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Abstract

Schools are in a position to connect children and adolescents suspected of being victims of violence with an external source of support by making referrals to external agencies. However, several studies have identified obstacles that hinder early reporting among school staff members. Very few studies have applied a mixed method approach to try to understand this sensitive issue. The current study used this approach to analyze to what extent detected cases match cases reported by active school staff members in Spain (n = 453, 83.5% females, age: M = 42.23, SD = 9.46). We also classified the reasons given for not reporting the potential victimization cases encountered and comparisons to determine whether the level of knowledge of respondents who gave different reasons for lack of reporting differed. Although 73.5% of school staff members had detected at least one potential case, 40.8% of them referred it to an external agency. The most common reasons for lack of reporting included deciding not to do so once concerns had been shared within the school and believing that one must be certain or that only serious violence should be reported. Interestingly, respondents that stated that lack of reporting was because of lack of knowledge scored the highest in knowledge about reporting procedures. The findings of this study may help to further understand the decisions not to report certain suspicions of potential victimization cases to external agencies by school staff. The results suggest that most potential victimization cases detected at school are not referred to the appropriate authorities. There is an urgent need to raise awareness about the duty to report potential victimization cases to external agencies, even in the absence of agreement from the school management team. Members of school staff need to be strongly encouraged to become familiar with the existing protocols.

Keywords: victimization; violence; children; school; report.

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Introduction

Several authors have proposed that reporting potential victimization cases to specialized agencies, such as social services, is the main way to connect victims with a source of help (Mathews & Bross, 2008; Wekerle, 2013). Nevertheless, most people tend not to report concerns to these agencies because of misconceptions, like thinking that a child would be automatically removed from home if they were being maltreated (Walsh & Jones, 2015). This has been confirmed by professionals working with children on an everyday basis (Feng et al., 2010).

Within this context, schools have been defined as one of the governments' main tools to ensure that childrens' rights are upheld (McGarry & Buckley, 2013) by making the corresponding authorities aware of children at risk. However, the education sector tends to present very low rates of reporting (Dinehart & Kenny, 2015) or fails to report suspicions properly (King & Scott, 2014). Several studies performed in school settings reported that teachers were able to identify potential victims of violence but not able to respond effectively (Gilbert et al., 2008). And victims of different types of violence expressed regret that teachers had not tried to reach out to them more (Buckley et al., 2007). Some authors have proposed that unseen victims, who are actually detected but receive no official action, tend to develop more complex traumas (Smyth et al., 2012) as they need to cope not only with the victimization itself but with the silence and complicity of society, and maybe their loved ones (Münzer et al., 2014). This also makes victims more likely not to disclose their experience nor ask for help (McElvaney et al., 2014). We thus need further understanding of the response given to potential cases of child and youth victimization encountered at school (Gilbert al., 2008).

So why are school staff members finding it so hard to report children that they suspect to be at risk? As a recent review has highlighted (Alazri & Hanna, 2020), it

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seems that different variables in the reporter (e.g., lack of knowledge), the victims (e.g., type of victim's family) or the system (e.g., school setting) play a role. Other factors reported in the literature have been the link and communication between social services and schools (Nohilly, 2019), and the challenges regarding the definition of what constitutes a suspicion (Crowell & Levi, 2012).

When addressing such a sensitive topic, some authors have suggested that traditional quantitative research may be somehow unable to capture the meanings that people attach to complex phenomena (Collingridge & Gantt, 2019). For instance, Silber and collaborators (2013) found that open-ended questions led to higher response rates than closed-ended questions when participants were asked about sensitive issues. They proposed that respondents may not find a response option that is in line with what they believe can explain their behavior when the answers are restricted to multiple choices. The consequential loss of significant information and quality of the responses given may affect the conclusions of research targeting the detection and early reporting of child and youth victimization.

Some qualitative studies have addressed this issue with different types of school staff members, such as teachers (Falkiner et al., 2017), counselors (Jenkins & Palmer, 2012) and social school workers (Weegar & Romano, 2019). These studies have reported findings in line with quantitative results, like a tendency to believe that there is a need for certainty before making a referral (Falkiner et al., 2017) and a lack of awareness about the reporting protocols (Jenkins & Palmer, 2012).

Scientific literature mixing up these approaches in order to gain insights integrating both qualitative and quantitative types of data is scarce. Mixed methods designs have been widely used to address similar reporting issues in the health sector (e.g., Feng et al., 2010) but few have addressed the reporting of victims of violence in

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the school sector (Bryant & Baldwin, 2010). Evidently, new studies using this methodology could confirm, question or enrich the conclusions obtained from previously conducted research.

The present study aimed to apply a mixed methods approach to explore to what extent detected cases match cases reported by school staff members and the reasons behind deciding not to report the potential victimization cases encountered. More specifically, we wished to study the reasons that school staff give to explain their behavior when choosing not to communicate a potential case to an agency outside school. Since both quantitative (Alazri & Hanna, 2020) and qualitative studies (Falkiner et al., 2017) have proposed that the level of knowledge regarding child and youth victimization, its detection and the procedures to report it differ among respondents with different reasons for reporting, we also wanted to check whether the level of knowledge differs across respondents with reasons for not reporting their suspicions. Finally, we tested whether some of the respondents' characteristics, such as gender or years of work experience, had any influence on the reasons given for lack of reporting.

Methods

Sample

A total of 459 respondents returned or submitted questionnaires. Two cases were duplicated, and so were removed from the dataset, and four cases with over 50% of missing data were excluded, based on previous recommendations (Johansson & Karlsson, 2013). Thus, the final sample comprised 453 school staff members (83.53% females) between 22 and 65 years old ($M = 42.23$, $SD = 9.46$). Years of experience working with children ranged from 0 to 48 years ($M = 17.25$, $SD = 9.94$).

The respondents' distribution by demographic and professional variables is shown in Table 1.

