Community Safety

Communities are the central institutions for crime prevention, the stage on which all other institutions perform. Families, schools, labor markets, retail establishments, police and corrections must all confront the consequences of community life. …Our nation's ability to prevent serious violent crime may depend heavily on our ability to help reshape community life….

Lawrence W. Sherman
Department of Criminology and Criminal Justice
University of Maryland

There are many components that make up the concept of a "safe community." Certainly the incidence of crime is one of the first indicators that city planners, police, and grant writers alike turn to in determining the "safety" of a community, but the factors and conditions that contribute to overall community safety go well beyond crime statistics. They also include injury and risk prevention, traffic safety, family violence, and perceived risks to name a few. With increased technology and the threat to national security, even the face of crime has changed—adding new words to our vocabulary such as "bio-terrorism" and "cyber crimes." All of these components impact local community safety.

DID YOU KNOW?

In a recent survey, just more than 12 percent of persons statewide indicated that their neighborhood was "somewhat unsafe" or "very unsafe" and almost 5 percent indicated they felt "somewhat unsafe" or "very unsafe" at home.[1]

The factors that create a safe community for its residents are dependent upon the makeup of those living in the community, their values, expectations, and their perception of safety. Each community must assess the issues important to its citizens and recognize that within a community, issues may vary from neighborhood to neighborhood. For some neighborhoods, the lack of street lights and side walks are a safety issue. Others are concerned about the safety issues connected with abandoned or blighted buildings. For communities to actively engage in safety and crime prevention, they must translate the statistics into real people and real actions.

What is the average citizen's perception of the "safety" of his community? What factors help to make a community safe for its residents? The information presented in this chapter will give community leaders a starting point to begin the process of identifying and prioritizing the safety concerns of their community.

Injury Prevention indicators used in the chapter:

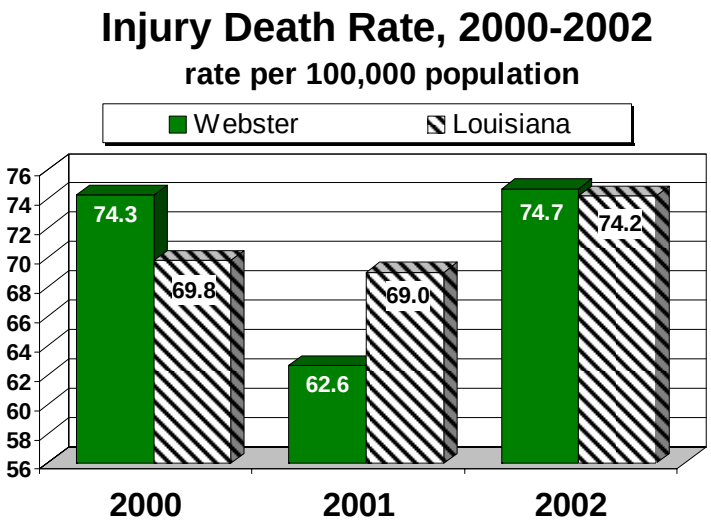
- Deaths related to injury
- Injury and death rates from motor vehicle crashes
- Alcohol related crashes, injuries, and fatalities
- Other preventable injuries

Crime indicators used in the chapter:

- Adult crime by type
- Total Crime Index
- Juvenile Crime by type
- Validated cases of child abuse and neglect

Unintentional Injury

The National Center for Injury Prevention and Control states that because of its impact on health, including premature death, disability, and the burden to the health care system, injury is a serious public heath problem.[2] Injuries leave tens of thousands of people suffering from chronic disabilities and dramatically affect the lives of tens of thousands of others. Most injuries are preventable. To create a safe environment, the community must look at injury risk and prevention factors and address the community's role in identifying and reducing those risks within its control.



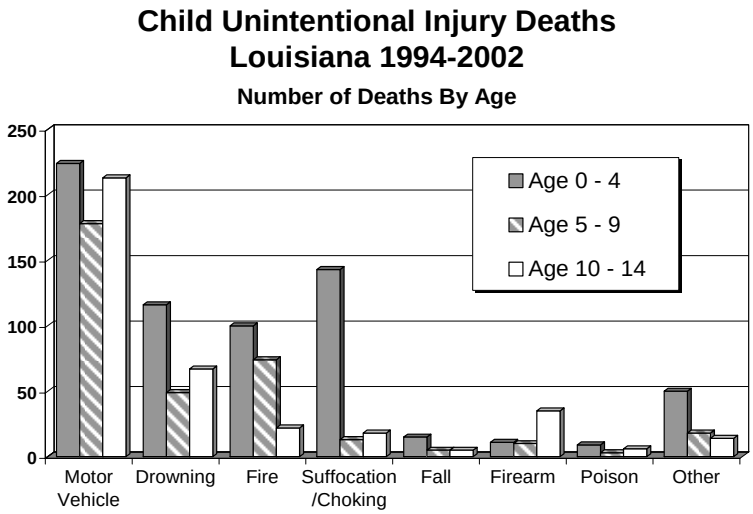
Source: DHH/OPH Injury Research and Prevention

Injury-Related Deaths

In 2002, the rate of deaths from injury for Webster Parish was 74.7 deaths per 100,000 population, compared to the state death rate from injury of 74.2 per 100,000 population.[3] Not all injuries result in death; in 2001, there were 29,583 nonfatal injury related hospital discharges statewide.[4]

Injury Deaths Among Children

In Louisiana, as well as the United States, unintentional injuries (e.g., motor vehicle, drowning, falls, poisoning, fire and burns) are the leading cause of death among children 1-14 year of age. Forty-four percent of these deaths are due to motor vehicle crashes. It is estimated that annually 1 in 4 children are seriously injured enough to require medical attention and 1 in 500 children will sustain injuries resulting in a permanent disability. In Louisiana from 1994-2002, 1,398 children died as a result of an unintentional injury.[5]



Data Source: DHH/OPH Injury Research and Prevention

Ensuring the safety of children involves many community resources and covers multiple topics such as car seat safety, water safety, gun safety, and fire safety. Education programs aimed at parents and children are an important strategy for prevention. Additional issues concerning children's health and safety are discussed later in this chapter and in the Maternal, Child, and Adolescent Health chapter.

