

## The Role of School Counselors in Preventing Child Sexual Abuse

**Jennifer A. Meador**  
Aquinas College

**Jenniefer M. Foster**  
Western Michigan University

Violence against children is a pervasive, global problem. Child sexual abuse (CSA), a specific type of adverse childhood experience (ACE), affects children across all racial and socio-economic backgrounds. CSA is associated with the potential for serious and long-term outcomes. Thus, as part of a trauma-informed approach, schools necessitate multi-level preventative strategies aimed at increasing safety, awareness, and policy. School counselors hold a pivotal role in implementing prevention programs and providing early interventions for child victims. This article examines a systemic plan that trains school staff, builds community awareness, educates parents, and facilitates programming for students. Recommendations for successful implementation and program evaluation are provided.

*Keywords: child sexual abuse, adverse childhood experiences, prevention, safety, trauma-informed, evaluation, policy*

Abuse and neglect are estimated to affect 1 billion youth globally (Hillis et al., 2016). The landmark Adverse Childhood Experiences (ACE) study and subsequent research drew an important conclusion: abuse is preventable and requires systemic, community-based approaches (Centers for Disease Control and Prevention, 2021). Child sexual abuse (CSA) is one form of adversity that profoundly affects the lives of children and families. It includes molestation, exploitation, sexual assault, rape, incest, engaging children in the act of creating or viewing pornography, and cyber-sexual assault, which involves nonconsensual distribution of sexually explicit images in online formats (Holladay & Hagedorn, 2019; Kenny et al., 2018).

While strides have been made to increase awareness, a plethora of myths continue to surround CSA. Such assumptions include: CSA occurs infrequently, is perpetrated by a stereotyped and often unknown offender, occurs mostly in historically marginalized communities, and rarely involves male victims (Murray et al., 2014). These misconceptions shape attitudes and stifle prevention efforts. Accurate information is an important starting point. Empirical literature asserts that CSA affects children regardless of gender, race, or income level and is perpetrated by individuals who are most often peers or family members (Murray et al., 2014).

Due to the setting and scope of their work, school counselors hold a critical role and ethical duty to facilitate prevention efforts (American School Counselor Association [ASCA], 2022). Additionally, they must be prepared to engage in early intervention by reporting CSA and providing resources for child victims and their families. Therefore, school counselors need to be knowledgeable about CSA to enact systemic change (Cowan et al., 2019). Unfortunately, many graduate programs do not provide comprehensive training (Foster, 2017d). Survey research of

students, including those at the end of their programs, indicated that they did not feel prepared to engage in CSA prevention or early intervention efforts (Foster, 2017d). Similarly, in addition to providing CSA prevention efforts, school counselors require strong program evaluation and data analysis skills to gauge the effectiveness of these efforts (Astramovich, 2017). Nevertheless, recent findings indicate that although school counselors acknowledge the significance of program evaluation, they may lack the skills and confidence to effectively participate in such activities (Astramovich, 2017). This article provides a framework for school counselors beginning with information on the scope of CSA, its consequences for child victims, and trauma-informed approaches within schools. Then, specific prevention strategies are discussed in partnership with four critical groups: staff, community members, parents (which includes guardians and other caregivers), and students. Finally, considerations for successful prevention initiatives and program evaluation are provided.

### **Scope of the Problem**

To capture the extent of CSA, it is important to understand both incidence and prevalence. This section draws upon the most recent published data, and older citations are a result of the need for more recent studies. In terms of incidence, The National Child Abuse and Neglect Data System reported 558,899 substantiated cases of child abuse in the U.S. in 2022 (U.S. Department of Health & Human Services, 2024). Of these, 59,044 children were victims of sexual abuse, and 1,084 were victims of sex trafficking. When abuse occurs in schools, they are required to report it to authorities. During the 2020-2021 school year, there were 2,700 confirmed incidents of sexual assault and 350 incidents of rape or attempted rape in U.S. schools (U.S. Department of Education, 2023). While the number of reported incidents of CSA is substantial, experts agree that the prevalence is even higher. Until recently, most prevalence rates relied on data from the 1990s. A meta-analysis addressed this problem and reported that approximately 1 in 10 children experience CSA before the age of 18 (Townsend & Rheingold, 2013).

The discrepancy between prevalence and incidence is due to several factors. First, the incident numbers do not reflect the cases that are closed due to insufficient evidence. Unlike physical abuse, there is rarely forensic evidence of sexual abuse (e.g., 90-95% of exams following CSA indicate normal findings) (Herrmann et al., 2014), and adults may fail to report abuse that lacks observable symptoms (Herrmann et al., 2014). Second, multiple definitions and differences in state laws add to the complexity (Murray et al., 2014), especially in cases perpetrated by another child, which accounts for 36% of reported incidents (Finkelhor & Shattuck, 2012). Third, low disclosure rates contribute to lower rates of reported incidents. A meta-analysis indicated that between 55–69% of adults never disclosed their childhood experiences of sexual abuse (London et al., 2008). Of those who disclosed, only 5-13% of incidents were reported to authorities. Finally, many children who disclose are not believed, which reduces the likelihood that they will disclose again (Carson et al., 2014). Together, closed cases, inconsistent definitions, difficulty disclosing, and lack of belief contribute to high rates of prevalence and leave children unprotected. Prevention initiatives can address these contextual barriers through education on the scope of CSA.

### **Consequences of CSA**

The experience of CSA can result in a host of short- and long-term consequences. While approximately one-third of children are asymptomatic following CSA, about half develop severe

symptoms (Adler-Nevo & Manassis, 2005). There are a number of factors that impact outcomes, including: the age of the child at the onset of the abuse, length of time the abuse occurred, and relationship to the offender. Child victims may experience “depression, anxiety, anger, an impaired sense of self, problems with sexuality, poor concentration, physical problems, and interpersonal difficulties” (Wurtele, 2009, p. 3). Additionally, emotional development can be disrupted (Young & Widom, 2014). There is also risk of sexual revictimization with as many as 47.9% of children abused again according to a meta-analysis (Walker et al., 2019).

