



# School-Based Sexual Abuse Prevention Programs: The School Psychologist's Role

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## Introduction

- Child sexual abuse (CSA) is a **major** public health concern (Cowan et al., 2019).
- Between **7.5-16% of males** and **19.7%-25% of females** report a history of CSA, with nearly **39 million adults in the US being survivors** (Cowan et al., 2019).
- The mean onset of CSA is **11.2 years of age** (Cowan et al., 2019).
- CSA has been linked to **several health and mental health concerns**, including substance abuse, eating disorders, anxiety, depression, cognitive disturbances, post-traumatic stress disorder (PTSD), gastrointestinal issues, chronic pain, suicide attempts, sexual revictimization, and high-risk sexual behavior (Cowan et al., 2019).
- The likelihood for children with disabilities to be victimized is higher (**3x**) than children without disabilities, and the likelihood is the highest for children with an intellectual disability (ID) or a mental health disability (**4.6x**) (Smith & Harrell, 2013).
  - Due in part because children with disabilities have a **greater dependence on others for personal care**, and are often in isolated settings with adults (i.e., specialized transportation, occupational therapy, etc.).
- The literature confirms that the topic of sexual abuse is **frequently avoided**, which hinders opportunities for prevention programs (Cowan et al., 2019).
- Specifically, there is an **alarming lack of primary prevention efforts** geared to preventing sexual abuse of children with disabilities (Smith & Harrell, 2013).
- Additionally, these children are less likely to receive services due to **barriers in reporting** (i.e., no language to describe what occurred) (Smith & Harrell, 2013).
- Further, elementary-aged children are at **greatest risk** due to young age and therefore are also an important focus of prevention efforts (Cowan et al., 2019).
- However, due to beliefs that talking about sexual abuse is not appropriate in a school setting, there has been some resistance to implementing CSA prevention programs (i.e., placing an unfair responsibility on the child to prevent CSA) (Cowan et al., 2019).
- Research illustrates the focus on "stranger danger" neglects the most common perpetrators of sexual abuse, as **90%** of perpetrators know their victims, and **68%** of perpetrators sexually abuse children in their own family (Cowan et al., 2019).
- Research indicates many **home environments do not discuss sexual abuse**, and therefore school-based prevention programs are **vital** for children to **gain knowledge and personal safety skills** such as **implementing boundaries and learning the language to express themselves if they feel they are at risk**, as well as to **disclose past or ongoing sexual abuse** (Cowan et al., 2019).
- Because of the high incidence & resulting consequences of CSA, **prevention is critical** (Cowan et al., 2019).
- CSA prevention programs within school systems are **advantageous** due to the ability to **reach multiple children** (Cowan et al., 2019).
- School psychologists strive to **promote academic, social, behavioral, and emotional well-being**. Child sexual abuse has implications that affect all of these domains, as it can lead to **poor academic performance, social difficulties, behavioral issues, and emotional problems** (Bustamante et al., 2019).
- School personnel are **legally mandated** to assist in the detection of sexual abuse cases. With this, school psychologists are in a **particularly advantageous position** to assist in the prevention of child sexual abuse within the school setting. Additionally, they are in a **unique position** to inform parents, teachers, and school administrators about the problem of CSA (Cowan et al., 2019).

**1 in 5 children  
will be  
sexually  
abused before  
the age of 18.  
Those with a  
disability are  
3x more likely  
to be  
victimized.**

(Holloway & Pulido, 2018)

(Smith & Harrell, 2013)

## Questions?

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SCAN QR CODE FOR  
LINKS TO  
PROGRAMS &  
REFERENCES

## Programs

- **Safe Touches**: classroom-based & culturally sensitive; teaches children about sexual abuse prevention (**designed for K-3**) → targeting when CSA usually begins (Holloway & Pulido, 2018).
  - Additionally, more severe consequences from CSA between the ages of 3-7, further supporting the need for prevention programs at a young age.
- During the 50-minute sessions, role-plays are utilized, parts of the body are discussed (i.e., private body parts), the difference between safe vs. not safe touches, as well as making a list of who they can tell if they experience a "not safe touch," and lastly practicing language skills to express discomfort (Holloway & Pulido, 2018).
- In a meta-analysis of several school-based prevention programs, there was evidence of **improvements in both protective behaviors and knowledge among children**, as well as **decreased stigma and increased reporting** (Cowan et al., 2019).
  - Additionally, these improvements were seen **regardless of the type of program that was implemented**.
- One study found **9%** of participants in a prevention program were later sexually abused, compared to **16%** who were not in the program (Rudolph & Zimmer-Gembeck, 2018).
- Another study found that a self-protection program increased and maintained CSA knowledge **six months after the program ended** (Bustamante et al., 2019).
- Studies also have found that low-income, minority children show **lower baseline and "learned" abuse prevention**, which is critical information in order to adapt current programs (Holloway & Pulido, 2018).
- Other programs: **Play it Safe!, The Child Abuse Prevention Program (CAPP), Safer, Smarter Kids**.

## Conclusion

- Learners who were sexually abused scored lower on literacy tests, demonstrating a significant relationship between CSA and literacy scores. **School psychologists must be aware that CSA can impact academics** (Pillay, 2016).
- Although teachers and nurses mostly implement CSA prevention programs, **school psychologists can provide support, handle disclosures, and can present information on child sexual abuse to parents as well as teach them how to talk to their children about it** (Cowan & Craigen, 2019).
- Furthermore, due to school psychologists extensive training in consultation, interviewing, and counseling, **they have the skills that are vital for working in this area**.
- Some children do worry more after CSA prevention programs, report fear of strangers, and/or are afraid to be touched, but the **majority feel safer and less frightened after prevention programs**. Also, those who experienced these effects were found to develop **good self-protection skills** (Rudolph & Zimmer-Gembeck, 2018).
- Additionally, school psychologists should be **aware of the positives, drawbacks, and possible unintended consequences of prevention programs as a whole, specifically CSA programs. School psychologists should be prepared to help with any increased anxiety** after CSA prevention programs.
- It is helpful for school psychologists to also be aware of barriers to implementing CSA prevention programs, including: **funding, negative attitudes surrounding CSA, and intervention being prioritized over prevention** (Cowan et al., 2019).
- As NASP Domain 6 states, school psychologists have a role in the **development and implementation of prevention programs**. With this, school-based sexual abuse prevention programs should be viewed as a **necessity**, not as optional (NASP, 2020).