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Working with children suffering from abuse and neglect : the elementary school counselor as an advocate

Bernice A. Fischels
University of Northern Iowa

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Working with children suffering from abuse and neglect : the elementary school counselor as an advocate

Abstract

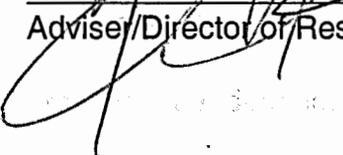
This paper examines the history of advocacy for the rights and safety of children suffering from abuse and neglect in the United States, and more specifically the state of Iowa. It looks at statistical data concerning the incidence of child abuse and its correlation to age and ability level. It specifically addresses the developmental, psychological, emotional, and physical effects of child abuse. The remainder of the paper outlines the role of the elementary school counselor as an advocate in helping children who are suffering from abuse and neglect. The paper addresses individual, group, and classroom interventions that may be used in assisting this growing population.

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Head, Department of Educational
Leadership, Counseling, and
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**WORKING WITH CHILDREN SUFFERING FROM ABUSE AND NEGLECT:
THE ELEMENTARY SCHOOL COUNSELOR AS AN ADVOCATE**

A Research Paper

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**The Department of Educational Leadership, Counseling,
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In Partial Fulfillment

**of the Requirements for the Degree of
Masters of Arts in Education**

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Bernice A. Fischels

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Abstract

This paper examines the history of advocacy for the rights and safety of children suffering from abuse and neglect in the United States and more specifically to the state of Iowa. It looks at statistical data concerning the incidence of child abuse and its correlation to age and ability level. It specifically addresses the developmental, psychological, emotional, and physical affects of child abuse. The remainder of the paper outlines the role of the elementary school counselor as an advocate in helping children who are suffering from abuse and neglect. The paper addresses individual, group, and classroom interventions that may be used in assisting this growing population.

Working with Children Suffering from Abuse and Neglect:

The Elementary School Counselor as an Advocate

"I'm late. I've got to finish the dishes on time, otherwise no breakfast; and since I didn't have dinner last night, I have to make sure I get something to eat. Mother's running around yelling at my brothers. I can hear her stomping down the hallway towards the kitchen. I dip my hands back in the scalding rinse water. It's too late. She catches me with my hands out of the water. SMACK! Mother hits me in the face and I topple to the floor. I know better than to stand there and take the hit. I learned the hard way that she takes that as an act of defiance, which means more hits, or worst of all, not food. I regain my posture and dodge her looks, as she screams into my ears."

Dave, age seven (Pelzer, 1993, p. 3)

Child abuse and neglect is a growing epidemic in the United States where approximately every 2 minutes a child is being abused (Minard, 1993). In 1996, 1,185 children died from abuse (Laws, 2001). Child abuse not only physically hurts a child but also delays a child's psychological, neurological, social, and emotional development.

This paper examines the history of advocacy for the rights and safety of children. It defines the different categories of abuse and looks at statistical data available for abuse in the United States. This paper describes the developmental, psychological, emotional, and physical affects and concerns of child abuse and neglect. It also discusses the role of the elementary school counselor as an advocate for students who have been abused and neglected. It describes how the elementary school counselor can serve as a resource for helping students deal with their thoughts and feelings about the abuse. This paper also provides an overview of what elementary school counselors can do to serve the growing population of children who are suffering from abuse and neglect.

Definition of Abuse and Neglect

The Child Abuse, Prevention, and Treatment Act of 1974, PL 93-247, defines maltreatment, used as a general term to include all types of child abuse and neglect as, "the physical or mental injury, sexual abuse, negligent treatment of a child or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened hereby" (Lowenthal, 2001, p. 13).

Neglect is defined as a lack of appropriate care for children. Failing to provide adequate food, shelter, clothing, medicine, and/or social and

educational opportunities is a form of neglect. Lack of attention and love is another form of neglect. Neglect is the most common form of child abuse and it can be short-term or long-term. Short-term neglect is associated with trauma in the lives of the child's parents and long-term neglect is many times connected to the drug abuse and alcohol use of parents (Lowenthal, 1996).

Statistics for Child Abuse and Neglect in the United States

It has been estimated that nearly 100,000 children in the United States are confirmed victims of abuse and neglect. Understandably, this only represents the cases that are reported and considered founded. Experts believe that for every single case that is founded, four more go unreported (Laws, 2001). The number of reported child abuse cases in the United States has risen approximately 10% per year since 1976 (Lowenthal, 2001).

