Applying a Model of Bystander Apathy:
Increasing Intervention in Child Emotional Abuse

by
Jensen Still

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Jensen Still

APPROVED:

_____
Dr. John T. Pennington
Advisor, Psychology

_____
Dr. Greg W. Schmidt
Chair, Psychology

_____
Dr. Teresa L. Davis
Psychology
Honors Council Representative

_____
Dr. John Vile
Dean, University Honors College

Abstract

Childcare workers observe many things, most of them are joyful, but a few are horrific. This thesis focused on the latter by applying empirically supported bystander apathy reduction methods to situations of child *emotional* abuse perpetrated by parents and recognized in the childcare setting. Specifically, an in depth exploration of Bibb Latané and John Darley's bystander apathy model was applied to cases of children suffering psychological trauma to create guidelines designed to move childcare workers from the first stages of accurate recognition to the final stages of effective reporting. The resulting guidelines include recommendations to help childcare workers progress through noticing emotional abuse symptoms in a childcare setting, recognizing these symptoms as requiring further investigation, assuming responsibility for reporting, knowing how to report, and accepting any costs that may come as a result of intervention.

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CHAPTER I

Introduction

The well-known case of Kitty Genovese, a young woman brutally murdered as bystanders heard and did nothing, sparked research on "bystander apathy," or why people fail to intervene when strangers are in need of their assistance. Bibb Latané and John Darley, two social psychologists, led much of this research and are responsible for creating a five step decision model in which a would-be helper must notice the event, interpret the event as an emergency, assume responsibility for helping, know how to help, and accept the costs of intervention (Latané & Darley, 1968). According to Latané and Darley, bystanders must successfully progress through each of these five decision steps if they are to ultimately come to the aid of a stranger in need. Unfortunately, many factors may block bystanders' progression through the five steps. For example, the non-responsiveness of others in the situation often prevents bystanders from interpreting an event as a true emergency. Similarly, the presence of other bystanders, as well as a lack of knowledge on how to help, lower the odds that a given bystander will take on the responsibility for coming to the aid of another in need.

The real world relevance of Latané and Darley's research, and how their decision-making model may be applied to child abuse, came to light in the case of James Bulger, a two-year-old boy who was abducted and guided through city streets before being murdered. Many capable bystanders, as in the case of Genovese, witnessed the event yet did nothing. That this case, with such clear physical signs of distress, went unreported leaves one to wonder about the implications of the model in cases of child abuse that are

less visible (e.g., emotional abuse, which is *psychologically* rather than *physically* damaging to the child).

Bystanders in the best position to recognize and report cases of emotional child abuse are likely those outside of the child's home environment who still spend adequate time with the child. In the case of after-school childcare providers, Latané and Darley's model can be applied to create a guideline of intervention designed to lead childcare workers from the first stages of accurate recognition to the final stages of effective reporting.

CHAPTER II

Bystander Apathy

In 1964, research on "bystander apathy" was sparked by the case of Kitty Genovese, a young woman brutally attacked by Winston Moseley as she was returning to her Queens, New York apartment in early morning. Genovese was stabbed multiple times before being raped and murdered. Some heard Genovese's screams during the first attack, one man even yelling down to Moseley to get away. Scared away for only a moment though, Moseley soon returned when the surrounding house lights went off and no police had arrived at the scene. A second attack ensued inside Genovese's apartment building, during which she was stabbed continuously and then raped. When the police arrived more than thirty minutes later, they discovered that nearly forty people had at least heard, and few others had seen, Genovese's suffering and done nothing. One man, who had opened his door, watched, and ducked back behind the door, could only respond that he "didn't want to get involved" when questioned for his lack of intervention. The "herd mentality" that left some forty people psychologically relying on others to intervene became known as bystander apathy, a psychological phenomenon in which people find themselves witnessing an event and paralyzed to react (Ayoob, 2014).

Genovese's case prompted two social psychologists, Bibb Latané and John Darley, to scientifically investigate when and why people fail to intervene on behalf of strangers in need of assistance. Their research led to the creation of a five step decision model in which a would-be helper must notice an event, interpret the event as an emergency, assume responsibility for helping, know how to help, and accept the possible costs of intervention (Latané & Darley, 1968). According to this model, bystanders must

successfully progress through each of these five decision steps if they are to ultimately come to the aid of a stranger in need. Unfortunately, Latané and Darley discovered many factors may block bystanders' progression through these five decision steps.

