

DOCUMENT RESUME

ED 454 465

CG 031 012

TITLE Taking a Closer Look at Substance Abuse, Child Sexual Abuse, Domestic Violence.

INSTITUTION Louisiana State Office of Public Health, New Orleans. Dept. of Health and Hospitals.

PUB DATE 1999-05-00

NOTE 30p.; Produced with the Capital Area Human Services District, Division of Prevention.

AVAILABLE FROM Louisiana Dept. of Health and Hospitals, Capital Area Human Services District, 4615 Government St., Bldg. 2, Baton Rouge, LA 70806. For full text: http://www.dhh.state.la.us/pdf/559_abuse.pdf.

PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC02 Plus Postage.

DESCRIPTORS *Child Abuse; *Family Violence; Financial Support; Intervention; Prevention; *Public Policy; *Sexual Abuse; Social Indicators; State Programs; *Substance Abuse

IDENTIFIERS Louisiana

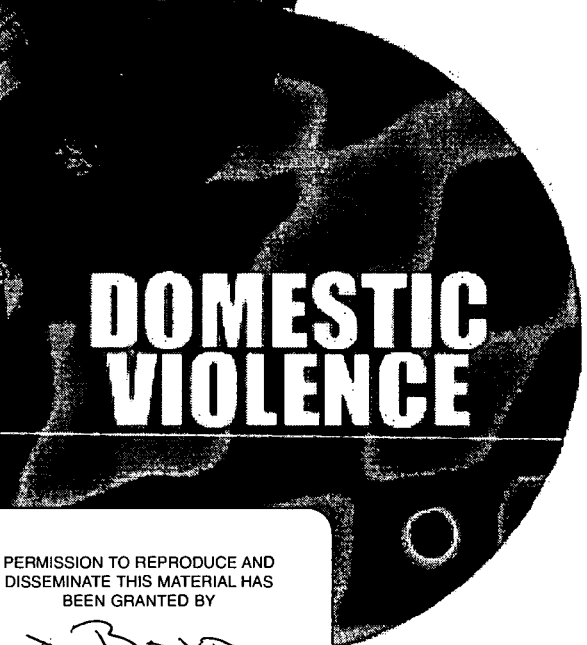
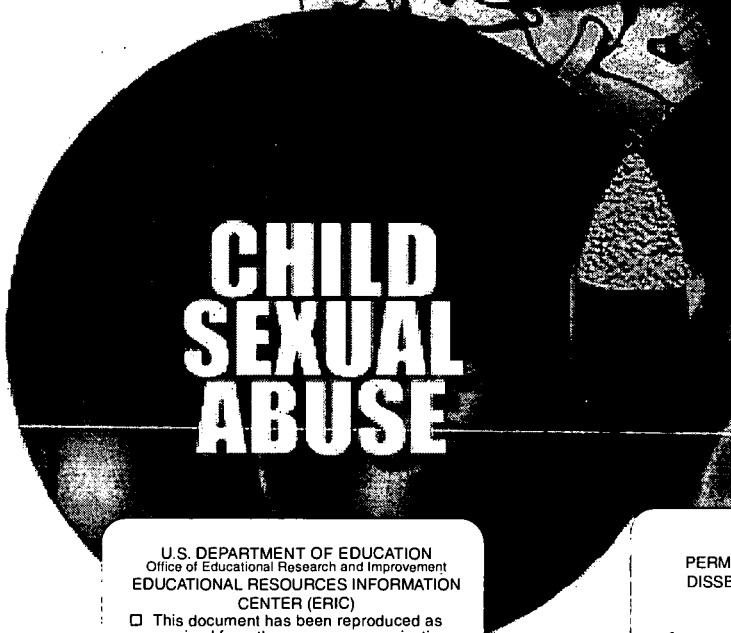
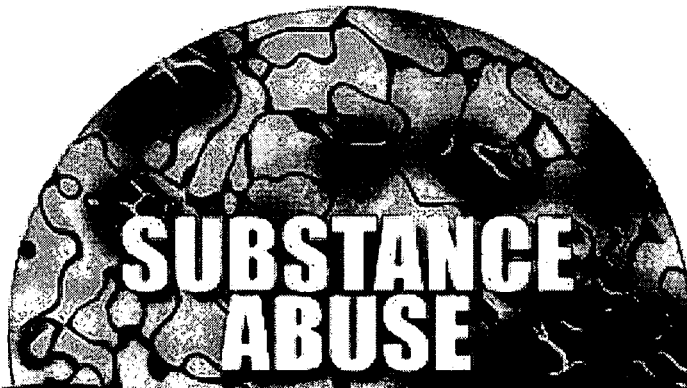
ABSTRACT