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[Insert table 1 around here]

Missing data. Before running the analysis, we found that 2.11% of data was missing due to non-response, varying between 0.02% and 0.07% missing data per variable. We then explored the missing data pattern using Little's Missing Completely At Random test (MCAR, Little, 1986), which was not significant ($p > .05$), suggesting that the pattern was MCAR. Thus, we chose the imputation method of full maximum likelihood (FIML), since it has been shown to perform satisfactorily with our amount and type of missing data (Yucel et al., 2011). Data was imputed through the *mice* package (van Buuren et al., 2017) in R (R Core Team, 2019) and the imputed dataset was compared to the original one through plots, tables and chi-square comparisons, finding no statistically significant differences.

Procedure

All procedures were conducted in accordance with the basic ethical principles of the Declaration of Helsinki (World Medical Assembly, 2013), respecting the ethical standards drawn up by the university's Committees on Bioethics (IRB00003099). Data were collected in two cities of Spain, i.e., Barcelona and Santander.

In Barcelona, schools were contacted by phone in February 2016 and in Santander, schools were contacted through the governmental agency in charge of training active teachers in February 2018. In both cases, the aim and procedure of the study were explained to the designated school contact and it was emphasized that collaboration was voluntary and that all data compiled would remain confidential. All participants were informed of the conditions and aims of the study by means of a brief written invitation that the designated school contact gave to each potential participant. In Santander, this flyer was sent by e-mail and it included a link to fill in the online version of the questionnaire. In Barcelona, each designated school contact chose

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whether they preferred a printed or an online survey, and each participant gave consent

before filling in the questionnaires. Every questionnaire was available in all official

languages. In Barcelona, the deadline for data collection was agreed with the designated

school contact, while in Santander, participants were given a month to complete the

questionnaire. In return for their collaboration, schools were entitled to a report and a

training session on child and youth victimization for all staff members. In the city of

Barcelona, a contact phone-line and e-mail address were available for all school staff

members, in case they wanted to abandon participation at any stage of the study, or if

they wanted to ask any questions or make any comments. In Santander, these situations

were managed through the governmental agency in charge of training teachers.

Instrument

Based on previous studies with similar aims and drawing on current official

conventions and protocols, a self-administered questionnaire was designed. The full

protocol is available in Authors (2018). Further information on the pretest and previous

studies performed with the instrument is available in Authors (2017). The questionnaire

included a definition of victimization and 45 items measuring knowledge and

experience regarding child and youth victimization, its detection and its reporting.

Detection of potential cases. Participants were asked to answer the question

"how many times during your career did you suspect that a minor might be being

victimized?" by choosing among five response options that varied between "never" and

"over 20 times", including the option "I do not know".

Reporting experience. Participants answered the question "have you ever

reported a child suspected to be a victim of violence to external agencies outside school

(e.g., Social Services)?" by choosing among three response options (i.e., "yes", "no"

and "I never had any suspicions").

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Perception of the intervention in reported cases. Only participants who had

answered "yes" to the previous item were asked if they knew how the case or most

cases had proceeded and if they believed the intervention had resulted in a good

outcome for the minor.

Reasons for lack of reporting. Only participants who had answered "no" to the

item about reporting experience were asked to answer the open-ended question "if you

answered no, please describe briefly why you did not report your suspicions?"

Knowledge. Knowledge was assessed using ten statements about victimization

(e.g., "Victimization affects less than 10% of children in Spain"), ten statements about

detection (e.g., "Most of the signs regarding child abuse are directly observable") and

ten statements about reporting (e.g., "Reporting a suspicion is legally mandated in

Spain"). Participants responded to each statement by choosing between "Yes", "No" or

"I don't know". Every statement correctly classified was awarded 1 point and 0 points

were given for wrong or "I don't know" responses. A total score of ten points could be

obtained for each section (i.e., victimization, detection and reporting).

Other variables. Sociodemographic and professional information was also

gathered (i.e., gender, age, type of school where they worked, role at the school and

years of experience working with minors).

Data analysis

Quantitative analysis. To address our first research question (i.e., to what

extent detected cases match cases reported by school staff members), we obtained

descriptive statistics for the experience of detection and reporting of potential

victimization cases for all respondents ($n = 453$). Then, we focused on respondents that

had had suspicions but had never referred a case outside school and responded to the

item that asked the reasons why $(n = 124)$. We analyzed the reasons why they chose not

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to report the case (see Qualitative analysis section). Once the responses were classified,

we obtained all the descriptive statistics. To address the third and fourth research

question (i.e., whether the level of knowledge or the sociodemographic characteristics

differed among respondents with different reasons for lack of reporting) we compared

the level of knowledge of respondents in each category through global and pairwise

comparisons, using the Kruskal–Wallis test, based on recommendations for our type of

study and sample (Lantz, 2013). All statistical analyses were performed in R (R Core

Team, 2019).

Qualitative analysis. In order to address our second research question (i.e.,

what are the reasons behind deciding not to report the potential victimization cases

encountered), we created a system to categorize all the answers about why a suspicion

had not been reported outside school ($n = 124$), based on the guidelines developed by

Singer and Couper (2017). To create the system of categories, the first author (AG) read

all the responses and proposed a first draft of a system with seven categories, with 12

subcategories to be more specific when the data allowed. Another author (EGP)

checked the categories, reviewed the classification and proposed an extra category, as

well as five subcategories. Both authors discussed the categories system and reached an

agreement with six main categories and nine subcategories. They agreed that the

categories would not be mutually exclusive, i.e., an answer could be categorized in

more than one category if the content provided enough evidence to do so. Following

this agreed classification system, the three authors (AG, EGP and NP) independently

categorized all responses. Kappa coefficients of concordance (Cohen, 1960) were

obtained in order to quantify the level of agreement among raters. The inter-rater

agreement between authors ranged from substantial ($K = .71$, CI = .62 - .81) to almost

perfect agreement ($K = .84$, CI = .76 - .92), which was considered satisfactory (Landis

& Koch, 1977). In the cases in which the three authors/coders differed in opinion (n = 2), one was solved by considering the classification of other similar cases and the other was discussed by the whole team until consensus was reached. The system of categories is displayed in Table 2 and the classification of all answers is available upon request.

