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Impact of Child Abuse Education on Parent's Self-Efficacy: An Experimental Study

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Walden University

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Sabina Balkaran

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Walden University
2015

Abstract

Impact of Child Abuse Education on Parent's Self-Efficacy: An Experimental Study

by

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M.B.A., University of Phoenix, 2005

B.S., Hunter College, 2002

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Walden University

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Abstract

Each year, approximately 1 million children are found to have been abused, with an average of 4.5 children dying each day at the hands of parents, caretakers, relatives, and friends. Child abuse recognition and parental self-efficacy is understood to decrease the prevalence of child abuse. The literature documents the importance of educating mandatory reporters and suggests inconclusive findings about sex differences in child abuse recognition parental self-efficacy. The current research examines the impact of child abuse education on parental child abuse detection self-efficacy, child abuse recognition knowledge, and sex differences in parental child abuse detection self-efficacy. Bandura's self-efficacy theory states that higher levels of self-efficacy will lead to an individual's higher levels of reaction to the situation. The purpose of this experimental quantitative study was to test (a) if reading a child abuse education pamphlet would significantly increase parents ability to recognize child abuse; (b) if reading a child abuse education pamphlet would impact parental self-efficacy and (c) if gender would be significantly reflected in posttest scores on ability to recognize child abuse. A convenience sample of 66 participants was drawn from parents from a middle class neighborhood in Florida. A mixed ANOVA was used to test the study's hypotheses. According to the results, child abuse education improved both parents' knowledge of, and ability to detect, child abuse. This study promotes positive social change by bringing awareness to this community about this problem. Social conditions will be improved with child abuse training by increasing the individual's self-efficacy and knowledge which will help to prevent child abuse.

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Dedication

This is dedicated to my loving husband, Deo Balkaran. You have been a pillar of unconditional love, support and strength throughout this entire process. I would not have been able to achieve my dreams without your support and encouragement. I will always love you and be grateful for your belief in me. You are my strength and my pillar of support and for that I thank you.

This is dedicated to my brother Shaan Alli, and my amazing sons Dustin, Dylan, and Drew Balkaran. I know you have all been my inspiration, my support and you are all very proud of me. My strength and courage for perusing this degree was grounded in making each of you proud of me. I will always love you and be grateful for your love and support.

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Chapter 1: Introduction

Introduction

According to the census report there were approximately 74.1 million children living in the United States in 2010 (Census, 2010). Approximately 1 million children in the United States are reported annually to have experienced childhood abuse; many more instances go unreported (Tietjen, Aurora, Recober, Herial, & Utley, 2010). In 2009, 2.5 million children were referred to child protective services with suspicion of child abuse and there were 1673 fatalities as a direct result of child abuse (Hopper, 2013). According to a recent report, nearly five children die each day as a result of child abuse (National Child Abuse Statistics, 2011). According to Hopper (2013), many people are child abusers: most are classified as parents (80.9%), some as daycare providers (5%), some as foster parents (4%), some as a friend or neighbor (4%), and some as legal guardians (2%); there are other minor classifications (4%). Child abuse has been a problem since at least the early 1800s (Jalango, 2006). Although there is existing research about child abuse, this phenomenon continues to be a problem today. Continued research is necessary to inform people of the magnitude of this problem and to stop it (Sadler, 2012).

According to the United States Department of Health & Human Services (2011), only about 6.1% of child abusers are completely unknown to the child. Children often face their abusers frequently after the abuse has occurred and severe emotional problems can result (Thurston, 2006). This continued exposure can result in psychological trauma (Thurston, 2006). Children who live with their abusers, or who see their abusers frequently, develop a constant fear of the abuser which is traumatic for the child. The

impact of abuse and recurrent exposure can cause emotional damage at higher rates than those who see their perpetrator less often (Thurston, 2006). Children who have experienced child abuse have more long- and short-term mental effects compared to children who have not suffered child abuse (Sachs-Ericsson, Blazer, Plant, & Arnow, 2005).

Children who are abused often have behavioral problems. Many victims act out, are disobedient, and rebellious (Raghavan & Kingston, 2006). Children who have been witnessed child abuse, or who have suffered abuse, are more likely to develop an addiction to drugs or alcohol. They also have a higher propensity to develop behavioral problems, including violent behavior and stress disorders (Raghavan & Kingston, 2006). Research supports the theory that recognizing and reporting child abuse can help prevent child abuse (O'Connor, 2013). Since the majority of child abuse is perpetrated by parents, educating parents on child abuse recognition may help to prevent child abuse (DePanfilis, 2006).

In this chapter, the background of the problem of child abuse will be discussed. The chapter discusses the Farrell and Walsh (2010) study, which is the model for this research project. The chapter details the purpose of this study, the nature of the study; the problem as seen by this researcher and existing research. The chapter will provide information pertaining to the three research questions involved with this study, and theories that ground the study, which were derived from Bandura (1977).

In this chapter, the following topics are covered: the background of the problem (including the Farrell and Walsh study, which was the model for this study; the problem,

purpose, and nature of the study; the three research questions; the theories that ground the study (derived from Bandura, 1977); the assumptions, scope, limitations, and significance.

Background

The case of Mary Ellen in 1874 brought national light to the dangers of child abuse (Shelman & Lazowitz, 2005). Mary Ellen was a little girl who suffered from neglect and significant physical abuse at the hands of her caretakers. As a result, she suffered significant physical and psychological effects. In 1874, Mary Ellen's abusers were prosecuted, creating national news and bringing attention to the dangers of child abuse that brought awareness to this problem (Jalongo, 2006). This case brought public awareness to the community since the story was published in the newspapers.

The United States federal government has long recognized the seriousness of child abuse and in 1974 passed Public Law 93-247, which requires community members to report child abuse. The law also helped to establish agencies such as the Child Protective Services (CPS) and the Department of Children and Family Services (Hoffman, 1979). These agencies were established to investigate reports of child abuse and protect children who are suspected of being victims of child abuse. They are an important means of protecting against child abuse. Public Law 93-247 also allowed the federal government to fund states in developing child abuse prevention programs.

Sousa et al. (2005) believed that children who have suffered any type of child abuse have more long and short-term effects than children who have suffered no child abuse (Sousa et al., 2011). Their research found children who experienced some level of

child abuse suffered more emotional and behavior problems as adults, such as antisocial personality disorder, internalizing problems, and violent behaviors (Sousa et al., 2011). Some of the potential long-term effects of child abuse are the development of addictive behaviors and difficulty regulating behavior (Klassen, 2004). Repressed memories are another long-term effect of child abuse (Freyd, 2006). There are many short-term effects of child abuse such as low self-esteem, which can lead to many different issues such as alcoholism and drug addiction, and reduced cognitive development (Moynan et al., 2010).

Several studies suggest that the effects of child abuse are gender specific. For example, females often internalize the abuse, resulting in self-identity crisis, while, males have been commonly found to externalize the abuse, resulting in destructive behaviors (Moynan et al., 2010). Child abuse to be associated with lower grades and cognitive development (Polonko, 2006). Both boys and girls suffer some of the same stress-related symptoms, such as “fears, sleep problems, and distractedness” (Frinkelhor, 1990, p. 9). Children who have been sexually and physically abused, especially boys, are more likely to become involved in violent crimes as adults, compared to children who have not experienced the abuse (Felson & Jo Lane, 2009).

According to Farrell and Walsh (2010), child abuse education is associated with an increase in childhood abuse recognition. Their study examined the efficacy of web-based training among college students studying early childhood education. According to the study, students' confidence in their ability to recognize child abuse indicators was higher after the web tutorials; their level of self-efficacy to recognize child abuse was increased with the child abuse education.

Self-efficacy is an important predictor of behavior and confidence (Lee, Dunne, Chou & Fraser, 2012). Individuals with higher levels of child abuse self-efficacy know more about child abuse, can recognize signs of child abuse, and know more about reporting and thus they will be more likely to initiate a child abuse report (Lee, Dunne, Chou & Fraser, 2012). The Farrell and Walsh (2010) study found that child abuse education leads to higher levels of self-efficacy pertaining to child abuse recognition in college students studying early childhood education. It is extremely important for individuals in society to recognize and report child abuse, which will help limit further abuse from occurring. When child abuse is reported, Child Protective Services (CPS) must conduct an investigation; if there is evidence of child abuse then CPS must take measures to protect the child (U.S. Department of Health & Human Services, 2011). Reporting suspected child abuse may help protect the child and possibly allow the family to get the help necessary to deal with the problem (U.S. Department of Health & Human Services, 2011). Identifying and reporting child abuse protects children and prevents them from suffering continued abuse (O'Connor, 2013). Previous research in fields such as health care (Solberg, 2009), education (Nance & Daniel, 2007) and religion (Goldman, 2013) has shown that educating members of society to recognize child abuse helps increase reporting and therefore protects the children from child abuse (Higgins, 2011).

Research indicates there are sex differences pertaining to child abuse recognition self-efficacy (Chiungjung, 2013; Johnson, Jones, Sternglanz, & Weylin, 2006). According to current research, males have higher levels of work related self-efficacy, whereas women have higher levels of family related self-efficacy (Wang, Lawler, & Shi,

2010). Information gathered from this study will provide additional information about this subject and highlight the need for more research in the field.

There is a gap in knowledge in the field of child abuse recognition. There is no other known research on the impact of child abuse recognition education on parents' specific self-efficacy for recognizing child abuse. According to Raby's research (2009), educating individuals will help to increase self-efficacy and change behaviors with respect to reporting child abuse. Research conducted by Farrell and Walsh (2010) showed that, when education about child abuse recognition was provided, self-efficacy for recognizing child abuse. In the present study, participants were parents who were randomly assigned into either an experimental or control group with a coin flip. Participants in the experimental group received the child abuse education brochure during the study, whereas those in the control group were given the brochure at the end of the study. The control group was split in two groups: half of the group received the child abuse test and the other half did not receive the child abuse test at the beginning of the study. Group 1 of the control group was given the demographic form, the Farrell and Walsh self-efficacy test and the Reading Corner child abuse test. Group 2 of the control group was given the demographic form, the Farrell and the Walsh self-efficacy test. Participants in the experimental group were given the Reading Corner child abuse test (Green, 2012) at pretest and at posttest for within-group comparison. Participants in the study spent about 20-30 minutes on the study.

Knowing if the education impacts males and females differently will indicate that further research is needed to customize the education for men and women. Making child

abuse education more effective for both males and females which will be a significant impact on the field of child abuse.

Parents are not always aware of the signs of child abuse (Baxter, 2013). Educating parents about child abuse will help them recognize whether their child is being abused by others outside the home, such as caregivers, relatives, teachers, religious leaders, sports coaches, and even the parents themselves (Raby, 2009).

Problem Statement

Child abuse education has been shown to be significantly effective in increasing individuals' child abuse recognition self-efficacy (Farrell & Walsh, 2010; Rae, McKenzie, & Murray, 2010). Child abuse education has also been highly effective in increasing health care workers' ability to recognize and report child abuse (Rae, McKenzie, & Murray, 2010). Education provided to teachers and other mandatory reporters has been effective for child abuse recognition and ability to handle potential child abuse (Nance & Daniel, 2007; Sinanan, 2011). Additional research has shown that educators are demanding more education in child abuse recognition (Lambie, 2005). Wurtele and Kenny (2010) found that an increase in knowledge about child abuse created a greater likelihood that parents would be able to protect their children from being abused.

Current research shows there are existing sex differences in levels of self-efficacy that exist in adult males and females (Johnson, Rew, & Sternglanz, 2006). Kennel and Agresti (1995) also found there are existing differences in the way male and female therapists react to suspected child abuse in patients. A more recent study found males and

females therapist does not significantly differ in the child abuse recognition reports (Karwan, 2012). Huang (2013) found that although there are gender differences in self-efficacy, it is segregated by subject area: males have higher levels of self-efficacy in fields in science and mathematics whereas females have higher levels of self-efficacy in language arts and communication fields (Huang, 2013). The information gathered from the current study will help to fill the gap about information on the impact of child abuse recognition education on child abuse recognition self-efficacy of parents. The study also looked at sex differences in the self-efficacy of parents and found there is no sex difference between males and females. Understanding if there is a sex difference is important, so that child abuse training materials can be tailored accordingly to both males and females. Educating parents about child abuse may help them identify existing abuse and/or prevent future abuse.

Purpose of Study

The purpose of this quantitative experimental study was to assess the parents' confidence in their ability to recognize child abuse (the self-efficacy of parents) after they read the Reading Corner child abuse recognition brochure (Green, 2012), which was taken from a private school in Florida, modeled on the Florida child abuse recognition brochure for mandatory reporters (Green, 2012). The Reading Corner child abuse recognition brochure is similar to the State of Florida mandatory reporters training; more information about this instrument is provided in Chapter 3. The Farrell and Walsh (2010) self-efficacy test was used to measure the self-efficacy of the participants before and after the education was provided, with 5–7 days between the pre- and posttest. The Reading

Corner child abuse test was used to validate the effect of the Reading Corner child abuse educational brochure. A correlation test was conducted to test relationship strength of the post self-efficacy test and the post child abuse knowledge test. The Farrell and Walsh (2010) self-efficacy test is specific to child abuse recognition. The independent variable was the pre-and posttest, which was administered before and after the Reading Corner child abuse recognition was provided in the experimental group. The dependent variable was the parental child abuse recognition self-efficacy posttest scores. The posttest was used to determine if the education increased participants' level of self-efficacy. The pretest was used as a baseline for the participant's level of self-efficacy pertaining to child abuse recognition.

The second independent variable was the sex of the participants. My hypothesis was that a moderating relationship by the sex of the participants on self-efficacy scores. This is important because it will provide information about how child abuse education impacts males and females differently, which would justify further research in order to create change. Understanding how child abuse education impacts male and female self-efficacy pertaining to child abuse recognition will help educators to customize the **training** to maximize educational gains. There is a need for better understanding of sex differences that may exist pertaining to self-efficacy (Kumar & Lal, 2006).

Research Questions

This study was guided by three research questions:

1. Does reading the Reading Corner child abuse recognition brochure impact child abuse recognition knowledge?

2. Does reading the Reading Corner child abuse recognition brochure impact child abuse recognition self-efficacy?
3. Is there a difference between males and females on the self-efficacy test?

Hypotheses

Hypothesis 1

H_{01A}: There will not be a statistically significant difference in the between groups test of the experimental and control group mean scores on the child abuse recognition knowledge as measured by the Reading Corner child abuse test at posttest.

H_{a1A}: There will be a statistically significant difference in the between groups test of the experimental and control group mean scores on the child abuse recognition knowledge as measured by the Reading Corner child abuse test at posttest.

H_{01B}: There will not be a statistically significant difference in the within group test of the pre and post mean scores on child abuse recognition knowledge as measured by the Reading Corner child abuse test.

H_{a1B}: There will be a statistically significant difference in the within group test of pre and post mean scores on child abuse recognition knowledge as measured by the Reading Corner child abuse test.

H_{01C}: There will not be a statistically significant interaction between experimental and control group over time on child abuse recognition knowledge as measured by the Reading Corner child abuse test.

H_{a1C}: There will be a statistically significant interaction between experimental and control group over time on child abuse recognition knowledge as measured by the Reading Corner child abuse test.

Hypotheses 2

H_{02A}: There will not be a statistically significant difference in the between groups test of the experimental and control group mean scores on child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy post-test.

H_{a2A}: There will be a statistically significant difference in the between groups test of the experimental and control group mean scores on child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy post-test.

H_{02B}: There will not be a statistically significant difference in the within group test of the mean pretest and posttest scores on child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy test.

H_{a2B}: There will be a statistically significant difference in the within group test of the mean pretest and posttest scores on child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy test.

H_{02C}: There will not be a statistically significant interaction between experimental and control group on the impact of child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy test.

H_{a2C}: There will be a statistically significant interaction between experimental and control group on the impact of child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy test.

Hypotheses 3

H_{03A}: There will not be a significant difference in the between groups test of males and females on the self-efficacy test at post-test.

H_{a3A}: There will be a significant difference in the between groups test of males and females on the self-efficacy test at post-test.

H_{03B}: There will not be a significant difference in the within group test of males and females on the self-efficacy test.

H_{a3B}: There will be a significant difference in the within group test of males and females on the self-efficacy test.

H_{03C}: There will not be a significant interaction between males and females and self-efficacy scores over time.

H_{a3C}: There will be a significant interaction between males and females and self-efficacy scores over time.

Theoretical Framework

Self-efficacy, as described by Albert Bandura (1997), is an individual's measure of her own ability to accomplish a specific task. Self-efficacy impacts the way individuals live their daily lives, how they handle their relationships and determines how they will protect themselves or others in a risky situation (Malow, Devieux, Lucenko, 2006). The self-efficacy theory was used to explain the behavior of the participants. In the current research, I measured the participants' level of self-efficacy before the child abuse education was administered and then again after, to evaluate the effect of child abuse recognition education. This self-efficacy theory was used in the Farrell and Walsh

research to gain information on how child abuse recognition education would impact the specific self-efficacy of child abuse recognition on college students (Farrell & Walsh, 2010). The key concept of self-efficacy theory is that once self-efficacy is achieved, it remains relatively the same regardless of time (Bandura, 1977). Bandura believed there are different types of self-efficacy, one of which is specific self-efficacy, such as the self-efficacy pertaining to child abuse recognition. I used Bandura's self-efficacy theory as a theoretical framework to support the hypothesis that the educational brochure impacts child abuse recognition self-efficacy and increases child abuse recognition knowledge.

As applied to this study, self-efficacy theory suggests that the independent variables (The Reading Corner child abuse recognition education provided to participants, time and the gender of participants) influence the dependent variables (recognition self-efficacy and recognition knowledge). The participants in the Farrell and Walsh (2010) study (college students) were given child abuse education, which resulted in an increase in levels of self-efficacy. In the current study a sample group of parents were utilized as participants,, they were given the pretest and participants in the experimental group were given the child abuse recognition education. The population studied is parents, who have not been previously studied in this capacity.

Sex and Self-Efficacy

Research on sex differences and self-efficacy shows that sex differences exist between adult males and females in many different areas (Johnson, Jones, Sternglanz, & Weylin, 2006). Research shows African American women have higher levels of self-efficacy than their male counterparts (Buchanan & Selmon, 2008). Previous researchers

have found there are sex differences that exist pertaining to specific self-efficacy relating to understanding the child sexual abuse (Johnson, Jones, Sternglanz, & Weylin, 2006). Research conducted by Wright and Holttum (2012) found that there were significant sex differences relating to self-efficacy. The researchers found that participants higher in masculinity, reported higher levels of general self-efficacy and were able to solve the research task more efficiently than individuals who scored higher on the femininity scale. Randall also found there were differences in levels of self-efficacy between sexes, indicating males and females' levels of self-efficacy are impacted differently by different types of information (Randall, 1991).

Kennel and Agresti (1995) found that a significantly larger percentage of female therapists failed to report cases of child abuse that should have been legally reported than did male therapists. Although the majority of the existing research supports that males have higher levels of general self-efficacy, there is evidence to support females have higher levels of self-efficacy pertaining to child abuse recognition before and after education. Little and Hamby (1996) reported that female therapists had higher levels of self-efficacy in recognizing child abuse as compared to their male counterparts. Therefore, existing research supports sex differences when measuring levels of overall self-efficacy. Current research supports predictive validity of self-efficacy and sex differences among professionals (Judge, Jackson, Shaw, Scott & Rich, 2007). Current research supports that there are sex differences that exist with levels of self-efficacy; however current literature lacks information about sex differences that exists among parents pertaining to child abuse self-efficacy.

Nature of Study

This current study employed a quantitative research method, utilizing a mixed measures analysis of variance (ANOVA) for data analysis. This design was appropriate because the situation warranted combining between-subjects (comparing pre-and posttest) and within-subjects (sex differences that exist between participants; Myers & Hansen, 2012). Sex is the independent variable for the within-subjects comparison. Time, with two conditions, is the independent variable for the between-subjects comparison. Time one will be the pretest condition and time two will be the posttest condition. The dependent variable is the parental child abuse recognition self-efficacy posttest score. A mixed measures analysis of variance (ANOVA) will be employed to analyze the experimental group scores on the Reading Corner child abuse test at time one and time two.

The first research question addressed if the Reading Corner child abuse recognition brochure impacts child abuse recognition knowledge, which was measured by the Reading Corner child abuse test (Green, 2012). The second research question addressed if the Reading Corner child abuse recognition brochure impacts child abuse recognition self-efficacy at post-test, measured by the Farrell and Walsh (Farrell & Walsh, 2012). The third research question assessed if there was a significant sex difference in the participants' child abuse recognition after the Reading Corner child abuse recognition brochure was administered (Green, 2012).

This study is similar to the Farrell and Walsh (2010) study. In the Farrell and Walsh study, participants were college students who were enrolled in an Early Childhood

Education program. Participants were given the option to take an online child abuse recognition education or an in person child abuse recognition education. The Farrell and Walsh (2010) self-efficacy test was administered before the child abuse recognition education was administered and after it was administered for comparison. In the current study, I administered the Farrell and Walsh self-efficacy test before and after the child abuse recognition education was provided in a form of an educational brochure.

Participants in the experimental group were given the Reading Corner child abuse recognition brochure as a part of the study, whereas participants in the control group were given the brochure after the study was completed. Participants in the current study were parents from a middle class neighborhood in the Tampa, Florida, area. The information gathered from this research is used to make assumptions about a population of parents in Florida. The participants in this study were given a child abuse recognition education in the form of a printed brochure.

Operational Definitions

Child abuse: Child abuse is the form of or act of sexual or physical or neglect act against a child. It is also emotional mistreatment and neglect of the child. Any act of the parent or caregivers that result in harm or potential harm to the child. This is a common part of domestic violence, a major issue that needs more attention (Paavilainen & Tarkka, 2003).

Child abuser: Can be from any socio economic background, culture or religious background (Ramsland, 2014). It is someone who commits an act against the child that is

considered harmful to the child in one or more of the following ways: (a) sexually, (b) physically, (c) emotionally, (d) neglectfully (Ramsland, 2014).

Child abuse recognition: The individual's ability to identify and know the signs of child abuse (Berkowitz, 2008). It is the individual's ability to know the symptoms of child abuse, to identify the subtle signs when a child is being abused.

Child abuse self-efficacy: The individual's belief about their own ability to recognize and report child abuse (Baumeister & Vohs, 2007). It is the individual's belief in their own capabilities pertaining to specifically child abuse recognition and report.