This document discusses a project undertaken as a way to accurately identify, develop prevention strategies for, and treat the underlying causes of some 20 "symptoms" experienced in the communities of Louisiana. The information presented provides a means for diminishing the associated human and financial costs of these symptoms. The three underlying causes identified that have been underestimated, under addressed, and under funded are sexual abuse, substance abuse, and domestic violence. The purpose of this paper is to succinctly provide information to professionals, the public at large, victims, and local policymakers. The information is intended to help professionals and local policymakers take the needed steps to redirect resources and form partnerships to increase intervention and prevention efforts. A definition of the problem; incidence reports; statistics; the impact on society; prevention and treatment; and protection and enforcement are provided for each of the three causes. Wherever possible, Louisiana statistics are presented; national statistics are presented when local data was not available. (Contains 29 references.) (JDM)



CAPITAL AREA HUMAN SERVICES DISTRICT

Taking a closer look at



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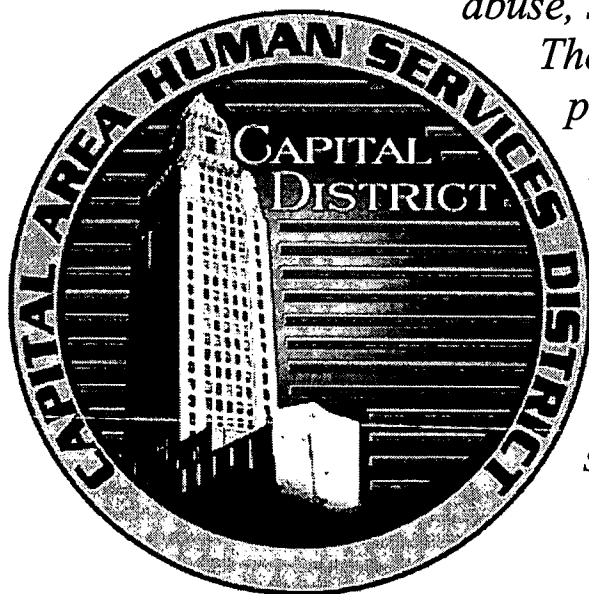
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The Capital Area Human Services District (CAHSD) and the Office of Public Health, Region II, established the Division of Prevention to provide leadership in educating the community on the importance of prevention, early detection and intervention in the areas of mental health, substance abuse, developmental disabilities, and public health. Our experts provide, proactively advise, advocate for and educate the public, public/private agencies and legislative bodies on specific strategies and methods to maintain an individual's/community's functioning at their optimal level.

The reviews comprising this paper are a result of a rigorous analysis undertaken by the Division and incorporates research conducted by local and national experts on some 20 "symptoms" experienced by our communities and identified in the Appendix. We undertook this project as a means to accurately identify, develop prevention strategies, and treat their underlying causes and to thereby diminish their associated human and financial costs. Wherever possible, Louisiana statistics are presented; national statistics are presented when local data was not available.

The three underlying causes identified here that have historically been underestimated, under addressed and desperately underfunded are sexual abuse, substance abuse and domestic violence.



The purpose of this paper is to succinctly provide information to professionals, the public at large, victims, and our local policy makers. With this information we have initiated steps to redirect our own resources and formed partnerships to amplify our efforts. We welcome whatever efforts you may undertake to do the same.

*Jan Kasofsky, Ph.D.
Executive Director*

DEVELOPMENT OF MORE SERIOUS
MENTAL ILLNESSES

TEEN PREGNANCY

Alcohol, tobacco
& Drug Abuse

SEXUAL ABUSE

INCIDENCE
MORBIDITY
& DEATH

compulsive
gambling

Underutilizing
CAHSD &
Public Health
Services

Children
Committing
Crimes

Under-immunized children

SUBSTANCE AB

VIOLENCE IN
HOMES/COMMUNITIES

emotional problems Late access to
pre-natal care

untreated/treatable
physical illnesses

Childhood Accidents
Causing Injury & Death

BORN WITH
DEVELOPMENTAL
DISABILITIES

school suspensions
& expulsions STD

AHH

SUMMARY

The following information has been gathered in an effort to convey a strong message about the unacceptability of illegal drug possession and use, the act of drinking alcohol and driving, and the overall impact of substance abuse on society. Data shows that almost half of Louisiana's youth took their first drink before age 13 and had ridden in cars with a driver who had been drinking. It is estimated that 19% of Louisiana's adults aged 18 to 24 have used illicit drugs. Louisiana has the second highest rate of incarceration in the nation with an estimated 75% of those incarcerated having a substance abuse problem. The bulk of limited resources available has been concentrated in the area of treatment and little has been devoted to prevention and early intervention. Research shows that increased Federal, State and local efforts are needed to enforce the already existing laws as well as to pass proactive legislation to deal with ever changing trends in substance abuse.

DEFINITION

The American Psychiatric Association⁽¹⁾ defines substance abuse as:

A maladaptive pattern of use of alcohol and other drugs occurring within a 12 month period leading to clinically significant impairment or distress, as manifested by one (or more) of the following:

- recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences, suspensions or expulsions from school; neglect of children or household)
- recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
- recurrent substance - related legal problems (e.g., arrests for substance - related disorderly conduct)
- continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments about consequences of intoxication, physical fights).