Results

Detection and reporting of potential victimization cases

Almost three quarters of the sample (n = 333, 73.5%) reported having at least one suspicion of a potential victimization case during their career. Most of them (80.1%) reported having between 1 and 10 suspicions, while 7.3% reported having encountered between 11 and 20 cases and 6.8% over 20 potential cases. Approximately 40% (n = 136) of these suspicions were reported. Out of the respondents who said that they knew what had happened in the cases following referral (n = 101), the majority considered that the referral had been good for the minor's well-being (39.0%), only 8.8% considered that it had worsened the situation, 22.1% thought it had made no significant difference and 4.4% did not know or felt unsure about it. All these percentages are illustrated in Figure 1.

[Insert figure 1 around here]

We then focused on the reasons why respondents had decided not to make a referral outside school *(n* = 124). As shown in Table 2, respondents most commonly said that they had decided not to make a referral outside the school once they had shared their concerns within the school (42.1% of answers), followed by a feeling that the suspicions needed to satisfy certain criteria, such as being certain or being serious (25.5%). Lack of knowledge, feeling that making a referral outside school was not their responsibility and reporting inconsistencies (i.e., answering that they had never had a suspicion when they had answered that they had had at least one in the previous item)

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each represented between 12 and 14% of responses, and other reasons, such as fear of

the consequences or intervening in the case in a different way, were identified in 6.2%

of cases. Each of the categories is described in more detail below.

[Insert table 2 around here]

Reasons for lack of reporting

    1.   ***Decided not to report the case outside the school after sharing concerns***

within school.

    In over 42% of cases ($n = 61$), teachers and other school staff members reported

sharing their concerns about a suspicion of a potential victimization case with other

institutional members before they took the decision to communicate them to an agency

outside the school framework. When they did this, several situations may have led them

to decide not to report their suspicions to any external services, as described in the

following subcategories.

a. Reporting to a superior or child safeguarding team. A large proportion of

respondents ($n = 19$) communicated their concerns to a superior, like the headteacher,

feeling that from that moment on they would not be responsible for what was decided

regarding the potential referral:

I referred it to the child safeguarding team, which is the agency that should take the

subsequent steps (respondent 53)

I referred it to the school management team, who would report it (respondent 248)

I left the case in the hands of the child safeguarding and management team (respondent

161)

b. Reporting to a colleague. Other responses ($n = 6$) reflected that participants chose to

talk it over with the child's tutor, and then leave the decision for referral up to them:

I referred it to the child's tutor (respondent 7)

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I did not refer the case personally to social services… I referred it to the child's tutor

(…) (respondent 228)

c. The case had already been referred. Some respondents said that they were warned

by other members of the school staff that an external service was already aware of the

case (*n* = 7). This made them decide that there was no need to make a referral outside

school.

Social services were already aware of the case (respondent 266)

The cases were already being treated by social services (respondent 430)

They were children that were already being monitored by an external agency

(respondent 167)

d. Other people would do the referral. In some cases, the participants either knew or

trusted that someone else would make the referral (*n* = 11), which discouraged them

from pursuing it themselves:

Other people would take care of it (respondent 288)

Other members of the school staff with greater responsibility would do it in my place

(respondent 209)

Most of them said that the referral was made after talking to their colleagues or the child

safeguarding team (*n* = 8):

People in the management team did it (respondent 233)

The girl's tutor made it [the referral] (respondent 182)

e. We solved the problem within the school framework. Answers classified under

this subcategory (*n* = 9) implied that the school proposed a solution to the problem, like

sharing their concerns with the child's family or having an interview with the primary

caregivers. After performing this action, they decided not to report the case elsewhere:

It was solved within the school (respondent 291)

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The school provided the way [to solve it] (respondent 39)

Some of these respondents described actions that were taken rather than reporting to an

external agency:

We talked with the family (respondent 188)

'The school was able to mediate and find a solution'(respondent 75)

f. My superiors did not support my initiative. A few respondents (*n* = 4) explicitly

stated that their superiors or child safeguarding team had prevented them making the

referral:

Faced with my suspicions, the assessment and application of the maltreatment protocol

was not pursued because the management team blocked it (participant 351)

The management team did not support me and I did not dare to make it [the referral] on

my own (respondent 291)

Some participants even reported that they had had a hard time pursuing or coping with

the disagreements they had with the management team or other school staff members:

I did not want to deal with my colleagues, superiors or the institution to which I belong

and I consider them to be part of the maltreatment, since they do not look after the

children's well-being (…) (respondent 443)

After following the protocol and even going beyond my role to comply with it, the

management and child safeguarding team did not consider it necessary to inform other

agencies (respondent 418).

Figure 2 aims to summarize the pathway followed from initial suspicions to referral,

according to the results for this category.

[Insert figure 2 around here]

2. *Thought that suspicion should satisfy certain criteria*

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The second most frequent reason for not making a referral (25.5%, $n = 37$) was the belief that the suspicions should satisfy certain criteria in order for a referral to be made to an agency outside the school.

a. Certainty. A substantial number of respondents ($n = 28$) said they had not referred the case outside of school because they were not certain about the victimization actually occurring:

I did not have enough signs to be sure of it, it was more a feeling than a certainty (respondent 175)

I was not sure that it was really happening (respondent 426)

I was not completely sure (respondent 374)

b. Severity. Another group of respondents ($n = 6$) stated that they had not made a referral because they felt the potential case was not severe enough to be dealt with by an external agency:

I did not consider it was that severe (respondent 47)

The case was never severe enough to report it (respondent 165)

I was never able to detect a severe case (respondent 68)

3. *Inconsistencies*

Quite a few responses ($n = 14$) were not consistent with the answers given to previous items. That is, some respondents reported having had at least one suspicion of victimization during their career but never made a referral. However, when asked the open-ended question about reasons why they did not make a referral, they said that they had never had any suspicions.

