical evolution of the current system for protecting children from maltreatment. It identified the historical emergence of the child welfare system from the late Nineteenth and early Twentieth Centuries. The role of the institutional arrangements which emerged from this conflicting set of movements were designed to provide socialization for children and support for families perceived as inadequate.

In reaction to the shocking and sensational aspects of Kempe's "Battered Child Syndrome" which was published in 1961, a new national movement concerned about child welfare emerged. This movement which began in 1961 had succeeded by 1970 in enacting child abuse legislation, obligating physicians and other medical professionals to report in all fifty states. This set of institutional arrangements was merged into the existing child welfare system in most cases by requiring health care professionals to report to the existing child welfare system for further investigation.

It has been argued that this new interest in child maltreatment served specialized interest groups in the medical community. Because the new concern was medical in origin the medical profession had a pervasive influence both on the definition and the institutional arrangements for dealing with the "new" problem.
Child maltreatment was defined in specific medical terms, "Battered Child Syndrome," with the specialty of psychiatry seen as having the primary skills to treat the parents.

Instituting an epidemiological system for screening for infectious diseases, such as those used for venereal disease, health care professionals were viewed as the persons who would in the course of their practice identify and report child abuse. Categories of maltreatment which were not easily identified with harm to the child or psychiatric condition of the parent quickly expanded under the "umbrella" of the existing quasi medical condition of the battered child syndrome which emphasized parental culpability. The decisions to report child maltreatment are based on criteria which are vague and difficult to interpret. To the extent that the categories are vague, a variety of behaviors are grouped together, many of which are unrelated to specific harm. Where harm exists and criteria are clear, it is often difficult to attribute the cause of the injury to parental responsibility.

The problematic nature of definitions on which decisions to report child maltreatment are based has resulted in inefficiencies. Prominant among the inefficiencies are the following: 1) Severe injury often goes unreported. 2) The majority of reported cases are unconfirmed. 3) Most of the confirmed cases are of less than severe harm. 4) The poor and minorities are overrepresented in reported and officially confirmed cases. These issues have implications for research, practice and social policy in the social control system of child maltreatment.

In order to explore these questions, the social control network which developed from the child abuse reporting legislation was described and points of decision making were identified. Labeling theory was used to examine both the social creation of the social control system for child maltreatment, and the sources of
non criteria related influences on the specific decisions to report child maltreatment. The sources of influence on these decisions included characteristics of the client and characteristics of the professional. Nagi (1977) suggests that these influences seem to operate when criteria for decision making are not clear.

Hypotheses were developed about how characteristics of professional respondents and characteristics of persons described in vignettes would influence the assessments and willingness to intervene in situations of child maltreatment.

Information for assessing the hypotheses was collected using a mailed, self administered questionnaire. The respondents were asked to respond to questions about each of ten vignettes in which the race and social class of persons in vignettes was systematically varied. Respondents were also asked for responses about their personal, professional, and organizational characteristics as well as attitudes about and experiences in reporting child maltreatment. The instrument asked the respondents to answer questions in response to ten experimental analogues or vignettes describing incidents of child maltreatment. The race and social class of persons described in the vignettes were systematically varied. The mailed questionnaire was returned by 328 respondents who represented four professions: physicians, social workers, teachers and nurses, from Franklin County, Ohio. Using a factor analysis technique, indexes for measuring the dependent variables of deviance assessment and willingness to report were developed. The hypothesized relationships between independent and dependent variables were evaluated using analysis of variance, regression and multiple regression analysis techniques.
B. Summary of Findings

1. Respondent Characteristics

The characteristics of the persons obligated to make the judgment to report a family for child abuse varied widely in terms of personal background, professional characteristics, organizational background, attitude, and experience with reporting child abuse.

The personal and professional characteristics of the respondents in the sample appeared to reflect the characteristics of their respective professional groups. Physicians were predominately white males from upper class origins. Females from middle class origins constituted the majority of social workers, and almost all of the teachers and nurses. The professionalism scale tended to identify differences in professionalism commonly attributed to the four groups.

Organizational characteristics of the respondents seemed typical of their professional occupations. Most physicians either worked in private practice or private non-profit organizations. A small minority of physicians were publicly employed. The other professions worked in either private non-profit or public agencies. Only nurses and social workers worked in agencies of more than one service orientation. Nurses worked in health agencies and in schools. Social workers were employed by mental health, health, and social service agencies. Physicians worked only in health agencies and teachers only worked in schools. Teachers tended to believe that their organizations were highly influenced by parents, while the other three groups felt parents had less influence on their
organizations. Teachers and nurses reported the highest amount of time spent in
direct service, on average eighty percent, while social workers and physicians spent
less, on average about seventy percent.

If one looked at the attitudes and experiences reported by respondents as a
whole, the clear impression was conveyed that teachers were less involved than any
other groups, both in attitude and experience, in reporting child maltreatment.
Teachers were less concerned with children's rights, did not feel support for
reporting, felt reporting counter productive, were trained less and reported fewer
cases. Teachers were also the group which were most reluctant to return the
questionnaire. Social workers, due probably to their pivotal role in the child
welfare system, seemed to be the most involved in reporting child maltreatment
scoring higher on the measures mentioned above than any other group. Nurses and
physicians were similar in their attitudes and experiences, and reported scores on
the items mentioned above which ranked them between social workers and
teachers.

2. **Professional Influence on Deviance Assessment and Willingness to Report**

As predicted professions differed significantly in both their assessments and
willingness to report child maltreatment. On each of the ten situations, teachers
assessed the situation as more deviant. Social workers tended to assess all
situations as less deviant. Social workers tended to assess all situations as less
deviant than the others. Physicians and nurses were similar in their deviance
assessments and generally ranked in the middle between teachers and social
workers. The high deviance assessments of teachers may be attributable to their
implicit or explicit role as representatives of public morality. Social workers, on
the other hand, have an ethos of client orientation and training which emphasizes a
non judgmental attitude toward client behavior.
Despite the significantly different scores on each of the ten vignettes, if one compared the rank order of the ten vignettes for each professional group, the ten situations were ranked the same. Despite the different score on each situation, this suggests a remarkably consistent normative hierarchy of deviance assessment on the ten vignettes among all four group.

Confirming the assumption that assessments are not directly related to subsequent behavior, the willingness to report scores were not totally related to the deviance assessment scores. Neither was there a consistent pattern of hierarchy among the professional groups across all ten situations as there was in their deviance assessments. Further, the four professional groups differed in the way they rank ordered the ten situations in terms of the willingness to report score.

They did, however, discriminate between the five vignettes with the highest mean willingness to report scores and the five vignettes with the lowest mean willingness to report scores. The respondents seemed to suggest that the five vignettes with the highest scores ought to be reported, while the five with the lowest scores should not be reported.

This indicates that higher rates of confirmation of reports from professionals may be based on a more widely shared sense of what is reportable among professionals. There are, however, obvious areas of difference between professional groups. Social workers usually conduct the investigation to validate reports. Teachers, nurses and physicians appear to be more willing to report cases which social workers are likely to regard as less reportable. Conversely, physicians and teachers are less likely to report cases which have clear and specific injury. Conflicts between other professionals and social workers is likely to be over social workers' failure to do much with non physical injury. Conversely, social workers
and nurses are likely to be critical of teachers' and physicians' greater apparent reluctance to report clear and specific physical injury.

The assessment of deviance, while always significantly related to willingness to report, varied in its degree of association. On those five situations which received the highest willingness to report scores, the deviance assessment was less influential than on those five situations receiving the lowest willingness to report scores. This suggests that the assessment of deviance is more influential on willingness to report when the harm to the child is less specific.

3. The Effect of Race and Social Class of Persons Depicted in Vignettes on Deviance Assessment and Willingness to Report Scores

It was predicted that lower social class and black parents would be assessed more deviant and would receive higher willingness to report scores in all situations. While significant, race and social class influence did not occur in expected patterns. An unexpected but disturbing finding was that when blacks were described in the vignettes with the most serious physical injury, sexual promiscuity, and ignoring a child (Vignettes 1, 2, 3 and 6), the vignettes received significantly lower deviance assessment scores. When upper class blacks were described in situations where the child had a severe physical injury, had an untreated behavioral disturbance or was sexually abused (Vignettes 1, 5 and 9), the deviance assessment score was lower. This trend seemed to suggest racial stereotypes were in operation. Apparently, these behaviors were perceived as more normal for blacks than for whites. This finding may imply that these types of harm are more acceptable if they occur to black children. Social Class seemed unrelated to deviance assessment except as noted in the race and social class interaction described above.
Some vignettes which depicted lower class persons received higher willingness to report scores. Lower social class characteristics were significantly related to higher willingness to report scores in situations of sexual promiscuity, failure to provide eye exams and sexual abuse (Vignettes 3, 7, and 9).

The effect of race was more limited and not consistent with the predicted relationship between it and willingness to report. In situations depicting sexual promiscuity blacks received lower willingness to report scores. In the situation where parents refused treatment for a behaviorally disturbed child, blacks received a higher willingness to report score than whites. Perhaps respondents felt more threatened by a behaviorally disturbed black child than a behaviorally disturbed white child.

There was a pattern to the relationship of race and class to the willingness to report score. With the exception of the relationship of lower class to high willingness to report sexual abuse, the effects of race and class were on those vignettes which had the lowest willingness to report scores. Where evidence of harm or the potential for harm was clear, race and social class seemed to have limited effect on willingness to report scores. In cases of moderate maltreatment and sexual abuse people from lower social classes were more likely to be reported. The effect of race had significant effect on reporting moderate maltreatment. The effect of race was more situation specific and difficult to predict. Both race and social class appeared to operate on those situations where the willingness to report was dependent on an assessment of deviance. It appeared that assessment of lifestyle may be a significant factor in a decision to report moderate maltreatment or sexual abuse.
4. **The Effects of Respondent Characteristics on Willingness to Report**

**Personal Characteristics**

It was predicted that personal characteristics of the professionals would not influence willingness to report. There were two important contradictions to this predicted relationship. Until later experiences were controlled for, women appeared to be much more likely to report child maltreatment. When other effects were controlled women were more likely to report conditions of specific physical harm than were men. Respondents who scored higher on the dogmatism scale had lower willingness to report scores on vignettes depicting specific physical harm. Age, race, and marital status considered singly, tended not to have interpretable effects. When grouped together, age, race and marital status appeared to have an influence on vignettes which received lower willingness to report scores. Number of children raised and social class origin of respondent did not affect willingness to report.

**Professional Characteristics**

Professional affiliation tended to affect all vignettes in the patterns described earlier. When personal characteristics, organizational characteristics, attitudes and experiences were controlled, the profession did not seem to affect those vignettes receiving the lowest willingness to report scores. Factors related to the persons described and the work setting seemed to be more important influences than professional affiliation on the willingness to report score. As the professionals' client orientation increased there was an increase in the willingness to report situations of both moderate and severe nature where specific harm to the child was not identified.
Organizational Characteristics

There seemed to be no difference in the willingness of professionals working in private non profit and public agencies in their willingness to report. Professionals, who were all physicians, in private non profit settings were significantly less willing to report physical maltreatment. Professionals, who were all social workers, who worked in mental health settings were less willing to report most types of maltreatment, except situations of sexual abuse and failure to supervise. The percent of time in direct service was negatively related to willingness to report those five situations receiving the lowest mean willingness to report scores. Professionals' perception of client influence on their organization had no effect on the willingness to report score. The mechanism for payment of the professional had no effect on willingness to report.

The hypothesis that parent control of the organization would reduce willingness to report seemed generally unsupported by these findings. May (1975) argued that private medical practice and private non profit mental health centers are settings where parents have high control and these settings appeared to be associated with lower willingness to report scores, particularly with respect to physical harm.

The finding that time in direct service was related to lower willingness to report on the five vignettes with the lowest mean scores, suggested that people with less opportunity report minor cases less frequently.

Attitudes and Experience

With the exception of training and non punitive attitude, all of the attitudes and experiences affected the willingness to report scores in the predicted directions. The effects were, however, not apparent on all vignettes for all
attitudes and experiences. They seemed mostly related to reporting those five situations which received the highest willingness to report scores.

In only one vignette, which depicted physical injury, was the predicted positive relationship between orientation toward the child protection agency and willingness to report found. Lateral concern, as predicted, was positively related to willingness to report, but only on those where injury was clear or the parental behavior clearly harmful to the child. Child advocacy, as predicted, was positively related to willingness to report, but only on severe specific injury or emotional neglect. When reporting was perceived as counter productive, the predicted lower willingness to report score was found only on one vignette, which depicted specific physical harm to the child.

As predicted, organizational support for reporting was related to increased willingness to report for severe physical injury in two vignettes. Other conditions were not related to a structure for reporting. The best predictor of willingness to report on vignettes which received the highest willingness to report scores, was the number of cases previously reported by respondents.

In general the prediction that decisions to report child maltreatment are influenced by factors related to characteristics of observer, observee, and situation was supported by the study. Twenty to forty percent of variance in willingness to report was explained by these factors. The willingness to report did, however, appear to be related to the harm to the child either described or implied by the conditions described.
C. Limitations of the Study

This study was a non random sample of professionals working in Franklin County, Ohio. The voluntary return of the questionnaire yielded a return rate of under 50% for physicians, nurses and teachers. Social workers' response rate was over 70%. The self selection in the study compromises the generalizability of the study even to Franklin County. The bias probably worked in favor of getting responses from those who are most concerned about child maltreatment, and who are the most aware of some of the sources of subjective influences. That sampling bias should make it more difficult to detect the subjective influences on the willingness to report and deviance indexes.

The willingness to report score is not based on actual behavior. Reaction to actual situations and hypothetical situations is perhaps different. Hypothetical situations are probably more easy to resolve because the issues present are less complex, and the factors influencing behavioral outcomes are less salient. The scale may measure a high degree of willingness to report on a hypothetical situation. If the situation occurred in a social context, other factors in the context may prevent it from becoming salient or inhibit a response. The bias of the instrument should make it more difficult to detect subjective influences.

The responses of professionals are not normed. A mean score for social workers of 1.00 might mean that 50% of the social workers would report the case. A mean score for physicians of 1.00 might mean that 80% of physicians would report the case. Since the score is positively related to the number of cases reported, the score may be predictive of actual behavior.
D. Implications for Future Research

The discrepancy between severe maltreatment identified in household surveys and that identified in official reports is only partially addressed by this study. Similarly influence of bias associated with race and class is only partially addressed. The issue is probably related to the structure of the reporting system. Studies need to be conducted which identify who is actually screened and by whom. Are some people screened by social workers who have a higher rate for reporting physical injury while others are screened by teachers or physicians who seem to be less willing to report physical injury?

The final effect of the reporting structure for child maltreatment is mediated by the validation procedure. To what extent do subjective influences affect validation of reported cases? Does the validation procedure eliminate the subjective influences found in this study?