Children who range in age from 4 to 7 years are most likely to be abused (Laws, 2001). Parents and relatives compose at least 77% of the abusers. It has been estimated that at least 30% of the perpetrators were abused themselves as children (Lowenthal, 2001).

Children with disabilities are most vulnerable to maltreatment by their caregivers. A disabled child is 1.7 times more likely to be abused than a child without a disability. In a sampling of 1,000 abused children, 36 of the children were disabled. The rate of emotional abuse in children with

disabilities is almost twice as high as children without disabilities. A child with disabilities is more likely to be abused for a number of reasons. They are more dependent on their caregivers in meeting their basic needs and they have less contact with their peers. Children with disabilities often experience rejection from others, which increases the need for more time and attention from their caregivers. This additional demand escalates the stress and frustration level of providers, in turn increasing the potential for abuse. Children with disabilities tend to have innocent beliefs that people have good intentions and will not hurt them. They have difficulties predicting the consequences of their behaviors and also have a limited understanding about sex and sexual advances (Lowenthal, 2001).

History of Child Abuse Detection and Prevention in the United States

Child abuse has existed since the beginning of human kind. For instance, Greek historians recorded the killing of children in documents dated before the birth of Christ. Ancient civilizations were known to sacrifice children to their Gods or to kill children who were born deformed (Iowa Department of Human Services 1999).

Until the latter part of the 19th century, children were considered property of their fathers. In many families, maltreatment of a child was considered a part of parental discipline. It was common for children who were unwanted by their parents or orphaned to be sent to poorhouses,

foundling homes, or mental institutions. Older children were sent to other families to become indentured servants and used as cheap labor. In 1853, the Children's Aid Society was created to rescue some of these children. Eventually, child labor abuses led to widespread public concern about overall child abuse and neglect. Unfortunately, the passage of the first Child Labor Law was not until 1916 (Freedman, 1994).

The first public reporting of child abuse occurred in 1874 with the case of a nine-year old girl named Mary Ellen. With no child abuse laws in place, authorities were forced to use assistance from the American Society for the Prevention of Cruelty to Animals (Lowenthal, 2001).

The Aid to Families with Dependent Children program was initiated in 1935 as part of the Social Security Act. At that time, a small amount of limited funding was used to provide foster parent services to children who were maltreated (Iowa Department of Human Services, 1999).

In 1974, the U.S. Congress passed the Child Abuse Prevention and Treatment Act. This Act created the National Center on Child Abuse and Neglect in the same year. The NCCAN developed criteria for studies on the causes of child abuse and also processed information about maltreatment through their clearinghouse. Regional centers were created to conduct research about abuse and neglect and to develop more effective methods of detection and prevention. Each regional center also designated which professionals would serve as mandatory child

abuse reporters. The mandate to report extends to anyone that is a licensed professional and has contact with children, disabled adults, or the elderly in one of these six disciplines: Health, Education, ChildCare, Mental Health, Law Enforcement, or Social Services (Lowenthal, 2001).

Categories of Child Abuse and Neglect

Physical Abuse

Physical abuse is defined as a non-accidental physical injury inflicted upon a child by a caretaker. Abuse indicators include but are not limited to unexplained bruising, grab marks, loss of teeth, outlines of an instrument used to abuse, marks and bruises on the back, face back of legs, or broken blood vessels in eyes of the victim, or unexplained burns (Cates, Markell, 1995).

Emotional Abuse

Emotional abuse is viewed as any abuse that causes injury to a child's psychological wellbeing. Emotional abuse has negative effects on a child's self-esteem and self-image that can cause life-long debilitating results. Indicators of emotional abuse toward children include rejecting the child's values, needs, and request for adult approval and guidance (Romeo, 2000). Isolation from a child's family and community or denying the child normal human contact is considered emotional abuse (Lowenthal, 2001). Verbally assaulting a child with repeated name-calling, harsh threats and sarcastic put downs that

damage a child's self-esteem is considered emotional abuse. Overpressuring a child to grow up fast and to achieve too early in academics, physical or motor skills which leaves a child feeling she or he is never quite good enough is an often overlooked form of emotional abuse.

Emotional abuse is the hardest type of abuse to prove because there is often no physical evidence of the abuse (Romeo, 2000).

