SOCIAL POLICY ASSIGNMENT

SOCIAL WELFARE PROGRAMS AND POLICIES

CHILD SEXUAL ABUSE (CSA) AMONG VULNERABLE CHILDREN AND

FAMILIES IN USA

USE OF PARENTAL CARE POLICY PROGRAM

INTRODUCTION

As part of child protection, the US government has worked around and has implemented a child's act. The act is aimed at protecting children as they are seen to be vulnerable as well as exposed to high risk of harassment. Their innocence can be betrayed by perpetrators whom they trust or even strangers (Baril and Tourigny, 2009). One of the major policy implemented has been the parental care policy. Research and human rights organisations have called for a state attention towards CSA as it is a widespread problem. A lot of children are exposed to the risk of rape before their 13th birthday (DeLisi, 2010). Government agencies have not been able to have proper statistics on the problem as most cases are not reported. With those reported having no legal course of action due to high rates of corruption.

Families in refugee camps as well as those under high poverty level are more vulnerable to abuse. Research has also shown that poor families especially those headed by females are at more risk (DeLisi, 2010). However, due to capitalism and development of US towards global image and integration, the topic has remained under studied. Therefore, resulting to scanty information on the topic. Most people have also not been able to understand the concept as it has been related to rape cases only from strangers. The truth be told, there are a lot of unreported cases of abuse from people the children trust (Dube et.al, 2005). A lot of favour exchanges with own body have been happening. According to WHO the exchanges of favours with child abuse is part of CSA which has not been coveredmuch in literature. According to the centre of disease control, CSA includes"any completed or attempted (non-completed) sexual act, sexualcontact with, or exploitation (i.e., noncontact sexual interaction) of a child by a caregiver". Therefore, CSA is wider than anybody would think, since most literature and government reports have been on complete sexual abuse. In addition, most analysis has been on abuse to girl (Fergusson et.al, 2008). The reality is that girls, boys,

people with disability, and women are exposed to CSA. This has led to initiation of the parental care policy which has home base, community, and family based intervention. The current analysis will thus look at CSA from a broader picture and assess policies like PCP that have been put n place to deal with the problem.

Development of parental care policy (PCP)

Sexual abuse has a long history especially among the African-American who have widely been discriminated on bases of race. Dating back from history to date, the issues has remained in the woods with those talking about it whispering to themselves. In some parts, it is completely not talked about as it brings shame to the family. Although most people do not want to speak about the topic, a lot of children are suffering with the pain, guilt, and denial. Some are betrayed by their own care givers. In most cases, it has been reported to lead to long-term defect of depression, and suicide (CDC, 2011). The PCP was thus introduced to deal with this defects. In US it traces backs to the 19th century.

Most research conducted, about 46% of the black women had encounters abuse while they were children. They were not able to deal with the issue until adulthood. It has been reported that 1 in 4 girls, and 1 in 6 boys are abused before they reach 18 years. In addition, black children are more vulnerable with 60% of the girls being abused before they reach 18 years. In the past, boy's cases have not been reported as people thought they are not abused. However, the truth is that 22% of boys are abused before they are 18 years (Hébert, 2011). The figures have actually reduced from the colonial periods where almost 90% of black girls were exposed to abuse, 78% of disabled were exposed, and 70% of boys were abused.

In the 19th century to 20th, and 21st century, the figures have reduced by 50% due to government interventions mainly directed using the PCP. The developments have widely

been favoured by exposure to education. This is because most people are becoming aware of the importance of protecting children against abuse (Polucci et.al, 2001). They are also becoming more aware of the importance of reporting abuse cases. The judicial system has also played a big role into the developments as people can receive justice in the current years which was not possible in the past. There has also been great developments with respect to racial discrimination, and support for people living with disability. In the past this groups were not recognised which made harassment high and unspoken. In the recent years, their voices have been heard which has helped trim the number of cases. In the recent, there has also been a lot of attention to neighbourhood development program under PCP. The programs are meant to solidify the groups, most especially the vulnerable groups to reduce the level of exposure (Putnam, 2003).

However, the issues is still a big problem though has reduce over the years. According to the US child protection act, no child should be exposed to harassment of any nature. This objective has not been achieved as the cases of CSA still remain relatively high. More vigilance need be employed with respect to the issue.

Assessment of PCP as a social welfare policy

Child sexual abuse has remained a social problem since the colonial period. It was exaggerated during the 1ˢᵗ and 2ⁿᵈ world war. During the great depression crises, the issue became widespread reaching all parts. CSA is a social problem since it affect groups of people, and more so the vulnerable groupsincluding racial groups where African-American are more exposed. It also affects women, and people living with disability (Wolfe, 2007). The problem, well attended can be solved through reforms. One of the reform has been the PCP.Most vulnerable groups are used to the problem of exposure, andthe low quality of life has become an everyday undertaking. Therefore, PCP has been defied as a policy that makes

use of home, individual, community, and hospital based interventions to ensure child protection.