In noticing an event, a bystander must do little more than simply see the occurring situation and attend to it. Research shows, however, that this can be challenging, due to the large amount of inpouring stimuli humans face. As not everything in one's environment can be given full attention, psychologists suggest inattentional blindness renders us unlikely to notice occurrences if our attention is focused elsewhere. For example, a classic psychological demonstration required participants to visually follow and count the number of basketball passes between one of two teams on a court. Because this required such significant attention, a man dressed in a gorilla suit was able to pass across the court unnoticed by a majority of the participants (Carpenter, 2001). Similarly, inattentional blindness can be represented by an otherwise alert, observant teen who strikes an unseen deer while driving, despite adamancy that she was paying attention. So, while difficult to imagine, it is possible that opened eyes do not always mean active seeing, and that events, even those seeming to be obvious, are easy to miss when not attended to (Carpenter, 2001).

Societal assumptions may strongly affect what we pay attention to and deem suspicious (or requiring more attention). In a study comparing a number of staged shoplifting occurrences, it was shoplifters in ragged clothing that drew more attention from other shoppers. Such individuals were more often reported than those in nicer clothing, and it was bystanders in rural, upper-income suburbia who were more likely to report shoplifting acts than those in larger, lower-income cities (Gelfand, Hartmann,

Walder, & Page, 1973). As these outcomes fall within expectations taught by society about society, it is reasonable to expect such historical and social learning as an additional primary factor in noticing an event (Gelfand et al., 1973).

If an event is noticed, a bystander must then interpret it as an emergency. But this, again, is challenging, as the simple non-responsiveness of others in the situation often prevents bystanders from interpreting any event as requiring immediate action. One study conducted to explore this placed male undergraduates in a room either alone, with other actual participants, or with non-reacting confederates (someone knowledgeable of the experiment taking place, but who plays the role of an unknowing participant). As stage smoke poured into the room from under the door, 75% of participants reacted (sought help) when alone, whereas only 38% reacted when in a group with other participants, and less than 10% reacted when in a group of passive confederates (Latané & Darley, 1968). In effect, people relied on the behavior of others to decide whether an odd, ambiguous situation represented an actual emergency, and the group became pluralistically ignorant, meaning they failed to recognize that action was necessary, if they saw no one else act.

In a similar study, male undergraduates observed a physically suffering female either alone, with a nonreactive confederate similar to themselves in attitude, or with a nonreactive confederate dissimilar to themselves in attitude. Participants in the alone condition were the most likely to help, with 65% providing some form of aid. In contrast, only 35% of participants placed with a dissimilar, nonreactive confederate offered help, and only 5% offered help if accompanied by a similar, nonreactive confederate (Smith, Smythe, & Lien, 1972).

When circumstances do allow for an event to be interpreted as an emergency, a bystander must then assume responsibility for providing assistance. Unfortunately, the presence of multiple bystanders lowers the odds that any given bystander will feel responsible for coming to the aid of another in need. Such "diffusion of responsibility" was shown in a constructed lab situation, where college students heard a confederate in another room have an apparent epileptic seizure. Students who believed they were the only person hearing the seizure acted quickly, whereas students who believed others in adjoining rooms were also listening to the seizure took longer to act, if they acted at all, as having more people capable of aiding likely decreased their own feelings of needing to help. This diffusion of responsibility, in which participants relied on other participants to act, appeared to be the primary contributor in intervention, with sex of the participants and their feelings towards the victim also tested and shown to play little to no role in their helping behavior (Darley & Latané, 1968).

In a related manner, affecting the assumption of responsibility is the commitment to be responsible. In two similar field experiments, one at a beach in New York and another in a café, observers watched as either a portable radio or suitcase, belonging to a research confederate, was stolen after the confederate briefly stepped away. Participants who had previously agreed verbally to watch the confederate's belongings were more likely to notice and stop the theft, whereas those who noticed the event without committing to watch or protect the items were less likely to intervene, suggesting that prior commitment to responsibility makes the decision to intervene easier and more quickly made (Moriarty, 1975).

Having assumed responsibility, a bystander must then know how to help

effectively. A study conducted regarding the aid of falling victims illustrated the

importance of this step in the decision-making model. Like previous studies, lone

participants, who were engaged in a drawing task when they heard someone fall in the

distance, were likely to help despite not knowing the best action to take, whereas grouped

participants were affected by pluralistic ignorance and diffusion of responsibility.

However, groups with a highly competent member (i.e., medically trained) were as likely

as lone participants to show helping behavior, as they could comfortably and capably

intervene (Cramer, McMaster, Bartell, & Dragna, 2006).

In a similar study, effective responses to mock injuries of arterial bleeding were

observed to be determined by the expertise of the intervener. Although Red Cross

training (i.e., the expertise held by some participants) did not increase the rate of

intervention, it drastically increased the effectiveness of those participants who chose to

intervene, so much so that it translated to another 28 saved lives per 80 similar incidents

in the real world. Thus, lack of knowledge and competence greatly decreases the

likelihood of intervention, whereas competence and expertise drastically increase the

success of intervention (Shotland & Heinold, 1985).