What is the net affect of making a report? Is the social service network effective in improving the welfare of the child and the ability of parents to positively promote the physical and emotional development of the child.

The race and social class of persons depicted in vignettes did not effect all of the hypothetical situations of child maltreatment. The conditions which affect the subjective influence of race and class needs to be more systematically explored. Such a systematic exploration might include a larger sample of vignettes of both moderate child maltreatment, and serious maltreatment where the responsibility of the parent was less clear. Further the influence of physical injury to a child in combination with deviant lifestyle of the parent on reporting behavior should be examined.
In order for the scales in this study to be more useful as predictive devices they need to be related to the actual behavior of professionals who report. At what point does the score on the scale indicate the chances are greater than 50%, 80%, or 90% that a particular type of situation will be reported? Are the norms for the willingness to report score different for the various groups?
E. Implications

This study identified the lack of clear definitions of child maltreatment as a major problem which has contributed to several issues in the control of child maltreatment. These included: 1) failure to identify severe maltreatment; 2) inefficiencies resulting in many unconfirmed or moderate cases of child maltreatment; 3) limited protections for parents; and 4) confusion about the causes of maltreatment. The findings of this study have implications for these problems.

1. Conditions Affecting Under Reporting

Judging from the responses made by respondents in this survey, most serious maltreatment would have been reported if it had been observed. This suggests that underreporting of serious maltreatment may be a function of either lack of observation or awareness. In a sense the explicit nature of the vignettes may have made the task of assessment and reporting easier for respondents. Had the harm been clear but the relationship to parental fault been more subtle, these conclusions might have been altered.

Nevertheless, important structural conditions were identified which are associated with increased willingness to report of clear injury to children. Structures for reporting and a strong agency commitment to reporting were strongly related to identification and reporting of child maltreatment. The absence
of these conditions may contribute to the failure to report serious child maltreatment.

Physicians in private practice, mental health workers, and teachers have significantly lower willingness on physical injuries which were presented. It is possible that some underreporting of serious maltreatment is associated with these three sources. To clearly identify the extent to which underreporting occurs needs to be further explored.

This study suggests that unidentified maltreatment is related to the following:
1. Primarily underreporting results from either lack of observation or lack of perception that maltreatment rather than accident has occurred.
2. Where it is perceived, child maltreatment may not be reported due to limited experience in reporting or a lack of formal structure for reporting.
3. The problem appears to lack priority among some private practice physicians, mental health social workers, and school teachers.

2. Inefficiencies in Reporting Child Maltreatment

Despite the fact that many serious conditions of child maltreatment go without report, the child protection system is overwhelmed with reports of child maltreatment. Most of the reports are unconfirmed and many confirmed reports represent minor injury. While this is less of a problem with reports from professional reporting sources it is still significant.

Most respondents would not have reported the less severe maltreatment examined by this study. Nevertheless, reports of minor maltreatment were more probable if the parent was described as lower class and if the behavior of the parent was perceived as deviant. While not consistent, biography and attitude of respondents affected reports of moderate maltreatment.
supported by evidence, that severe maltreatment is unreported which creates the demand for more reports. Without clear screening criteria they become overwhelmed by reports they have neither the resources to process nor the resources to treat if confirmed.

3. **Limits of Procedural Protections to Parents Accused of Child Maltreatment**

Two issues are involved in the protection of parental rights. One of the issues is over the extent to which family life can be examined by public agencies. Where do parental discretion or parental rights end and where does public child protection begin? The other issue is over protection of parents from false allegations even in cases where their rights as parents have limits.

This study clearly implies dual standards for parental behavior and differences in protections from false accusation. In moderate cases of maltreatment poor families are more likely reported. Further, it implies that if a parent is perceived as deviant for, other reasons, the parent is more likely to be reported.

While this was only a factor in the moderate maltreatment examined in this study, it could play a role in more severe maltreatment. The vignettes depicting severe injury clearly identified the parent as culpable. Parental responsibility for much severe injury is not always that clear. In cases of injury and a doubt about parental culpability, this study would suggest that the poor would more likely be blamed than the non poor for those conditions. The bias against the poor and stereotypic attitudes about blacks do not appear to operate in situations where the injury and parental responsibility are clear. Rather they operate in those situations which are unclear and the descretion of the mandated reporter is high. This is not unlike the situations identified by Roth (1974) for emergency room treatment or by Cicourel (1972) for handling juvenile delinquents.
There was some evidence to suggest, as Scott (1964) did for the service system for the blind, that the system may operate through the discretion of reporters on doubtful cases to reinforce stereotypic notions of lower class behavior.

Aside from the legal issues of equal protection and the social issue regarding the role of the family in the care of children this condition is dysfunctional for the child maltreatment system when arbitrariness and unfairness become communicated. According to Stoll (1968), individuals who are caught, perhaps for good reason, by a system perceived to be unfair, begin to focus on the system unfairness the the system no longer is an effective means of control or rehabilitation.

Part of the concern expressed in evangelistic terms by the "moral majority" against policies such as child abuse laws which "intrude into family life" may result from some of the arbitrariness which can occur in uncertain situations with vague criteria. The "moral majority's" concern that parents won't be allowed to spank their children because of public interference can be dismissed since the supreme court has ruled to permit that option. While the specific issue can be debunked, the feeling of unfairness that it represents must be addressed.

4. Identifying Causes of Child Maltreatment

This study supports Gelles (1975) suggestion that current conjecture about the cause or causes of child maltreatment is at best premature. This study indicated that as much as twenty to forty percent of a decision to report child abuse may be affected by non criteria related subjective influences operating on the deicsions. If the etiology of abuse is constructed using cases of child maltreatment that have been reported, there is great risk in confusing those factors which influence identification and reporting with factors causing the maltreatment.

Conclusions that poverty results in child abuse, which are based on official statistics, are suspect. While poverty may cause violence, poverty is also related
to the increased possibility of being officially reported for other than violent acts. There appears to be stereotypic processing the poor in cases of dubious or minor maltreatment. Minorities appear to be overrepresented as a result of social class rather than racial stereotypes. Racial stereotypes operate but in ways which are contradictory and appear likely to wash out over the entire spectrum of reporting.
F. Alternatives to Current Reporting System

It is easy to identify with the existential plight of professionals who are legally mandated to make reports of child maltreatment. Reportable conditions are often poorly defined. In many cases where the harm to the child is clear the cause of the harm is often difficult to determine. For the most part respondents in this study seemed to clearly distinguish between reportable conditions and conditions which could be handled in other ways.

Some stereotyped responses were found. Respondents deviance assessments appeared stereotypic with physical injury and sexual abuse of black children being perceived as less deviant. Respondents were more willing to report lower class parents for more moderate types of maltreatment.

In ambiguous situations where closure is required professionals like anyone else will make judgments based on stereotypes or typifications. These stereotypes are culturally produced and operate when closure is necessary in uncertain circumstances. The situation may be uncertain due to either unclear criteria or because the criteria are difficult to apply in specific circumstances. Sudnow (1964) and Scheff (1966) have examined the process of typification in the absence of clear criteria when closure is required.

It is, however, hard to imagine others who would be less prone to typifications than the persons who responded to this study. Rather through training and the practice of their professional skills they have probably minimized the subjective influences on the decisions they have to make.
Consequently, the subjectivity evidenced in the responses collected from professional respondents reflects on the nature of the decisions they are required by law to make rather than on the motives or ability of respondents. The obligation to make a report, under the dubious assumption that criteria for reporting are clear, puts the professional in an uneasy position. The defects, biases, and problems resulting from those decisions are a social product created by a system which limits procedural protections, pays limited attention to the subjective nature of decisions to assess the harm to the child and attribute responsibility for that harm.

Part of the problem with the current system is that it is preoccupied with identifying parental culpability rather than striving to protect children from harm from whatever source. This is not to suggest that parents are immune to criminal liability for harm to their children. The focus should be on promoting healthy conditions for the child rather than exclusively blaming parents for mistakes which are either real or only circumstantial. David Gil offers recommendations which promote this alternative approach to child maltreatment:

1. Research is needed on the connection between parental, social, and institutional conditions which promote child welfare.

2. Gaps should be identified which have specific consequences to normal growth. Specifically, the effects of poverty, discrimination, cultural violence, and specific consequences of parental failures on child development should be examined.

Certainly these proposals would stimulate an even more difficult question, what is child growth and development? This approach would serve to shift the focus from blaming parents. In a sense all harmful conditions to children would become reportable and the question about why it occurred would be asked not only
of the parent and the family but of the other institutions.

A system to address the problem of child welfare by promoting healthy development of children rather than reacting to parental deficits might minimize some of the social cost implied by the current system of child protection. The public commitment of national resources for that purpose seems doubtful given the current fascination with supply side economics and defense spending.

In the absence of utopia some specific recommendations can be made which will limit the negative affects currently identified. Protective services agencies should work with other agencies and citizens groups to develop criteria for severe injury which constitute reportable conditions. With equal vigor, methods of preventing reports of and alternative methods for handling non severe injury should be discussed. The child protective service agencies should clearly identify the limits of their resources and explore with citizens and community agencies alternatives to the present reporting system. The current system was created on the false assumption that resources for investigation and services were unlimited. In an open community process, priorities for service should be established within this context of severe resource limits.

This is not a cheaper solution which implies that child protective service agencies have wasted public money. Rather it is a process by which realistic program limits can be established for the limited resources of child protection agencies. Until more resources are made available, this is the only responsible approach. Perhaps this approach can promote more effective identification and treatment of severe maltreatment. It would enable protective service agencies to resist investigating so many reports that are unfounded or are of only minor severity.

Cases of moderate maltreatment could be handled in a less punitive fashion. Cases where injury or behavior is not compelling could be handled outside the child
maltreatment reporting network. Rather, agencies could handle or refer for supportive services cases which often get reported as "child abuse" or "neglect."

This is not to say minor injury should be ignored, rather that it could be handled without resort to a referral which is stigmatizing in nature. Reports of child maltreatment would be made only as a last resort where legal authority is required to prevent and treat serious harm. Supportive services need not be given under conditions which blame the parent, rather they can be delivered with a focus on the child's growth and development.

Shifting the responsibility to deal with the minor problems of maltreatment would probably require resources to encourage those agencies to take on the responsibility. It will require a different kind of approach to planning, developing, enhancing, and coordinating a decentralized system which focused on supporting rather than stigmatizing parents who may have harmed their children.

This study has implications for the training of professionals who will be required to make reports of child maltreatment. The point is not to blame professionals for stereotypic thinking but rather to acknowledge not only that it is possible, but very probable in some situations. Processes must be set in motion which challenge it. Particularly, the role of social class stereotypes in professional decisions needs systematic examination. An examination of the way in which stereotypic thinking operates in conditions which are ambiguous needs to be a part of professional training. The questioning and the challenging of stereotypic thinking needs to be a part of agency practices and professional relationships.

Many legal protections of parents were eliminated by the reporting laws because they inhibited reports of child maltreatment. This did not mean that rights of parents should go unprotected. Rather, alternative forms of protection must be afforded which do not inhibit reports of severe maltreatment. Perhaps parents can be protected through more clear and specific reporting criteria, a focus on support
rather than blame, and implementation of processes which challenge stereotypic thinking.

In the last analysis, public commitment to the welfare of children is measured in resources to enhance the growth of children and not in the heated rhetoric against those parents who have severely harmed their children. Such public outcry neither protects those children or others from harm. Unfortunately, the history of child welfare is long on rhetoric and short on commitment of resources.
APPENDIX A

INSTRUMENT
FORM A

QUESTIONNAIRE

DECISION MAKING AND CHILD MISTREATMENT

Responses to items in this questionnaire should be recorded on the questionnaire. Some items can be answered by checking the letter of the response that most accurately represents your situation or point of view. Other items may all require a short written response in the space provided. Please complete all items. Since this questionnaire will be personally, certain comments which qualify your responses will be considered.

1. PERSONAL AND ORGANIZATIONAL BACKGROUND

1. Date of Birth
5. Number of children you are raising or have raised
6. Primary Occupation of your mother and father (if retired or deceased, primary occupation when working): mother, father
8. Years of service in current professional occupation
9. Are you a member of your professional association? a. Yes, specify b. No
11. Year your highest professional degree was obtained
12. Where is your professional practice primarily based? a. Agency Based (Hospital, School, Social Service Agency, etc.) b. Private Practice (Group, Partnership, Solo, etc.) c. Other, specify
13. How is your agency or practice incorporated to do its work? a. Private/Profit b. Private/Non-Profit c. Public d. Other, specify
15. What influence do your consumers have on the governing body of your organization? a. They control the organization. b. They strongly influence the organization. c. They have a weak influence. d. They have no influence.
16. How long have you worked with your present organization?
17. How are you paid for the services you provide? a. Salary b. Fee for Service c. Other, specify
18. What position do you hold in your organization? a. Direct service to patients, clients or students b. Supervision c. Administration d. Other, specify
19. How long have you worked in the position you now hold?
20. What percentage of time do you spend in the following activities? a. Direct service related activity b. Administration c. Supervision d. Research e. Teaching others f. Other, specify
21. Below are groups that judge the quality of professional performance. A. Indicate the one group whose judgment should count most. a. Recipients of professional services b. Local Community Leaders c. Lay Community Leaders d. Professional Association Leaders e. Supervisors or those with authority over work like yours f. Colleagues in other parts of the country familiar with your work; B. Is there any other group on this list whose judgment should count? a. b. c. d. e. f. C. Are there any others not on the list whose judgment should count? Specify
22. A. Which one of the following was the most important to you in your decision to go into a professional career? a. The social prestige of your profession b. The chance to help people c. The chance to do work of special interest to you d. Economic opportunity/security B. Which one of the factors above was second most important to you? a. b. c. d. C. Which one of the factors above is now the most important to you? a. b. c. d. D. Which one of the factors is now second most important to you? a. b. c. d.

243
II. VIGNETTES

To: short vignettes, developed from case material, are presented in this section. After each vignette you are asked to respond to questions on various aspects of the situation depicted in the vignette. While each vignette does not include complete information about the situation, please attempt to respond to all questions as best as possible with available information.

Respond to the situations as if they described children with whom you work. Remember, this is only your opinion on the situation, there are no right or wrong answers.