4. *Felt it was not their responsibility*

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Another group of respondents (9%, *n* = 13) indicated that they did not feel that

communicating their suspicion about potential victimization cases to external agencies

was their responsibility.

It is not my role at school (respondent 82)

I did not think it was my responsibility (respondent 293)

One respondent specified that they felt they were not entitled to make a referral outside

of school by themselves (participant 383).

5. *Lack of knowledge*

Some of the answers (8.3%, *n* = 12) showed that respondents had decided to

make a referral but did not know where or to whom the referral should be made.

To whom should we report our suspicions? We talked it over at the school, without

knowing that it was victimization (respondent 32)

We did not know to whom [to address the referral] or the protocol. We tried the

hospital (respondent 168)

Because of lack of awareness (respondent 315)

6. *Other reasons*

There were some answers (*n* = 8) that we could not classify into any of the other

categories. Some respondents took action by themselves and decided not to report their

suspicions afterwards, such as:

I intervened by talking directly to the person hitting the child when I saw it happening

(respondent 444)

I decided there was no need [to make a referral], according to the official document on

reporting children at risk (respondent 410)

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Some other answers implied broader issues, such as fear of the consequences or feeling

that making a referral would enhance social reactions they did not want to deal with.

High social controversy (respondent 444)

Comparison of respondents according to the reasons for not making a

referral

Table 3 presents the descriptive statistics of respondents in each of the categories

described. We only used the main category for each respondent (the category that

appeared first and/or most in the text), to avoid repeating information about individuals.

We can see that respondents giving answers for the category "felt it was not their

responsibility" were the youngest respondents on average. Those with answers that

belonged to the category "lack of knowledge" were those with the fewest years of

experience. On the contrary, respondents giving answers in the category "decided not to

report outside once reported within the school" were those with the highest mean age

and years of experience. Regarding gender or school level in each category, the

distribution was similar to the distribution of the sample (see Table 1). None of the

differences was found to be statistically significant.

[Insert table 3 around here]

Figure 3 shows the average level of knowledge about victimization for

respondents in each category. When analyzing knowledge about victimization,

respondents in the category "inconsistencies" displayed the highest level of knowledge

and those with answers in the category "other" displayed the lowest level of knowledge.

[Insert figure 3 around here]

In the same figure, it can be seen that the level knowledge regarding detection

was relatively even across all categories. Interestingly, in terms of knowledge about

reporting, respondents that fell into the category "lack of knowledge" displayed the

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highest level of knowledge on average and those that belonged to the category "felt it

was not their responsibility" displayed the lowest.

Discussion

The main aim of this research was to try to determine how many suspected cases

of child victimization go unreported by schools, why and which variables might explain

this. In order to use the most suitable methodological approach to address each of these

questions, we combined qualitative and quantitative techniques that allowed us to

provide new and enriching insights to existing research.

Most of the respondents in our sample had suspected at least once that a student

under their care might be being victimized. The good news is that the proportion of

reported suspicions of potential victimization cases that we found was slightly higher

than in previous studies (Dinehart & Kenny, 2015). This could mean that awareness

about the need for early reporting is actually increasing in school staff. Another piece of

good news is that most respondents that followed a reported case thought this decision

had benefited the minor. This is important information as it overturns some myths

regarding social services interventions (Walsh & Jones, 2005).

Nevertheless, the majority of the suspected cases still go unreported. Some of

the reasons that school staff gave to explain this behavior have already been described

in previous studies, such as the lack of knowledge (Jenkins & Palmer, 2012), or the

belief that one needs certainty before making a referral (Walsh & Jones, 2015). Thus,

our research adds evidence to the existence and persistence of these barriers. However,

other reasons that have not been mentioned by previous studies also emerged.

Our study showed that, despite efforts to increase awareness around the need for

early reporting by schools (Gilbert et al., 2008), some respondents still feel that this is

not their responsibility. They felt they were not entitled to make a referral, or that only

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people with specific roles in schools could make this decision, or that it was not their

responsibility (Alazri & Hanna, 2020). Interventions aimed at increasing early reporting

of these cases should take this finding into account and include ways to empower school

staff members to act on these suspicions.

Our results revealed other reasons why suspected cases were not reported,

including that once the respondents had shared their concerns with someone within the

school framework they decided not to pursue the case any further. This situation has

been reported in previous studies (Alazri & Hanna, 2020), but elucidating the particular

dynamics that occur in the relationship among different members of the school was only

possible through qualitative strategies. Figure 3 shows that a suspicion is firstly

communicated either to a colleague (who is usually the tutor of the student potentially at

risk) or to a superior or child safeguarding team. When the safeguarding team, which

has the most responsibility for deciding to make a referral, does not support the

suspicion, the information does not reach any agency outside school. In some of these

cases, the respondents felt that their superior or safeguarding team was deliberately

allowing the victimization to keep occurring. It is important to increase awareness

among school staff that they are entitled (and even, in most regions, mandated) to make

a referral to the corresponding agency as individuals, even when their superiors do not

agree with this procedure. Of course, a unilateral disclosure to a third party without the

agreement of the school may be harder to deal with, as issues of confidence may arise

(Bryant & Baldwin, 2010). However, school staff must rely on their compliance with

the legal and ethical framework to pursue the referral if they consider that someone

might be in danger.