Neurobiological findings affirm that trauma in early childhood alters the brain’s development (Craig, 2016; Rumsey & Milsom, 2019; van der Kolk, 2015). These changes may disrupt emotional regulation, connection with others, memory, ability to organize and process information, and attention, all of which are important for success in school (Craig, 2016; Rumsey & Milsom, 2019; van der Kolk, 2015). Behaviors such as withdrawal, acting out, and inattention are often due to the brain’s natural response to stress. Child victims’ reactions to perceived danger can be misunderstood and mislabeled within a school setting, and adults may assume they do not care or are not trying. Altogether, there are numerous ramifications of sexual abuse for child victims. Yet, children are resilient and respond well to early intervention, particularly when they have the support of at least one safe person (Foster, 2016). Trauma-informed schools build these safe relationships and are discussed in the next section.

### **Trauma-Informed Approaches in Schools**

Schools necessitate trauma-informed approaches to provide support and safety for children who have experienced various types of adversity including CSA (for a review of 30 trauma-informed practices in schools see Thomas et al., 2019). This approach requires adults to shift from asking what is wrong with the child to what happened to the child (Gaines, 2019). Staff must understand how trauma affects logical development, attachment, learning, and behavior. This knowledge must then be translated into building-wide practices to enhance safety, build relationships, avoid re-traumatization, and foster resiliency (Perry & Daniels, 2016).

School counselors can work with administration to implement evidence-based, trauma-informed practices and policies in their schools. These efforts enhance safety and create an environment where all children can thrive, feel connected, become self-regulated, and learn (Martinez et al., 2020). The National Child Traumatic Stress Network (2017) published a guide entitled “Creating, Supporting, and Sustaining Trauma-Informed Schools: A System Framework” that provides plethora of resources for getting started. An example of an evidence-based school-wide curriculum is the Beyond Consequences Institute (Forbes, 2024). Regardless of the program selected, trauma-informed approaches necessitate several elements, which are referred to as the Four Rs (National Child Traumatic Stress Network, 2017): (1) recognizing the impact of trauma and recovery processes, (2) recognizing signs and symptoms of a child who has experienced trauma, (3) responding system-wide with trauma-informed knowledge, and (4) resisting re-traumatization by adults awareness of triggers and by implementing trauma-informed policies, procedures, and practices. Actions are taken school-wide through a multi-tiered approach ranging from prevention to intensive support. By investing in comprehensive training, school personnel are provided with resources to become trauma-informed, and school counselors help ensure that all students are safe, understood, supported, and protected from future harm (Parker et al., 2023).

## A Systemic Approach to Preventing CSA

In conjunction with schoolwide trauma-informed approaches, CSA prevention is needed to ensure children are safe from sexual victimization in their schools, homes, and communities. Schools are an important place to implement CSA prevention, and as a result of Erin's Law, it is required in 38 states in K-12 public schools (Erin's Law, 2024). School counselors are "on the front lines with regard to child abuse" and must be equipped to implement such programs (Bryant, 2009, p. 333). This involves school counselors taking the lead by building awareness and reporting suspected abuse, which directly influences children's safety, promotes resilience, and strengthens families (ASCA, 2021).

For CSA prevention to be successful, it needs to be ongoing. Moreover, the trainings need to include current information and local resources. The next sections detail how school counselors can implement innovative, research-based prevention strategies with four key groups: staff, community members, parents, and students.

### School Counselor and Staff

All school staff, regardless of their role within the building, need effective programming on CSA prevention (Young et al., 2015). These trainings align with the mission of schools to promote student success academically, socially, and personally, because when children are safe, they can learn and thrive (ASCA, 2021). Therefore, prevention must begin with education for all adults within the school (Lambie, 2005).

Trainings need to be comprehensive and address a variety of components. School counselors can gather baseline knowledge about CSA along with attitudes and beliefs by administering building-wide surveys. Staff can also be encouraged to share specific questions or concerns on the survey forms. School counselors can use this data to tailor trainings to meet the unique needs of their colleagues. Next, school counselors can collaborate with community members who have expertise in CSA. Clinicians, researchers and advocates can be invited to partner with the school as trainers and consultants.

During trainings, it is important to increase awareness of the prevalence of CSA. Staff can learn that it is statistically likely that every single classroom has several students who have experienced abuse. Special education classrooms have even higher rates of CSA as students with disabilities are three times more likely than their peers to be sexually abused (Lund & Vaughn-Jensen, 2012). By the time students reach middle and high school, some have experienced sexual assault. In one study, 40% of women stated that they were sexually assaulted before they turned 18 (Basile et al., 2016). School counselors can help staff picture actual children that they know who are at risk or already victims. This visualization may help move adults from disbelief regarding CSA into awareness and action to protect children.

School staff also need to know the warning signs of CSA and understand their role as mandated reporters, which includes guidelines that are specific to their state. This is essential as suspicions of CSA tend to be under-reported in schools, mainly due to the lack of knowledge and skills in identifying CSA (Bryant, 2009). "School personnel may struggle with what constitutes abuse, personal reactions to learning of a young child's abuse, unclear guidelines regarding reporting the alleged abuse, and fear regarding the outcome of reporting" (Hinkelman & Bruno, 2008, p. 376). Additionally, some adults believe that many children make false accusations and may question the accuracy of children's accounts. School counselors can assist staff in

understanding that false reports are rare (Denne et al., 2020), and children are more likely to minimize or deny CSA (Foster & Carson, 2013). School counselors can work with staff to discuss personal reactions to CSA as well as hesitancy to report. Staff need to know that proper reporting of suspected abuse protects children and can start the healing process for those who are already victims (Kenny et al., 2018).

