The Consequences of Reporting Child Maltreatment: Are School Personnel at Risk for Secondary Traumatic Stress?

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As mandated reporters, school personnel are exposed to child maltreatment. Often these experiences result in a range of emotional, psychological, and physical symptoms and in some cases these symptoms may comprise Secondary Traumatic Stress (STS). In this study, grounded theory methods were used to analyze the experiences of 28 school personnel involved in mandated reporting of child maltreatment. Based on these narratives, a conceptual model is proposed for the development of STS among school personnel. STS within this population is a result of an interaction between the individual characteristics of the reporter, the community’s historical precedence for violence, the current level of violence in the community, reporter’s fears of what might occur once a report has been made, and unintended consequences of previous reports of child maltreatment. [Brief Treatment and Crisis Intervention 6:79–98 (2006)]

KEY WORDS: child maltreatment, trauma, school personnel, secondary traumatic stress, reporting, United States–Mexico border.

The memory of the massacre haunted me, and the teachers that I worked with. They worried that an angry parent would retaliate for being reported to CPS [Child Protective Services], by coming on school grounds and shooting everyone in sight.—Ernst, school social worker San Ysidro, CA, School District

School personnel are in a unique position to intervene in the life of a child who has been maltreated. As mandated reporters, they are a significant source of official child maltreatment reports (Hinson & Fossey, 2000; Kaplan, 1999; Lowenthal, 2001; Sedlak & Broadhurst, 1996) accounting for more reports than any other service entity (United States Department of Health and Human Services, 2005). What is not known is the effect that reporting child maltreatment has on these reporters. Past research has shown that the impact of traumatic stress extends past the primary victim and exerts an effect on others with whom they have close contact (Remer & Ferguson, 1995). The purpose of this paper is to add to what is known about Secondary Traumatic Stress (STS) through an exploration of qualitative data gathered from school personnel who report child abuse along the United States–Mexico border. The context in which the data were collected is described followed by a brief...
literature review of STS. The data collection and analysis methods are described. In addition to discussing the themes of STS, a model for the development of STS is suggested.

**The Context**

San Ysidro is the southernmost community in California. Some schools are less than 600 yards from the United States–Mexican Border (Figure 1). There are six elementary schools and one middle school in this town. Of the population enrolled in school, approximately 54% of the children are in grades first through eighth. Of the population 25 years and older, only 18% have graduated from high school or earned a General Equivalency Degree. Approximately 54% of the population has no high school diploma or equivalency (United States Census Bureau, 2000).

According to Astor, Pitner, and Duncan (1998), “Increasingly, problems related to issues such as child maltreatment, poverty, racism, and family and community violence tend to be systemic and overwhelming in some school settings” (p. 336). In San Ysidro, 32.2% of the families lived below the poverty line and of that 34.5% of families living below the poverty line had children younger than 5 years and 34.6% had children younger than 18 years. The median household income was $25,927. Approximately 44% of the population was not in the labor force (United States Census Bureau, 2000). People living in low-income areas where substance abuse and community and familial violence occur are more likely to have children who have been traumatized. Without resources for treatment in impoverished communities like San Ysidro, children demonstrate increased symptoms of chronic trauma. These traumatized children interact with unanticipated consequences for the school personnel.

**Political Context of the School District**

The San Ysidro school district is the largest employer in the community. Although, San Ysidro is technically a neighborhood in the city of San Diego, it has its own school district, which is independent of the San Diego Unified School District. The San Ysidro School Board is one
of the few political venues for the local residents and is its only elected body (1991–1992 San Diego County Grand Jury, 1992). The history of the School District and School Board has been tumultuous. Kurtz (1973) in his study of the San Ysidro community revealed that there was much room for improvement at the School District in regard to the relationship between schools and its Mexican American families. This tension continues today. There is turmoil over the pedagogy of the students. At the heart of this is a struggle between the proponents of bilingual education versus advocates of English-only education. This is in spite of the fact that some research suggests that bilingual education children placed in English immersion classes do better than those educated bilingually (Yates, 1982). The United States Census (2000) data indicated that 85.1% of the population spoke Spanish at home, of which 47.9% spoke English less than “very well.” Standardized test scores for the district in Spanish and English are at or below the 1st percentile. The District Superintendent’s tenure is short lived. Between 1980 and 1992, there were five superintendents. Because of mismanagement, low test scores, and actual malfeasance, the San Ysidro School District has been investigated on five separate occasions by the San Diego Grand Jury. Findings against the school district include violations of state and federal laws pertaining to special education, equal opportunity employment, and child endangerment (1991–1992 San Diego County Grand Jury, 1992).

