



Help • Hope • Healing

Pennsylvania Senate Education Committee

Public hearing on Education during COVID

March 3, 2021

Testimony by Donna Greco, policy director, Pennsylvania Coalition Against Rape

Thank you Chairman Martin, Chairwoman Williams, and members of the Senate Education Committee for convening this hearing on Education during COVID-19. My name is Donna Greco. I am the policy director at the Pennsylvania Coalition Against Rape (PCAR). PCAR represents the Pennsylvania network of rape crisis centers. This network provides trauma-informed therapy, counseling, and advocacy to children and adults and primary prevention programs to community members in all 67 counties in the Commonwealth.

PCAR respectfully submits written testimony today to share insight from the rape crisis center network on the provision of sexual assault prevention and response programs in K—12 educational institutions during COVID-19. As you may know, rape crisis centers are considered essential workers and the prevention educators, therapists, and advocates who comprise those centers' staff never stopped working during the pandemic. Centers adapted programs in a variety of ways to continue reaching individual victims and communities both virtually and in person. This was and is the case for school-based services.

Schools are at the heart of our families' lives. I think this reality has certainly hit home and been magnified during the COVID-19 pandemic; I know it has been for me, as a mom of elementary and high school students who have been 100% virtual since March 2020.

In addition to academic learning, school is where children receive nutritious meals, make social connections, and access the support of caring adults and role models. It is also true that schools are at the heart of our work to prevent and address child sexual abuse and assault. Schools are critical partners in these efforts. PCAR deeply values the many roles teachers and school personnel play in children's lives, especially now during the pandemic. One of those critical roles is that of a caring adult who can intervene on behalf of a child in need, including a child experiencing sexual abuse or assault.

Child sexual abuse is a prevalent, but preventable public health problem in Pennsylvania, the nation, and world. While significantly underreported and children often delay disclosing their abuse, credible studies show<sup>1</sup>:

- Approximately 1 in 4 girls and 1 in 13 boys experience child sexual abuse during childhood.
- The overwhelming majority--91% of child sexual abuse—is perpetrated by a person known and often trusted by a child and/or a child’s family.
- The lifetime economic burden of childhood sexual abuse in the United States is approximately \$9.3 billion.
- Childhood sexual abuse is an Adverse Childhood Experience (ACE) that is correlated with a lifetime of struggles such as mental and physical health problems, unplanned pregnancies, disrupted social relationships, addiction and substance abuse, poverty, unemployment, homelessness, and suicide.
- Individuals who are sexually abused as children are at greater risk for being sexually assaulted or experiencing intimate partner violence in adulthood.

During the pandemic, we saw an increase in children reaching out for help to the national sexual assault routing line operated by RAINN<sup>2</sup>. We heard hospital report more severe injuries among children at their facilities, yet, we saw declines (16% overall) in reports to ChildLine and know that historically, school employees are the number one reporting source of mandated reports to ChildLine.

The phrase “stay at home” does not mean “safe at home” was commonly heard in stakeholder meetings as we worked collaboratively to plan outreach to children and families throughout the state. We agonized collectively as a Commonwealth over the fact that for some children, they were sheltered in place with abusive parents, caregivers, or other people in their households and no one was laying eyes on them. And if they were, they were “virtual eyes” through a Zoom classroom or an online medical check-in and these eyes could not necessarily see the full picture.

Key to effective sexual assault prevention is a rape crisis center’s ability to get in the physical and virtual doors of schools throughout Pennsylvania. While we engage community members in prevention in other settings, schools are where children spend most of their time and where they have the support of caring adults who can intervene on their behalf.

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<sup>1</sup> Centers for Disease Control and Prevention:

<https://www.cdc.gov/violenceprevention/childabuseandneglect/childsexualabuse.html>

<sup>2</sup> Rape Abuse and Incest National Network: <https://www.rainn.org/news/first-time-ever-minors-make-half-visitors-national-sexual-assault-hotline>

We are grateful to share the following insight from the network of rape crisis centers as they have continued to engage schools and students in prevention and response programs during COVID-19.