Child emotional abuse: The parent or guardian's failure to provide the appropriate emotional support, a supportive environment for the child to grow emotionally (Aggarwal et. al., 2009). Emotional abuse could be classified as the way the person addresses the child, speak to the child and discipline them. Emotional abuse is the "repeated pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unwanted, endangered, or only of value in meeting another's needs" (Brassard, Hart, & Hardy, 1991, p. 255).

Child physical abuse: Physical abuse is any type of encounter with a minor that causes bodily harm from intentional interaction with an adult (Aggarwal et. al., 2009). Physical abuse could be a single event or repeated event.

Child Sexual abuse: Any involvement of a child in any form of inappropriate touching, exhibitionism, contact between primary or secondary sex organs directly, or by using objects or another body part, and voyeurism (Saltzman, 2014). Children are usually unable to comprehend sexual activity and are unable to legally consent to sexual activity

(Aggarwal et. al., 2009). Child sexual abuse includes a vast range of sexual crimes against a person under the age of 18 years old, including fondling, rape and any other form of sexual activity with a minor (Walker, Hernandez, & Davey, 2012).

Education: A deliberate acquisition or transmission of knowledge from one individual to another. Gathering knowledge about how to identify child abuse, and how to prevent child abuse is essential for preventing child abuse (Davies, 2004).

General self-efficacy: The individual's belief about their own ability to effectively handle several tasks, multiple tasks effectively, to handle many different situations in life (Bandura, 1977).

Knowledge: The expertise and skills acquired by a person through experience or education. It is the acquaintance with facts, and the truth, gathering knowledge about many things or a specific topic ("Knowledge", 2011).

Neglect: A continual inability to care for the child or meet their needs, leading them to be harmed or to suffer psychological effects from their lack of care and attention is known as neglect (Thurston, 2006). Child neglect is defined parental neglect to provide the required care that results in any type of harm or potential harm to the child (Risser & Murphy, 2000).

Parental self-efficacy: This is the individual's ability to perform competently and efficiently on a given task (Dykas & Cassidy, 2005). This is the individual's specific knowledge about the assigned topic, and behaviors associated with the topic.

Self-efficacy: The individual's belief about one's own ability to govern a situation and influence the situation or event that can affect their life or the life of another (Bandura, 1977).

Specific self-efficacy: The individual's belief about their own ability to handle a very specific task effectively (Bandura, 1977). According to the self-efficacy theory, a higher level of self-efficacy will increase the individual's belief in their own ability to identify child abuse.

Unreported child abuse: Abuse inflicted on a child that has not been reported to the proper authorities such as the police and social work department (Besharov & Laumann, 2011).

Assumptions

This study was comprised of parents from a middle class neighborhood in Tampa, Florida. Participants had at least one child under the age of 10 years old, (71%) of the child abuse reported each year are of children under the age of 10 years ("Child Abuse and Neglect," 2013). Participants were recruited from any type of family structure: living in single parent households, traditional nuclear family households, extended family households or any other alternative household types. The participants were recruited from the campus of pre-school (daycare) affiliated with a Christian church, and the neighborhood. The Farrell and Walsh self-efficacy test (2010) is the most effective tool for measuring parents' self-efficacy levels, since it measures child abuse recognition self-efficacy. The study utilizes an experimental design; therefore I can assert cause and effect, with the use of a control and experimental group.

Scope, Delimitations and Limitations

The Farrell and Walsh (2010) specific self-efficacy test has previously been used in a population of college students who were studying to become teachers. A possible limitation of the study could be any experience of child abuse participants may have personally experienced. The population of the current study is defined as middle class neighborhood, in the Southeastern part of the United States, with parents from different family settings such as single parents' households, traditional households and extended households. Another possible limitation of the study could be any previous history of abuse the participants may have encountered themselves, experiencing abuse themselves, being an abuser, or dealing with abuse in another way. Participants were allowed to exclude themselves from the study for any possible reason and they were provided with the thank you letter, which incorporates referral services, and the educational brochure.. Another limitation of the study is that the participants were recruited from a Christian pre-school. A sample of convenience can sometimes be biased, since there is no guarantee of mixed opinions and mixed results (Gravetter & Wallnau, 2007).

Self-report bias and social desirability bias is also a concern. Participation in the current study was anonymous, and all materials were numbered, except for informed consent, so that I was able compare pre and post-test, and separate the experimental group from control group. The study was an experimental design; therefore I can conclude causality between variables. The between-subject component is susceptible to selection by maturation, regression and mortality (Gravetter & Wallnau, 2007). The within-subjects component may be subject to order effects (practice, fatigue, treatment

carryover, and sensitization). External validity is moderate the potential population from which the sample is drawn, which is a convenient sample. Convenience sampling limits generalizability to the population (Gravetter & Wallnau, 2007). Minimizing the confounders in an experimental study is important to avoid the probability of a Type I error. The power of the study was increased to decrease risk of confounders. Participants in the study were randomized into control and experimental group to avoid potential confounders.

Significance

This research is expected to contribute to existing research by filling the gap in the literature, providing information of the impact on self-efficacy of parents when child abuse recognition education is provided and provide additional information about child abuse prevention. The finding of this research will impact the community, since they will be published in the schools' newsletters and hopefully additional journal publications.

Social Change

It is expected that the findings of this study will improve social awareness about the importance of teaching people in the community how to recognize child abuse , and that they will help parents realize the need for this information. The implications for positive social change from this study includes: greater knowledge about the impact of child abuse education, a better understanding of this complex problem, useful knowledge for parents and members of our community. Findings from this study will also allow educators to tailor education for males and females. Parents must understand the potential for their child or other children to be abused and they should be able to recognize the

signs of child abuse. This understanding is essential for protecting their children from abuse and, in general, preventing child abuse, whether by themselves or by others.

The school has agreed to publish an article about the findings of this study, which could lead to social change in the neighborhood. There are many long and short-term impacts of child abuse and therefore highlighting the importance of child abuse education for parents will create social change. The school made available the brochure after the study for all members of the community. This information will be available in local churches and neighborhood publications for parents to access. I am hoping for larger publications and more community awareness resulting from this study. This research will serve as a pilot study, which will then lead to more research, leading to greater social change in the field of child abuse prevention. The current study is a small piece of a larger puzzle, which will be used to create social change about the way parents are educated about nurturing their children.

Summary

Child abuse has been an issue for a very long time. The case of Mary Ellen has highlighted this issue of child abuse that exists in our society and has brought attention to this issue. Child abuse occurs in all kinds of backgrounds, different socioeconomic neighborhoods and different cultures. There are four main types of child abuse, sexual abuse, physical abuse, neglect and emotional abuse. The current literature focuses on the need for child abuse training for mandatory reporters.

Research shows mandatory reporters such as educators are demanding more child abuse education, in areas of child abuse recognition found that an increase in knowledge

about child abuse created a greater likelihood parents would be able to protect children from being abused. However, what remains to be examined is the efficacy of child abuse recognition education in increasing parent's child abuse recognition self-efficacy.

Therefore, the purpose of this quantitative study was to assess the level of parents' self-efficacy before and after the child abuse recognition education is provided. I have also analyzed the data to understand if there is a sex difference in parents' level of self-efficacy pertaining to child abuse after child abuse recognition education is provided. I utilized the Farrell and Walsh self-efficacy scale to measure the self-efficacy before and after education is provided. The independent variables are the testing condition at pretest and posttest times and sex. The dependent variable is the parental child abuse recognition self-efficacy posttest score. This study used a quantitative research method, with a experimental design to answer the research questions. It is expected that the findings of this study will bring social awareness in the community and will help parents to realize the need to self-educate about child abuse recognition. The owner of the pre-school has agreed to publish the results of the study in the newsletter at the end of study to create social awareness.

Chapter 2 discusses the long- and short-term effects of child abuse. It also discusses unreported child abuse, children at risk for child abuse, the nature of the study, purpose of the study, and the problem statement. Chapter 2 discusses, the effects of child abuse, the hypothesis of the study, social cognitive theory and the review of the literature pertaining to the study. Chapter 2 will also provide more detailed information about the

previously mentioned literature supporting the foundations of the study and it will provide a grounded theory for the basis of this study.

Chapter 2: Literature Review

Introduction

The purpose of this quantitative study was to assess the efficacy of parents after child abuse recognition education is provided, utilizing the Farrell and Walsh (2010) child abuse self-efficacy test and the Reading Corner child abuse test. The research was analyzed to establish if there is sex difference pertaining to child abuse self-efficacy.

The purpose of this chapter was to investigate and discuss the existing literature in the field that discusses child abuse recognition and self-efficacy. The chapter covers the following topics: such as social cognitive theory (SCT), and the theoretical framework of the study. This literature pertaining to self-efficacy, the key construct of SCT, the outcome measured in this study. The Farrell and Walsh (2010) child abuse self-efficacy tests and the Reading Corner child abuse recognition education.

Child abuse is a significant problem in the United States. In 2007, about 5.8 million children were referred to child protective services for suspected child abuse, of which 735,000 were confirmed as child abuse. In 2007, there were 1586 confirmed deaths related to child abuse (Levi & Portwood, 2011). Perez-Fuentes, Olfson, Villegas, Morcillo & Wang (2013) interviewed more than 34,000 adults in the United States and found that 10.14% of them were victims of child sexual abuse. According to the National Child Abuse Hotline an average of five children die each day from the impact of child abuse, see Appendix C for chart on deaths by child abuse in the last decade (National child abuse, 2011).

Existing research indicates that approximately 25% of Americans from six different states report they were afflicted with some sort of child abuse as a child (Sage, 2012). The literature reviewed for this study looks at four different types of child abuse that exist in our society today: child neglect, sexual abuse, physical abuse, and emotional abuse. Child abuse has many short-term and long-term impacts on the lives of the children being abused. The most severe and dangerous long-term effect of child abuse is physical illness and death. In some cases of physical abuse, children are burned, suffocated, and/or poisoned which could result in death (Thruston, 2006). Some of the common long-term effects of child abuse are repressed memories, addictions, substance abuse, emotional problems, post-traumatic stress disorder, and behavioral problems (Raghavan & Kingston, 2006). Some of the immediate and short-term impacts of child abuse are brain injuries, shaken baby syndrome, and behavioral regression (Buckingham & Daniolos, 2013). One of the major psychological consequences of child abuse is that the children are often forced to face their abuser frequently, such as a teacher, grandparent, aunt, uncle, babysitter or even parent. In 2008, approximately 3.6 million children were reported for signs of child abuse (Keller, 2009).

According to The National Child Abuse Statistics (2011), approximately 1,825 children in the United States die each as a result of child abuse (National Child Abuse Statistics, 2011). Existing research has impacted child abuse reports and has supported the changes in laws requiring individuals who work in specific fields to become mandatory reporters of child abuse, which has led to a decrease in child abuse in the last twenty years (Tietjen et al., 2010). However, about 1.3% of the children in the United

States are still being abused (HHS Reports New, 2000). Research shows teachers are demanding more child abuse education in areas of child abuse recognition, so that they may feel more competent in recognizing and reporting incidents of abuse (Lambie, 2005). Wurtele and Kenny (2010) found that an increase in knowledge about child abuse created a greater likelihood parents would be able to protect children from being abused. Additional research is needed to measure the efficacy of parents after child abuse recognition education is provided, to help increase child abuse recognition and prevent child abuse.

Research Strategy

An extensive literature review was conducted on the subject of child abuse, child abuse recognition, child abuse reporting, and child abuse self-efficacy. The period ran from September 2005 to June 2013. The following databases were used: Academic Search Premier, PsychINFO and PsychARTICLES. The following keywords were used: *child abuse, reporting child abuse, recognizing child abuse, child abuse and self-efficacy, recognition of child abuse and, effects of child abuse, child abuse and reporters, long-term effects of child abuse, short-term effects of child abuse, dangers of child abuse, impacts of child abuse, health effects of child abuse, types of child abuse, sex, self-efficacy, and parent's recognition of child abuse*. The main books used to form a grounded theory for this study were *Self-efficacy: The Exercise of Control* by Bandura (1997) and *Social Learning Theory* by Bandura (1977).

Theoretical Foundation

Social Cognitive Theory

Social cognitive theory is derived from the work of Albert Bandura (1977). The key tenets of SCT are that people learn things from others; children learn from their parents and their teachers; adults learn from their superiors and from those with whom they relate. Social Cognitive theory was derived from another theory called social learning theory, also embraced by Albert Bandura. The definition of social cognitive theory has evolved from the work of several psychologists in the last century. Social cognitive theory suggests that children learn from their previous experiences and what they have witnessed (Bandura, 1977). Although social cognitive theory can be a reliable predictor of behavior, at times it can be indirect in nature (Bartholow, 2010). Utilization of behavioral measures can be limiting in their ability to predict, at times they can be unpredictable variables (Bartholow, 2010). Children develop differently, each child is unique; a child's chronological age and their developmental age may be different which can impact the way information is processed and the way age impacts their social cognition (Thiebaut, Adrien, Blanc, & Barthelemy, 2010).

Key Theorists within Social Cognitive Theory

Bandura's fundamental beliefs about humans are that they are influenced by their environment (Bandura, 1977). The knowledge that humans gain each day will influence their thoughts and beliefs about themselves and their abilities (general self-efficacy) impacting the way they live their lives and make their daily choices. Psychologists such as Rotter, Vygotsky and Rousseau (Lalovic, 2012; Rotter, 1954) all shared a similar

belief as did Bandura's social learning theory (Bandura, 1977); they all believed that humans learn from their environment and this learning increases their self-awareness and ability to handle situation, increasing their self-efficacy (Austin, 1996).

In 1954 Rotter wrote *Social Learning and Clinical Psychology* where he suggested human beings avoid negative consequences; humans desire positive reinforcement and avoid situations that lead to negative outcomes. The effects of human behavior have a direct impact on the motivation of the individual to become involved in a specific behavior. When an individual finds that their behavior is rewarded with positive reinforcement, they are likely to repeat the behavior (Skinner, 1957). Watson (1913) stated any individual can be trained with rewards and punishment.

Bandura (1977) is the father of three main theories discussed in this study, social learning theory, social cognitive theory and self-efficacy. The social learning states that environmental factors influence the way people act and behave. Bandura's social learning theory incorporates environmental, social and psychological factors that influence the way people act and behave. Bandura's social cognitive theory states individuals would need to remember the behavior they witnessed; they would then need to possess the ability to replicate the behavior and finally would need a reason or motivation to replicate the behavior. Social learning theory relies on motivation that benefits the individual. The social learning theory and social cognitive theory overlap because they both propose that humans can gain information and knowledge through social context (Bandura, 1977).

Self-efficacy is an important construct discussed within social cognitive theory. Self-efficacy is one's belief in their ability to handle or take care of a situation. It is

confidence in one's self to efficiently handle a specific situation (Bandura, 1977).

Bandura believed that humans have two types of self-efficacy, *general* self-efficacy and *specific* self-efficacy. General self-efficacy relates to the individual's perception in their overall ability to handle many different types of situations, whereas specific self-efficacy is the individual's perception of their ability to handle a very specific situation. Bandura believed our self-efficacy directly impacts our behavioral approaches to situations. Self-efficacy is a measure of confidence, measured by one's own motivation to take action (Bandura, 1977). Self-efficacy can be learned and improved through the increase of knowledge (Van Der Roest, Kleiner, & Kleiner, 2011). As it applies to this study, participation in the child abuse recognition education is hypothesized to enhance students' child abuse recognition self-efficacy. The current study is similar to the study conducted by Farrell and Walsh (2010). In the Farrell and Walsh study they investigated the impact of education on college students efficacy, whereas in this study the self-efficacy test was administered on a population of middle class parents with at least one child under the age of 10, who live in Tampa, Florida, which is the southeastern region of the United States.

Bandura found that self-efficacy is strengthened with motivation and reinforcement. When humans understand and expect rewards and consequences for their involvement in resolving a situation, they are likely to become more self-aware. According to Bandura's findings, people avoid situations they are unsure they can handle effectively, and they behave affirmatively when they think they are capable of handling the situation (Bandura, 1977).

Vygotsky's research (1978) found that social interaction within humans is extremely important for the formation and development of their cognition. The individual self-identity is developed in two parts. First, the interpsychological part is developed where an individual's personality is displayed to other people. The second part of self-identity development is the individual's intrapsychological is developed where the inner personality is developed. The social interaction is a major influential factor in the development of the individual.

Rousseau built his career on the premise that humans are born an empty vessel (Lalovic, 2012). Rousseau's *tabula rasa* denotes that the individual's personality, intelligence, social and emotional behavior are formed because of environmental influences. Rousseau's work is from the 1700s, and he is one of the most influential philosophers of the modern education system. Rousseau wrote in his second book, education should be taught less from textbooks and more from the surrounding and social context (Lalovic, 2012). Human personality and knowledge are gained from life's experiences and their environment. Rousseau is one of the individuals who pioneered the debate of nature versus nurture.

Self-efficacy and child abuse

Educating parents about child abuse, the signs of child abuse, and the effects of child abuse will increase their self-efficacy in recognizing and reporting abuse (Letarte, Normandeau & Allard, 2010). There is still a gap in the literature, pertaining to how providing education to parents about child abuse recognition would impact child abuse

reports, impact the self-efficacy of parents, or if there is a difference in the way males and females self-efficacy is impacted by child abuse education.

Caldwell, Shaver, and Minzenberg (2011) examined the relationship between maltreatment types and attachment styles of individuals who have been exposed to child abuse. The study also examined parental self-efficacy in a sample drawn from a small community. The sample of mothers was considered mothers at risk for the possibility of abusing their children. The researchers controlled for other forms of maltreatment that were not being examined. The researchers found the parental level of general self-efficacy contributed to the adaptive care giving behavior.

The participants in the Farrell and Walsh (2010) study were evaluated using a pretest prior to the child abuse education program and a posttest after education provided. The participants in the study were college students who were enrolled in a teacher certification bound early childhood education program. The researchers found specific self-efficacy was increased in these participants after the child abuse education was provided. I have replicated the Farrell and Walsh (2010) study with a parent population, using a brochure rather than a web-based training.

Carpenter, Patsios, Szilassy and Hackett (2011) conducted a study similar to the Farrell and Walsh (2010) study, where the participants were evaluated for self-efficacy pertaining to child abuse recognition before and after the child abuse education was provided. The researchers found social workers and nurses who worked with families of child abuse reported increased self-efficacy when the posttest was administered. This demonstrated that individuals had a better understanding about symptoms of child abuse

after child abuse education was provided. The same participants also reported they had “significant improvements in their self-reported clarity concerning roles and responsibilities and also on local interagency procedures on safeguarding children” (Carpenter, Patsios, Szilassy & Hackett, 2011). Previous researchers in the field have measured the impact of child abuse education on professional’s level of self-efficacy, such as educators and health care professionals. The current researcher has addressed the gap in existing literature by researching the impact on child abuse education on parent’s level of self-efficacy. Educating parents about the different types of child abuse and recognizing child abuse may help to prevent and stop child abuse.

Types of Child Abuse

Child abuse is most commonly defined as any form of child maltreatment including neglect (Levi & Portwood, 2011). Child abuse can take many different forms, any act against a minor child that causes harm, physical, sexual, psychological or emotional (Chudleigh, 2005). Child abuse is classified as any kind physiological or psychological harm to a minor child (Slep, Heyman, & Snarr, 2011).

Sexual Abuse

Child sexual abuse is any sexual crimes against a person under the age of 10 years old, including fondling, rape and any other form of sexual activity with a minor (Walker, Hernandez, & Davey, 2012). A major problem in the United States is sexual abuse in the school systems involving school teachers, staff and other students. The most recent research indicated that approximately 10.14% of children were victims of child sexual abuse (Perez-Fuentes, Olfson, Villegas, Morcillo & Wang, 2013). The most recent census

reports documents 762,940 confirmed cases of child abuse in 2009, 72% are cases of neglect, 16.4% physical abuse, 8.8% sexual abuse, 7.0% emotional abuse, and 11.2% other types of abuse (Census, 2012). A 16 year old developmentally challenged girl was punched by a teacher in Ohio and was then forced to perform oral sex on two different boys in the school auditorium (Nance & Daniel, 2007). The same study also shows that one in five girls and one in 10 to 20 boys will be sexually abused during their childhood.

Mitchell (2010) documents some of the early cases of child sexual abuse that brought awareness to the magnitude of this problem in the school systems. In the early 1990's the John C. Lizotte's case called to court by the Circuit Court in Missouri and publicized in the media to the American people, the nature of child sexual abuse in schools. Lizotte was a 24 year-old band director in Mountain Grove, who was well liked by students, teachers and parents. Lizotte began having an affair with a troubled 13 year-old girl. The affair lasted more than two years until there were other rumors at school about Mr. Lizotte having an affair with another student. Mr. Lizotte moved to another school district where he continued to have sexual relationships with students that were under the age of 18 years. This behavior was reported to the school district by the parents; as a result he lost his job and was prosecuted. His case and sentence brought attention to this problem that occurs in our schools in the United States.

In December 2008, another case that created headline news of child abuse in the schools is the case of a Tampa Florida middle school teacher that was caught having sex with her student. The following night an art teacher in Raleigh, North Carolina, was

arrested for having sex with a 14 year old student. The night after that a teacher in San Diego California was charged with having sex with a minor student.

Kutz (2010) researched and documented cases where child abusers were rehired to work in different schools and they continued to sexually abuse other children. In 1993, a teacher was forced to resign because of inappropriate conduct with female students, however the teacher was never criminally charged and he was given a letter of recommendation from the principal calling him an “outstanding teacher”. The teacher was then hired by a neighboring school district where he continued sexual relationships with other students. In 2006, the teacher was then convicted of sexual battery against a female sixth grader. Another case was of the teacher in Texas whose teaching certificate was revoked and was registered as a sexual offender in 2006, was hired by several Louisiana schools without a background check, where he continued his sexual misconduct. New charges were filed in Louisiana against the teacher for sexual conversations with a minor student, he was never caught and a warrant is currently out for his arrest. In August of 2001, a teacher was hired in Arizona without a background check. On the teacher’s application he listed he committed a dangerous crime against a child. In January 2002, the same teacher was then accused and convicted of having sexual contact with a young female student and he was found with nude underage videos and child pornography (Kutz, 2010).