Along with understanding their role as mandated reporters, staff must also be prepared to handle a disclosure of CSA as they may be the first person a child tells. Adults need a plan for how to supportively respond to students' experiences with belief (Foster, 2014). School counselors can teach staff to use the acronym BRAVE following a disclosure: believe the child, reach out and provide verbal comfort, assure the child they are not to blame, validate the child's feelings, and encourage the child to talk openly about what happened (Jinich & Litrownick, 1999). It is important that staff respond calmly and communicate that they are there for the child.

Staff also need training on how to watch for and respond to concerning behaviors in older children and adults. While it is uncomfortable to consider, offenders may work or volunteer in schools (Canadian Centre for Child Protection Inc, 2019; U.S. Department of Education, 2023). School staff must be alert to common offender behaviors such as boundary crossing, which is often a test to see if other adults will speak up (e.g., making sexual jokes or comments, tickling/wrestling, "accidentally" undressing in front of a child in a locker room, spending time in isolation through extra help/practice or rides home). While schools may believe that background checks are sufficient, most offenders of CSA do not have a criminal history (Shakeshaft, 2013). Previous allegations or concerns may not have been reported by staff out of fear of being wrong or worrying about the potential for negative outcomes. Lack of formal reporting leaves children vulnerable if indeed the suspicions were correct (Canadian Centre for Child Protection Inc., 2019). Staff need to remember it is not their job to investigate, but when they have concerns, it is their duty to report.

School counselors can also help staff understand that the image most people hold of an offender as a social outcast is incorrect. Many offenders in schools are well liked, recipients of awards, and popular among parents and in their communities (Shakeshaft, 2013). This public personality causes some adults to question the trustworthiness of child victims. In middle and high school settings, offenders most often target vulnerable adolescents using strategies to create the façade of a trusting relationship and tend to use technology to communicate privately outside of school (Canadian Centre for Child Protection Inc, 2019). While some offenders slowly build trust, others are more opportunistic. They often spend time with groups of students, frequently trying to fit in. Warning signs of opportunistic offenders are staff who know a great deal about children's personal lives or make comments about their appearance. Female offenders are also present in schools and tend to have the faulty belief that they are in a romantic relationship with the student. For many school staff it is difficult to accept the reality that offenders are among their friends and colleagues.

School counselors can provide research to help address this disbelief. For example, 20 years of documented cases in schools revealed that 75% of the victims in Canadian schools were female with an average age of 14, and 55% of children were victimized on school grounds. Offenders were 87% male with a mean age of 42, and 86% were teachers with the remaining 14% comprising of support staff, such as paraprofessionals, lunch monitors, volunteers, administrative personnel, custodians, and bus drivers (Canadian Centre for Child Protection Inc, 2019). Frequently, offenders held a secondary role with additional unsupervised access to students such as coach (50%), tutor (13%), and youth volunteer (10%) (Canadian Centre for Child Protection

Inc., 2019). While most people who work in schools are safe and trustworthy, the reality is that offenders work in places where they have access to children.

To minimize the risk of CSA occurring at school, school counselors can help administration develop clear expectations for interactions with students (e.g., staff handbook policies banning touching and communication via phone or social media with students). They can also assess the environment to identify potential problem areas (Basile et al., 2016). Students should be able to be viewed at all times (e.g., on the playground, in hallways, in classrooms through a door or window) and should not be alone with adults or other children while on school grounds before, during, or after school (Kumar et al., 2018). While these rules may seem strict, they significantly reduce the risk of CSA occurring as an offender needs to isolate the child for the abuse to take place (Ratliff & Watson, 2014). Finally, schools must make it clear that sexual misconduct will not be tolerated and that all concerns will be reported to authorities for investigation (Shakeshaft, 2013). Staff behavior must be beyond reproach, and clear policies and guidelines ensure that everyone knows what is acceptable and expected.

Along with providing general information about CSA for staff, there is also information that is specific for different developmental levels. For example, in elementary schools, staff often wonder about exploratory play (e.g., removing clothes while playing doctor) or masturbation. School counselors can help staff know how to respond to these normal behaviors and how to identify behaviors that are concerning and would prompt reporting (e.g., play that is coercive or self-touching that is pervasive or leads to injury). Staff at the elementary level need to know that advanced sexual knowledge is one of the most frequent indicators of sexual abuse in young children. In middle and high schools, staff trainings often discuss how to increase safety of students from peer sexual assault, dating violence, as well as cyber-sexual assault. Discussing with staff how to maintain healthy, respectful boundaries with adolescents is also critical.

Staff trainings help facilitate safe environments for children. These efforts create an environment where staff are knowledgeable about identifying and addressing CSA. School counselors can measure the effectiveness of staff trainings by using post-surveys at the end of the academic year to assess changes in knowledge, attitudes, and protective behaviors.

## **School Counselor and Community**

Schools exist in the larger context of the community. Research shows that prevention efforts are most effective through community-based initiatives that focus on adults' role in keeping children safe from sexual victimization (Berkower, 2024; National Sexual Violence Resource Center, 2024). Collaboration between schools and communities involves identifying, understanding, and resolving challenges. An example of a community that came together to support child victims of CSA took place in a relatively small town after a well-known clergyman, who was also involved with Boy Scouts, was convicted of sexual abuse. "Once the initial shock had subsided, the church members joined with local school officials and other citizens to address the concerns of the community's children and their parents" (Crosson-Tower, 2003, p. 10). While this is an example of a community response after abuse occurred, it led to improved prevention and demonstrated how schools and communities can work together to create a safer place for children.