**VIGNETTE 1D**

**Andrea is an 8 year old black child who was struck with a wooden stick by her mother. The mother is divorced and is a maid in a motel in a national chain. The child suffered a concussion.**

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)
   not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)
   a. Ignorance of Child Care
   b. Criminality
   c. Mental Illness
   d. Imorality

3. Circle the one item which best characterizes the situation as a whole.
   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Accident
   f. Family problem
   g. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Refer the problem to someone in my agency.
   d. Refer the problem to someone outside my agency.
   e. Other, specify

5. Should this situation be reported as child abuse? never report 1 2 3 4 5 6 7 8 9 always report

6. Would you take the necessary action to see that the situation was reported?
   not very likely 1 2 3 4 5 6 7 8 9 very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?
   not very likely 1 2 3 4 5 6 7 8 9 very likely

8. Should the child be removed from the family temporarily?
   do not remove 1 2 3 4 5 6 7 8 9 remove immediately

**VIGNETTE 2A**

**Andrea is an 8 year old white child. Her mother is a housekeeper married to an urban planner. The mother hit the child in the face, striking her with the flat of the child suffered a black eye and a cut lip.**

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)
   not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)
   a. Ignorance of Child Care
   b. Criminality
   c. Mental Illness
   d. Imorality

3. Circle the one item which best characterizes the situation as a whole.
   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Accident
   f. Family problem
   g. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Refer the problem to someone in my agency.
   d. Refer the problem to someone outside my agency.
   e. Other, specify

5. Should this situation be reported as child abuse? never report 1 2 3 4 5 6 7 8 9 always report

6. Would you take the necessary action to see that the situation was reported?
   not very likely 1 2 3 4 5 6 7 8 9 very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?
   not very likely 1 2 3 4 5 6 7 8 9 very likely

8. Should the child be removed from the family temporarily?
   do not remove 1 2 3 4 5 6 7 8 9 remove immediately
Robert is the 9 year old white child of a divorced waitress. The mother, who has custody of the child, frequently brings home different men to spend the night. Her son knows about her sexual relations.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)

   Not serious 1 2 3 4 5 6 7 8 9 Very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

   A. Ignorance of Child Care
   1 2 3 4 5 6 7 8 9 Very ignorant

   B. Criminality
   1 2 3 4 5 6 7 8 9 Very criminal

   C. Mental Illness
   1 2 3 4 5 6 7 8 9 Very mentally ill

   D. Immorality
   1 2 3 4 5 6 7 8 9 Very immoral

3. Circle the one item which best characterizes the situation as a whole.

   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.

   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse?
   Never report 1 2 3 4 5 6 7 8 9 Always report

6. Would you take the necessary action to see that the situation was reported? (The numbers between 9 and 1 represent varying degrees of seriousness.)

   Not serious 1 2 3 4 5 6 7 8 9 Very serious

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation? (The numbers between 9 and 1 represent varying degrees of seriousness.)

   Not serious 1 2 3 4 5 6 7 8 9 Very serious

8. Should the child be removed from the family temporarily? (The numbers between 9 and 1 represent varying degrees of seriousness.)

   Not serious 1 2 3 4 5 6 7 8 9 Very serious

Beth, a ten year old black child, is allowed to stay around when her parents have drinking parties. Her father is an administrator in city government and her mother is a homemaker.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)

   Not serious 1 2 3 4 5 6 7 8 9 Very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

   A. Ignorance of Child Care
   1 2 3 4 5 6 7 8 9 Very ignorant

   B. Criminality
   1 2 3 4 5 6 7 8 9 Very criminal

   C. Mental Illness
   1 2 3 4 5 6 7 8 9 Very mentally ill

   D. Immorality
   1 2 3 4 5 6 7 8 9 Very immoral

3. Circle the one item which best characterizes the situation as a whole.

   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.

   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse?
   Never report 1 2 3 4 5 6 7 8 9 Always report

6. Would you take the necessary action to see that the situation was reported? (The numbers between 9 and 1 represent varying degrees of seriousness.)

   Not serious 1 2 3 4 5 6 7 8 9 Very serious

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation? (The numbers between 9 and 1 represent varying degrees of seriousness.)

   Not serious 1 2 3 4 5 6 7 8 9 Very serious

8. Should the child be removed from the family temporarily? (The numbers between 9 and 1 represent varying degrees of seriousness.)

   Not serious 1 2 3 4 5 6 7 8 9 Very serious
John is a 9 year old black child with severe behavior problems. His father, a gas station attendant, and mother, a homemaker, refuse to accept treatment for themselves or for the child.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above.
   (The numbers between 0 and 9 represent varying degrees of seriousness.)
   not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. Each category uses a 1 to 9 scale similar to that in question one.
   A. Ignorance of Child Care
      not ignorant 1 2 3 4 5 6 7 8 9 very ignorant
   B. Criminality
      not criminal 1 2 3 4 5 6 7 8 9 very criminal
   C. Mental Illness
      not mentally ill 1 2 3 4 5 6 7 8 9 very mentally ill
   D. Immorality
      not immoral 1 2 3 4 5 6 7 8 9 very immoral

3. Circle the one item which best characterizes the situation as a whole.
   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Accident
   f. Family problem
   g. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse? never report 1 2 3 4 5 6 7 8 9 always report

6. Would you take the necessary action to see that the situation was reported?
   not very likely 1 2 3 4 5 6 7 8 9 very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?
   not very likely 1 2 3 4 5 6 7 8 9 very likely

8. Should the child be removed from the family temporarily?
   do not remove 1 2 3 4 5 6 7 8 9 remove immediately

Sarah is a 9 year old white child, is ignored most of the time by her father, a veterinarian, and mother, a homemaker. They seldom talk to or listen to her.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above.
   (The numbers between 0 and 9 represent varying degrees of seriousness.)
   not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. Each category uses a 1 to 9 scale similar to that in question one.
   A. Ignorance of Child Care
      not ignorant 1 2 3 4 5 6 7 8 9 very ignorant
   B. Criminality
      not criminal 1 2 3 4 5 6 7 8 9 very criminal
   C. Mental Illness
      not mentally ill 1 2 3 4 5 6 7 8 9 very mentally ill
   D. Immorality
      not immoral 1 2 3 4 5 6 7 8 9 very immoral

3. Circle the one item which best characterizes the situation as a whole.
   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Accident
   f. Family problem
   g. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse? never report 1 2 3 4 5 6 7 8 9 always report

6. Would you take the necessary action to see that the situation was reported?
   not very likely 1 2 3 4 5 6 7 8 9 very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?
   not very likely 1 2 3 4 5 6 7 8 9 very likely

8. Should the child be removed from the family temporarily?
   do not remove 1 2 3 4 5 6 7 8 9 remove immediately
VIGNETTE 7b

Barbara is the 7 year old white child of a custodian and his wife. The parents have failed to obtain an eye exam for their child. The child complains of not being able to see things at a distance.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above.

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

3. Circle the one item which best characterizes the situation as a whole.

4. Indicate the one item which most represents how you would respond to the situation presented above.

5. Should this situation be reported as child abuse?

6. Should the child be removed from the family temporarily?

VIGNETTE 8c

As you talk to John, a 10 year old black child, you notice it is uncomfortable for him to sit. You find out that his father, a mechanical engineer, usually punishes the child by spanking him with a leather strap which leaves marks on his skin.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above.

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

3. Circle the one item which best characterizes the situation as a whole.

4. Indicate the one item which most represents how you would respond to the situation presented above.

5. Should this situation be reported as child abuse?

6. Should the child be removed from the family temporarily?
You discover that William, a 7 year old black child, and his father, a taxi driver, have repeatedly engaged in mutual masturbation.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

3. Circle the one item which best characterizes the situation as a whole.

4. Indicate the one item which most represents how you would respond to the situation presented above.

5. Should this situation be reported as child abuse?

6. Would you cancel previously scheduled work with those you serve in order to deal with this situation?

7. Should the child be removed from the family temporarily?

8. Should the child be removed from the family immediately?

Roger, the 6 year old white child of a public relations executive and his wife, is regularly left outside the house after dark, often as late as midnight. Neighbors have spotted the child wandering five blocks away from home.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

3. Circle the one item which best characterizes the situation as a whole.

4. Indicate the one item which most represents how you would respond to the situation presented above.

5. Should this situation be reported as child abuse?

6. Would you cancel previously scheduled work with those you serve in order to deal with this situation?

7. Should the child be removed from the family temporarily?

8. Should the child be removed from the family immediately?
I. PERSONAL BELIEFS

A wide variety of opinions may be related to different ways of defining and handling situations of child mistreatment. A number of opinions are listed below. Indicate your response to each of them by circling the one number which most nearly reflects your opinion. There are no right or wrong answers.

1. The rights of children have long been neglected.
2. In this complicated world of ours the only way we can know what's going on is to rely on leaders or experts who can be trusted.
3. Too many children have been mistreated in the name of discipline.
4. My blood boils whenever a person stubbornly refuses to admit he's wrong.
5. Public agencies should stay out of relations between parents and their children.
6. There are two kinds of people in this world: those who are for the truth and those who are against the truth.
7. It is difficult to say what is and what is not child mistreatment.
8. Most people just don't know what's good for them.
9. It is greedy that abusive parents need not be punished.  
10. All the different philosophies which exist in this world there is probably only one which is correct.
11. Professionals who are known to report cases of child mistreatment lose the confidence of their clients.
12. The highest form of government is a democracy and the highest form of democracy is a government run by those who are most intelligent.

IV. ORGANIZATIONAL POLICY, PERSONAL TRAINING, AND EXPERIENCE IN REPORTING CHILD ABUSE/NEGLECT

1. My organization's policy for reporting child abuse/neglect is clearly formulated and available for all to know. strongly disagree 1 2 3 4 5 6 7 strongly agree
2. My agency, existing reporting procedures are always followed. strongly disagree 1 2 3 4 5 6 7 strongly agree
3. A. Is reporting child abuse/neglect to other agencies assigned to a specific department or person in your agency?
a. Yes b. No
4. B. If yes, are you the person assigned to make the report?
a. Yes b. No
5. A. How many cases of suspected child abuse/neglect have you reported in the last year?
a. 0 b. 1-5 c. 6-10 d. 11-20 e. 21-50 f. 50 or more
6. B. Why have you reported child abuse/neglect situations?
a. Supervisor b. Police c. Franklin County Children's Service Child Abuse Unit d. Children's Hospital e. Other, Specify

5. How would you evaluate the performance of those who took your report(s) of child abuse/neglect? not helpful 1 2 3 4 5 6 7 very helpful
6. A. Without making a child abuse/neglect report, how many cases of child mistreatment have you sought services for from other agencies in the last year? not helpful 1 2 3 4 5 6 7 very helpful
7. B. Were most of these referrals made?
8. How would you evaluate the performance of the organization you most frequently used for a referral? not helpful 1 2 3 4 5 6 7 very helpful
9. B. I am very familiar with the criteria used by the child abuse unit of Franklin County Children's Services to validate cases of child abuse/neglect. strongly disagree 1 2 3 4 5 6 7 strongly agree
10. B. I am confident in the FCCH Child Abuse Unit's ability to assess and intervene in child abuse/neglect situations. strongly disagree 1 2 3 4 5 6 7 strongly agree
11. How many orientations, workshops, seminars, or conferences on child abuse/neglect have you attended in the last year which were sponsored by your organization? not helpful 1 2 3 4 5 6 7 very helpful
12. B. Were most of these sponsored by other organizations?
Responses to items in this questionnaire should be recorded on the questionnaire. Some items can be answered by circling the letter of the response that most accurately represents your situation or point of view. Other items may also require a short written response in the space provided. Please complete all items. Since this questionnaire will be scored personally, comments which qualify your responses will be considered.

### I. PERSONAL AND ORGANIZATIONAL BACKGROUND

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Date of Birth ______</td>
</tr>
<tr>
<td>5.</td>
<td>Number of Children you are raising or have raised</td>
</tr>
<tr>
<td>6.</td>
<td>Primary occupation of your mother and father (if retired or deceased, primary occupation when working): a. Mother b. Father</td>
</tr>
<tr>
<td>8.</td>
<td>Years of service in current professional occupation ______</td>
</tr>
<tr>
<td>9.</td>
<td>Are you a member of your professional association? a. Yes, specify ______ b. No</td>
</tr>
<tr>
<td>11.</td>
<td>Year your highest professional degree was obtained ______</td>
</tr>
<tr>
<td>12.</td>
<td>Where is your professional practice primarily based? a. Agency Based (Hospital, School, Social Agency, etc.) b. Private Practice (Group, Partnership, Solo, etc.) c. Other, Specify ______</td>
</tr>
<tr>
<td>13.</td>
<td>How is your agency or practice incorporated to do its work? a. Private/Profit b. Private/Non-Profit c. Public d. Other, Specify ______</td>
</tr>
<tr>
<td>15.</td>
<td>What influence do your consumers have on the governing body of your organization? a. They have a weak influence. b. They strongly influence the organization. c. They control the organization. d. They have no influence.</td>
</tr>
<tr>
<td>16.</td>
<td>How long have you worked with your present organization? ______</td>
</tr>
<tr>
<td>17.</td>
<td>How are you paid for the services you provide? a. Salary b. Fee for Service c. Other, Specify ______</td>
</tr>
<tr>
<td>18.</td>
<td>What position do you hold in your organization? a. Direct service to patients, clients or students b. Administration c. Supervision d. Other, Specify ______</td>
</tr>
<tr>
<td>19.</td>
<td>How long have you worked in the position you now hold? ______</td>
</tr>
<tr>
<td>20.</td>
<td>What percentage of time do you spend in the following activities: a. Direct service &amp; related activity b. Administration c. Supervision d. Research e. Teaching other professionals f. Other, Specify ______</td>
</tr>
<tr>
<td>21.</td>
<td>Below are groups that judge the quality of professional performance. A. Indicate the one group whose judgment should count most. a. Recipients of professional services b. Colleagues (local professionals in your field) c. Lay Community Leaders d. Professional Association Leaders e. Supervisors or those with authority over work like yours f. Colleagues (professionals in other parts of the country familiar with your work) B. Is there any other group on this list whose judgment should count? a. b. c. d. e. f. C. Are there any others not on the list whose judgment should count? Specify ______</td>
</tr>
<tr>
<td>22.</td>
<td>Which one of the following was the most important to you in your decision to go into a professional career? a. The social prestige of your profession b. The chance to help people c. The chance to do work of special interest to you d. Economic opportunity/security</td>
</tr>
</tbody>
</table>
II. VIGNETTES

Ten short vignettes, developed from case material, are presented in this section. After each vignette you are asked to respond to questions on various aspects of the situation depicted in the vignette. While each vignette does not include complete information about the situation, please attempt to respond to all questions as best as possible with available information. Please respond to the situations as if they described children with whom you work. Remember, this is only your opinion on the situation, there are no right or wrong answers.