Most children will respond to emotional abuse in either a passive or aggressive manner. If a child acts out to emotional abuse in a passive way, they might have trouble making friendships, exhibit extreme shyness, or become the victims of other children. Other passive symptoms include, feeling pessimistic toward life, causing self-injury, i.e. hair pulling and nail biting or by making negative remarks about their self-worth. A child who reacts to emotional abuse in an aggressive way might bully other children, show cruelty to animals, have repeated truancy, or have a reluctance to go home (Romeo, 2000).

Sexual Abuse

Sexual abuse is considered to be both mental and physical abuse. Children who have been sexually abused will show certain behaviors that will indicate sexual abuse has occurred. These behaviors might include extensive knowledge about sex beyond the child's normal developmental age or seductive behavior toward others not appropriate for that age. Physical indicators of sexual abuse could include certain

injuries such as bruising or bleeding genitalia, venereal disease, or even pregnancy (Minard, 1993).

Sub-categories of sexual abuse include detention in a brothel, lascivious acts with a child, indecent exposure, and assault with intent to commit sexual abuse, indecent contact with a child, incest, bestiality, and/or sexual exploitation by a counselor or therapist (Iowa Department of Human Services 1999).

Denial of Critical Care or Neglect

Denial of critical care is defined as the failure on the part of a child's caretaker to provide for the basic needs of a child. Adequate food, shelter, proper supervision, clothing, health care, emotional and mental health care and other care necessary for a child's welfare are all basics requirements needed for a child to thrive. What most people often think of as neglect is considered "denial of critical care" (Iowa Department of Human Services, 1999).

According to the Iowa Department of Human Services, the most recently enacted child protection laws include the "Boyfriend Bill" and child abuse guidelines concerning methamphetamine manufacturing. The Iowa Senate File 63 changes the old law prohibiting abuse by a parent, guardian, or person having custody or control over a child to also include any person who is a member of the household, i.e. a significant other. Iowa House File 178 concerning the manufacturing of

methamphetamine states that it is against the law for a parent, guardian, or custodian to manufacture meth in the presence of any child, even if they are someone else's or knowing allows meth manufacturing by another person. This law applies to a child's home, premises or any motor vehicle on the property. Iowa House File 178 creates a new category of child abuse if the person responsible for the child's care has manufactured a dangerous substance in the child's presence or possesses products with intent to do so.

Developmental Effects of Abuse and Neglect

Neurological and Psychological Effects

Abuse and neglect can cause interruption in the neurological development of a child in two ways. First, sensory experiences are necessary for the optimal organization of the brain. Lack of sensory experiences cause a disruption during critical periods of brain development. Second, extreme negative experiences, such as severe maltreatment and neglect cause abnormal activation of neuron patterns in the brain. Negative environmental events can cause malfunction in certain areas of the brain responsible for the regulation of affect, empathy, and emotions. Continual abuse causes children show a lack of feelings for others. It also causes a disruption in the attachment process of young children to their caregivers and a lack of trust in their environments (Crain, 2000).

Social Effects

Abuse and neglect can have detrimental effects on a child's social development. Children who are abused demonstrate more aggression, show less concern, and more inappropriate reactions to their peers than do children who have not been abused. They are less likely to accept invitations to play and resist overtures of friendship. Lack of quality relationships at home and poor modeling of social skills contribute poor social interactions. Social problems for children who are abused could result from a lack of self-confidence, low self-esteem, and a feeling of being unworthy enough to have friends. This sense of inferiority makes children less likely to volunteer in class and participate in extracurricular activities, thus affecting their academic performance (Lowenthal, 2001).

Physical and Motor Development Effects

Abuse and neglect can compromise both fine and gross motor skills as well as adaptive and self-help skills. A child who is maltreated and malnourished experiences lethargy, muscle weakness, and the inability to use large muscles in a manner that is age-appropriate for them. Lack of a proper diet results in weight loss and stunted growth weights. Lethargy reduces physical exploration and learning from the environment. Lack of exploration and enrichment of environment has a negative affect on brain development (Lowenthal, 1996). Fine motor skills are delayed by neglect if abuse parents deprive children of

opportunities of coloring, painting, cutting, pasting, working puzzles or manipulating toys (Lowenthal, 2001).

Adaptive skills necessary for daily living such as self-care and community living can regress when children are abused and neglected. Abusive caregivers do not model or reinforce these skills. Sleeping, waking, and toilet routines are affected by abuse because of the child's hypervigilance and fear of future abuse if they do not stay alert (Lowenthal, 2001).