After proceeding through all other steps, a bystander must accept the possible

costs of intervention before implementing help. Danger to self, legal concerns, and even

embarrassment for intervening incorrectly or unnecessarily may serve as possible costs,

and must all be considered before intervention occurs. Similarly, situational variables,

such as time constraints, can serve as notable factors in preventing helping behavior. For

example, unknowing seminary students who were hurried in getting from one building to

another failed to stop and aid a person in ragged clothes as they were slumped down on the sidewalk, perhaps because stopping would have cost them being late to their next engagement (Darley & Batson, 1973).

A systematic meta-analysis examining additional cost moderators of the bystander effect included the effects of dangerous situations, present perpetrators, and the physical costs of intervention (Fischer, Krueger, Greitemeyer, Vogrinic, Kastenmuller, Frey, Heene, Wicher, & Kainbacher, 2011). Resulting analyses indicated that dangerous situations were more quickly recognized as real emergencies, thus producing higher levels of arousal and an increase in helping, despite the possibility of physical consequences. Analyses also showed that intervention increased when an individual felt physically supported by other bystanders, either because all bystanders were male, bystanders were naïve rather than simply passive, or bystanders were familiar with one another and could rely on each other for support. This, however, is not always the scenario that plays out when people are in need of aid, and the need for intervention on behalf of many goes unmet.

CHAPTER III

Emotional Child Abuse

It is difficult to overstate the "real world" relevance of bystander apathy research findings such as those described previously, especially when considering shocking, well-documented cases of child abuse such as that suffered by James Bulger. Bulger, at only two-years-old, was abducted and guided dangerously through the streets of Liverpool, England by two ten-year-old boys, Robert Thompson and Jon Venables. Suffering abuse that showed physically in the form of bodily markings and emotionally as distress, Bulger was soon murdered and left by a railway line. Thirty-eight witnesses, same as the Genovese case, had seen or interacted with the boys on their journey through the city streets. All of them revealed in their testimonies that they had observed the physical distress and abusive markings on Bulger's young face and considered the unusualness of three underage boys wandering around with, what appeared to be, no adult supervision. But, despite noticing Bulger's distress and the lack of parental figures, most failed to interpret his situation as a life-and-death emergency, instead assuming a brotherly relationship between the boys in which Thompson and Venables were the older brothers of Bulger, forcing their actions upon him to either comfort him through his distress or to assert annoyance and frustration with a younger sibling, who had been placed in their care.

In sum, none of the witnesses had blamed Bulger's obvious and significant distress on the two boys, but rather on a lack of good parenting, or lack of parenting at all. Having observed this on their walk through the city, Venables was quick to enact the sibling role when concealing the true situation from a concerned bystander who

attempted to question the odd scenario. As siblings often show frustration with one another and can sometimes cause distress, many witnesses failed to deem the situation an emergency and even those who did felt reasonably certain that if intervention were required, someone would have already intervened (Levine, 1999).

A lack of intervention is even more prevalent in cases of invisible child abuse. Psychologically damaging to the mind of a child, emotional abuse and neglect are prevalent issues despite leaving no visible scars. Emotional abuse is considered to be "nonphysical behavior or attitude that controls, intimidates, subjugates, demeans, punishes, or isolates [a child] by using degradation, humiliation, or fear" (Wallace & Roberson, 2014, p. 106). Yelling, screaming, and name-calling are common forms of this abuse. Additional forms include accusing and blaming the child for every minor mistake made, frequently withholding affection or support, dismissing or disapproving of the child, and even threating to harm the child, the child's pets, or the child's possessions (Wallace & Roberson, 2014). Emotional neglect is comprised of "acts or omissions that are judged by community standards and professional expertise to be psychologically damaging the child" (Wallace & Roberson, 2014, p. 107). Common forms of emotional neglect include spurning (i.e., refusing to recognize a child's worth and needs by treating them differently from others), calling out presumed character flaws (e.g., stupid, weak), isolating (e.g., refusing interaction or locking a child in an unoccupied, confined space), terrorizing by means of threatening mutilation or abandonment, corrupting by engaging in antisocial behavior (e.g., requiring the child to be a servant or exploiting the child), and denying the child necessary emotional responses for healthy psychological development. Thus, with both emotional abuse and neglect, "scars" are left psychologically on a child's

mind, rather than body, as the direct result of a parent or guardian's actions or omissions (Wallace & Roberson, 2014).