Traumatic Brain Injury and Spinal Cord Injury

Traumatic brain and spinal cord injuries often result from accidents in which the head strikes an object causing injury and damage to the central nervous system, often interfering with vision, motion, thought processes and even personality. Certain types of injuries may result in short to long term disabilities, affecting the ability to take care of one's self, to work, and to be self-sufficient. Rehabilitation can be lengthy, may be hard to access, is generally expensive, and can severely tax family and community resources. It is estimated that in Louisiana from 1996-1999, fifty-five percent of individuals suffering a TBI made a good to moderate recovery allowing them to resume a normal life; 9 percent achieved some level of self-sufficiency; 3 percent were disabled and dependent for daily life support, while 1 percent were in a persistent vegetative state. Thirty-two percent of individuals with TBIs died as a result of their injury. The incidence rate of TBIs for men was nearly 2.5 times the rate for women.[6] **For the four year time period 1996-1999, the incidence rate for nonfatal head injuries in Webster Parish, was 73.4 per 100,000 population, compared to the state rate of 59.3.**[7]

Traumatic Brain Injuries: 1996-1999
Incidence Rate per 100,000 Population

	# Fatal TBI	Rate Fatal TBI	# Non-Fatal TBI	Rate Non-Fatal TBI
Webster	50	29.1	126	73.4
Louisiana	5,078	28.4	10,612	59.3

Source: EMS/Injury Research and Prevention Program
Rates not calculated for less than 30 cases

Traffic and Road Safety

From 1999 — 2001, 48.4 percent of all unintentional injury deaths were motor vehicle traffic-related deaths. Motor vehicle traffic crashes continue to be the leading cause of death for ages 1 to 24 in Louisiana and one of the top five leading causes of death for ages 25 to 54 years.[8] For 2002, the rate of traffic-related deaths in Louisiana declined to 20.5 per 100,000 population from the 1996-1998 average of 21.2.[9,10] According to the United Health Care rankings, for 2004, Louisiana ranked 44th in the nation for motor vehicle deaths per 100 million vehicle miles traveled (VMT).[11, 12] **For Webster Parish, the rate of deaths per 100 million VMT is 1.6, compared to the state rate of 2.1 and the Healthy People 2010 objective of 0.8**.[13,14]

Motor Vehicle Injury & Death, 2002	Webster	Louisiana
Total Injuries	479	87,140
Injury rate per 100,000 Population	1,145.1	1,949.9
Injury rate per VMT	93.2	201.3
Rank in State VMT	39	
Pedestrian Injuries	4	1,235
% of total injuries	0.8	1.4
Total Deaths	8	914
Death rate per 100,000 Population	19.1	20.5
Death rate per VMT	1.6	2.1
Rank in State VMT	47	
Pedestrian Deaths	2	105
% of total deaths	25.0	11.5
Million Vehicle Miles Traveled (VMT)	5.1	432.9

Source: Louisiana Highway Safety Commission Prepared by:
EMS/Injury Research & Prevention Program, Aug 2004

In Webster Parish, alcohol is involved in 12.0 percent of injury crashes and 25.0 percent of fatal crashes. This compares to the state where alcohol is involved in 11.6 percent of injury crashes and 47.2 percent of fatal crashes.[15.] Drinking and driving is of universal concern for local, parish, and state law enforcement. Increased enforcement, combined with public awareness campaigns, are effective in reducing the rates for drinking and driving in the 15 to 24 age group and with those individuals who are described as "moderate drinkers."[16] In some communities, the local chapter of Mothers Against Drunk Driving (MADD) tracks sentences for repeat DWIs; the resulting information becomes an indicator for community tolerance towards drinking and driving.

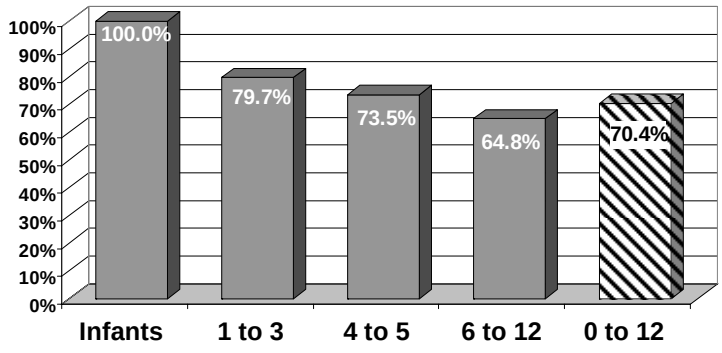
Alcohol Related Crashes, 2002	Webster	Louisiana
Crashes with Injuries	36	5,391
Rate/100,000 Popultion	86.1	120.6
Crashes with Deaths	2	386
Rate/100,000 Population	4.8	8.6

Source: Louisiana Highway Safety Commission, prepared by: DHH/OPH Injury Research & Prevention Program, Aug 2004

Child Passenger Safety

In Louisiana from 1994-2002, 615 children ages 0-14 died in motor vehicle crashes; 36 percent were less than 5 years old, 65 percent were 9 years old or younger.[17] The 2004 Child Safety Restraint Observational Survey estimates that just under three-fourths (seventy-two percent) of Louisiana's children 14 years of age and under are restrained while in a motor vehicle.[18] **This compares to a usage rate of 70.4 percent for State Planning District Region 7, which includes Webster Parish.**[19]

Estimated Child Passenger Restraint Usage
State Planning District Region 7
by age group



Source: Southern Media & Opinion Research for Louisiana Highway Safety Commission

Other sources estimate that approximately 9 out of 10 child safety seats are not used correctly. Studies show that children who are inappropriately restrained are almost three times more likely to be seriously injured in a crash than those who are appropriately restrained.[21] The Office of Public Health, Injury Research and Prevention Program has Injury Prevention Coordinators for each of the nine DHH/OPH regions in the state. Contact your regional coordinator to conduct child passenger safety clinics or to provide other injury prevention programs. A listing of regional coordinators is available at www.oph.dhh.louisiana.gov/injuryprevention/index.html keyword: prevention coordinators.

Taking Care – Taking Control:
Safety Town, A Hands On Learning Adventure for 5 & 6 year olds

This four-day program, conducted by the Safety Council of Baton Rouge, utilizes a setting of a miniature town where children can practice supervised simulated traffic situations. Children also learned about personal safety, electrical safety, poison prevention, and more.[20]

Boost America

Louisiana participated in the national Boost America campaign by distributing more than 2,600 booster seats. Nationally certified Child Passenger Safety Technicians (CPST) volunteered to educate parents on the proper use and installation of car booster seats. *A Decade of LA Safe Kids*

Other Preventable Injury Rates:

- **Drowning**: In Louisiana for 2001, drowning was the 4th leading cause of unintentional injury deaths for the 15-54 age group and ranked in the top five for all age groups (except 65 and older). Men drown at an incidence rate five times greater than the rate for women. **From 2000-2002 in Region 7 including Webster Parish, there were 28 unintentional deaths due to drowning for a rate of 1.8 per 100,000 population.**[22]
- **Boating Accidents**: For 2002, 121 persons were injured and 36 persons were killed – 24 from drowning. Between 1998 and 2002, the number of boating accidents with alcohol involved increased threefold in Louisiana from 8 to 30.[23]
- **Railroad Crossings:** In 2003, Louisiana had 6,683 public and private railroad crossings and recorded 146 accidents, resulting in 42 injuries and 15 fatalities.[24]
- **Non-Fatal Burns: For Region 7 including Webster Parish in 2001, there were 64 reported hospital discharges at a rate of 12.2 per 100,000 population**. The state rate was 11.7 burns per 100,000 population.[25]
- **Non-Fatal Unintentional Falls: For Region 7 including Webster Parish in 2001, there were 785 reported hospital discharges at a rate of 150.2 persons per 100,000 population.** The state rate was 186.3 falls per 100,000 population.[26]
- **Non-Fatal Unintentional Poisoning: For Region 7 including Webster Parish in 2001, there were 98 reported hospital discharges at a rate of 18.8 per 100,000 population**. The state rate was 26.2 poisonings per 100,000 population.[27]

Injury Prevention Resources for the Community

In February 2002, the State of Louisiana initiated a Community Injury Prevention Program to serve all nine regions in the state. The state and regional coordinators educate the public about unintentional injuries, identify risk groups for specific injuries, and work within the communities to create initiatives targeted at preventing injuries. Injury Prevention Coordinators can supply fact sheets, prevention tips, teaching materials, training events, videos, and other injury prevention information.

Crime and the Community

According to the Centers for Disease Control and Prevention the perception of danger in a neighborhood has a negative impact on residents' ability to get regular physical activity; an important part of overall health.[28] People who live in, or think they live in high crime areas can be affected by the constant stress of trying to be safe. For example, fear of crime can prevent people from going outside the home, thus having a negative effect on their ability to exercise, shop, or even socialize.

Ensuring citizen safety, preventing crime, and breaking the cycle of repeat offenders requires the resources of the justice system, the corrections system, the community and the private sector. Each has strategies to address safety and crime prevention. Within a community there are many "institutional settings" where prevention is focused including families, schools, labor markets, police agencies and other agencies of criminal justice. These settings become

the framework for community leaders and planners to begin to address the issues. Each is dependent upon the others—successful schools depend upon the support of families and successful families depend upon labor markets.[29]

Adult Crime

The FBI records each arrest for selected crime categories to compile a Total Crime Index, a combination of the arrests for violent crime (murder, non-negligent manslaughter, forcible rape, robbery and aggravated assault) and for property crime (burglary, larceny-theft, and motor vehicle theft). Because each arrest is counted individually, this is not an accounting of the number of people arrested and because of the uniformity of reporting, this data may be utilized to compare incidences of crime for the state as compared to the nation over a period of time.

Parish level arrest data for both adults and juveniles that is recorded in the FBI Uniform Crime Report would be useful if consistently reported. For the state and some parishes, the data is not available because of incomplete or inconsistent reporting.

FBI Uniform Crime Reports: Total Crime Index in Louisiana
Arrests Rate per 100,000 Population

	Violent Crime				Property Crime		
Year	Murder	Forcible Rape	Robbery	Aggravated Assault	Burglary	Larceny-Theft	Motor Vehicle Theft
1999	10.7	33.1	173.6	515.2	1,092.7	3,425.2	496.2
2000	12.5	33.5	168.5	466.6	1,035.8	3,229.9	475.9
2001	11.2	31.4	176.1	468.3	1,040.2	3,125.2	485.7
2002	13.2	34.1	158.9	456.1	1,011.7	2,973.7	450.3
2003	13	41	157.2	435.0	998.1	2,909.3	442.2

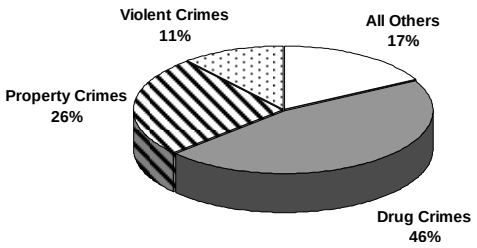
Sources: FBI, Uniform Crime Reports, prepared by the National Archive of Criminal Justice Data

In Webster Parish, drug abuse violations represent 46.0 percent of all adult admissions into the Louisiana correctional system.

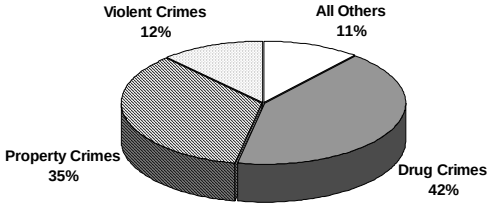
Adult Crime by Category – The Louisiana Department of Corrections (LDOC) "Adult Admission" report is a consistently available source of parish level data**.** This information refers to the parish in which an individual enters the LDOC system following a conviction or a revocation of probation/parole. This data is not the same as the FBI-UCR arrest data, nor does it reflect the number of unreported/unsubstantiated cases. Individuals who go through the drug court system are not counted in "admission data" unless and until they revoke the terms of the court and are subsequently sentenced to the LDOC. However, because it is consistently reported and available for all parishes, it can be used as an indicator of trends in parish crime rates and types.

According to the 2004 LDOC Adult Admission Data, in Webster Parish 145 persons were admitted for drug abuse violations compared to 81 who were admitted for property crimes.[30] The Office of National Drug Control Policy (ONDCP) reports that for Louisiana in 2002, there were a total of 21,634 arrests for drug abuse violations.[31] ONDCP reports that methamphetamine distribution and abuse have a direct relationship with violent crime, especially domestic violence, child abuse, aggravated assault, and murder. In addition, the report states that crack cocaine is the primary illicit drug in Louisiana; heroin distribution and abuse poses a significant threat in the Greater New Orleans area; methamphetamine use is the fastest growing drug problem in Louisiana.[32]

Adult Admission Data By Crime Type
Webster Parish, 2004



Adult Admission Data By Crime Type
Louisiana, 2004



Source: Louisiana Department of Corrections

Drug Courts – Louisiana drug courts provide intensive monitoring programs that help people who enter the criminal justice system recover from substance abuse and stabilize their lives. The courts utilize the resources of the community to help offenders stop using drugs and stop committing the crimes they undertake to support their habits. By combining sanctions, drug testing, treatment and other services, drug courts help stop substance abusers from cycling in and out of Louisiana courts and prisons. Instead, they are given a chance to turn their lives around. As of the spring of 2002, Louisiana had 31 drug courts located in both urban and rural communities serving 1,823 adults and 265 juveniles.[33]

Taking Care, Taking Control:
Nuisance Abatement and Fighting Neighborhood Blight

In New Orleans, All Congregations Together (ACT), the Louisiana Interfaith Together (LIFT), and other community organizations joined together to ask the Mayor and the District Attorney to write new state legislation designed to make it easier for communities to close down nuisance businesses. The State Legislature passed legislation that has helped reduce open drug dealing and prostitution in residential neighborhoods.