**Historical Context—Violence**

Now, in a zone of only a few square miles, in effect a no man’s land between the cities of Tijuana, Mexico and San Diego U.S.A., they came. Sometimes ten thousand per week. And in those canyons lurked Tijuana bandits and cut-throats who fed off pollos [illegal immigrants] as they crossed the frontier in the night. On of the slashes of earth in this no-man’s land is called Dead Man’s Canyon, for good reason. It is a mean, blood-drenched gash of mesquite and cactus and rocks within the city limits of San Diego, one of the richest cities in the richest state in the richest country . . . . (Wambaugh, 1984, pp. 14–15)

“I’m going to hunt humans”—James Oliver Hubert’s remark to his wife just before he committed the McDonald’s massacre. (retrieved April 24, 2005, from http://www.washington.edu/alumni/columns/dec01/911_minds.html; see Figure 2)

As one drives down San Ysidro Boulevard, the main street in this community, on the way to a section of the town that contains local restaurants, one passes a satellite campus of the Southwestern Community College (Figure 3). In front of the community college is an iron fence that surrounds 21 gleaming hexagonal granite pillars ranging in height from 1 to 6 in. (Figure 3). These pillars are a reminder to the school personnel of San Ysidro of a tragedy that happened on that site before the college was built and there was a McDonald’s restaurant.

On July 18, 1984, James Huberty, a parent of two San Ysidro school district students, walked into this local McDonald’s restaurant with one Uzi submachine gun, one shot gun, and one semiautomatic pistol and opened fire. The customers and employees were frozen with fear. James Huberty reloaded twice. He discharged over 250 rounds of ammunition. Twenty-one people lay dead including pupils from local schools and 19 lay wounded. Among the dead were five children and six teenagers. The youngest victim was 8 months old. The eldest victim was 78 years old. An 11-year-old boy who was riding his bike on the sidewalk was shot through the window (see Figure 4). Seventy-seven minutes after Huberty began shooting, Chuck Foster, a San Diego Police sharpshooter killed him with a single shot. This was one of
the largest mass murders in the United States prior to the Oklahoma City bombing and the events of 9/11/2001.

This event was a notable theme within the school personnel interviews regarding child abuse reporting:

Yes. There have been, there is quite a lot of . . . crime . . . and . . . illegal activity. Including the major shooting in 1984, at McDonald’s. [Shaky voice] So, in many of them [teachers] who are, who have been there the past 15-20 years were there then.—Karen, an elementary special education teacher for 7 years (VanBergeijk & Sarmiento, 2005, p. 8)

As Karen indicated, many of the school personnel who have worked for the district over 15 years were employed during the McDonald’s Massacre. However, the McDonald’s Massacre was not the only incident of violence teachers were exposed to. On several occasions teachers were verbally or physically confronted by parents, as well as had their property vandalized (VanBergeijk & Sarmiento, 2005). Elizabeth exemplified the lasting impact of the threat of violence and the ongoing fear of retaliation by parents to those who report child maltreatment. During member checking, Elizabeth discussed the fear for her safety, as well as that of her own children. Elizabeth’s children were in college and graduate school. One of them was studying in Spain. The residuals from these violent encounters have lasting impact on teachers’ emotional and cognitive states. Other

FIGURE 2
A picture of the gunman, James Huberty, before the massacre. Note Huberty’s handwritten message on the photograph, “I’ll give you 100 yds.” Photograph courtesy of Dave Gatley. All rights reserved.
researchers had similar findings in teachers (Hinson & Fossey, 2000; Lowenthal, 2001; VanBergeijk & Sarmiento, 2005).

The massacre was not the only source of violence and death to which these professionals were exposed. In the same elementary school where James Huberty’s children attended, five other deaths occurred among the student population (VanBergeijk & Sarmiento, 2005). Coyotes, (smugglers) moved in and out of the community. They smuggled guns, drugs, and people across the border. Occasionally, the coyotes, would lead a group of illegal immigrants through the school grounds, leading to clashes between the coyotes and the school personnel. I was threatened by more than one smuggler because I prevented them from entering the school grounds.

The history of violence in a community and the current level of community violence contribute to the trauma of school personnel. As Kleber, Figley, and Gersons (1995a, 1995b) argued, trauma is much more than an individual’s issue. Trauma must be viewed in the wider context that is shaped by culture, by society, and by society’s values and norms: “Traumatic stress does not occur in a vacuum. Victims of traumatic stress live in specific situations in specific societies” (p. 1). To understand STS in these school personnel, the context of the San Ysidro community, the historical events, and political climate of the school district in combination with the mandate to report child maltreatment must be understood.

**Literature Review**

The effect of listening to people recount traumatic events has been conceptualized in a variety of different ways. Past research has indicated that professionals working with traumatized individuals may themselves develop traumatic stress symptoms as a result of this secondary exposure. This phenomenon of occupationally related stress response syndromes (Thomas & Wilson, 2004) has been referred to specifically as a vicarious trauma (Cunningham, 2003; McCann & Pearlman, 1990; Pearlman & Mac Ian, 1995), compassion fatigue (Figley, 1999a, 1999b), and STS (Stamm, 1999).

