VIOLENT AND ABUSIVE BEHAVIOR

◆ ***Family Violence*** ***270***

Child Abuse *276*

Figure 1 Average Monthly Rate of Children in Out-of-Home Placement by Ethnicity San Diego County 1995 and 1997 280
Figure 2 Child Abuse Referral/Report Rates FY 1995-1996 Two Year Average 280

Table 1 Child Abuse Referral/Report Rates by SRA FY 1995-1996 Two-Year Average 280

Partner Violence *284*

Table 1 San Diego vs. the Nation—Domestic Violence Incident Reports 285

Elder Abuse *288*

Figure 1 Reported Rates of Elder Abuse in San Diego County 1997-1998 291
Figure 2 Reported Rates of *Institutional* Elder Abuse by Type of Abuse San Diego County 1997-1998 291

Table 1 San Diego vs. the Nation—Number of Elder Abuse Reports (Institutional and Community) 289

◆ ***Intentional Injuries*** ***292***

Homicide *296*

Figure 1 Homicide Death Rate Trend San Diego County 1993-1996 299
Figure 2 Homicide Death Rates by Gender San Diego County 1996 299
Figure 3 Homicide Death Rates by Age San Diego County 1996 300
Figure 4 Homicide Death Rates by Race/Ethnicity San Diego County 1996 300
Figure 5 Homicide Death Rates by Region San Diego County 1996 300

Table 1 Homicide Death Rate—San Diego vs. the Nation 299
Table 2 Homicide Death Rates by SRA San Diego County 1996 300

Rape and Sexual Assault *300*

Figure 1 Rape Arrest Rates by Age of Perpetrator, San Diego County 1996 303

Table 1 San Diego vs. the Nation—Number of Rape Reports 303

Youth Violence *304*

Figure 1 Weapon Carrying by Gender 307
Figure 2 Juvenile Arrest Rates by Level of Offense San Diego 1992-1996 307
Figure 3 Juvenile Arrest Rates by Age, San Diego County 1996 309
Figure 4 Juvenile Arrests Rates by Race/Ethnicity, San Diego 1996 309

VIOLENT AND ABUSIVE BEHAVIOR

◆ *Family Violence:*

Child Abuse   Partner Violence   Elder Abuse

◆ *Intentional Injuries:*

Homicide   Rape & Sexual Assault   Youth Violence

FAMILY VIOLENCE

Background

Family violence includes child abuse (physical and sexual abuse), domestic violence (physical or sexual abuse of spouse or intimate partner), and elder abuse (abuse or neglect of older persons).[1]

Family violence describes abuse perpetrated by a family member, intimate partner, or caretaker. Abuse may be physical, sexual, emotional and/or financial.

Some risk factors that promote family violence include:

- History of substance abuse
- Family history of violence

Size

San Diego County

In fiscal year 1996-97, 84,766 **child abuse** referrals/reports were made in San Diego County. The rate is 121.7 referrals/reports per 1,000 (12,170 per 100,000) of the less than 18-year-old population.[2]

In 1996, a total of 26,327 incidents of **domestic violence** were reported in San Diego County.[3]

During the 1997 –98 fiscal year, there were more than 3,937 reports of **elder abuse** in San Diego. Of these, 237 were from institutional settings. The rate for reported elder abuse in community settings is 1,358.6 per 100,000 of those over age 65 compared to 87.0 in institutional settings.[4]

National

In 1997, 7% of American women (3.9 million) who were married or living with someone as a couple were physically abused, and 34% (20.7 million) were verbally or emotionally abused by their spouse or partner.[5]

In 1994, there were 664,000 reports of child abuse/neglect in California.[6]

Nearly 70% of men who abuse their spouses also abuse their children in the United States.[5]

Seriousness

Victims of violence suffer psychological trauma, physical injuries, disability, and death. In one year, aggravated assaults accounted for 355,000 hospitalizations, 4 million lost workdays, and $638 million in medical costs. In addition to medical injuries, violence can also produce fear, anxiety, and isolation in its victims.[1]

The psychological consequences of abuse can be as important as physical injuries: abused women may suffer from posttraumatic stress disorder, and they are more likely than non-abused women to be depressed, attempt suicide, abuse alcohol or drugs, and transfer their aggression to their children.[1]

Child abuse is 15 times more likely to occur where domestic violence is present.[7]

Men who witnessed domestic violence as children are three times more likely to abuse their wives.[8]

Family Violence impacts people in several ways including:[5]

- Physical and emotional impairment
- School and work absenteeism
- Increased hospitalization
- Frequent emergency room visits
- Permanent physical disabilities
- Death

Community Concerns

Focus Group Discussion Points: Violence was a concern raised by the adolescents' focus group, the African American group, as well as the Central and North Central groups. The adolescents' group reported that many young girls are being victimized by their boyfriends and in some cases seem to view abuse as a "normal" part of relationships. Participants in the Central region group believed that violence in the community has dropped due to community efforts, but still think family violence is a problem.

High Risk Populations

In 95% of episodes of domestic violence leading to criminal investigation and 59% of spouse murders, women were the victims. The prevalence of domestic violence is also high among female patients in clinical settings: 15% of women visiting an emergency department and 12-23% of women in family practice settings reported having been physically abused or threatened by their partner within the last year.[1]

Women who are under age 35, have not attended college, are of lower socioeconomic status, or are unmarried are more likely to report being victims of domestic violence.[1]

A review of 52 studies found that only one risk marker—witnessing parental violence as a child or adolescent—was consistently associated with being a battered spouse.[1]

Pregnant women are at greater risk for domestic violence than non-pregnant women. Many studies have reported an association between violence and worse outcomes in pregnancy. Battered women are more likely to register late for care, suffer preterm labor or miscarriage, or have low birthweight infants than non-abused controls.[1]

Prevention

The repetitive nature of family violence suggests that early detection may be important in preventing future problems from abuse. Specifically, patients can be counseled about the nature and course of family violence, given information about available resources (community counseling and support groups, shelters, protective service agencies, etc.), and counseled about means to prevent further abuse.[1]

Primary care clinicians or mental health professionals can help patients in violent or potentially violent relationships as follows:[1]

- Offer psychological counseling to help a patient terminate personal relationships with violent individuals.
- Identify individuals who are at increased risk of committing abuse in the future; refer them to psychiatric counseling or family therapy to learn stress management and nonviolent alternatives for conflict resolution.
- Report suspected cases of abuse and neglect to appropriate protective service agencies for further evaluation and intervention. In many instances the clinician is required to do so.

Model Programs

Males Acting Responsibly for Community and Health (MARCH), Planned Parenthood, San Diego County, (619) 683-7526

- The goal is to increase young men's awareness of their role and responsibility in relation to teen pregnancy, sexually transmitted infections, and relationship violence prevention.
- The program includes after school and community involvement programs, including a weekly curriculum in elementary schools.
- Lessons focus on ability, opportunity, and motivation including decision-making, values, communication skills, education, relationship building, and adventure.
- Results show an increase in intentions to use contraception, relaxed gender expectations, changed attitudes related to relationship violence, and increased intentions to communicate with a partner.
- The program is being expanding to include females through *Sisters Together Acting Responsibly (STAR).*

Family Violence Program, Children's Hospital, Center for Child Protection, San Diego County, (619) 495-7719

- The program provides prevention and intervention services to abused women and their children
- It offers intensive advocacy services include accessing restraining orders, assistance with financial needs, accessing emergency and long term housing, accompaniment to court, transportation to therapy sessions, courts, and housing, coordination with community service providers, and assisting with long term goals including employment and education.
- Support and therapy services include individual and group therapy services to women and their children, parenting classes, and support groups for mothers and children.
- Legal services include on site legal consultation and referral to a pro bono attorney through the Volunteer Lawyer Program.

Violence Intervention and Prevention Program, Harvard Pilgrim Health Care of Massachusetts[9]

- The program focuses on domestic violence, sexual assault, child abuse, and elder and disabled

abuse.

- It educates caregivers to become more aware of the needs of violence survivors.
- It assists victims in accessing resources within the health plan and in the community.
- The program created a resource manual to assist providers who care for victims of violence, a sexual assault fact sheet, a resource brochure and a pocket-sized resource card, a community resource telephone list, and example newsletter articles on prevention.
- It developed guidelines for providers on nine essential steps to take when assisting survivors of violence
- As a result of this program, more attention is now being paid to sexual assault, teen counseling, and domestic violence

Screening and Intervening for Domestic Violence, Health Partners of Minneapolis, Minnesota[9]

- They developed and implemented a training program for health care providers on how to conduct domestic violence screenings, identify potential victims, provide proper care in cases of abuse, and connect patients to appropriate services and prevention resources in the health plan and in the community.
- They developed resources including reference sheets and cards, brochures, posters, resource cards, videos, and clinical guidelines to assist in evaluation and treatment.
- The program follows the SOAP model (what the patient SAID, what the physician OBSERVED, ASSESSMENT made, and PLAN for further screening and treatment).
- Since 1994, the plan has seen an increase in the number of domestic violence cases reported.
- In 1995, only _ of one percent of women were screened for domestic violence but by 1997 that figure rose to 13%.
- Providers report they are more comfortable discussing domestic violence issues because of this program.

Domestic Violence Program, United Health Care of New England[9]

- This program is raising awareness of domestic violence within its own organization through education, training, and joining statewide and local agencies to sponsor community-wide events.
- It partnered with the Rhode Island Coalition Against Domestic Violence to develop a guidebook to educate providers in the health plan and in the community on how to recognize and report domestic violence and sexual assault.
- It partnered with community organizations to establish a 24-hour telephone line and provided assistance to shelters including volunteers, clothing, blankets, toys, and food.
- It assisted in a statewide campaign called *Act Now to Stop the Violence* to educate people on where to go to get help and how to provide help.
- A recent survey found that 50% of the survey participants had seen or heard the campaign's message and 20% had seen volunteers distributing materials.