VIGNETTE 1A
Elaine is a six year old white child who was struck with a wooden stick by her mother. The mother is divorced and is the manager of a motel in a national chain. The child suffered a concussion.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)
   not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)
   a. Ignorance of Child Care
   b. Criminality
   c. Mental Illness
   d. Immorality

3. Circle the one item which best characterizes the situation as a whole.
   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Family problem
   f. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse? never 1 2 3 4 5 6 7 8 9 very likely

6. Would you take the necessary action to see that the situation was reported? not likely 1 2 3 4 5 6 7 8 9 very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation? not very likely 1 2 3 4 5 6 7 8 9 very likely

8. Should the child be removed from the family temporarily? do not remove 1 2 3 4 5 6 7 8 9 remove immediately

VIGNETTE 2A
Andrea is an 8 year old white child. Her mother is a homemaker married to a drywall installer. The mother hit the child in the face, striking her with the fist. The child suffered a black eye and a cut lip.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)
   not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)
   a. Ignorance of Child Care
   b. Criminality
   c. Mental Illness
   d. Immorality

3. Circle the one item which best characterizes the situation as a whole.
   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Family problem
   f. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse? never 1 2 3 4 5 6 7 8 9 very likely

6. Would you take the necessary action to see that the situation was reported? not likely 1 2 3 4 5 6 7 8 9 very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation? not very likely 1 2 3 4 5 6 7 8 9 very likely

8. Should the child be removed from the family temporarily? do not remove 1 2 3 4 5 6 7 8 9 remove immediately
Robert is the 3 year old black child of a divorced high school teacher. The mother, who has custody of the child, frequently brings home different men to spend the night. Her son knows about her sexual relations.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)
   - not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. Each category uses a 1 to 9 scale similar to that in question one.
   - A. Ignorance of Child Care
   - B. Criminality
   - C. Mental Illness
   - D. Immorality

3. Circle the one item which best characterizes the situation as a whole.
   - a. Normal, no problem
   - b. Health problem
   - c. Situational stress
   - d. Psychiatric problem
   - e. Child abuse/neglect problem
   - f. Criminal problem
   - g. Accident
   - h. Family problem
   - i. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   - a. No intervention required.
   - b. Deal with the situation myself without involving others.
   - c. Refer the problem to someone outside my agency.
   - d. Other, specify

5. Should this situation be reported as child abuse? Never report 1 2 3 4 5 6 7 8 9 always report

6. Would you take the necessary action to see that the situation was reported?
   - not very likely 1 2 3 4 5 6 7 8 9 very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?
   - not very likely 1 2 3 4 5 6 7 8 9 very likely

8. Should the child be removed from the family temporarily?
   - not very likely 1 2 3 4 5 6 7 8 9 very likely
   - do not remove 1 2 3 4 5 6 7 8 9 remove immediately

Beth, a ten year old black child, is allowed to stay around when her parents have drinking parties. Her father is a city sanitation worker and her mother is a homemaker.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)
   - not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. Each category uses a 1 to 9 scale similar to that in question one.
   - A. Ignorance of Child Care
   - B. Criminality
   - C. Mental Illness
   - D. Immorality

3. Circle the one item which best characterizes the situation as a whole.
   - a. Normal, no problem
   - b. Health problem
   - c. Situational stress
   - d. Psychiatric problem
   - e. Child abuse/neglect problem
   - f. Criminal problem
   - g. Accident
   - h. Family problem
   - i. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   - a. No intervention required.
   - b. Deal with the situation myself without involving others.
   - c. Refer the problem to someone outside my agency.
   - d. Other, specify

5. Should this situation be reported as child abuse? Never report 1 2 3 4 5 6 7 8 9 always report

6. Would you take the necessary action to see that the situation was reported?
   - not very likely 1 2 3 4 5 6 7 8 9 very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?
   - not very likely 1 2 3 4 5 6 7 8 9 very likely

8. Should the child be removed from the family temporarily?
   - not very likely 1 2 3 4 5 6 7 8 9 very likely
   - do not remove 1 2 3 4 5 6 7 8 9 remove immediately
VIGNETTE 5A

John is a 9 year old white child with severe behavior problems. His father, a pharmacist, and mother, a homemaker, refuse to accept treatment for themselves or for the child.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above.
   (The numbers between 9 and 1 represent varying degrees of seriousness.)
   not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)
   A. Ignorance of Child Care
   not ignorant 1 2 3 4 5 6 7 8 9 very ignorant
   B. Criminality
   not criminal 1 2 3 4 5 6 7 8 9 very criminal
   C. Mental Illness
   not mentally ill 1 2 3 4 5 6 7 8 9 very mentally ill
   D. Imorality
   not immoral 1 2 3 4 5 6 7 8 9 very immoral

3. Circle the one item which best characterizes the situation as a whole.
   a. Normal, no problem e. Child abuse
   b. Health problem neglect problem
   c. Situational stress f. Criminal problem
   d. Psychiatric problem g. Accident
   i. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse? never report 1 2 3 4 5 6 7 8 9 always report

6. Would you take the necessary action to see that the situation was reported?
   not very likely 1 2 3 4 5 6 7 8 9 very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?
   not very likely 1 2 3 4 5 6 7 8 9 very likely

8. Should the child be removed from the family temporarily?
   do not remove 1 2 3 4 5 6 7 8 9 remove immediately

VIGNETTE 6B

Sarah, a 9 year old white child, is ignored most of the time by her father, a bartender, and mother, a homemaker. They seldom talk with or listen to her.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above.
   (The numbers between 9 and 1 represent varying degrees of seriousness.)
   not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)
   A. Ignorance of Child Care
   not ignorant 1 2 3 4 5 6 7 8 9 very ignorant
   B. Criminality
   not criminal 1 2 3 4 5 6 7 8 9 very criminal
   C. Mental Illness
   not mentally ill 1 2 3 4 5 6 7 8 9 very mentally ill
   D. Imorality
   not immoral 1 2 3 4 5 6 7 8 9 very immoral

3. Circle the one item which best characterizes the situation as a whole.
   a. Normal, no problem e. Child abuse
   b. Health problem neglect problem
   c. Situational stress f. Criminal problem
   d. Psychiatric problem g. Accident
   i. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse? never report 1 2 3 4 5 6 7 8 9 always report

6. Would you take the necessary action to see that the situation was reported?
   not very likely 1 2 3 4 5 6 7 8 9 very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?
   not very likely 1 2 3 4 5 6 7 8 9 very likely

8. Should the child be removed from the family temporarily?
   do not remove 1 2 3 4 5 6 7 8 9 remove immediately
Barbara is the 7 year old black child of a draftsman and his wife. The parents have failed to obtain an eye exam for their child. The child complains of not being able to see things at a distance.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)

   not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

   A. Ignorance of Child Care
      not ignorant 1 2 3 4 5 6 7 8 9 very ignorant

   B. Criminality
      not criminal 1 2 3 4 5 6 7 8 9 very criminal

   C. Mental Illness
      not mentally ill 1 2 3 4 5 6 7 8 9 very mentally ill

   D. Immorality
      not immoral 1 2 3 4 5 6 7 8 9 very immoral

3. Circle the one item which best characterizes the situation as a whole.

   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.

   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse? never report 1 2 3 4 5 6 7 8 9 always report

6. Would you cancel previously scheduled work with those you serve in order to deal with this situation? not very likely 1 2 3 4 5 6 7 8 9 very likely

7. Should the child be removed from the family temporarily? do not remove 1 2 3 4 5 6 7 8 9 remove immediately

VIGNETTE 8d

As you talk to John, a 10 year old black child, you notice it is uncomfortable for him to sit. You find out that his father, a parking attendant, usually punishes the child by spanking him with a leather strap which leaves marks on his skin.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)

   not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

   A. Ignorance of Child Care
      not ignorant 1 2 3 4 5 6 7 8 9 very ignorant

   B. Criminality
      not criminal 1 2 3 4 5 6 7 8 9 very criminal

   C. Mental Illness
      not mentally ill 1 2 3 4 5 6 7 8 9 very mentally ill

   D. Immorality
      not immoral 1 2 3 4 5 6 7 8 9 very immoral

3. Circle the one item which best characterizes the situation as a whole.

   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.

   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse? never report 1 2 3 4 5 6 7 8 9 always report

6. Would you cancel previously scheduled work with those you serve in order to deal with this situation? not very likely 1 2 3 4 5 6 7 8 9 very likely

7. Would the child be removed from the family temporarily? do not remove 1 2 3 4 5 6 7 8 9 remove immediately
**VIGNETTE 9A**

You discover that William, a 7 year old white child, and his father, an accountant, have repeatedly engaged in mutual masturbation.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

   A. Ignorance of Child Care
      not ignorant  1  2  3  *  4  5  6  7  8  9  very ignorant
   B. Criminality
      not criminal 1  2  3  *  4  5  6  7  8  9  very criminal
   C. Mental Illness
      not mentally ill 1  2  3  *  4  5  6  7  8  9  very mentally ill
   D. Immorality
      not immoral 1  2  3  *  4  5  6  7  8  9  very immoral

3. Circle the one item which best characterizes the situation as a whole.

   a. Normal, no problem
   b. Child abuse/neglect problem
   c. Situational stress
   d. Psychiatric problem
   e. Accident
   f. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.

   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse? (Always report each situation.)

   a. Not very likely 1  2  3  4  5  6  7  8  9  very likely

6. Would you take the necessary action to see that the situation was reported?

   a. Not very likely 1  2  3  4  5  6  7  8  9  very likely

7. Should the child be removed from the family temporarily?

   a. Not very likely 1  2  3  4  5  6  7  8  9  very likely

8. Should the child be removed from the family permanently?

   a. Not very likely 1  2  3  4  5  6  7  8  9  very likely

**VIGNETTE 10A**

Roger, the 6 year old white child of a freight handler and his wife, is regularly left outside the house after dark, often as late as midnight. Neighbors have spotted the child wandering five blocks away from home.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

   A. Ignorance of Child Care
      not ignorant  1  2  3  *  4  5  6  7  8  9  very ignorant
   B. Criminality
      not criminal 1  2  3  *  4  5  6  7  8  9  very criminal
   C. Mental Illness
      not mentally ill 1  2  3  *  4  5  6  7  8  9  very mentally ill
   D. Immorality
      not immoral 1  2  3  *  4  5  6  7  8  9  very immoral

3. Circle the one item which best characterizes the situation as a whole.

   a. Normal, no problem
   b. Child abuse/neglect problem
   c. Situational stress
   d. Psychiatric problem
   e. Accident
   f. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.

   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse? (Always report each situation.)

   a. Not very likely 1  2  3  4  5  6  7  8  9  very likely

6. Would you take the necessary action to see that the situation was reported?

   a. Not very likely 1  2  3  4  5  6  7  8  9  very likely

7. Should the child be removed from the family temporarily?

   a. Not very likely 1  2  3  4  5  6  7  8  9  very likely

8. Should the child be removed from the family permanently?

   a. Not very likely 1  2  3  4  5  6  7  8  9  very likely
III. PERSONAL BELIEFS

A wide variety of opinions may be related to different ways of defining and handling situations of child mistreatment. A number of opinions are listed below. Indicate your responses to each one by circling the one number which most nearly reflects your opinion. There are no right or wrong answers.

1. The rights of children have long been neglected, strongly disagree 1 2 3 4 5 6 7 strongly agree
   b. A. How many orientations, workshops, seminars, or conferences on child abuse/neglect have you attended in the last year, sponsored by your organization?
   c. Franklin County Children’s Service Child Abuse Unit
   d. Children’s Hospital
   e. Other, Specify

2. In this complicated world of ours the only way we can know what’s going on is to rely on leaders or experts who can be trusted, strongly disagree 1 2 3 4 5 6 7 strongly agree
   b. A. How many cases of suspected child abuse/neglect have you reported in the last year?
   c. Which one of the following received most of your reports?
   a. Specialized person in my organization
   b. Police
   c. Franklin County Children’s Service Child Abuse Unit
   d. Children’s Hospital
   e. Other, Specify

3. Too many children have been mistreated in the name of discipline, strongly disagree 1 2 3 4 5 6 7 strongly agree
   b. A. How many cases of suspected child abuse/neglect have you reported in the last year?
   c. Which one of the following received most of your reports?
   a. Specialized person in my organization
   b. Police
   c. Franklin County Children’s Service Child Abuse Unit
   d. Children’s Hospital
   e. Other, Specify

4. My blood boils whenever a person stubbornly refuses to admit he’s wrong, strongly disagree 1 2 3 4 5 6 7 strongly agree
   b. A. How many cases of suspected child abuse/neglect have you reported in the last year?
   c. Which one of the following received most of your reports?
   a. Specialized person in my organization
   b. Police
   c. Franklin County Children’s Service Child Abuse Unit
   d. Children’s Hospital
   e. Other, Specify

5. Public agencies should stay out of relations between parents and their children, strongly disagree 1 2 3 4 5 6 7 strongly agree
   b. A. How many cases of suspected child abuse/neglect have you reported in the last year?
   c. Which one of the following received most of your reports?
   a. Specialized person in my organization
   b. Police
   c. Franklin County Children’s Service Child Abuse Unit
   d. Children’s Hospital
   e. Other, Specify

6. There are two kinds of people in this world: those who are for the truth and those who are against the truth, strongly agree 1 2 3 4 5 6 7 strongly disagree
   b. A. How many cases of suspected child abuse/neglect have you reported in the last year?
   c. Which one of the following received most of your reports?
   a. Specialized person in my organization
   b. Police
   c. Franklin County Children’s Service Child Abuse Unit
   d. Children’s Hospital
   e. Other, Specify

7. It is difficult to say what is and what is not child mistreatment, strongly disagree 1 2 3 4 5 6 7 strongly agree
   b. A. How many cases of suspected child abuse/neglect have you reported in the last year?
   c. Which one of the following received most of your reports?
   a. Specialized person in my organization
   b. Police
   c. Franklin County Children’s Service Child Abuse Unit
   d. Children’s Hospital
   e. Other, Specify

8. Most people just don’t know what’s good for them, strongly disagree 1 2 3 4 5 6 7 strongly agree
   b. A. How many cases of suspected child abuse/neglect have you reported in the last year?
   c. Which one of the following received most of your reports?
   a. Specialized person in my organization
   b. Police
   c. Franklin County Children’s Service Child Abuse Unit
   d. Children’s Hospital
   e. Other, Specify

9. It is therapy that abusive parents need, not punishment, strongly disagree 1 2 3 4 5 6 7 strongly agree
   b. A. How many cases of suspected child abuse/neglect have you reported in the last year?
   c. Which one of the following received most of your reports?
   a. Specialized person in my organization
   b. Police
   c. Franklin County Children’s Service Child Abuse Unit
   d. Children’s Hospital
   e. Other, Specify

10. Of all the different philosophies which exist in this world, there is probably only one which is correct, strongly disagree 1 2 3 4 5 6 7 strongly agree
    b. A. How many cases of suspected child abuse/neglect have you reported in the last year?
    c. Which one of the following received most of your reports?
    a. Specialized person in my organization
    b. Police
    c. Franklin County Children’s Service Child Abuse Unit
    d. Children’s Hospital
    e. Other, Specify

