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Violence Prevention in Santa Clara County

Current Efforts, Statistics and Future Opportunities

**Santa Clara County
Violence Prevention Council**

November 6, 1997

Approved Accepted Adopted Denied Passed

BY THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CLARA
Phyllis A. Perez, Clerk of the Board

By

Phyllis A. Perez
Deputy Clerk

Date:

FEB 3 1998

A Work in Progress



FEB 03 1998

ORIGINAL

Purpose of this Report

Raise awareness

Violence is a problem in our community. This report is one element of broader efforts of the Violence Prevention Council to increase awareness about the impact violence has in our community and to bring the community together to address the issue of violence. The Council's ultimate goal is to prevent violence and promote a safe and healthy community.

Drive community planning with data

Community planning efforts to prevent violence must be based on solid data. An important function of the Violence Prevention Council is to assess the current situation using available data sources as well as to recommend and facilitate new tracking and monitoring systems that will provide accurate information upon which to base future planning efforts and upon which to evaluate these efforts.

Describe current understanding of violence in SCC

This report is the Council's first attempt to comprehensively chronicle violence in our county. Not all forms of violence are tracked. Some violent acts are tracked in isolation of other important contextual information, making a complete assessment difficult.

Recommend directions for future

This report will provide a preliminary set of recommendations. These recommendations will help to guide the development of tracking and monitoring systems needed to accurately portray and ultimately prevent violence in our county. These recommendations also identify opportunities for violence prevention efforts.

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Introduction

Over the past decade, violence has increasingly been recognized as among the biggest health threats in the United States. Each day an average of 65 people in the US die from interpersonal violence, and more than 6,000 people are physically injured. Particularly alarming is the fact that young people are the only population in the United States whose death rates have increased in the last twenty years. Most of these deaths are due to violent injuries.

Today, the state of California has the unenviable distinction of being one of the first states to report that gunshot wounds have become the leading cause of injury death, surpassing motor vehicle crashes. It is clear that violence has reached epidemic proportions, invading our homes, schools, and streets.

The Santa Clara County Board of Supervisors and the Santa Clara County Violence Prevention Council both firmly believe that violence is preventable and that all opportunities to reduce and prevent violence in Santa Clara County should be pursued. Accordingly, during the County's budget hearings in June 1997, the Board voted to fund and institutionalize violence prevention as a program in the Public Health Department and asked that an action plan be developed. This request was the impetus for the formation of the Violence Prevention Council.

For a number of years in Santa Clara County, community agencies, councils and government departments have been coordinating a variety of violence prevention efforts. These collaborative efforts have put us on the pathway to reducing and preventing violence. The responsibility of preventing violence to provide a safer community,

however, rests with the entire community. Thus, the Violence Prevention Council of Santa Clara County has undertaken the charge of helping to create a safer and healthier county through community action planning.

The Violence Prevention Council now joins with cities, school districts, community organizations, and community members throughout the county 1) to help change the culture of violence in our community and 2) to increase our community's commitment to violence prevention strategies, public policies, and programs.

In doing, we must work hard to maintain our county's status as one of the safest urban areas in the country. But safety is not guaranteed for all people living and working in Santa Clara County. There are numerous populations that are disproportionately affected by violence in our community, including: women, adolescents, and elders. Additionally, we only know the extent of some forms of violence because no uniform conventions exist for reporting violence. Even in areas where our community appears to be doing better than other communities, the question we must always ask ourselves is, "What level of violence will we tolerate?"

This document, Violence Prevention in Santa Clara County, is based on the premise that violence is a health issue. As a health issue, violence requires attention not just to the outcomes of violent injury, but to the symptoms and, ultimately, to the prevention of violence. Therefore, this Council recommends the systematic integration of community, private, and public entities in the development of solutions.

Violence prevention is an effort that will require long term commitment. This first report serves as a starting point for the fulfillment of the Santa Clara County Violence Prevention Council's vision of a safe, healthy, and economically viable community for all.

For more information about the Violence Prevention Council, please call the Violence Prevention Program at the Public Health Department -- (408) 885-4202.

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Executive Summary

About The Violence Prevention Council

This document is part of the evolving work of the Violence Prevention Council, whose mission is to prevent violence and its related injury, psychological trauma, death, disability and crime through the implementation of multiple levels of prevention and intervention, and through collaborative county-wide action in order to create a safer, healthier and more economically viable community.