Communication and Language Development Effects

On the average, children who were abused and neglected display language delays ranging from 6 to 9 months (Lowenthal, 2001, p. 37). Abusive parents tend to show lack of proper interaction with their children. They have fewer verbal interactions with their children as compared to parent who do not abuse. Abusive parents verbally respond less to their children and when they do they use short, terse commands rather than more elaborate conversation. Abusive parents discourage conversation with their children and tend more to belittle, criticize, and tell their children to be quiet. Abused children find it safer and less threatening to remain silent, further inhibiting the development of their language development (Laws, 2001).

Counseling Abused and Neglected Children in Schools

“While I stand clothed only in my underwear, the (school) nurse records my various marks and bruises on the clipboard. She counts the slash-like marks on my face, looking for any she might have missed in the past. She leaves the room and returns with Mr. Hanson the principal, and two of my teachers. Mrs. Hanson knows me very well. I’ve been in his office more than any other kid in school” (Pelzer, 1995).

Approximately 500,000 American children experience abuse or neglect before they enter kindergarten. Most carry the pain of their abuse into the classroom where it results as poor behavior and lower academic achievement. School counselors, administrators, and teachers must take direct steps to address this problem in the early childhood classroom environment. Immediate action will bring both aid and comfort to the innocent victim of child abuse, but will also help ensure a safe and positive learning environment for all their classmates as well. If schools don’t intervene, ultimately society will have to. Delaying actions will cause more serious consequences for all (Gootman, 1996).

The School Counselor as an Advocate

Unlike other educators, the school counselor works directly with both the abused child and all the adults connected and concerned with the abuse. This most often includes the child’s teacher, principal, parents,

social worker, therapist, and occasionally the perpetrator, especially if the abuser happens to be a family member. The school counselor needs to be knowledgeable about the behavioral signs and symptoms of all types of abuse. The school counselor must have knowledge of the most recent child protection laws for their state and of the mandatory reporting process. And as the school counselor, they will serve as the primary resource person for the victim and their family from the initial identification process to the final healing process. Having a multitude of roles and functions can be a challenging and conflicting job for the school counselor.

The School Counselor as Mandatory Reporter

Iowa law defines six classes of people who must make a report of child abuse to the Iowa Department of Human Services within 24 hours of the suspected abuse. Professionals working in the fields of Health, Education, ChildCare, Mental Health, Law Enforcement and Social Work are considered Mandatory Reporters. More specifically, under the category of Education, all licensed school employees, teachers, counselors, coaches, and para-educators are required to report abuse (Iowa Department of Human Services, 1999).

Once school counselors make a report of child abuse, they become informants. Being an informant puts a counselor in a very uncomfortable position. Counselors are required to put aside their promises of

confidentiality and under all circumstances make the report of child abuse. The breach of confidentiality is unethical, but to not report is illegal. Those who suspect abuse has occurred and fail to make a report can be charged with a crime, but those who do report, do so, "in good faith and have legal immunity from civil and criminal liability"

(Farberman & Finch, 1997, p. 101). It is essential that school officials and the school counselor have a clear and objective understanding of all the roles they are required to play and the responsibilities they have toward the abused child. Child abuse is a traumatic experience for all children, but educators must remember that they are not to blame.

"Victimized children have not learned that it is okay to say no, nor do they know how it feels to have personal space honored"

(Gullatt, 1999, p. 30). It is a part of the school's responsibility "to help the abused child set healthy boundaries and to know that he will be respected. But first, he may need to be taught to trust personal judgments, feelings, and perceptions. The child need to understand that confidentiality within the school is honored by staff and students"

(Gullatt, 1999, p.31).

Interventions

Interventions are important in helping the child understand why the abuse occurred and that it was not the child's fault. Individual counseling allows the child to discuss their feelings and conflicting

reactions to the abuse. It initiates the healing process and gives the child hope for the future.

Group counseling helps the abused child build relationships with other children who have been abused. It gives children the feeling that they are not alone and do not have to work through the abuse by themselves (Corey & Corey, 1997).

Classroom guidance lessons and activities help create an awareness of child abuse and prevention. It educates children on how to prevent abuse and allows those who are suffering from abuse to come forward and seek help without fear, shame, or guilt (Gullett, 1999).