In a related action, ACT also helped with the passage of a new city ordinance to speed up the process of reclaiming blighted and abandoned property. The ordinance also created incentives for property owners to donate vacant property for reuse.

Community Policing – One strategy to reduce neighborhood crime is the Community Policing Program, which combines the resources of the police, the local government, and the community.[34] Community policing is designed to create an attitude of trust between the police and the public, take into account the specific concerns of the public, and help to develop communities that do not tolerate crime. As of June 1999, 26 Louisiana communities have established a Community Policing Program.[35] Help and assistance for citizens, local government, and law enforcement agencies wishing to establish a community policing program is available from several resources: the Community Policing Consortium at www.communitypolicing.org and from the Gulf States Regional Community Policing Institute at www.gsrcpi.org.

Incarceration and Rehabilitation

The corrections system both incarcerates and rehabilitates. Successful rehabilitation results in reducing the recidivism rate and ultimately results in healthier and safer communities. For more than twenty years, Louisiana's incarceration rate has been among the highest in the nation. In 2001, Louisiana's incarceration rate was 795 per 100,000 populations compared to the national average of 472. In September 2004, there were 36,564 inmates incarcerated in state prison facilities and housed in the Department's (LDOC) custody in local jails.[36] Because most of these individuals will at some point return to their community, the rehabilitation needs of released individuals and of families with members in jail must be addressed by community leaders.

Re-Entry into the Community – Successful institution-based rehabilitation programs provide self-improvement techniques, reduce recidivism, and help prisoners live more productive lives once they are released. Education programs such as job-skills and literacy training help inmates to prepare to earn a living. Social programs such as parenting skills help inmates to envision a different life for themselves and their families. Transitional programs for paroled or released individuals help to ease re-introduction into society.

The Louisiana Department of Corrections program, Corrections Organized for Re-entry (CORe), focuses on basic education; job skills training; substance abuse treatment; and values development. Programs based on these re-entry strategies are designed to help inmates and their families break the cycle of crime and punishment.[37] The community phase CORe focuses on providing the recently released individual with the support needed to make a transition into the community. The success of phase three is dependent upon the partnerships forged between probation and parole office and the community. Examples of partners are businesses, community and non-profit organizations, faith-based groups, other state agencies, and even crime victims groups.

Taking Care, Taking Control:
Making CORe a Reality in New Orleans

- The Freedom of Spirit Ministries in New Orleans will have an on-site program operating during and after office hours so that released offenders can receive support to redirect their lives in a spiritual environment targeting areas such as substance abuse, parenting, building self-esteem and job readiness.
- Sixty-four businesses in the New Orleans area are working with the LDOC parole staff to hire ex-felons.
- Offenders released in the New Orleans area can receive bus tokens to attend job interviews and meetings associated with the CORe program.

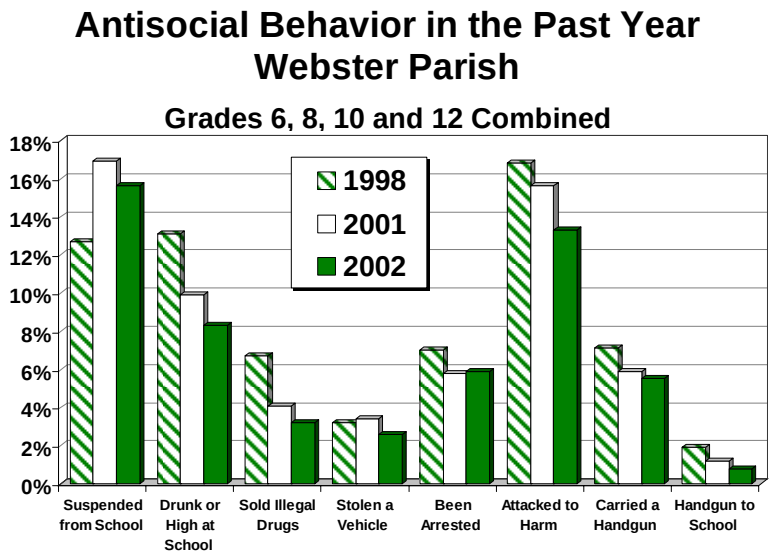
Louisiana Department Public Safety and Corrections

Juvenile Crime

In Louisiana for 2002, there were 35,560 arrests of persons under 18. Significantly this figure represents one-fourth of all arrests made in Louisiana for the year. Twenty-six percent of those arrests were for property crimes such as burglary and motor vehicle theft; 15.3 percent were for violent crimes such as murder, rape and robbery; and 74.3 percent were for other crimes. Other crimes are defined as drug abuse violations, stolen property, vandalism, and weapons, as well as curfew and loitering violations. Traffic arrests are not included in these figures.[38] For Louisiana in 2002, there were 2,072 juvenile arrests for drug abuse violations.[39] Parish level data on juvenile crime was not reported in this publication because of incomplete or inconsistent reporting. Parishes may want to check for their parish online at the "Easy Access to FBI Arrest Statistics 1994-2001", http://ojjdp.ncjrs.org/ojstatbb/ezaucr.

Recent reforms in the Louisiana Juvenile System have resulted in the Office of Youth Development assuming the responsibility for all of the juvenile offender population; juveniles who are either incarnated, or on probation or parole. This is just the first step in revamping all aspects of the juvenile justice system in Louisiana. One of the major components of the new system is the moving away from juvenile “prisons” to community-based programs for juvenile offenders.

The “Communities That Care” (CTC) Survey is one source of local data on adolescent protection and risk factors characteristic of a community. Indicators in the survey will help community leaders and school officials to get a clearer picture of anti-social behavior, substance abuse (drug and alcohol), and the student’s perception of “safety,” self-reported by the students surveyed. Additional information from the Communities that Care Survey is discussed in the Maternal, Child and Adolescent Health Chapter. To access the complete report online go to *www.dhh.louisiana.gov*, key words “Communities That Care.” In 2004, the survey was renamed the “Louisiana Caring Communities Youth Survey.”