Physical Abuse

The U.S. Department of Health and Human Services (2011) reports that in the United States, 17.6% of the children who suffered child abuse, suffered from physical

abuse. In the United States, it is normative to use physical aggression on children, however physical aggression ranges from a mild spanking to harsh brutal punishment (Smith, & O'Leary, 2007). Research indicates that between 85% and 94% of American families use physical punishment, however about 5% of these punishments constitute severe parent-child physical aggression, which is considered child abuse (Smith, & O'Leary, 2007). Children who have suffered physical abuse will often have broken bones, fractures, burns, and other unexplained injuries and are frightened (U.S Department of Health & Human Services, 2011). A study conducted by Taylor and Balkarin (2011) found that physically abused children were more prone to alcoholism in adulthood than non-abused children. Jones and Wright (2011) found that the academic performance of physically abused children was worse than their non abused counterparts. Smith and Brown (2012) found a significant positive correlation with child abuse and adolescent incarceration rates. On the other hand, Jones (2009) found a positive correlation with child abuse and adolescent incarceration rates but this relationship was moderated by gender. Male abused children were found to be incarcerated at a significantly higher rate than female abused children are.

Emotional Abuse

Emotional abuse also has serious consequences and it can still be found in schools today (Theoklitou, Kabitsis & Kabitsi, 2012). Some of the forms of emotional abuse that Theoklitou et al. found in the schools are yelling, sarcasm, embarrassment from teachers and others, and other forms of abuse. According to the most recent census, there were 53,326 confirmed cases of childhood emotional abuse in 2009 (Census, 2012).

McEachern, Aluede and Kenny (2008) found that emotional abuse exists in all types of schools, different types of neighborhoods and within all grades. McEachern et al. (2008) documented different stories of emotional abuse. A student named Jason complained about his second period teacher, who made inappropriate comments about his culture and the way he dresses. These comments made Jason feel mortified, degraded, and depressed. Sarah was a student who had Down's syndrome and was often yelled at by her teacher for taking too long to complete her work. The teacher spoke to Sarah in a curt tone; she was once called "slow Sarah". Sarah felt uncomfortable in the class because of the teacher's comments. Existing research also shows children who come from families with great discord, children who experience emotional abuse from their parents are more likely to exhibit high levels of insecurity and hostility toward parents (Sturge-Apple, Skibo, & Davies, 2012).

Neglect

Child neglect is an important public health problem in the United States and it is more common than realized (Kiran, 2011). Child neglect is the most common type of abuse that is recognized in the United States, with 548,508 confirmed cases in 2009 (Census, 2012). According to the Department of Children and Family Services (DCFS) child neglect is varies from mild neglect, to severe neglect and many cases of neglect goes unreported each year (DePanfilis, 2006). Some of the documented types of neglect that children are exposed to are: "physical neglect, medical neglect, inadequate supervision, emotional and educational neglect" (DePanfilis, 2006). Infants are often left in soiled diapers, and are not fed adequately. Children are often left in the care of others

for days at a time or even weeks when the parents are not willing to take care of them (DePanfilis, 2006). Children who are neglected are often failing to thrive or grow because of the lack of proper nutrition, these children may also be dressed inappropriately for the weather or clothing that does not fit properly (Legano, McHugh & Palusci, 2009).

Children who are neglected may have inadequate hygiene, smell odorous, and may be lacking basic medical and dental care (Legano et. al., 2009).

Effects of Child Abuse

Children, who are affected by any of the different types of child abuse, suffer many significant long-term effects. Individuals who have experienced child abuse often have significant long-term effects from the abuse (Saavedra, Silverman, Morgan-Lopez & Kurtines, 2010). The effects of child abuse are significant and dangerous. Many of the effects of child abuse can impact the individual for a lifetime and alter the course of their life. Childhood abuse can create a wide range of effects across multiple domains including behavioral development, social development, physiological illness and psychological development (Widom, White, Marmorstein & Czaja, 2007). Previous research in child abuse has shown that adults who have experienced child abuse have more medical complaints, and more significant complaints compared to individuals who have not suffered child abuse (Arnow, Hart, Hayward, Dea & Taylor, 2000; Saches-Ericsson, Blazer, Plant & Arnow, 2005). The major medical complaints included such as general health disintegration, gastrointestinal health problems, gynecological issues, pain throughout the body, cardiopulmonary symptoms, and obesity (Irish, Kobayashi & Delahanty, 2009). Some of the most severe impacts of child abuse include behavioral

problems, alcohol addiction, repressed memories, sexual behaviors, criminal behaviors and long-term psychological effects, including both mood and thought disorders. The effects and consequences of child abuse can continue into middle adulthood_(Widom et. al., 2007).

Individuals who have been affected by child abuse may need lifelong educational training to ensure good mental and physical health. Some of the effects of child abuse are gradual while some are immediate, and this varies depending on the child and the situation surrounding the abuse (Pineda-Lucater, Trujillo-Hernandex, Millan-Guerrero & Vasquez, 2009). Abusers utilize the child's fear of harm and fear of death to take advantage of the child. Many of these children develop anxiety, depression, and other psychological effects resulting from the abuse they have experienced. Some of the short-term effects of child abuse are eating disorders, interpersonal disorders, disorders with sexual relationships, low self-esteem, blame, shame, rage, fear of family break-ups and suicide (Pineda-Lucater, Trujillo-Hernandex, Millan-Guerrero & Vasquez, 2009).

Behavioral problems in children and in adults who have been abused as children are common effects of child abuse. According to Raghavan and Kingston (2006), there is a correlation between individuals who have experienced childhood sexual abuse and adult substance abuse and other behavioral problems. Children who have experienced abuse may become involved in drug use, behave violently and may experience other stress disorder related problems as adults. Individuals who have survived sexual abuse, often have trouble regulating their emotions, they fluctuate between feeling disconnected and feeling overwhelmed (Klassen, 2004). Children who experience abuse find atypical

coping mechanisms to help them deal with their abuse, their feelings and to continue with their daily lives. Many of these children begin drinking alcohol, smoking cigarettes and using drugs at a very young age (Thurston, 2006).

A child who is abused repeatedly, and who regularly sees their abuser or who lives with their abuser, such as a parent, may exhibit extreme behavioral problems (Thurston, 2006). Abused children begin to lose their self-identity; they begin to feel as though they cannot control their own lives. The abused begin seeking escape from their daily lives; they are seeking to control some aspect of their lives. In many cases, this search for control can lead to destructive behaviors, such as alcoholism. Behavioral problems are a coping mechanism to help individuals develop a sense of control for their own life (Waldfogel, Craigie & Brooks-Gunn, 2010). According to Horney, humans who feel unsafe or unloved will develop strategies for coping and defense against these feelings (Horney, 2005). Research has shown children who live in unstable, problematic homes express their frustrations through unapproved behaviors (Waldfogel et. al., 2010).

Childhood abuse, especially childhood sexual abuse, is associated with many behavioral problems, many of which begin at the time of abuse and continue into adulthood (Springer & Misurell, 2010). Childhood sexual abuse has been known to create psychological problems that are internalized, such as depressive symptoms, high anxiety, sleep deprivation, social withdrawals from friends and families and other problems (Springer, Misurell, 2010). These internalized emotions can lead to manifestation of behavioral issues, such as committing crimes, drug and alcohol abuse and much more

(Westenberg & Garnefski, 2003). Some of the external manifestations of behavioral problems are violence, aggression and delinquency (Takei, Yamashita & Yoshida, 2006).

Repressed memories. One of the main effects of child abuse is repressed memory. Repression is where the individual subconsciously pushes the painful memory to a part of the brain that makes it difficult to retrieve. Repressing memories is a mechanism that humans have developed subconsciously to protect them from feeling pain, from remembering harmful memories, and to help them find some normality in their daily lives (Rofe, 2008; Freyd, 2006). “Repression is a multidimensional construct, which, in addition to the memory aspect, consists of pathogenic effects on adjustment and the unconscious” (Rofe, 2008, p. 44; Hibbard, Ingersoll, & Orr, 1990). Children who have been abused often find the memory of the abuse too painful to remember, and traumatizing to think about (Gross, 2007). These individuals use the repressed memory mechanism to store the information where it is difficult to retrieve and where it cannot impact their daily lives.

Most of what happens in the early years of children’s lives becomes memories that are not available in adulthood. Children who have suffered abuse repress these memories (Rotzien, 2002). Repressed memory syndrome is observed to occur after an individual has suffered or witnessed something so traumatic that the individual’s brain pushes the memory of the horrific event to the extreme recesses of the mind and hiding it for an extended period of time (Goodman et al., 2003). Children who witness abuse and those that experience abuse both use the psychological mechanism of repressing memories to protect themselves from these painful memories (Goodman et. al., 2003).

Experts in the field of child abuse have found that people repress memories to avoid the memory impacting their daily lives (Geraerts et. al., 2008). People repress the memories of these traumatic events because these memories can cause pain, sorrow, and harm for the individual (Bonanno, 2006). Many psychologists believe repression is a necessary survival mechanism for children who were abused because it allows the individual to have some control of their daily lives (Kandel & Kandel, 1998). Repressed memories are a common effect for women who have been sexually abused in their childhood (Rotzien, 2002). Experts believe that survivors of child abuse often dissociate during the episode of abuse, which in turn facilitates repressing the memory of the abuse (Rotzien, 2002).

Another major long-term impact of child abuse is the impact on the individual's later sexual behavior.

Sexual Behaviors. Child maltreatment has been linked to sexual promiscuous and risky sexual behaviors later in life. The majority of the studies examining this outcome have focused on childhood sexual abuse, versus physical or emotional abuse, as a predictor (Wilson & Widom, 2011). Individuals who have experienced childhood abuse, such as physical abuse, sexual abuse, and neglect are at an increased risk for becoming prostitutes (Wilson & Widom, 2011). Victims of childhood abuse, especially childhood sexual abuse are more likely to test positive for HIV-AIDS than individuals who have not experienced childhood abuse (Wilson & Widom, 2011). Childhood abuse can lead to low self-esteem, which is one of the major factors causing risky sexual behaviors. Many children who experience abuse are looking for an escape from this horrendous act against them and they run away from home. Children who run away from home often resort to

prostitution as a means of financial support for survival. These children may not feel as though they have the skills or abilities to find a job that will provide support for themselves, therefore they resort to sex for survival (Wilson & Widom, 2011).

Individuals who have suffered childhood abuse, mainly childhood sexual abuse, have been linked to unprotected sexual activity (Senn et al., 2006). Individuals who have a history of childhood sexual abuse reported more episodes of unprotected sexual, vaginal or anal intercourse within the three months prior to the study (Senn et al. 2006). Henny et al. (2007) sampled 165 participants who were drawn from a homeless population that have experienced childhood sexual abuse. Of the participants, 25.6% reported they were involved in unprotected sex within the past 90 days.

Thompson and Auslander's (2011) research has found individuals who have experienced childhood abuse may also have difficulty in long-term relationships as they may have problems being monogamous to their partner. These individuals have been described as people who walk out of the relationship without giving warning; they are often gone for a period of time before returning. Research has found children who experience child abuse, especially in the form of child sexual abuse; have extreme difficulty being involved in normal sexual relationship in early adulthood. These individuals are known for getting involved in relationships that are high risk factors for HIV/AIDS transmission and other sexually transmitted diseases (Thompson & Auslander, 2011).

Criminal Behavior. Studies have found that erratic parenting behaviors, abusive methods of punishment, and overall childhood abuse has a correlation to these children

becoming involved with criminal activities. Individuals who have experienced childhood physical abuse are at an increased risk for suicide attempts and other aggressive behaviors (Swogger, You, Cashman-Brown & Conner, 2010). Participants in the White and Widom (2003) study who reported that they experienced childhood abuse were 2.58 times more likely to have experienced partner violence in their relationships. Individuals who have suffered childhood abuse are more likely to remain in adult relationships where they are abused by their partners (Widom, 2003).

Research has found that children who have experienced prolonged child abuse without early intervention often are at risk for future criminal behavior (Prather & Golden, 2009). Most children who experience physical abuse with intervention will not become involved in criminal activity, or become violent delinquents when provided with the proper treatment; overall children who are exposed to different forms of abuse are at risk for criminal behaviors (Prather & Golden, 2009). Children who experience maltreatment and child abuse with no intervention often run away from home (Browne & Falshaw, 1998). Many such children live on the streets where they become involved in criminal activities to survive, such as the use and sale of drugs (Njord, Merrill, Njord, Lindsay & Pachano, 2010). Research shows women in prison who were abused during childhood were also more likely to be involved in self-mutilation (Roe-Sepowitz, 2007). Many of the same incarcerated women have experienced childhood sexual abuse, emotional and physical abuse, and also have mental health problems and psychiatric symptoms (Roe-Sepowitz, 2007).

Psychological Effects. Individuals who have experienced childhood sexual abuse may experience long-term psychological health problems including, depression, suicidal tendencies, sexual dysfunction, borderline personality disorder, eating disorders, post-traumatic stress disorder (PTSD), poor self-esteem and many other personality disorders (Seifert, Polusny, & Murdoch, 2011). Coohy (2010) found that teenage boys who have been sexually abused are more likely to have clinically internalized behavioral problems such as low self-esteem and self-doubt. Individuals who have suffered multiple types of childhood abuse are more at risk for mental health issues, than individuals who experienced one type of abuse (Seifert, Polusny, & Murdoch, 2011). Researchers have found that people, who reported two types of childhood abuse such as physical and sexual abuse together, exhibited more depressive episodes and reported a higher rate of reported suicide attempts, than the individuals who reported only one type of childhood abuse (Seifert, Polusny, & Murdoch, 2011).

Post-traumatic stress disorder (PTSD) is a result of traumatic events, such as war, witnessing or experiencing a violent assault, being taken hostage, kidnapped, tortured, prisoner of war, severe car accidents and other extreme sudden traumatic stressors (Javidi & Yadollahie, 2012). PTSD is often associated with war veterans and individuals who have experienced extreme trauma (Javidi & Yadollahie, 2012). Childhood abuse is an extreme trauma that is faced by millions of children each year in the United States and PTSD can result from this maltreatment. PTSD is an anxiety disorder that usually affects people who have experienced a significant amount of trauma. Recent researchers have found individuals who have PTSD as a result of previous childhood abuse are more likely

to be involved in revictimization, where they experience multiple abuses in their lifetime (Ullman, Najdowski & Filipas, 2009).

Individuals who have experienced childhood abuse, especially childhood sexual abuse and childhood physical abuse may engage in repeated suicide attempts (Ystgaard et al., 2004). Brodsky and Stanley (2008) found in their research individuals who have experienced childhood abuse, specifically childhood sexual abuse, were more psychologically vulnerable and therefore more susceptible to suicidal tendencies during adulthood. Researchers have found that individuals who have been abused as children report significant feelings of shame, blame, anger, and other negative emotions (Deblinger & Runyon, 2005).

According to the social cognitive theory, as human beings, our feelings about ourselves evolve daily; we are constantly evaluating the way we feel and what we think about ourselves (Bandura, 1977). Individuals who have been abused as children are more likely to harbor negative feeling about themselves and feelings of responsibility for the sexual abuse crime, which in turn causes feelings of self-loathing and suicide attempts. Negative thoughts may become a part of the individual's self-worth, it maybe ingrained and become a part of their core self. The individual may be unaware of the manner in which they have internalized the abuse and the way the abuse have affected their own daily mood and behavior. Alaggia and Millington (2008) conducted a qualitative study with nine participants about feelings towards their childhood abuse. These researchers documented the discussions with the nine participants who expressed a wide range of anger and rage felt towards their abusers and about their abuse. One of the participants

stated “I was a very aggressive, sadistic, controlling, manipulative person, that’s how I lived my childhood and my adulthood” (p, 270). This study found many negative emotions present in these individuals that impact their daily functioning.

Substance Abuse and Dependence. Researchers have linked childhood abuse to individuals who have struggled with substance abuse and addiction. There is a significant association between childhood sexual abuse and lifelong crack addiction (Freeman, Collier, & Parillo, 2002). In a sample recruited of 1,478 mothers, of which 56% were sexually abused prior to the age of 18 years and 64% of the participants reported using crack, 24% of the sample reported speedball usage (combination of heroin and cocaine); 40% used heroin, 88% used marijuana and 95% used alcohol. Overall, 75% of the mothers, who reported they experienced childhood sexual abuse, reported they had an extensive relationship with drug use and abuse in their lifetime.

Individuals who have experienced child abuse often turn to alcohol as a method of escape from their burdened life (Freisthler & Holmes, 2012). The self-medication theory holds that people who need an escape from their lives, abuse specific substances such as alcohol to alleviate their symptoms and feelings (Wu et. al., 2007). High consumption of alcohol leads to an increase in serotonin levels in the body. A release in serotonin in the brain causes feelings of euphoria, which would explain why children who have been abused would choose to utilize alcohol. Prolonged usage of alcohol will eventually lead to depressive symptoms and a decrease of serotonin produced in the brain when alcohol is not present (Wu et. al., 2007). Addiction to alcohol will change the path of an individual’s life. Many psychologists believe that alcohol addiction is an internal

attribution that is uncontrollable (Stevenson et. al., 2010). The effects of alcohol abuse are harmful to the individual. Stopping child abuse will help to prevent children from becoming alcoholics. In the past, the majority of the research relating to alcohol abuse and childhood abuse has been focused on adulthood usage. Recent research has found evidence to support that childhood abuse increases the risk by three-folds for adolescents drinking (Shin et al., 2009).

The World Health Organization (WHO) reported that 8% of boys and 25% girls are sexually abused worldwide and many of these victims turn to substance abuse for comfort (WHO, 2002). Sexual abuse and substance use are socio-behavioral problems that have been documented worldwide in children living on the streets (Bal, Mitra, Mallick, Chakraborti, & Sarkar, 2010). Children, who are abused and are on the streets use and abuse many different kinds of substance, dendrite (43%), ganja (25%) and alcohol (16%) (Bal et al., 2010).

Prevention of Child Abuse

Continuous research in child abuse is necessary to prevent future child abuse from occurring and to help current child abuse victims. Preventing child abuse would save the lives of the estimated five children that die each day in the United States from child abuse (National child abuse, 2011). Recognizing and reporting child abuse will help to increase reports of child abuse (Farrell & Walsh, 2010) which in turn can assist prevention and recovery efforts. One of the main ways of preventing child abuse is reporting child abuse (Bae, Solomon, Gelles & White, 2009). Research conducted by Paranal, Washington and Derrick (2012) found that education for child abuse recognition can help childhood

abuse. Child abuse education gives individuals the knowledge needed to identify and recognize child abuse, increasing their confidence and self-efficacy which leads to more reports and child abuse prevention (O'Connor, 2013; Vieth, Tchividjian, Walker & Knodel, 2012).

Reporting Child Abuse

Each state in the United States has different guidelines for reporting child abuse. In the state of Florida, individuals who serve the community in certain professional areas such as the medical field, the education field, and in the ministry of religion are considered mandatory reporters, they are responsible for reporting any suspicion of child abuse (Tufford, Mishna, & Black, 2010). Baldwin (2010) found since the mandated changes in 1990's for individuals in certain professions to report child abuse, the rate of child abuse reports increased by 27.1 %, which allowed investigators to investigate the reported abuse and when necessary get help for the children being abused (Bryant & Baldwin, 2010). Oz and Balshan (2007) found that although not all children who are reported for suspicion of abuse are abused and not all children that are abused go to court to get their perpetrator jailed, reporting the abuse helps to get the child away from the abuser. Educating individuals on the dangers of child abuse, the impacts of child abuse, how to recognize child abuse and what actions can be taken to stop child abuse is essential for stopping and preventing this action from occurring (Barth, 2009). Improved parenting is the first priority in child abuse prevention techniques and education programs (Barth, 2009).

Recognition Education

Parents in society today depend on members of the extended families, daycares, babysitters, and religious organizations, friends, supervisors of play dates, and schools to provide a significant amount of child care for their children. It is important for parents to be educated on the signs of child abuse to ensure they can recognize the signs of child abuse, to assess their children for abuse when they are governed by other caretakers. Abuse recognition self-efficacy is an essential component in child abuse recognition and reporting as current research indicates that education in child abuse recognition and reporting will increase specific self-efficacy of child abuse recognition (Farrell & Walsh, 2010).

Keys (2005) conducted a research project, where health care professionals, such as nurses, midwives, and general practitioners were trained to identify child abuse. The health care professional must understand their role in the recognition and reporting of child abuse. The health care professionals were identified as one of the group of individuals in society that have the ability to recognize the signs of child abuse because they have access to the children when providing medical care. Keys also found it was important for the health care professionals to have an accurate assessment of their own knowledge of child abuse recognition. The health care professional's specific self-efficacy pertaining to child abuse recognition was increased with adequate education and information about child abuse (Keys, 2005). The education should incorporate how to report child abuse and how to anonymously report any signs of child abuse. Health care professionals should be given adequate information to assess and report child abuse

without fear of penalty (Keys, 2005). Keys found that the participants in this study were eager to help and they had a positive evaluation of the education experience. About 40% of the participants in the study recorded increased knowledge about child abuse recognition. Most of the participants rated themselves as more confident and competent in child abuse recognition. The participants reported an increase in specific self-efficacy pertaining to child abuse recognition of over 50%, after the education. Keys (2005) also found that prior to the education there was a lack of health care professional involvement in child abuse reporting. After the education was provided, health care professionals slowly began increasing referrals of families to social workers and reporting of child abuse. The purpose of the Keys (2005) study was to establish if there would be an increase in specific self-efficacy for child abuse recognition, and to increase referrals of families to social services. Overall, the study was successful, since there was an increase in self-efficacy and health care professionals began increasing reports of suspected child abuse to social services. There is a need for education in the health care field for health care professionals to identify, and report child abuse (Montoya, Giardino & Leventhal, 2010).

Research with individuals who have received education in child abuse recognition has yielded positive outcomes. Patterson (2004) studied 30 recruits who received education during their fourth and seventh months at the police academy. The participants were split into two groups an experimental group and a control group, the officers in the experimental group, received education about behavioral and physical indicators of child abuse, neglect, and maltreatment. Patterson (2004) found participants in the experimental

group reported significantly more knowledge about assessing child abuse and their attitude toward assessing abuse was significantly more positive, than the control group. The participants in the experimental group also developed more overall skills in child abuse assessment in comparison to the control group.

Existing research shows individuals such as health care workers or teachers given education about child abuse recognition are more likely to recognize and report signs of child abuse (Keys, 2005). Children, who are abused and are exposed to abuse, learn negative ways of treating others from their own experiences. This increases their risk of becoming an abusive parent later in life

Letarte, Normandeau, and Allard (2010) conducted a quantitative study with parents who were reported for abusing their children in the past and who were involved in a education program. The research showed parents in the study did not exhibit significant increase in self-efficacy pertaining to child abuse. The findings of this study may be because the participants (parents) in this study were parents who abused their children. This was an isolated study and there is no current supporting research to validate this claim.