Both bibliotherapy and play therapy can be used in individual counseling, group counseling, and in whole group guidance lessons (Vernon, 1999). Bibliotherapy can give the abused child the reassuring feeling that they are not alone as they are exposed to experiences of characters in literature similar to their own. Bibliotherapy helps children gain insight into their own problems and assists them in finding appropriate solutions for their own use (McDaniel, 2001).

Play therapy gives children under the age of ten a language within which to express themselves. Because young children lack verbal reasoning skills, play therapy provides a method for expression of feelings to a caring and understanding adult who will help the child seek solutions to their problems and concerns. (Kottman, 1999).

Individual Counseling

The first measure of success in helping the abused child is performing the mechanical steps of reporting the abuse. After which, the school counselor may begin or continue to provide individual counseling services with the victim and on some occasions, his or her family. Individual counseling will help enhance a student's self-esteem and personal sense of power (Barrett-Kruse, Carll, & Martinez, 1998).

It is helpful for the child and their family to know that even though the counselor personally made the report, it was based on a group effort that included the child's teachers and principal. With that in mind, the relationship between the school counselor and the abused child and their family needs to remain on of mutual respect, trust, and honesty to provide the optimal services for all involved (Gullett, 1999).

Bibliotherapy

Bibliotherapy is an especially helpful counseling technique used in individual counseling for children who are reluctant to express their thoughts and feelings. Through reading fiction and nonfiction books and or watching videos about those who have suffered from abuse, children are able to associate their feelings with others who have had similar experiences. This gives them the feeling that they are not alone and that their experiences are not unique (Vernon, 1999).

Before using bibliotherapy with a student or within the context of a small counseling group, the school counselor needs to be cognizant of several factors that will help make bibliotherapy more successful. First, a sufficient amount of trust needs to be established between the school counselor and student before a book is introduced. The student must acknowledge there is a problem and agree to do the assigned reading or participate in reading the book with the counselor. Next, a thorough discussion about the reading needs to take place between the counselor and the student. The counselor will encourage discussion about the character and their situation while making connections to the student's own life. During the discussion, the counselor will offer emotional support while the student applies what they have read to their own lives. Finally, the school counselor needs to be familiar with the current fiction and non-fiction that would benefit young students and their particular needs. The school counselor should never use or recommend a book that they have not reviewed personally or suggest a movie that they have not viewed previously (Beale & Christenbury, 1996).

Play Therapy

Play therapy is recognized as an exceptionally valuable tool for allowing children to express concerns and emotional issues. In a play therapy situation, a child is offered a wide variety of toys and materials to choose from. Through the act of play and expression, the abused child

is able to construct and act out on their own the circumstances of the abuse, or express their thoughts about the abuse or the abuser (Vernon, 1999).

According to Kottman (1999), children participating in play therapy and more specifically, Adlerian Play Therapy will work through four phases toward reaching a successful outcome. They are: (a) building an egalitarian relationship between counselor and student, (b) exploring the child's lifestyle, (c) helping the child gain insight into his or her lifestyle, and (d) reorienting and reeducating the child.

Materials for play therapy should be selected to facilitate contact between the counselor and the child, and should encourage catharsis and expression of feelings. They should also encourage insight into the abusive event and provide opportunities for resolution. Examples of play therapy materials might include puppets, dolls, dollhouses, play furniture, a telephone, or toy monsters. Creative materials used for expression might include crayons, clay, or paints (Vernon, 1999).

Group Counseling

As with individual counseling, group therapy or counseling provides a safe environment where abused children are allowed to express themselves. The added benefit of a group is that a child can visually see and hear that they are not alone in their suffering and hope for creating a different life (Corey & Corey, 1997). A safe environment is created as

the school counselor creates parameters of verbal and physical expression. The promise of confidentiality within the group also provides the opportunity for the abused child to express themselves honestly without fear of criticism or rejection. Group counseling provides the opportunity for abused children to develop and reinforce new social skills and healthy ways of interacting with others.

Because of the nature of the topic of abuse, participants must be willing and emotionally able to join and participate within a group setting. It is not recommended that members join a group before they have had sufficient individual counseling (Corey & Corey, 1997).

The school counselor should use caution concerning ethical issues when forming abuse therapy groups, especially when working with children. In order to ensure protection for both the counselor and client, whether in a group or individual setting, the elementary counselor should take a number of precautions. Creating a group contract that is designed, understood, and signed by all members will help ensure a level of confidentiality and respect within the group setting (Corey & Corey, 1997). The elementary counselor should keep accurate and objective records whenever possible of all interactions and counseling sessions with students (Lawrence & Robinson, 2000).