Although these terms have been used interchangeably, they rest upon different theoretical
propositions, and their usage depends upon the population under study. Vicarious trauma has been used primarily with mental health professionals such as therapists, psychologists, social workers, psychiatrists, and psychoanalysts (Cunningham, 2003; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995a, 1995b) but has not been used to describe the effect of working with traumatized children on teachers. Vicarious trauma results from one’s repeated exposure to description of violence or abuse experienced by another over several therapeutic encounters. The net effect of this exposure is a change in the therapist’s cognitive schemas—particularly those that deal with personal safety and trust. These changes in cognitive schemas consequently can result in the development of anxiety and depression in the helping professional (Cunningham, 2003).

Compassion fatigue describes the stress that occurs from interactions with a traumatized person (TP). Unlike vicarious trauma, compassion fatigue has not been used exclusively with mental health professionals. It was first used to describe burnout among nurses (Joinson, 1992) and has been applied to others who have experienced trauma as a result of their contact with a primary victim. Friends, family members, emergency workers such as police firefighters, and emergency medical technicians as well as mental health professionals are described as suffering from compassion fatigue.

The term, compassion fatigue, has been used synonymously with burnout. Burnout, according to Pines and Arson (1988) refers to the physical, emotional and mental exhaustion resulting from stressful experiences at work. This exhaustion is a gradual process that occurs over time and does not result permanent changes in the helper’s physical or mental health. Changing one’s employment or engaging in self-care can ameliorate burnout. The interchangeability of the terms compassion fatigue and burnout suggests that compassion fatigue

FIGURE 4
Emergency personnel arriving on the scene of the McDonald’s massacre, July 18, 1984. Photograph courtesy of Dave Gatley. All rights reserved.
is not considered to result in basic changes to the helper’s worldview. Further, it is not typically viewed as debilitating as vicarious trauma or STS. The symptoms of vicarious trauma or STS can be alleviated solely by changes in employment or self-care behavior.

Figley (1999b) defines STS “... as the natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person” (p. 10). The symptoms of STS mimic those of Post-traumatic Stress Disorder (PTSD) falling into three clusters: reexperiencing the traumatic event or TP through recollections, dreams and reminders, avoidance or numbing of reminders (i.e., the person with STS avoids thoughts and feelings concerning the TP, develops physiologic amnesia, avoids activities that stimulate memories of the traumatic event, appears detached, or has diminished affect, and/or has a sense of a foreshortened future) and hyperarousal (i.e., sleeplessness, anxiety) and signs of hypervigilance for the TP, which includes difficulty concentrating, physiologic reactions to cues, irritability, and/or outbursts of anger (Cornille & Meyers, 1999; Figley, 1999a, 1999b; Joslyn, 2002).

In contrast to PTSD, the distinguishing feature of STS is the indirect exposure of the helper to the traumatic event. STS occurs from the direct exposure to descriptions of traumatic events made by another person. In this way, the helper is indirectly exposed to the event itself. Exposure may occur through even a single encounter with a TP. In the case of PTSD, the first diagnostic criterion is a direct exposure to a traumatic event. This is defined as being directly exposed to the traumatic event oneself, witnessing the life threatening event first hand, or having a loved one or close associate experience the event (American Psychiatric Association, DSM-IV, 1994). It is important to note two features of STS. First, contrary to burnout or compassion fatigue, STS is not by definition a gradual process of accrual. It may occur over time but it may also occur after one exposure. Second, unlike PTSD, STS is not currently recognized as a diagnosis and is not a part of the Diagnostic Statistical Manual of Mental Disorders 4th edition (DSM-IV).

STS has been studied across multiple populations including police officers (Follette, Polusny, & Milbeck, 1994; Kaufmann & Beehr, 1989), crisis workers (Davis, 1996), emergency response workers (Dunning & Silva, 1980; Dyregrov & Mitchell, 1992), Child Protective Service Workers (Cornille & Meyers, 1999; Dane, 2000), clergy (Bricker & Fleischer, 1993), therapists (Figley, 1999b; Pearlman & Mac Ian, 1995; Stamm, 1999), and bank employees (Figley & Kleber, 1995). These studies show that indirect exposure to traumatic events through the direct exposure to TPs can result in serious psychological harm. Past research has suggested that there are individual level factors that may be related to the likelihood one will experience STS. For example, Ortlepp and Friedman (2002) found that among trauma counselors, perceived self-efficacy and social support were related positively to STS symptoms. Others have reported that STS symptoms are correlated with an individual’s personal trauma history (Cunningham, 2003) and possibly the length of their work assignment (Wee & Myers, 2002). There has also been some support to suggest that women, younger individuals, and/or individuals with less professional education may be more likely to report STS symptoms (Baird & Jenkins, 2003; Ghahramanlou & Brodbeck, 2000; Meyers & Cornille, 2002).

Cremer and Liddle (2005) point out that although not usually addressed in the STS literature, characteristics of the setting are likely to exert an impact on the individual’s STS experience as well. In particular, they proposed that the level of perceived danger at the workplace
likely played a role in the development of STS. Ortlepp and Friedman (2002) suggested that there may be organizational aspects of the work that exert an influence as well. They found that a worker’s perception of the level of coordination at the worksite was correlated with STS symptoms. This recognition of the context within which occupational stress occurs as a factor in the development of a stress response is important when considering the experiences of school personnel working within at-risk communities.