Since some offenders target very young children, school counselors can build community connections with preschools, daycares, and religious organizations to increase awareness about CSA and enhance prevention efforts. Kids Learning About Safety (KLAS) is one example of an evidence-based program (available in English and Spanish) that provides education to children

(ages 3-5) and their parents on personal safety skills in a short amount of time (16-hour psychoeducational program). Another evidenced-based program for preschool children is Body Safety Training (BST) (Kenny & Wurtele, 2010). Research on BST found children (N = 93) gained understanding of what is inappropriate, even when coming from “good” or “bad” people. Researchers noted that children gained knowledge without increased fear.

It is important for children to receive developmentally appropriate information, yet this alone is not enough. Community members who work with children and families need to understand the nature of CSA, how offenders operate within their communities, and the ways in which abuse continues due to adults not speaking up and reporting. Every place that children go within their community should be safe (e.g., youth centers, religious institutions, outdoor play spaces). School counselors can help community members understand that stopping CSA is everyone’s responsibility.

### **School Counselor and Parents**

Parents are a critical partner in CSA prevention. Parents can teach their children about safety through developmental conversations starting in the preschool years and continuing through adolescence. Additionally, parents provide protection of young children by determining who has access to them (Foster, 2017a). For the partnership between parents and school counselors to be successful, school counselors need a collaborative and respectful spirit that values each family’s culture and honors parents’ role as children’s first teachers (Walsh & Brandon, 2012).

Training on CSA prevention is vital for parents. When they build knowledge and confidence, they are better able to protect their children. The topics outlined in the previous sections related to staff and community are also relevant to parent education (e.g., prevalence, warning signs of CSA, navigating disclosure, offender behaviors, and mandated reporting). This section includes additional information that is relevant to families, including talking with children about safety, familial risk factors, and specific strategies offenders use to gain trust from parents.

To start, school counselors can help parents understand the importance of engaging in regular conversations about safety that can be incorporated naturally into the day-to-day of family life and evolve as children age. School counselors need to recognize that this can be a challenge, and many parents do not talk to their children about CSA safety. Parents may express discomfort and worry that they will frighten their children or expose them to something they may not be ready for (Walsh & Brandon, 2012). In one study, 33% parents believed that their children were too young and 25% were concerned their children may become frightened if they engaged in a conversation about prevention; however, 79% of the parents said they believed that children should be taught about personal safety both at home and at school (Wurtele et al., 2008). The discrepancy in what parents believe and their inactions was directly related to lack of knowledge, training, and resources. School counselors can address parents’ hesitancy and provide them with tools for having conversations with their children. Strategies such as role plays and scripts can help increase comfort and confidence.

In addition to helping parents have developmental conversations about safety, school counselors can teach parents about factors that increase risk of sexual victimization. Known environmental and familial risk factors for CSA include: drug and alcohol abuse in the home, parental absence, physical or mental illness, criminality, divorce/separation, conflict, low parental warmth, insecure attachment, communication difficulties, harsh parenting practices, and low

involvement and supervision (Rudolph et al., 2018). Counseling can address these challenges and help families build protective factors. Parents who disclose struggling in these areas can be connected to community supports that are aimed at strengthening families.

School counselors can also help parents become aware of how offenders target parents to gain their trust. It is common for offenders to provide financial support or help with childcare to gain entrance into a family's inner circle. Additionally, many offenders are in caretaker roles, which may include parents (biological, step, adoptive, foster), relatives, other adults living in the home, childcare providers, neighbors, teachers, and coaches (Mitchell & Rogers, 2003). Offenders often look for victims that they can manipulate and isolate. That said, offenders are unlikely to attempt sexual abuse in families that talk openly, supervise and pay attention to who their children spend time with, monitor phone and computer activity, and speak up when they have concerns about safety or notice boundary crossing behaviors. Parents may let their guard down around youth, but this is unwise as older children, such as tutors, sitters, siblings, or friends, account for over one-third of reported CSA cases (Finkelhor & Shattuck, 2012). As siblings often live in the same household, school counselors can work with parents to discriminate between age-appropriate conflict and that of a more violent and abusive nature (Stutey & Clemens, 2014). Through providing accurate information about how offenders operate, parents are equipped to create safer environments for their children (Berkower, 2024).

Just as staff trainings on CSA prevention vary by the age level, parent trainings also need to address developmental stages. For parents of elementary aged children, the focus is often on how to talk with children about safety in a straightforward way. For example, parents can learn the importance of using anatomically correct language, developing a no secrets policy, and teaching body safety rules (Berkower, 2024). As children enter middle and high school years, parents can learn about how to have conversations about consent, healthy boundaries, dating violence, and safety online.

Every parent needs to know how to protect their children to the best of their ability from those who seek to cause harm. School counselors can encourage parents to utilize a two-pronged approach that increase safety "(i) directly, through the strong external barriers afforded by parent supervision, monitoring, and involvement; and ii) indirectly, by promoting their child's self-efficacy, competence, well-being, and self-esteem" (Rudolph et al., 2018, p. 99). Additionally, school counselors can share resources with parents such as the online training Parenting Safe Children (Berkower, 2024). This comprehensive program takes a developmental approach and helps parents minimize the risk that their child will become a victim of sexual abuse. Parents are taught warning signs of CSA, behaviors of offenders, body safety rules, talking with children about sexual development, how to speak up when they observe boundary crossing, screening questions to ask caregivers and youth organizations, and how build a prevention team of safe adults. In sum, school counselors have the important role of working with parents to build their knowledge and confidence.