The problem has been caused by a wide range of factors. First due to vulnerability of the groups, their risk increases. For instance, the disabled are good targets for the perpetrators as they would not pass the information on the assault. The mentally disabled have been more exposed due to their condition. Another major cause of the abuse lies on the discriminative system of justice. Racial discrimination is real in US, with African-American being widely discriminated. This has led to high exposure of this group. Poverty is another factors that causes CSA (WHO, 2010). The poor groups in the society are more exposed as they use their bodies to gain favours of employment, to access food, and other basic needs. Research has shown that poverty limits exposure. In addition, this groups receive little or no education. Lack of education limits the knowhow of an individual who may be assaulted without knowledge of how they should progress with the issue. Human activists have also reported that cultural relations have been a great contributor of CSA. The vulnerablecommunities mainly the poor have failed to expose the CSA cases relating to close family members. Thus PCP cuts across this vulnerable groups focusing on reducing the causal factors.

The history of PCP dates back to the 19th century and there has been a lot of developments. CSA has affected a lot of groups and mainly the vulnerable groups. There has been a decline in the assault but little decline has occurred. There is therefore a need for more development in the future.

PCP has had great impacts, mainly positive impacts. The policy has short-term effects and long-term effects. The short-term effects to the policy include; clearing of confusion through counselling which improves sexual satisfaction among adolescent, reduces risk ofre-victimisation, reduces feel of gilt, eliminate shock, fear, anxiety, denial, confusion, grief,

andexclusion from people (Baril and Tourigny, 2009). People are helped to overcome later adverse effects of the harassment including; concentration issues, flashbacks, nightmares, and distress whenever they rememberof the abuse. They are also helped to overcome adulthood issues including; poor health including; occupational disability, chronic diseases, and poor perception of physical health,psychologicalproblems including;anxiety, low sexual satisfaction, dissociation, and mental health problems. In addition, they are helped to overcome extend problems like parental stress, relationship conflicts, and lack of trust (DeLisi, 2010).

Looking at the impacts, the history and the policy itself, we can be able to segment the groups that are heavily affected by the issues and thus in dire need of the policy intervention. The level of exposure is determined by the level of vulnerability. The vulnerable groups have received high level of discrimination and thus realisation and voicing of their issues becomes a problem. The vulnerable groups with respect to CSA include; racial groups where the African-American have been more vulnerable to abuse. The other group includes the social groups where girls and women have been more exposed. In addition, people living with disability have been assaulted. Also, older people whose mobility and fight against the perpetrators become a difficult task have been abused. The other group has been the dependent group who cannot be able to voice their fears and the people they trust have betrayed them (Dube et.al, 2005). Children have been the major victims in this group. Economic groups have been exposed. More so those living in extreme poverty have been exposed to CSA due to their lack of resources to sue the perpetrators. They have also had no access to education thus limiting their knowledge. This groups are the best targets for the policy.

Assessing the effectiveness of PCP

In the United States, there are different programs that have been initiated to deal with the CSA issue. One of the most effective programs has been parental care program (PCP). In addition, the government has stiffened rules against child abuse, and has developed a child protection act (Fergusson et.al, 2008). The parental care programs were to deal with home conflicts as well as educate parents on child care, including reporting cases of harassments. There were comprehensive, individual, family, and community based programs.

It has been realised that the vulnerable mainly the old and those lining with disability are left at home as the others go out to search for food. Thus they become exposed to harassment. The government has thus launched programs under the parental care, where neighbourhood has become a key element. Some would be left to take care of the vulnerable as the other go out to search for food. In addition, schools have been made a necessary amenity among these groups. This is to ensure children are educated andspend most of their time in school thus reduce their risk of exposure. Individuals have bee counselled as well as taken to hospitals for hospitals based programs (Baril and Tourigny, 2009). This is to ensure in case one is harassed, the problem is dealt with to curb long-term defects of the problem. Consequently,eliminate shock and fear andthuspeople can be able to live a normal life. Communities have also been educated on the usefulness of bringing on board any case of harassment so that it can be dealt with regardless of the relationship of the person who commit the harassment.

The program has leaped a lot on bases of helping people reduce the cases of harassment. It has been reported that the number of cases have reduced by 9% due to the intervention as the community embarked on protecting each other. In addition, as women become more empowered, their parental care improves which reduced risk by 13%. Research has also indicated that the education programs have reduced exposure by 19% (DeLisi, 2010).

Reporting of cases has also improved. Due to income differentials, most vulnerable groups have been exposed. However, the education programs and improved parental care has helped reduce exposure (Hébert, 2011). This is evident as more children can go to school and thus reduce exposure.