11. Professionals who are known to report cases of child mistreatment lose the confidence of their clients, strongly disagree 1 2 3 4 5 6 7 strongly agree
    b. A. How many cases of suspected child abuse/neglect have you reported in the last year?
    c. Which one of the following received most of your reports?
    a. Specialized person in my organization
    b. Police
    c. Franklin County Children’s Service Child Abuse Unit
    d. Children’s Hospital
    e. Other, Specify

12. The highest form of democracy is a government run by those who are most intelligent, strongly disagree 1 2 3 4 5 6 7 strongly agree
    b. A. How many cases of suspected child abuse/neglect have you reported in the last year?
    c. Which one of the following received most of your reports?
    a. Specialized person in my organization
    b. Police
    c. Franklin County Children’s Service Child Abuse Unit
    d. Children’s Hospital
    e. Other, Specify

IV. ORGANIZATIONAL POLICY, PERSONAL BELIEFS, AND EXPERIENCE IN REPORTING CHILD ABUSE/Neglect

1. My organization’s policy for reporting child abuse/neglect is clearly formulated and available for all to know, strongly disagree 1 2 3 4 5 6 7 strongly agree
2. In my agency, existing reporting procedures are always followed, strongly disagree 1 2 3 4 5 6 7 strongly agree
3. A. Is reporting child abuse/neglect to other agencies assigned to a specific department or person in your agency?
   a. Yes
   b. No
4. If yes, are you the person assigned to make the reports?
   a. Yes
   b. No
5. A. How many cases of suspected child abuse/neglect have you reported in the last year?
   a. Specialized person in my organization
   b. Police
   c. Franklin County Children’s Service Child Abuse Unit
   d. Children’s Hospital
   e. Other, Specify

6. How would you evaluate the performance of those who took your report(s) of child abuse/neglect not helpful 1 2 3 4 5 6 7 very helpful
7. A. Without making a child abuse/neglect report, how many cases of child mistreatment have you sought services for from other agencies in the last year?
8. B. Where were most of the referrals made?
9. A. How many cases of suspected child abuse/neglect have you reported in the last year, sponsored by your organization?
10. How many orientations, workshops, seminars, or conferences on child abuse/neglect have you attended in the last year which were sponsored by other organizations?
## Form C
### QUESTIONNAIRE
#### DECISION MAKING AND CHILD MISTREATMENT

Responses to items in this questionnaire should be recorded on the questionnaire. Some items can be answered by circling the letter of the response that most accurately represents your situation or point of view. Other items may also require a short written response in the space provided. Please complete all items. Since this questionnaire will be scored personally, comments which qualify your responses will be considered.

### I. PERSONAL AND ORGANIZATIONAL BACKGROUND

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date of Birth</td>
<td></td>
</tr>
<tr>
<td>5. Number of children you are raising or have raised</td>
<td></td>
</tr>
<tr>
<td>6. Primary occupation of your mother and father (if retired or deceased, primary occupation when working): a. Father b. Mother</td>
<td></td>
</tr>
<tr>
<td>8. Years of service in current professional occupation</td>
<td></td>
</tr>
<tr>
<td>9. Are you a member of your professional association? a. Yes, specify b. No</td>
<td></td>
</tr>
<tr>
<td>11. Year your highest professional degree was obtained</td>
<td></td>
</tr>
<tr>
<td>12. Where is your professional practice primarily based? a. Agency Based (Hospital, school, Social Agency, etc.) b. Private Practice (Group, Partnership, Solo, etc.) c. Other, specify</td>
<td></td>
</tr>
<tr>
<td>13. Is your agency or practice Incorporated to do its work? a. Private/Profit b. Private/Non-Profit c. Public d. Other, specify</td>
<td></td>
</tr>
<tr>
<td>15. What influence do your consumers have on the governing body of your organization? a. They control the organization b. They strongly influence the organization c. They have a weak influence d. They have no influence</td>
<td></td>
</tr>
<tr>
<td>16. How long have you worked with your present organization?</td>
<td></td>
</tr>
<tr>
<td>17. How are you paid for the services you provide? a. Salary b. Fee for Service c. Other, specify</td>
<td></td>
</tr>
<tr>
<td>18. What position do you hold in your organization? a. Direct service to patients, clients or students b. Supervision c. Administration d. Other, specify</td>
<td></td>
</tr>
<tr>
<td>19. How long have you worked in the position you now hold?</td>
<td></td>
</tr>
<tr>
<td>20. What percentage of time do you spend in a typical week in the following activities? a. Direct service &amp; related activity b. Administration c. Supervision d. Research e. Teaching other professionals f. Other, specify</td>
<td></td>
</tr>
<tr>
<td>21. Below are groups that judge the quality of professional performance. A. Indicate the one group whose judgment should count most. a. Recipients of professional services b. Colleagues (local professionals in your field) c. Lay Community Leaders d. Professional Association leaders e. Supervisors or those with authority over work like yours f. Colleagues (professionals in other parts of the country familiar with your work) B. Is there any other group on this list whose judgment should count? a. b. c. d. e. f. C. Are there any others not on the list whose judgment should count? Specify</td>
<td></td>
</tr>
<tr>
<td>22. A. Which one of the following was the most important to you in your decision to go into a professional career? a. The social prestige of your profession b. The chance to help people c. The chance to do work of special interest to you d. Economic opportunity/security B. Which one of the factors above was second most important to you? a. b. c. d. C. Which one of the factors was most important to you? a. b. c. d. D. Which one of the factors is now second most important to you? a. b. c. d.</td>
<td></td>
</tr>
</tbody>
</table>
II. VIGNETTES

Ten short vignettes, developed from case material, are presented in this section. After each vignette you are asked to respond to questions on various aspects of the situation depicted in the vignette. While each vignette does not include complete information about the situation, please attempt to respond to all questions as best as possible with available information. Please respond to the situations as if they described children with whom you work. Remember, this is only your opinion on the situation, there are no right or wrong answers.

**VIGNETTE 1A**

Eline is a six year old white child who was struck with a wooden stick by her mother. The mother is divorced and is a maid in a motel in a national chain. The child suffered a concussion.

Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)

1. **Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above.** (The numbers between 9 and 1 represent varying degrees of seriousness.)

Not serious: 1 2 3 4 5 6 7 8 9

2. **Indicate your reactions to the parental behavior, using the four categories below.** (Each category uses a 1 to 9 scale similar to that in question one.)

- A. Ignorance of Child Care
  - Not ignorant: 1 2 3 4 5 6 7 8 9

- B. Criminality
  - Not criminal: 1 2 3 4 5 6 7 8 9

- C. Mental Illness
  - Not mentally ill: 1 2 3 4 5 6 7 8 9

- D. Immorality
  - Not immoral: 1 2 3 4 5 6 7 8 9

3. **Circle the one item which best characterizes the situation as a whole.**

- A. Normal, no problem
- B. Child abuse/
- C. Health problem
- D. Psychiatric problem
- E. Accident
- F. Family problem
- G. Other, specify

4. **Indicate the one item which most represents how you would respond to the situation presented above.**

- A. No intervention required
- B. Deal with the situation myself without involving others
- C. Deal with the situation myself but consult with others
- D. Refer the problem to someone in my agency
- E. Refer the problem to someone outside my agency
- F. Other, specify

5. **Should this situation be reported as child abuse? never report 1 2 3 4 5 6 7 8 9 always report**

6. **Would you take the necessary action to see that the situation was reported?**

- Not very likely: 1 2 3 4 5 6 7 8 9

7. **Would you cancel previously scheduled work with those you serve in order to deal with this situation?**

- Not very likely: 1 2 3 4 5 6 7 8 9

8. **Should the child be removed from the family temporarily?**

- Do not remove: 1 2 3 4 5 6 7 8 9

**VIGNETTE 1B**

Plaine is a six year old white child who was struck with a wooden stick by her mother. The mother is divorced and is a maid in a motel in a national chain. The child suffered a concussion.

1. **Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above.** (The numbers between 9 and 1 represent varying degrees of seriousness.)

Not serious: 1 2 3 4 5 6 7 8 9

2. **Indicate your reactions to the parental behavior, using the four categories below.** (Each category uses a 1 to 9 scale similar to that in question one.)

- A. Ignorance of Child Care
  - Not ignorant: 1 2 3 4 5 6 7 8 9

- B. Criminality
  - Not criminal: 1 2 3 4 5 6 7 8 9

- C. Mental Illness
  - Not mentally ill: 1 2 3 4 5 6 7 8 9

- D. Immorality
  - Not immoral: 1 2 3 4 5 6 7 8 9

3. **Circle the one item which best characterizes the situation as a whole.**

- A. Normal, no problem
- B. Child abuse/
- C. Health problem
- D. Psychiatric problem
- E. Accident
- F. Family problem
- G. Other, specify

4. **Indicate the one item which most represents how you would respond to the situation presented above.**

- A. No intervention required
- B. Deal with the situation myself without involving others
- C. Deal with the situation myself but consult with others
- D. Refer the problem to someone in my agency
- E. Refer the problem to someone outside my agency
- F. Other, specify

5. **Should this situation be reported as child abuse? never report 1 2 3 4 5 6 7 8 9 always report**

6. **Would you take the necessary action to see that the situation was reported?**

- Not very likely: 1 2 3 4 5 6 7 8 9

7. **Would you cancel previously scheduled work with those you serve in order to deal with this situation?**

- Not very likely: 1 2 3 4 5 6 7 8 9

8. **Should the child be removed from the family temporarily?**

- Do not remove: 1 2 3 4 5 6 7 8 9

**VIGNETTE 2A**

Andrea is an 8 year old black child. Her mother is a homemaker married to an urban planner. The mother hit the child in the face, striking her with the fist. The child suffered a black eye and a cut lip.

1. **Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above.** (The numbers between 9 and 1 represent varying degrees of seriousness.)

Not serious: 1 2 3 4 5 6 7 8 9

2. **Indicate your reactions to the parental behavior, using the four categories below.** (Each category uses a 1 to 9 scale similar to that in question one.)

- A. Ignorance of Child Care
  - Not ignorant: 1 2 3 4 5 6 7 8 9

- B. Criminality
  - Not criminal: 1 2 3 4 5 6 7 8 9

- C. Mental Illness
  - Not mentally ill: 1 2 3 4 5 6 7 8 9

- D. Immorality
  - Not immoral: 1 2 3 4 5 6 7 8 9

3. **Circle the one item which best characterizes the situation as a whole.**

- A. Normal, no problem
- B. Child abuse/
- C. Health problem
- D. Psychiatric problem
- E. Accident
- F. Family problem
- G. Other, specify

4. **Indicate the one item which most represents how you would respond to the situation presented above.**

- A. No intervention required
- B. Deal with the situation myself without involving others
- C. Deal with the situation myself but consult with others
- D. Refer the problem to someone in my agency
- E. Refer the problem to someone outside my agency
- F. Other, specify

5. **Should this situation be reported as child abuse? never report 1 2 3 4 5 6 7 8 9 always report**

6. **Would you take the necessary action to see that the situation was reported?**

- Not very likely: 1 2 3 4 5 6 7 8 9

7. **Would you cancel previously scheduled work with those you serve in order to deal with this situation?**

- Not very likely: 1 2 3 4 5 6 7 8 9

8. **Should the child be removed from the family temporarily?**

- Do not remove: 1 2 3 4 5 6 7 8 9

**VIGNETTE 2B**

The child suffered a concussion.

1. **Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above.** (The numbers between 9 and 1 represent varying degrees of seriousness.)

Not serious: 1 2 3 4 5 6 7 8 9

2. **Indicate your reactions to the parental behavior, using the four categories below.** (Each category uses a 1 to 9 scale similar to that in question one.)

- A. Ignorance of Child Care
  - Not ignorant: 1 2 3 4 5 6 7 8 9

- B. Criminality
  - Not criminal: 1 2 3 4 5 6 7 8 9

- C. Mental Illness
  - Not mentally ill: 1 2 3 4 5 6 7 8 9

- D. Immorality
  - Not immoral: 1 2 3 4 5 6 7 8 9

3. **Circle the one item which best characterizes the situation as a whole.**

- A. Normal, no problem
- B. Child abuse/
- C. Health problem
- D. Psychiatric problem
- E. Accident
- F. Family problem
- G. Other, specify

4. **Indicate the one item which most represents how you would respond to the situation presented above.**

- A. No intervention required
- B. Deal with the situation myself without involving others
- C. Deal with the situation myself but consult with others
- D. Refer the problem to someone in my agency
- E. Refer the problem to someone outside my agency
- F. Other, specify

5. **Should this situation be reported as child abuse? never report 1 2 3 4 5 6 7 8 9 always report**

6. **Would you take the necessary action to see that the situation was reported?**

- Not very likely: 1 2 3 4 5 6 7 8 9

7. **Would you cancel previously scheduled work with those you serve in order to deal with this situation?**

- Not very likely: 1 2 3 4 5 6 7 8 9

8. **Should the child be removed from the family temporarily?**

- Do not remove: 1 2 3 4 5 6 7 8 9

9. **Should the child be removed from the family immediately?**

- Do not remove: 1 2 3 4 5 6 7 8 9
1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above.
   (The numbers between 9 and 1 represent varying degrees of seriousness.)
   - not serious 1 2 3 4 5 6 7 8 9 very serious
2. Indicate your reactions to the parental behavior, using the four categories below. Each category uses a 1 to 9 scale similar to that in question one.
   - A. Ignorance of Child Care
     - not ignorant 1 2 3 4 5 6 7 8 9 very ignorant
   - B. Criminality
     - not criminal 1 2 3 4 5 6 7 8 9 very criminal
   - C. Mental Illness
     - not mentally ill 1 2 3 4 5 6 7 8 9 very mentally ill
   - D. Immorality
     - not immoral 1 2 3 4 5 6 7 8 9 very immoral
3. Circle the one item which best characterizes the situation as a whole.
   - a. Normal, no problem
   - b. Health problem
   - c. Situational stress
   - d. Psychiatric problem
   - e. Accident
   - f. Family problem
   - g. Other, specify
4. Indicate the one item which most represents how you would respond to the situation presented above.
   - a. No intervention required.
   - b. Deal with the situation myself without involving others.
   - c. Deal with the situation myself but consult with others.
   - d. Refer the problem to someone in my agency.
   - e. Refer the problem to someone outside my agency.
   - f. Other, specify
5. Should this situation be reported as child abuse? 
   - a. Not report 1 2 3 4 5 6 7 8 9 always report
6. Would you cancel previously scheduled work with those you serve in order to deal with this situation?
   - a. Not likely 1 2 3 4 5 6 7 8 9 very likely
7. Should the child be removed from the family temporarily?
   - a. Not likely 1 2 3 4 5 6 7 8 9 very likely
8. Should the child be removed from the family permanently?
   - a. Not likely 1 2 3 4 5 6 7 8 9 very likely
9. Would you take the necessary action to see that the situation was reported?
   - a. Not likely 1 2 3 4 5 6 7 8 9 very likely
John is a 9 year old white child with severe behavior problems. His father, a gas station attendant, and mother, a homemaker, refuse to accept treatment for themselves or for the child.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)