## **School Counselor and Students**

Before engaging in prevention and early intervention initiatives with students, school counselors need to understand CSA from the vantage point of children. Narrative analyses uncovered fear as the primary experience of child victims of sexual abuse (Foster & Hagedorn, 2014a; Foster, 2017b). Children's fears occurred during the abuse and while considering disclosure. Children also worried about what would happen if the abuse was found out, particularly if the abuser was a

caretaker or someone they loved. In addition, many children experienced fear in the form of trauma reminders and nightmares. Children described the experience of CSA as confusing, particularly when they lacked developmentally appropriate safety information. Adult offenders are often strategic and do not abuse until they have convinced children to trust them and keep secrets. Many offenders do not use physical force, instead they manipulate through play, threats, and coercive strategies meant to lead the child to believe that the abuse is their fault (Murray et al., 2014). Understanding CSA from the perspective of children helps school counselors better empathize and respond.

School-based prevention efforts are especially important as some families will not teach their children about CSA, particularly when one or both parents are the perpetrators of the abuse. Incest is more common than many people realize with father-daughter incest occurring in 1 out of 20 families and in 1 in 7 homes with step or substitute fathers. Additionally, about 3% of boys report mother-son incest (Lawson, 2018). When school counselors provide prevention information to children, it helps them identify the difference between okay and not okay behaviors of others. This increases the likelihood that they will disclose boundary crossing, which may prevent further harm. Furthermore, direct education may prompt disclosure for children who have never told.

By implementing a developmentally appropriate school-based curriculum, school counselors promote safety for all students. A meta-analysis of 22 CSA prevention programs provided specific guidance on the selection of an effective curriculum (Topping & Barron, 2009). The researchers found that programs with the best outcomes had the following features: built-in evaluation, an active approach that included modeling, discussion, and practice, a minimum of four sessions, implemented by multiple school staff, and parental participation. Ultimately, curriculum should be considered thoughtfully in order to best support the needs of the community, school, parents, and students.

Additional studies on prevention programs are still needed. Most evidence-based programs indicate increased learning, but they have not established whether or not these approaches lead to sustained behavioral changes, and more research is needed to ensure long-term benefits (Rudolph et al., 2018). Additionally, numerous curriculums continue to focus primarily on students and neglect or minimally include adults (Brown et al., 2008). This approach is flawed. As noted earlier, when abuse occurs, children are often powerless to stop it and hesitant to disclose. Many programs teach strategies such as saying no or trying to escape, but children's narratives indicated that these strategies did not stop abuse from occurring (Foster & Hagedorn, 2014b; Foster, 2017c). Another concern is that some programs give examples that perpetuate the myth that offenders are often strangers who are trying to trick kids with lures such as a puppy or candy. School counselors should use approaches that have sound principles, are culturally and age-appropriate, and include adults on the prevention team. While students are included in prevention, it is important to remember that it is the responsibility of adults to stop abuse (Rudolph et al., 2018; Shakeshaft, 2013; Wurtele, 2009).

### **Recommendations for Successful Implementation and Program Evaluation**

There are several considerations for school counselors as they provide trainings to build CSA awareness. First, school counselors must create a safe environment for a topic that is frequently avoided and uncomfortable. School counselors should approach trainings with sensitivity as the content could be triggering for participants who have their own history of CSA. Resources should

be made available for those who wish to speak with a counselor about their own lived experiences. Second, school counselors need to know the current literature and use research to emphasize the importance of prevention efforts. Third, school counselors need to create trainings that are interactive and aimed at changing beliefs and protective behaviors. Knowledge alone is not enough to improve safety; it takes action. Fourth, school counselors are encouraged to utilize case studies to provide examples of different types of offenders and how they operate. Real examples help adults move away from faulty beliefs about offenders and victims. Finally, school counselors must form strong, collaborative relationships with staff, parents, and the community. Prevention work is not meant to be done in isolation.

To effectively provide training and CSA prevention programs, school counselors must have strong program evaluation and data analysis skills (ASCA, 2024; Astramovich, 2017). Research by Astramovich (2017) suggests that while school counselors recognize the importance of program evaluation, they may face challenges related to the necessary skills and confidence for engaging in such activities. Consequently, over the past decade, there has been an increasing emphasis and support for developing data-driven school counseling programs and the accountability of school counselors (ASCA, 2022; CACREP, 2023). As comprehensive, data-driven programs, school counselors can systematically develop policies and curricula to support CSA prevention, in line with legislative initiatives such as Erin's Law (2024) discussed earlier. To do this, the ASCA National Model (2024) offers school counselors various assessment tools, including the School Counseling Program Assessment, ASCA School Counselor Professional Standards & Competencies Assessment, and School Counselor Performance Appraisal Template. These resources provide a structured approach for school counselors to evaluate their program initiatives, understanding, and policies. The assessment process typically includes a) identifying the mindsets and beliefs, b) behaviors, c) direct and indirect interventions, d) data collection plans, and e) outcome data and implications.

To illustrate this process, with CSA prevention as a focus, school counselors must first identify the beliefs and understanding of CSA within the school community. This can be achieved through personal reflection, surveys, or interviews. Through this process, school counselors may realize an overall lack of understanding among staff regarding the risk factors and signs of CSA. Consequently, they could advocate to enhance information and initiatives to increase awareness about CSA and prevention efforts. Subsequently, direct and indirect interventions might involve creating resources for staff, providing professional development, and organizing parent-staff meetings to address potential concerns and increase collaboration. Finally, to evaluate the effectiveness of initiatives, data collection could involve pre-and-post tests or interviews with staff, students, and families. These assessments provide outcome data, enabling school counselors to determine the success of interventions and consider potential improvements to address existing needs or gaps. Ultimately, by systematically assessing a comprehensive school counseling program and specific efforts to reduce CSA, school counselors can develop the necessary skills and confidence to evaluate CSA understanding and prevention efforts. This, in turn, could enhance overall advocacy, programming and policy, and education related to CSA.