School personnel are directly exposed to traumatized children (O’Halloran & Linton, 2000). Research shows that urban school personnel suspect an average of 92 cases of child maltreatment across the span of their careers (VanBergeijk, in press). Despite this, there has been little attention given to their reactions to working with these children. Based on the previous research findings, it is reasonable to conclude that school personnel are at risk for the development of STS.

This study seeks to fill this gap by examining the narratives of 28 school personnel through the lens of STS. STS is more appropriate than vicarious trauma for the analysis of the data because we did not examine or measure changes in the cognitive schemas of the teachers. Furthermore, “... secondary trauma strikes when the traumatic stress appears to ‘infect’ the entire system after first appearing in only one member” (Figley, 1999b, p. 8). In this sample of school personnel, many were not working for the district at the time of a historic event that traumatized the community. Moreover, STS is also more appropriate than compassion fatigue or burnout because of the long-term effects of their work with this population. STS has been studied with CPS workers and because this study originally focused upon school personnel’s experiences reporting child abuse, we regarded STS to be most applicable by definition and by the virtue that both of these populations work with maltreated children.

Research Question and Researcher Positioning

In qualitative research the researcher is the primary instrument of the data collection, and thus it is imperative to acknowledge the researchers’ background, ethics, and values (Creswell, 2003). Prior to the data collection, I worked as a school social worker in the San Ysidro School District. I was a former coworker of the participants and conducted the interviews after leaving the district. I left San Ysidro after providing Grand Jury testimony against the school district on numerous violations of State and Federal law (see VanBergeijk & Sarmiento, 2005, for a complete description).

Although I spoke some Spanish, all the interviews were conducted in English. The disadvantage of having the information filtered through the lens of the interviewer is that the researcher’s presence may bias responses (Creswell, 1994). However, given the great sensitivity of the issue of child abuse reporting, only a trusted insider could have attained such rich and genuine data. In order to avoid retraumatizing the participants, they were given the option to be interviewed in a location in which they were most comfortable. They understood that they could stop the interview at any time should they experience discomfort. Also, as a clinical social worker trained in crisis intervention, I observed the participant’s verbal and nonverbal communication for signs of distress.

Teresa’s perceptions of child maltreatment reporting were shaped by her personal and professional experiences. She grew up as the only daughter of an immigrant single mother who spoke Spanish as her primary language. Teresa worked as a school social worker in Connecticut in alternative learning and special education programs. She had made several child protective
service reports and was familiar with the system. Teresa lent rigor to the analysis of the data by providing her perspective as a Latina and as a school social worker from outside of the San Ysidro area.

Data Collection and Analysis Procedure

Twenty-eight school personnel from San Ysidro and neighboring communities were interviewed individually from 30 to 90 min. I interviewed the participants in their natural settings such as in their classrooms, on the playground, local restaurants, and in their homes. Twenty-three of the informants either currently worked in San Ysidro or had worked there within the last 5 years. Seventeen general education teachers and four special education teachers were interviewed as well as one acting administrator, three school social workers, two school psychologists, and one speech therapist and secretary who later became a teacher. Of the 21 teachers represented in the sample, 11 taught in the bilingual program and 10 taught in the English-only program.

The interviews were audiotaped and transcribed, resulting in over 9 hr of recordings. The data were triangulated using a variety of data sources including photographs, drawings, newsreel footage, Grand Jury reports, published literature, maps, and newspaper articles. Teresa and I returned to San Ysidro in 2002 for member checking of our results. Member checking, according to Denzin and Lincoln (1994), involves “... talking to people in the field ...” in order to establish the credibility and verisimilitude of the interpretation of the data. No direct questions were posed regarding STS. The data were analyzed using Grounded Theory Methods (Strauss & Corbin, 1990, 1994), which allows for the emergence of themes without preconceived notions regarding what the researcher expects to find.

Findings

Teacher Symptoms

Astor et al. (1998) have argued that teachers often experience problems similar to their traumatized students. Three types of symptoms were uncovered in our data: (a) intrusive or recurring images, suspiciousness, and hypervigilance; (b) cognitive symptoms including a sense of powerlessness, avoidance of others, sense of isolation, sense of failure, doubt of own instincts; (c) emotional symptoms of hyperarousal such as stress, anxiety, uncertainty, frustration, anger, guilt, and crying; and (d) Other physical symptoms such as sleeplessness, depression, headaches, neck and backaches, fatigue, and ulcers. Not all teachers expressed or exhibited these symptoms:

I might feel anxious, but then I know it must, someone must do it. And you have to do, so therefore, it’s part of the job. And there are good things and bad things with every job. If you look at as a positive thing with documentation for a possible [positive] outcome, and a possible good service to a child, then it should not add to a stress level. You might have few moments of stress. But I don’t see any ramifications from it.—Jane, 17 years of service, middle school teacher