<table>
<thead>
<tr>
<th>Scale</th>
<th>Not Serious</th>
<th>Very Serious</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

A. Ignorance of Child Care
B. Criminality
C. Mental Illness
D. Ismorality

3. Circle the one item which best characterizes the situation as a whole.

a. Normal, no problem
b. Health problem
c. Situational stress
d. Psychiatric problem
e. Child abuse/neglect
f. Criminal problem
g. Accident
h. Family problem
i. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.

a. No intervention required.
b. Deal with the situation myself without involving others.
c. Deal with the situation myself but consult with others.
d. Refer the problem to someone in my agency.
e. Refer the problem to someone outside my agency.
f. Other, specify

5. Should this situation be reported as child abuse/neglect?

a. Yes, report immediately
b. No, report

6. Would you take the necessary action to see that the situation was reported?

a. Yes, report immediately
b. No, report

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?

a. Yes, report immediately
b. No, report

8. Should the child be removed from the family temporarily?

a. Yes, report immediately
b. No, report
VIGNETTE 7b

Barbara is a 7 year old black child of a custodian and his wife. The parents have failed to obtain an eye exam for their child. The child complains of not being able to see things at a distance.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above.
   (The numbers between 9 and 1 represent varying degrees of seriousness.)
   not serious 1 2 3 4 5 6 7 8 9 very serious
3. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)
   A. Ignorance of Child Care
   B. Criminality
   C. Mental Illness
   D. Immorality
3. Circle the one item which best characterizes the situation as a whole.
   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Child abuse/neglect problem
   f. Accident
   g. Family problem
   h. Other, specify
4. Indicate the one item which best represents how you would respond to the situation presented above.
   a. No intervention required
   b. Deal with the situation myself without involving others
   c. Deal with the situation myself but consult with others
   d. Refer the problem to someone in my agency
   e. Refer the problem to someone outside my agency
   f. Other, specify
5. Should this situation be reported as child abuse? never report 1 2 3 4 5 6 7 8 9 always report
6. Would you take the necessary action to see that the situation was reported? not very likely 1 2 3 4 5 6 7 8 9 very likely
7. Would you cancel previously scheduled work with those you serve in order to deal with this situation? not very likely 1 2 3 4 5 6 7 8 9 very likely
8. Should the child be removed from the family temporarily? do not remove 1 2 3 4 5 6 7 8 9 remove immediately

VIGNETTE 8a

As you talk to John, a 10 year old white child, you notice it is uncomfortable for him to sit. You find out that his father, a mechanical engineer, usually punishes the child by snapping him with a leather strap which leaves marks on his skin.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above.
   (The numbers between 9 and 1 represent varying degrees of seriousness.)
   not serious 1 2 3 4 5 6 7 8 9 very serious
2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)
   A. Ignorance of Child Care
   B. Criminality
   C. Mental Illness
   D. Immorality
3. Circle the one item which best characterizes the situation as a whole.
   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Child abuse/neglect problem
   f. Criminal problem
   g. Accident
   h. Family problem
   i. Other, specify
4. Indicate the one item which best represents how you would respond to the situation presented above.
   a. No intervention required
   b. Deal with the situation myself without involving others
   c. Deal with the situation myself but consult with others
   d. Refer the problem to someone in my agency
   e. Refer the problem to someone outside my agency
   f. Other, specify
5. Should this situation be reported as child abuse? never report 1 2 3 4 5 6 7 8 9 always report
6. Would you take the necessary action to see that the situation was reported? not very likely 1 2 3 4 5 6 7 8 9 very likely
7. Would you cancel previously scheduled work with those you serve in order to deal with this situation? not very likely 1 2 3 4 5 6 7 8 9 very likely
8. Should the child be removed from the family temporarily? do not remove 1 2 3 4 5 6 7 8 9 remove immediately
You discover that William, a 7 year old white child, and his father, a taxi driver, have repeatedly engaged in mutual masturbation.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)
   - 1. not serious 1 2 3 4 5 6 7 8 9 very serious
2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)
   a. Ignorance of Child Care
   b. Criminality
   c. Mental Illness
   d. Immorality
3. Circle the one item which best characterizes the situation as a whole.
   - a. Normal, no problem
   - b. Health problem
   - c. Situational stress
   - d. Psychiatric problem
   - e. Family problem
   - f. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   - a. No intervention required.
   - b. Deal with the situation myself without involving others.
   - c. Deal with the situation myself but consult with others.
   - d. Refer the problem to someone in my agency.
   - e. Refer the problem to someone outside my agency.
   - f. Other, specify

5. Should this situation be reported as child abuse?
   - a. No, some other problem
   - b. No, problem not serious enough
   - c. No, not serious enough to report
   - d. No, other problem
   - e. Yes, report to agency
   - f. Yes, report to others
   - g. Yes, others

6. Would you take the necessary action to see that the situation was reported?
   - a. Not very likely 1 2 3 4 5 6 7 8 9 always report
   - b. Not very likely 1 2 3 4 5 6 7 8 9
   - c. Not very likely 1 2 3 4 5 6 7 8 9
   - d. Not very likely 1 2 3 4 5 6 7 8 9
   - e. Other, specify

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?
   - a. Not very likely 1 2 3 4 5 6 7 8 9 always report
   - b. Not very likely 1 2 3 4 5 6 7 8 9
   - c. Not very likely 1 2 3 4 5 6 7 8 9
   - d. Not very likely 1 2 3 4 5 6 7 8 9
   - e. Other, specify

8. Should the child be removed from the family temporarily?
   - a. Not very likely 1 2 3 4 5 6 7 8 9 remove immediately
   - b. Not very likely 1 2 3 4 5 6 7 8 9 remove immediately
   - c. Not very likely 1 2 3 4 5 6 7 8 9
   - d. Not very likely 1 2 3 4 5 6 7 8 9
   - e. Other, specify

---

Roger, the 6 year old black child of a public relations executive and his wife, is regularly left outside the house after dark, often as late as midnight. Neighbors have spotted the child wandering five blocks away from home.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)
   - 1. not serious 1 2 3 4 5 6 7 8 9 very serious
2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)
   a. Ignorance of Child Care
   b. Criminality
   c. Mental Illness
   d. Immorality
3. Circle the one item which best characterizes the situation as a whole.
   - a. Normal, no problem
   - b. Health problem
   - c. Situational stress
   - d. Psychiatric problem
   - e. Child abuse/neglect problem
   - f. Criminal problem
   - g. Accident
   - h. Family problem
   - i. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   - a. No intervention required.
   - b. Deal with the situation myself without involving others.
   - c. Deal with the situation myself but consult with others.
   - d. Refer the problem to someone in my agency.
   - e. Refer the problem to someone outside my agency.
   - f. Other, specify

5. Should this situation be reported as child abuse?
   - a. No, some other problem
   - b. No, problem not serious enough
   - c. No, not serious enough to report
   - d. No, other problem
   - e. Yes, report to agency
   - f. Yes, report to others
   - g. Yes, others

6. Would you take the necessary action to see that the situation was reported?
   - a. Not very likely 1 2 3 4 5 6 7 8 9 always report
   - b. Not very likely 1 2 3 4 5 6 7 8 9
   - c. Not very likely 1 2 3 4 5 6 7 8 9
   - d. Not very likely 1 2 3 4 5 6 7 8 9
   - e. Other, specify

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?
   - a. Not very likely 1 2 3 4 5 6 7 8 9 always report
   - b. Not very likely 1 2 3 4 5 6 7 8 9
   - c. Not very likely 1 2 3 4 5 6 7 8 9
   - d. Not very likely 1 2 3 4 5 6 7 8 9
   - e. Other, specify

8. Should the child be removed from the family temporarily?
   - a. Not very likely 1 2 3 4 5 6 7 8 9 remove immediately
   - b. Not very likely 1 2 3 4 5 6 7 8 9 remove immediately
   - c. Not very likely 1 2 3 4 5 6 7 8 9
   - d. Not very likely 1 2 3 4 5 6 7 8 9
   - e. Other, specify
A wide variety of opinions may be related to different ways of defining and handling situations of child mistreatment. A number of opinions are listed below. Indicate your response to each of them by circling the one number which most nearly reflects your opinion. Refer to the following instructions for your response:

1. The rights of children have long been neglected.  
   strongly disagree 1 2 3 4 5 6 7 strongly agree

2. In the complicated world of ours the only way we can know what's going on is to rely on leaders or experts who can be trusted. 
   strongly disagree 1 2 3 4 5 6 7 strongly agree

3. Too many children have been mistreated in the name of discipline. 
   strongly disagree 1 2 3 4 5 6 7 strongly agree

4. My blood boils whenever a person stubbornly refuses to admit he's wrong. 
   strongly disagree 1 2 3 4 5 6 7 strongly agree

5. Public agencies should stay out of relations between parents and their children. 
   strongly disagree 1 2 3 4 5 6 7 strongly agree

6. There are two kinds of people in this world: those who are for the truth and those who are against the truth. 
   strongly disagree 1 2 3 4 5 6 7 strongly agree

7. It is difficult to say what is and what is not child mistreatment. 
   strongly disagree 1 2 3 4 5 6 7 strongly agree

8. It is therapy that abusive parents need, not punishment. 
   strongly disagree 1 2 3 4 5 6 7 strongly agree

9. Most people just don't know what's good for them. 
   strongly disagree 1 2 3 4 5 6 7 strongly agree

10. All the different philosophies which exist in this world there is probably only one which is correct. 
    strongly disagree 1 2 3 4 5 6 7 strongly agree

11. Professionals who are known to report cases of child mistreatment lose the confidence of their clients. 
    strongly disagree 1 2 3 4 5 6 7 strongly agree

12. The highest form of government is a democracy and the highest form of democracy is a govern­ment run by those who are most intelligent. 
    strongly disagree 1 2 3 4 5 6 7 strongly agree

13. People who mistreat their children should have their parental rights terminated. 
    strongly disagree 1 2 3 4 5 6 7 strongly agree

14. The main thing in life is for a person to want to do something important. 
    strongly disagree 1 2 3 4 5 6 7 strongly agree

15. My organization is so consumed with its primary functions that little time can be spared to become involved in identifying and reporting child mistreatment. 
    strongly disagree 1 2 3 4 5 6 7 strongly agree

16. I'd like it if I could find someone who would tell me how to solve my personal problems. 
    strongly disagree 1 2 3 4 5 6 7 strongly agree

17. Most of the cases of child mistreatment that come up in my organization get lost in the shuffle. 
    strongly disagree 1 2 3 4 5 6 7 strongly agree

18. Most of the ideas which get printed nowadays aren't worth the paper they are printed on. 
    strongly disagree 1 2 3 4 5 6 7 strongly agree

19. My professional colleagues are committed to identifying and reporting incidents of child mistreatment. 
    strongly disagree 1 2 3 4 5 6 7 strongly agree

20. Man is his own is a helpless and miserable creature. 
    strongly disagree 1 2 3 4 5 6 7 strongly agree

21. Supervisors or those with authority over work like mine emphasize the need to identify and report child mistreatment. 
    strongly disagree 1 2 3 4 5 6 7 strongly agree

22. When working with any child, I make it a point to learn about his home and family life. 
    strongly disagree 1 2 3 4 5 6 7 strongly agree

23. After I have worked with a child regularly, I know his/her religious upbringing. 
    strongly disagree 1 2 3 4 5 6 7 strongly agree

IV. ORGANIZATIONAL POLICY, PERSONAL TRAINING, AND EXPERIENCE IN REPORTING CHILD ABUSE/NEGLECT

1. My organization's policy for reporting child abuse/neglect is clearly formulated and available for all to know. 
   strongly disagree 1 2 3 4 5 6 7 strongly agree

2. In my agency, existing reporting procedures are always followed. 
   strongly disagree 1 2 3 4 5 6 7 strongly agree

3. A. Are reporting child abuse/neglect to other agencies assigned to a specific department or person in your agency? 
    a. Yes b. No

4. If yes, are you the person assigned to make the report? 
   a. Yes b. No

5. How many times did you report child abuse/neglect in the last year? 
   very helpful 1 2 3 4 5 6 7 not helpful

6. How would you evaluate the performance of those who took your report(s) of child abuse/neglect? 
   very helpful 1 2 3 4 5 6 7 not helpful

7. How would you evaluate the performance of the organization you most frequently used for a referral? 
   very helpful 1 2 3 4 5 6 7 not helpful

8. I am very familiar with the criteria used by the child abuse unit of Franklin County Children's Services to validate cases of child abuse/neglect. 
   strongly disagree 1 2 3 4 5 6 7 strongly agree

9. I am confident in the FCCS Child Abuse Unit's ability to assess and intervene in child abuse/neglect situations. 
   strongly disagree 1 2 3 4 5 6 7 strongly agree

10. How many orientations, workshops, seminars, or conferences on child abuse/neglect have you attended in the last year which were sponsored by your organization? 
   very helpful 1 2 3 4 5 6 7 not helpful
Form D

QUESTIONNAIRE

DECISION MAKING AND CHILD MISTREATMENT

Responses to items in this questionnaire should be recorded on the questionnaire. Some items can be answered by circling the letter of the response that most accurately represents your situation or point of view. Other items may also require a short written response in the space provided. Please complete all items. Since this questionnaire will be scored personally, comments which qualify your responses will be considered.