## Conclusion

CSA prevention fits within the larger framework of trauma-informed schools and promotes the wellbeing of all children. School counselors hold a vital role within schools and their communities to coordinate and lead CSA prevention efforts. These initiatives must be developmentally

appropriate and aimed at increasing safety and awareness. Schools and communities can join together to work toward the common goal of protecting children from sexual victimization. This article provides a starting point for school counselors to implement CSA prevention efforts with school staff, community members, parents, and students. Along with implementing CSA prevention efforts, school counselors must also evaluate their effectiveness to increase program accountability, evidence-based practices, and school-wide policy.

### **ORCID ID**

Jennifer A. Meador  <https://orcid.org/0009-0004-4458-5626>

Jennifer M. Foster  <https://orcid.org/0000-0003-1574-7863>

### **Funding**

The authors received no financial support for the research, authorship, and/or publication of this article.

### **Conflict of Interest Statement**

The author has no conflicts of interest to disclose.

### **References**

Adler-Nevo, G., & Manassis, K. (2005). Psychosocial treatment of pediatric Posttraumatic Stress Disorder: The neglected field of single-incident trauma. *Depression & Anxiety*, 22(4), 177-189. <https://doi.org/10.1002/da.20123>

American School Counselor Association (2019). *ASCA School Counselor Professional Standards & Competencies*. <https://www.schoolcounselor.org/getmedia/a8d59c2c-51de-4ec3-a565-a3235f3b93c3/SC-Competencies.pdf>

American School Counselor Association (2021). *The school counselor and child abuse and neglect prevention*. <https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Child-Abuse-and-Neglect-P#:~:text=ASCA%20Position,neglect%20to%20the%20proper%20authorities>

American School Counselor Association (2022). *ASCA ethical standards for school counselors*. <https://www.schoolcounselor.org/getmedia/44f30280-ffe8-4b41-9ad8-f15909c3d164/EthicalStandards.pdf>

American School Counselor Association (2024). *ASCA National Model executive summary*. <https://www.schoolcounselor.org/getmedia/bd376246-0b4f-413f-b3e0-1b9938f36e68/ANM-executive-summary-4th-ed.pdf>

Astramovich, R. (2017). Program evaluation interest and skills of school counselors. *Professional School Counseling*, 20(1), 54-64. <https://doi.org/10.5330/1096-2409-20.1.54>

Basile, K. C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S. G., & Raiford, J. L. (2016). Sexual violence prevention resource for action: A compilation of the best available evidence. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. [https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/SV-Prevention-Resource\\_508.pdf](https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/SV-Prevention-Resource_508.pdf)

Berkower, F. (2024). *Parenting safe children: Keeping children safe from sexual abuse in your*

*community.* <https://parentingsafechildren.com/>

Brown, S., Brack, G., & Mullis, F. (2008). Traumatic symptoms in sexually abused children: Implications for school counselors. *Professional School Counseling, 11*(6), 368-379. <https://doi.org/10.5330/PSC.n.2010-11.368>

Bryant, J. K. (2009). School counselors and child abuse reporting: A national survey. *Professional School Counseling, 12*(5), 333-342. <https://doi.org/10.1177/2156759X0901200501>

Canadian Centre for Child Protection Inc. (2019). The prevalence of sexual abuse by K-12 school personnel in Canada, 1997–2017. *Journal of Child Sexual Abuse, 28*(1), 46-66. <https://doi.org/10.1080/10538712.2018.1477218>

Carson, D. K., Foster, J. M., & Chowdhury, A. (2014). Sexual abuse of children and youth in India: An anthropological perspective. *The Oriental Anthropologist, 14*(2), 149-170. <https://doi.org/10.1177/0976343020140212>

Centers for Disease Control and Prevention. (2021, August 23). *Vital Signs*. <https://www.cdc.gov/vitalsigns/aces/index.html#:~:text=1%20in%206%20adults%20experienced,by%20as%20much%20as%2044%25>

Council for Accreditation of Counseling and Related Educational Programs. (2023). *2024 CACREP standards*. <http://www.cacrep.org/wp-content/uploads/2012/10/2016-Standards-with-Glossary.pdf>

Cowan, R., Cole, R. F., & Craigen, L. (2019). School-Based child sexual abuse prevention: Implications for professional school counselors. *The Professional Counselor, 9*(3), 200-210. <https://doi.org/10.15241/rc.9.3.200>

Craig, S. E. (2016). The trauma-sensitive teacher. *Educational Leadership, 74*, 28–32. [http://www.ascd.org/publications/educational\\_leadership/sept16/vol74/num01/The\\_Trauma-Sensitive\\_Teacher.aspx](http://www.ascd.org/publications/educational_leadership/sept16/vol74/num01/The_Trauma-Sensitive_Teacher.aspx)

Crosson-Tower, C. (2003). *The role of educators in preventing and responding to child abuse and neglect*. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect. <https://www.childwelfare.gov/pubPDFs/educator.pdf>

Denne, E., Sullivan, C., Ernest, K., & Stolzenberg, S. N. (2020). Assessing children's credibility in courtroom investigations of alleged child sexual abuse: Suggestibility, plausibility, and consistency. *Child Maltreatment, 25*(2), 224–232. <https://doi.org/10.1177/1077559519872825>

Erin's Law. (2024). *What is Erin's Law?* <http://www.erinslaw.org/erins-law/>

Finkelhor, D., & Shattuck, A. (2012). *Characteristics of crimes against juveniles. Crimes Against Children Research Center*. [http://www.unh.edu/ccrc/pdf/CV26\\_Revised%20Characteristics%20of%20Crimes%20against%20Juveniles\\_5-2-12.pdf](http://www.unh.edu/ccrc/pdf/CV26_Revised%20Characteristics%20of%20Crimes%20against%20Juveniles_5-2-12.pdf)