Resources

Local

Office of Violence and Injury Prevention, Health and Human Services Agency, County of San Diego, (619) 490-1670

Trauma Research and Education Foundation, (619) 295-5428

Children's Hospital and Health Center, Family Violence Project, (619) 495-7719

Violence Prevention Network, Paradise Valley Hospital, (619) 470-4321, x 3762

National

Violence Policy Center, *www.vpc.org*

Family Violence Prevention Fund, *www.fvpf.org*

Family and Intimate Violence Prevention Team, Divisions of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, *www.cdc.gov/ncipc/dvp/fivpt*

Pacific Center for Violence Prevention, *www.pcvp.org*

National Victim Center, *www.nvc.org*

Violence Against Women Office, US Department of Justice, *www.vawo.usdoj.gov*

Children's Safety Network, National Injury and Violence Prevention Resource Center, *www.edc.org*

Partnerships Against Violence Network, *www.pavnet.org*

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CHILD ABUSE

Background

There are four major types of child maltreatment: physical abuse, child neglect (physical, educational, or emotional), sexual abuse, and emotional abuse (psychological or verbal).[1]

The National Committee to Prevent Child Abuse (NCPCA) defines child abuse as a non-accidental injury or pattern of injuries to a child. Child abuse is damage to a child for which there is no "reasonable" explanation.[2]

CPS = Child Protective Services

Size

San Diego County

In 1997, 11 children under the age of 7 died in San Diego County due to severe neglect or physical abuse.[3]

15 children under the age of 14 were murdered in San Diego County in 1996 due to child abuse or other intentional violence. Of these, 4 were under age 1. Five (almost half) were classified as Asian/Pacific Islanders between the ages of 1 and 14.[4]

84,766 child abuse referrals/reports were made in San Diego County in fiscal year 1996-97.

Fiscal Year 1996-1997 rate: 121.7 referrals/reports per 1,000 (12,170 per 100,000) of the less than 18-year-old population.[5]

During fiscal year 1997-1998, the Child Abuse Hotline received calls reporting suspected abuse of more than 107,000 children in San Diego County. From these calls, investigations involving 73,767 children were begun, resulting in 3,340 children removed from their homes for their own protection.[3]

San Diego County children were referred to the authorities for several reasons including severe and general neglect (30%), physical abuse (28%), emotional abuse (18%), sexual abuse (16%), caretaker absent or incapacitated (8%), and exploitation including pornography and prostitution (1%).[3]

In 1996, most children taken out of their home by the San Diego County Children's Services Bureau were removed because of neglect and caretakers' absence or incapacity.

National

Child Abuse Reports

In 1997, over 3 million (3,195,000) children were **reported** for child abuse and neglect to child protective service (CPS) agencies in the United States.[2]

In 1997, 1,054,000 children were **confirmed** by CPS agencies in the US as victims of child maltreatment. Twenty-two percent of the confirmed cases were physical abuse, 8% sexual abuse, 54% neglect, 4% emotional maltreatment, and 12% other forms of maltreatment.[2] This is an approximate 18% increase since 1990.[6]

Currently, about 47 out of every 1,000 children are reported as victims of child maltreatment. Fifteen per 1,000 children are victims of substantiated abuse.[2]

It is estimated that 38% of girls are sexually abused by the age of 18; 16% of boys are abused.[7]

Child Abuse Deaths

In 1996, states reported that 1,077 children were known by CPS agencies to have died as a result of maltreatment. The National Center for the Prosecution of Child Abuse estimates that approximately 2,000 children die from child abuse and neglect each year.[6]

The Centers for Disease Control and Prevention estimates that abuse and neglect kills 5.4 out of every 100,000 children age 4 and under.[6]

Seriousness

Healthy People 2000 Objective: Not comparable

Child abuse ranks as the second leading cause of death, after unintentional injuries, for children between one and five years old.[2]

Experiencing child abuse affects one's health status as an adult. The more adverse childhood experiences present, the more health risk factors present later in life. A recent study found that the adults who had four or more adverse childhood experiences such as psychological, physical, or sexual abuse, witnessing violence against the mother, or living with household members who were substance abusers, mentally ill, suicidal, or ever imprisoned, had multiple risk factors for several leading causes of adult death. These include increased health risks for alcoholism, drug abuse, depression, and suicide attempts; increase in smoking, sexual intercourse partners, and sexually transmitted diseases; and an increase in physical inactivity and severe obesity. The study found a strong relationship between the number of exposures to abuse or dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.[8]

Abused children experience physical injuries such as bruises, burns, fractures, and neurological and abdominal trauma. Child sexual abuse often results in severe psychological trauma as well as in medical complications such as sexually transmitted diseases. Children who have been victims or witnesses of violence often experience abnormal physical, social, and emotional development, and many manifest violent behavior as adolescents and adults.[1]

Risk Factors

Adult Substance Abuse

Adult alcohol abuse contributes to up to 70% of child abuse cases.[9]

In 1997, 88% of respondents named substance abuse as one of the top two problems presented by families reported for maltreatment.[2]

Children in alcohol-abusing families are nearly 4 times more likely to be maltreated overall, almost 5 times more likely to be physically neglected, and 10 times more likely to be emotionally neglected than children in non-alcohol-abusing families.[6]

An estimated 50 to 80 percent of all child abuse cases substantiated by CPS involve some degree of substance abuse by the child's parents.[6]

Abuse of drugs or alcohol, although not clearly an independent risk factor, often co-exists with conditions (poverty, social isolation, etc.) that increase the risk of abuse.[1]

Other Factors

The estimated overlap between domestic violence and child physical or sexual abuse ranges from 30 to 50 percent.[2]

Children from families with annual incomes below $15,000 per year are more than 25 times more likely than children from families with annual income above $30,000 to be harmed or endangered by reported abuse or neglect.[6]

A number of parental and family characteristics have been identified as risk factors or risk markers for child physical abuse—poor social support, low socioeconomic status, single parent family, and unplanned or unwanted pregnancy - but abuse is usually the result of multiple interacting factors.

Abusive mothers are often themselves victims of physical violence by their spouse or partner, and abusive parents often experienced abuse as children.[1]

A poor understanding of normal child development, poor anger control, and use of physical punishment as a discipline technique are more common among abusive parents.[1]

Demographic or family characteristics are of little value in predicting risk of child sexual abuse.[1]

High Risk Populations

Age(s):

- Young children are at greatest risk. Between 1993 and 1995, 85% of fatalities related to child abuse occurred to children under the age of five, with 45% to children under the age of one.[2]
- The most vulnerable age for sexual abuse is between 7 and 13 years.[2]
- Nationally, among confirmed cases of abuse and neglect in 1996, more than half were 7 years old or younger. Of these, one-quarter were younger than age 4. 26% were 8-12 and 21% were 13-18.

Population(s):

- Nationally, more than half (53 percent) of all child abuse victims are white, 27% are African American, 11% are Hispanic, 2% are American Indian/Alaska Native, and 1% are Asian/Pacific Islander.[6]
- Native Americans and African Americans have the highest rate of children who have been removed from the home due to abuse or neglect. **(Fig. 1)**
- African Americans have the highest homicide rate against children under age 14.

County Areas: Child Abuse Referral Reports (1995-96 two-year average, not age adjusted)

- **Region:** Central **(Fig. 2)**
- **SRAs:** Mountain Empire, Mid-City, Kearny Mesa, Central San Diego **(Table 1)**

Prevention

Home Visiting and Other Services

One of the most promising prevention strategies for reducing early childhood neglect and abuse is the provision of home health visitors to all expectant and new mothers, or at the very least, to mothers in high risk neighborhoods.[2]

Prevention strategies include[2]:

- Support programs for new parents including home visitation
- Education and training for parents
- Early and regular child and family screening and treatment
- Child care opportunities
- Programs for abused children
- Life skills training for children and young adults, which includes parenting
- Family support services
- Public information and education

VIOLENT BEHAVIOR

Figure 1
Average Monthly Rate* of Children in Out-of-Home Placement by Ethnicity San Diego County 1995 and 1997[5]

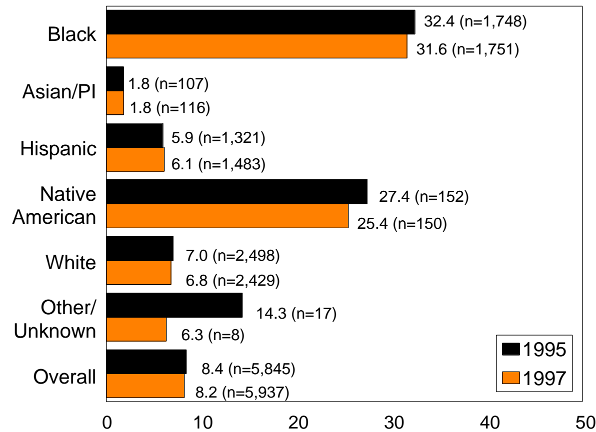

Figure 2
Child Abuse Referral/Report Rates by San Diego County Region FY 1995-1996 Two Year Average[5]**

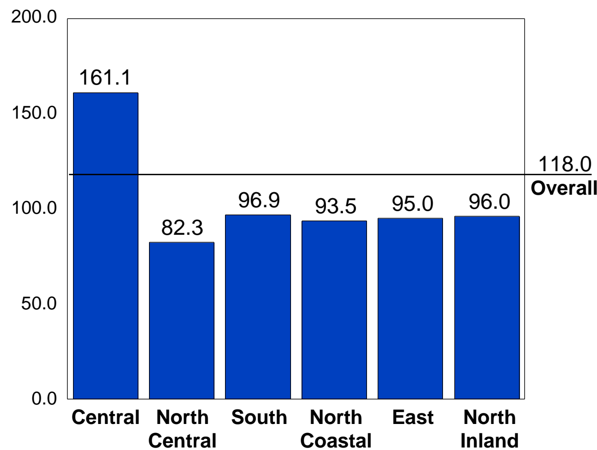

Table 1
San Diego County SRAs with the Highest Child Abuse Referral/Report Rates by SRA FY 1995-1996 Two-Year Average[5]**

San Diego County	Mountain Empire	Mid-City	Kearny Mesa	Central San Diego
118.0 (n=83,386)	184.0 (n=277)	182.5 (n=8,396)	174.0 (n=5,683)	161.1 (n=6,048)

* Rates per 1,000 population of children in out-of-home placement
** Rate per 1,000 of the under age 18 population.