The signs of STS are analogous to those of PTSD, such as sleeplessness, irritability, anxiety, emotional withdrawal, avoidance of certain tasks, isolation from coworkers, feelings of helplessness, inadequacy, and even flashbacks (Cornille & Meyers, 1999; Joslyn, 2002). Additionally, individuals who work with children have a higher risk of developing STS (Conrad & Perry, 2000; Dyregrov & Mitchell, 1992; Joslyn, 2002). Research has demonstrated that longevity and severity of symptoms vary according to individuals (Conrad & Perry, 2000; Cornille &
Meyers, 1999), and symptoms increased in individuals who have experienced personal trauma (Cornille & Meyers, 1999).

**Intrusive or Recurring Imagery.** Kim only had 3 years experience as a teacher and taught elementary special education. While a community agency was conducting a presentation on child abuse in her first-grade classroom, a six-year-old girl stated that her mother’s boyfriend had been touching her sexually. The case was investigated, and the child attended counseling at the school. The family eventually moved, which was a frequent occurrence in San Ysidro (VanBergeijk & Sarmiento, 2005). Years after the report, Kim continued to think of the child:

> At work, I think about it all the time. I think about her fairly often. What happened to her? I wonder what happened with her father. Where was he? Her mom was single mom, and had a rough life, waitressing; A hard life. I wonder about that little girl ... she had all the signs, all the signs I didn’t recognize then, but now I know. She was way too promiscuous, the way she dressed ...

Carmela described how she reacted to a child she suspected might be maltreated. Carmela grew up in a family where depression, substance abuse, and neglect were issues. She felt this heightened her attention to child maltreatment issues:

> My first reaction is that I am instantly worried about the child and the child’s safety. It interferes with my thinking process throughout the day, because I keep an eye on that child. When I finally realize or when I become suspicious I start watching that child and every move they make. I start keeping an eye on [him], making mental notes and sometimes I make little written notes. I worry about their attendance. I worry about whether or not they eat regularly. I worry about whether or not they eat regularly. I worry about whether or not they eat regularly. I worry about whether or not they eat regularly. I worry about whether or not they eat regularly. I worry about whether or not they eat regularly. I worry about whether or not they eat regularly. I worry about whether or not they eat regularly. I worry about whether or not they eat regularly. I worry about whether or not they eat regularly.

**Cognitive Symptoms**

**Sense of Powerlessness and Failure.** All the school personnel wanted to feel as though they are able to help a child and create change in the child’s situation. When filing cases of child maltreatment many educators felt extremely frustrated and powerless to change the situation for the child. Luz vividly described how teachers’ felt the need to protect children by controlling the school environment. This is how she dealt with her sense of powerlessness. Often during the interview Luz’s voice faltered as if she were going to cry. She recalled how she felt after a home visit to her student, Juan’s house:

> I was worried about where I’m going to get the money for brand new pair of pants [for
myself]. This kid, this family is struggling to put food on the table for their children. I went home. I cried. I felt guilty. I felt like I had too much, you know. I sit here and complain, moan and groan about things, and I don’t have a right to. Really, I don’t! [Excited] And I think those parts make it hard for a teacher, because here in the classroom you are dealing with them in your environment. And you have that control for them. And as teachers, I think all of us, want that control . . . You have that control! 'Tuck in your shirt. Pick up your pants. Do this, Do that!' [Speaking Rapidly] At home they’re not getting fed [Voice lowered and speech slower]. Here [at school] they’re getting breakfast. They’re getting lunch. They are getting all these things. You have control of them here. You can watch them. 'Be careful! Tie your shoelaces. Do this!' At [his] home I didn’t have control. He wasn’t mine. He’s someone else’s. He belongs to somebody else [nervous laugh]. And I didn’t feel they [the parents] had control. And it’s not mine to say, [if] that it’s wrong or right. However, it’s gonna be his life. And, I think, that guilt . . . that no sense of control. You have no control over this kid anymore. He was on my mind all month. Everything I did he was on my mind. [Hesitation] He can, you know [Voice lowered], he can be successful. He can do so much. He’s so talented. But, you know, I think that, making those home visits brings me back to what each kid’s reality is outside of your controlled environment. I think that’s hard for teachers. It’s really hard! . . . Emotionally, I [Deep Breath] . . . emotionally, you get drained!

The school personnel wanted to see results. Guillermo, a 20-year veteran had taught all elementary grades, filed a child maltreatment report on a 9-year old-girl, Colleen, who several teachers had reported in the past. However, it was not until Colleen was caught performing oral sex on fellow male classmates on school grounds that CPS investigated.