Farrell and Walsh (2010) used a quasi-experimental method to collect data from 157 participants of college students, enrolled in a 4-year University of Early Childhood Education. The main hypothesis researchers measured was “the difference between student self-rated confidence and knowledge scores before and after the tutorial?” (Farrell and Walsh, 2010, p. 2). The study explored the level of individuals’ specific self-efficacy pertaining to child abuse recognition before education was provided and then again after

education. The findings revealed the posttests scores of the participants self-ratings were significantly higher than the pretest scores for measures of specific self-efficacy pertaining to child abuse recognition. Letarte et al. (2010) conducted a quantitative study with a repeated measures design with 26 participants. The research was designed to collect information about the educational training's effectiveness on parents' practices, self-efficacy ratings, and parents' view of their child's behavior. Participants were tested twice, before and after a 19-week interval. Study findings were that there was no observed difference in parents' specific self-efficacy at posttest; however there was a positive impact on their parenting practices and view of their children after the study was completed (Letarte et al., 2010).

Individuals who are victims of child abuse have a higher risk of abusing their children or the children for whom they are caring (Begle, Dumas & Hanson, 2010). Previous research suggests that that nearly 30% of the people who have suffered childhood abuse, abuse their own children or children they care for (Begle, Dumas & Hanson, 2010). Children with behavioral problems, physical or other psychological problems are at high risk of being abused. Current research also suggests some parents are more at risk for abusing their children; single, young, low-income mothers seem to have a higher occurrence for abusing their children (Berger, 2005). The level of stress the parent is feeling can contribute to acts of aggressiveness or emotional neglect of the child or children in their care (Margolin & Gordis, 2003). Stress in the family involving the parents will increase the child abuse potential (Margolin & Gordis, 2003).

Individuals at high risk to become child abusers can take steps to prevent this behavior. Walker and Davies (2010) found that parents who scored high on the Child Abuse Potential (CAP) test, their scores were lowered when they received education and retake the CAP test. The CAP test is an essential part of preventing child abuse. It predicts the possibility of child abuse and help to prevent future child abuse (Begle, Dumas & Hanson, 2010).

Teachers and health care professionals have been identified as key members in child abuse prevention, known as mandatory reporters. Licensed teachers are required by the individual states to be certified and to have mandatory child abuse education periodically. Health care professionals, are anyone in the health care field, such as doctors, nurses and other practitioners who are required to take mandatory child abuse education. These individuals are known as mandatory reporters and they have a professional obligation to report child abuse when suspected (Tietjen et al., 2010). Non-reporters, average members of society have an ethical responsibility to the community in which they serve (Fagan, 2011). Mandatory reporters are entrusted with the safety and wellbeing of the children for whom they care. Mandatory reporters are members of our community also have access to a wide number of children in the society. Health care professionals today are held accountable for recognition and reporting of suspected child abuse as a part of the protection of these children and prevention of child abuse (Pietrantonio, Wright, Gibson, Alldred, Jacobson & Niec, 2012).

Since the early 1990s, all 50 states within the United States have mandated that all professionals working in the health care field report any suspicion of child abuse

(Flaherty, 2009). Valvano and Flaherty (2009) study showed members of the health care field are trained on how to recognize the signs of child abuse. Children and infants seen for fractures in the rib cage and stomach are likely being abused. Many other symptoms and injuries that are indicative of child maltreatment. Providing this information to health care professionals increased their knowledge of child abuse and self-awareness in preventing this horrible crime.

Flaherty et al. (2004) in research with physicians found that members in the health care field needed additional education in child abuse recognition to better assist them with their job. Doctors felt their lack of knowledge about child abuse identification prevented them from identifying and reporting child abuse. According to Flaherty et. al. (2004) doctors felt their limited time spent with patients during an examination is not enough to identify and document child abuse. Flaherty et al. (2004) found adequate education in child abuse recognition increased reports and increased health care professional's self-efficacy in recognizing and reporting child abuse. Flaherty et al. (2008) found that physicians given educational training in child abuse recognition were more likely to report signs of child abuse. Flaherty et al. (2008) also found physicians who have lost a patient to child abuse are more likely to report any suspicion of child abuse. Clinicians given child abuse education are more likely to recognize the signs of child abuse and child abuse risk factors and are more likely to report suspicion of abuse when risk factors are identified (Flaherty et. al. (2008).

The health care field is now governed by rules that mandate reporting any signs of child abuse (Pietrantonio, Wright, Gibson, Alldred, Jacobson & Niec, 2012).

Individuals in the health care field are therefore provided with mandatory education for recognition and reporting of child abuse. Studies have found when physicians in the New York State area were surveyed online using quantitative research methodology, approximately 45% of the respondents agreed that participation in child abuse education for recognition and reporting made a difference in their knowledge about child abuse recognition and reporting (Khan, Rubin, & Winnik, 2005). These doctors also agree that the course should be repeated every 5 years. A mail survey of physicians in the New York State area showed 88% agreed that education received about child abuse recognition and report made a significant difference in their knowledge and practice pertaining to child abuse recognition and report (Khan, Rubin, & Winnik, 2005).

There is little empirical research that discusses child abuse potential (CAP). CAP is a scale that is used to assess families at Department of Children and Families (DCF). This scale is used to assess the families' potential risk for abusing their children, based on existing research of potential abuse markers ("Department of Children", 2012). There are potential child abuse risk factors which need to be discussed and addressed widely, giving parents, and guardians and relative the information needed to prevent child abuse. CAP refers to essential information for all members of society, it will help prevent child abuse, and help increase recognition of child abuse. There is an increased risk of CAP with parents that engage in corporal punishment and general aggressive behaviors (Rodriguez, 2010). CAP in pregnant drug abusers is both a continuous and dichotomous measure, with both symptoms of posttraumatic stress disorder, depression, anger and anxious arousals, which can eventually lead to child abuse. Individuals, who are drug

addicts and other substance abusers, have a higher tendency to abuse their children when compared to non-abuser (Erickson & Tonigan, 2008). Research has also found parents who showed signs of lower parental satisfaction, also correlated to an increased risk of child abuse potential (Rodriguez, 2008). Distress is present in most research associated with CAP; individuals with higher levels of distress have more signs of CAP (Walker & Davies, 2009). Researchers also found families who have several risk factors for child abuse will increase the risk of child abuse in the family (Begle, Dumas & Hanson, 2010). CAP is a significant variable that will allow one parent to identify if the other parent is potentially abusing their child. CAP helps to identify some of the red flags in child abuse, and it will help the parents to recognize other care givers potential for abusing children.

Self-Efficacy and Sex

Previous research indicates; there are sex differences in both general and specific self-efficacy, however existing literature does not provide information about sex differences that exist pertaining to child abuse recognition self-efficacy. Women showed lower levels of specific self-efficacy pertaining to cognitive behavioral treatment for drug prevention (Pelissier & Jones, 2006). Research conducted by Varandi and Mehrali (2013) found that being male or female had no impact on the individual's specific self-efficacy score pertaining to language acquisition. Differences were found in specific self-efficacy pertaining to work, between men and women (Wang, Lawler & Shi, 2010). Wang, Lawler and Shi found women have more negative self-efficacy pertaining to work situations as compared to men. Studies regarding the use of technology show males and

individuals with higher levels of masculinity have higher levels of self-efficacy pertaining to technology (Huffman, Whetten, & Huffman, 2013).

A recent study conducted using college students showed females had lower levels of self-efficacy at the beginning of their first year of college, while males showed higher levels of self-efficacy at the beginning of their first year (Lopez, 2013). Lopez found after courses were taken during the first year of study, women reported higher levels of self-efficacy than did men when the self-efficacy test was re-administered. Lopez study suggested that females have higher levels of self-efficacy than do males when education is provided (Lopez, 2013).

Different Methodologies

The majority of the research conducted collected valuable information pertaining to child abuse about the abusers and children that were abused. Sousa et al. (2011) gathered information about the effects of child abuse on the children exposed to abuse. This research showed children who were exposed to child abuse have more anti-social behaviors and behavioral problems than children who were never exposed.

A qualitative study was conducted by Christoffersen and Depanfilis (2009), which revealed children who were abused, maltreated or neglected in any way showed signs of significant behavioral maladjustments. Qualitative research has made many significant contributions to the field of child abuse. The previous research discussed has provided researchers with information about how child abuse impacts the children who were abused. Recent qualitative studies have found 89.9% of parents supported that schools should educate children about child abuse and childhood sexual abuse (Chen & Chen,

2005). Briggs (1988) found that 100 % of the parents felt that child abuse education should be taught in schools. Chen, Dunne & Han (2007) found that parents believed increased knowledge would help reduce the risk of child abuse for their children. The current research was developed from the findings in these studies. Increasing knowledge would help to increase knowledge which would increase self-efficacy.

The majority of the qualitative research conducted in this field focuses on the long and short-term impact of child abuse. The qualitative research also focuses on parents feelings about child abuse education. The quantitative research conducted in this field focuses on a range of issues pertaining to child abuse, including the impact of child abuse education on the individual's specific self-efficacy pertaining to child abuse recognition. Previous researchers have utilized the same methodology for collecting data on child abuse recognition self-efficacy on different populations with significant findings (Farrell & Walsh, 2010; Lee, Dunne, Chou, Fraser, 2012).

Summary

This chapter discusses the dangers of child abuse, the long-term and short-term effects of child abuse. Some of the effects of child abuse are seen over a long period of time, while others are immediate and visible. Internalized effects of child abuse are usually more difficult to detect, however physical effects are more visible. In previous research, many researchers have conducted longitudinal studies to collect the information about the effects of child abuse. Recent quantitative research shows that use of a pre/posttest design in order to test the effects of child abuse recognition education will allow researchers to assess self-efficacy levels pertaining to child abuse after education is

provided. Education about child abuse recognition will likely increase recognition and reports. Existing research also indicates there are sex differences that exist pertaining to many different types of self-efficacy; however there is need for additional research in how education will impact self-efficacy in males and females. There is a definite need for child abuse prevention and more research pertaining to this problem. The effects of child abuse can cause severe long and short-term physical and emotional health effects. The current research shows there is a need for more research in the area of child abuse and there is a gap in the literature for how educating parents will impact self-efficacy in parents.

Chapter 3 will discuss the methodological aspects of the study. It will discuss the known information about the participant pool for the study, research design, sampling technique, education provided, instruments, measurements and other statistical techniques. It will discuss the geographical area in which data will be collected. It will also discuss statistical tools that will be used to collect and analyze the data.

Chapter 3: Research Method

Introduction

The purpose of this quantitative study was twofold. The first purpose was to assess the specific self-efficacy of parental child abuse recognition after the Reading Corner child abuse recognition brochure was read; then, to measure child abuse recognition self-efficacy using the Farrell and Walsh pre- and posttests. The second purpose was to analyze the sex of the parent as a possible moderator in the child abuse recognition educational training and the self-efficacy relationship. The study also sought to establish whether there was a difference in means between the child abuse test scores and the self-efficacy scores.

This chapter covers the following topics: research design and rationale, population, sampling and sampling procedures, procedures for recruitment, data collection, instrumentation, data analysis, threats to validity, and ethical procedures..

Research Design and Rationale

There are two independent variables in the proposed study. The first independent variable is the Reading Corner child abuse educational brochure (Green, 2012). Second, participant sex will be an independent variable and is proposed to act as a moderator in the study (Buchanan & Selmon, 2008, Johnson, Jones, Sternglanz, &Weylin, 2006). The dependent variables are the parental child abuse recognition self-efficacy posttest score and child abuse recognition test score.

This study employed a quantitative methodology and an experimental design, where participants were randomized into two groups using a coin flip (Farrell & Walsh,

2010; Gravetter & Wallnau, 2007). A quantitative methodology made it possible to collect quantifiable data (Myers & Hansen, 2012). Participants in both groups were given both pre- and posttests. Participants in the control group were given the Reading Corner child abuse educational brochure at the end of the study, while participants in the experimental group were given the Reading Corner child abuse educational brochure after the pretest and child abuse test. Participants in the experimental group were asked to read the Reading Corner brochure. This design allowed for the analysis of data to determine if the brochure impacted the participants' knowledge of child abuse and recognition self-efficacy (Farrell & Walsh, 2010; Gravetter & Wallnau, 2007).

Many researchers have made significant contributions to the subject of child abuse using qualitative research. However, qualitative research was not appropriate for measuring (a) the impact of one variable in relation to another variable, that is, the impact of the Reading Corner child abuse recognition brochure (Green, 2012) on the participant's level of self-efficacy, and (b) to analyze if sex moderates the relationship between education and child abuse recognition self-efficacy. These hypothesis testing was most appropriately conducted using a quantitative methodological process to gain measurable data (Myers & Hansen, 2012), with the Farrell and Walsh (2010) child abuse recognition self-efficacy test.

The experimental design that was used in this research allowed for the collection of data comparing participants who received the Reading Corner child abuse recognition brochure (independent variable) and those who did not receive the Reading Corner child abuse recognition brochure until after the study has been completed (Gravetter &

Wallnau, 2007). The experimental design will allow me, to conduct a pretest, then participants in the experiment group will be given the Reading Corner child abuse recognition brochure, the Reading Corner child abuse test and then to conduct a posttest, which requires the use of a survey tool to gather the data (Myers & Hansen, 2012).

Researchers Elham, Wan and Mazhan (2012) utilized the same design to collect data about the impact of university climate on student self-efficacy. Collecting information about the impact of the Reading Corner child abuse recognition brochure on self-efficacy must be measured using a quantitative measure. Graham (2006) utilized a quantitative, similar design to measure the impact of memory on self-efficacy. The use of a control group is preferred because the independent variable x is presented prior to the dependent variable y in the experimental group, which is compared to a control group where there is no independent variable x , and z variables are controlled, therefore a causal relationship can be assessed with the study (Bluman, 2012, p 18).

Methodology

Population

There is a need for parental child abuse education, to help prevent child abuse (Kiran, 2011). The population utilized for this study was the southeastern part of the United States, located in a middle class neighborhood in Tampa Florida. According to the census report of 2012, Tampa is comprised of 62.9% Whites, 26.2% African American, and 23.1% Hispanic individuals ("State and County," 2012). The socioeconomic status of the population is lower to upper middle class families, with participants who have at least some college education as well as parents with doctoral degrees (Towler, 2012). These

parents exist in varying family structures, including traditional, single parents, and blended families, such as step parents and other relatives. These include families with children of all ages; however, the exact breakdown is unknown (“State and County Quick Facts,” 2012).

Sample

A convenience sample of parents was drawn from the New Tampa Baptist pre-school and community affiliated with the school, because this location allowed me access to participants in the community who met the inclusion criteria of the study. According to the demographic report of the school admissions paper work, the parents of this school included males, females, biological and non-biological (such as stepparents) parents (Towler, 2012). According to FedStats (“Tampa City of Florida”, 2009) only about 1.4% of the population in Tampa, live in the very low-income household financial situation, which is similar to the parent population of the New Tampa Baptist pre-school and community affiliated with the school (Towler, 2012).

Tampa’s population is comprised of a diverse population, foreign born persons 12.2%, married 46.4%, females 51%, and mix of races (“Tampa City of Florida”, 2009). The New Tampa Baptist pre-school is comprised of a financially, ethnically, racially and educationally diverse population similar to the population of Tampa (Towler, 2012). According to the New Tampa pre-school’s report, approximately 60% of the parents who have children in the New Tampa pre-school live as dual income families (Towler, 2012). The school also reports the majority (85%) of the participants are currently married. According to the school’s director, the school records shows the age range of parents at

the school between 20 years old and 50 years old (Towler, 2012). The majority of the parents who utilize this school have their high school diploma, and many of them have post high school education, including a bachelors or master's degree. These parents are heavily involved in the community, their children's school, and other social activities. According to the school reports, the parents of this school are both ethnically and religiously diverse, and many of them also speak different languages; however, most of them are fluent in English (Towler, 2012).

Sampling and Sampling Procedures

The participants were recruited from the First Baptist pre-school and community affiliated with the school in Tampa. The Director of the school provided consent to utilize the school and campus to recruit parents for the participation in this study (see Appendix P). A non-probability sampling strategy was used for this study. Non-probabilistic sampling is a procedure characterized by not allowing all individuals in the population a chance of being selected (Daniel, 2012). The non-probability approach consists of four specific subtypes, which include availability or convenience sampling, quota sampling, purposive sampling and respondent assisted sampling (Daniel, 2012). I used the convenience sampling strategy which is an appropriate sampling method for this type of dissertation research and given there are time restraints and limited resources available (Myers & Hansen, 2012).

Convenience sampling offers the strength of requiring less effort in recruiting participants compared to other strategies (Gravetter & Wallnau, 2007). In addition, it is inexpensive, consumes less time and money, and requires fewer personnel than other

non-probability approaches (Gravetter & Wallnau, 2007). The drawbacks of utilizing this type of sampling includes: the over representation of participants that are most available; less reliability in terms of generalizability; and limited capability of identifying specific target elements of the population (Daniel, 2012). These limitations are discussed relative to data collection in chapter five.

The inclusion criteria for this study are that every participant had at least one child under the age of 10 years old, lived in the state of Florida, was above the age of 18 years, and under the age of 65 years, and was able to speak English. Participants resided in the Florida area. Exclusion criteria include: previous history of being exposed to child abuse (sexual, physical, emotional or neglect), history of child abuse education within the last 3 years; lack of time for study; individuals under the age of 18 years, individuals over 65 years old, individuals who did not reside in the state of Florida, individuals who did not speak English, individuals who did not have a child under the age of 10 years old and participants who had no interest in the topic. The exclusion criteria were listed on the consent form to allow participants the opportunity to refrain from the study for any of the listed reasons. I have chose to list previous education within the last three years as exclusion criteria because current research indicates teachers and health care workers who have been trained in child abuse recognition have higher levels of self-efficacy (Schols, Ruitter & Ory, 2013). Previous exposure to child abuse is also listed as exclusion criteria because this could impact the findings of the study and feelings toward their previous experience could cause stress for the participant. Once a participant was excluded from the study, they were thanked for their time, given the thank you note for

participants which included information about the child abuse hotline and services available in the community for individuals who needs counseling (See Appendix U).

Sample size

Calculating study sample size requires the estimated effect of size, the desired power, and the significance level set by the researcher (Ali, 2012). Similar reseach conducted researchers utilized a effect of size of .15 for statistical calcaultions (Lee, 2005, Farrell & Walsh, 2010). A statistical power analysis indicates that for an alpha of $p < .05$ and a small effect of size of $F = .15$ (see Appendix K and G) is appropriate based on Cohen's previous calculations (Cohen, 1992; Thompson, 1998; Thalheimer & Cook, 2002, Tabachnick & Fidell, 2013). Findings a power of .80 is appropriate for many types of behavioral sciences reshearch, and reduces the probability of not making a Type II error (Cohen, 1992; Ali 2012). If alpha is set at .05, the probability of Type II error should be .20, and power would be $1 - .20 = .80$, an 80% power corresponds to a beta error of 20% (Ali, 2012; Cohen, 1992; Hansen, 2012).

Chandler, Balkin and Perepiczka (2011) conducted similar research on the impact of child abuse recognition self-efficacy on licensed counselors, utilizing 102 participants and Farrell and Walsh (2010) utlized 126 participants with a quasi experimental design. According to the GPower calculations for Repeated Measures ANOVA, the sample size would need to be 62 participants (See Appendix T).

Procedures

Recruitment of Participants

An announcement was made by the director of the school, pertaining to my presence as a researcher for my dissertation at Walden University. Information was provided at the Parent Teachers Association (PTA) meeting by the director of the school, flyers were posted on the campus (see Appendix S); parents were informed about the study and the multiple dates and times available for participation in the study at the First Baptist Church & School of New Tampa. Participants were given several different choice options so as to maximize flexibility for participation in the study. Sampling was continued until adequate sample size achieved. Several time options were provided, including different days, morning availability, daytime availability and evening availability and weekend availability. Upon completion of each part of the study, the packets were securely stored.

A sign-up sheet was not place for participants to sign-in I wanted the participants to feel like anonymity was preserved. A simple flyer was created with the dates, times, address and room number where the study was held, I have created a sample of the flyer (see Appendix S). Flyers were distributed outside the school at the start of the day each morning of the study, as well passed out at the PTA meeting. PTA meetings are held every other month. Flyers were home with each child from the school a week prior to the start date of the study and at interval times until the sample size is achieved. Participants were informed they do not need to make prior arrangements for participation, they just

need to show up at any of the specified set times. Participants were not given any gifts, rewards or payment for participation.

Data Collection

Data was collected at the First Baptist Church of New Tampa, in the sanctuary or in a private room of one of their buildings. Once participants arrived for the two part study, they were given the informed consent (see Appendix O). Participants were allowed to keep their consent form; a verbal consent was accepted based on IRB approval. The first part of the study was estimated to take a maximum of 20 minutes for participation. Once participants completed the informed consent, they were assigned to the experimental or control group, by a coin flip by the primary researcher (myself). A master list was used to record the participant number and their birthdates, to help me link the participant to the test packet and group assignment. This list was used to help me give the participants the second part of their packet upon return for the second part of the study. Participant packets were numbered odds for control group and evens for experimental group. The control group was then further segregated into group one and two; group one received the child abuse test at the beginning of the study and group two did not. The demographic information being collected, along with all study measures included a participant number to main participant's anonymity.

The packets for the experimental group contained a demographic form, the Farrell and Walsh self-efficacy test, the Reading Corner child abuse test, and the Reading Corner educational brochure. Participants in the experimental group were instructed to complete both the Farrell and Walsh self-efficacy test and the Reading Corner child abuse test prior

to reading the Reading Corner educational brochure. Individuals in the control group one and two received their appropriate packets. Group one was given the demographic form, the Farrell and Walsh self-efficacy test and the Reading Corner child abuse test at the beginning of the study. Group two received the demographic form, the Farrell and the Walsh self-efficacy test. Upon completion of the packets, all participants were given the dates and times available for the second part of the study to complete the posttest, the child abuse test. All information completed by participants, including the informed consent, demographic forms, the pre-and-post self-efficacy test and the child abuse test, after completion were collected by myself and stored in a secure lockbox, locked with a key. When the participants return to complete the study, they were given the second part of their packet, which I will verified the numbers correspond to the first part of the study using the master list of date of birth and packet numbers. The second part of the packet included the Farrell & Walsh self-efficacy test and the Reading Corner child abuse test. Participants were given an exit packet which contained the Reading Corner child abuse education brochure and the thank you letter. The thank you letter provided participants with referral services for counseling and child abuse reporting information, see Appendix U. Copies of the abstract of the study will be given to the school and will be placed in the dropbox for any participant interested in the results of the study to take. There will be a space of five to seven days between pre-and posttest since previous researchers who have conducted similar research utilizing pre and posttests, measuring self-efficacy have utilized a similar time between pre and post-test to maintain internal validity of the study (Farrell & Walsh, 2010, Lee, 2008, Stevens, 2009).