INCIDENCE

Substance abuse has been called the nation's number one health problem and has a wide-ranging impact on the individual's health, social, family, and work relationships⁽²⁾. Approximately 9% of adults living in households in Louisiana used alcohol heavily in 1996. Heavy alcohol use was defined as weekly consumption of five or more drinks in a 24-hour period for men or four or

more drinks for women. Six per cent of adults, or about 186,000 persons, used one or more of the following "core" illicit drugs in the past year: marijuana, hallucinogens, cocaine (including crack cocaine), heroin and other opiates. Marijuana was the most commonly used illicit drug in the past year among adult household members with 5.6 % reporting use.

Data indicates that 41% of Louisiana's youth took their first drink before the age of 13 (32.4% nationally), and 46% of Louisiana's youth had ridden in cars with a driver who had been drinking (38.8% nationally). The percentage of underage drinkers in fatal car crashes in 1994 ranked Louisiana 13th in the nation. Louisiana ranks 5th in the nation concerning number of fatalities in alcohol related crashes as a percentage of all highway fatalities.

An estimated 19% of adults aged 18 to 24 used illicit drugs in 1996 and 16% drank alcohol heavily. The next eldest age group (25 to 44 years) drank heavily at 12%, while this same age group used illicit drugs at the rate of six percent. About three percent of adults aged 65 or older drank heavily, but had almost no illicit drug use in 1996.

Common lore has it that minorities (e.g., African Americans, Hispanics, and Native Americans) tend to have illicit drug and alcohol use problems at greater rates than whites. Data from the 1994 National Household Survey Drug Abuse confirmed this, showing somewhat higher rates of past year marijuana and cocaine use among African Americans aged 12 or older compared with whites⁽³⁾. However, there was little difference in rates of heavy alcohol use or illicit drug use for white, African American, and Hispanic adults in Louisiana.

Louisiana adult arrest rates among persons with frequent heavy alcohol use and illicit drug use were considerably higher than the rates for the adult population with no alcohol or other drug use. Of the almost 10% of adults who were heavy alcohol users, nearly eight percent were arrested (not including minor traffic violations), compared with less than one percent of people who did not drink in 1996. In addition, nearly three percent were arrested for alcohol-related offenses, such as DWI. In the year 1995, 9,801 drug related arrests were made involving Louisiana's youth. Cause for concern is that a sizable percentage of heavy drinkers who drink and drive may be going undetected.

RESULTS AND CONSEQUENCES

The possibility of physical and mental health problems in conjunction with substance use problems can pose challenges for substance abuse treatment, mental health and other health care providers in Louisiana. Consequently, primary care and substance abuse treatment providers may need to be prepared to address the multiple service needs of their patients or clients.

IMPACT ON INDIVIDUALS

The majority (about 70%) of adult illicit drug users are employed. This results in the following:

- increased/Frequent Absences
- increased on the job accidents
- reduced compliance with safety standards
- increased medical cost: drug abusers use 205 times more medical benefits than non-abusing employees⁹
- reduction in job performance

Men and women who were unemployed also appeared to have higher rates of heavy alcohol and illicit drug use¹⁰.

Impact physically:

Alcohol and drug use problems increase an abuser's risk of certain types of cancer, liver disease, abdominal disorders, heart disease, hypertension, central nervous system disorders, strokes, respiratory disorders, immune disorders, irreversible brain damage, premature births, low birth weight, increased risk of infant mortality, increased risk of Sudden Infant Death Syndrome (SIDS), Fetal Alcohol Syndrome, tuberculosis, increased risk of HIV/AIDS, sexually transmitted diseases, and increased risk of accidents (auto, recreational and job related).

Impact mentally:

Alcohol and drug use problems increase an abuser's risk for paranoia, hallucinations, depression, psychosis, mood swings, decreased social inhibitions, suicidal tendencies, homicidal tendencies, violent behavior, anxiety, dementia, brain damage, and an inability to deal with reality.

Each year, substance abuse costs taxpayers nearly \$70 billion in unnecessary health care costs, extra law enforcement, auto accidents, crime, and loss of productivity. Substance abuse hurts families, businesses, neighborhoods, impedes education, and chokes the criminal justice, health and social service systems¹¹.

Every year in America tobacco contributes to 400,000 deaths, alcohol to 100,000, heroin and cocaine to 9,000. We are a country of 61 million smokers, 11 million heavy drinkers, 5 million marijuana users (daily use), 2 million cocaine users, and 600,000 heroin addicts (weekly). We are also a country where only one in three addicts has access to a publicly funded treatment program. The wealthy go to treatment and the poor go to jail¹².

PREVENTION AND TREATMENT

The use of illegal drugs, the illegal use of alcohol, and the use of legal drugs in ways in which they were not intended should be prevented. The earlier a young person begins to consume alcohol or to use other drugs, the greater the likelihood that he or she will develop substance abuse

problems later. Youth have been targeted by prevention programs because almost all cigarette, alcohol and illicit drug use is initiated before the age of 25. Therefore, preventing the onset of use can lead to many lives free of substance abuse related problems⁴.