I was screaming, and they [CPS] weren’t listening, you know, in essence [Loud voice]. And I don’t want to condemn them; I’ve never worked for them! I don’t know what their housing situation is, but what seemed mighty frustrating is that, you know, I had what I considered to be something severe. And I’m on the phone, and they’re saying well you have to wait; someone will get back with you. And it’s not that the child [Colleen] was in any immediate danger, but it was just like, you know. It was something that I wanted dealt with at this moment! And I think that might come from the fact that . . . that’s day to day for them. And maybe what I was sharing with them was, was not as severe as what, what they see on a case-by-case basis. But to me, you know, my school. My child! My problem! I wanted [action] now!

The school personnel vividly recalled and cited Colleen’s case as one the worst cases of child maltreatment they had encountered. Several teachers reported Colleen to CPS on multiple occasions. When a CPS investigation did occur, the child was removed from the school. Her mother and stepfather were to supervise her and educate her at home. Eventually, Colleen set fire to a curtain in her bedroom to escape being sexually abused by her stepfather and was placed in a mental health institution. Teachers felt powerless to help this child and questioned the purpose of filing a child maltreatment report because no positive outcomes resulted for the child. There was a sense of hopelessness and guilt. Had the teachers not filed a report, she would not have been removed from their care at the school.
Doubting of Abilities, Numbing, Avoidance.
Many teachers discussed not reporting suspected cases because they doubted their ability to correctly identify child maltreatment or doubted the children’s stories. As presented in Dane (2000), in an effort to protect their view of the world, Child Care Workers denied the experiences of children. For example, Antonio, 10-year veteran of the district stated he never reported a case of child maltreatment. When one of his students was suspected of being maltreated, another teacher noticed and filed a child maltreatment report. Antonio avoided thoughts, feelings, and conversations associated with child maltreatment.

Well, a lot of times the kids are not very truthful. You have to sort out the facts from the fiction ... you wanna make sure everything is right before you blame someone for it. And the kids sometimes do have an exaggerated or bending of the truth. If you know them well, no problem. Some of these kids, I haven’t been able to fathom them yet. ... Some of the kids come over with a scar or a black eye, and say 'Naw, I just got in a fight. And it’s usually true. But in some odd cases it is somebody at home that did it to them. You have to feel sure. At least I do.

One novice teacher witnessed a parent slapping her student across the face for an allegedly lost library book. Later the librarian had found the book to have been misshelved. The novice teacher did not know what to do. The parent’s gross overreaction to a minor infraction and inability to contain her anger were warning signs of potential abuse. The teacher avoided reporting the incident:

... slapping in the face, I, I, was shocked by it, but I [pause] couldn’t believe it. I was so shocked that ... I, I, wanted the memory of it to absolutely go away. I didn’t realize at the time how important my role would have probably been. I probably could have had more of an impact. And that’s why I think of her so often.

The student she failed to report was later severely traumatized. The second-grade student’s mother had been living in a domestic violence situation. The mother filed an order of protection against the girl’s father. The family was homeless as a result. The mother met an employee of the court while she was filing an order of protection who offered the mother and her children a place to stay in his trailer home. The mother and the court employee subsequently became paramours. The second-grade student whose face was slapped witnessed her mother’s murder at the hands of her mother’s paramour. The mother had discovered her new boyfriend sexually abusing a 4-year-old sibling. The student and her younger siblings were found wandering in a daze on the beach on Christmas day.

Paula clarified why teachers found it difficult to assess cases child maltreatment. The environment of San Ysidro inured teachers to minor forms of child maltreatment.

When working in situation like San Ysidro, you tend to get a little tough hearted. And you see it all the time, so, then you only really start to see the really severe cases that call attention. Whereas if you’re in another environment or neighborhood, and all your kids are taken care of pretty well, and you see one child that you know is unkempt. Your attention goes right to them, and you get involved. But I think you kinda get a little hard hearted down there. You have to toughen up.—Paula, elementary education, 12-year veteran

The high levels of poverty and neglect had redefined for her what was mild maltreatment and unfortunate circumstances.
Emotional Consequences and Hyperarousal

Anxiety, Frustration, Anger. Educators expressed an excessive worry, intense apprehension, uneasiness, uncertainty, and fear about maltreated children that affected their emotional and physical well-being. They experienced different degrees of anxiety. Their anxiety, frustration, anger and fear were most often physically manifested through tears.

[In] the home I went to there was trash all over the floor, and there was an infant there who supposedly had fallen out of bed with a broken leg ... when I saw what I saw, [it] was very disturbing, and I went back to the school. And, uhm, sat in the office with the principal and cried.—Candice, a 7-year special education veteran

... they [the administration] had to see me crying hysterically in a meeting, to the point where I was losing control, for them to realize the seriousness of the situation.—Olga, a bilingual elementary school teacher with over 25 years of teaching experience in San Ysidro

For some of the educators, worrying was interrelated with avoidance of filing a child abuse report or recognition of child maltreatment. Teachers felt a tremendous burden professional and personally. Alberto, has worked for the district as an elementary school teacher for 23 years. Alberto is one of the few teachers who felt that all cases he reported worked out to his satisfaction. Yet, he felt uneasy, uncertain, apprehensive, and feared filing a report of child maltreatment:

It makes it very stressful for me, because first of all I ask myself, why does it have to happen? Why do we do these things to a child, you know? [Speaking Rapidly] And then secondly, how much am I as a teacher really have to get involved with that particular situation? I am I going to be called to testify, in that kind of a thing? And its I guess deep inside [Deep Breath], I tell myself I really wish I didn’t have to go through this type of a situation [Low Voice].