The Council has selected a planning process guided by models which require that decisions are made based on data. Some of the data with which to drive the planning process are presented herein, but they only depict that violence which is actively reported and tracked.

Summary Findings: Opportunities for Violence Prevention

The following information illustrates numerous opportunities for violence prevention in our county. These statistics can provide guidance for the different Violence Prevention Council committees (policy, public awareness, and community based initiatives) as they set forth to develop their action plans.

- ***Child Abuse referrals totaled 22,376 in 1996,***

with the most frequent referrals being for physical abuse, followed by general neglect and sexual abuse. ⁵

- ***Juvenile felony arrest rates*** have increased steadily from 1985 to 1994. There has been a dramatic increase in assault and robbery charges among juvenile offenders. ¹
- ***Juvenile arrest rates for weapons violations*** have increased 117%. Also, during the same time period, homicides perpetrated by juveniles involving firearms have increased threefold. ¹
- ***In Santa Clara County, 9 of 11 city law enforcement agencies reported gangs.*** ²⁴
- ***A majority of juvenile probation cases (54%), live in childhood poverty zones,*** according to 1995 figures from the Probation Department's Gang Violence Suppression Unit. These same youth accounted for 45% of all the juvenile violent crime in the county. Eight percent (8%) of these juveniles were repeat offenders committing two or more serious violent crimes within the last two years.
- ***Schools report battery is the most common violent act*** perpetrated at elementary, middle and high schools. Most offenses occur on campus. ¹⁴
- ***Firearms were responsible for 76% of homicides against children*** (< 21 years of age) between 1993 and 1994. ²⁵
- ***One in 5 homes in Santa Clara County have a gun.*** Of those homes, 31.9% have unlocked handguns. ²¹
- ***Violent crime rates continue to rise among adults and juveniles,*** aggravated assault continues to be the highest violent crime. ¹⁷

- ***Males aged 15-34 have a much higher rate of homicides (10.8 per 100,000) compared to same age females (3.1 per 100,000).*** Hispanic males aged 15-34 have the highest rate of homicide (20.9/100,000), followed by Asian males (10.2/100,000) and white males (5.5/100,000).
- ***In 41% of reviewed domestic violence related deaths, children were present.***³¹
- ***Guns were used in 57% of domestic violence related death*** incidents as reviewed by the Death Review Committee.³¹
- ***Domestic violence related deaths among Asians are more than double the group's presence in the total population.***³¹
- ***In 1996, 4,604 cases of domestic violence were filed with the District Attorney's Office.***
Between January 1, 1997 and September 30, 1997, there were 16 cases of same-sex domestic violence filed with the District Attorney's Office.³³
- ***In October 1997, there were 3,500 active cases of adults on probation for domestic violence offenses.*** Of those 760 are under intensive supervision.³²
- ***In FY96/97, 5% of active probation cases involved charges of domestic violence.***
- ***Dependent adult (18-64 years) abuse is inflicted by others 60% of the time,*** and self-inflicted in 40% of documented cases.³¹
- ***With the growing number of seniors in our***

community, the rates of reported elder abuse are expected to rise. ²⁶

- ***In 1996, 1,264 cases of elder abuse (>64 years) were reported, 45% of those cases were self-abuse*** (failure to take medication, failure to eat, etc.). ¹⁹
- ***The most common self-inflicted injury hospitalization among those 65 years and over was for poisoning.*** ²⁰

Recommendations for Improving Violence Data

In the compilation of this report, it has become clear that numerous gaps and limitations in existing data sources exist. It is also clear that the current reporting system has not captured the full scope and magnitude of violence in our community. Not only is the current reporting system fragmented, but it also captures the more 'severe' episodes of violence at which point only tertiary prevention strategies - if any - can be applied. The true level of violence in our county is very likely to be under-estimated, particularly among certain sub-populations in the county. Thus, there is a need to identify and report all forms and outcomes of violence - from the minor injuries to deaths - in order to truly prevent violence.

A first step toward the development of a comprehensive violence surveillance system would be to address the gaps and limitations as detailed in the final chapter of this report.