I. PERSONAL AND ORGANIZATIONAL BACKGROUND

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date of Birth</td>
<td></td>
</tr>
<tr>
<td>2. Sex: a. Male</td>
<td></td>
</tr>
<tr>
<td>b. Female</td>
<td></td>
</tr>
<tr>
<td>b. White</td>
<td></td>
</tr>
<tr>
<td>c. Other, specify</td>
<td></td>
</tr>
<tr>
<td>b. Widowed/Seperated/Divorced</td>
<td></td>
</tr>
<tr>
<td>c. Never Married</td>
<td></td>
</tr>
<tr>
<td>5. Number of Children you are raising or have raised</td>
<td></td>
</tr>
<tr>
<td>6. Primary occupation of your mother and father (if retired or deceased, primary occupation when working), father.</td>
<td></td>
</tr>
<tr>
<td>d. Other, specify</td>
<td></td>
</tr>
<tr>
<td>8. Years of service in current professional occupation</td>
<td></td>
</tr>
<tr>
<td>9. Are you a member of your professional association? a. Yes, specify b. No</td>
<td></td>
</tr>
<tr>
<td>10. Highest professional degree obtained: a. Associate b. MD/PhD c. Bachelor d. Other, specify</td>
<td></td>
</tr>
<tr>
<td>c. Masters</td>
<td></td>
</tr>
<tr>
<td>11. Year your highest professional degree was obtained</td>
<td></td>
</tr>
<tr>
<td>12. Where is your professional practice primarily based: a. Agency Based (Hospital, School, Social Agency, etc.)</td>
<td></td>
</tr>
<tr>
<td>b. Private Practice (Group, Partnership, Solo, etc.) c. Other, specify</td>
<td></td>
</tr>
<tr>
<td>13. How is your agency or practice incorporated to do its work? a. Private/Profit b. Private/Non-Profit c. Public d. Other, specify</td>
<td></td>
</tr>
<tr>
<td>d. Other, specify</td>
<td></td>
</tr>
<tr>
<td>15. What influence do your consumers have over the governing body of your organization? a. They control the organization. b. They strongly influence the organization. c. They have a weak influence. d. They have no influence.</td>
<td></td>
</tr>
<tr>
<td>16. How long have you worked with your present organization?</td>
<td></td>
</tr>
<tr>
<td>17. How are you paid for the services you provide? a. Salary b. Fee for Service c. Other, specify</td>
<td></td>
</tr>
<tr>
<td>18. What position do you hold in your organization? a. Direct service to patients, clients or students b. Supervision c. Administration d. Other, Specify</td>
<td></td>
</tr>
<tr>
<td>19. How long have you worked in the position you now hold?</td>
<td></td>
</tr>
<tr>
<td>20. What percentage of time do you spend in the following activities? a. Direct service &amp; related activity</td>
<td></td>
</tr>
<tr>
<td>b. Administration</td>
<td></td>
</tr>
<tr>
<td>c. Supervision</td>
<td></td>
</tr>
<tr>
<td>d. Research</td>
<td></td>
</tr>
<tr>
<td>e. Teaching other professionals</td>
<td></td>
</tr>
<tr>
<td>f. Other, Specify</td>
<td></td>
</tr>
<tr>
<td>21. Below are groups that judge the quality of professional performance. A. Indicate the one group whose judgment should count most. a. Recipients of professional services b. Colleagues (local professionals in your field) c. Lay Community Leaders d. Professional Association Leaders e. Supervisors or those with authority over work like yours f. Colleagues (professionals in other parts of the country familiar with your work) B. Is there any other group on this list whose judgment should count? a. b. c. d. e. f. C. Are there any others not on the list whose judgment should count? Specify</td>
<td></td>
</tr>
<tr>
<td>22. A. Which one of the following was the most important to you in your decision to go into a professional career? a. The social prestige of your profession b. The chance to help people c. The chance to do work of special interest to you d. Economic opportunity/security B. Which one of the factors above was second most important to you? a. b. c. d. C. Which one of the factors above is now the most important to you? a. b. c. d. D. Which one of the factors is now second most important to you? a. b. c. d.</td>
<td></td>
</tr>
</tbody>
</table>
II. VIGNETTES

Ten short vignettes, developed from case material, are presented in this section. After each vignette you are asked to respond to questions on various aspects of the situation depicted in the vignette. While each vignette does not include complete information about the situation, please attempt to respond to all questions as best as possible with available information. Please respond to the situations as if they described children with whom you work. Remember, this is only your opinion on the situation, there are no right or wrong answers.

VIGNETTE 1C

Elaine is a six-year-old black child who was struck with a wooden stick by her mother. The mother is divorced and is the manager of a motel in a national chain. The child suffered a concussion.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

A. Ignorance of Child Care
B. Criminality
C. Mental Illness
D. Morality

3. Circle the one item which best characterizes the situation as a whole.

a. No problem
b. Health problem
c. Situational stress
d. Psychiatric problem
e. Child abuse/neglect problem
f. Family problem
g. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.

a. No intervention required.
b. Deal with the situation myself without involving others.
c. Deal with the situation myself but consult with others.
d. Refer the problem to someone in my agency.
e. Refer the problem to someone outside my agency.
f. Other, specify

5. Should this situation be reported as child abuse?

6. Would you take the necessary action to see that the situation was reported?

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?

8. Should the child be removed from the family temporarily?

9. Would you remove the child immediately?

10. Should the child be removed from the family permanently?

Andrea is a nine-year-old black child. Her mother is a homemaker married to a drywall installer. The mother hit the child in the face, striking her with the fist. The child suffered a black eye and a cut lip.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

A. Ignorance of Child Care
B. Criminality
C. Mental Illness
D. Morality

3. Circle the one item which best characterizes the situation as a whole.

a. Normal, no problem
b. Health problem
c. Situational stress
d. Psychiatric problem
e. Child abuse/neglect problem
f. Family problem
g. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.

a. No intervention required.
b. Deal with the situation myself without involving others.
c. Deal with the situation myself but consult with others.
d. Refer the problem to someone in my agency.
e. Refer the problem to someone outside my agency.
f. Other, specify

5. Should this situation be reported as child abuse?

6. Would you take the necessary action to see that the situation was reported?

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?

8. Should the child be removed from the family temporarily?

9. Would you remove the child immediately?

10. Should the child be removed from the family permanently?
**VIGNETTE 3A**

Robert is the 8 year old white child of a divorced high school teacher. The mother, who has custody of the child, frequently brings home different men to spend the night. Her son knows about her sexual relations.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above.
   - The numbers between 9 and 1 represent varying degrees of seriousness.
   - not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)
   - A. Ignorance of Child Care
     - not Ignorant 1 2 3 4 5 6 7 8 9 very Ignorant
   - B. Criminality
     - not criminal 1 2 3 4 5 6 7 8 9 very criminal
   - C. Mental Illness
     - not mentally ill 1 2 3 4 5 6 7 8 9 very mentally ill
   - D. Immorality
     - not immoral 1 2 3 4 5 6 7 8 9 very immoral

3. Circle the one item which best characterizes the situation as a whole.
   - a. Normal, no problem
   - b. Child abuse
   - c. Health problem (neglect problem)
   - d. Psychiatric problem
   - e. Criminal problem
   - f. Family problem
   - g. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   - a. No intervention required.
   - b. Deal with the situation myself without involving others.
   - c. Deal with the situation myself but consult with others.
   - d. Refer the problem to someone in my agency.
   - e. Refer the problem to someone outside my agency.
   - f. Other, specify

5. Should this situation be reported as child abuse?
   - never report 1 2 3 4 5 6 7 8 9 always report

6. Would you take the necessary action to see that the situation was reported?
   - not very likely 1 2 3 4 5 6 7 8 9 very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?
   - not very likely 1 2 3 4 5 6 7 8 9 very likely

8. Should the child be removed from the family temporarily?
   - do not remove 1 2 3 4 5 6 7 8 9 remove immediately

**VIGNETTE 3B**

Beth, a ten year old white child, is allowed to stay around when her parents have drinking parties. Her father is a city sanitation worker and her mother is a homemaker.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above.
   - The numbers between 9 and 1 represent varying degrees of seriousness.
   - not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)
   - A. Ignorance of Child Care
     - not Ignorant 1 2 3 4 5 6 7 8 9 very Ignorant
   - B. Criminality
     - not criminal 1 2 3 4 5 6 7 8 9 very criminal
   - C. Mental Illness
     - not mentally ill 1 2 3 4 5 6 7 8 9 very mentally ill
   - D. Immorality
     - not immoral 1 2 3 4 5 6 7 8 9 very immoral

3. Circle the one item which best characterizes the situation as a whole.
   - a. Normal, no problem
   - b. Child abuse
   - c. Health problem (neglect problem)
   - d. Psychiatric problem
   - e. Criminal problem
   - f. Family problem
   - g. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   - a. No intervention required.
   - b. Deal with the situation myself without involving others.
   - c. Deal with the situation myself but consult with others.
   - d. Refer the problem to someone in my agency.
   - e. Refer the problem to someone outside my agency.
   - f. Other, specify

5. Should this situation be reported as child abuse?
   - never report 1 2 3 4 5 6 7 8 9 always report

6. Would you take the necessary action to see that the situation was reported?
   - not very likely 1 2 3 4 5 6 7 8 9 very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?
   - not very likely 1 2 3 4 5 6 7 8 9 very likely

8. Should the child be removed from the family temporarily?
   - do not remove 1 2 3 4 5 6 7 8 9 remove immediately
VIGNETTE 5C

John is a 9 year old black child with severe behavior problems. His father, a pharmacist, and mother, a homemaker, refuse to accept treatment for themselves or for the child.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 0 and 1 represent varying degrees of seriousness.)

   not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

   A. Ignorance of Child Care
   not ignorant 1 2 3 4 5 6 7 8 9 very ignorant

   B. Criminality
   not criminal 1 2 3 4 5 6 7 8 9 very criminal

   C. Mental Illness
   not mentally ill 1 2 3 4 5 6 7 8 9 very mentally ill

   D. Imorality
   not immoral 1 2 3 4 5 6 7 8 9 very immoral

3. Circle the one item which best characterizes the situation as a whole.

   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.

   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse?

   a. Never report 1 2 3 4 5 6 7 8 9 always report

6. Would you take the necessary action to see that the situation was reported?

   a. Very likely 1 2 3 4 5 6 7 8 9 very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?

   a. Very likely 1 2 3 4 5 6 7 8 9 very likely

8. Should the child be removed from the family temporarily?

   a. No 1 2 3 4 5 6 7 8 9 remove immediately

VIGNETTE 6D

Sarah, a 9 year old black child, is ignored most of the time by her father, a bartender, and mother, a homemaker. They seldom talk with or listen to her.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)

   not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

   A. Ignorance of Child Care
   not ignorant 1 2 3 4 5 6 7 8 9 very ignorant

   B. Criminality
   not criminal 1 2 3 4 5 6 7 8 9 very criminal

   C. Mental Illness
   not mentally ill 1 2 3 4 5 6 7 8 9 very mentally ill

   D. Imorality
   not immoral 1 2 3 4 5 6 7 8 9 very immoral

3. Circle the one item which best characterizes the situation as a whole.

   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Child abuse/neglect problem
   f. Criminal problem
   g. Family problem
   h. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.

   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse?

   a. Never report 1 2 3 4 5 6 7 8 9 always report

6. Would you take the necessary action to see that the situation was reported?

   a. Very likely 1 2 3 4 5 6 7 8 9 very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?

   a. Very likely 1 2 3 4 5 6 7 8 9 very likely

8. Should the child be removed from the family temporarily?

   a. No 1 2 3 4 5 6 7 8 9 remove immediately
VIGNETTE 7A

Barbara is the 7 year old white child of a draftsman and his wife. The parents have failed to obtain an eye exam for their child. The child complains of not being able to see things at a distance.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)
   not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)
   A. Ignorance of Child Care
   B. Criminality
   C. Mental Illness
   D. Immorality

3. Circle the one item which best characterizes the situation as a whole.
   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Child abuse
   f. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse?
   a. Never report
   b. Always report

6. Would you take the necessary action to see that the situation was reported?
   a. Very likely
   b. Not very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?
   a. Very likely
   b. Not very likely

8. Should the child be removed from the family temporarily?
   a. Remove immediately
   b. Do not remove

VIGNETTE 8B

As you talk to John, a 10 year old white child, you notice it is uncomfortable for him to sit. You find out that his father, a parking attendant, usually punishes the child by spanking him with a leather strap which leaves marks on his skin.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)
   not serious 1 2 3 4 5 6 7 8 9 very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)
   A. Ignorance of Child Care
   B. Criminality
   C. Mental Illness
   D. Immorality

3. Circle the one item which best characterizes the situation as a whole.
   a. Normal, no problem
   b. Health problem
   c. Situational stress
   d. Psychiatric problem
   e. Child abuse
   f. Criminal problem
   g. Accident
   h. Family problem
   i. Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.
   a. No intervention required.
   b. Deal with the situation myself without involving others.
   c. Deal with the situation myself but consult with others.
   d. Refer the problem to someone in my agency.
   e. Refer the problem to someone outside my agency.
   f. Other, specify

5. Should this situation be reported as child abuse?
   a. Never report
   b. Always report

6. Would you take the necessary action to see that the situation was reported?
   a. Very likely
   b. Not very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?
   a. Very likely
   b. Not very likely

8. Should the child be removed from the family temporarily?
   a. Remove immediately
   b. Do not remove
You discover that William, a 7 year old black child, and his father, an accountant, have repeatedly engaged in mutual masturbation.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)

- Not serious 1 2 3 4 5 6 7 8 9 Very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

A. Ignorance of Child Care

- Not Ignorant 1 2 3 4 5 6 7 8 9 Very Ignorant

B. Criminality

- Not Criminal 1 2 3 4 5 6 7 8 9 Very Criminal

C. Mental Illness

- Not Mentally Ill 1 2 3 4 5 6 7 8 9 Very Mentally Ill

D. Immorality

- Not Immoral 1 2 3 4 5 6 7 8 9 Very Immoral

3. Circle the one item which best characterizes the situation as a whole.

- Normal, no problem
- Health problem
- Situational stress
- Psychiatric problem
- Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.

- No intervention required.
- Deal with the situation myself without involving others.
- Deal with the situation myself but consult with others.
- Refer the problem to someone in my agency.
- Refer the problem to someone outside my agency.
- Other, specify

5. Should this situation be reported as child abuse?

- Never report 1 2 3 4 5 6 7 8 9 Always report

6. Would you take the necessary action to see that the situation was reported?

- Not very likely 1 2 3 4 5 6 7 8 9 Very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?

- Not very likely 1 2 3 4 5 6 7 8 9 Very likely

8. Should the child be removed from the family temporarily?

- Not remove 1 2 3 4 5 6 7 8 9 Remove immediately

Roger, the 6 year old black child of a freight handler and his wife, is regularly left outside the house after dark, often as late as midnight. Neighbors have spotted the child wandering five blocks away from home.

1. Using 1 to indicate not serious and 9 to indicate very serious, indicate the seriousness of child mistreatment described in the situation above. (The numbers between 9 and 1 represent varying degrees of seriousness.)

- Not serious 1 2 3 4 5 6 7 8 9 Very serious

2. Indicate your reactions to the parental behavior, using the four categories below. (Each category uses a 1 to 9 scale similar to that in question one.)