Prevention is the first and most crucial component of a true continuum of alcohol, tobacco and other drug services. Prevention services are research based and aimed at reducing risk factors and enhancing protective factors in or across five domains: individual, family, peer, school, and community. Research shows that for every dollar spent on drug prevention, communities can save \$4 to \$5 in costs for substance abuse treatment and counseling services. The rationales for prevention services are:

- prevention and early intervention services would preclude the need for inpatient treatment
- result in fewer school drop-outs and expulsions; less illiteracy
- reduced number of suicides
- fewer vehicular fatalities and injuries
- reduced long term cost of care to society⁶.

The apparent shift in attitudes and leveling off of drug use provides encouraging evidence that increased drug prevention activities may be taking hold, especially with younger teens. Preemptive proactive efforts are needed to make sure the public receives science-based information on the hazards of drug use and the most effective ways to prevent young people from using drugs⁵. Prevention initiatives are beginning to pay off in a measurable and meaningful ways.

The federal government spends only 20% of the nation's \$17 billion drug control budget to treat addicts. Alcoholism and drug addiction are treatable illnesses. Appropriate treatment for alcoholism and drug addiction has been shown to be as effective as treatment for other chronic diseases. Unfortunately, a recent analysis of national surveys published in the Journal of the American Medical Association shows that public support for increased spending on drug treatment has dropped from 65% in 1990 to 53% in 1996⁷.

Louisiana has the second highest rate of incarceration in the nation with an estimated 75% of those incarcerated having a substance abuse problem⁽⁸⁾. Jailing a drug addict costs \$25,900 per year. A year of traditional outpatient drug treatment costs \$1,800, intensive outpatient care costs \$2,500 and residential drug treatment programs range from \$4,400 to \$6,800 per year. According to Brown University addiction director Norman Hoffman, drug treatment can cut crime by 80%. A number of recent studies show that substance abuse treatment for those involved in the criminal justice system dramatically reduces their re-arrest rate (25% who underwent treatment versus 62% released without substance abuse treatment) and found that their involvement in drug sales, drug-related prostitution and theft decreased threefold after treatment⁷.

Drug treatment has been shown to contribute to a healthier society by greatly reducing the health care need associated with the treatment of alcohol and drug related health problems. According to the National Drug Control Strategy (1997), every dollar invested in drug treatment can save \$7 in societal and medical costs, yet there is a severe shortage of drug treatment programs with only about 15% of people who need treatment receiving it⁷.

PROTECTION AND ENFORCEMENT

Interdiction efforts that focus on stopping the flow of illegal drugs into the country, and mandatory prison sentences for drug trafficking and those found to be in possession of certain types and quantities of illegal drugs, have not been proven to be successful. These facts confirm that interdiction and law enforcement efforts cannot, in the face of strong demand, eliminate illegal drug supplies or significantly raise the price of illegal drugs.

In contrast, regulatory efforts to limit availability of alcohol through changes in policies and laws governing taxes, liquor sale outlets, and the legal drinking age have resulted in a reduction in rates of alcohol abuse.

What these laws and efforts have accomplished is to convey a strong message about the unacceptability of illegal drug possession and the act of drinking alcohol and driving. Increased federal, state and local efforts are needed to enforce the already existing laws, as well as to pass proactive legislation to deal with ever changing trends in substance abuse.

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MENTAL ILLNESSES
DEVELOPMENT OF MORE SERIOUS
MHI

TEEN PREGNANCY

Alcohol, tobacco
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school suspensions
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SUMMARY

In recent years domestic violence has been identified as an issue which has devastating and cyclical consequences for families. Its scope encompasses physical, sexual, and/or psychological abuse, and may result in the death of the victim. During the past year, 17,988 women and 10,067 children were served by the Louisiana Family Violence Program, however many victims never report their abuse. Domestic violence has a tremendous financial impact in the areas of medical care, psychiatric care, the legal system, the foster care system, and emergency shelters. Thus far, the bulk of the limited resources available to victims of domestic violence have been concentrated in treatment and little or none have been devoted to prevention and early intervention. The experts in the field agree that more resources must be dedicated to address this issue, with an emphasis on prevention.

DEFINITION

Domestic violence is defined as power, unjust force, assault or injury done to anyone in their own home or place of residence. It usually results from the abuse of power of domination and victimization of a physically less powerful person by a physically more powerful person. Whenever one is placed in physical danger or controlled by the threat of or use of physical force, they have been abused⁽¹⁾. Domestic violence includes physical, sexual, and/or psychological abuse which may be accompanied by economic coercion. In its most extreme form, domestic violence can result in the death of the victim. This is a pervasive national problem that cuts across racial, cultural, ethnic, religious, economic, disability, and age boundaries.

INCIDENCE

Nationally, homicide is one of the five leading causes of death for children under 12 years of age, with over half of these homicides being perpetrated by a family member. An estimated 1,200 to 1,500 children are killed each year by their parent or parent figure; 85% of these children are under the age of five years. Of the 4,967 women murdered in 1995, almost one third were killed by a boyfriend or husband. In fact, wife battering is the leading cause of injury to women between the ages of 15 and 44 years, accounting for more injuries than car accidents, muggings, and stranger rapes combined². Every 7.4 seconds a woman is beaten in her home¹. Approximately four women per day are killed by their husbands or partners³. Locally, the Baton Rouge Area Battered Woman's Shelter reported to have turned away 500 people in 1996 due to a lack of resources.