Another common pathway shown in Figure 3 is that the school team proposes an

action in order to address the potential victimization. Believing that a single (and

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according to the descriptions analyzed, quite simple) action will be sufficient to solve a

complex problem such as violence within families entails many risks, especially if it

prevents children at risk from reaching a source of help (Wekerle, 2013). But it could

also discourage victims from asking for help (McElvaney et al., 2014), if the

consequences of the intervention proposed (e.g., talking with the family) entails the risk

of further victimization for the children.

The remaining pathways lead to making a referral to an external agency.

However, the individual who first suspected the victimization may always add

information to both an already reported case or a case that will be reported by someone

else from school. In this sense, it is important to strongly encourage all school staff

members to be familiar with the protocol (Bryant & Baldwin, 2010) and to get involved

in the referral procedure as much as they can. Simultaneously, they should also offer

help directly to the victim, as evidence suggests that victims would like more support

from schools (Buckley et al., 2007).

Finding that a considerable number of school staff members answered

inconsistently might be related to the discrepancies about what constitutes a *reasonable

suspicion* (Crowell & Levi, 2012). Further research using a similar approach may shed

light on how school staff members identify a case as a child potentially at risk.

Finally, it was interesting that respondents in the category "lack of knowledge"

were found to score the highest in terms of knowledge about reporting. This seems to

suggest that even though knowledge is accurate, other factors may discourage school

staff members from making a referral (Nohilly, 2019).

Even though our study followed rigorous guidelines on both quantitative (Lantz,

2013) and qualitative analysis (Stenius et al., 2017) and responded to the call for more

studies using these techniques (Alazri & Hanna, 2020), some limitations are worth

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considering. First, even though we have described the context in detail, the

generalizability of qualitative findings is always challenging and other studies should

replicate the design in order to add to the current evidence. The fact that the respondents

were from different regions and were recruited using different procedures may hide an

effect of the context. However, although the samples came from two different

geographical areas and the recruitment procedures differed, no differences were found

in terms of sociodemographic characteristics when comparing subjects in the different

groups. Finally, despite the similarities between our sample and school staff

populations, the fact that the respondents were mostly teachers may have limited the

views that were recorded in our study. Research including greater representation of

other types of school workers may reach complementary conclusions.

Conclusions

Most suspected cases of child or adolescent victimization detected at schools are

not being reported to external agencies. Contrary to widespread beliefs, we found that

most school staff that reported and followed up their suspicions perceived that the

intervention performed by social services was beneficial for the victim. School staff that

did not report their suspicions gave very diverse reasons for this behavior, such as being

discouraged to pursue referral once their concerns had been shared with other members

of the school staff, not feeling entitled to make a referral, and lack of knowledge or

thinking that they had to be certain or that the case had to be serious in order to report it.

Training and other interventions in schools should encourage all staff members to

become familiar with the reporting requirements and procedures, as well as to act on

suspicions even if they feel they do not have enough knowledge. We need to keep on

raising awareness about early reporting as a source of help and to develop ways for

schools to support victims.

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References

Alazri, Z., & Hanna, K. (2020). School personnel and child abuse and neglect reporting behavior: An integrative review. *Children and Youth Services Review, 112*, 104892. https://doi.org/10.1016/j.childyouth.2020.104892

Buckley, H., Holt, S., & Whelan, S. (2007). Listen to me! Children's experiences of domestic violence. *Child Abuse Review, 16*, 296-310. https://doi.org/10.1002/car

Bryant, J. & Baldwin, P. (2010). School counsellors' perceptions of mandatory reporter training and mandatory reporting experiences *Child Abuse Review, 19*, 172-186. doi: 10.1002/car.1099

Cohen, J. (1960). A coefficient of agreement for nominal scales. *Educational and Psychological Measurement, 20*, 37-46. https://doi.org/10.1177/001316446002000104

Crowell, K., & Levi, B. H. (2012). Mandated reporting thresholds for community professionals. *Child Welfare, 91*(1), 35-53. https://www.ncbi.nlm.nih.gov/pubmed/22894014

Collingridge, D. S., & Gantt, E. E. (2019). The Quality of Qualitative Research. *American Journal of Medical Quality*, *34*(5), 439–445. https://doi.org/10.1177/1062860619873187

Dinehart, L., & Kenny, M. (2015) Knowledge of child abuse and reporting practices among early care and education providers. *Journal of Research in Childhood Education, 29*(4), 429-443. https://doi.org/10.1080/02568543.2015.1073818

Running head: Reasons victimization is not reported by schools

Falkiner, M., Thompson, D., & Day, A. (2017). Teachers' understanding and practice of

mandatory reporting of child maltreatment. *Children Australia, 42*(1), 38-48.

https://doi.org:10.1017/cha.2016.53

Feng, J. Y., Fetzer, S., Chen, Y. W., Yeh, L., & Huang, M. C. (2010). Multidisciplinary

collaboration reporting child abuse: A grounded theory study. *International

Journal of Nursing Studies*, *47*(12), 1483–1490.

https://doi.org/10.1016/j.ijnurstu.2010.05.007

Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D. &

MacMillan, H. (2009). Recognising and responding to child maltreatment. *The

Lancet, 373*, 167-180. https://doi.org/10.1016/S0140-6736(08)61707-9

Jenkins, P., & Palmer, J. (2012). "At risk of harm"? An exploratory survey of school

counsellors in the UK, their perceptions of confidentiality, information sharing and

risk management. *British Journal of Guidance and Counselling*, *40*(5), 545–559.

https://doi.org/10.1080/03069885.2012.718732

Johansson, A. & Karlsson, M. (2013). Comparison of methods for handling missing

covariate data. *The AAPS Journal, 15*(4), 1232-1241. doi: 10.1208/s12248-013-

9526-y

King, C. & Scott, K. (2014). Why are suspected cases of child maltreatment referred by

educators so often unsubstantiated? *Child Abuse & Neglect, 38*, 1-10.

http://dx.doi.org/10.1016/j.chiabu.2013.06.002

Lantz, B. (2013). The impact of sample non-normality on ANOVA and alternative

methods. *British Journal of Mathematical and Statistical Psychology, 66*, 224-244.