Source: DHH Communities That Care Survey

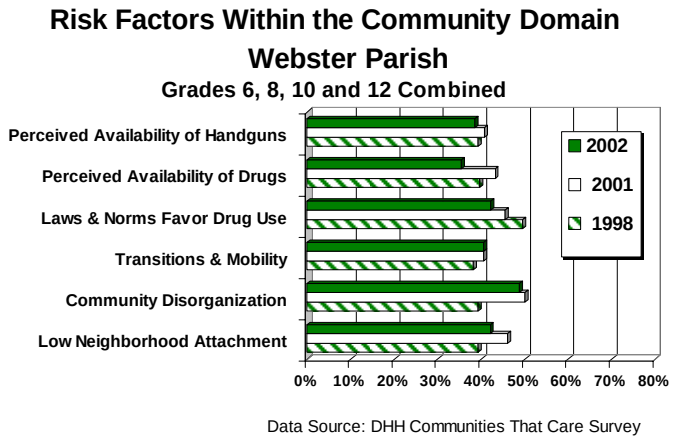
Analyzing the self-reported antisocial behavior of the students in the CTC survey is an indication of current problems both at school and in the community. **In Webster Parish in 2002, 16 percent of the students had been suspended from school and 13 percent had attacked someone with the intent of doing harm**.[40]

Community Risk and Protective Factors – Researchers have determined that there is an interrelationship between community risk and protective factors and the level of substance abuse, delinquency, dropouts, and violence in young people.[42] Communities must be pro-active in identifying and taking remedial actions before juveniles reach the juvenile justice system. Early intervention with youth to reduce risk through programs such as bullying-prevention, proper storage of guns, and community investment in affordable housing, youth recreation, education, and fair wage jobs can connect young adults to positive community values, fostering the decline of inter-personal violence/homicide.[43]

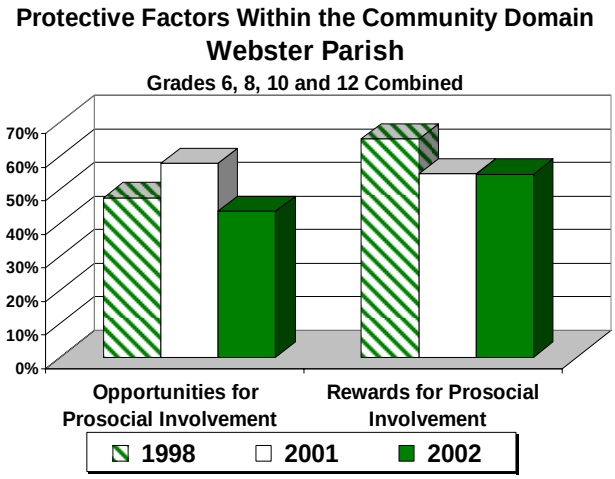
DO YOU KNOW?

An analysis of risk factors for delinquency show that both serious and general delinquency occurs more often in . . .

Families with antisocial parents
Rejecting parents
Parents who are in conflict
Parents imposing inconsistent punishment
Parents who loosely supervise their children.[41]



Data Source: DHH Communities That Care Survey



Source: DHH Communities That Care Survey

Of equal importance to community leaders and planners are the elements that provide protective factors for its children. CTC labels those factors as "prosocial" and uses such things as participating in sports, youth clubs and service clubs as examples of "opportunities for prosocial involvement." Youth who perceive that they have "rewards for prosocial involvement," have identified themselves as having adults in his/her neighborhood who give encouragement, and recognize and reward positive actions and accomplishments. **In Webster Parish in 2002, 43 percent of the students felt like they had prosocial opportunities and 55 percent felt rewarded for prosocial involvement.**[44]

Family Violence

"Child Abuse" is defined as the non-accidental, physical, or mental injury to a child by the child's caretaker. Abuse may be physical, sexual, and/or emotional. "Neglect" refers to the caretaker's failure to provide for the child's basic physical, medical, and/or emotional needs. Abuse and neglect can cause infants, children, and teens to have more health and emotional problems. It can also be the cause of their death.

Child Abuse and Neglect

In 2003, Webster Parish recorded 13 cases of valid child abuse and neglect for every 1,000 children.[45] Abuse and neglect rates reflect those cases that have been reported and validated as true by Child Protective Services, meaning that there is evidence to support the claim of abuse or neglect as defined by the state. This hard evidence consists of observed physical injury or severe effects of neglect. Abuse and neglect are often surrounded by a code of silence. Families and children often hide evidence out of fear. Sometimes families protect the abuser, resulting in many unreported incidents of abuse.

Valid Child Abuse and Neglect Allegations
July 1, 2003 - June 30, 2004

	Webster	Louisiana
Total Cases	**241**	**13,241**
% Neglect	71.0%	69.1%
% Physical	17.4%	20.7%
% Sexual	4.6%	6.2%
% Emotional	7.1%	3.6%
% Death	0.0%	0.3%
Rate/1,000	**13**	**11**

Source: Prevent Child Abuse Louisiana prepared for the Louisiana Department of Social Services, Office of Community Services

DID YOU KNOW?

The recognized risk factors contributing to child abuse and neglect include:

- *Extreme Poverty*
- *Parental Substance Abuse*
- *Parental Mental Retardation*
- *Lack of Parenting Skills and Knowledge*
- *Social Isolation*
- *Life Stress Overloads*
- *Domestic Violence*
- *Childhood Disability*
- *Family History of Abuse.*[46]

There is a definite connection between abuse/neglect in children and depression, alcoholism, drug abuse, and severe obesity.[47] Childhood abuse and neglect may be associated with school failure, suicide, hopelessness, emotional problems, and teenage pregnancy. It can also be related to later substance abuse, violent and criminal behavior, unemployment, homelessness, and prostitution.[48] Abused or neglected children are more likely to require special education in school and are more likely to become juvenile delinquents.[49] There are many reasons for this; severe abuse and neglect can lead to brain damage; injuries to the brain can affect a person's ability to feel empathy and; violence is a learned response or behavior.[50]

In 2000, $205 million was spent on preventing or treating abuse and neglect in Louisiana. That figure includes $86 million in state funding.[51] The estimated total of all direct and indirect costs nationally is more than $94 billion dollars per year.[52]

Strategies for Preventing Child Abuse and Neglect – Community leaders in coordination with hospitals, community organizations, schools, etc. have developed community-based strategies that educate the public on recognizing and reporting child abuse and neglect. Other program strategies are centered on such areas as targeted education programs, child and family screenings, and life skills training and therapy for abuse victims. These programs are designed to begin with the prenatal period and continue with programs and support throughout the school years.[53]

Family/Domestic Violence

Family violence is defined as any assault, battery or other physical, mental or emotional abuse that occurs between family or household members who live together or who previously lived together. In domestic violence situations, when prevention practices fail, families rely on the criminal justice system to stop the crime. It is believed that domestic violence is widespread and underreported.[55]

DID YOU KNOW?