In 1995, the US Advisory Board on Child Abuse and Neglect recommended a universal approach that reaches out to all families as the best fatality prevention strategy. The Board stated that the effort must begin with services such as:[6]

- Universal home visiting by trained professionals or paraprofessionals
- Hospital-linked outreach to parents of infants and toddlers
- Community-based programs designed for specific neighborhoods
- Effective public education campaigns and innovative ways to reach fathers

Many communities are developing family resource programs designed to provide families with the information and support necessary to strengthen family and community life and enhance the growth and development of children. Examples of family resource program services include:[6]

- Center based programs such as drop-in centers and parent education centers
- Parent network programs to support parents through informal meetings in community locations such as churches and schools
- Warmlines which offer free telephone consultation services to young children's parents who have concerns or questions about their child's development or behavior or simply need someone to talk to

Providing home health visitor services to high-risk mothers has proven to reduce the likelihood of maltreating behavior compared with the likelihood of control groups of high-risk mothers who received no intervention.[6]

Prevention Initiatives in Health Care

Activities which protect and promote the health of children and their parents can contribute to the prevention of child maltreatment. Some examples of these include:[6]

- prenatal and early childhood health care to improve pregnancy outcomes and health among new mothers and young children;
- family-centered birthing and perinatal coaching to strengthen the early, positive bonding between parents and their children;
- home health visitors to provide support, education, and community linkage for new parents; and
- support programs for parents of special-needs children to assist parents of children with special health and developmental problems.

Community-Based Prevention

A number of community-based family support initiatives have been proposed or developed to help strengthen families and prevent child maltreatment.[6]

- self-help and mutual aid groups to provide nonjudgmental support and assistance to troubled families;
- natural support networks to provide families with a supportive network of informal "helpers" and community resources;
- child care programs/respite care to reduce the stress employed parents experience, and provide positive modeling and contact for parents and children;
- programs for children in after school self-care to reduce the emotional and physical risks which "latchkey" children may face;
- programs that address the impact of lack of resources on children and families such as the lack of adequate shelter, nutrition, and health care; and
- public education and media campaigns to increase public knowledge and awareness about important issues in the prevention of child abuse and neglect.

Role of the Workplace in Strengthening Families

As the number of parents working outside the home continues to grow, there is an increased potential for employment and workplace policies to enhance family functioning and prevent child maltreatment. For all working parents, a supportive work environment can help ease the stress of the dual responsibilities to work and family. For some already vulnerable parents a supportive work climate may prevent family dysfunction, breakdowns, and abuse. Family-focused initiatives for the workplace include:[6]

- flexible work schedules and benefits to help families balance the demands of their work and parental commitments;
- education and support programs offered at the worksite to help parents better cope with the challenges of parenting;
- parental leave policies to reduce stress on new parents and help facilitate positive attachments between parents and their infants;
- employer-supported child care to help provide quality child care options for working parents; and
- family-oriented policies to support parents in their dual roles as parents and wage earners by creating healthy and humane working conditions and ensuring adequate family income and equality in wages for women.

Targeting Social Services on Prevention

Increasingly, social service agencies and professionals are expanding their focus to include programs which prevent family problems from escalating into family breakdown and violence. Particularly effective social service initiatives for strengthening families and preventing child maltreatment include:[6]

- parent education to help parents develop adequate child-rearing knowledge and skills;
- parent aide programs to provide a supportive, one-on-one relationship for parents who may be at risk of maltreating their children;
- crisis and emergency services to provide respite for parents and children at times of exceptional stress or crisis;
- treatment for abused children to prevent an intergenerational repetition of family violence; and
- comprehensive prevention programs to provide multidisciplinary services and support to families at risk of maltreating their children.

The social service community plays an important role in addressing issues of maltreatment in institutional settings, by supporting policies which prohibit corporal punishment in all custodial (for example, residential facilities for juveniles convicted of crimes) and treatment settings for children. Social service agencies also train foster parents and group childcare workers in nonviolent discipline alternatives.[6]

Prevention in the Schools

With increasing public and professional attention to the serious social problems affecting children and adolescents, schools have become the focus for many new prevention efforts, including:[6]

- comprehensive, integrated prevention curricula to equip children with the diverse skills, knowledge, and information they need to cope successfully with the challenges of childhood and adolescence; two components of such a curriculum would include:
  - self-protection training to enhance children’s capacity to protect themselves from abuse or exploitation and seek appropriate help (word of caution: these training programs must be carefully evaluated; children need to learn what is “good and bad” touch, but placing the burden on the victims for their own protection must be avoided); and
  - family life education to equip children and adolescents with skills for coping with family

problems and transitions and prepare them for their future roles as parents;

- policies to eliminate corporal punishment to stop the physical punishment of children in institutional settings; and
- programs for children with special needs to help reduce the stress on families with a "special" or disabled child.

Model Programs

The National Center on Child Abuse and Neglect developed, implemented, and evaluated nine comprehensive community-based programs to prevent child abuse and neglect. The organization offers lessons learned including the following essential practices in developing and implementing successful community-based prevention programs:[10]

- Be of the community, not just in the community. For example, use a community-based advisory council that reflects community characteristics.
- Emphasize the positive – recognize and build on community strengths
- Think big and start small – start in one neighborhood, produce results, and then expand
- Design, implement, and use a strong evaluation to demonstrate the effectiveness of the program

Resources

Local

Children's Services Bureau, Health and Human Services Agency, County of San Diego, (619) 560-2191

Child Abuse Coordinating Council, (619) 491-1321

Child Abuse Prevention Foundation, (619) 278-4400, *www.capfsd.com*

Children's Hospital and Health Center, Center for Child Protection, (619) 576-5803

National

National Clearinghouse on Child Abuse and Neglect Information, (800) 394-3366, *www.calib.com/nccanch*

National Committee to Prevent Child Abuse, *www.childabuse.org*

Family and Intimate Violence Prevention Program, *www.cdc.gov/ncipc/dvp/fivpt*

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PARTNER VIOLENCE

Background

Partner violence includes marital rape, verbal abuse, social restrictions, terrorizing, stalking, and financial restrictions.[1]

Size

San Diego County

In 1996, a total of 26,327 incidents of domestic violence were reported in San Diego County.[1] **(Table 1)**

National

According to a 1996 study, 24% of women have been abused.[2]

Women are victims of abuse more than victims of burglary, mugging and other physical crimes combined.

In 1994, more than 500,000 women were seen in hospital emergency departments for violence-related injuries and 37% of those were there for injuries inflicted by spouses, ex-spouses, or nonmarital partners.[3]

In 1997, 7% of American women (3.9 million) who were married or living with someone as a couple were physically abused.[2]

The National Crime Survey found that 48% of all incidents of domestic violence were not reported to police.[2]

In 1996, 30% of all female murders were perpetrated by husbands, ex-husbands, or boyfriends. Three percent of all male murder victims were killed by wives, ex-wives, or girlfriends.[4]

Table 1

San Diego vs. the Nation—Domestic Violence Incident Reports[1]

San Diego County 1996	County Trends 1992-1996	California	National	HP2000 Objective
26,327 (rate per couple unknown)	Decreased 28,433-26,327	Not available	Not available	Not comparable

Seriousness

Healthy People 2000 Objective: Not Comparable

In addition to the physical injuries produced by such attacks, victims of spouse abuse can also suffer psychological complications; they are more likely than are other women to abuse alcohol and drugs, attempt suicide, and transfer their aggression to children.[2]

Impact on Children who Witness Abuse

Children who witness violence are at risk for long-term physical and mental health problems such as alcohol and substance abuse, child abuse and intimate partner violence. Each year more than ten million American children witness intimate partner violence within their families.[4]

Boys who witness spousal/partner violence have a higher statistical chance of being an abusive adult. Girls who witness this abuse have a higher chance of being battered.[2]

Cost

Non-lethal intimate violence results in financial losses to women victims that are conservatively estimated to be $150 million per year. Medical expenses accounted for at least 40% of these costs, property losses for another 44%, and lost pay for the remainder.[4]

Community Concerns

Focus Group Discussion Points:

North Inland participants recommended better access to and free counseling around issues of violence and abuse. In addition, safe housing for all families with domestic violence issues needs to be provided.