Also, the age of the children in the group has an important impact on how to work with them. An elementary school counselor should be well

versed in the theories of child development and age appropriate interventions. The school counselor should also be knowledgeable in theories of family dynamics and cultural and gender differences, as well. This knowledge will assist the elementary counselor in making appropriate decisions that will be best for the student and considered ethical for the counselor (Lawrence & Robinson, 2000).

Role-playing within a group setting offers children the opportunity to practice new behaviors, rehearse learned skills, and view situations from multiple perspectives, gain confidence, and express feelings. Through the process of rehearsing alternative behaviors, group members can receive feedback from others in the group on the effect the new behaviors might have and offer alternatives the member may not have thought of (Vernon, 1999).

An example of a structured role-play might be where the counselor would invite the child to play his or her own part and the counselor will play the part of the significant other or visa versa. It is best to use a specific situation (Vernon, 1999).

One role-play variation is the Gestalt Empty Chair technique. This is where the child would sit in a chair opposite and empty chair pretending the person they had an issue with was in that chair. The child would have a dialogue with the empty chair about and issue they were having with a real person (Vernon, 1999).

Classroom Guidance

Elementary school is an optimal time to educate children about child abuse. Young children's minds are flexible and quick to take in new ideas and learn new skills. Classroom guidance is the first line of defense in the prevention of child abuse and neglect. Teaching techniques such as bibliotherapy, videos, and role-playing are important tools used for abuse prevention. It is essential that the elementary school library contain books about abuse that range in age level from preschool to pre-teen (Gootman, 1996).

Guest Speakers

Inviting community members and professionals into the elementary classroom as guest speakers is also an effective tool in the prevention of child abuse. Examples of speakers might include social workers, therapists, or members of organizations that are trained specifically to speak about abuse and neglect. This benefits the children by introducing a new resource into their lives and by providing information to them by someone other than their school counselor. For children suffering from abuse, the thought of telling someone as close to them as their school counselor might be too uncomfortable. Introducing them to a new and trusted professional will give them the opportunity to disclose their abuse. For older children, guest speakers who have experienced abuse would be effective. This opportunity would give children who

have been abused a sense of hope and the tools needed for coping and building a new life.

Collaboration with Community Agencies

Prevention of child abuse and addressing the needs of abused and neglected children requires a team effort involving the school system and local community agencies. Not only does the legal system require collaboration through its mandatory reporting laws, but common sense dictates that a combination of professional services would create the best environment for prevention, education, and healing for children.

Within the context of the elementary guidance classroom, individual sessions or group counseling sessions, the school counselor can invite in local professionals from medical or mental health centers to talk to the students about a variety of topics centered around addressing abuse or preventing abuse. Topics might include, safe touch programs, anger management programs, or violence prevention programs. In larger communities, older student youth groups are available to perform plays and send a helpful message about violence and abuse prevention.

Depending on the community, the amount and type of outside agencies will vary. The state of Iowa provides three public service systems for Iowa children. Included in this is the Safety and Protection System for abused, neglected and delinquent children. Within this system, is the Department of Human Services and the Juvenile Justice

System. These two departments include or can recommend a variety of services including, therapy and counseling, psychosocial evaluation, social and family skills development, foster care and respite services, school-based supervision, and skills development. The elementary guidance counselor would contact either service to receive additional help and support (Crosley & Gallegher, 2004).

Conclusions

Child abuse and neglect has existed since the beginning of human kind. Not until the beginning of the twentieth century was this issue taken seriously enough to be addressed through legal action, mandates, and laws beginning with the passage of the Child Labor Law in 1916. Unfortunately, the number of child abuse and neglect cases in the United States today continues to rise.

The elementary school environment provides an optimal setting for preventing abuse, and/or counteracting and overcoming the problems of abused and neglected children. A school counselor needs to be an honest, respected, caring individual who creates an atmosphere of trust for all children and especially children suffering from abuse. A school counselor's role in addressing the problem of child abuse and implementing preventative programs is significant. Specific knowledge about human development, types of abuse and their affects, along with the most recent laws and regulations is a must for school counselors to be effect problem solvers. Preventative guidance lessons presented in the elementary classroom along with interventions in individual and group therapy are the tools with which an elementary school counselor can use to create a healthier environment for all students.

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