Instrumentation and Operation of Constructs

Demographic Form

The demographic questionnaire collected information regarding each participant's age, sex, marital status, education level, primary language, and number of children in the household. The inclusion/exclusion criteria were included on the demographic form: having no previous exposure to child abuse, previous child abuse education and living in the Tampa Florida area and having a child (biological or non-biological) under the age of 10 years (See Appendix Q). Previous research has indicated that prior exposure to child abuse education and history of abuse will increase self-efficacy (Chandler, Balkin & Perepiczka, 2011; O'Connor & Tiaki, 2013; Bryant & Baldwin, 2010).

Child abuse recognition education

The Reading Corner child abuse recognition educational brochure is owned by a local private school in the Tampa Florida area and is used in their schools to educate the teachers, helpers, and volunteers about the signs of child abuse (Green, 2012). The Reading Corner child abuse recognition educational brochure is similar to the state of Florida Department of Education child abuse recognition educational training ("Training on Child", 2012). This brochure was designed by the school to keep her staff educated about child abuse recognition. The Reading Corner has granted me permission to utilize the Reading Corner child abuse recognition brochure, and the Reading Corner child abuse test, which is a printed brochure, as a part of this study (See appendix M). The Reading Corner child abuse recognition educational brochure discusses child abuse as a problem; it talks about the four different types of child abuse (emotional, sexual, physical

and neglect). The brochure also discusses the signs of child abuse and provides information on what to do once an individual recognizes any of the signs of child abuse. The brochure provides information for services available for counseling if necessary and hotline to file complaints. The brochure incorporates pictures of some of the possible injuries a child can encounter when being abused. The brochure provides information on agencies that can be contacted and details the importance of making a report when abuse is suspected. As a part of the education the participants were informed that child abuse reports can be made anonymously and are also provided with the information of how to do so (see Appendix L). The Reading Corner child abuse recognition brochure was appropriate for the target population, since the target population also reside in the same geographic location.

Child abuse recognition self-efficacy test

In the Farrell and Walsh (2010) study, the population studied was college students enrolled in an early childhood education program. The researchers provided them with the option of a face to face child abuse education brochure or an online training (PowerPoint). The Farrell and Walsh (2010) self-efficacy pre-and posttest were utilized. In this study, the target population will be parents with at least one child under the age of 10 years old, as 71% of the child abuse reported each year are of children under the age of 10 years (“Child Abuse and Neglect, 2013). The participants in the current study were given the Reading Corner child abuse recognition brochure (see Appendix L).

Farrell and Walsh (2010) have granted permission to utilize their self-efficacy test (see Appendix N). This child abuse recognition self-efficacy test is comprised of five

multiple choice questions that were designed specifically to measure the participant's level of self-efficacy prior to having read the Reading Corner child abuse recognition brochure (Farrell & Walsh, 2010). Farrell and Walsh (2010) found there was an increase in participant level of self-efficacy after child abuse education was given. Validity and reliability for the Farrell and Walsh (2010) self-efficacy scale were established.

Predictive validity has been established with the Farrell & Walsh self-efficacy scores predicting increased child abuse incident reports (Farrell & Walsh, 2010). The Farrell & Walsh self-efficacy test utilized a 5 point self-efficacy scale, which yielded a mean of 3.02 on the pre-test and a mean of 4.35 on the posttest for knowledge about reporting child abuse. The mean on the pre-test for knowledge about child abuse indicators was 3.67 and the posttest 4.25 (Farrell & Walsh, 2010). In reference to concurrent validity, various scales have been evaluated in relation to this study and this test. The use of an F-test showed that the Farrell and Walsh self-efficacy scale had a result of $F = 18.704$, $p < .05$, when tested for the knowledge about reporting after educational intervention.

Farrell and Walsh (2010) found significant results in their study pertaining to the impact of child abuse education on child abuse self-efficacy. I contacted Farrell and Walsh (2010) to request the Cronbach's alpha which was not published and was told this information is not available. Since the Cronbach's alpha is not available for this instrument, content validity was established when a panel of five experts in the field including, psychologists, language expert, and health care professionals were asked to evaluate the Farrell and Walsh self-efficacy test, utilizing a five-point Likert scale (Lunsford, 2013). The mean result was 4.80 indicating adequate content validity (see

appendix, W). The expert panels reviewed the questions on the self-efficacy test for face and content validity, readability, applicability and clarity. Experts were provided with the informed consent for this study (see appendix O) and the operational definition of self-efficacy as provided in previous chapter. I chose this tool because this study is a similar to the Farrell and Walsh (2010) and utilizing the same tool should allow me to test both their measure and test it relative to the current population. A Cronbach's alpha test was conducted to test the internal consistency of this tool, to test for reliability. A correlation test was conducted to establish validity between the Reading Corner Child abuse test and the Farrell and Walsh self-efficacy test. Construct validity was established by comparing data from the Farrell and Walsh measure with data from the Reading Corner child abuse test (see appendix V). The Reading Corner child abuse test was administered to measure the participant's knowledge gained in the Reading Corner child abuse recognition brochure.

The Farrell and Walsh (2010) pre- and posttests are identical questionnaires and were completed by the participants prior to and again after the Reading Corner child abuse recognition brochure. This self-efficacy test is based on a 5 point scale: 5-a great deal of confidence, 4-some confidence, 3-neutral, 2-not much confidence, 1-no confidence at all (see Appendix H). The following includes all areas assessed by the Farrell and Walsh (2010) pre-and posttests: information about child abuse, confidence in ability to identify child abuse, confidence in ability to report child abuse, knowledge of indicators of child abuse, and knowledge about reporting child abuse. The pre-and posttest were estimated to take about 2 minutes each to complete, the pre-and posttest

each have five questions. A mean score was calculated for the pre-and posttest, and means will be compared.

The strengths of utilizing a survey tool are that it allows me to administer the test in groups, as opposed to individually which acts as a great time saver (Plantz, 1994). Surveys are low cost, convenient for gathering data, offers good statistical significance, it has little to no observer subjectivity, and it is representative of the population (Biolcati-Rinaldi, 2011 & Sincero, 2014). One of the major strengths of surveys when administered in groups is that the response rate is high. Utilizing surveys allow the researcher to ask questions that measures the construct they intend to measure creating reliability (Yan, Kreuter & Tourangeau, 2012).

The Reading Corner Child Abuse Test

According to the Legislation of Florida, it is required for individuals who work with children to be trained in child abuse recognition (DePanfilis, 2006). Mandatory reporters are expected to have a passing score of 65% on child abuse recognition tests ("Abuse hotline" 2013). The Reading Corner child abuse test is one of the child abuse tests administered to that private school in the state of Florida. This test was modeled after the State of Florida's child abuse test (Green, 2013). The State of Florida created their Child Protection Team (CPT) in 1978, which has worked with child abuse education and testing, validating, and testing the effectiveness of child abuse education (Randell & Farst, 2009). This test is currently used by all of this company school's to ensure the teachers are adequately educated about child abuse recognition.

The CPT finds professionals in the field who have been trained are more likely to report child abuse even when there is a little evidence (Randell & Farst, 2009). The child abuse educations offered by the department of education in the state of Florida are effective for the purpose intended, to investigate reports of child abuse and investigate the conditions of the child pertaining to child abuse (Child Welfare, 2012). After reviewing the child abuse education and efforts in the state of Florida, Champan (2005) concluded the efforts of the state have made a significant positive impact on the safety of children. The child abuse education and testing of mandatory reporters have created an environment where employees are familiar with the signs of child abuse and are actively making a differences to save the lives of children each day.

Screening for the effectiveness of the Reading Corner child abuse test was conducted utilizing a sample size of 33 participants (Lunsford, 2013). A convenient sampling method was utilized, sampling seven participants with specialized knowledge pertaining to child abuse education, and 26 individuals without knowledge about the topic (Lunsford, 2013). This study reported high reliability and internal consistency of the measure, with a Cronbach's alpha of .80.

In order to asses content validity seven subject matter experts in the field were asked to evaluate the measure, utilizing a Likert scaled rating of one to five, with one being the lowest score and five being the highest score. The mean response was 4.43, indicating high content validity (Lunsford, 2013). The findings of this pilot study was that the Reading Corner Child abuse test indicated high content validity for the purpose intended, measuring a person's knowledge about child abuse recognition.

The Reading Corner child abuse test was administered after the Reading Corner child abuse recognition brochure is read and a score of 65% is required (“Training and Credentialing Requirements”, 2013). A mandatory passing score of 65% ensures the effectiveness of the education as is consistent with how this test is administered in this private school in the state of Florida (see appendix V). This validates that the educational brochure effectively educates participants about child abuse recognition. It measures the concepts discussed and the participant’s ability to recognize the signs of child abuse. This test is comprised of 10 multiple choice questions, with each response set having only one correct answer. This measure took approximately 10 minutes to be completed.

Data Analysis

Preliminary Analysis

The completed scales for the Farrell and Walsh (2010) self-efficacy test and the Reading Corner Child abuse test was entered into the Statistical Package for the Social Sciences (SPSS) software prior to data entry. The SPSS software was used to store and analyze data collected. The data was screened for outliers and assessed for skewness and kurtosis of the data. Descriptive analyses included computation of the means and standard deviations for all continuous variables:

1. Knowledge of child abuse
2. Confidence in ability to identify
3. Confidence in your ability to report
4. Knowledge about child abuse indicators
5. Knowledge about reporting child abuse

Frequencies will be run on all categorical variables (self-efficacy of males and females). Cronbach's alpha will be used to measure internal consistency of the items in the Farrell & Walsh self-efficacy child abuse recognition scale and the Reading Corner child abuse test (Myers & Hansen, 2012). The Reading Corner child abuse was used to validate the effect of the Reading Corner child abuse educational brochure. A correlation test was conducted to test relationship strength of the post self- efficacy test and the post child abuse knowledge test. A t-test was conducted to evaluate the difference in means for individuals in the control group, comparing means for those who are getting the child abuse test and those that are not getting the child abuse test.

Assumption Testing

In order to determine that the differences in outcomes are not merely due to sampling error, these assumptions of the mixed method ANOVA were examined: normality, homogeneity of variance, and independence (Tabachnick & Fidell, 2013). The assumption of normality assumes that errors in the model are normally distributed; therefore data was analyzed for skew and kurtosis (D'Agostino, Belanger & D'Agostino, 1990; Stevens, 2009, p221). The normality assumption states that the sum of 50 or more observations approaches normality (Stevens, 2009, p221). Since normality was not violated, there was no need to evaluate confidence intervals will or nonlinear transformation of variables (Tabachnick & Fidell, 2013).

The homogeneity of variance refers to the variance of data in each group at testing being the same (Tabachnick & Fidell, 2013). A test of homogeneity of variance was conducted to ensure the variances within the study are stable at each testing (Field, Miles & Field, 2012). In order to test for homogeneity of variance data was subjected to the Levene's Test of Equality ((Pallant, 2013, Tabachnick & Fidell, 2007). Homogeneity was also tested using the Box Test of Equality (Pallant, 2013, p.290).

A nonparametric test is not needed since normality of the distribution, homogeneity of variance test was established, indicating the number of people in each group is proportional (O'Brien, 1979). The data was also cleaned for outliers and verification of accurate data entry was conducted (Field, Miles, & Field, 2012). There were no issues with violations of assumptions, reliability of the instrument, and inadequate sample size, which are factors that can threaten statistical conclusion validity. The utilization of scientific methodology was conducted accurately and precisely to maintain the validity and reliability of the study. The assumptions for the mixed method ANOVA are the same as the general assumptions underlying the ANOVA, which is normality and homogeneity of variances. In addition, homogeneity of inter-correlations was examined. Normality was assessed through histograms and descriptive statistics (i.e., skewness, kurtosis, etc.). Levene's Test for homogeneity of variances was reviewed to assess homogeneity of variances. Box's M statistic was examined to assess homogeneity of inter-correlations. The homogeneity was conducted to ensure the consistency of the study, ensuring the data in each part of the dataset are consistent (Myers & Hansen, 2012).

Main Analysis

The scores collected was totaled and a Mixed ANOVA for all measured variables. This type of ANOVA allowed me to examine between subjects and within subjects designs at the same time (Field, Miles & Field, 2012). This process allows me to preserve the Type I error rate, as multiple univariate analyses (i.e. between-subjects and within-subjects) analysis can be run simultaneously (Heiman, 2000).

Research Question 1: Does reading the Reading Corner child abuse recognition brochure impact child abuse recognition knowledge?

H_{01A} : There will not be a statistically significant difference in the between groups test of the experimental and control group mean scores on the child abuse recognition knowledge as measured by the Reading Corner child abuse test at posttest.

H_{a1A} : There will be a statistically significant difference in the between groups test of the experimental and control group mean scores on the child abuse recognition knowledge as measured by the Reading Corner child abuse test at posttest.

H_{01B} : There will not be a statistically significant difference in the within group test of the pre and post mean scores on child abuse recognition knowledge as measured by the Reading Corner child abuse test.

H_{a1B} : There will be a statistically significant difference in the within group test of pre and post mean scores on child abuse recognition knowledge as measured by the Reading Corner child abuse test.

H_{01C}: There will not be a statistically significant interaction between experimental and control group over time on child abuse recognition knowledge as measured by the Reading Corner child abuse test.

H_{a1C}: There will be a statistically significant interaction between experimental and control group over time on child abuse recognition knowledge as measured by the Reading Corner child abuse test.

Analysis 1: A mixed ANOVA will be conducted to establish if there is a statistically significant interaction of the Reading Corner child abuse test scores and experimental and control group scores at pre and post-test.

Research Question 2: Does reading the Reading Corner child abuse recognition brochure impact child abuse recognition self-efficacy?

H_{02A}: There will not be a statistically significant difference in the between groups test of the experimental and control group mean scores on child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy post-test.

H_{a2A}: There will be a statistically significant difference in the between groups test of the experimental and control group mean scores on child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy post-test.

H_{02B}: There will not be a statistically significant difference in the within group test of the mean pretest and posttest scores on child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy test.

H_{a2B}: There will be a statistically significant difference in the within group test of the mean pretest and posttest scores on child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy test.

H_{02C}: There will not be a statistically significant interaction between experimental and control group on the impact of child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy test.

H_{a2C}: There will be a statistically significant interaction between experimental and control group on the impact of child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy test.

Analysis 2: A mixed ANOVA will be conducted to determine if there is a statistically significant difference on the Farrell and Walsh self-efficacy scores between experimental and control groups at post-test and to test for a significant interaction between groups.

Research Question 3: Is there a difference between males and females on the self-efficacy test?

H_{03A}: There will not be a significant difference in the between groups test of males and females on the self-efficacy test at post-test.

H_{a3A}: There will be a significant difference in the between groups test of males and females on the self-efficacy test at post-test.

H_{03B}: There will not be a significant difference in the within group test of males and females on self-efficacy test.

H_{a3B}: There will be a significant difference in the within group test of males and females on self-efficacy test.

H_{03C}: There will not be a significant interaction between males and females and self-efficacy scores over time.

H_{a3C}: There will be a significant interaction between males and females and self-efficacy scores over time.

Analysis 3: A mixed ANOVA will be conducted to establish if there is a difference in child abuse recognition self-efficacy between males and females for experimental and control groups at post-test and an interaction between experimental and control groups.

Threats to Validity

An experimental design is being employed to reduce threats to validity (Salkind, 2010, p 1509-1513). A control group and experimental group was utilized with random assignment of participants which will reduce threats to the validity of the study (Salkind, 2010). Sample size were carefully calculated using the design of the study, effect of size, and power Cohen, 1992; Thompson, 1998; Thalheimer & Cook, 2002).

Internal Validity

The experimental design of this study allowed me to infer a causal relationship between the child abuse education and self-efficacy pertaining to child abuse recognition (Salkind, 2010, p 620-623). Internal validity was achieved through the use of a control group, where independent variable is manipulated for the purpose of measured outcome (Salkind, 2010, p 620-623). Participants were not selected based on intelligence,

education level or previous training, to prevent statistical regression errors. I will be using the Farrell and Walsh (2010) self-efficacy test which is specific for testing child abuse recognition self-efficacy, which should therefore increase the internal validity of the study (Yu & Ohlund, 2012). An ANOVA will be employed as a statistical procedure to control for testing effects and response bias. Participants with a history of child abuse, previous child abuse education or any of reason that may bias the study will be allowed to exclude themselves from the study (see Appendix O).

External Validity

External validity is the causal inference that a scientific experiment contains (Tabachnick & Fidell, 2013). To prevent the reactive effect of testing I administered the Reading Corner child abuse test (Tabachnick & Fidell, 2013). The Reading Corner child abuse test measured the participant's knowledge of child abuse recognition. The manipulation of variable using a control and experimental groups allowed this research to be generalized to the target population (Steckler, 2008). Participants were provided with the exclusion criteria prior to consenting to the study, to eliminate unbiased participants (Salkind, 2010, p 467-471). Completing the study in two sittings has allowed the researcher to test for the impact of time and the child abuse education on both child abuse recognition and self-efficacy (Price & Oswald, 2008; Girden, 1992).

Ethical Considerations

I completed human subject training to ensure American Psychological Association (APA) standards with humans are met. The study was approved by the Walden University Institutional Review Board (IRB). The study was also approved by

the board of directors of the local pre-school (The First Baptist School) from which participants are being recruited.

APA ethical code 4.0 *Maintaining Confidentiality* for all participants (“Privacy and Confidentiality”, 2010) will be upheld. Participants were provided with an informed consent form, which provided the participants with adequate information about the research prior to providing written consent (see Appendix O). The informed consent also provided my contact information, Walden University’s head of IRB, Dr. Endicott’s contact information and provides the participants with the IRB approval number. The informed consent discussed any potential risks that are involved with the study. This document contains information about the purpose of the study and informed the participants about the confidentiality of the study. Participants were not be forced, paid or given any type of reward or gifts for participating in the study. Signed informed consent was stored in a locked suitcase by me. The master list was stored separately, in a locked file as well to further maintain anonymity of participants. There were no serious risks anticipated for participants enrolled in this study however it is conceivable that child abuse education may uncover painful memories or repressed memories for parents who have themselves been victims of child abuse (Farrell & Walsh, 2010). There were no participants who became anxious, upset or showed any signs of distress during or after the study. All participants were given information pertaining to counseling that is available in the neighborhood for victims of child abuse. Participants were not forced to complete the study and were allowed to drop out of the study at any time without any

penalties. There were no consequences for leaving the study or for choosing not to participate.

In order to protect the confidentiality of participant data, all forms, questionnaires and test surveys were numbered to avoid use of participants' names on the documents: pretest, posttest and the Reading Corner child abuse test. A list of dates of births, with corresponding participant numbers will be kept in a separate, secure location. The data gathered are stored in a secure, locked safe and a password-protected computer at my residence, which can only be accessed by me. The data will be kept for seven years and then destroyed per American Psychological Association standards. The IRB approval number was present on the consent form, displayed for the participants to review.

Summary

This chapter discusses the methodologies for data collection, statistical tools that will be used for data analysis. The chapter discusses the research design, population being studied, the sample, sampling procedures, and justification for sample size. The chapter details procedures for recruitment of participants, data collection and provides details about the different tools utilized in the study. The chapter also details the preliminary and main analysis, including research questions, null and alternative hypothesis and analysis. I have discussed participants' rights and steps that will be taken to ensure that the safety and rights of participants are preserved. This chapter details what the study will accomplish and the statistical tools and that will be utilized to collect and analyze data. Chapter 4 will discuss the findings and the statistical analysis of the study.

Chapter 4

Introduction

This quantitative study examined how child abuse education for parents impacts their knowledge of child abuse and their self-efficacy for recognizing child abuse. In the posttest, the study looked at the difference between male and female parents' levels of self-efficacy pertaining to child abuse recognition. Previous studies (e.g. Farrell & Walsh 2010) reported that child abuse recognition self-efficacy increases in college students when child abuse education is provided. Carpenter, Patsios, Szilassy and Hackett (2011) conducted similar research and evaluated social workers and nurses before and after child abuse recognition training was provided. The study showed that there was an increase in self-efficacy in the posttest. Comparative literature review of 23 studies regarding child abuse education was conducted, which showed there is a moderate increase in knowledge after child abuse recognition training was provided (Lundahl, Niemer & Parsons, 2006). Existing research shows that there are sex difference for different kinds of specific self-efficacy (Wang, Lawler & Shi, 2010; Huffman, Whetten, & Huffman, 2013; Pelissier & Jones, 2006). Existing research in the field shows that child abuse training and time increases child abuse recognition knowledge (Eichelberger, 2011; Palusci & McHugh, 1995; Randolph & Gold, 1994; Reininger, Robinson, & Hugh, 1995).

This chapter will cover the following topics: research questions and hypotheses, data collection, treatment and fidelity, descriptive analysis, treatment, results, and main analysis.

Research Questions and Hypothesis

RQ1: Does reading the Reading Corner child abuse recognition brochure impact child abuse recognition knowledge?

RQ2: Does reading the Reading Corner child abuse recognition brochure impact child abuse recognition self-efficacy?

RQ3: Is there a difference between males and females on the self-efficacy test?

Data Collection

Preliminary Analysis

Once Walden's IRB approval (11-13-14-0113370) was granted, posters with information about the study and available times for participation were mounted on the campus of the New Tampa Baptist pre-school campus. The data were collected over a 2-week period, between November 19 and November 30, 2014. The blocks of time for data collection included mornings and afternoons seven days a week. The times scheduled for the study were similar to the school week days drop-off and pick-up times, which were 8am to 10am, and 3pm to 6pm respectively. The weekend times for the study were Saturdays from 8 a.m. to 12 p.m. and Sundays from 11 a.m. to 2 p.m. These different times were set to meet the needs of the parents. The study was comprised of two parts and these details were both posted on the flyer and were provided in the consent form. Participants were given the informed consent to read upon their arrival during the first part of the study. The first part of the study included the assignment of groups, informed consent, demographic information, pre-test, and depending on the group assignment, child abuse test and educational brochure. The study was designed with two control

groups, one group received the child abuse test at pre-test and the other group did not. Two control groups were needed to avoid potential confounds, to look for any transfer of knowledge that may happen from the child abuse test directly.