Risk Factors

Income: women in families with incomes below $10,000 are more likely than other women to be victims of violence by an intimate partner.[4]

Age: women age 19 to 29 are more likely than other women to be victims of violence by an intimate partner.[4]

Other:

- **Pregnancy**: Pregnant women are three times as likely as non-pregnant women to be victims of abuse, and severe beatings can endanger both mother and fetus.[1]
- **Child abuse:** Women whose children have been abused by a parent or other caretaker are at increased risk for intimate partner violence.[4]
- **Alcohol and other Drugs:** Data from the National Crime Victimization Survey indicate an association between intimate partner violence and alcohol or other drug use. Among intimate partner violence victims whose partners used alcohol and drugs, 75% reported offender alcohol or other drug use at the time of the crime.[4]
- **Stalking:** Data from the National Violence Against Women Survey of 1995-96 indicate a strong association between stalking and other forms of violence in intimate relationships. 81% of women who were stalked by a current or former husband or cohabiting partner were also physically assaulted by that partner; 31% were also sexually assaulted by that partner.[4]

High Risk Populations

Partner violence is most common in adults who, as children or adolescents, witnessed partner violence or became the targets of violence from caregivers.[3]

Prevention

Increase access to services for victims and perpetrators of intimate partner violence and their children.[4]

Use coordinated community initiatives to strengthen safety networks for high-risk individuals and families.[4]

Focus school-based prevention programs on teen dating violence and on intimate partner violence among adult partners. Topics should include exploration of gender roles and expectations, personal safety, legal statutes, and social norms that tolerate violence.[4]

Provide home visitation services and intervention to child witnesses to violence.[4]

Implement practice guidelines for health care providers that include recommendations to ask all women patients if they have experienced intimate partner violence and provide information on community resources, such as shelters for battered women and legal resources.[4]

Model Programs

RADAR Domestic Violence Intervention Training Project[6]

- The project provided over 140 trainings and presentations to approximately 5,000 providers including OB/GYN and other physicians, physician assistants, nurses, and social workers.
- The goal of the project is for providers to: **R**outinely screen, **A**sk direct questions, **D**ocument findings, **A**ssess patient safety, and **R**eview options and referrals.
- In the first year after the training, 62% of the providers reported changes and/or improvements in their clinical practice and service delivery.
- Women seen six months after the training were six times more likely to be screened for domestic violence, three times more likely to have abuse suspected, four times more likely to have a safety assessment done, and nine times more likely to be given a referral.
- As a result of the project, area health centers changed adult health assessment protocols, forms, and quality assurance review documents to include assessment of domestic violence; local medical schools changed their curriculum to include domestic violence training; and the national Medical Board is considering adding test questions concerning domestic violence.

The Domestic Violence Initiative, Blue Shield of California[7]

- This is an effort to reduce the impact of domestic violence, raise awareness about the problem, and increase access to support services.
- It targets businesses, providers, members, and the community at large, and it collaborates with community groups.
- It produced an information handbook for victims of domestic violence.
- It developed a tool kit for businesses which includes sample educational pamphlets, newsletter articles, payroll stuffers, and e-mail scripts. It offered a guide for talking to employees and holding lunch seminars, and it provided a resource list for reading materials and support organizations.
- It collaborated with local YWCAs to develop an education program for local businesses and a train the trainer program for federal and YWCA employees, staff, and volunteers.
- It partnered with Physicians for a Violence Free Society to train providers on how to identify and treat victims of domestic violence and provide referrals to appropriate local organizations.
- Participants reported an increased knowledge and intention to identify and effectively intervene in an abusive situation.

Men Stopping Violence, Atlanta, Georgia[8]

- This is a community intervention to reduce domestic violence by focusing on changing the criminal justice response to the abuse of women.
- Intervention includes a batterers' program as an alternative to jail; law enforcement officer training regarding attitudes, behaviors, and consequences of battering; and a media campaign to raise community awareness regarding sanctions against domestic violence.
- The goals are to increase awareness about a new arrest policy; educate women on greater self-protective behaviors and options such as restraining orders, separation, and relocation to battered women's shelters; alter attitudes and behavior of criminal justice professionals towards battering; increase consequences for men who batter; and increase men's perception that battering will be met with sanctions.

Resources

Local

Domestic Violence Council, (619) 236-7196

Center for Community Solutions, Rape Crisis Center/Domestic Violence Program, (619) 272-5777

City Attorney, Domestic Violence Program, (619) 233-5500

YWCA, Domestic Violence Program, (619) 234-3164

EYE Crisis and Counseling Services, (760) 747-6281

Office of Violence and Injury Prevention, Health and Human Services Agency, County of San Diego, (619) 490-1670

National

Family and Intimate Violence Prevention Team, Divisions of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, *www.cdc.gov/ncipc/dvp/fivpt*

Violence Against Women Office, US Department of Justice, *www.vawo.usdoj.gov*

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1. San Diego statistics were based upon information provided to the San Diego County Health and Human Services Agency by the Criminal Justice Research Division of the San Diego Association of Governments (SANDAG).
2. Family Violence Prevention Fund. Retrieved from the World Wide Web: http://www.fvpf.org
3. United States Department of Health and Human Services. (1998). Healthy People 2010, Draft Report for Public Comment. Washington, DC: US Government Printing Office.
4. Centers for Disease Control and Prevention. Division of Violence Prevention. Retrieved from the World Wide Web: http://www.cdc.gov/ncipc/dvp/dvp.htm
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7. American Association of Health Plans. Retrieved from the World Wide Web: http://www.aahp.org
8. Centers for Disease Control and Prevention. Family and Intimate Violence Prevention Program.

Retrieved from the World Wide Web: http://www.cdc.gov/ncipc/dvp/fivpt

ELDER ABUSE

Background

An elder is an individual age 65 or older.

There are three basic categories of elder abuse: domestic, institutional, and self-neglect.[1]

The four common kinds of elder abuse are:[1]

- Physical abuse, the infliction of physical pain or injury, e.g., slapping, bruising, sexually molesting, restraining;
- Psychological abuse, the infliction of mental anguish, e.g., humiliating, intimidating, threatening;
- Financial abuse, the improper or illegal use of the resources of an older person, without his/her consent, for someone else's benefit; and
- Neglect, failure to fulfill a caretaking obligation to provide goods or services, e.g., abandonment, denial of food or health-related services.

Abuse can include verbal threats, humiliation, isolation and neglect.

Possible indicators of abuse:

- Cuts, lacerations, puncture wounds
- Bruises, welts, discoloration
- Injuries not properly cared for
- Poor skin condition or hygiene
- Dehydration or malnourishment without illness-related cause
- Loss of weight
- Withdrawal
- Hesitation to talk openly
- Implausible stories
- Deliberate isolation by caregiver
- Missing personal belongings

Size

San Diego County

During the 1997 –98 year, there were more than 3,937 reports of elder abuse in San Diego County.[2] Of these, 237 were from institutional settings. **(Table 1, Fig. 1)**

1997-98 San Diego County elder abuse

- **1997-98 rate in the community:** 1,358.6 per 100,000 seniors.
- **1997-98 rate in institutional settings:** 87.0 per 100,000 seniors.

The most common form of institutional abuse was physical abuse (25.0 per 100,000 seniors), followed by financial abuse (19.5 per 100,000 seniors). **(Fig. 2)**

Table 1
San Diego vs. the Nation—Number of Elder Abuse Reports (Institutional and Community)[2]

San Diego County 1997-98	County Trends	California 1997-98	National	HP2000 Objective
3,937	Not available	243,594	Not available	Not available

Figure 1
Reported Rates* of Elder Abuse in San Diego County 1997-1998[2]

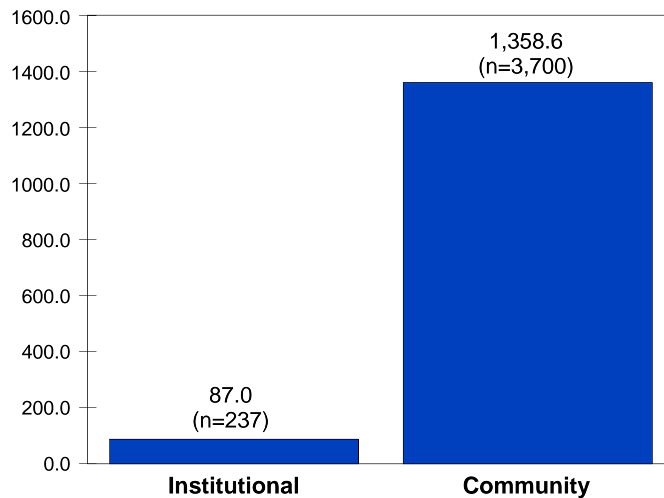
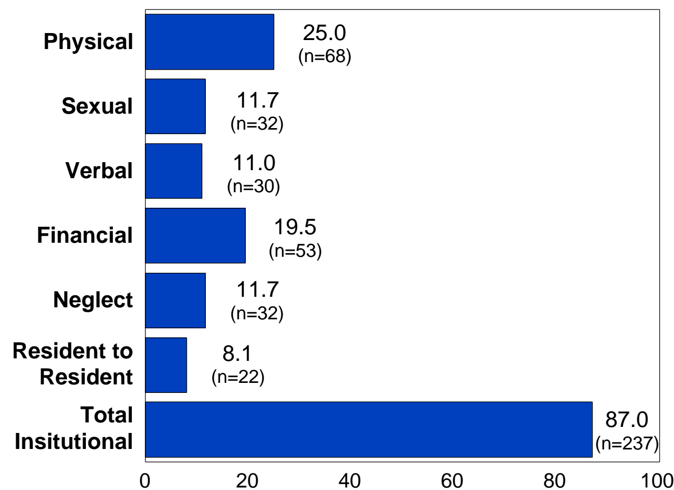


Figure 2
Reported Rates* of *Institutional* Elder Abuse by Type of Abuse San Diego County 1997-1998[2]



* Rates per 100,000 population age 65 and over

National

Nationally, it is estimated that a total of 449,924 elderly persons, aged 60 and over, experienced abuse and/or neglect in domestic settings in 1996. Of this total, 70,942 (16 percent) were reported to and substantiated by adult protective services (APS) agencies, but the remaining 378,982 (84 percent) were not reported to APS. From these figures, one can estimate that over five times (5.3) as many new incidents of abuse and neglect were unreported than those that were reported to and substantiated by APS agencies in 1996.[1]

It is estimated that less than 1 in 5 cases of elder abuse is reported, due to denial or minimization of the problem by the victim, abuser, or health professionals.[3]

Neglect is the most common form of elder maltreatment in domestic settings. Of the non-self-neglect reports that were substantiated in 1996, 55 percent involved neglect. Physical abuse accounted for 14.6 percent in the same year, while financial/material exploitation represented 12.3 percent of the substantiated reports.[4]

A survey of nursing home staff revealed that 36% of the staff had witnessed physical abuse, and 81% had witnessed psychological abuse of patients.[3]

Risk Factors

A combination of psychological, social, and economic factors, along with the mental and physical conditions of the victim and the perpetrator, contribute to the occurrence of elder maltreatment. Possible causes of elder abuse include:[4]

- Caregiver stress
- Impairment or poor health of dependent elder
- Cycle of violence including family history and learned behavior
- Personal problems of abusers including mental and emotional disorders, alcoholism, drug addiction, and financial difficulty

In 1996 domestic elder abuse reports, 66.4 percent of the victims were white, while 18.7 percent were black. Hispanic elders accounted for 10 percent of the domestic elder abuse victims in the same year, but the proportions of Native Americans and Asian Americans/Pacific Islanders were each less than 1 percent.[4]

High Risk Populations

Age(s): Seniors

Ethnicity(s): Not Available

County Areas: Not Available

Special Populations: Seniors living in institutional settings such as nursing homes.