In Tennessee, an allegation of child abuse occurs every hour. Across the country, a child falls victim to abuse or neglect every 47 seconds, with more than three million children suffering from some form of abuse at least once per year (Children's Advocacy Centers of Tennessee, 2016). In 2014, 38,326 children (6% of all victimized children, victimized being defined as children "who are the subject of at least one substantiated or indicated maltreatment report") were emotionally abused and another 498,025 children (75% of all victimized children) suffered from some form of neglect. In the state of Tennessee, that translates to 307 children (3% of all victimized children) being emotionally abused and another 7,909 children (69% of all victimized children) suffering from neglect each year (The Annie E. Casey Foundation, 2016).

Acts of abuse and neglect are most frequently committed by caretakers in positions of power over the abused or neglected child, either because of age, status, position, or relationship. However, aside from being in a power role, perpetrators of child abuse and/or neglect are a diverse group; they vary in location of residence and economic class; they vary in race, ethnicity, size, age, and physical description. The abused also vary in description, but younger children and children with mental or physical disabilities may often be easier targets, as they typically lack the ability to report or explain their abuse and abuser (Wallace & Roberson, 2014). Abused children are more likely to have been born premature or at a low birth weight, be mentally disabled, have other physical or sensory disabilities, or be otherwise challenging to control (Wallace & Roberson, 2014).

There are many negative effects associated with emotional abuse and neglect. Despite lacking any direct physical scars or symptoms, the adverse effects of psychological trauma are long lasting in behavioral, cognitive, and even physical domains, with many children feeling inadequate, isolated, unwanted, and unloved, with devastatingly low self-esteem and feelings of self-worth (Wallace & Roberson, 2014). In addition, children who have been emotionally neglected may become clingy, fearful, exaggerative, depressed or apathetic, or develop anti-social, or otherwise destructive behavior, enuresis or encopresis, sleep, speech, eating, and other habit disorders (Wallace & Roberson, 2014).

CHAPTER IV

Model for Intervention

Unfortunately, few attempts have been made to explicitly apply bystander apathy research findings to the prevention of child abuse, especially forms of abuse that are less visible (e.g., emotional abuse). However, much of this research can be applied, and is applied by the present author, to such a topic and successfully build the foundation for an effective model of intervention to be used, particularly within a childcare facility with child care workers acting as capable bystanders able to intervene on behalf of victimized children.

Specifically, research on bystander apathy has shown that bystanders must notice an emergency amongst all other inpouring stimuli in order to progress to the next decision step. To increase the likelihood that child care workers notice abuse within the childcare setting, they should be personally assigned a specific group of children, as required for Tennessee licensure. Childcare workers who share a multiple grade group with a coworker should be designated one of the grades and instructed to focus on those children (e.g., one childcare worker would be responsible for the children in second grade and the other responsible for the children in third grade). Following Tennessee's given maximum ratio of 16 to 20 children, designated as 16 five year olds or 20 children six years of age and older to one childcare worker, will be effective in allowing childcare workers to observe each child within their group as an individual and not allow for any child to be a "gorilla," who goes unnoticed, as in the Inattentional Blindness study (Tennessee Department of Human Services, 2016). Similarly, such a ratio would allow childcare workers to be familiar with a child's typical, baseline behavior and be more apt

to notice any variation from it. Additionally, with each child known individually, childcare workers will be more aware of any characteristic the child may have that suggests a higher risk for abuse (e.g., a child with an intellectual, mental, or physical disability, who is stubborn or defiant, or whose behavior is otherwise challenging), which will better prepare them to notice signs of abuse in these children.

Taking the time each day to talk to each child, especially making a point to hold a "How was your day?" conversation with children whose behavior may seem unusual (e.g., the child's attitude or personality is uncharacteristic), is another way to notice signs of abuse. In the childcare setting, snack time, homework time, and small group play time are all opportune occasions to hold these conversations. There is no need for these conversations to lead the child in any way, as simply asking children about their day gives them the opportunity to talk if they are ready.

In addition to interacting with the child, childcare workers should also observe. For example, observing the parent-child interaction when children are being picked up provides a time to see if the child is happy and excited to reunite with the parent or if the child does not want to leave the program. If the latter is the case, it is still possible that the child has a healthy relationship with the parent, but simply wants to play longer and have the parent return to pick them up at closing time for the center. However, if the latter occurs and the child seems fearful of, or uncomfortable with, the parent and appears to want to stay at the center to avoid being in the company of the parent, this may be a sign that abuse is occurring. Because pickup times in after-school childcare centers are often staggered, childcare workers will also need to be mindful to watch for pickup interactions while still watching the children who remain in their care. Another

recommendation to encourage the observation of parent-child interactions would be for the childcare center to host gatherings after hours. For example, open houses would allow further observation of parent and child together.