Zulema, a third-grade teacher, described her hypervigilance, in this manner:

... when I see kids in my classroom, I look at them like they’re my own. I’m always trying to notice everything. If they come in my classroom with a scratch on their face or something I immediately ask them “how did it happened?” Then I’ll ask the parent, and compare stories.

The previous four quotes come from teachers who have varying degrees of experience in terms of years on the job and the population (i.e., special education vs. general education; English-only versus bilingual education) they served. Even their perceptions of satisfaction with CPS’s response differed. Yet, all these teachers experienced the emotional consequences and hyperarousal associated with STS.

Physical Complaints

School personnel expressed negative physiological reactions to situations of child maltreatment, such as the inability to sleep, headaches, and ulcers. During the interviews, several of the school personnel rubbed their necks and backs and complained of pain as they discussed their experiences reporting child maltreatment. During member checking, Karla vividly recalled her “Marvin headache.” Karla had named a particular type of headache she experienced as the Marvin headache because the first time she experienced this type of headache she was with Marvin. Marvin was a student in her third-grade classroom during her first initial years as a teacher (VanBergeijk & Sarmiento, 2005). At the age of 17, Marvin
ordered a 14-year-old acquaintance to murder of pizza deliveryman (Cromwell, 1996; Gorman, 1995; The Family Violence & Sexual Assault Institute, 2002). To this day, Karla has tremendous guilt for not reporting her suspicions that Marvin was neglected. Karla recalled with great detail the cases of child maltreatment that she encountered, as well the majority of the severe cases that were known throughout the school. Karla is an over 20-year veteran of the school system. She revealed that she was diagnosed with depression. The psychiatrist who diagnosed her attributed much of her depression to her stressful working conditions (VanBergeijk & Sarmiento, 2005).

Karla depicted one scene where she was dealing with an abused child in her classroom that was particularly disruptive. This boy and a classmate had “torn up” the classroom and ran out of the door:

... when I lost sight of them, I broke down. I had broke down. I was standing on the playground with tiny little kids, and I was crying so hard that the tiny little kids wondered what was wrong. I had left my class unattended... and the social worker brought me into the office and sat me down. I sat with the principal for 30 minutes. I couldn’t stop crying... The social worker and the principal told me I’m not nuts. This particular child has serious problems. It’s not that I’m, you know, I like to think of myself as who’s in control in their classroom. I felt like a complete failure. And I realized when I couldn’t stop crying that there was something seriously wrong with me. And it’s stress. It’s stress.

Another teacher reported a colleague’s physical reaction to an in-service training on child abuse reporting:

... one of our teachers was severely abused, sexually as a child. And at that time she could not stay in the room. I remembered she walked out of the room. She looked like she was going to get sick. She went round the building and collapsed. I followed her and helped her get into her room. She couldn’t be in there. She couldn’t listen to it, because it was hitting too close to home.

Sleeplessness. The cases of child maltreatment that teachers were exposed had lasting effects. Teachers not only frequently thought of the children at work, but also at home. Some teachers, like Karla had recurrent dreams of the children and their stories.

A Conceptual Model for the Development of STS

In a previous publication (VanBergeijk & Sarmiento, 2005) we developed a preliminary conceptual model to help explain mandated reporters’ decisions to report or not report cases of child abuse and neglect (Figure 5). From the data analysis in this study we propose to introduce a new sphere of influence, Individual Reporter Susceptibility, to a conceptual model in order to explain the development of STS. The old model consists of four spheres of influence that interact to explain the decision making of school personnel. The four spheres of influence are (a) the Threat of Violence, (b) the Historical Precedent for Violence, (c) Fears, and (d) Unintended Consequences. We expand upon this same conceptual model here to explain the STS among school personnel.

This new model explaining the development of STS similarly incorporates Fears and Unintended Consequences as two categories or spheres of influence of primary importance. Fears refer to beliefs of negative outcomes for either the child or the school personnel should they file a child abuse report. The fears may not
have been realized, however, the school person-
nel believe they could occur if they were to file
a report. Fears include: retaliation, being wrong,
getting involved, invading family privacy, and
making the situation worse for the child.

Unintended consequences, on the other hand,
are unexpected negative results from previous
reports to CPS. These unexpected results in-
clude the family leaving the school district or
fleeing the country; a destruction of the relation-
ship with the child and the family; actual
retaliation by a parent, supervisor, or col-
league; and actually making the situation worse
for the child. These consequences did not have
to be experienced directly by the school per-
sonnel. Rather, they only needed to be aware
of an unintended consequence happening to
a colleague for it to have an impact on the
potential reporter. The more fears an individual
has and the more unintended consequences she
or he experiences, the greater the likelihood the
individual will develop STS.