Forbes, H. (2024). *Beyond consequences institute: Trauma informed solutions for schools, parents, and professionals*. <https://www.beyondconsequences.com/>

Foster, J. M. (2016). A group intervention for nonoffending parents and caregivers of child victims of sexual abuse. In O. Parsons (Ed.), *Sexual abuse: Intervention, coping strategies, and psychological impact* (pp. 1-23). NOVA

Foster, J. M. (2017a). Engaging parents and caregivers in the prevention of child sexual abuse. *Journal of Trauma and Treatment, 6*(1), 367-368. <https://doi.org/10.4172/2167->

1222.1000367

<https://pdfs.semanticscholar.org/32e4/71ed37d8349c266a3f3dd51f3c40f309d1d8.pdf>

Foster, J. M. (2017b). The fears and futures of boy victims of sexual abuse: An analysis of narratives. *Journal of Child Sexual Abuse*, 26(6), 710-730.  
<http://dx.doi.org/10.1080/10538712.2017.1339223>

Foster, J. M. (2017c). It happened to me: A qualitative analysis of boys' narratives about child sexual abuse. *Journal of Child Sexual Abuse*, 26(7), 853-873.  
<http://dx.doi.org/10.1080/10538712.2017.1360426>

Foster, J. M. (2017d). A survey of students' knowledge about sexual abuse and perceived readiness to provide counseling services. *The Journal of Counselor Preparation and Supervision*, 9(1), 1-31. <http://dx.doi.org/10.7729/91.1165>  
<https://research.library.kutztown.edu/cgi/viewcontent.cgi?article=1165&context=jcps>

Foster, J. M. (2014). Supporting child victims of sexual abuse: Implementation of a trauma narrative family intervention. *The Family Journal*, 22(3) 332-338.  
<https://doi.org/10.1177/1066480714529746>

Foster, J. M., & Carson, D. K. (2013). Child sexual abuse in the United States: Perspectives on assessment and intervention. *American Journal of Humanities and Social Sciences*, 1(3), 97-108. <https://doi.org/10.11634/232907811604363>

Foster, J. M., & Hagedorn, W. B. (2014a). A qualitative exploration of fear and safety with child victims of sexual abuse. *Journal of Mental Health Counseling*, 36(3), 243-262.  
<https://doi.org/10.17744/mehc.36.3.0160307501879217>

Foster, J. M., & Hagedorn, W. B. (2014b). Through the eyes of the wounded: A narrative analysis of children's sexual abuse experiences and recovery process. *Journal of Child Sexual Abuse*, 23, 538-577. <https://doi.org/10.1080/10538712.2014.918072>

Gaines, P. (2019, October 11). California's first surgeon general: Screen every student for childhood trauma. *NBC News*. <https://www.nbcnews.com/news/nbcblk/california-s-first-surgeon-general-screen-every-student-childhood-trauma-n1064286>

Herrmann, B., Banaschak, S., Csorba, R., Navratil, F., & Dettmeyer, R. (2014). Physical examination in child sexual abuse: Approaches and current evidence. *Deutsches Ärzteblatt International*, 111(41), 692–703. <http://doi.org/10.3238/arztebl.2014.0692>

Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Global prevalence of past-year violence against children: A systematic review and minimum estimates. *Pediatrics*, 137(3), e20154079. <https://doi.org/10.1542/peds.2015-4079>

Hinkelman, L., & Bruno, M. (2008). Identification and reporting of child sexual abuse: The role of elementary school professionals. *The Elementary School Journal*, 108(5), 376–391.  
<https://doi.org/10.1086/589468>

Holladay, K. R., & Hagedorn, W. (2019). The use of technology in sexual exploration among a rape culture youth. *Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education*, 1(2), 80-89. <https://doi.org/10.34296/01021008>

Jinich, S., & Litrownick, A. J. (1999). Coping with sexual abuse: Development and evaluation of a videotape intervention for nonoffending parents. *Child Abuse and Neglect*, 23(2), 175-190. [https://doi.org/10.1016/S0145-2134\(98\)00120-3](https://doi.org/10.1016/S0145-2134(98)00120-3)

Kenny, M. C., Abreu, R. L., Helpingstine, C., Lopez, A., & Mathews, B. (2018). Counselors' mandated responsibility to report child maltreatment: A review of U.S. laws. *Journal of Counseling and Development*, 96(4), 372-387. <https://doi.org/10.1002/jcad.12220>

Kenny, M. C., & Wurtele, S. K. (2010). Children's abilities to recognize a "good" person as a potential perpetrator of childhood sexual abuse. *Child Abuse & Neglect*, 34(7), 490-495. <https://doi.org/10.1016/j.chab.2009.11.007>

Kumar, A. P., Bhagyalakshmi, K. C., & Foster, J. M. (2018). Child sexual abuse: Evaluating the school-based prevention programs in India. In R. T. Gopalan (Ed.), *Handbook of research on social, psychological, and forensic perspectives on sexual abuse*. IGI Global.