STATISTICS

Louisiana Office of Community Services (OCS) abuse/neglect fatalities statistics⁴ from 1989 - 1995 reported:

Head injury was the leading cause of child abuse fatalities.

Fire and drowning were the leading causes of child neglect fatalities.

Of the 401 investigated child fatalities, 51% were found to be valid for abuse/neglect.

Of these 205, 51% were victims of fatal neglect.

43% were victims of fatal abuse.

5% were victims of a combination of abuse and neglect.

79% of the victims were under three years of age.

The perpetrators of these 205 fatalities were:

46% - mother

7% - father

8% - mother's boyfriend

60% - 25 years or younger

37% - ages 21 to 25

23% - ages 15 to 20

Region II** Department of Social Services statistics for 1996⁴:

There were 580 total allegations of abuse/neglect which were due to:

47% - neglect

35% - physical abuse

13% - sexual abuse

4% - emotional abuse

3% - other factors

The child at highest risk in Region II is an African-American female, age 10 or older.

Region II Adult Protective Services (APS) statistics for 1997

APS serves individuals between the ages of 18 and 59, including individuals with developmental disabilities, who reside in the community in non-Title XIX funded/regulated settings.

Of 151 allegations of abuse/neglect that were investigated, the following was noted about the victims:

40% - between the ages of 40 and 49

29% - exploited

28% - neglected by care giver

15% - physically abused

12% - emotionally abused

12% - self abused

4% - sexually abused

The perpetrators of these 151 cases were:

- 19% - parent
- 17% - child
- 14% - other relative
- 13% - sibling
- 10% - spouse
- 23% - other or unknown

Number of persons served by the Baton Rouge Area Family Violence Program in fiscal year 1996/97 by parish:

- 127 - Ascension
- 964 - E. Baton Rouge
- 17 - E. Feliciana
- 20 - Iberville
- 10 - Pointe Coupee
- 23 - W. Baton Rouge
- 5 - W. Feliciana

** Region II planning districts are comprised of the following parishes: Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge and West Feliciana.

RESULTS AND CONSEQUENCES

Impact on Individuals:

Domestic violence can cause a wide range of adverse consequences for victims of all ages including serious physical injury, immediate and delayed psychological distress or disorder, and a variety of family traumas such as placement in foster care or the need to flee the home². These occurrences may be more prevalent for the individuals with developmental disabilities⁵.

Studies indicate that an individual who witnesses and/or experiences abuse as a child is more likely to become an abuser as an adult. According to the 1997 International Association of Chiefs of Police Summit⁶: Sixty-three percent of male perpetrators in a batterer's intervention program in Washington state reported witnessing domestic violence as children. In a Baltimore batterer's program, 75% of the men reported witnessing their fathers beat their mothers, and 50% reported that they had been abused as children. Since 1980, there have been at least 23 studies examining the impact of children witnessing domestic violence. These studies provide the first systematic evidence that children and youth who witness domestic violence experience a range of behavioral and emotional problems, and that these problems differ for children of various ages and for girls and boys. Infants may exhibit "failure to thrive" symptoms and difficulties bonding to adults. Children between ages 18 months and six years experience eating and sleeping disorders, mood swings, sadness, and delays in language or social development. Children between the ages of six and twelve are frequently anxious, depressed, fearful or socially isolated and

exhibit the symptoms of Post Traumatic Stress Disorder. Adolescent boys are more likely to act out aggressively. Teenage girls are more likely to become depressed or even suicidal and are at higher risk of becoming pregnant. For both boys and girls, exposure to family violence is a risk factor associated with delinquency, substance abuse, dropping out of school, and incarceration.

Impact on Society:

Families in which domestic violence occurs use doctors eight times more often, visit the emergency room six times more often, and use six times more prescription drugs than the general population. Battered women are four to five times more likely than non-battered women to require psychiatric treatment. Research suggests that wife-beating results in more injuries that require medical treatment than rape, auto accidents and muggings combined⁽⁷⁾. It is estimated that for every 1% of severely abused children suffering permanent disabilities, the annual cost of community services for treating developmentally disabled children increases by \$1.1 million. Also, the cost in future loss of productivity of severely abused children is \$658 million to \$1.3 billion annually, even if their impairments limited their potential earnings by just 5 to 10 percent⁴. In addition to medical and psychiatric costs, there are also considerable costs to the legal system, the foster care system, and emergency shelters.

Prevention & Treatment:

A number of supportive interventions have been developed in an attempt to reduce violent behavior within families. These include individual and group therapies for both victims and perpetrators, couples therapy for victims of domestic violence, parent-training and family therapy, and home-visiting programs for the prevention of child abuse². While treatment is costly, it is an essential component of a total strategy for addressing this issue. The need for early intervention, and especially prevention, is underscored by the difficulty of changing entrenched violence in the home. A review of literature and interviews with local experts in this field indicates an overall recommendation for resource concentration in the area of prevention to break the cyclical nature of domestic violence.