For the year 2000, in Louisiana, 11,158 children were confirmed victims of abuse or neglect: approximately 450 will become violent criminals as adults.[54]

Of particular concern are children exposed to domestic violence. At the least, these children are at an increased risk for neglect. At the most, these children are more likely to engage in self-destructive behaviors such as indiscriminate sexual encounters, have more unplanned pregnancies, experience more sexually transmitted diseases, smoke more, and have an increased use of illicit drugs.

Sexual Violence

Based on a conservative estimate, 225,000 Louisiana women have been raped.[56] Of women who have been raped, nearly 30 percent of them were first raped before the age of eleven, and 60 percent were first raped by the age of 18. This estimate is based on population surveys, not police reports, and is generally thought to be a more robust estimate than numbers from the FBI-UCR. Through following the life stories of female victims of sexual violence, we have learned that for some number of them, the results of the violence can be life-long. Additionally, there may be chronic abdominal or lower-back pains, infertility, suicidal thoughts, major depression, post-traumatic stress disorder, and suicide attempts. Providing resources to meet the needs of children and families for safe housing, adequate food and educational opportunities, plus supporting a well-trained child and adult protection services staff are other important community steps.

Taking Care, Taking Control:
CASA Volunteers Make a Difference

The Court Appointed Special Advocate (CASA) Program was created in 1977 to give abused children a guide and a voice in navigating the Judicial System. While nationally sponsored, CASA programs are locally organized and facilitated by **local volunteers** – ordinary community citizens willing to help.

In Louisiana there are 14 CASA programs (3 regional) serving 45 parishes in 25 judicial districts, including **Orleans**. If you would like more information, to volunteer, or start a CASA program in your area, visit www.louisianacasa.org

Homeland Security and Bioterrorism

The Louisiana Office of Homeland Security and Emergency Preparedness (LHLS/ EP) ensures that the state is prepared to respond to and recover from all natural and man-made emergencies providing leadership and support to reduce the loss of life and property through an all-hazards emergency management program. LHLS/ EP partners with the Governor's Office, Department of Health and Hospitals, Office of Public Health, the Military Department in New Orleans, the Legislature, our Congressional staff, state, parish, and city officials, parish emergency directors, the Federal Emergency Management Agency (FEMA), and the general public to fulfill the agency's mission to protect the citizens of Louisiana.[57] During a public health emergency, the HAN (Health Alert Network) team communicates vital health information through secure, statewide channels to doctors, EMS, hospitals, laboratories, public safety officials, and the general public.

Make a Family Readiness Plan:

- Make a family communication plan
- Have a property protection plan
- Have a shelter at home plan
- Have a family evacuation plan
- Have a community awareness plan.[58]

The Office of Public Health Bioterrorism Preparedness and Emergency Response Unit directs Louisiana's efforts in building an integrated network of health care, and laboratory and emergency response capacities that enables and empowers Louisiana's public health infrastructure to rapidly identify and counter a bioterrorist incident or other emergent health threat.[59] Each of Louisiana's nine public health regions is equipped with plans and materials for an effective "first response" to any disease threat. Each region has designated shelters that can be opened to provide for individuals with special health care needs and their caretakers in an evacuation. The OPH regional administrators, medical directors, and staff are responsible for the planning and coordination of health care provided in these shelters. Annual training for staff and volunteers is provided on topics of logistics, operation and emergency medical care and treatment.

In addition, the Public Health Emergency Preparedness and Response Program is poised to utilize the Strategic National Stockpile (SNS), a federal program which ensures that every state has access to adequate supplies of medicine and medical equipment in the event of an emergency. In 2004 Louisiana achieved "green" status, which is the highest level of readiness for a state to receive and administer the SNS program.

Emergency Medical Services and Emergency Preparedness – All local and state hazards preparedness planning efforts should include EMS. Planning should take into account the differences between rural and urban approaches to maintain effective infrastructure, as well as the needs of special populations, children, farm families, the elderly, culture-based groups and persons with disabilities. Networks should be formed and funded through parish, regional, state and/or federal dollars to provide for services that address economy of scale, improved quality and/or increased tax payer value. For additional information concerning your local communities or to learn more about emergency preparedness, contact the Department of Health and Hospitals at www.dhh.louisiana.gov, Office of Public Health at www.oph.dhh.louisiana.gov, or Emergency Management at www.loep.state.la.us.

The Community Can. . .

Reduce the rate of traffic-related injuries and deaths

- Enforce the use of safety belts.[60]
  - ➢Primary enforcement laws
  - ➢Enhanced enforcement programs
- Increase use of child restraints.[61]
  - ➢Community wide information and enhanced enforcement campaigns
  - ➢Child safety seat distribution and education programs
  - ➢Incentive and education programs
- Reduce the incidences of alcohol-impaired driving.[62]
  - ➢Sobriety checkpoint programs
- Increase safety at intersections for drivers and pedestrians.[63]
- Increase the use of helmets for bicyclists to reduce the risk of head injuries.[64]

Toolkits & Guides:

Pedestrian Safety Road Show
safety.fhwa.dot.gov/ped_bike/ped/roadshow/walk/sponsor/contents.html.

Pedestrian Safety Campaign
safety.fhwa.dot.gov/local_program/pedcampaign/index.htm.

Stop Red Light Running Program
safety.fhwa.dot.gov/intersections/srlr_campaign.htm.

Bicycle Helmet Blitz Program,
www.nhtsa.dot.gov/people/outreach/safedige/Winter1998/n5-41.html.

Safe Communities, www.nhtsa.gov/people/injury/Safe_Communities/default.htm.

Reduce the rate of non-fatal injuries

- Offer community CPR education efforts to reduce choking, aspiration, and suffocation.[65]
- Promote the safe storage of firearms.
- Promote the use of Smoke Detectors.[66]
- Surface playgrounds with safe, impact absorbing surface materials.[67]

Toolkits & Guides:

The LOK-IT-UP campaign –public awareness program encouraging the safe storage of firearms.
depts.washington.edu/lokitup/.

Reduce the rate of family/domestic violence

- Support home visitation programs to targeted, at-risk families.[68 69]
- Conduct prevention education and public information activities.[70]
- Utilize schools and social service organizations to offer skills-based curricula for children, parents, and caregivers.[71]
- Support parent education programs.[72]
- Improve services and advocacy for victims.

Toolkits & Guides:

Toolkit To End Violence Against Women
toolkit.ncjrs.org/vawo_9.html.

Safe Children and Healthy Families are a Shared Responsibility: 2005 Community Resource Packet
nccanch.acf.hhs.gov/topics/prevention/prev_packet_2005.pdf.

Hampton Healthy Families Partnership
www.hampton.va.us/healthyfamilies/info.html.

Emerging Practices In the Prevention of Child Abuse and Neglect",
nccanch.acf.hhs.gov/topics/prevention/emerging/report.pdf.