https://doi.org/10.1111/j.2044-8317.2012.02047.x

Page 22 of 30

Running head: Reasons victimization is not reported by schools

Little, R. (1988). A Test of Missing Completely at Random for Multivariate Data with

Missing Values. *Journal of the American Statistical Association, 83*(401), 1198-

1202. https://www.jstor.org/stable/2290157

Mathews, B. P., & Bross, D. C. (2008). Mandated reporting is still a policy with reason:

Empirical evidence and philosophical grounds. *Child Abuse & Neglect, 32*, 511–

516. https://doi.org/10.1016/j.chiabu.2007.06.010

McElvaney, R., Greene, S., & Hogan, D. (2014) To tell or not to tell? Factors

influencing young people's informal disclosures of child sexual abuse. *Journal of

Interpersonal Violence, 29*(5), 928-947.

https://doi.org/10.1177/0886260513506281

McGarry, K., & Buckley, H. (2013). Lessons on child protection: A survey of newly

qualified primary level teachers in Ireland. *Child Abuse Review, 22,* 80-32.

https://doi.org/10.1002/car.2216

Münzer, A., Fegert, J.M., Ganser, H.G., Loos, S., Witt, A., & Goldbeck, L. (2014).

Please tell! Barriers to disclosing sexual victimization and subsequent social

support perceived by children and adolescents. *Journal of Interpersonal Violence*,

1-23. https://doi.org:10.1177/0886260514555371

Nohilly, M. (2019). Cultures of care in primary schools in Ireland that support child

protection work. *Child Abuse Review*, *28*(4), 261–272.

https://doi.org/10.1002/car.2575

R Core Team (2019). *R: A language and environment for statistical computing. R

Foundation for Statistical Computing*. Vienna, Austria. URL https://www.R-

project.org/

Running head: Reasons victimization is not reported by schools

Silber, H., Lischewski, J., & Leibold, J. (2013). Comparing different types of web
surveys: Examining drop-outs, non-response and social desirability. *Metodološki
zvezki, 10*(2), 121-143.

Singer, E., & Couper, M. (2017). Some methodological uses of responses to open
questions and other verbatim comments in quantitative surveys. *Methods, Data,
Analyses, 11*(2), 115-134. https://doi.org10.12758/mda.2017.01

Smyth, J.M., Pennebaker, J.W., & Arigo, D. (2012). What are the health effects of
disclosure? En A. Baum, T.A. Revenson & J.E. Singer (Eds). *Handbook of health
psychology* (2nd edition, pp. 175-191). New York: Psychology Press.

van Buuren, S., & Groothuis-Oudshoorn, K. (2011). mice: Multivariate Imputation by
Chained Equations in R. *Journal of Statistical Software, 45*(3), 1-67. URL
https://www.jstatsoft.org/v45/i03/.

Walsh W., & Jones, L. (2015). A statewide study on the public's knowledge of child
abuse reporting policies. *Journal of Public Child Welfare, 10*(5), 561-579.
https://doi.org/10.1080/15548732.2016.1189374

Wekerle, C. (2013). Resilience in the context of child maltreatment: Connections to the
practice of mandatory reporting. *Child Abuse & Neglect, 37*, 93-101.
http://dx.doi.org/10.1016/j.chiabu.2012.11.005

Weegar, K., & Romano, E. (2019). Child maltreatment knowledge and responses
among teachers: A training needs assessment. *School Mental Health, 11*(4), 741-
753. https://doi.org/10.1007/s12310-019-09317-1

Running head: Reasons victimization is not reported by schools

Yucel, R., He, Y. & Zaslavsky, A. (2011). Gaussian-based routines to impute

categorical variables in health surveys. *Statistics in Medicine, 30*(29), 3447-3460.

doi: 10.1002/sim.4355

Table 1

Sample characteristics

	n (%)
Type of school	
Publicly funded	353(77.9)
Subsidized	100(22.1)
Level	
Kindergarten or Elementary School	380(83.9)
Middle or High School	52(11.5)
All levels	21(4.6)
Role	
Main teacher or professor	256(56.5)
Support staff	35(7.7)
Special education teacher or psychologist[2]	44(9.7)
Management team	41(9.1)
Subject teacher (music, art, foreign language or religion)	58(12.8)
More than one role (e.g., teacher and headteacher)	14(3.1)
Other (e.g., secretary, chef)	5(1.1)

[1] This included supporting teachers, teacher assistants, and guardians during lunchtime and break time.