Protection & Enforcement:

Although there are mandatory abuse/neglect reporting laws across all protective services populations, there needs to be a greater awareness and understanding of the roles and responsibilities in reporting. The enforcement of the laws protecting victims of abuse/neglect require the support and active participation of law enforcement and judiciary bodies. Unlike child protection officials, adult protective service workers have very limited enforcement powers. Limited resources and personnel affect all protective services programs including private programs that provide shelter to victims.

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DEVELOPMENT OF MORE SERIOUS MENTAL ILLNESSES

TEEN PREGNANCY

Alcohol, tobacco & Durg Abuse

SEXUAL ABUSE

INCIDENCE MORBIDITY & DEATH

compulsive gambling

Underutilizing CAHSD & Public Health Services

Children Committing Crimes

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CHILD SEXUAL ABUSE

VIOLENCE IN HOMES/COMMUNITIES

emotional problems Late access to pre-natal care

untreated/treatable physical illnesses

Childhood Accidents Causing Injury & Death

school suspensions & expulsions STD

BORN WITH DEVELOPMENTAL DISABILITIES

AIH

SUMMARY

Child sexual abuse is an alarming problem with almost 16% of children in Louisiana suspected of being abused. Unfortunately, such abuse is cyclical and is often hidden. This paper outlines the problem of child sexual abuse and presents national, regional, state and parish-wide data on the increasingly alarming incidence of child sexual abuse, which included both suspected and confirmed cases. The effects of abuse are outlined in terms of detrimental consequences in emotional, sexual, cognitive, and physical development. Prevention, treatment programs, protection, enforcement and legal issues (i.e., reporting laws) are also presented.

DEFINITION

For the purposes of this review, child sexual abuse will be defined as sexual activities involving an adult or significantly older child, where the activities are intended for the sexual stimulation of the perpetrator, and which constitute an abusive condition such as when the child is coerced or tricked into the activity, or when there is a discrepancy in age between the participants, indicating a lack of consensuality¹. These behaviors include fondling, oral sex, inappropriate touching, masturbation with the child as observer or participant, vaginal or anal penetration by the penis, finger or any other object, fondling of the breast, voyeurism or using a child for sexual purposes such as prostitution².

SCOPE OF THE PROBLEM

Sexual abuse of children is a grim fact of life in our society and is more common than most people think. Statistics show that less than 50% of actual cases are reported. It is secretive and stigmatic and occurs across racial, ethnic, rural, urban, and all socio-economic lines³. Peak vulnerability for abuse of both boys and girls occurs between the ages of seven and 13⁴. However, there is disturbing data indicating that 25-35% of all sexually abused children are those below age seven⁵. Alarmingly, in the United States, between 500,000 to 1,000,000 children and adolescents are involved in prostitution and pornography. A high percentage of these children are victims of incest⁶.

Child sexual abuse is often familial and tends to occur in successive generations of the same family, thus creating perpetuation of the problem⁷. It typically occurs within a long-term ongoing relationship between the offender and victim, and escalates over time, lasting an average of four years⁷.

INCIDENCE

Deriving accurate incidence figures is quite difficult due to the nature of the offense⁸. The National Incidence Study of Child Abuse and Neglect reported 218,000 confirmed cases in 1996 for a rate of 3.2 cases per 1,000 children. A 1995 Gallup poll cited an alarmingly higher rate of 19 cases per 1,000 children for an actual incidence of 1,273, 000 in 1995⁸. (This poll is not based on the actual number of reported or confirmed cases, but rather on retrospective reporting).

Studies have suggested that the actual incidence rate ranges from 10% to 16% higher than those cases actually reported and confirmed⁸.

Statewide and parish-wide figures are consistent with the national incidence of child sexual abuse. In 1996 there were 947 confirmed cases of child sexual abuse in Louisiana⁹. The Louisiana Office of Community Services reported a slightly lower rate of 796 cases in 1997, and in East Baton Rouge Parish there were 49 confirmed cases in 1996⁹. However, information shows that this is not a complete count due to the definition of perpetrator and categorization of incidence.

RESULTS/CONSEQUENCES

Although child sexual abuse is not an absolute predictor of long term consequences in its victims, research conducted over the past decade has shown that a wide range of difficulties is more prevalent among those who have been sexually abused than those who have not. The effects across several developmental domains are¹:

EMOTIONAL DEVELOPMENT

- Increase in depressive episodes
- Anxiety and fearfulness
- Post Traumatic Stress Syndrome
- Suicidal ideation or behavior
- Uncontrollable feelings of anger or rage
- Many of these syndromes or symptoms also appear in adults who have been sexually abused as children.

SEXUAL DEVELOPMENT

- Oversexualized behavior
- Overt sexually acting out
- Compulsive masturbation
- Precocious sexual play
- Short term sexual activity with numerous partners
- Increased risks for sexually transmitted diseases(STDs)
- Unintended pregnancies; additionally, 66% of pregnant teens have been sexually abused¹⁰
- Adult symptoms often include fear or low interest in sex, having multiple sexual partners, and exhibiting compulsive sexual behavior.