   If childcare workers are noticing signs of abuse, it is essential that they know when they have seen enough to interpret the situation as a possible emergency (i.e., when the signs are enough to constitute an abuse allegation that requires further investigation). This can be done with a checklist of observable behaviors often exhibited by children who have been, or are currently being, emotionally abused. This checklist, partially adapted from Wallace and Roberson (2014) (see Appendix A), could include the following:

1. clingy or indiscriminate attachment to adults in positions of power (i.e., exaggerated attachment to adults who could provide the child security from their abuser)

2. fearfulness of people or fear in common, non-fear-evoking situations (e.g., a child who avoids parent interaction or is hesitant/resistant to go with the parent at pickup)

3. exaggerative behavior (e.g., a child who has a toy taken from him reports to a teacher that another child both took his toy *and* pushed him down to hurt him)

4. seemingly depressed demeanor, withdrawal from company or activity, or apathy (a lack of interest or enthusiasm)

5. peculiar or otherwise unwarranted changes (i.e., changes unrelated to a virus, illness, etc.) in eating behaviors (e.g., a child who begins eating significantly more or less than is typical for her)

6. antisocial behavior (disregard for others) or destruction of property

7. developing habit disorders that did not exist previously (e.g., biting, rocking, skin-picking)

The intensity and frequency of these symptoms should reflect a child who is suffering beyond what society considers age-appropriate or acceptable, as seeing a symptom occur only once while a child is ill, or even during an overwhelming day, would likely be typical and not cause for concern. However, four or more of these seven behaviors occurring on a regular basis would warrant, at minimum, further investigation, and possibly immediate intervention, at maximum.

Requiring intervention, or requesting further formal investigation on behalf of an outside agency (e.g., Child Advocacy Center or Department of Children's Services), when four of seven symptoms, or approximately half of the list, are recorded is relatively equivalent to similar checklists provided by the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. For example, a list of four autism symptoms requires the presence of two confirmed symptoms to qualify for diagnosis, a list of nine attention-deficit/hyperactivity disorder symptoms requires six or more to occur, and a list of eight symptoms for separation anxiety disorder would require only three to occur (American Psychiatric Association, *Diagnostic and statistical manual of mental disorders*, 2013). Intuition may lead an experienced childcare worker to further investigate after recognizing only three symptoms, or to recognize four symptoms faster, but three is

likely too small a number to provide consistent, accurate reporting in those that may be less experienced. Five symptoms, on the other hand, would likely be beyond where intervention should have been pursued. Thus, four seems to be an appropriate number to recognize abuse consistently and determine the need for further investigation accurately.

After determining the presence of at least four emotional abuse symptoms, childcare workers must feel that it is their responsibility to report this to proper authorities, which aligns with Latané and Darley's third step of assuming responsibility for intervention. Assuming the responsibility to report can be affected negatively by diffusion of responsibility or positively by prior commitment to responsibility. Diffusion of responsibility, which would be represented by a childcare worker talking to the director of the center or another coworker about the abuse and expecting them to report if necessary, is greatly reduced simply by having each childcare worker directly accountable for the children to whom they are assigned. Commitment to responsibility, covered within Tennessee's legal code, specifies that anyone, professionals and citizens alike, with "reasonable cause to believe a child is being abused or neglected must, under the law, immediately report to the Tennessee Department of Children's Services or to local law enforcement" (Tennessee Department of Human Services, 2016). This includes emotional abuse that would lead to a sustained mental condition (i.e., psychological trauma). Together, being directly responsible for one's assigned group and being formally instructed on Tennessee's mandated reporting requirement make the likelihood of intervention much greater, as they make clear where responsibility falls.

Having assumed the responsibility of reporting suspicions of emotional abuse, a childcare worker must know how to report. Knowing how to intervene was shown in

several bystander apathy studies to play a significant role in increasing successful intervention, so educating childcare workers on the process of reporting is essential. To start, a childcare worker should identify and document the signs of abuse they have seen. This documentation could be accomplished with computer technology, along with the recommendation that childcare centers switch to computer registration and attendance if they have not already. Ideally, a box would pop up on the computer screen next to each child's name with the observable characteristics checklist. The list would show all seven symptoms and would prompt a choice of "yes" or "no," indicating whether that characteristic was exhibited by the child that day. A comment box would also be beneficial as an area to describe any unusual conversations with the child (e.g., the "How was your day?" conversation discussed previously) and any unusual parent-child interactions. This system would easily allow a childcare worker to quickly document observations of each child, either before or after the worker's daily shift, without consuming an unreasonable amount of time or becoming an unrealistic burden. Also, it would subsequently provide a documented record that would build over time and allow systematic changes in behavior to be noted.