School Based Child Maltreatment Programs: Synthesis of Lessons Learned
nccanch.acf.hhs.gov/pubs/focus/schoolbased/schoolbased.pdf.

Reduce violence among children and adolescents[73]

- Organize neighborhood clean-up efforts.[74]
- Support parent and family-based interventions, such as parenting classes and home visitation.[75]
- Support school-based interventions.[76]
- Support anti-bullying programs in schools.[77]
- Enforce community policies that limit youth access to substances and weapons.[78]
- Conduct communication campaigns to influence community norms about substance abuse and violence among youth.[79]

Toolkits & Guides:

Strategies to Prevent Youth Violence,
www.cdc.gov/ncipc/dvp/bestpractices/chapter2a.pdf
www.cdc.gov/ncipc/dvp/bestpractices/chapter2b.pdf.

Blueprints for Violence Prevention,
www.colorado.edu/cspv/blueprints.

References

1. Louisiana Department of Health and Hospitals, Office of Public Health, Safety and Violence Survey 1998-2000, EMS/Injury Research Prevention Program.
2. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2004, Homepage, March 2005 <www.cdc.gov/ncipc/about/about.htm>.
3. DHH/OPH, EMS/Injury Research and Prevention Program.
4. DHH/OPH, Louisiana Hospital Inpatient Discharge Data: Non-fatal injury, unpublished preliminary data for 2001, Prepared by EMS/Injury Research Prevention Program.
5. Louisiana Department of Health and Hospitals, Office of Public Health (DHH/OPH), EMS/Injury Research and Prevention Program.
6. DHH/OPH, EMS/Injury Research and Prevention Program Traumatic Brain Injury Surveillance System (1996-1999).
7. DHH/OPH, EMS/Injury Research and Prevention Program,Traumatic Brain Injury Surveillance System (1996-1999).
8. DHH/OPH, EMS/Injury Research and Prevention Program.
9. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, State Injury Profile for Louisiana, 1996-1998, <http://www.cdc.gov/ncipc/StateProfiles/sip_la.pdf>.
10. DHH/OPH, EMS/Injury Research and Prevention Program.
11. United Health Foundation, America's Health: State Health Rankings-2004 Edition, American Public Health Association and Partnership for Prevention, <http://www.unitedhealthfoundation.org>.
12. U. S. Department of Health and Human Services, *Healthy People 2010*: 2nd. Ed., With Understanding and Improving Health and Objectives for Improving Health, 2 vol. Washington, DC: U.S. Government Printing Office, November 2000.
13. DHH/OPH, EMS/Injury Research and Prevention Program.
14. U. S. Department of Health and Human Services, *Healthy People 2010*:
15. DHH/OPH, EMS/Injury Research and Prevention Program.
16. Louisiana Highway Safety Commission, *Targets of Opportunity: State Demonstration Program for Reducing Impaired Driving. Final Report*, pg 3, 30 June 2002, 24 Mar 2005, <http://lhsc.lsu.edu/SpecializedReports/TOOP_Final_Report.pdf>.
17. DHH/OPH, EMS/Injury Research and Prevention Program.
18. Southern Media & Option Research, *Child Safety Restraint Observational Survey*, October 2004 Prepared for Louisiana Highway Safety Commission in cooperation with the National Highway Traffic Safety Administration.
19. Louisiana SAFE KIDS Campaign and Louisiana Department of Health and Hospitals.
20. "Community Services Safety Town", The Safety Council, 17 Mar 2005, <www.safetylca.org/s/Community_SafetyTown.asp?loc=s&tag=s3&pg=Community_SafetyTown.asp>.
21. Louisiana SAFE KIDS Campaign and Louisiana Department of Health and Hospitals, Office of Public Health, Injury Research and Prevention Program, *A Decade of Louisiana SAFE KIDS: Taking a stand against unintentional childhood injury In Louisiana, 119-2004*, May 2004.
22. DHH/OPH, Louisiana Hospital Inpatient Discharge Data: Drowning, Unpublished preliminary data for 2001, Prepared by EMS/Injury Research Prevention Program.
23. DHH/OPH, EMS/Injury Research and Prevention Program U.S. Coast Guard, Boating Accidents 1998 - 2002, Louisiana Navigable Waters Only, Prepared by EMS/Injury Research and Prevention Program, Aug 2004.
24. U.S. Department of Transportation, Federal Railroad Administration, Interim Railroad Safety Statistics Annual Report 2003, Washing, DC: 2004, tables 1-12, 1-14, and 9-12, 19 July 2004, <http://safetydata.fra.dot.gov/officeofsafety>.
25. DHH/OPH, Louisiana Hospital Inpatient Discharge Data: Non-fatal burns, unpublished preliminary data for 2001, Prepared by EMS/Injury Research Prevention Program.