COGNITIVE DEVELOPMENT

- Poor concentration
- Inattentiveness
- Dissociation
- Decreased academic performance
- Behavioral problems at school

PHYSICAL DEVELOPMENT

- Genital injury
- Urinary tract infections
- Sexually transmitted diseases (including HIV)
- Unintended pregnancies
- Pain (headache, stomachache, pelvic pain and chronic pain)
- Possible impaired immune functioning

PREVENTION AND TREATMENT

In response to the growing knowledge about child sexual abuse, many preventive programs have been developed and implemented since the 1980's. Most have centered on altering the knowledge and skills of children through group-based instruction on personal safety. The primary focus of these programs is to:¹

1. strengthen the child's ability to recognize and resist abuse or assault
2. encourage children to disclose and report abuse
3. to improve adult's response to these disclosures.

Problems noted with such programs are:

1. they focus on teaching personal safety and not sex education;
2. limited in time and content when taught in schools;
3. victims do not feel a personal or trusting enough atmosphere to report their abuse.

In addition to the preventive programs outlined, other methods should include public service announcements and campaigns, treatment programs for victims, comprehensive sexuality education, training and education for teachers and professionals, and encouraging parental involvement.

According to the Centers for Disease Control and Prevention, Louisiana, unlike most other states, has no such mandated programs.

PROTECTION AND ENFORCEMENT

Current protection of victims of child sexual abuse is usually limited to child protection agencies. These agencies typically investigate allegations, and if found to be valid, law enforcement may play a role. Unfortunately, the nature of child sexual abuse usually hinders reporting; the number of "actual" cases may far outnumber those found to be valid.

The enforcement of laws requiring mandatory reporting of even suspected cases of child sexual abuse has long been lax because of:

- confusion over the mandated reporting laws
- agency restrictions
- reluctance to become involved.

These mandatory laws must be underscored for those required to report (teachers, counselors, healthcare professionals, etc.). Unfortunately, enforcement of this is quite difficult.

Enforcement is imperative. Also needed are improved methods of prevention, detection, reporting and treatment. Suggestions for improved reporting include education to encourage reporting by people who may have knowledge of abuse, but may not be mandated by law to report, such as clergy and the general public.

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RISK FACTORS/CAUSES OF SYMPTOMS

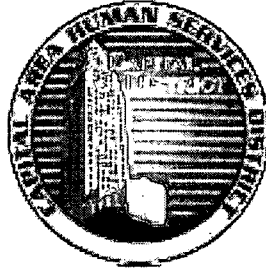
SYMPTOMS	RISK FACTORS / CAUSES
1 Children with preventable emotional problems	<ul style="list-style-type: none"> • parents don't have basic child rearing skills • alcohol and drug abuse in home • parents with treatable emotional problems • violence in home • sexual abuse
2 Under-immunized children (Ages 2-4)	<ul style="list-style-type: none"> • parent's resistance prior to school requirements • clinic hours, parent's work time • illness during last clinic visit • parents lack understanding of risk not to immunize • parent forgot/lost shot record • Kid Med billing process stretches out immunization schedule over several visits
3 High rate of school suspensions & expulsions (Ages 6-14)	<ul style="list-style-type: none"> • the community the school resides in has differing levels of acceptance of suspensions and expulsions • low level of motivation • community based problems with peer group & gangs • schools offer few alternatives • educational level of family • inadequate support to foster academic achievement • inadequate coping skills • low level of academic achievement • sexual abuse
4 High rate of untreated/treatable physical illnesses	<ul style="list-style-type: none"> • transportation unavailable/unreliable • spiritual belief system vs. medical treatment • lack of resources; phone, gas/money • parent cognitively/emotionally impaired • Medicaid transport rules against transport from area of residence • family unaware of services, lack understanding of benefit of service • dysfunctional family, family problems, substance abuse, chronically ill family member, abuse • noncompliant parent or care giver • teen parent • parent denies illness, anger re: illness • parents working during clinic hours
5 High rate of children developing more serious mental illnesses	<ul style="list-style-type: none"> • parents/teachers/physicians not identifying early signs of mental illness • at-risk children not being identified and targeted • children with less serious mental illness not treated until it becomes severe • prenatal substance abuse • denial/noncompliance in family/parent • biopsychosocial predisposition • lack appropriate parenting skills • sexual abuse