[2] Including specialists in different types of therapies, social workers and counselors.
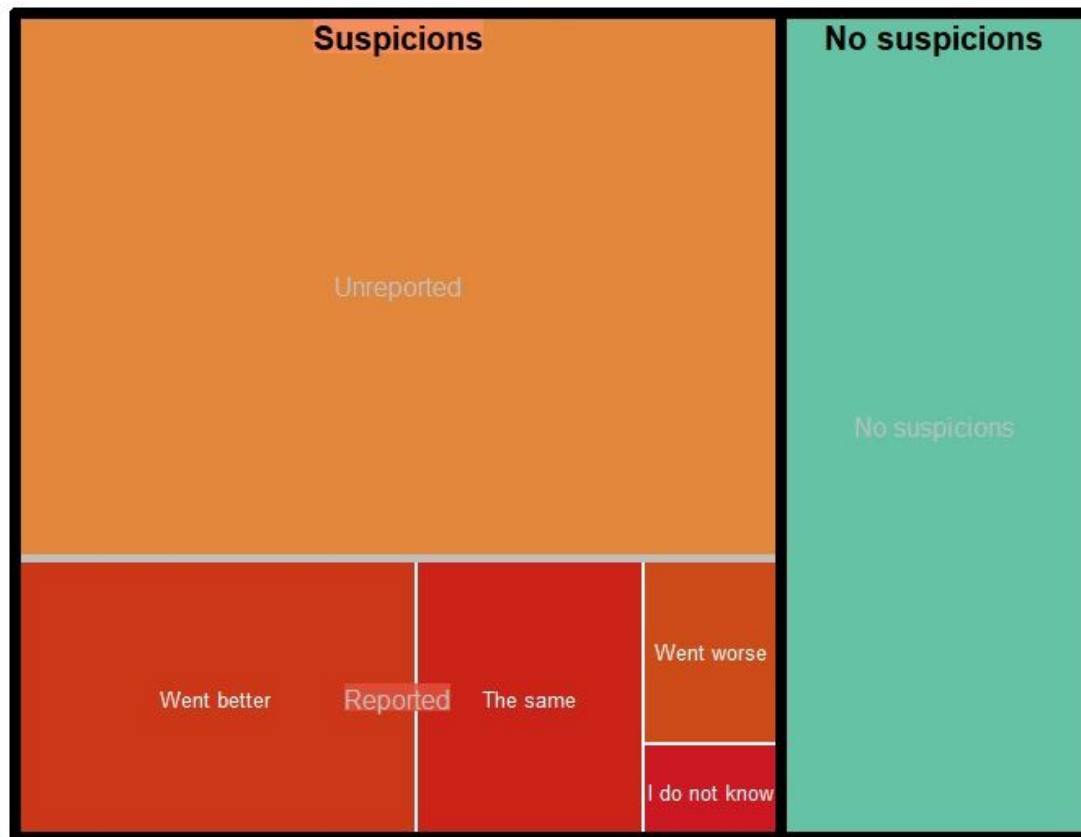
Figure 1. Treemap of suspected cases

Table 2

Categorization system

| Label	Subcategory	Verbatim example	*Total* *n(%)*
Lack of knowledge		"Because we did not know who to contact, we tried to the hospital" (respondent 168)	12(8.3)
Inconsistency		"I have never detected [cases of suspected victimization]" (respondent 374)	14(9.7)
Felt it was not their responsibility		"It was not my responsibility" (respondent 91)	13(9.0)
Decided not to make referral once concerns had been shared within the school	a. To a superior or child safeguarding team	"I referred it to the management team and they took care of it" (respondent 248)	61(42.1)
	b. To a colleague	"I told the teacher in charge of the child" (respondent 31)	
	c. It had already been referred	"Child welfare services were already aware of the case" (respondent 266)	
	d. Other people would make the referral	"Other people with higher responsibility did it in my place" (respondent 209)	
	e. We solved the problem within the school framework	"It was not considered necessary since the safeguarding team solved it" (respondent 212)	
	f. We agreed not to take further actions	"Because we talked it over within the school and with the family (warning)" (respondent 119)	
	g. My superiors did not support me	"The investigation and application of the child maltreatment protocol was not carried out, because the management team had blocked it" (respondent 351)	
Thought the suspicion must satisfy certain criteria	a. Being certain	"Lack of evidence" (respondent 241)	37(25.5)
	b. The case needs to be serious or severe	"The case was never as serious as it needed to be for referral" (respondent 165)	
Other		"High social controversy" (respondent 355)	8(5.4)
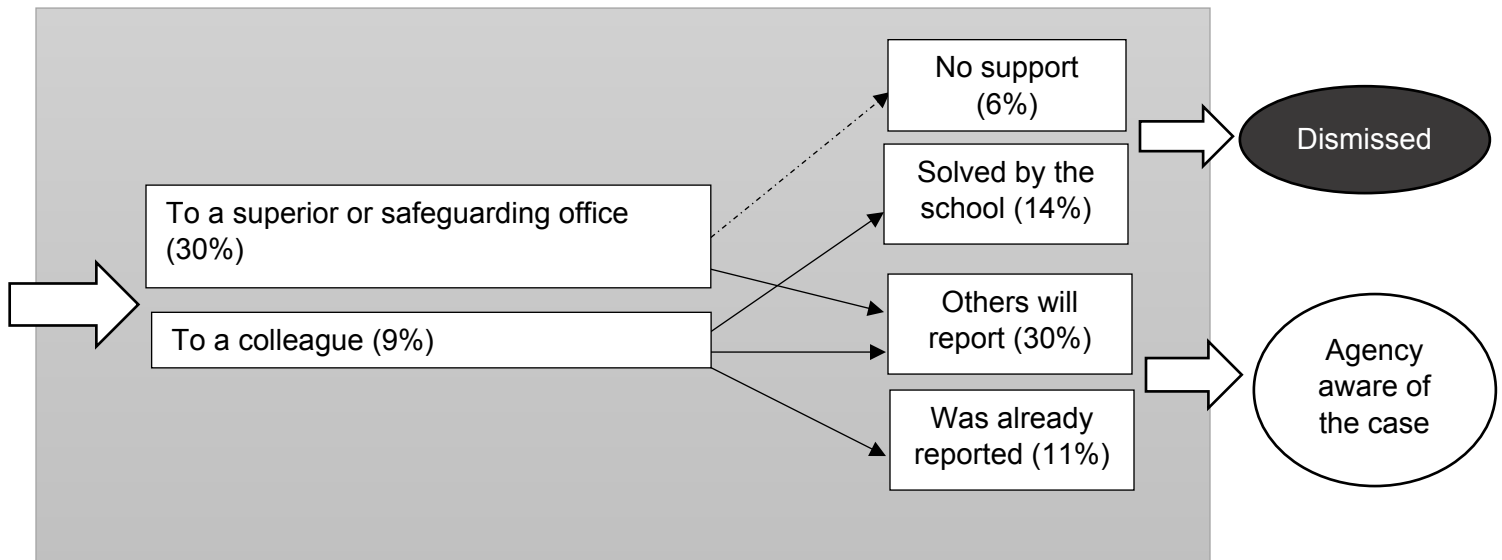
Figure 2. Path of suspected cases referred only within the school.