If childcare workers are noticing consistently increasing signs of emotional abuse, and they are unsure if what they are seeing constitutes signs of emotional abuse (or they are unaware of how to hold further discussion with the child), the director of the childcare center can also be involved. For example, the director may hold a more in-depth, direct conversation with the child in question about possible abuse occurrence. Finally, it should be the responsibility of the childcare worker, supported by the director, to report the

abuse online or by phone to the Department of Children's Services (Tennessee

Department of Human Services, 2016).

As a final step, a childcare worker must be willing to accept the potential costs of

reporting (e.g., the inability to remain anonymous in cases that go to court or intervening

unnecessarily when abuse is not occurring or the situation has been misinterpreted). To

address the former cost, Tennessee allows reports of child abuse and neglect to be filed

anonymously, as do most states, and promises personal confidentiality beyond that. To

minimize the latter cost, childcare workers should be reminded that their reporting is

simply a request for further investigation. Like a school nurse who sends a child home

sick and recommends he or she be taken to the doctor, a childcare worker is sending in

information and recommending there be further action taken. In addition, Tennessee and

other states and territories offer immunity from both civil and criminal liability when

child abuse or neglect is suspected and reported in good faith. Good faith, defined by the

Child Welfare Information Gateway (2016), "refers to the assumption that the reporter, to

the best of his or her knowledge, had reason to believe that the child in question was

being subjected to abuse or neglect." Thirty-six states, Tennessee included, also provide

immunity to abuse reporters who participate in judicial proceedings. Immunity in both

forms is only waived when a reporter can be proven to have been acting in bad faith

(Child Welfare Information Gateway, 2016). Such information should be shared with

each childcare worker, as part of his or her training, in a further effort to increase

reporting.

Because no measure can guarantee a complete lack of consequence to childcare

workers (e.g., an agitated parent who discovers a report has been filed may confront

employees in an attempt to know who reported), feeling supported in their decision to report greatly increases the likelihood that they will intervene. Ideally, this support would be in the form of followed guidelines developed by a national organization, such as the Department of Children's Services or the National Association for the Education of Young Children (NAEYC). Unfortunately, this is likely unrealistic, as there are currently no laws specific to the emotional abuse of a child that occurs in the absence of another form of abuse or neglect (e.g., physical or sexual abuse). A possible substitute to this would be a center determining amongst its board, director, and members what they agree to be a suitable checklist for emotional abuse and when intervention is deemed necessary. This way, the worker is not intervening on her own, but with the support of at least center policy.

Although there are costs of reporting, there are also costs of not reporting (e.g., legal consequences). Thus, as they are informed of anonymity, immunity, and support, a childcare worker should also be aware that failure to report suspected child abuse or neglect in the state of Tennessee "is a violation of the law and a Class A misdemeanor, carrying a sentence of up to three months imprisonment, a fine or both" (Tennessee Department of Human Services, 2016).

CHAPTER V

Summary and Conclusions

Empirically supported bystander apathy reduction methods were employed to design guidelines to help childcare workers progress from the first stages of accurate recognition of emotional abuse to the final stages of effective reporting. Latané and Darley's first step, noticing an event, highlights how childcare workers must notice subtle or ambiguous symptoms of emotional abuse. To progress past the second step (i.e., interpreting an event as an emergency), childcare workers must assess and track the frequency or severity of said symptoms. The third and fourth steps (assuming responsibility and having applicable knowledge) correspond to needs to reduce diffusion of responsibility and increase childcare workers' knowledge of the reporting process. The fifth step, accepting intervention costs, points to the importance of childcare workers accepting the legal and career implications of their decision to report. Familiarity with, and use of, the proposed emotional abuse symptom checklist can help childcare workers effectively complete all five steps.

The proposed recommendations/guidelines possess several strengths. For example, they are simple and easy to follow, even for newly trained employees, and simply being trained and aware of emotional abuse will increase the noticing of its occurrence. The guidelines help childcare workers notice observable behaviors that require little or no personal investigation. Childcare workers need not "play detective" or question parents; rather, they are asked to watch for particular behaviors in the children they are assigned. Also, just as police follow certain procedures when handling cases of domestic abuse, and medical doctors have a process to diagnose physical abuse, this

guideline allows childcare workers to follow a defined process in recognizing and reporting emotional abuse. This formal plan of action bolsters uniform intervention in an environment where childcare personnel may change frequently. Finally, the recommendations of this guideline confront problems that have yet to be addressed in daycare settings. Information for intervention in the physical and sexual abuse and neglect of children is abundant. In contrast, no guidelines exist for cases of emotional abuse that occurs in the absence of other abuse forms. Thus, adoption of the proposed guidelines may significantly reduce the prevalence of emotional abuse in children.