26. Louisiana Department of Health and Hospitals, Office of Public Health, Louisiana Hospital Inpatient Discharge Data: Non-fatal unintentional falls, unpublished preliminary data for 2001, Prepared by EMS/Injury Research Prevention Program.
27. Louisiana Department of Health and Hospitals, Office of Public Health, Louisiana Hospital Inpatient Discharge Data: Non-fatal unintentional poisoning, Unpublished preliminary data for 2001, Prepared by EMS/Injury Research Prevention Program.
28. Centers for Disease Control and Prevention, 1999, Neighborhood Safety and the Prevalence of Physical Inactivity - Selected States, 1996, *Control Morbidity and Mortality Weekly Report* (MMWR). NO. 48(7): 143 - 146.
29. Sherman, L.
30. Louisiana Department of Public Safety and Corrections, unpublished data for 2004, Admissions.
31. State of Louisiana, Profile of Drug Indicators,Office of National Drug Control Policy, Drug Policy Information Clearinghouse, May 2004, pg 5.
32. State of Louisiana, Profile of Drug Indicators,Office of National Drug Control Policy, Drug Policy Information Clearinghouse, May 2004, pg 5.
33. Peck, G., "Drug Courts in Louisiana: A New Beginning", *Court Column, A Newsletter for the Judiciary of the State of Louisiana*, Volume 5. NO. 1, Spring 2002.
34. "About Community Policing", Community Policing Consortium, 3 Mar 2005, <http;//www.communitypolicing.org/about2.html>.
35. Bureau of Justice Statistics - Data Online, Community Policing Activities and Policies, as of June 30, 1999, 8 Mar 2005, <http://www.ojp.usdoj.gov/bjs/>.
36. Louisiana, Department of Public Safety and Corrections, unpublished data for 2004, Incarceration Rates.
37. Louisiana Department of Public Safety and Corrections, 1998, Master Plan: Issues and Initiatives.
38. U.S. Department of Justice, Federal Bureau of Investigation, Crime in the United States, 2002 (Washington, DC: USGPO, 2003), table 4.5, Source book of Criminal Justice Statistics Online <http://www.albany.edu/sourcebook/ >.
39. State of Louisiana, Profile of Drug Indicators, Office of National Drug Control Policy, Drug Policy Information Clearinghouse, May 2004, pg 11.
40. Louisiana Communities That Care Survey Comparison Report, Webster Parish, 2002, Louisiana Department of Health and Hospitals Office of Addictive Disorders, 30 Mar 2004, Key words. "Communities That Care", <http://www.dhh.louisiana.gov>.
41. Sherman, L., Preventing Crime: What Works, What Doesn't. What's Promising: A Report to the United States Congress, Prepared for the National Institute of Justice, 15 Mar 2005, <http://www.ncjrs.org/works/wholedoc.htm.>.
42. State of Louisiana Communities That Care Survey, 2002 State Report, Louisiana Department of Health and Hospitals Office of Addictive Disorders, 30 Mar 2004, Key words. "Communities That Care", <http://www.dhh.louisiana.gov>.
43. Sherman, L.
44. Louisiana Communities That Care Survey Comparison Report, Webster Parish, 2002.
45. Louisiana Department of Social Services, Office of Community Services, Valid Child Abuse and Neglect Allegations by Parish, June 1, 2003 through June 30, 2004 (FY 2004), Prepared by Prevent Child Abuse Louisiana.
46. The Need for Prevention, Louisiana Children's Trust Fund. 14 March 2005, <http://www.lctf.org>.
47. Fromm, S., 2001 Total Estimated Cost of Child Abuse and Neglect in the United States. Statistical Evidence, Prevent Child Abuse America.
48. Maternal and Child Health Program, 1998.
49. Fromm, S.
50. New Hope for Preventing Child Abuse and Neglect in Louisiana: Proven solutions to save lives and prevent crime, A Report from Law Enforcement, Brief based on a national report by Fight Crime: Invest in Kids, 2005, <http://www.fightcrime.org/reports/CANstate2pager/CANla.pdf>.
51. New Hope for Preventing Child Abuse and Neglect in Louisiana: Proven solutions to save lives and prevent crime.
52. Fromm, S.
53. "Fact Sheet: An Approach to Preventing Child Abuse", Prevent Child Abuse America.

54. New Hope for Preventing Child Abuse and Neglect in Louisiana: Proven solutions to save lives and prevent crime.
55. Sherman, L.
56. Kilpatrick, D.G.
57. "About the Agency", Louisiana Office of Homeland Security and Emergency Preparedness," 7 April 2005. Mar 2005, <http://www.ohsep.louisiana.gov/agencyrelated/aboutagency.htm>.
58. Louisiana Department of Health and Hospitals, Office of Public Health, Louisiana Office of Public Health Bioterrorism Preparedness and Emergency Response Unit, Family Readiness Guide 2004.
59. Louisiana Department of Health and Hospitals, Office of Public Health, Louisiana Office of Public Health Bioterrorism Preparedness and Emergency Response Unit, Fact Sheet 2004.
60. Evans, Caswell A. Jr. et al, "Motor-Vehicle Occupant Injury: Strategies for Increasing Use of Child Safety Seats, Increasing Use of Safety Belts, and Reducing Alcohol-Impaired Driving". MMWR, May 18, 2001 / 50(RR07);1-13 Centers for Disease Control, <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5007a1.htm>.
61. Evans, Caswell A. Jr. et al.
62. Evans, Caswell A. Jr. et al.
63. U.S. Department of Transportation, Federal Highway Administration, "Intersection Safety Brief", 2002, 22 July 2005, <http://safety.fhwa.dot.gov/intersections/interbriefing/01prob.htm>.
64. Harborview Injury Prevention & Research Center, "Bicycle Injury Interventions, Bicycle Helmet Effectiveness", June 2001, 22 July 2005, <http://depts.washington.edu/hiprc/practices/topic/bicycles/helmeteffect.html>.
65. Harborview Injury Prevention & Research Center, "Choking, Aspiration, and Suffocation Interventions, Education", June 2001, 22 July 2005, <http://depts.washington.edu/hiprc/practices/topic/suffocation/geneduc.html >.
66. Harborview Injury Prevention & Research Center, "Fires and Burns, Interventions to Increase Smoke Detector Use", June 2001, 22 July 2005, <http://depts.washington.edu/hiprc/practices/topic/fireburns/use.html>.
67. Harborview Injury Prevention & Research Center, "Fall Injury Interventions Playgrounds, 22 July 2005, <http://depts.washington.edu/hiprc/practices/topic/falls/playground.html>.
68. Centers for Disease Control and Prevention. First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation and firearms laws. Findings from the Task Force on Community Preventive Services. MMWR 2003; 52(No. RR-14):[inclusive page numbers]. 22 July 2005, <http://www.cdc.gov/mmwr/PDF/rr/rr5214.pdf>.
69. Thomas, David, et al.
70. Thomas, David, et al, "Emerging Practices In the Prevention of Child Abuse and Neglect", U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect, 27 July 2005, <http://nccanch.acf.hhs.gov/topics/prevention/emerging/report.pdf>.
71. Thomas, David, et al.
72. Thomas, David, et al.
73. Thornton TN, Craft CA, Dahlberg LL, Lynch BS, Baer K. *Best Practices of Youth Violence Prevention: A Sourcebook for Community Action (Rev.).*Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2002.
74. Harborview Injury Prevention & Research Center, "Youth Violence Interventions, Neighborhood "Clean-ups" 22 July 2005, <http://depts.washington.edu/hiprc/practices/topic/violence/neighbor.html>.
75. Thornton TN, et al.
76. Thornton TN, et al.
77. Feinberg, Ted, "Bullying Prevention and Intervention", *Principal Leadership Magazine*, Counseling 101 column, Vol 4, Number 1, September 2003, 22 July 2005, <http://www.naspcenter.org/principals/nassp_bullying.html>.
78. The National Center for Mental Health Promotion and Youth Violence Prevention, Key words "prevention brief, <http://www.promoteprevent.org/index.html>.
79. The National Center for Mental Health Promotion and Youth Violence Prevention Key words "prevention brief, <http://www.promoteprevent.org/index.html>.

2005 Parish Health Profiles – Public Domain

The Profiles are a work-in-progress. These documents are public information written for the benefit of the public. Our request to you, the reader, is to complete and return the evaluation form, included at the end of this document. Let us know what you found useful for your work in communities. Your input will help us improve the next issue.

Please feel free to copy and distribute all or parts of this book as needed.

Thank you.