Factors that appear to increase vulnerability to abuse among older persons include poor or failing health, cognitive impairment, and lack of family, financial, or community support. The abuser is usually a relative, most often the spouse.[3]

Resources

Local

Adult Protective Services, Area Agency on Aging, Health and Human Services Agency, County of San Diego, (619) 562-2500

National

Administration on Aging, Department of Health and Human Services, *www.aoa.dhhs.gov*

National Institute on Aging, National Institutes of Health, *www.nih.gov/nia*

National Center on Elder Abuse, *www.gwjapan.com/NCEA*

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2. San Diego statistics were based upon information provided to the San Diego County Health and Human Services Agency by the Area Agency on Aging.
3. US Preventive Services Task Force. (1996). Guide to Clinical Preventive Services, 2nd Edition. Retrieved from the World Wide Web: http://text.nlm.nih.gov
4. National Center on Elder Abuse. Retrieved from the World Wide Web: http://www.gwjapan.com/NCEA.

INTENTIONAL INJURIES

Background

Alcohol is involved in over 40% of all intentional injuries.[1]

Intentional injuries are responsible for:

- Premature and unnecessary death
- Absenteeism at school
- Inability to concentrate at school
- Hospitalization

Size

San Diego County

Homicide[2]

- In 1997, 156 homicides were reported to law enforcement in the San Diego region.
- In 1996 there were 6.2 homicide deaths per 100,000 population (age adjusted.)
- Homicide decreased between 1993 and 1996 from 9.4 to 6.2 per 100,000 population (not age adjusted).

Rape[3]

- In 1997, 882 women reported being raped in San Diego. On average, 2 rapes per day are reported regionwide.
- Between 1993 and 1997 the reported number of rapes increased by 10% in San Diego County from 802 to 882.

Youth Violence

- A 1997 survey of San Diego City Schools high school students found that 18% had carried a weapon, such as a gun, knife, or club, during the 30 days preceding the survey. Thirty-seven percent of students had been in a physical fight during the 12 months preceding the survey.[4]
- In 1996 there were a total of 19,643 juvenile arrests in San Diego County. The arrest rate for misdemeanors was 35.7 per 100,000 juveniles, for felonies was 22.0, and for status offenses, such as delinquency problems including school truancy was 14.0.[3]
- **Between 1992 and 1996 the San Diego County juvenile arrest rate** decreased from 80.3 to 71.6 per 100,000 juveniles under age 18.[3]

National

On an average day in America, 70 people die from homicide, 87 people commit suicide, 3,000 people attempt suicide, and 18,000 people survive interpersonal assaults.[5]

More than 20,000 people die from homicide every year and more than 2,000,000 people suffer injuries received in violent conflicts.[6]

In 1994, there were an estimated 100,000 people treated in hospital emergency departments for non-fatal firearm injuries.[7]

Violent crime decreased from 52 to 36 reported violent crimes per 1,000 between 1993 and 1996 in the US.[8]

Seriousness

One out of every fourteen deaths in the United States is the result of an injury – 65% unintentional and 35% intentional.[5]

In 1990, firearm injuries cost over $20.4 billion in direct costs for hospital and other medical care, and indirect costs for long-term disability and premature death.[5]

In 1996, there were 34,234 deaths from firearms, including homicide, suicide and unintentional injuries.[7]

The age adjusted death rate from firearms is 13 deaths per 100,000 population. The death rate for males age 15-24 was more than three times higher than in general with 47.6 deaths per 100,000 population.[7]

Community Concerns

Focus Group Discussion Points:

The number three priority concern for the **Adolescent, Central North Inland** and **Substance Abuse** groups was violence.

The **African American** group was concerned with gangs and youth who want to join a gang.

Communities that have high violence often lack close urgent or trauma care.

Risk Factors

Risk factors for violence include:[5]

- Poverty
- Discrimination
- Lack of educational opportunities
- Lack of employment opportunities

Cultural problems such as racism, sexism, poverty, drug and alcohol abuse, drug trafficking, and frequent exposure to violence are but a few of the causes of violent injuries and death.[6]

Prevention

Strategies for reducing violence should begin early in life before violent beliefs and behavioral patterns can be adopted.[5]

Effective intervention strategies for violence prevention include:[5]

- Parenting training
- Mentoring
- Home visitation
- Social-cognitive curricula for violence prevention

Proper storage of firearms in homes can help reduce the risk of assaultive, intentional self-inflicted, and unintentional shootings in the home.[5]

Resources

Local

Office of Violence and Injury Prevention, Health and Human Services Agency, County of San Diego, (619) 490-1670

Trauma Research and Education Foundation, (619) 295-5428

National

Center to Prevent Handgun Violence, *www.handguncontrol.org*

Pacific Center for Violence Prevention, *www.pcvp.org*

Partnerships Against Violence Network, *www.pavnet.org*

National Center for Injury Prevention and Control, *www.cdc.gov/ncipc/ncipchm.htm*

FBI Crime Statistics, *www.ojp.usdoj.gov/bjs/*

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3. San Diego statistics were based upon information provided to the San Diego County Health and Human Services Agency by the Criminal Justice Research Division of the San Diego Association of Governments (SANDAG).
4. San Diego City Schools. (1997). 1997 Youth Risk Behavior Survey, San Diego City Schools, Grades 9-12. San Diego, CA.
5. United States Department of Health and Human Services. (1998). Healthy People 2010, Draft Report for Public Comment. Washington, DC: US Government Printing Office.
6. Centers for Disease Control and Prevention. (1992). The Prevention of Youth Violence: A Framework for Community Action. Retrieved from the World Wide Web: http://aepo-xdv-www.epo.cdc.gov/wonder/prevguid/p0000026/p0000026.htm
7. Centers for Disease Control and Prevention. National Center for Health Statistics FASTATS. Retrieved from the World Wide Web: http://www.cdc.gov/nchswww/fastats/fastats.htm
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HOMICIDE

Size

San Diego County

In 1997, 156 homicides were reported to law enforcement in San Diego County.[1]

San Diego County Homicide Death Rates

- **1996 Rate:** 6.2 per 100,000 population per year, age adjusted; the same 6.2 not age adjusted. **(Table 1)**
- **1993-1996 Trend:** Decreased 9.4 to 6.2 (not age adjusted). **(Fig. 1)**

During the last 10 years, homicides have decreased in San Diego County.[1]

National

In 1995, 7,284 youth, age 15-24 years old, were victims of homicide – almost 19 youth homicide victims per day in the United States.[2]

Homicide is the leading cause of death among African American and Hispanic men between the ages of 15 – 24 in the US.[3]

Homicide is the 2nd leading cause death for all youth between the ages of 15 – 24.[3]

The rate of African American males murdered with firearms increased from 38.4 to 101.7 per 100,000 from 1980- 95.[3]

Seriousness

Average Years of Productive Life Lost in San Diego County: 34.7 years per death

Healthy People 2000 Objective: The San Diego County homicide rate (6.2) is less than the Healthy People 2000 Objective (7.2).

Nationally, homicide was the cause of death for 22,252 individuals (8.58 per 100,000) in 1995.[2] In 1996 that number decreased to 20,738 – an age adjusted death rate of 8.4 deaths per 100,000 population.[4]

In 1995, over 4,500 children were victims of either homicide or suicide, making homicide the third leading cause of death and suicide the fifth leading cause of death for children under 18 years of age.[2]

Most murders are committed with a firearm – most often a handgun.[5]

For every violent death there are 100 violent, non-fatal injuries.[6]

Table 1
Homicide Death Rate*—San Diego vs. the Nation[1]

San Diego County 1996**	County Trends 1993-1996	California 1995	National 1995**	HP2000 Objective**
6.2 (age adjusted)	Decreased 9.4 - 6.2 (not age adjusted)	11.6 (not age adjusted)	9.2 (age adjusted)	7.2 (age adjusted)