Note. Percentages are calculated based on the answers in each category (n = 64, because some answers were included in two subcategories, e.g. participant 248). Grey area represents the school framework. White arrows represent extremes of the path, i.e., ways in which the suspicion enters the circuit and leaves it. Black arrows represent paths within the school framework, among staff inside the school. Dotted arrow represents a path that is exclusively from a superior or the safeguarding office.

Table 3

Distribution of respondents according to the main category assigned to their answer

|	Gender		Age	Level		
	Male n (%)	Female n (%)	Mean (SD)	Elementary or kindergarten n (%)	High school n (%)	Both n (%)
1. Decided not to make referral once the concerns had been shared within the school	8 (14.5)	47 (85.5)	42.9 (9.7)	48 (87.3)	6 (10.1)	1 (2.6)
2. Thought the suspicion must satisfy certain criteria	7 (20.0)	28 (80.0)	40.7 (9.0)	29 (82.9)	5 (14.3)	1 (2.8)
3. Inconsistencies	0 (0.0)	14 (100.0)	40.4 (8.0)	10 (71.4)	3 (21.4)	1 (7.2)
4. Felt it was not their responsibility	1 (16.7)	5 (83.3)	37.5 (9.9)	4 (66.7)	2 (33.3)	0 (0.0)
5. Lack of knowledge	3 (33.3)	6 (66.7)	41.4 (8.3)	8 (88.9)	0 (0.0)	1 (11.1)
6. Other	1 (20.0)	4 (80.0)	40.0 (8.5)	4 (80.0)	0 (0.0)	1 (20.0)
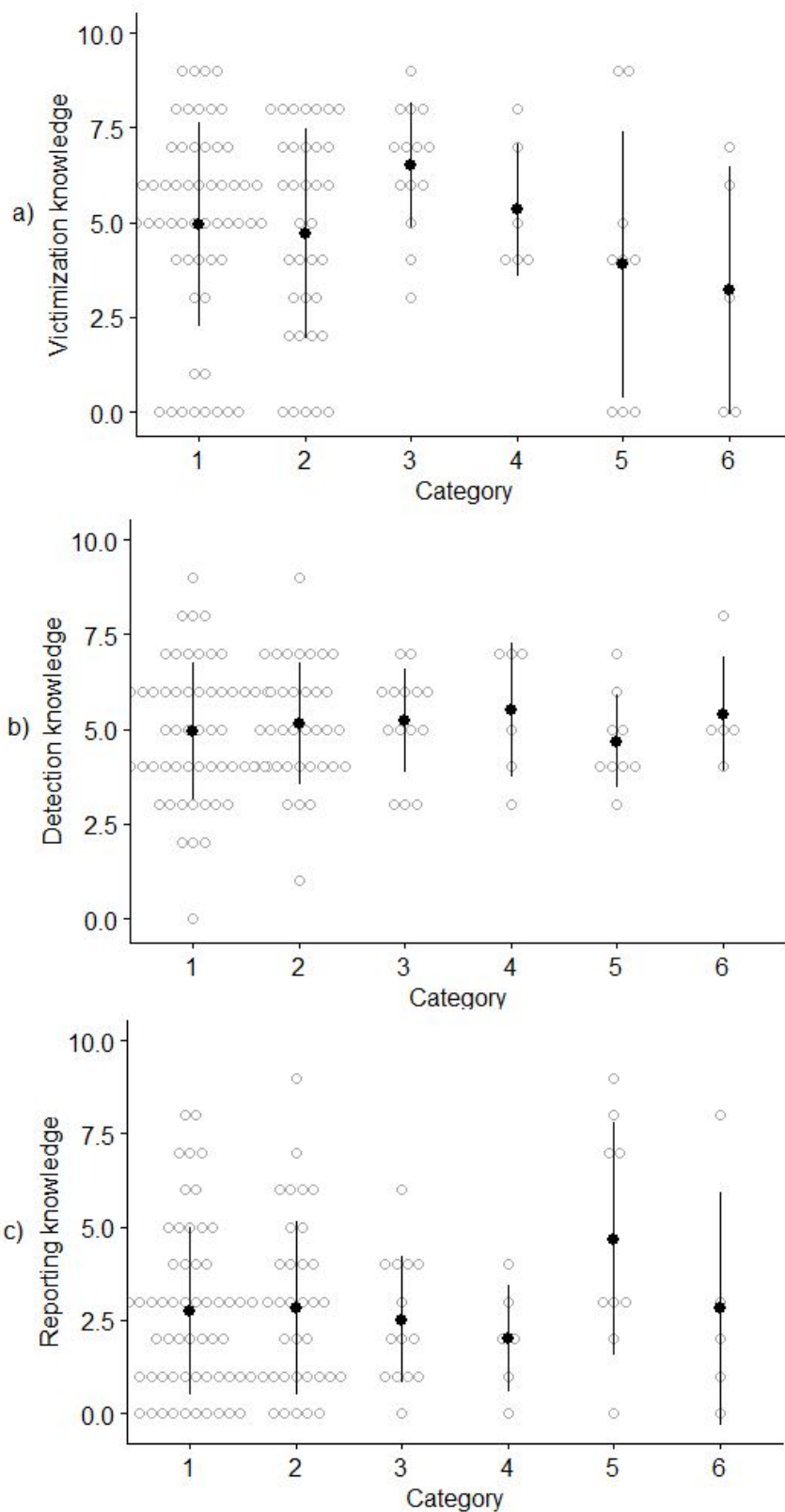
Figure 3. Level of knowledge of victimization (a), detection (b) and reporting (c) knowledge of participants assigned to each category (1 = Lack of knowledge, 2 = Thinks the suspicion must satisfy certain criteria, 3 = Inconsistencies, 4 = Felt it was not their responsibility, 5 = Lack of knowledge, 6 = Other reasons)