It should be noted that adoption of the guidelines would require more effort from childcare workers, possibly without an increase in corresponding pay. Hopefully, this issue would be solved by incorporating the guideline into initial job training and by having documentation of noticed abuse symptoms occur quickly and easily in computer format. A second potential weakness to consider would be how the model might affect parents' perceptions of the childcare center. For example, if parents are aware that childcare workers are watching for symptoms of emotional abuse, those parents who are emotionally abusive may choose to take their child (or children) elsewhere. Even those who are not may fear being reported over an occurrence unrelated to abuse (e.g., their child had a bad day at school and then shows some behaviors characteristic of abuse). One way to ease these concerns may be to share the details of the guideline with parents, so that they are fully aware of the range of symptoms being observed and how often those symptoms are expected to occur before further investigation would take place. Ultimately, the utility of the proposed guidelines would, ideally, outweigh any potential

weaknesses, and more childcare workers would engage in active observation, knowledgeable recognition, and effective reporting of emotional abuse.

A next step in the effective use of the designed model would be to implement it into training and have it used as a reference for childcare workers, who suspect abuse. For example, creating three to five paragraphs scenarios, some qualifying as emotional abuse and others not, and presenting them to trainees would allow for trainees to use the model in determining a cause for reporting in each case. Such a training design would be useful in both educating on emotional abuse and in assisting trainees with the recognition of its occurrence in real life scenarios. Implementing the model into training would, ultimately, determine the effectiveness of the proposed guidelines and how they play out in real life use.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychiatric Association Press.

Ayoob, M. (2014, September 5). 'I didn't want to get involved': The lessons of the murder of Kitty Genovese. *American Handgunner* [online], p. 46.

Carpenter, S. (2001). Sights unseen. *American Psychological Association: Monitor on Psychology 32*(4), 54.

Child Welfare Information Gateway. (2016). *Immunity for reporters of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Children's Advocacy Centers of Tennessee. (2016). Child abuse statistics. Retrieved July 31, 2016, from http://www.tncac.org/child-abuse-information/statistics

Cramer, R.E., McMaster, M.R., Bartell, P. A., & Dragna, M. (2006). Subject competence and minimization of the bystander effect. *Journal of Applied Social Psychology, 18*(13), 1133–1148.

Darley, J. M., & Batson, C. D. (1973). 'From Jerusalem to Jericho': A study of situational and dispositional variables in helping behavior. *Journal of Personality and Social Psychology, 27*(1), 100-108.

Darley, J. M., & Latané, B. (1968). Bystander intervention in emergencies: Diffusion of responsibility. *Journal of Personality and Social Psychology, 8*(4), 377-383.

Fischer, P., Krueger, J. I., Greitemeyer, T., Vogrincic, C., Kastenmüller, A., Frey, D., Heene, M., Wicher, M., & Kainbacher, M. (2011). The bystander-effect: A meta-analytic review on bystander intervention in dangerous and non-dangerous emergencies. *Psychological Bulletin, 137*(4), 517-537.

Gelfand, D. M., Hartmann, D. P., Walder, P., & Page, B. (1973). Who reports shoplifters? A field-experimental study. *Journal of Personality and Social Psychology, 25*(2), 276-285.

Latané, B., & Darley, J. M. (1968). Group inhibition of bystander intervention in emergencies. *Journal of Personality and Social Psychology, 10*(3), 215-221.

Levine, M. (1999). Rethinking bystander nonintervention: Social categorization and the evidence of witnesses at the James Bulger murder trial. *Human Relations, 52*(9), 1133-1155.

Moriarty, T. (1975). Crime, commitment, and the responsive bystander: Two field experiments. *Journal of Personality and Social Psychology, 31*(2), 370-376.

Shotland, R. L., & Heinold, W. D. (1985). Bystander response to arterial bleeding: Helping skills, the decision-making process, and differentiating the helping response. *Journal of Personality and Social Psychology, 49*(2), 347-356.

Smith, R. E., Smythe, L., & Lien, D. (1972). Inhibition of helping behavior by a similar or dissimilar nonreactive fellow bystander. *Journal of Personality and Social Psychology, 23*(3), 414-419.

Tennessee Department of Human Services. (2016). Retrieved September 7, 2016, from

    https://www.tn.gov/humanservices/

The Annie E. Casey Foundation. (2016). *Kids count*. Baltimore, MD: Author. Retrieved

    from http://mobile.kidscount.org/

Wallace, H., & Roberson, C. (2014). *Family violence: Legal, medical, and social*

    perspectives (7th ed.). New Jersey: Pearson.