Lambie, G. W. (2005). Child abuse and neglect: A practical guide for professional school counselors. *Professional School Counseling*, 8(3), 249-258. <https://www.jstor.org/stable/42732466>

Lawson, D. M. (2018, March 6). Understanding and treating survivors of incest. *Counseling Today*. <https://ct.counseling.org/2018/03/understanding-treating-survivors-incest/>

London, K., Bruck, M., Wright, D. B., & Ceci, S. J. (2008). Review of the contemporary literature on how children report sexual abuse to others: Findings, methodological issues, and implications for forensic interviewers. *Memory*, 16(1), 29-47. <https://doi.org/10.1080/09658210701725732>

Lund, E. M., & Vaughn-Jensen, J. (2012). Victimization of children with disabilities. *The Lancet*, 380(9845), 867-869. [https://doi.org/10.1016/S0140-6736\(12\)61071-X](https://doi.org/10.1016/S0140-6736(12)61071-X)

Martinez, R. R., Williams, R. G., & Green, J. (2020). The role of school counselors delivering a trauma-informed care approach to supporting youth in foster care. *Professional School Counseling*, 23(1), 1-10. <https://doi.org/10.1177/2156759X20947747>

Mitchell, C. W., & Rogers, R. E. (2003). Rape, statutory rape, and child abuse: Legal distinctions and counselor duties. *Professional School Counseling*, 6(5), 332-338. <https://www.jstor.org/stable/42732450>

Murray, L., Nguyen, A., & Cohen, J. (2014). Child sexual abuse. *Child Adolescent Psychiatric Clinics*, 23(2), 321-337. <https://doi.org/10.1016/j.chc.2014.01.003>

National Sexual Violence Resource Center. (2024). *Building connected communities*. <https://www.nsvrc.org/>

National Child Traumatic Stress Network, Schools Committee. (2017). Creating, supporting, and sustaining trauma-informed schools: A system framework. *National Center for Child Traumatic Stress*. [https://www.nctsn.org/sites/default/files/resources/creating\\_supporting\\_sustaining\\_trauma\\_informed\\_schools\\_a\\_systems\\_framework.pdf](https://www.nctsn.org/sites/default/files/resources/creating_supporting_sustaining_trauma_informed_schools_a_systems_framework.pdf)

Parker, M., Ostrander, A., Decker, E., & Ray, S. (2023). Teachers' referral practices: Opportunities for school counselor advocacy. *Journal of School-Based Counseling Policy and Evaluation*, 5(2), 58-71. <https://doi.org/10.25774/hpnf-ks04>

Perry, D., & Daniels, M. (2016). Implementing trauma-informed practices in the school setting: A pilot study. *School Mental Health*, 8, 177-188. <https://doi.org/10.1007/s12310-016-9182-3>

Ratliff, L., & Watson, J. (2014). A descriptive analysis of public school educators arrested for sex offenses. *Journal of Child Sexual Abuse*, 23, 217-228. <https://doi.org/10.1080/10538712.2014.870275>

Rudolph, J., Zimmer-Gembeck, M. J., Shanely, D. C., & Hawkins, R. (2018). Child sexual abuse prevention opportunities: Parenting, programs, and the reduction of risk. *Child Maltreatment*, 23(1), 96-106. <https://doi.org/10.1177/1077559517729479>

Rumsey, A. D., & Milsom, A. (2019). Supporting school engagement and high school completion through trauma-informed school counseling. *Professional School Counseling*,

22(1), 1-10. <https://doi.org/10.1177/2156759X19867254>

Shakeshaft, C. (2013). Know the warning signs of educator sexual misconduct. *Phi Delta Kappan*, 94(5), 8–13. <https://doi.org/10.1177/003172171309400503>

Stutey, D., & Clemens, E. V. (2014). Hidden abuse within the home: Recognizing and responding to sibling abuse. *Professional School Counseling*, 18(1), 206-216. <https://doi:10.5330/1096-2409-18.1.206>

Thomas, M. S., Crosby, S., & Vanderhaar, J. (2019). Trauma-informed practices in schools across two decades: An interdisciplinary review of research. *Review of Research in Education*, 43, 422–452. <https://doi.org/10.3102/0091732X18821123>

Topping, K. J., & Barron, I. G. (2009). School-based child sexual abuse prevention programs: A review of effectiveness. *Review of Educational Research*, 79(1), 431–463. <https://doi.org/10.3102/0034654308325582>

Townsend, C., & Rheingold, A. A. (2013). Estimating a child sexual abuse prevalence rate for Practitioners, *Darkness to Light*. <https://www.d2l.org/wp-content/uploads/2017/02/PREVALENCE-RATE-WHITE-PAPER-D2L.pdf>

U.S. Department of Education. (2023). *Sexual violence and sex-based harassment or bullying in U.S. public schools during the 2020-21 school year*. <https://www2.ed.gov/about/offices/list/ocr/docs/crdc-sexual-violence-snapshot.pdf>

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2024). *Child Maltreatment 2022*. <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2022.pdf>

van der Kolk, B. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.

Walker, H. E., Freud, J. S., Ellis, R. A., Fraine, S. M., & Wilson, L. C. (2019). The prevalence of sexual revictimization: A meta-analytic review. *Trauma, Violence, & Abuse*, 20(1), 67-80. <https://doi.org/10.1177/1524838017692364>

Walsh, K., & Brandon, L. (2012). Their children's first educators: Parents' views about child sexual abuse prevention education. *Journal of Child and Family Studies*, 21, 734-746. <https://doi.org/10.1007/s10826-011-9526-4>

Wurtele, S. K. (2009). Preventing sexual abuse of children in the twenty-first century: preparing for challenges and opportunities. *Journal of Child Sexual Abuse*, 18(1), 1-18. <https://doi.org/10.1080/10538710802584650>

Wurtele, S. K., Moreno, T., & Kenny, M. (2008). Evaluation of a sexual abuse prevention workshop for parents of young children. *Journal of Child & Adolescent Trauma*, 1, 331-340. <https://doi.org/10.1080/19361520802505768>

Young, A., Dollarhide, C. T., & Baughman, A. (2015). The voices of school counselors: Essential characteristics of school counselor leaders. *Professional School Counseling*, 19(1), 36-45. <https://doi.org/10.5330/2156759X1501900101>

Young, J. C., & Widom, C. S. (2014). Long-term effects of child abuse and neglect on emotion processing in adulthood. *Child Abuse & Neglect*, 38(8), 1369–1381. <https://doi.org/10.1016/j.chab.2014.03.008>