Figure 1
Homicide Death Rate Trend* San Diego County 1993-1996*,[1]**

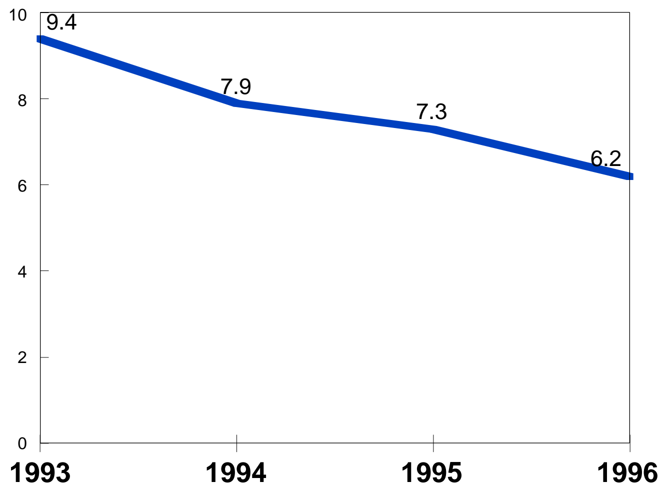
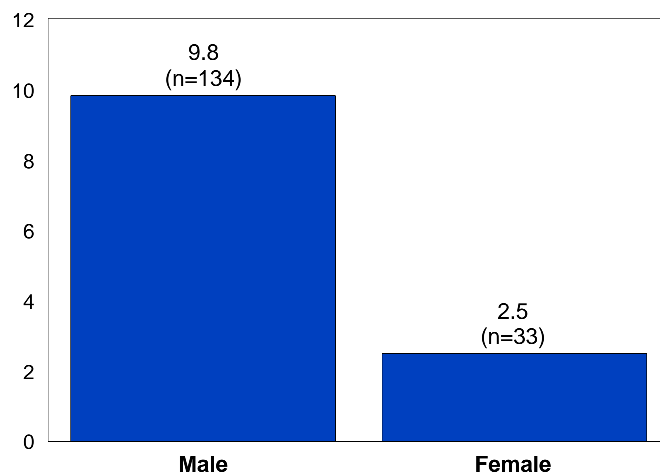


Figure 2
Homicide Death Rates* by Gender*
San Diego County 1996[1]



* Rates per 100,000 population
**Age adjusted using the US 1940 standard million population
***Not age adjusted

High Risk Populations

Gender: In 1996 almost four times as many males as females died due to homicide. The rate was 9.8 males compared to 2.5 females per 100,000 (not age adjusted). **(Fig. 2)**

Age(s): 15-24 age group (San Diego County rate is 9.1). **(Fig. 3)**

- In 1995, firearms were the leading cause of death for young people ages 1-19 in California.[5]

Ethnicity(s): San Diego County Blacks have the highest homicide rate (14.0 per 100,000 age adjusted) followed by Hispanics (9.6). **(Fig. 4)**

County Areas: (1996 age adjusted)

- **Region:** Central **(Fig. 5)**
- **SRAs:** Central San Diego, Southeast San Diego, Mid-City **(Table 2)**

Figure 3
Homicide Death Rates* by Age San Diego County 1996[1]

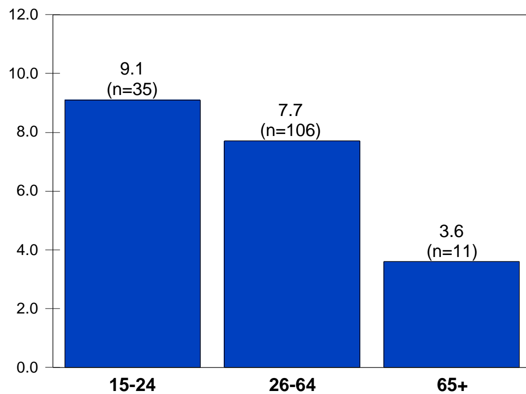


Figure 4
Homicide Death Rates* by Race/Ethnicity San Diego County 1996[1]**

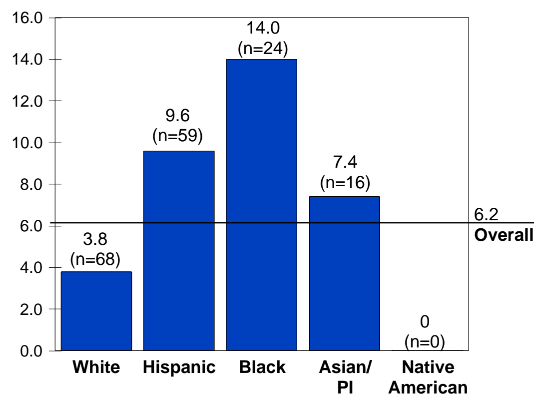


Figure 5
Homicide Death Rates* by Region San Diego County 1996[1]**

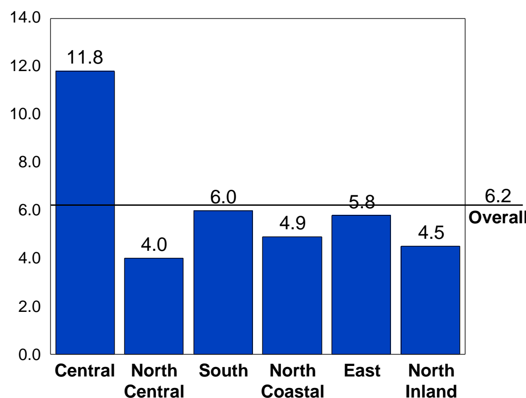


Table 2
San Diego County SRAs with the Highest Homicide Death Rates* by SRA San Diego County 1996[1]**

San Diego County	Central	Southeast	Mid-City
6.2 (167 cases)	10.4 (17 cases)	12.8 (19 cases)	12.4 (18 cases)

* Rates per 100,000 population

**Age adjusted using the US 1940 standard million population

Studies indicate that about 56% of all murders are committed by relatives (16%), friends (9%), or acquaintances (31%). In about 25% of homicides, either the victim or the killer has a previous arrest record. Persons at greatest risk of death by homicide include minorities, young males, and those living in poor urban communities.[7]

Homicide rates are decreasing among all age groups but the decreases are not as dramatic among youth.[2]

Resources

Local

Office of Violence and Injury Prevention, Health and Human Services Agency, County of San Diego, (619) 490-1670

Trauma Research and Education Foundation, (619) 295-5428

National

Pacific Center for Violence Prevention, *www.pcvp.org*

Partnerships Against Violence Network, *www.pavnet.org*

National Center for Injury Prevention and Control, *www.cdc.gov/ncipc/ncipchm.htm*

FBI Crime Statistics, *www.ojp.usdoj.gov/bjs/*

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3. National Center for Health Statistics, National Vital Statistics System. (1996). Monthly Vital Statistics Report, 45(3), Supplement. Hyattsville, MD:
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7. US Preventive Services Task Force. (1996). Guide to Clinical Preventive Services, 2nd Edition. Retrieved from the World Wide Web: http://text.nlm.nih.gov

RAPE AND SEXUAL ASSAULT

Background

Rape is forced sexual intercourse by means of either psychological coercion or physical force.[1] The term "sexual assault" has replaced "rape" in state statutes to make it more gender-neutral and to cover more specific types of sexual victimization and various levels of coercion.

Sexual assault in defined as any nonconsensual physical sexual activity including use of force, threat, intimidation, manipulation, coercion, physical helplessness, or mental incapacitation that has, or may have, an effect upon the mental or physical health of the survivors.[1]

Men who are physically violent toward their partners are more likely to be sexually violent toward them.[1]

78% of rapes are committed by a person the victim knows.[2]

Size

San Diego County

In 1997, 882 women reported being raped in San Diego County. On average, two rapes per day are reported regionwide.[3] **(Table 1)**

Between 1993 and 1997 the reported number of rapes increased by 10% in San Diego County from 802 to 882.[3]

The arrest rate for juvenile perpetrators ages 10-17 (.12 per 1,000 population of the same age) is about the same as for adult perpetrators ages 18 and over (.11 per 1,000 population of the same age.)[3] **(Fig. 1)**

National[4]

In 1994, 407,190 females aged 12 and older were victims of rape, attempted rape, or sexual assault nationwide.[1]

Twelve million American women have been victims of forcible rape sometime in their lives.[1]

13% or one out of eight adult American women has been the victim of forcible rape in her lifetime.[4]

Only 10-16% of rapes are ever reported to the police.[4]

Seriousness

About one-third of rape victims develop rape-related Post Traumatic Stress Disorder characterized by:[2]

- Reliving the trauma characterized by intrusive thoughts about the rape that the victim cannot control
- Social withdrawal
- Avoidance behaviors and actions to avoid any thoughts, feelings or cues that could bring back the memory of the rape
- Hyper-alertness and hyper-vigilance to pay attention to every sight and sound in their environment.

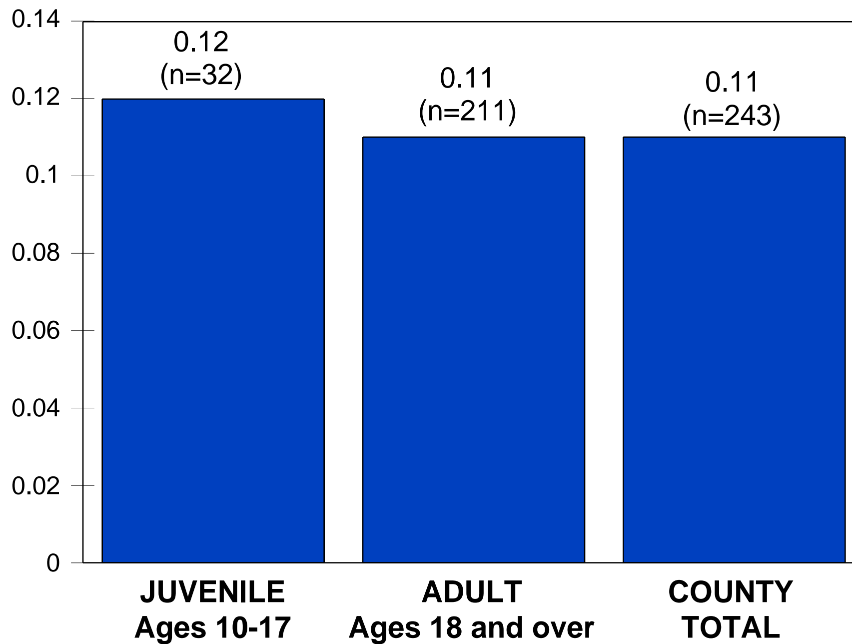
Table 1

San Diego vs. the Nation—Number of Rape Reports[3]

San Diego County 1997	County Trends 1993-1997	California	National	HP2000 Objective
882.0	Increased 10% 802 - 882	Not available	Not available	Not available

Figure 1

Rape Arrest Rates* by Age of Perpetrator, San Diego County 1996[3]