Alternative programs to PCP

Although parental care and education programs have leaped a lot, there is need to embrace a wide range of alternatives which could bring the problem to an end. The programs would be best targeted to ensure that the impact of harassments are deal with so that people can lead a normal life. Programs to reducing exposure would include; improved surveillance on the part of the government to ensure justice is served and very stiff measures enacted. In addition, racial discrimination should be made a story of the past (Polucci et.al, 2001). All citizens should be given equal opportunities which will make the African-American have equal access to resources and education thus become empowered and overcome harassment. Programs targeting the aged, like having homes for them would be more efficient to ensure they are taken care of and are not left alone for perpetrators to take advantage. In addition, special schools for those living with disability and giving them equal access to resources should be key. Children programs, especially throughschools would be important to reducing the risk. Since, this programs would be useful in reducing the risk, it is important to note that there will still be a margin of exposure (Putnam, 2003). Therefore, there should be necessary programs put in place to deal with exposure cases. From the analysis and the identified impacts, it is important to have counselling sessions for exposed persons to reduce fear, anxiety, and stress. It is also important to have home based programs to educate people of ways todealing with home violence. Acceptance programs as well as relationships would be

important to help people deal with confusion that may arise, and to be able to accept themselves.

The alternatives are achievable at low cost and have future implications of dealing with the social issue completely. Though some like racial discrimination programs may be hard to achieve, they can be implemented step by step to achieve results in future. However, most programs like schools, counselling, and children programs can easily be integrated in the community and can leap both short-term and long-term benefits.

However, the programs will be faced with a lot of challenges. This include political barriers. In US racial discrimination is real and has power association which are hard to break. In addition, allocation to the vulnerable groupsin terms of finances would be faced with a lot of challenges as they are not considered potential for development. Thus allocating funds to them would be hard. Also making people report of harassment especially if they are committed by cross relatives may be a difficult tasks. Also due to corruption, the judicial system may not serve justice more so if the perpetrators have more power. The challenges can possibly be overcome mainly by government initiative as well as strong human right department who will ensure that all set polices are implemented. On-site campaigns would also be important for people to have confidence on the systems and to feel they belong, as well as feel they would be assisted in time of need (Wolfe, 2007). Policies to alleviatingpoverty among the groups would be helpful in helping the groups become empowered and thus raise their voices and capability.

Own development

From the semester I have been able to develop a lot of skills that would be important in dealing with social issues. I can be able to identify a social problem and define strategies that

can be able to deal with the issue. In addition, I can be able to advice on the best social working groups that could deal with the issue. Assessing from the impacts of the social issues, I can be able to develop policy oriented justification to an issue. I have also been able to improve my professionalism in engagements and can be able to deal with diverse group.

CONCLUSION

From the analysis, it is clear that CSA has been a long problem that drills into history and has lasted for decades. CSA has mainly been to vulnerablegroups who are more exposed andconsidered as minority groups. For the case of US, people living with disability, children, women, the aged, and people living in poverty are more vulnerable and exposed to CSA and thus best targets for PCP. The impact of the PCP are short-term as well as long term with most being directed to reducing fear, confusion, and anxiety for the short-term. Long-term impacts include curbing long-term defects like; depression, home violence, and relationship issues during adulthood. This issues can be controlled, thus the government has made use of education programs as well as parental care programs to deal with the issue. More alternatives would include; use of counselling, schooling, individuals, as well as hospital based programs. This alternatives would need a lot of government support if they were to beachieved.

REFERENCES

Baril, K. and Tourigny, M. (2009). La violence sexuelleenvers les enfants. In M.E. Clément and S. Dufour, eds., *La violence à l'égard des enfants en milieu familial* (pp. 145-160). Anjou: Éditions CEC. (Available in French only)

DeLisi, M. (2010). Murder by numbers: Monetary costs imposed by a sample of homicide offenders. *The Journal of Forensic Psychiatry & Psychology*, 21: 501-513.

Dube, S.R., Anda, R.F., Whitfield, C.L., Brown, D.W., Felitti, V.J., Dong, M. and Giles, W.H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, 28(5): 430-438.

Fergusson, D.M, Boden, J.M. and Horwood, L.J. (2008). Exposure to childhood sexual and physical abuse and adjustment in early adulthood. *Child Abuse & Neglect*, 32: 607-619.

From the "Sexual Violence: Consequences" section of the Centers for Disease Control and Prevention website: www.cdc.gov/ViolencePrevention/sexualviolence/.

Hébert, M. (2011). Les profilsetl'évaluation des enfantsvictimesd'agressionsexuelle. In M. Hébert, M. Cyr, and M. Tourigny, eds., *L'agressionsexuelleenvers les enfants Tome 1* (pp. 149-204). Québec: Presses de l'Université du Québec. (Available in French only)

Polucci, E.O, Genuis, M.L. and Violato, C. (2001). A meta-analysis of the published research on the effects of child sexual abuse. *Journal of Psychology*, 135(1): 17-36.

Putnam, F.W. (2003). Ten-year research update review: child sexual abuse. *Journal of the American Academy of Child Adolescent Psychiatry*, 42(3): 269-278.

Wolfe, V.V. (2007). Child sexual abuse. In E.J. Mash and R.A. Barkley, eds., *Assessment of Childhood Disorders* (4th ed.) (pp. 685-748), New York: Guilford Press.

World Health Organization (WHO), London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women. Taking action and generating evidence*. Geneva: World Health Organization.