A. Ignorance of Child Care

- Not Ignorant 1 2 3 4 5 6 7 8 9 Very Ignorant

B. Criminality

- Not Criminal 1 2 3 4 5 6 7 8 9 Very Criminal

C. Mental Illness

- Not Mentally Ill 1 2 3 4 5 6 7 8 9 Very Mentally Ill

D. Immorality

- Not Immoral 1 2 3 4 5 6 7 8 9 Very Immoral

3. Circle the one item which best characterizes the situation as a whole.

- Normal, no problem
- Health problem
- Situational stress
- Psychiatric problem
- Other, specify

4. Indicate the one item which most represents how you would respond to the situation presented above.

- No intervention required.
- Deal with the situation myself without involving others.
- Deal with the situation myself but consult with others.
- Refer the problem to someone in my agency.
- Refer the problem to someone outside my agency.
- Other, specify

5. Should this situation be reported as child abuse?

- Never report 1 2 3 4 5 6 7 8 9 Always report

6. Would you take the necessary action to see that the situation was reported?

- Not very likely 1 2 3 4 5 6 7 8 9 Very likely

7. Would you cancel previously scheduled work with those you serve in order to deal with this situation?

- Not very likely 1 2 3 4 5 6 7 8 9 Very likely

8. Should the child be removed from the family temporarily?

- Not remove 1 2 3 4 5 6 7 8 9 Remove immediately
### III. PERSONAL BELIEFS

A wide variety of opinions may be related to different ways of defining and handling situations of child mistreatment. A number of opinions are listed below. Indicate your response to each of them by circling the one number which most nearly reflects your opinion. There are no right or wrong answers.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The rights of children have long been neglected.</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
</tr>
<tr>
<td>In this complicated world of ours the only way we can know what's going on is to rely on leaders or experts who can be trusted.</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly agree</td>
</tr>
<tr>
<td>Too many children have been mistreated in the name of discipline.</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly agree</td>
</tr>
<tr>
<td>My blood boils whenever a person stubbornly refuses to admit he's wrong.</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly agree</td>
</tr>
<tr>
<td>There are two kinds of people in this world: those who are for the truth and those who are against the truth.</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly agree</td>
</tr>
<tr>
<td>It is difficult to say what is and what is not child mistreatment.</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly agree</td>
</tr>
<tr>
<td>Most people just don't know what's good for them.</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly agree</td>
</tr>
<tr>
<td>It is therapy that abusive parents need, not punishment.</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly agree</td>
</tr>
<tr>
<td>Of the different philosophies which exist in this world there is probably only one which is correct.</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly agree</td>
</tr>
<tr>
<td>Professionals who are known to report cases of child mistreatment lose the confidence of their clients.</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly agree</td>
</tr>
<tr>
<td>The highest form of government is a democracy and the highest form of democracy is a government run by those who are most intelligent.</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly disagree</td>
<td>strongly agree</td>
</tr>
</tbody>
</table>

### IV. ORGANIZATIONAL POLICY, PERSONAL TRAINING, AND EXPERIENCE IN REPORTING CHILD ABUSE/NEGLECT

1. My organization's policy for reporting child abuse/neglect is clearly formulated and available for all to know.  
   - strongly disagree  
   - disagree  
   - undecided  
   - agree  
   - strongly agree

2. In my agency, existing reporting procedures are always followed.  
   - strongly disagree  
   - disagree  
   - undecided  
   - agree  
   - strongly agree

3. A. In reporting child abuse/neglect to other agencies assigned to a specific department or person in your agency?  
   - yes  
   - no  

4. A. How many cases of suspected child abuse/ 
   - Identify cases you have reported in the last year?  
   - Yes  
   - No  

5. B. Child one of the following received most of your reports?  
   - a. Specialized person in my organization  
   - b. Police  
   - c. Franklin County Children's Service Child Abuse Unit  
   - d. Children's Hospital  
   - e. Other, Specify

6. I am very familiar with the criteria used by the child abuse unit of Franklin County Children's Services to validate cases of child abuse/neglect.  
   - strongly disagree  
   - disagree  
   - undecided  
   - agree  
   - strongly agree

7. How would you evaluate the performance of those who took your report(s) of child abuse/neglect?  
   - not helpful  
   - very helpful

8. A. Without making a child abuse/neglect report, how many cases of child mistreatment have you sought services for from other agencies in the last year?  
   - strongly disagree  
   - disagree  
   - undecided  
   - agree  
   - strongly agree

9. Before I have worked with a child regularly, I know his/her religious upbringing.  
   - strongly disagree  
   - disagree  
   - undecided  
   - agree  
   - strongly agree

10. How many conferences on child abuse/neglect have you attended in the last year which were:  
    - sponsored by your organization?  
    - sponsored by other organizations?
March 19, 1980

John Mormol, M.D., President  
Central Ohio Pediatric Society  
3245 E. Livingston Avenue  
Columbus, Ohio  43227

Dear John:

I would like to enlist the support of individual members of the Central Ohio Pediatric Society in support of a Ph.D. dissertation, involving pediatricians' and other professionals' attitudes toward child abuse. Mr. Joel Raab, a graduate student in Behavioral and Social Sciences, has presented to me his project including its approval by the departmental review committee and the university committee on the use of human subjects. The request to our society is that 30 to 40 members take about one-half hour of their time to fill out a questionnaire devised by Mr. Raab. You can either sign up with me this evening or have Mr. Raab send the form to their office. I believe the project is extremely worthwhile and deserves the support of the members of COPS.

I would appreciate you making this announcement at our meeting March 19th. Thanking you in advance I am,

Sincerely yours,

James F. Guilty, M.D.  
Assistant Professor of Pediatrics  
The Ohio State University  
College of Medicine

JFG:jsw
Dear Human Service Professional:

I am requesting you to complete a questionnaire for a research study concerning child mistreatment and decision making. The study will fulfill my doctoral dissertation research requirement at the Ohio State University College of Social Work.

The study will address two questions of importance to those in direct professional service and those in program development:

1) What child mistreatment situations are considered abuse by various professional groups?
2) What factors (personnel, professional, organizational and situational) affect assessment and intervention?

Your participation is important because you are likely to see children in the course of your professional practice. Consequently, you may have to make decisions similar to the ones required in the study. The study will survey four professional groups -- physicians, educators, nurses, and social workers.

Your anonymity is protected. The questionnaire is returned anonymously and the type of information gathered from you would not be linked to your name in any way.

Completing the questionnaire will require thirty minutes of your time. Since this study is concerned with your current information and attitudes, please do not consult with others in responding to the questionnaire. The questionnaire consists of four sections:

1) Personal and Organizational Background
2) Vignettes (Hypothetical Child Mistreatment Situations and Related Questions)
3) Personal Beliefs
4) Organizational Policy, Personal Training and Experience in Reporting Child Abuse

Enclosed is the questionnaire and a stamped, self-addressed envelope to return the completed questionnaire. I would greatly appreciate your response within a week.

Thank you in advance for your time in this research project. I hope you find the questionnaire interesting. If you have a question about the questionnaire, call me at 459-0475.

Sincerely,

Joel A. Rabb, Jr.

Phone: (Area Code 614) 422-6286 / Admissions 422-2972 / Student Services 422-7488 / Dean 422-5300
April 16, 1980

Mr. Joel A. Rabb, Jr.
796 Thomas Lane
Columbus, OH 43214

Dear Mr. Rabb:

I was very pleased to meet you and to learn about your research project. It appears to be very worthwhile and the results should be very informative. I feel certain that the teachers you contact will be cooperative.

CEA encourages this type of research in the Columbus Public Schools. I wish you success; and if there is any way that we might help, please contact our office.

Sincerely,

John E. Grossman

JEG/jr
April 18, 1980

Mr. Joel Rabb
796 Thomas Lane
Columbus, Ohio 43214

Dear Mr. Rabb:

Your request to conduct dissertation research in the Columbus Public Schools has been reviewed. On the basis of that review, I am able to authorize you to proceed with your plans to survey a sample of teachers and nurses concerning child abuse reporting procedures. Approval is subject to the following conditions:

1. Provide the Columbus Education Association with a copy of your research proposal and secure endorsement of the Association for the study.
2. Direct mail the survey instrument and instructions to the selected sample of teachers and nurses.
3. Notify those selected that participation is voluntary.
4. Provide assurances that all responses will be confidential and not reported on either an individual or school basis.
5. Provide the school district with a copy of the completed report of the research.

Best wishes for successful completion of your research project and your doctoral studies. If I or my office may be of any assistance, please feel free to contact me directly.

Sincerely,

Howard O. Merriman
Assistant Superintendent
Management Services
April 22, 1980

To Whom It May Concern:

Mr. Joel Rabb from Ohio State University has asked to use our schools in obtaining data for his doctoral research project. We ask you to give your support in this project by promptly returning the questionnaire.

We feel that the research project will give valuable information about a very serious social concern. Through your participation, additional points for Ohio State University will also be obtained for our school system.

Sincerely yours,

Dan Brent
Superintendent of Schools
May 7, 1980

Dear Human Service Professional:

Thank you for sharing your time to complete the Decision Making and Child Mistreatment questionnaire. I am especially thankful to those who have offered comments, praise, and criticism to this study.

If you have not yet returned a completed questionnaire, let me say that your response is greatly needed.

If you would like a short summary of findings, send me a self addressed, stamped envelope. To protect your anonymity, send request separately from returned questionnaire. Results will be available this fall.

Sincerely,

[Signature]

Joel A. RabB, Jr.
796 Thomas Lane
Columbus 43214
APPENDIX C
HUMAN SUBJECTS REVIEW
The Behavioral and Social Sciences Review Committee has taken the following action:

1. Approve (X Waiver of written consent)
2. Approved with conditions
3. Disapprove

with regard to the employment of human subjects in the proposed research entitled: REPORTING CHILD ABUSE: THE CONTEXT OF DECISION MAKING AMONG PHYSICIANS, TEACHERS, SOCIAL WORKERS, AND NURSES

Joel A. Rabb, Jr. is listed as the principal investigator.

1947 College Rd.
Campus

It is the responsibility of the principal investigator to retain a copy of each signed consent form for at least four (4) years beyond the termination of the subject's participation in the proposed activity. Should the principal investigator leave the University, signed consent forms are to be transferred to the Human Subject Review Committee for the required retention period. This application has been approved for the period of one year. You are reminded that you must promptly report any problems to the Research Committee, and that no procedural changes may be made without prior review and approval. You are also reminded that the identity of the research participants must be kept confidential.

Date: 3-7-80
Signed: (Chairperson)

cc: Original-Investigator, Ken Sloan, Development Officer, File

Form PA-025
Rev. 10/79
APPENDIX D
SCREENING CRITERIA OF CHILD
PROTECTIVE SERVICE AGENCY
Physical Abuse

The following referral situations will be classified as abuse referrals and receive contact within 24 hours of occurrence by the abuse investigatory staff:

1. Referrals of severe physical injury requiring medical attention, in which the referral source believes the injury was caused by abuse of the caretaker. (The referral source can be anyone, but the referral source must have seen the injury.)

2. Referrals in which abuse, either physical or sexual, is suspected by medical personnel and referred by medical personnel. (The abuse must be current in that it has happened within a month of referral date.)

3. Referrals in which failure-to-thrive due to parental neglect is suspected by medical personnel and referred by medical personnel.

4. Referrals in which a police officer observes a child to have unexplained injuries or suspects sexual abuse and either notifies FCCS intake or brings the child to FCCS intake.

5. Referrals by anyone in which the child evidences physical injury or alleges sexual abuse and exhibits fear of returning home.

6. Self-referrals by a parent or child in which physical injury is in evidence or either the parent or child alleges sexual abuse.

7. Referrals from any source alleging physical or sexual abuse in which FCCS has a known history of previous abuse.
Neglect

The following referral situations will be classified as neglect referrals and will receive contact within 24 hours of acceptance by the Neglect Investigative Staff:

1. Referrals of severe medical neglect requiring medical attention. (The referral source can be anyone, but the referral source must have first hand knowledge.)

2. Referrals of severe unsafe/unsanitary living conditions. (The referral source can be anyone, but must have sufficient first hand knowledge to describe the risk to children.)

3. Referrals of children being unattended/unaccompanied by a parent, guardian, or other responsible/agreeing child caring person. (Referral source can be anyone with first hand knowledge of children who are currently or have within a month been routinely unattended/unaccompanied.)

4. Referrals of severe deprivation of basic requirements such as food, clothing, and shelter. (Referral source can be anyone with first hand knowledge of children who are currently or have within a month been routinely deprived of basic needs.)

5. Referrals in which Police, Health Department, Mental Health, Medical, Court, Schools, or other agencies' personnel observe/diagnose or believe children are within a high risk level sufficient to require removal from their homes. (Referral source is required to hold first hand knowledge.)
APPENDIX E

CHILD MALTREATMENT REPORTS BY SOURCE
IN FRANKLIN COUNTY, OHIO
<table>
<thead>
<tr>
<th>Source</th>
<th>No. of Reports</th>
<th>% of Referrals</th>
<th>Confirmation Rate</th>
<th>No. of Confirmed Cases</th>
<th>% of Confirmed Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Physicians</td>
<td>60</td>
<td>1</td>
<td>51%</td>
<td>31</td>
<td>1</td>
</tr>
<tr>
<td>Hospitals</td>
<td>1018</td>
<td>17</td>
<td>56%</td>
<td>570</td>
<td>25</td>
</tr>
<tr>
<td>School Personnel</td>
<td>300</td>
<td>5</td>
<td>58%</td>
<td>174</td>
<td>8</td>
</tr>
<tr>
<td>Social Agencies</td>
<td>420</td>
<td>7</td>
<td>35%</td>
<td>147</td>
<td>6</td>
</tr>
<tr>
<td>Courts</td>
<td>60</td>
<td>1</td>
<td>48%</td>
<td>29</td>
<td>1</td>
</tr>
<tr>
<td>Law Enforcement Agencies</td>
<td>1199</td>
<td>20</td>
<td>53%</td>
<td>635</td>
<td>28</td>
</tr>
<tr>
<td>Lay</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim</td>
<td>240</td>
<td>4</td>
<td>51%</td>
<td>122</td>
<td>5</td>
</tr>
<tr>
<td>Relatives</td>
<td>1019</td>
<td>17</td>
<td>32%</td>
<td>326</td>
<td>14</td>
</tr>
<tr>
<td>Anonymous</td>
<td>1498</td>
<td>25</td>
<td>13%</td>
<td>195</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>180</td>
<td>3</td>
<td>37%</td>
<td>67</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5994</td>
<td>100</td>
<td></td>
<td>2296</td>
<td>100</td>
</tr>
</tbody>
</table>

a Compiled from data supplied by Franklin County Children's Services.
BIBLIOGRAPHY


Navarro, V. Social Class, Political Power and the State and Their Implications in Medicine. Social Science and Medicine, 1976, 10, 437-457.


Stone, Deborah A. Physicians as Gatekeepers: Illness Certification as a Rationing Device. Public Policy, 1979 (Spring), 27(2), 227-254.


Traub, Stuart H. and Little, Craig B. (Eds.) Theories of Deviance. Itasca, Ill.: F.E. Peacock, 1975.


Zigler, Edward. Controlling Child Abuse: An Effort Doomed to Failure. Paper Presented to Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Nebraska, May 25, 1976.