* Rates per 1,000 population within the same age grouping

High Risk Populations

Age(s): Women between the ages of 16 and 24 are three times more likely to be raped than women in other age groups.[2]

Race/Ethnicity(s): Not available

County Areas: 1997 rate of reported rapes per 1,000 total population (not age adjusted):[3]

- **Jurisdictions:** Oceanside, Escondido, El Cajon

Resources

Center for Community Solutions, Rape Crisis Center/Domestic Violence Program, (619) 272-5777

YWCA, Domestic Violence Program, (619) 234-3164

EYE Crisis and Counseling Services, (760) 747-6281

References

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YOUTH VIOLENCE

Size

San Diego County

A 1997 survey of San Diego City Schools high school students found that 18% had carried a weapon, such as a gun, knife, or club, during the 30 days preceding the survey. Approximately 7% carried a weapon onto school property. Thirty-seven percent of students had been in a physical fight during the 12 months preceding the survey.[1] **(Fig. 1)**

In 1996 there were a total of 19,643 juvenile arrests in San Diego County. The arrest rate was 35.7 per 1,000 juveniles for misdemeanors, 22.0 for felonies, and 14.0 for status offenses, such as delinquency problems including school truancy.[2]

San Diego County juvenile arrest rate trend 1992-1996: Decreased from 80.3 – 71.6 per 1,000 juveniles under age 18.[2] **(Fig. 2)**

National

Youth Homicide Deaths

In 1995, over 4,500 children were victims of either homicide or suicide, making homicide the third leading cause of death and suicide the fifth leading cause of death for children under 18 years of age.[3]

Youth Homicide Arrest Rates

Arrest rates for homicide, rape, robbery, and aggravated assault are consistently and substantially higher for young people aged 15 to 34 than for all other age groups.[3]

Arrest rates for homicide among youth aged 14 to 17 increased 41% between 1989 and 1994.[3]

Youth Weapon Carrying

In a nationwide survey of high school students, 22% reported that they had carried a weapon and 8% reported carrying a gun during the 30 days preceding the survey.[4]

Seriousness

Interpersonal violence is a major cause of injury, disability, and death, especially among youth.

Centers for Disease Control report that:[5]

- Many students report missing school due to the threat of violence on school property.
- Many youth carry weapons such as knives and guns to school in an effort to protect themselves and resolve disputes.
- The incidence of fatal incidents increased as the proliferation of guns increased in the US.

Community Concerns

Participants in the **Central** and **North Central** region reported that youth violence is a problem in their community. **North Central** participants reported that youth violence puts the local senior population at risk, as they are not aware of the dangers around them.

The **North Inland** group suggested that schools should become involved by teaching goal setting and communication skills. They also explained the need for positive alternative activities for youth.

Figure 1
Percentage of Surveyed San Diego City Schools High School Students Fighting and Weapon Carrying by Gender*[1]

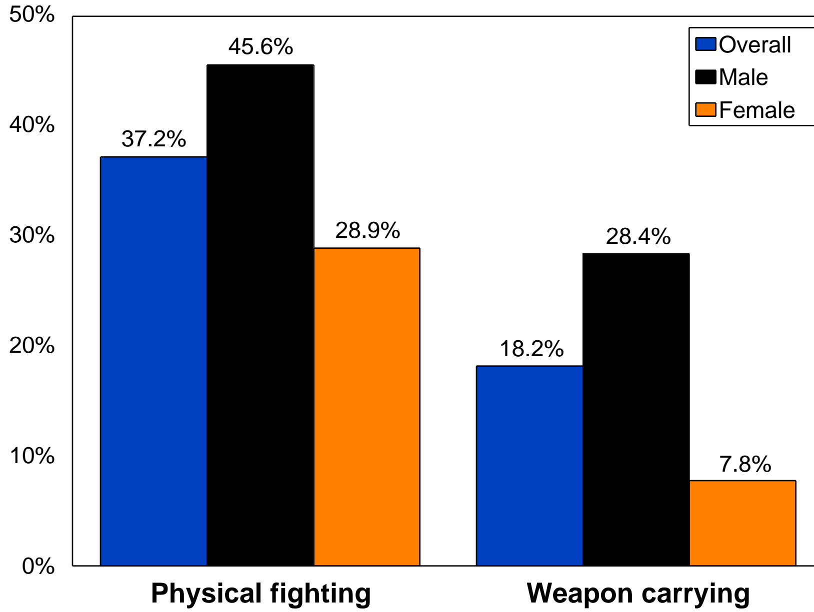
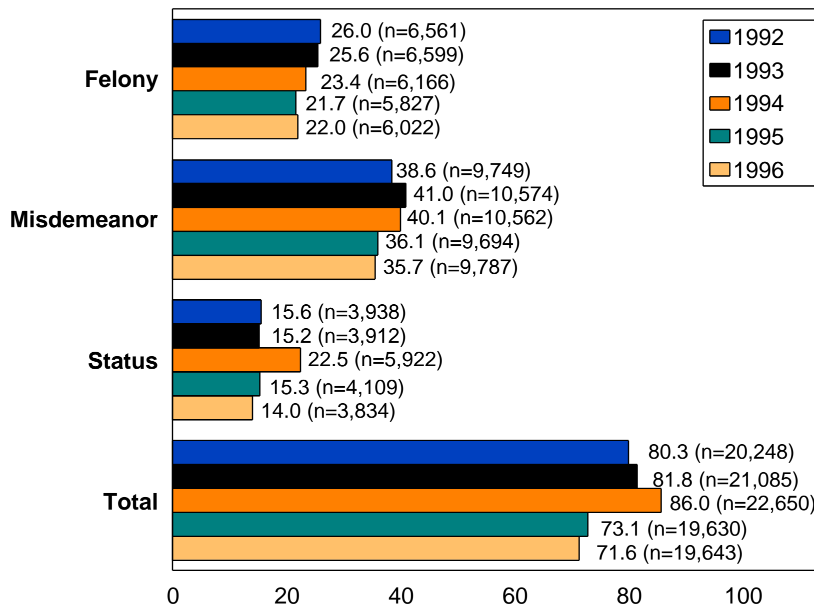


Figure 2
Juvenile Arrest Rates by Level of Offense San Diego County 1992-1996[2]**



* In the 30 days prior to the survey

** Rates per 1,000 individuals ages 10-17

Risk Factors

Males are significantly more likely than females to carry a weapon and to be in physical fights.[1]

Factors that increase the probability of violence during adolescence and young adulthood include:[6]

- Early onset of aggressive behavior in childhood
- Social problem solving skill deficits
- Exposure to violence
- Poor parenting practices
- Poor family functioning
- Negative peer influences
- Access to firearms

Risk factors for youth violence include poverty, discrimination, and lack of opportunities for education and employment. Prevention strategies for reducing violence should begin early in life, before young people adopt violent beliefs and behavioral patterns.[7]

Risk factors for violence perpetration are similar to those for victimization, including young age, male sex, minority race, poverty and urbanization, and prior exposure to and victimization by violence. These risk factors are highly correlated; for example, minority race is most likely a marker for other factors, such as low socioeconomic status and urban residence, that strongly influence violent behavior.[4]

High Risk Populations

Age(s): Juveniles ages 15-17 in San Diego County had a higher arrest rate than those ages 10-14 (136.4 per 1,000 population compared to 35.3).[2] **(Fig. 3)**

Race/Ethnicity(s): Blacks had the highest arrest rates in San Diego County (149.8 per 1,000 population under age 18) followed by Hispanics (91.1 per 1,000 population). The county average was 71.6 per 1,000 population.[2] **(Fig. 4)**

County Areas: Not Available

Prevention

Increase the number of public and private schools that teach about injury prevention and safety in a required health education course.[3]

Research shows that critical elements of successful school-based violence prevention programs include the following content areas:[8]

- Information
- Anger management
- Decision making and social problem solving
- Peer negotiation
- Conflict management
- Social resistance skills
- Active listening and effective communication
- Education to prevent prejudice, sexism and racism
- Male-female relationships

Figure 3
Juvenile Arrest Rates by Age, San Diego County 1996[2]