SYMPTOMS	RISK FACORS / CAUSES
<p>6 Teen pregnancy</p>	<ul style="list-style-type: none"> • sexual abuse • substance abuse • lack of early sex education in schools • no stigma attached to teen pregnancy • desire for pregnancy due to breakdown of family, “need to be loved” • low self-esteem and wanting to be loved • extended waiting times for public prenatal/contraceptive clinics • lack of staff time to identify and target high risk clients • client lack of compliance for clinic appointments and proper use of contraceptives
<p>7 High rate of babies born with developmental disabilities</p>	<ul style="list-style-type: none"> • poor or no prenatal care • genetic abnormalities • birth traumas • violence experienced by mother • geographic isolation from services • unhealthy prenatal choices • drug or alcohol use during pregnancy • teen pregnancy • lack of knowledge about good prenatal behaviors • environmental agents • lack of knowledge of available support/services • lack of access to supports/services (including financial)
<p>8 High rate of childhood accidents causing injury & death (Ages 1-17)</p>	<ul style="list-style-type: none"> • high risk client behavior (fire arms, substance abuse and driving, gang membership, unsafe home environment) • unsafe home environment (storage of medications, poisons, etc.) • residence in high risk areas • lack of resources (car seats, bike helmets, fire extinguishers) • lack of parental knowledge • substance abuse • physical abuse or neglect
<p>9 Late access to pre-natal care</p>	<ul style="list-style-type: none"> • client in denial about pregnancy/hiding pregnancy • awareness of services • pregnancy considered a normal process~care not sought until delivery • client hiding domestic/spousal abuse • lack of insurance for private care • limited availability of public clinics/long waits for initial appointment • cumbersome process/long wait to obtain a medical card
<p>10 High rate of STD</p>	<ul style="list-style-type: none"> • sexual abuse • client noncompliant with treatment • inability to initiate sex education in schools • unwillingness to name contacts • lack of symptoms/lack knowledge of symptoms • denial • unsafe sexual practices • multiple sex partners • delay diagnosis due to fear • limited access to service (locations and hours of operation) • substance abuse leading to prostitution/decreased inhibition • adolescent’s access to contraceptives • (see #12)

SYMPTOMS	RISK FACTORS / CAUSES
11 Sexual abuse	<ul style="list-style-type: none"> · family dysfunction/generational · lack of treatment available for perpetrators · lack of parental supervision · substance abuse in perpetrators · denial in family/parent · stigma · perpetrators often themselves sexually abused as a child; maintain the cycle of abuse · parents/family not recognizing signs of sexual abuse · physicians/teachers/mental health professionals not recognizing signs · lack of sufficient services for victims
12 High rate of HIV infection	<ul style="list-style-type: none"> · school-based access to prevention information restricted · injection drug use · incarceration · male/male sex · commercial sex workers · sexual abuse · sexual activity located around/in gay bars, park/rest areas, community centers, night clubs · high risk youths · multiple sex partners · adultery · unsafe sexual practices · lack of adult supervision · (see #10)
13 High rate of alcohol, tobacco and drug abuse among children	<ul style="list-style-type: none"> · kids uninvolved in school and other activities · lack knowledge of risk · availability · lack adult supervision · unavailability of alternative activities (skills, hobbies, academic) · family lacking skills · sexual abuse · mobile family, kids disassociated from community · families with addiction/substance abuse support · broken/divorced/single parent homes
14 High rate of alcohol, tobacco & drug abuse among adults	<ul style="list-style-type: none"> · (see above) · uninformed of risk · laws not enforced · sexual abuse · permissive attitudes · lack of drug free alternatives · unemployment · uneducated
15 High rate of children committing crimes	<ul style="list-style-type: none"> · young children not receiving consequences for their actions (mostly delinquency) · Families In Need of Services (FINS) program not adequate due to limited resources (It is legislated but no funds attached) · sexual abuse · FINS program doesn't include schools · at-risk kids not identified or targeted

SYMPTOMS	RISK FACTORS / CAUSES
16 High rate of children committing violent crimes	<ul style="list-style-type: none"> · Interagency Coordination Services meetings work well but are limited (including schools) · untreated/inappropriately treated mental illness · parental characteristics that increase risk · early childhood educational problems · substance abuse · children not receiving timely interventions
17 Violence in homes/community not adequately addressed	<ul style="list-style-type: none"> · (see above) · older children committing crimes tend to be the same kids displaying delinquent behavior earlier in life
18 High rate of compulsive gambling	<ul style="list-style-type: none"> · lack legal sanctions to intercede · poverty and socioeconomic status correlate with community's acceptance · substance abuse · lack life management skills · lack coping, conflict resolution skills · sexual abuse
19 High rate of incidence, morbidity & death due to most major chronic diseases	<ul style="list-style-type: none"> · physically readily available · denial · financially accessible · lack education on what gambling is, to recognize ads & marketing tactics · socially accepted · early signs not recognized by parents, family members or professionals
20 Public underutilizing CAHSD and public health services	<ul style="list-style-type: none"> · little early prevention, detection, treatment · lack of professional resources · lack education, understanding of early symptoms · no home base for care · lack follow-up, resources · denial · lack of compliance with treatment · health belief system · no belief in prevention, treatment, cure · physical access to care · hopelessness, fear · lack transportation to care · lack personal support system · substance abuse · low socioeconomic status · fear of attached stigma · no ongoing relationship with provider

NOTES



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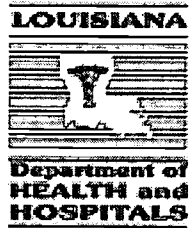
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CAHSD offers sincere thanks to Wesley Jerome Boyd for the patience and expertise provided on the development of the CAHSD logo and the design/layout of this booklet.

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