Once I received participant consent, I flipped a coin which enabled randomization of participants into one of the two control groups or the experimental group. All participants provided me with their date of birth, which I recorded on a piece of paper, along with the identification number on the packet they received. This number, a combination of birthdate and assigned identification number, was used to identify their packets when they returned for the second part of the study. If the participant was randomized into the experimental group, I then gave them the demographic form, the pretest, the child abuse test and the child abuse educational brochure. If the participant was randomized to the control group, participants were handed the next preassembled available packet. Participants in the first control group received the demographic form and the pretest. Participants in the second control group received the demographic form, the pretest and the child abuse test. Once participants completed their assigned packets, I then gave them another copy of the same flyer as posted around the campus, with the dates printed on it as a reminder to come back for the second part of the study.

Upon arrival for the second part of the study, participants checked in with me at the desk and provided me with their date of birth. I used the date of birth to match the packet number and I handed them the corresponding second part of their packets. Once the packets were completed and handed back to me, I provided participants with a thank you letter which also included the child abuse training brochure. The thank you letter

contained a list of resources available in the area if needed by the participants. All documents were stored in a lockbox in my possession at all times.

Treatment and Fidelity

Of the 70 participants who began the study, 5 did not return to complete it (attrition rate 5.7%). There were no discrepancies in data collection relative to plans presented and approved by IRB. The study was conducted as approved by the IRB and the outline of the proposal.

Preliminary Analyses

Cronbach's alpha is not available for the scale from the original published study. A Cronbach's Alpha was conducted on this population, to test for internal consistency of the self-efficacy scale which produced a .81 alpha level which indicates there is a relatively high level of consistency (Cronbach, 1951; Huysamen, 2006).

Descriptive Analysis

There were 70 participants who began the study and 66 (94.29%) completed the study, ranging from age of 19 to 59 years of age. Table 1 presents the demographic information collected from the study.

In comparison to the data represented in the 2010 statistics of Tampa, the sample is somewhat different. The statistics reported in the 2010 census showed 51.1% of females and 48.9% males living in Tampa (U.S. Census, 2010). The census also showed that 78% people lives in the same house (married and cohabitating). According to the census report, 33.1% had a bachelor's degree or higher who lived in Tampa. In the sample 56% females completed the study and 44% of males completed the study, a

higher percentage of females completed the study than the census report. Table 2 presents the descriptive statistics for this study.

Assumption Testing

Prior to the primary analysis, assumption testing was conducted for mixed between-within ANOVA. The data were cleaned and accuracy was verified. The data was assessed for outliers, missing data, incorrect data entry, normality, homogeneity of variance, and homogeneity of inter-correlations (Osborne, 2013; Pallant, 2013, Tabachnick & Fidell, 2007, p. 284). There were no outliers, missing data and incorrectly entered data. For the RQ1, RQ2 and RQ3 assumptions were met for the use of ANOVA using, test of normality, box plots and distribution curves (Tabachnick & Fedell, 2007: Glass, Peckham & Sanders, 1972). There were no violations of assumptions too robust for the ANOVA (Field, 2008; Glass, Peckham, & Sanders, 1972).

Normality Testing

Normality assumption testing was conducted utilizing measures of skewness and kurtosis (Osborne, 2013). Data was analyzed for skewness for group, sex, self-efficacy pretest, self-efficacy posttest, child abuse pretest and child abuse posttest; all assumptions were met as skewness and kurtosis statistics were in the acceptable range (Glass, Peckham & Sanders, 1972) as noted in Table 4.

Homogeneity of Variance

The assumption of homogeneity of variance was tested using the Levene's Test of Equality for child abuse test was non-significant $p > .05$. Levene's Test for Equality for self-efficacy test was non-significant $p > .05$, which indicates that assumptions for this

test were met (Pallant, 2013, Tabachnick & Fidell, 2007). Levene's Test for Equality for sex difference on self-efficacy was nonsignificant $p > .05$, which indicates that assumptions for this test were met (Pallant, 2013; Tabachnick & Fidell, 2007).

Homogeneity of Inter-correlations

The box test of equality showed no assumptions were violated for research question 1, child abuse test $p > .05$. The box test of equality showed assumptions were violated for research question 2, self-efficacy $p > .05$, showing an interaction between groups. The box test of equality showed no assumptions were violated for research question 3, sex and self-efficacy $p > .001$ (Pallant, 2013, p290).

Difference between control groups

A *t test* was conducted to look at the difference between the two control groups, which indicated that there was no difference between the two control groups $t(32) = .247$, $p = .806$. Since there are no statistical differences between the two control groups, they were combined for analysis.

Results

Research Question 1. Does reading the Reading Corner child abuse recognition

brochure impact child abuse recognition knowledge?

Hypothesis 1A. The first hypothesis states that there will be a statistically

significant difference in the between groups test of the experimental and control group mean scores on the child abuse recognition knowledge as measured by the Reading Corner child abuse test at posttest.

Analysis 1A. An ANOVA was conducted which shows there is no significant difference between the experimental and control group mean scores on the child abuse recognition knowledge at posttest, $F(1, 47) = 2.417, p = .127$, partial eta squared = .049.

Hypothesis 1B. This hypothesis states that there will be a statistically significant difference in the within group test of pre and post mean scores on child abuse recognition knowledge as measured by the Reading Corner child abuse test.

Analysis 1B. An ANOVA was conducted which showed that there was a significant difference in the within group test of pretest and posttest mean scores on the child abuse recognition knowledge, $F(1, 47) = 7.344, p > .05$, partial eta squared .135.

Hypothesis 1C. This hypothesis states that there will be a statistically significant interaction between experimental and control group over time on child abuse recognition knowledge as measured by the Reading Corner child abuse test.

Analysis 1C. An ANOVA was conducted which indicated that there was a statistically significant interaction between experimental and control group over time on child abuse recognition knowledge, Wilks' Lambda = .84, $F(1, 47) = 9.294, p < .05$, partial eta squared = .165, see Table 5.

Research Question 2. Does reading the Reading Corner child abuse recognition brochure impact child abuse recognition self-efficacy?

Hypothesis 2A. This hypothesis states there will be a statistically significant difference in the between groups test of the experimental and control group mean scores on child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy posttest.

Analysis 2A. An ANOVA was conducted which indicated there was no statistical difference in the between groups test of the experimental and control group mean scores on child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy posttest, $F(1, 64) = .143$, $p > .71$, partial eta squared = .002.

Hypothesis 2B. This hypothesis states that there will be a statistically significant difference in the within group test of the mean pretest and posttest scores on child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy test.

Analysis 2B. An ANOVA was conducted which indicated that there was a significant difference in the within group test of the mean pretest and posttest scores on child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy test, $F(1, 64) = 30.678$, $p < .001$, partial eta squared .324, see Table 6.

Hypothesis 2C. This hypothesis states that there will be a statistically significant interaction between experimental and control groups on the impact of child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy test.

Analysis 2C. An ANOVA was conducted which showed that there was a significant interaction between experimental and control group and time, Wilks' Lambda = .64, $F(1, 64) = 35.667$, $p < .05$, partial eta squared = .358, see Table 6.

Research Question 3. Is there a difference between males and females on the self-efficacy test?

Hypothesis 3A. This hypothesis states that there will be a significant difference in the between groups test of males and females on the self-efficacy test at posttest.

Analysis 3A. An ANOVA was conducted which indicated that there was no statistical difference in the between groups test of the males and females mean scores on self-efficacy scores at posttest, $F(1, 64) = .527$, $p = .47$ partial eta square = .008.

Hypothesis 3B. This hypothesis states that there will be a significant difference in the within group test of males and females on the self-efficacy test.

Analysis 3B. An ANOVA was conducted which indicated that there was a significant difference in the within group test of males and females on self-efficacy test, $F(1, 64) = 19.20$, $p < .05$, partial eta squared = .231.

Hypothesis 3C. This hypothesis states that there will be a significant interaction between males and females and the self-efficacy scores over time.

Analysis 3C. An ANOVA was conducted which indicated that there was no significant interaction between males and females and self-efficacy

scores over time, Wilks's Lambda = .99, $F(1, 64) = .638$, $p = .427$, partial eta squared = .010, see Table 7.

Summary

The analysis presented for research question one showed there is no significant difference between the experimental group and control group mean scores at posttest, however the analysis did show there was a significant difference between the pretest and posttest mean scores on child abuse recognition knowledge and that there was a significant interaction between experimental and control group over time on child abuse recognition knowledge. The analysis for research question two shows there was no statistical difference between the experimental and control mean self-efficacy scores at posttest, however the analysis indicated there was a significant difference between the pretest and posttest scores, and that there was a significant interaction between experimental and control group and time on the Farrell & Walsh self-efficacy test. The analysis presented for research question three shows there was no statistical difference between males and females on the posttest self-efficacy scores, and that there was no significant interaction between males and females on self-efficacy over time, however there was a significant difference pretest and posttest scores for males and females on the self-efficacy test.

The data presented shows that over time self-efficacy scores and child abuse knowledge are increased in parents once the material was presented about the subject. These findings and their interpretations will be discussed further in Chapter 5.

Chapter 5: Discussion, Conclusion and Recommendation

Introduction

Child abuse continues to be a problem in the United States. In 2012, there were 1640 children in the United States who died from child abuse and neglect (Child abuse and neglect fatalities 2012: Statistics and Intervention, 2015). Approximately one million children are reported annually to have experienced childhood abuse; many more go unreported (Tietjen et. al., 2010). The existing research shows that underreporting of child abuse continues to be a problem (“Child abuse and neglect fatalities 2012; Statistics and Intervention”, 2015). Existing research also demonstrates that experts in the field are recommending more community awareness about the subject and additional training for mandatory reporters and members of the community (Davies, 2004; Farrell & Walsh, 2010; Lee, 2008). Recommendations for identifying and reporting child abuse are based on early detection, which can foster early intervention for children to help prevent severe long-term damage (Christoffersen & DePanflis, 2009).

Farrell and Walsh (2010) conducted a study using college students in an early education program; students were given a pre-test to evaluate their child abuse recognition self-efficacy. The students were then provided with child abuse recognition training and then they were given a post-test to re-evaluate their child abuse recognition self-efficacy. The study indicated that there was a significant increase in self-efficacy at posttest. Existing research indicates that child abuse recognition self-efficacy increases with child abuse recognition training (Lee, 2008).

The current study examined three research questions. The first research question investigated if the child abuse recognition brochure had an impact on child abuse recognition knowledge. The second question investigated if the child abuse recognition brochure had an impact on child abuse recognition self-efficacy. The third question investigated if there was a difference between males and females on the self-efficacy test.

The analysis of data showed an interaction between time and child abuse education on child abuse recognition knowledge. There was also a difference between the pretest and posttest mean scores on abuse recognition knowledge. There was an interaction between time and child abuse education on posttest scores on the Farrell and Walsh self-efficacy test and a difference between pretest and posttest scores on the Farrell & Walsh self-efficacy test. There was a significant difference between the pretest and posttest scores for males and females on the self-efficacy test.

The research found that when time and education is presented both child abuse recognition self-efficacy and child abuse knowledge will increase. This chapter will discuss the interpretations of these findings, the implications for social change, the recommendations for change, and for future study in this area.

Interpretation of the Findings

RQ1 addressed knowledge about parental child abuse. The study findings indicated a medium effect of size (Cohen, 1992) for the interaction between child abuse recognition training and time on child abuse recognition knowledge, as measured by the Reading Corner child abuse test, similar to existing findings. The findings of this study

reinforces the social cognitive theory, when educational information is provided and pictures were shown, over time there was a gain in knowledge of the subject. According to the social cognitive theory, learning takes place when looking at modeled behavior and their consequences. Participants in this study were provided a brochure with pictures of what child abuse can look like. The findings of this study indicate that when this information is presented and then participants are given time to process the information it will lead to a higher child abuse recognition knowledge. Existing research in the field shows that when participants are given the pretest, then presented with child abuse recognition training, then tested again at posttest after a reasonable amount of time they show an increase in knowledge (Eichelberger, 2011; Palusci & McHugh, 1995; Randolph & Gold, 1994; Reiningger, Robinson, & Hugh, 1995).

A comparative literature review of 23 studies showed that when parents who are at risk for abusing their child were provided with child abuse recognition training, they had a moderate increase in knowledge and their attitudes about the issues of child abuse changed over time (Lundahl, Niemer, & Parsons, 2006). The posttest scores were higher for parents compared to the pretest scores for child abuse knowledge. The study presented information about the positive benefits of recognizing and reporting signs of child abuse, which according to the social learning theory would support an increase in knowledge (Skinner, 1957). In the current study, no difference was found between the experimental and control group, a possible explanation for the lack of findings is that according to Lee (2008) parents have a higher level of child abuse recognition self-efficacy due to their parenting experience. The same research also indicates those

personal characteristics, such as age, gender and parenthood status do impact the individual's ability to recognize and report child abuse (Lee, 2008). Since this sample was drawn from a middle class neighborhood with the majority of the participants having at least a high school diploma, this could explain the results of the study. The majority of the existing research utilizes more in-depth training, such interventions, face to face training and online training and was conducted on mandatory reporters (Randolph & Gold, 1994). The majority of the research that exists regarding parents was conducted on parents who are at risk for abusing their children, whereas this study looked at random parents so there are no comparative studies. The findings of the current study also indicated there is a medium effect (Cohen, 1992) for the within group test, between the pre and posttest mean scores child abuse recognition knowledge as measured by the Reading Corner child abuse test (Cohen, 1992). The findings showed a medium increase in posttest scores compared to the pre-test score within the groups.

RQ2 addressed the impact of child abuse recognition training on parental level of child abuse recognition self-efficacy. The study findings showed a large effect (Cohen, 1992) for the interaction of child abuse recognition training and time on the impact of child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy test, which is similar to findings of Farrell and Walsh (2010). The findings reinforce the social cognitive theory that when information is provided, and time is given it will change attitude. These results indicate that self-efficacy was increased when both variables were present, child abuse training and time.

The study also found a medium effect (Cohen, 1992) for the within group test of the mean pretest and posttest scores on child abuse recognition self-efficacy as measured by the Farrell and Walsh self-efficacy test, which supported what Farrell and Walsh found in their study (Farrell & Walsh, 2010). The findings of this analysis indicated that there was an increase in posttest scores for parental level of self-efficacy compared to the pretest scores. These findings are consistent with similar research conducted in the field; Farrell and Walsh found an increase in self-efficacy at posttest (2010). Bandura's self-efficacy (Bandura, 1977) theory states that when people are given the information they need to effectively handle a situation, it will increase their levels of self-efficacy, increasing their confidence in their own ability to handle the situation. According to Bandura's findings, people's self-efficacy will increase when they are presented with the tools to handle the situation and believe they can handle the situation effectively (Bandura, 1977). The study did not find a difference between the experimental and control group for self-efficacy scores. Existing research in the field found that between group effects for self-efficacy are more significant when experiential training is provided rather than instructional training (Ayonrinde & Payne, 2006; Olaz, Medrano, & Caanillas 2014). The current study provided an educational brochure which is considered instructional training, whereas experimental training looks more at case studies.

RQ3 addressed the possibility of differences between males and females on child abuse recognition self-efficacy score at pre and posttest. The study found no interaction between sex (males and females) and time on the impact on self-efficacy scores, which is consistent with the findings of Goldberg (2007). The main findings of this study showed

a medium effect (Cohen, 1992) in the difference of the within group test of males and females on the self-efficacy test as measured by the Farrell and Walsh self-efficacy test, which indicates that time impacts self-efficacy, there was a significant increase in posttest scores of self-efficacy with both groups. These findings also support the theory of Rousseau that human's personality and knowledge are gained from life's experiences and their environment (Lalovic, 2012). The study found there was no difference between males' and females' self-efficacy which are consistent with the findings of Goldberg (2007). Existing research about sex differences in self-efficacy suggests that although there are gender differences in self-efficacy, it is segregated by subject area; males have higher levels of self-efficacy in fields in science and mathematics whereas females have higher levels of self-efficacy in language arts and communication fields (Huang, 2013). Although there is no significant difference between males and females, the study did show that males have a higher gain in self-efficacy on the posttest, compared to females. Females showed higher levels of self-efficacy at the pretest level and overall had higher levels of self-efficacy. There were no statistical differences between the groups of males and females, however females had less gain in knowledge after training was provided. Existing research about sex differences shows that males and females have different levels of self-efficacy in different areas of life. The study confirms that females had higher levels of self-efficacy at the start of the study, prior to the education provided.

Limitations of the Study

Limitations of this study include the ability of this study to be applied to a larger population. The study was conducted as a dissertation study and convenient sampling

with random group assignment was applied. Convenient sampling limits the ability to make generalizations about the study to a larger population. The study utilized a sample from the New Tampa Baptist School in the Florida area, and therefore the population for generalizability is the Florida regions, that share similar demographic makeup such as Orlando, Jacksonville and Fort-Lauderdale Florida. Another limitation to the study is that the participants were recruited from a campus with a Christian affiliation. Over the last decade, more churches have gotten involved with child abuse prevention movement, discussing the problem of child abuse, screening and training child care workers about child abuse, churches have been discussing the topic of child abuse which is a form of awareness (Vieth, Tchividjian, Walker & Knodel, 2012). The instruments used in the study were the Farrell and Walsh self-efficacy test, the Reading Corner Child Abuse test, and the Reading Corner Educational Brochure were reliable and valid. The data was collected as per the IRB approval and there were no discrepancies during data collection.

The Cronbach's alpha for the Farrell and Walsh self-efficacy test showed the study had internal consistency; this refers to the consistency of the results across the different items within the scale. External validity was established with the study by spacing out the pretest and the posttest to avoid carryover effect (AERA et. al., 1985). The results of the study can be generalized to similar populations; however it cannot apply to the general population, since the participants were not randomly selected. The participants were randomized into the control and experimental groups, which would allow the study to establish a moderate level of external validity (Huitt, Hummel &

Kaeck, 1999). The study has a high level of internal validity, since it was executed well and according to plan (Huitt, Hummel & Kaeck, 1999).

Recommendations

The results of this research indicated that self-efficacy and child abuse recognition knowledge were increased with time and with the child abuse education brochure. The results showed that participants scored higher on the posttest for child abuse recognition self-efficacy. These results indicate that when child abuse recognition education is presented self-efficacy will increase. Parents should be educated with child abuse recognition knowledge to increase recognition and prevention of child abuse. The current research also shows that there is a difference in self-efficacy that exists between males and females, males showed a higher increase with self-efficacy with education training and time. My recommendation for further research would be to investigate the differences that exist between males and females' pertaining to child abuse recognition knowledge since that was not measured in this study and there is a gap in the literature pertaining to sex differences that exist in this area. I would also recommend additional studies on the impact of child abuse training on parental level of self-efficacy, since there are very few studies that have been conducted with parents and self-efficacy. There is a need for more research with parental self-efficacy and child abuse recognition, as well as sex differences that exist between parents and child abuse recognition self-efficacy. I also recommend additional research in parental self-efficacy and child abuse recognition, since the majority of the studies focuses on mandatory reporters (Wurtele, 2008).

Implications

Social Change

There are many dangers to prolonged exposure to child abuse; many of these effects of unreported child abuse are long-term effects (Christoffersen & DePanflis, 2009). Some of the long-term impacts from prolonged exposure to child abuse are problems with self-management, lack of impulse control, frequent anger outburst, and depression (Christoffersen & DePanflis, 2009).

The current research indicates there is an increase in child abuse recognition knowledge and child abuse recognition self-efficacy with time. Further attempts should be made to educate parents on child abuse recognition knowledge. Existing research about child abuse recognition training indicates that child abuse training can increase levels of self-efficacy pertaining to child abuse recognition (Lee, 2008). It is imperative to continue to educate mandatory reporters and parents about child abuse recognition knowledge to prevent the child abuse from occurring (Davies, 2004). Researchers in the field recognize the need for more child abuse education programs and training for parents (Barth, 2009). Researchers in the field have also found parent training is also effective for parents who are at risk of abusing their children (Brunk, Henggeler & Whelan (1987). A recent study conducted by (Harder & Haynie, 2012) shows that there is a need for more awareness of the problem of child abuse and neglect and a need for better legislations for this problem

More community awareness and parental awareness may equip these individuals with the knowledge about this problem and give them the information they need to

recognize and report child abuse (Educate Now, 2010). A universal community awareness program is needed which will help to prevent the stigma of race, ethnicity, and socio-economic grouping associated with child abuse recognition knowledge and indicators that could prevent people from seeking this knowledge (Wurtele, 2008).

Recommendation for Action

Existing child abuse training focuses on mandatory reporters (Wurtele, 2008). The current research shows that there is an increase in self-efficacy with child abuse recognition training and time; therefore the recommendation is that parents should be given mandatory child abuse training as part of the birthing process in the hospital. Hospitals are currently equipped to provide parents with information about different illness that can impact the child, postpartum depression and other issues that could impact the child and the family. The recommendation is that child abuse recognition training becomes incorporated into the packet for parents to take home with their newborn.

The current study also found that there is a difference in self-efficacy pertaining to child abuse recognition between male and female parents. The recommendation is for analysis of current child abuse training to accommodate differences between males and females. The social learning theory (Bandura, 1977) provides useful insight about how individuals learn information and this could be useful in the training methods.

Conclusions

Parental self-efficacy and child abuse recognition knowledge was increased with child abuse education and time. This information provides valuable knowledge that can be useful in the prevention of child abuse. Providing child abuse recognition education to parents will increase the individual's self-efficacy (Farrell & Walsh, 2010), which will help them to feel more confident in their own ability to recognize and handle the signs of child abuse. This study provided much needed information about how child abuse recognition education will impact parental self-efficacy and child abuse recognition knowledge (Christoffersen & DePanflis, 2009). Previous research in the field addresses how training will impact mandatory reporters (Lee, 2008). Equipping our community with the knowledge of recognizing the signs of child abuse and bringing community awareness is the first step towards preventing child abuse.