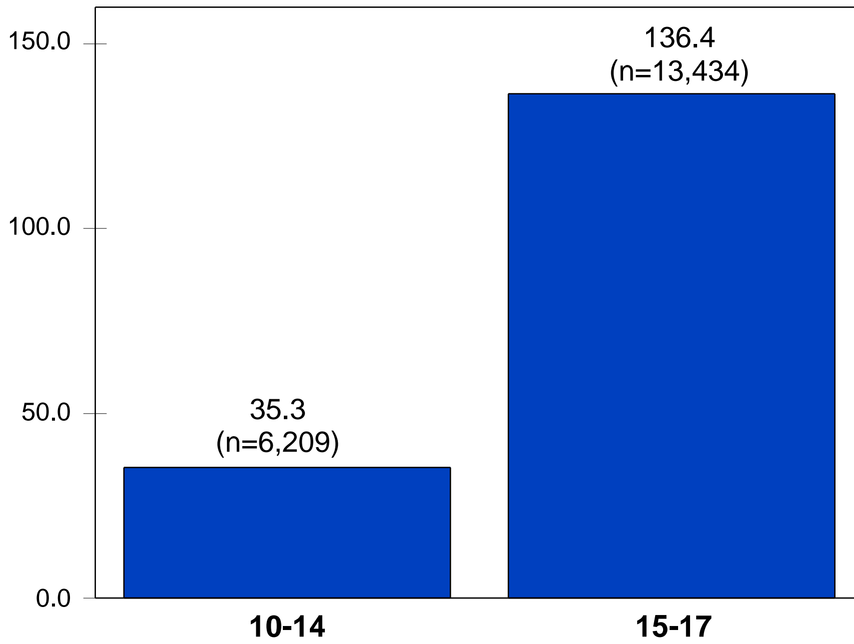
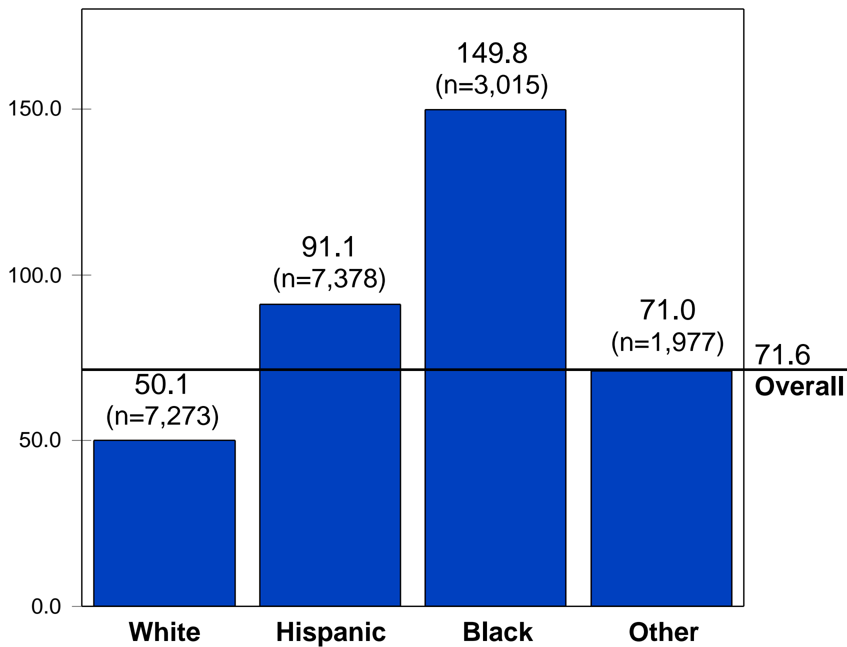


Figure 4
Juvenile Arrests Rates* by Race/Ethnicity, San Diego County 1996[2]



* Rates per 1,000 population ages 10-17

V I O L E N T B E H A V I O R

Additionally, successful programs are comprehensive and multifaceted, begin in the primary grades and are reinforced across grade levels, are developmentally tailored for the audience, use interactive teaching techniques, are culturally sensitive, provide teacher training, promote a positive school climate, and foster norms against violence.[8]

Effective youth violence prevention strategies include:[9]

- **Education** such as adult mentoring, conflict resolution, social skills training, firearm safety, parenting centers, peer education, public information and education campaigns.
- **Legal/Regulatory change** such as regulating use and access to weapons and alcohol, weaponless schools, control of concealed weapons, restrictive licensing, appropriate sale of guns and alcohol, prohibition or control of alcohol sales at events, server training, appropriate punishments in schools, and dress codes.
- **Environmental modifications** including social and physical environments, home visitation, preschool programs, recreational and therapeutic activities, work and academic experience, making neighborhood high crime areas visible and useful to the community, limiting building entrances and exits, and creating a sense of ownership.

Factors leading to youth violence include complex interactions among personal, family, community, and societal problems. Community programs to address risk factors such as poverty, unemployment, and poor schools are likely to be most effective in combating youth violence. Several risk factors may also be amenable to interventions by health care providers in a clinical setting. These risk factors include the ready availability of weapons, particularly handguns, that increase the lethality of violent behavior, and inadequate social problem-solving skills and abuse of alcohol and illicit drugs, which may increase the incidence of violent behavior.[4]

Potential victims or perpetrators of violence can be counseled by the clinician in an attempt to prevent future injuries or killings. Specifically, patients can be advised about risk factors, such as possession of firearms and alcohol and substance abuse, that may increase the likelihood of intentional injuries. Persons identified as at increased risk of committing intentional injuries in the future might also be counseled (or referred for counseling) to learn nonviolent approaches to conflict resolution.[4]

Model Programs

"Stop, Think, and Choose," Office of Violence and Injury Prevention, Health and Human Services Agency, County of San Diego[10]

- This is a violence prevention program that teaches anger management and peaceful problem solving skills.
- The focus is on stopping to calm down and get control; thinking to find possible solutions; and choosing the best peaceful solution.
- Lessons focus on self esteem, expressing feelings, empathy awareness, conflict resolution, impulse control, anger management, and options.
- It uses community role models to conduct outreach.
- It includes a parent component that focuses on increasing family communication.
- Curriculum can be age adjusted and is delivered by educators and community leaders.
- 60% of students in the program showed a positive change from previous behavior.

Conflict Resolution Education[11]

Conflict resolution education teaches young people how to manage conflict. It can reduce juvenile violence and provide lifelong decision making skills. Conflict resolution education programs involve four components: process curriculum, peer mediation, peaceable classroom, and peaceable school.

- In a North Carolina middle school with more than 700 students, the Peace Foundation's Fighting Fair program, a process curriculum, was initiated in combination with other conflict resolution programs. Within a single school year, in-school suspensions decreased 42% and out-of-school suspensions decreased 97% percent.
- In Las Vegas, Nevada, the Clark County School Board and Clark County Social Services provide a comprehensive school-based peer mediation program for 2,500 students at one middle school and three elementary schools. An evaluation of the 1995 program found that peer mediators successfully resolved 86% of the conflicts they mediated; there were fewer conflicts and physical fights on school grounds; and mediators' mediation skills and self-esteem increased.

Safe Futures – Partnerships to Reduce Youth Violence and Delinquency[12]

Program component areas include family strengthening, after-school activities, mentoring, treatment alternatives for juvenile female offenders, mental health services, day treatment, graduated sanctions for serious, violent, and chronic offenders, and gang involvement prevention and intervention services with gang-involved youth.

Safe Futures communities include Boston, Massachusetts; Contra Costa County, California; Seattle, Washington; St. Louis, Missouri; Imperial County, California; and Fort Belknap Indian Community, Harlem, Montana. A national evaluation is being conducted by the Urban Institute to determine the success of the collaborative efforts.

Families and Schools Together (FAST)[13]

- This is a prevention and early intervention program for children ages 4 to 14 and their families.
- FAST works to enhance family functioning, prevent school failure, prevent alcohol and drug abuse in the family, and reduce the stress that families experience from daily life.
- Relationship building interactions take place with the children and their primary caretaking parents, families, peers, and school and community professionals.
- The program includes outreach and home visits, family meetings, peer activities, and parent networking.
- Assessments at six months show statistically significant improvement in children's classroom and home behaviors, family closeness, parental involvement in school, and social involvement.
- Follow up at two years and four years suggests changes in families' systems including increased family relationships, community involvement, and parental self-sufficiency.

Strategies to Reduce Gun Violence[14]

Promising and innovative strategies to reduce gun violence focus on three points of intervention:

- Interrupting sources of illegal guns including gun tracing and monitoring of both licensed and illegal gun dealers, and educational initiatives to prevent at-risk youth from accessing firearms.
- Deterring illegal possession and carrying of guns including interventions designed to take guns from adults, juveniles, and others at risk for violence, such as probationers, gang members, and drug traffickers.
- Responding to illegal gun use including criminal and juvenile justice interventions designed to aggressively prosecute and sentence those who commit gun violence and those who illegally sell weapons to juveniles and adults.

Communities implementing comprehensive gun violence reduction strategies include Atlanta, GA; Baltimore, MD; Baton Rouge, LA; Birmingham, AL; Boston, MA; Buffalo, NY; Indianapolis, IN; Minneapolis, MN; Oakland, CA; and Richmond, CA.

Comprehensive gun reduction strategy sites across the country have developed partnerships through which community, law enforcement, prosecutors, courts, and social service agencies identify where gun violence occurs and by whom it is being perpetrated. The sites have developed a comprehensive vision and plan grounded in an understanding of the risk factors associated with gun violence. They have created strategies to convince those who illegally possess, carry, and use guns that they can survive in their neighborhoods without being armed.

Gang Risk Intervention and Mentoring Programs (GRIP), San Diego County Office of Education[15]

- The program provides gang prevention and intervention service at ten schools in the Sweetwater Union High School District and the Oceanside Unified School District.
- It assists in the hiring and training of on-site teachers, college and high school mentors, and tutors who provide the after-school services to students identified as being at-risk for joining gangs.
- Over 180 students are provided with services to create a stronger connection to school and their community.
- Services include mentoring, tutoring, counseling, educational outings, sports, positive interaction with law enforcement, connection to community resources, job preparedness, conflict resolution, and gang intervention.
- Parents of students are provided with training to understand gangs and how to help their children avoid joining gangs and parenting skills training.
- During the 1997-1998 school year, Palomar Continuation School reported that GRIP student referrals were reduced from 32 to 14 after one semester of GRIP.
- During the 1997-1998 school year, Mission Elementary reported an increase in the average grade point average of GRIP students after one semester from 2.20 to 2.70; referrals dropped from 31 to 5; and suspensions dropped from 8 to 1.

Resources

Local

Violence Prevention Network, Paradise Valley Hospital, (619) 470-4321, x 3762

Office of Violence and Injury Prevention, Health and Human Services Agency, County of San Diego, (619) 490-1670

Children’s Hospital and Health Center, Family Violence Project, (619) 495-7719

National

Children’s Safety Network, National Injury and Violence Prevention Resource Center, *www.edc.org*

Pacific Center for Violence Prevention, *www.pcvp.org*

Partnerships Against Violence Network, *www.pavnet.org*

Office of Juvenile Justice and Delinquency Prevention, *www.ojjdp.ncjrs.org*

The Urban Institute, *www.urban.org*

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14. Office of Juvenile Justice and Delinquency Prevention. (February, 1999). Strategies to Reduce Gun Violence – Fact Sheet #93. Retrieved from the World Wide Web: http://www.ojjdp.ncjrs.org
15. San Diego County Office of Education, Safe Schools Unit, (619) 292-3551.