As with understanding decisions to re-
port child abuse, the historical precedence of
violence and the current threat of violence in
the community are contextual factors of this
conceptual model explaining the development
of STS. The greater the number of historical acts
of violence the individual is aware of or the
greater the severity of as little a single historical
act of violence, the greater the odds that the in-
dividual will develop STS. Events such has the
McDonald’s Massacre become incorporated in
the collective conscious of the community.

There is a new sphere of influence or category
of factors that promotes the development of
STS that is unique to this model. We believe
that the new category, Individual Reporter
Susceptibility, is central to the development
of STS in school personnel. Individual Reporter
Susceptibility refers to a cluster of six factors
that place the school personnel and potential reporter of child maltreatment at greater risk for the development of STS. These factors are empathy, a family history of violence, a family history of substance abuse, a history of other traumas, a preexisting psychiatric diagnosis, and working with children. The more empathetic the individual was to the plight of the abused and neglected children, the more likely they were to develop STS. The level of empathy was estimated by the participant’s self-descriptions as being very empathetic toward the children. If the individual reporter had a personal family history of violence, substance abuse, and child maltreatment or other traumas, this again increased their risk of developing STS. The preexistence of psychiatric conditions such as anxiety disorders and depression further predisposed the individual to STS. Finally, the mere fact that they worked with children who had been victimized increased the likelihood that they would develop STS. This notion is supported by other scholars. Conrad and Perry (2000) and Dane (2000) assert that working with maltreated children affects an individual personally and professionally.

**Limitations**

There are several limitations to the current study. First, because no questions were posed regarding secondary trauma, this study provides a limited exploration of STS in school personnel. A mixed-method (quantitative and qualitative) approach is encouraged to describe and understand the phenomena. Second, as articulated by (Creswell, 2003) in qualitative research, others may interpret data differently. Other researchers may approach the data with a different theoretical framework and methodology. Furthermore, the researcher’s positioning uniquely affects the interpretation of the data. A third limitation is that the findings may not be generalizable beyond this community context. More research needs to be done on STS in educators who report child maltreatment in other communities.

**Conclusion**

School personnel are at risk for developing STS, yet research has not made the connection. With school personnel suspecting on average 92 cases of child maltreatment across the span of their careers in one study (VanBergeijk, in press), the risk of this population developing STS is great. This study is one of the first to identify and explore STS in teachers and other school personnel. It was evident from the data the STS was amplified by the community, historical, political contexts of San Ysidro, CA. Although this was a qualitative study in nature and the direct measurement of STS was not conducted, approximately three fourths of the sample showed varying degrees of STS.

Though study limitations are acknowledged, there is potential for future investigation. Ignoring the phenomena can only result in consequences for the society, communities, families, and children. School social workers are in a unique position to assist teachers and other school personnel as well as school districts in the recognition, prevention, and treatment of STS. Furthermore, mental health service providers and researchers should consider the adoption of STS as a classification system.

School social workers and other mental health professionals often are involved in the reporting of child maltreatment. The focus of the intervention is to ensure the safety of the child. However, school social workers and other mental health professionals also need to be cognizant of the fact that the reporting process can have serious emotional sequelae for the mandated reporter. Teachers and other school personnel can develop symptoms of STS.

Currently, there are few empirically based approaches to address STS. Focusing on the
experiences of therapists, it has been suggested that helping individuals to develop clear ethical principles to guide their own practice may serve to reduce feelings of ethical uncertainty that underlies some of the distress that an individual with STS experiences. Also, it is important for the individual to be educated about the stress and trauma process so that they may better understand their own experiences (Williams & Sommer, 1995). Other authors have suggested that helping individuals to develop strong peer advising and support networks is an effective way of facilitating objective decision making, normalizing feelings, minimizing distorted perceptions, and ensuring that the individual is adequately supported (Catherall, 1995).

Based on the limited research in this area, school personnel including teachers, administrators, and school-based mental health professionals should be trained in the recognition, prevention, and treatment of STS. In-service training should include defining STS, teaching principles of ethical decision making, self-care techniques, and when to enlist professional help. School districts also ought to develop protocols regarding how to identify and intervene with educators who exhibit signs of secondary trauma. This may include the development of peer advisory groups and/or the secondary trauma teams headed by a school social worker or other mental health professional. Part of the team’s function would be to provide referrals to mental health providers who specialize in the treatment of STS.

The cost of ignoring STS is high. Leaving STS untreated results in increased absenteeism, substance abuse, teacher turnover, medical costs, and increased workmen’s compensation claims, as well as lowered productivity. The costs to the children are a decrease in the quality of their education and their subsequent employability. By not treating STS in the mandated reporters there is a potential of decreasing child maltreatment reporting. The costs of leaving child abuse untreated are profound and well documented.

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References