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Table 1

Demographic Characteristics of Study Sample

Characterisitics	<i>n</i>	%
Sex		
Males	29	43.93
Females	37	56.06
Age Bracket		
18-29	16	24.24
30-39	31	46.97
40-49	18	27.27
50-59	1	1.5
Marital Status		
Married	46	69.70
Single	14	21.21
Divorced	1	1.50
Separated	2	3
Cohabiting	3	5
Education		
Bachelor's degree or higher	31	47
No Bachelor's degree	35	53

Table 2

Descriptive Statistics for the Farrell and Walsh self-efficacy pretest, Farrell and Walsh self-efficacy posttest, The Reading Corner child abuse pretest and the Reading Corner child abuse posttest

Variable	<i>n</i>	Min	Max	<i>M</i>	<i>SD</i>
Self-Efficacy Pretest	66	8	12	15.57	2.84
Self-Efficacy Posttest	66	9	20	16.95	2.67
Child Abuse Pretest	66	30	100	77.14	17.68
Child Abuse Posttest	66	40	100	83.33	13.4
*Males Self-Efficacy Pretest	29	8	20	15.1	2.65
*Males Self-Efficacy Posttest	29	9	20	16.86	2.8
*Females Self-Efficacy Pretest	37	8	20	15.81	3.04
*Females Self-Efficacy Posttest	37	10	30	17.03	2.6

Table 3

Results from the Farrell & Walsh (2010) original study

	Test	<i>n</i>	Mean	SD	<i>df</i>	<i>t</i>	<i>p</i>
Question 1	pretest	81	3.33	.806	124	-6.744	0.00
	posttest	45	4.11	.487			
Question 2	pretest	81	3.48	1.026	124	-4.88	0.00
	posttest	45	4.18	.576			
Question 3	pretest	81	3.42	.893	124	-5.822	0.00
	posttest	45	4.11	.493			
Question 4	pretest	81	2.9	1.091	124	-8.716	0.00
	posttest	45	4.16	.52			

Table 4

Skewness and Kurtosis

	Skewness	SE	Kurtosis	SE
Group	0.062	.295	2.06	.582
Sex	-0.25	.295	-1.99	.582
Self-Efficacy pretest	-0.53	.295	-0.104	.582
Self-Efficacy posttest	-0.937	.295	0.57	.582
Child abuse pretest	-0.96	0.34	0.267	.668
Child abuse posttest	-1.037	.295	1.082	.582

Table 5

Test of Between subject effects and Within subject effects for child abuse test (Research Question 1)

Test of Between-Subject Effects						
Source	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta
Intercept	586591.9	1	586591.9	1615.744	.000	.972
Group	877.581	1	877.581	2.417	.127	.049
Error	17063.235	47	363.048			

Test of Within-Subject Effects						
Source	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta
Pre-post ChildAbuse Test Greenhouse- Geisser	491.717	1	491.717	7.344	.009	.135
Pre-post ChildAbuse Test * Group Greenhouse- Geisser	622.329	1	622.329	9.294	.004	.165
Error (Pre-post Child Abuse Test) Greenhouse- Geisser	3147.059	47	66.959			

Table 6

Test of Between subject effects and Within subject effects for self-efficacy test (Research Question 2)

<u>Test of Between Subjects</u>						
Source	Sum of Squares	df	Mean Square	F	Sig	Partial Eta
Intercept	34741.564	1	34741.564	2943.046	.000	.979
Group	1.685	1	1.685	.143	.707	.002
Error	755.496	64	11.805			

<u>Test of Within-Subject Effects</u>						
Source	Sum of Squares	df	Mean Square	F	Sig	Partial Eta
Pre-post Self-Efficacy Test Greenhouse- Geisser	74.546	1	74.546	30.678	.000	.324
Pre-post Self-Efficacy Test * Group Greenhouse- Geisser	86.667	1	86.667	35.667	.000	.358
Error (Pre-post Self-Efficacy Test) Greenhouse- Geisser	155.515	64.	2.430			

Table 7

Test of Between subject effects and Within subject effects for sex differences (Research Question 3)

<u>Test of Between Subjects</u>						
<u>Source</u>	<u>Sum of Squares</u>	<u>df</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig</u>	<u>Partial Eta</u>
Intercept	34136.640	1	34136.640	2909.129	.000	.978
Group	6.186	1	6.186	.527	.470	.008
Error	750.996	64	11.734			

<u>Test of Within-Subject Effects</u>						
<u>Source</u>	<u>Sum of Squares</u>	<u>df</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig</u>	<u>Partial Eta</u>
Sex and Group Greenhouse-Geisser	71.937	1	71.937	19.20	.000	.231
Sex and Group * Time Greenhouse-Geisser	2.392	1	2.392	.638	.427	.010
Error (Sex and Group) Greenhouse-Geisser	239.790	64.	3.747			

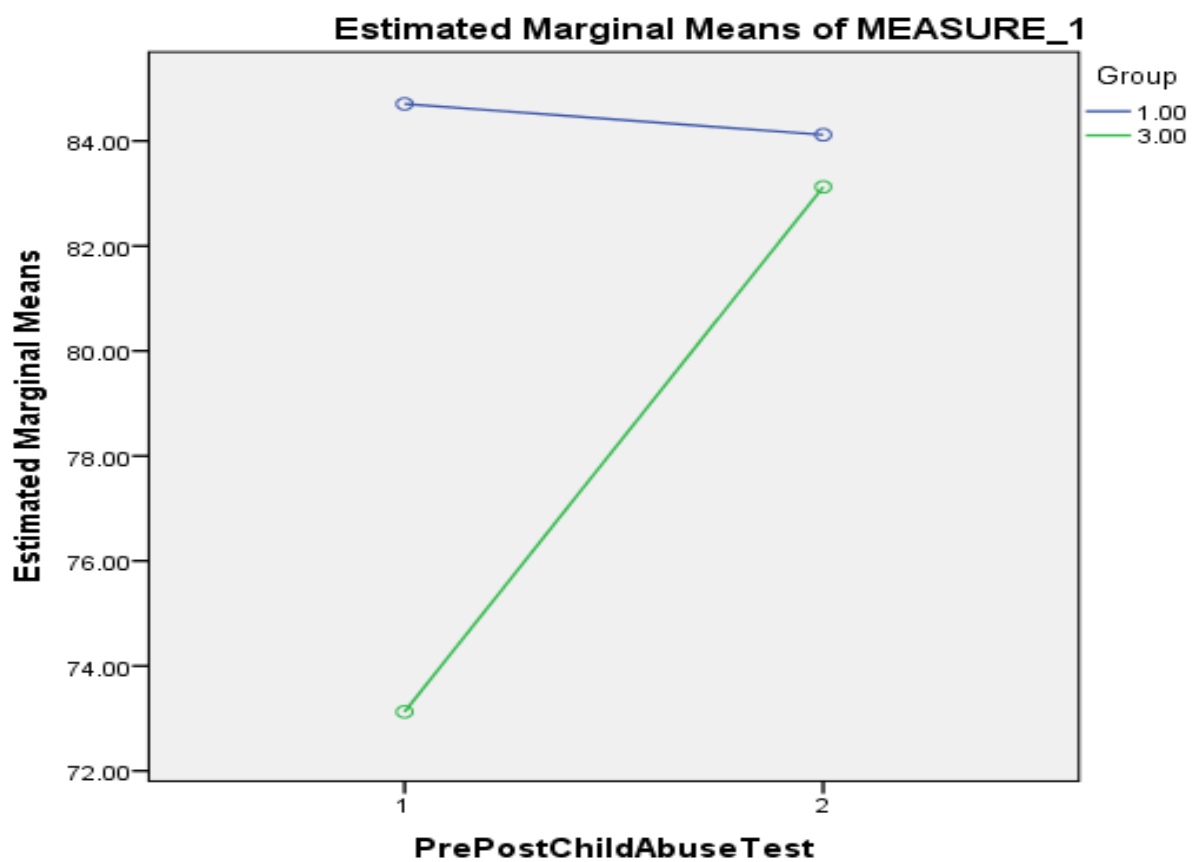


Figure 1. Analysis Research Question 1- Graph showing line 1 control group and line 3 experimental group, at pre-test and then at posttest for child abuse recognition test.

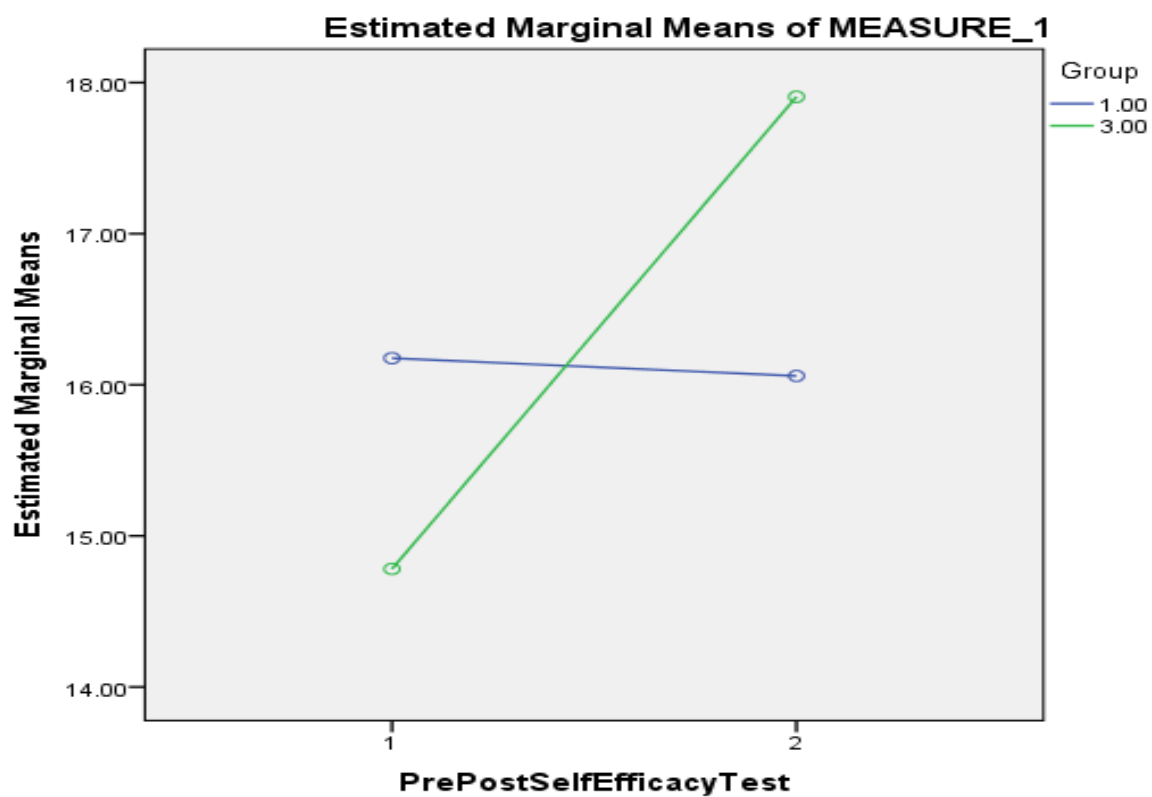


Figure 2. Analysis Research Question 2 - Graph showing line 1 which is the control group and line 3 which is the experimental group, at pre-test and then at posttest for self-efficacy test.

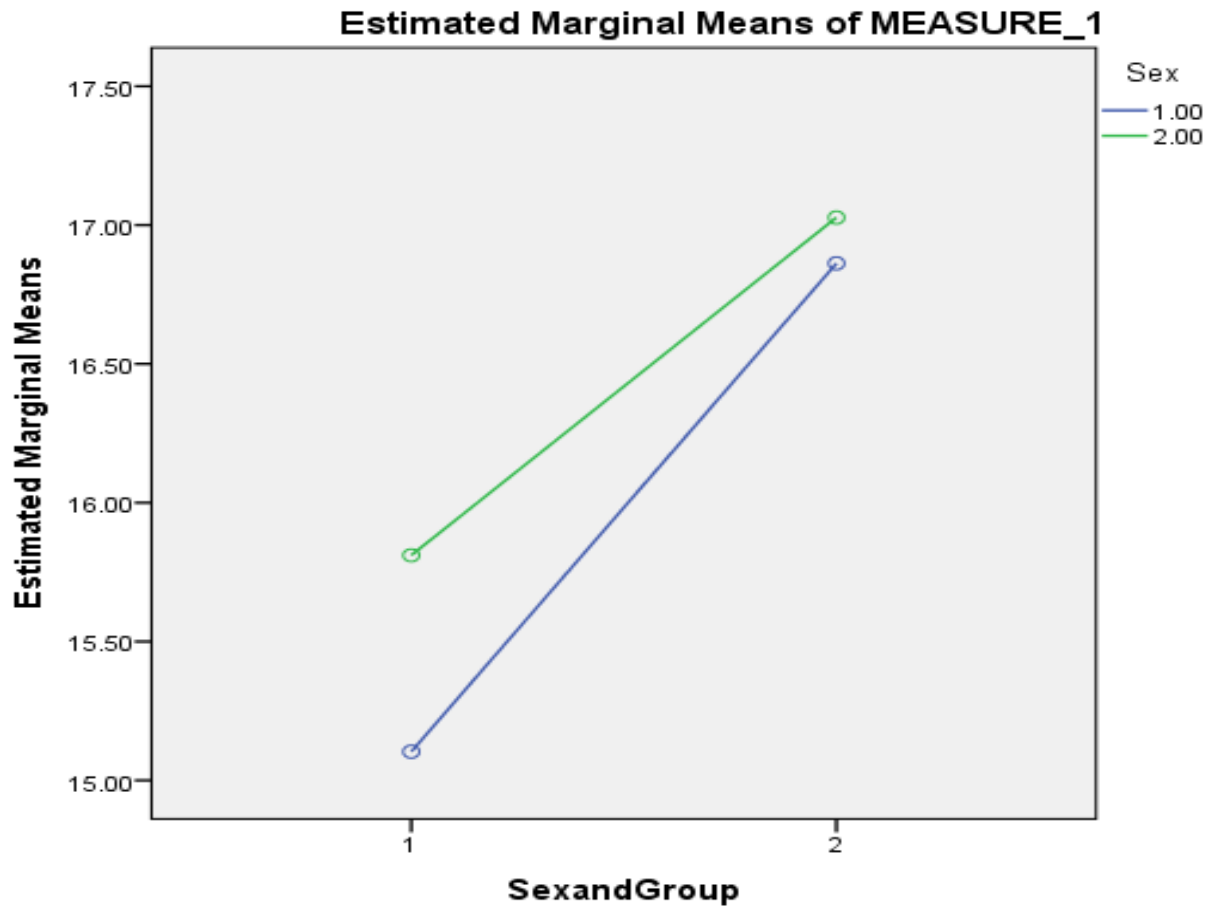


Figure 3. Analysis Research Question 3 - Graph showing line 1 which is males and line 2 which is females, measures of self-efficacy at pre-test and at posttest.

**INDICATOR FAM3.C: CHILD CARE ARRANGEMENTS FOR GRADE SCHOOL
CHILDREN AGES 5–14 WITH EMPLOYED MOTHERS, 2010**

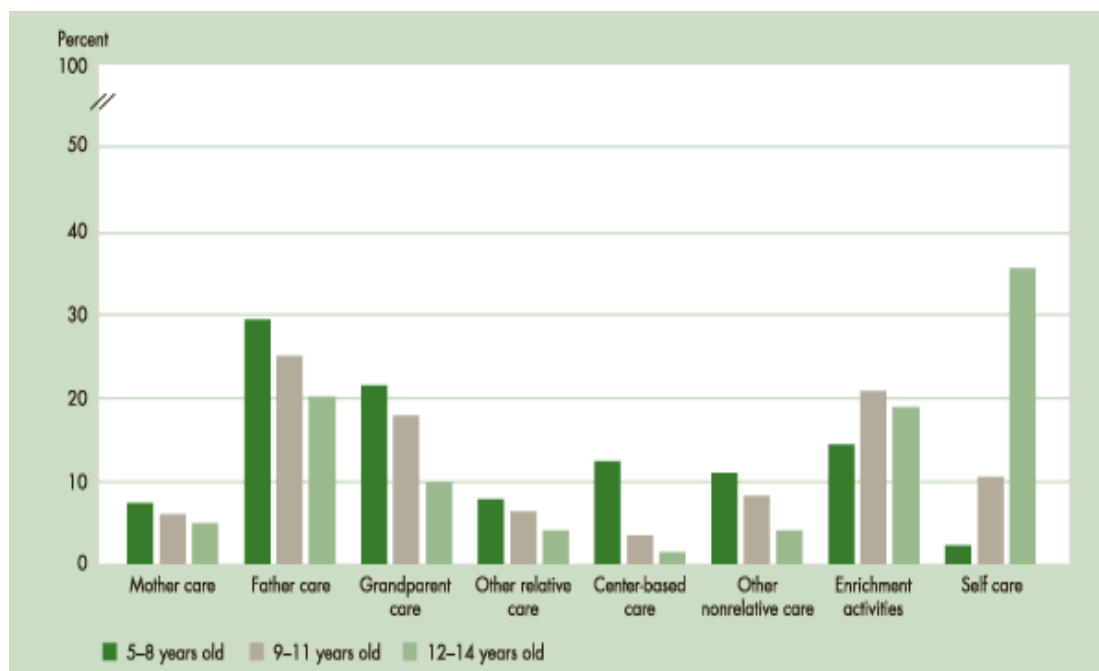


Figure 4. *Child Care for children 5-14*

**INDICATOR FAM3.A: PRIMARY CHILD CARE ARRANGEMENTS FOR CHILDREN
AGES 0–4 WITH EMPLOYED MOTHERS, SELECTED YEARS 1985–2010¹⁹**

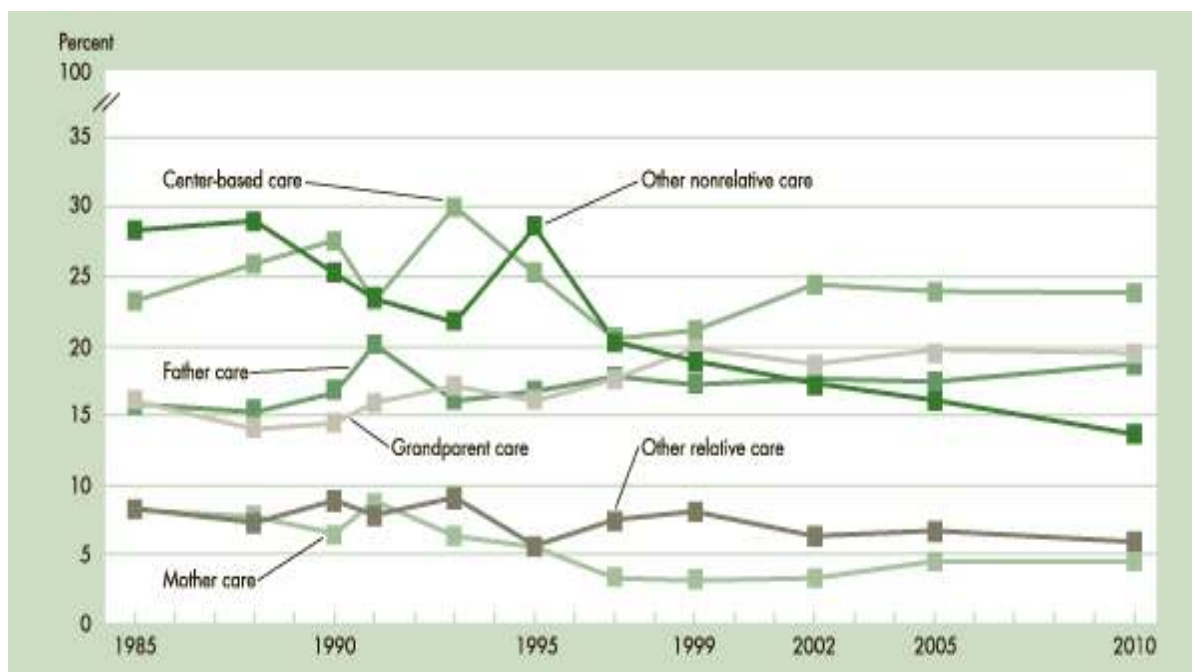


Figure 5. *Primary Child Care for Children 0-4*

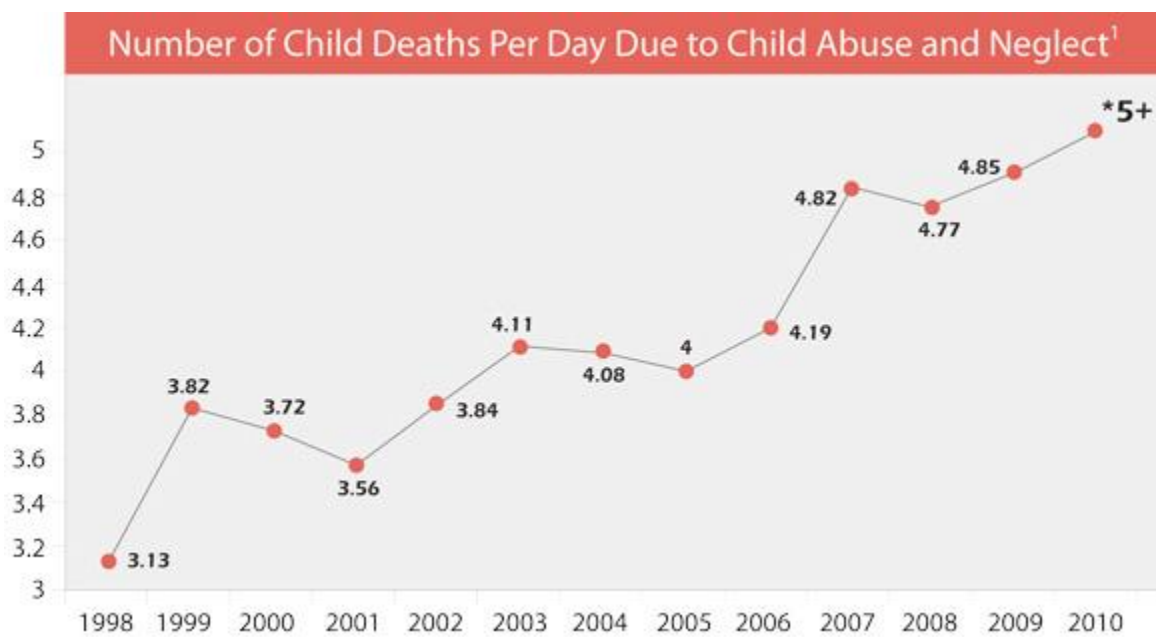


Figure 6. *Child Deaths per Day.*

Appendix A : Permission Letter

Dear Ms. Balkaran the school board and I have decided to allow you to utilize the school for your study. I printed and signed the letter. It is ready for you to pick up any time.