Appendices

APPENDIX A

Characteristics of Children Who Have Been Emotionally Neglected

From Wallace and Roberson (2014)

1. Clingy and indiscriminate attachment

2. Fearfulness–exaggerated

3. Depressed, withdrawn, apathetic

4. Sleep, speech, or eating disorders

5. Substance abuse

6. Antisocial, destructive behavior

7. Enuresis and encopresis

8. Habit disorders (biting, rocking, whining, picking at scabs)

APPENDIX B

Guidelines for Noticing Emotional Child Abuse

1. **Noticing Emotional Abuse in the Childcare Setting**

    ❖ Be aware of the personal characteristics and typical behaviors of each
    child assigned to you (i.e., know their normal).

      • Children with disabilities, those who are stubborn or defiant, and
        those whose behavior is otherwise challenging are more likely to
        be emotionally abused.

    ❖ Have brief, five minute "How was your day?" conversations with children
    at snack time, while they are doing homework, or when they are engaged
    in small group play.

    ❖ Observe parent-child interactions at pickup time.

      • How happy or comforted is the child to reunite with the parent? If
        the child is usually happy, there is no cause for concern.

        ° If the child does not want to leave the program, does the
          child want to play longer and have the parent return at
          close? If so, there is no cause for concern.

        ° If the child does not want to leave the program, does the
          child seem fearful of, or uncomfortable with, the parent? If
          so, this is cause for concern.

2. When Further Investigation is Required

❖ Four or more of these seven behaviors occurring on a regular basis warrants a request for further investigation (i.e., a report filed).

- clingy or indiscriminate attachment to adults in positions of power (i.e., exaggerated attachment to adults who could provide the child security from their abuser)

- fearfulness of people or fear in common, non-fear-evoking situations (e.g., a child who avoids parent interaction or is hesitant/resistant to go with the parent at pickup)

- exaggerative behavior (e.g., a child who has a toy taken from her reports to a teacher that another child both took her toy *and* pushed her down to hurt her)

- seemingly depressed demeanor, withdrawal from company or activity, or apathy (a lack of interest or enthusiasm)

- peculiar or otherwise unwarranted changes (i.e., changes unrelated to a virus, illness, etc.) in eating behaviors (e.g., a child who begins eating significantly more or less than is typical for him)

- antisocial behavior (i.e., disregard for others) or destruction of property

- developing habit disorders that did not exist previously (e.g., biting, rocking, skin-picking)

3. **Assuming the Responsibility to Report**

   ❖ Under Tennessee law, it is mandated that anyone who has "reasonable
   cause to believe a child is being abused or neglected must, under the law,
   immediately report to the Tennessee Department of Children's Services or
   to local law enforcement."

   ❖ It is primarily your responsibility to report suspected emotional abuse of
   the children assigned to you, as it is other employees' responsibility to
   report on the children assigned to them. Thus, your failure to report would
   likely mean the abuse would go unreported.

4. **Knowing How to Report**

   ❖ Document consistently which (if any) characteristics a child exhibits from
   the observable behaviors checklist, any unusual conversations with the
   child, and any concerning parent-child interactions.

   ❖ If you feel support is necessary, involve your director and let he or she
   speak to the child.

   ❖ Report all suspected emotional abuse to the Department of Children's
   Services online (https://apps.tn.gov/carat) or by phone (877-237-0004).

5. **Coping with the Costs of Reporting**

   ❖ Your report is simply a request for further investigation; it is not a
   personal accusation on your part, nor will it be seen as such by your
   employer.

❖ Tennessee allows reports of child abuse and neglect to be filed anonymously.

❖ When you file a report in good faith (i.e., "the reporter, to the best of his or her knowledge, had reason to believe that the child in question was being subjected to [emotional] abuse or neglect"), you are immune from civil and criminal liability under Tennessee law.

Emotional Abuse Symptoms Checklist

Child's Name: _____ Week of: _____

During the past five days, how often did the child display the following…	Never	Rarely	Occasionally	Often	Always
1. clingy or indiscriminate attachment to adults in positions of power (i.e., exaggerated attachment to adults who could provide security from an abuser)					
2. fearfulness of people, or fear in common, non-fear-evoking situations (e.g., avoiding parent interaction or resisting going with parent at pickup)					
3. exaggerative behavior (e.g., a child who has a toy taken from him reports to a teacher that another child took his toy *and* pushed him down to hurt him)					
4. seemingly depressed demeanor, withdrawal from company or activity, or apathy (e.g., a lack of interest or enthusiasm)					
5. peculiar or unwarranted changes (e.g., changes unrelated to an illness) in eating behavior (e.g., a child who begins eating noticeably more/less than typical)					
6. antisocial behavior (disregard for others) or destruction of property					
7. developing habit disorders that did not exist previously (e.g., biting, rocking, skin-picking)					

* Note: Children with disabilities, those who are stubborn or defiant, and those whose behavior is otherwise challenging are more likely to be emotionally abused.