Coping and survival vs. proactive prevention: In this unprecedented time and upheaval, it is not a surprise that sexual assault prevention programs don't always "make the cut" in lesson planning. Teachers are working hard to ensure students are prepared for the next grade level and that they do not lose their academic footing in math, science, and language arts. However, we know for many students, during COVID-19, sexual assault prevention programs are indeed about survival and having adults in their corner to help them. We have seen varied adaptations of prevention programming for COVID-19 learning environments:

- centers establishing Learning Management Systems and adapting everything they normally do in person to online formats;
- requests for online prevention programs on cyberbullying, harassment, sexting, and internet safety are common, given the times in which we are living and more unsupervised screen time being a common circumstance for children;
- others are sending teachers handouts, links, and activities to share with their classrooms;
- others are finding new and innovative ways to reach school personnel and students online through zoom and teams, Facebook Live, social media content, library reading groups, learning platforms like SeeSaw, YouTube, and others;
- others are focusing on emotional intelligence curricula more intensely given the mental health impacts of COVID on students;
- others are continuing to offer support to teachers more peripherally, knowing they are dealing with a lot of demands. For example, some teachers have reached out for self-care and compassion fatigue support.

Gaps in technology and internet: While some school districts have been able to ensure every student has a device and access to reliable internet, other districts do not have the funds to make this a reality. Still in some areas of the state, high speed broadband internet is not available, making virtual learning impossible. Truancy has increased and it is unclear how much of children missing school is due to gaps in technology/internet, lack of stability and support at home, mental health or other struggles. We hope to see last session's broadband bill (Langerholc) help bridge these gaps, not only for online learning, but also for victims who need to have access to online information and services. Rape crisis centers have worked to adapt the content of their curricula to various online platforms and formats, meeting this challenge to the best of their ability. Even in well-resourced environments, interrupted connectivity can be a challenge for students, teachers, and prevention educators (as it is for everyone working remotely during this time).

The line between the classroom and home is more permeable now: Teachers and rape crisis prevention educators are no longer only reaching students in their class rooms. They are reaching parents, caregivers, siblings, and other members of the household. This underscores the importance of adapting mandated reporting policies, procedures, and training for virtual classroom settings, given that more can be witnessed about students' home lives and relationships. It also points to the importance of prevention messages reaching not only students, but the adults in their homes and schools. For example, one rape crisis shared that while delivering a prevention curriculum via Zoom, a father overheard some of the program and interrupted the prevention educator to ask what the nature of the lesson was. When they responded that it was a program about how to keep ourselves and others safe, the father said, "I wish I had learned that when I was a kid" and walked away. Programs are not only reaching children; they are also reaching adult caregivers and those in the household who could be potential intervenors and helpers.

Disclosures may increase or look different online: It is common for students to disclose abuse during or after a prevention program—whether it is in person or online. They see the prevention educator as a safe person. It is also common for students to disclose abuse to a trusted teacher or member of the school staff after a prevention program. This is a critical step in helping students get support and access safety. Online disclosure may in some ways be easier for K—12 students, given the presence of technology in their lives and the comfort they may feel in writing/texting that they need help as opposed to saying it out loud. A rape crisis center shared that they received an online disclosure during a prevention program when first the student unmuted themselves and then private messaged the prevention educator in the Chat. The prevention educator was able to message the student privately while their partner was able to keep the program going with the rest of the class.

Title IX rule changes: To complicate things even further, the U.S. Department of Education issued final Title IX rules, requiring K—12 (and postsecondary institutions) to make significant revisions to their sexual misconduct policies, protocols, and programs by August 14, 2020. Significant changes to Title IX sexual misconduct reporting requirements, actionable reports, grievance and hearing procedures, and the provision of supportive measures were among the rule changes that were to be implemented while schools were still addressing the COVID learning environment. PCAR and the network of rape crisis centers provided an analysis on Title IX changes that can be found here: <https://pcar.org/what-know-about-title-ix>

Prevention for teachers, parents, and other adults: Adults and caregivers play a crucial role in a child's development, well-being, and safety. Equipping adults with information and tools to protect children is recommended by the Centers for Disease Control and Prevention as a best practice and effective

approach. It is not enough to teach children how to keep themselves safe from sexual abuse given the power imbalance that exists between children and adults. Effective prevention must engage caring adults in talking with the children in their lives about prevention, learning the warning signs of abuse, and how to intervene and report suspected abuse. Rape crisis centers have worked to equip teachers and parents/caregivers with handouts, reading materials, guides, and other resources that they can use to talk with the children in their lives about safety, healthy relationships, consent, body autonomy, and getting help. PCAR invites the Senate Education Committee to explore programs such as *Safe Secure Kids*, *One Caring Adult*, and *Parents in the Know* as programs that show promise in creating safer schools and home environments for children. For more information about these programs, please visit:

<https://www.safesecurekids.org/> ; <https://www.nsvrc.org/blogs/be-one-caring-adult> ;  
<https://pcar.org/parents-know>

Thank you for your time and consideration. Please contact me if PCAR can be a resource to you as you explore legislation pertaining to school-based sexual assault prevention and response: [dgreco@pcar.org](mailto:dgreco@pcar.org) or 717-728-9740, x114