Pastor Mike

-----Original Message-----

From: Sabina Balkaran [mailto:sabina1325@yahoo.com] , Sabina Balkaran [Sabina.balkaran@waldenu.edu]

Sent: Monday, December 19, 2011 5:13 PM

To: Mike Towler

Subject: Re: Information

Appendix B : Determining Sample Size

F tests - ANOVA: Repeated measures, within-between interaction

Analysis: A priori: Compute required sample size

Input:	Effect size f	=	.15
	α err prob	=	0.05
	Power ($1-\beta$ err prob)	=	.80
	Number of groups	=	2
	Number of measurements	=	4
	Corr among rep measures	=	0.5
	Nonsphericity correction ϵ	=	1
Output:	Noncentrality parameter λ	=	11.1600000
	Critical F	=	2.6547918
	Numerator df	=	3.0000000
	Denominator df	=	180
	Total sample size	=	62
	Actual power	=	0.8007043

Appendix C: Farrell and Walsh Pretest

How much confidence do you have in your ability to identify indicators (signs) of child abuse?

- A great deal of confidence
- Some confidence
- Neutral
- Not much confidence
- No confidence at all

How much confidence do you have in your ability to report child abuse? No confidence – A great deal of confidence.

- A great deal of confidence
- Some confidence
- Neutral
- Not much confidence
- No confidence at all

How much knowledge do you have about the indicators (signs) of child abuse?

- A great deal of knowledge
- Some knowledge
- Neutral
- Not much knowledge
- No knowledge at all

How much knowledge do you have about the process for reporting child abuse?

- A great deal of knowledge
- Some knowledge
- Neutral
- Not much knowledge
- No knowledge at all

Appendix D: Farrell and Walsh Posttest

How much confidence do you have in your ability to identify indicators (signs) of child abuse?

- A great deal of confidence
- Some confidence
- Neutral
- Not much confidence
- No confidence at all

How much confidence do you have in your ability to report child abuse? No confidence – A great deal of confidence.

- A great deal of confidence
- Some confidence
- Neutral
- Not much confidence
- No confidence at all

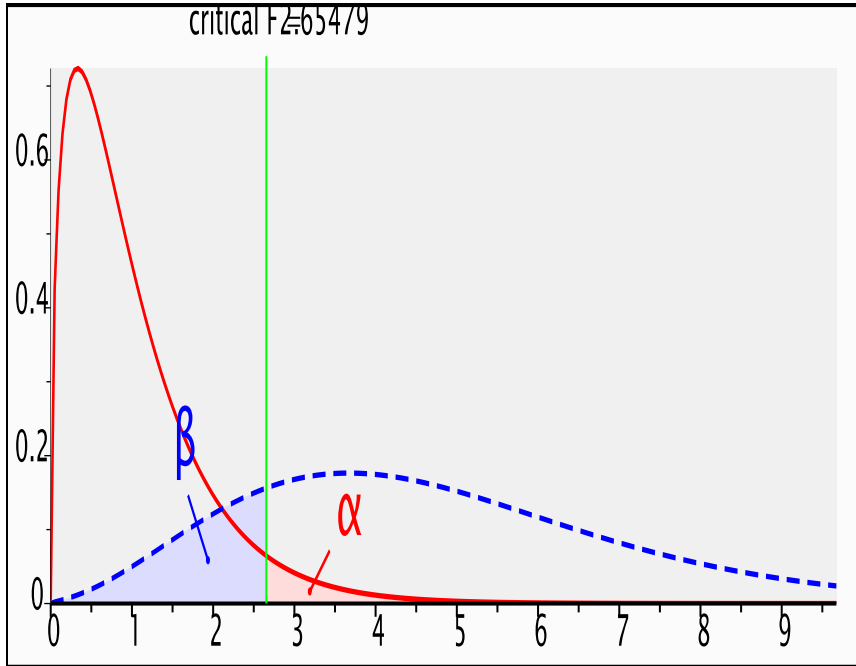
How much knowledge do you have about the indicators (signs) of child abuse?

- A great deal of knowledge
- Some knowledge
- Neutral
- Not much knowledge
- No knowledge at all

How much knowledge do you have about the process for reporting child abuse?

- A great deal of knowledge
- Some knowledge
- Neutral
- Not much knowledge
- No knowledge at all

Appendix E: Power as a function of sample size



Appendix F: Child Abuse Education Brochure

RECOGNITION OF CHILD ABUSE

- ◉ Based on the State Standards.
- ◉ Created by Nancy Evans, 2011
- ◉ Summarized by Sabina Balkaran

CHILD ABUSE EFFECTS FAMILY

- ◉ One grandmother remembers:
- ◉ My grandson Darren* was an absolutely perfect 4-month-old baby boy with velvet-smooth olive skin and the beginnings of silky ringlets. He voiced his needs, as all babies that age do, by crying. His father silenced Darren's voice forever by shaking him to death. If that had never happened, Darren would be finishing first grade about now, having learned to read, write, and tie his shoes, maybe even had a visit from the tooth fairy. Today, Darren's father is in prison. Darren's mother, grandmother, and sister have had extensive therapy to help them deal with the loss. Darren's sister, who was 3 years old at the time of his death, still fears hospitals because her baby brother went there and never came home.

WHAT IS CHILD ABUSE?

- ◉ The maltreatment of a child less than 18 years of age.
- ◉ Serious physical, emotional harm, sexual exploitation, neglect or any act that result in serious injuries or death.
- ◉ An imminent risk of serious harm (Evans, 2011).
- ◉ It is a hidden crime that inflicts permanent damage.

TYPES OF CHILD ABUSE:

- ◉ **Physical Abuse** - non accidental bodily injuries, broken bones, burns, scars and can result in death.
- ◉ **Emotional Abuse** - Verbal and mental abuse.
- ◉ **Sexual Abuse** - Incest, rape, sodomy, intercourse, fondling of the genitals of child.
- ◉ **Neglect** - failure provide for a child's basic needs. Not providing food, clothes and medical care.
- ◉ **Bullying** - Physical, emotional or Internet troublemaking with an intent to cause harm (Graham, 2010).

FACTORS CONTRIBUTING TO CHILD ABUSE:

- ◉ Disabilities and mental retardation
- ◉ Lack of understanding of the child's needs
- ◉ Poverty, unemployment and homelessness
- ◉ Family violence and dissolution
- ◉ Individual's history of domestic abuse
- ◉ Substance abuse in the family
- ◉ Adult-child negative interactions
- ◉ Adult stress and distress, depression, mental health conditions
- ◉ Community violence

SIGNS OF CHILD ABUSE

- ◉ Injuries in the back, buttocks, calves and thighs
- ◉ Burns that looks like cigarette burns
- ◉ Unexplained bruises on the face, wrist or ankles
- ◉ Clusters of bruises that looks like the child was beaten
- ◉ Suspicious injuries that occurs frequently
- ◉ Unexplained fractures, to skull, or bones
- ◉ Lacerations to genitals, lips, gums, on the back of arms, or human bite marks.

SHAKEN BABY SYNDROME

- ◉ Lethargy/decreased muscle tone
- ◉ Extreme irritability
- ◉ Decreased appetite, poor feeding or vomiting
- ◉ Grab-type bruises on arms or chest
- ◉ No smiling or vocalization
- ◉ Poor sucking or swallowing
- ◉ Rigidity or posturing
- ◉ Difficulty breathing, seizures
- ◉ Head or forehead appears larger than usual
- ◉ Fontanelle bulging, inability to lift head

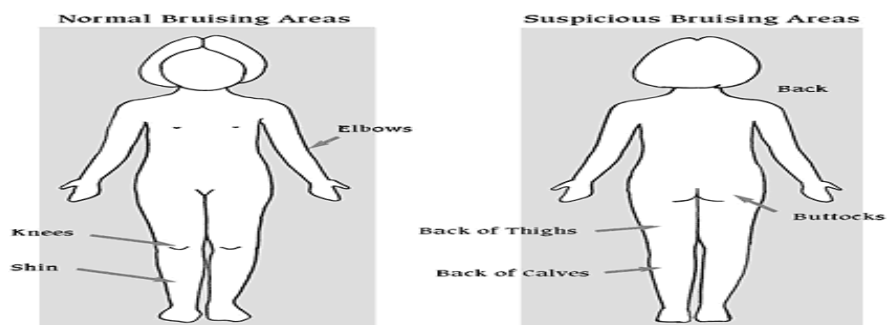
INDICATORS OF PHYSICAL ABUSE

- ◉ Showing fear of going to place of abuse
- ◉ Apprehensive when other children cry
- ◉ Exhibits aggressive, destructive, or disruptive behavior
- ◉ Exhibits passive, withdrawn or emotionless behavior
- ◉ Reports injuries
- ◉ In older children reports self-injurious behaviors such as cutting
- ◉ Wears long sleeves, or other concealing clothing
- ◉ Seeks inappropriate affection for other adults

SIGNS OF PHYSICAL ABUSE



PHYSICAL ABUSE



INDICATORS OF SEXUAL ABUSE

- Difficulty walking or sitting
- Torn, stained, or bloody underwear
- Pain, itching, bruising or bleeding in genitals
- Painful discharge of urine
- Foreign bodies in vagina or rectum
- Symptoms of sexually transmitted diseases
- Misuse of alcohol and other substances
- Has low self-esteem
- Child engages in inappropriate sexual behaviors, such as promiscuity

INDICATORS OF NEGLECT

- ◉ Consistent hunger, poor hygiene
- ◉ Failure to thrive (physical & emotional)
- ◉ Speech disorders
- ◉ Lack of supervision for long period of time
- ◉ Unattended physical problems
- ◉ Abandonment
- ◉ Alcohol or other substance use and abuse
- ◉ Habit disorder, sucking, nail biting, rocking
- ◉ Delayed mental or emotional development

INDICATORS OF BULLYING

- ◉ Child is irritable and cries more frequently than normal.
- ◉ Child does not want to go to school.
- ◉ Noticeable decrease in academic performance.
- ◉ Child views school as a unhappy place
- ◉ In older children they may turn to alcohol and other substance use.
- ◉ In very extreme cases your child may exhibit suicidal behaviors.

INDICATORS OF EMOTIONAL ABUSE

- ◉ Child rocks, sucks and bites self
- ◉ Suffers from sleep and speech disorder
- ◉ Self destructive behavior & highly aggressive
- ◉ Demonstrates compulsion, obsession, phobias and hysterical outbursts.
- ◉ Cruel to others and overtly demanding

EFFECTS OF CHILD ABUSE

- ◉ Post-traumatic stress disorder (PTSD)
- ◉ Promiscuity and sexual misconduct
- ◉ Substance use and abuse (addictive behavior)
- ◉ Behavioral problems, change in behavior
- ◉ Repressed memories
- ◉ Altered lifestyles-nightmares
- ◉ Cognitive effects and social effects
- ◉ Change in personality

WHAT TO DO?

- ◉ You can take your child to their Doctor and discuss the problem, and ask for help and guidance.
- ◉ You can file a report to the local Department of Children and Family Services.
- ◉ You can contact your local authorities.
- ◉ Florida Abuse Hotline **1-800-962-2873**
- ◉ You can call 911

Appendix G: Permission Letter

From: karen green <karengreen24@gmail.com>
To: Sabina <Sabina.balkaran@waldenu.edu>; Sabina Balkaran
<sabina1325@yahoo.com>
Sent: Sunday, August 4, 2013 9:25 AM
Subject:

Dear Mrs. Balkaran,

I authorize you to use The Reading Corner child abuse recognition brochure and the Reading Corner child abuse test for the purpose of your dissertation. I give your permission to use this document solely for the purpose of research for your dissertation.

Karen Green (Owner)
The Reading Corner.

Appendix H: Permission Letter-Self-efficacy Test

Ann FarrellSep 29 (1
day ago)

to me, Kerryann

Dear Sabina

Along with my co-author, Associate Professor Kerryann Walsh, I grant you permission to use the Farrell and Walsh self-efficacy scale for your dissertation at Walden University. Permission is also granted to adapt and change the scale to fit your study. We look forward to seeing your published work, in due course.

Best wishes

Ann

Professor Ann Farrell

Head of School | School of Early Childhood | Room B416 Kelvin Grove
| Faculty of Education |

Queensland University of Technology (QUT)

Victoria Park Road, Kelvin Grove QLD 4059

e: a.farrell@qut.edu.au | t: + 61 7 3138 3603

<http://education.qut.edu.au/~farrella> | [http://eprints.qut.edu.au/view/person/Farrell
, Ann.html](http://eprints.qut.edu.au/view/person/Farrell_Ann.html)

Children and Youth Research Centre | <http://www.cyrc.qut.edu.au/>

CRICOS No. 00213J

Appendix I: Consent from Pre-School Director



Mike Towler
Senior Pastor

Alan Jones
Worship Pastor

Mitch Smith
Youth Director

December 6, 2011

Dear Mrs. Balkaran,

After our meeting and your presentation to the school board we have discussed your research intent. We recognize that child abuse is an important problem that must be addressed. The school board and I have agreed to allow you access to our school and church to recruit participants for your dissertation research project. We look forward to seeing the outcome of your study.

Sincerely,

Michael A. Towler
Senior Pastor
mike@fbnewtampa.org

Appendix J: Demographic Form

Demographic Form**Participant Number** _____

Are you at least 18 years old _____

Circle one: Male or Female

Marital status: Married, Single, Divorced, Separated, Cohabiting

Education level: Some High school, High school, Some college, Four year college degree, Some Master's course work, Master's Degree, Some Doctoral course work, Doctoral Degree (JD, Ph.D, MD)

How many children do you have? _____

Is English your primary language? Yes No

Do you have at least one child under the age of 10 years old? Yes No

Have you have any previous child abuse education within the last three years? Yes or No

Have you been exposed to child abuse yourself? Yes or No

Are you a teacher or a health care professional? Yes No

Appendix K: Consent to Announce Study

Dear Ms. Balkaran yes we will be able to make the announcement at one of our meetings, about your research. You can also put up flyers if you would like that is pertaining to the study.

-----Original Message-----

From: Sabina Balkaran [sabina1325@yahoo.com], Sabina Balkaran [sabina.balkaran@waldenu.edu],

Sent: Monday, December 21, 2011 2:11 PM

To: Mike Towler

Subject: Re: Information

Sa
bin
a
Bal
kar
an

Sep 26 (4 days
ago)



Mike Towler <mike@fbcnewtampa.org>

Sep 28
(2 days
ago)

to Sabina, me

Ms. Sabina,

It is good to hear that the process is moving forward for you. We look forward to being a part of your program. We are happy to grant permission for you to be on site at our campus and to engage our people in conversation seeking their involvement in the data collection.

In addition, we are happy to offer to you a room at our facility to be able to collect data from them for your project as well. Please let me know if there is anything else that we can do to help. We look forward to hearing more good news.

Sincerely,
Pastor Mike Towler
Senior Pastor
FBC New Tampa
(813)907-1685
Mike@FbcNewTampa.org

Appendix L: Sample Flyer

Sabina Balkaran
IRB Approval # _____
 Endicott
 Phone: 813-417-2398

Walden University Student
IRB Contact Dr. Leilani
 Phone: 612-312-1210

Impact of Child Abuse Education on Parent's Self-Efficacy

Researcher:

Sabina Balkaran (Doctoral student of Psychology/Research and Evaluation)
sabina1325@yahoo.com 813-417-2398

You are invited to take part in a research study a research study whether or not education about child abuse impacts parental self-efficacy. A short educational brochure will be provided about child abuse recognition and then a test will be administered to evaluate the participant's level of self-efficacy, which is the individual's own belief in their ability to govern a situation and influence the situation or event that can affect their life or the life of another.

Who is involved in this Research?

This research is being done as a part of Sabina Balkaran's dissertation, in a graduation effort to earn her Doctoral degree in Psychology. This research has been given approval by the Institutional Review Board of Walden University. This research is being monitored by Dr. Amy Sickel and Dr. Leann Stadlander at Walden University. The research was also approved by the board of directors of the New Tampa Baptist pre-school.

Why should you participate?

The researcher is interested in studying parents with at least one child under the age of 10 years old, who reside in the state of Florida, who are at least 18 years of age, and under the age of 65 years old. You will be given the opportunity to learn about child abuse and how to recognize the signs of child abuse.

It is estimate that this study will take a combined total of approximately 20-30 minutes of your time in two parts the first set of times available. You can choose any of the available dates to return for the second part of the study.

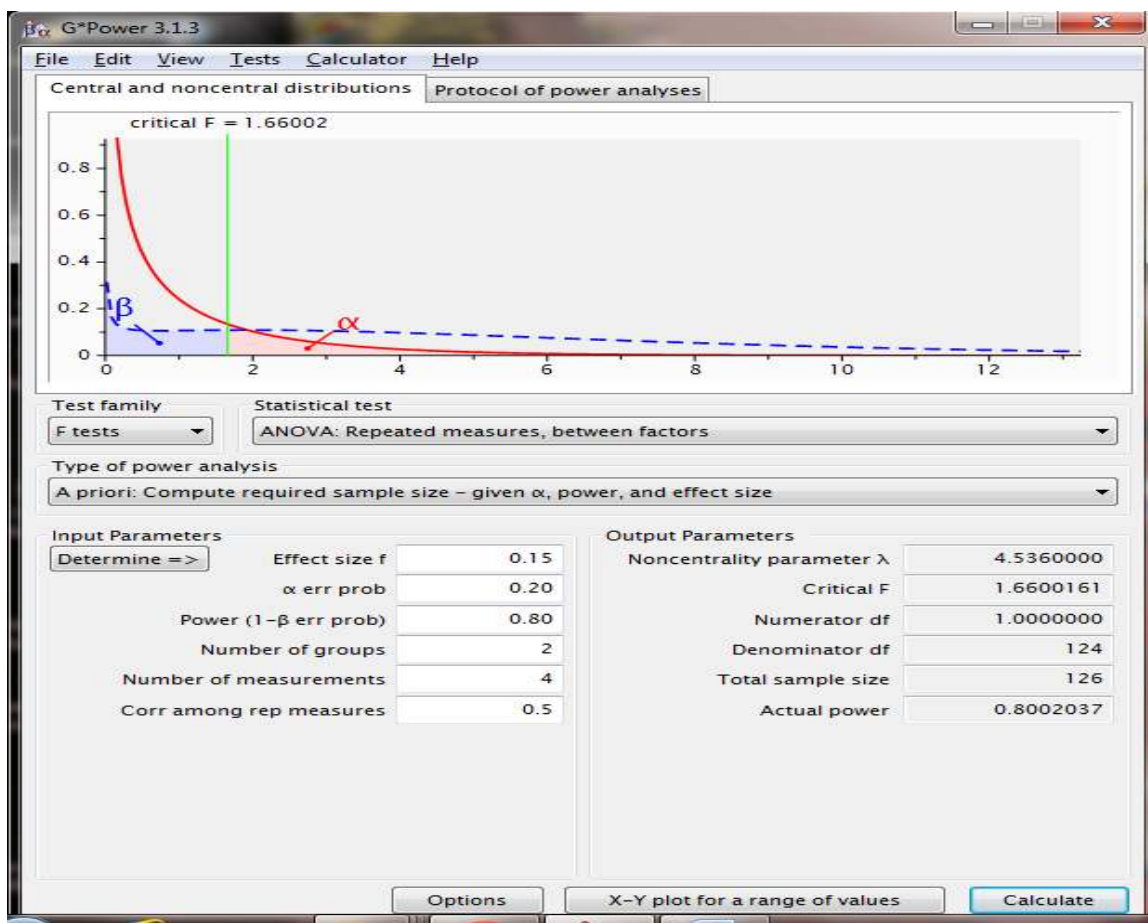
First Part

Thursday 12/11 6pm
 Friday 12/12 10am
 Saturday 12/13 5pm
 Sunday 12/14 1pm

Second Part

Thursday 12/18 6pm
 Friday 12/19 10am
 Saturday 12/20 5pm
 Sunday 12/21 1pm

Appendix M: G-Power



Appendix N

Thank you

Thank you so much for participating in this research project. Your participation was very valuable to me. I know you are very busy and I very much appreciate the time you have devoted to participating in this research project.

I wanted to provide you with the Florida Abuse Hotline **800-962-2873**

Free Mental Health Services and Counseling available at:
Tampa Family Health Center
1502 E Fowler Ave, Tampa FL 33612
813-866-0950

Or

Tampa Family Health
1514 North Florida Ave, 300 Tampa, FL 33613
813-490-1957

Appendix O: The Reading Corner child abuse test

1. Which of the following is something you cannot do once you suspect a child is being abused?
 - a. Call the Department of Children and Family Services
 - b. Call a the Florida Child abuse hotline
 - c. Call a police officer
 - d. Do nothing**

2. The four specific types of child maltreatment discussed by the Child Abuse Prevention and Treatment Act are:
 - a. Religious acts, scholastic abuse, financial abuse and slapping
 - b. Physical abuse, child neglect, sexual abuse and emotional abuse**
 - c. Scholastic abuse, withholding affection, grounding and taking away privileges
 - d. Strictness, making the child cries, yelling and physical punishment

3. Which is statement best describes the effects of child sexual abuse?
 - a. Many of the victims want to be abused
 - b. It is very easy to detect child sexual abuse
 - c. All individuals who have been sexually abused will go on to abuse others
 - d. Many of these individuals will have problems during adulthood in relationships and some may have abnormal sexual orientation**

4. Mary and Todd are parents of a 13 year old daughter who has been engaging in a sexual relationship with her ballet teacher who is 34 years old. She admits she is involved in a relationship and is in love with her ballet teacher. Is this sexual abuse?
 - a. Yes**
 - b. No

5. You overheard your son who is 16 years old, talking about being sexually active with his girlfriend who is 15 years old. The relationship is consensual. Is this sexual abuse?
 - a. Yes
 - b. No**

6. If your child comes home after school and has bruises, it is the first time the child has been injured at school. You ask your child what happens and he/she tells you they were playing on the playground and got hurt. You call the school and the teacher said he/she got hurt at recess. Should you suspect child abuse?
 - a. Yes
 - b. No**

7. Which is the most reported type of child abuse in the United States?
 - a. Emotional or psychological abuse
 - b. Child neglect**
 - c. Sexual abuse
 - d. Physical abuse

8. Which statement is the most accurate example of child neglect?
 - a. The child is involved in a sexual relationship with his/her teacher
 - b. The child was violently attacked by another child at school
 - c. The parent or legal guardian has not provided the child with adequate care and supervision.**
 - d. The parent or legal guardian has beaten the child

9. Health care professionals, teachers and clergy are considered mandatory reporters in the state of Florida, and they must report child abuse by telephone:
 - a. Once they have spoken to the family
 - b. Immediately**
 - c. Within 7 business days
 - d. It is based on their own judgment

10. If you suspect a child is being abused, however you are concerned about getting involved what should you do:
- a. Confront the abuser
 - b. Take the child away
 - c. Report the abuse anonymously**
 - d. Do nothing