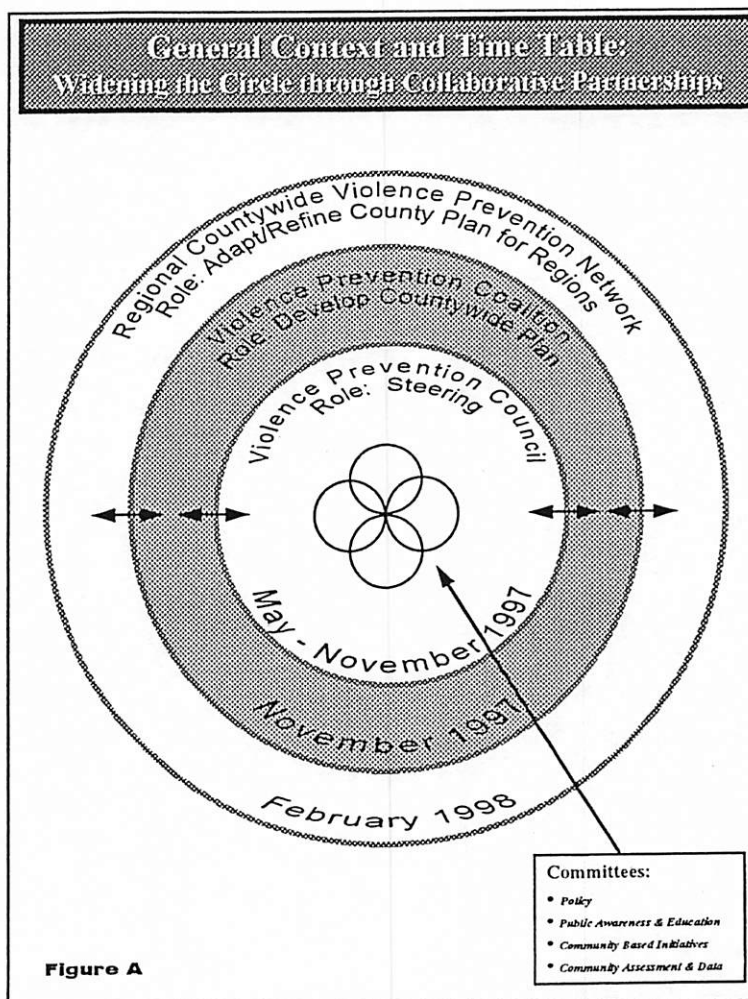
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The Violence Prevention Council

About The Violence Prevention Council

This document is part of the evolving work of the Violence Prevention Council, whose mission is to prevent violence and its related injury, psychological trauma, death, disability and crime through the implementation of multiple levels of prevention and intervention, and through collaborative county-wide action in order to create a safer, healthier and more economically viable community.

The Council has selected a planning process designed to widen the circle from the Violence Prevention Council to a county-wide collaborative



partnership as shown in Figure A. The planning process is guided by models which require that decisions are made based on data. Some of the data with which to drive the planning process are presented here, but they only depict those violent incidents which are actively reported and tracked.

Working Definitions

The Council has adapted working definitions for violence and prevention to guide its work. These are:

<p><i>Violence</i></p> <p>The threatened or actual use of physical or psychological force or power against another person, against oneself, or against groups or community that either results in, or has the high likelihood of resulting in injury (physical or psychological), death or deprivation.</p> <p><i>(Adapted from the Centers for Disease Control and Prevention)</i></p>	<p><i>Prevention</i></p> <p>Multiple levels of prevention and intervention are critical to a comprehensive continuum of effort among an array of health, education, welfare and human service providers in partnership with law and justice systems. <i>Primary Prevention</i> is the proactive process which keeps people safe and healthy. <i>Secondary Prevention</i> addresses attitudes, behaviors, conditions and environments and focuses on early identification or intervention. <i>Tertiary Prevention</i> relates to reactive efforts and intervention where there are recognized problems <i>(Adapted from Technology of Prevention, 1991; Chronic Disease Epidemiology and Control, 1993; and Violence Prevention, 1995).</i></p>
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Models for Violence Prevention Planning

A Matrix for Comprehensive Violence Prevention

The matrix on the following page describes several levels of violence prevention strategies (primary, secondary, tertiary). It is based on an approach which analyzes the phases of the problem from several perspectives (perpetrators, victims, and environmental and community risk factors) and offers preventive actions that can be taken across the spectrum.

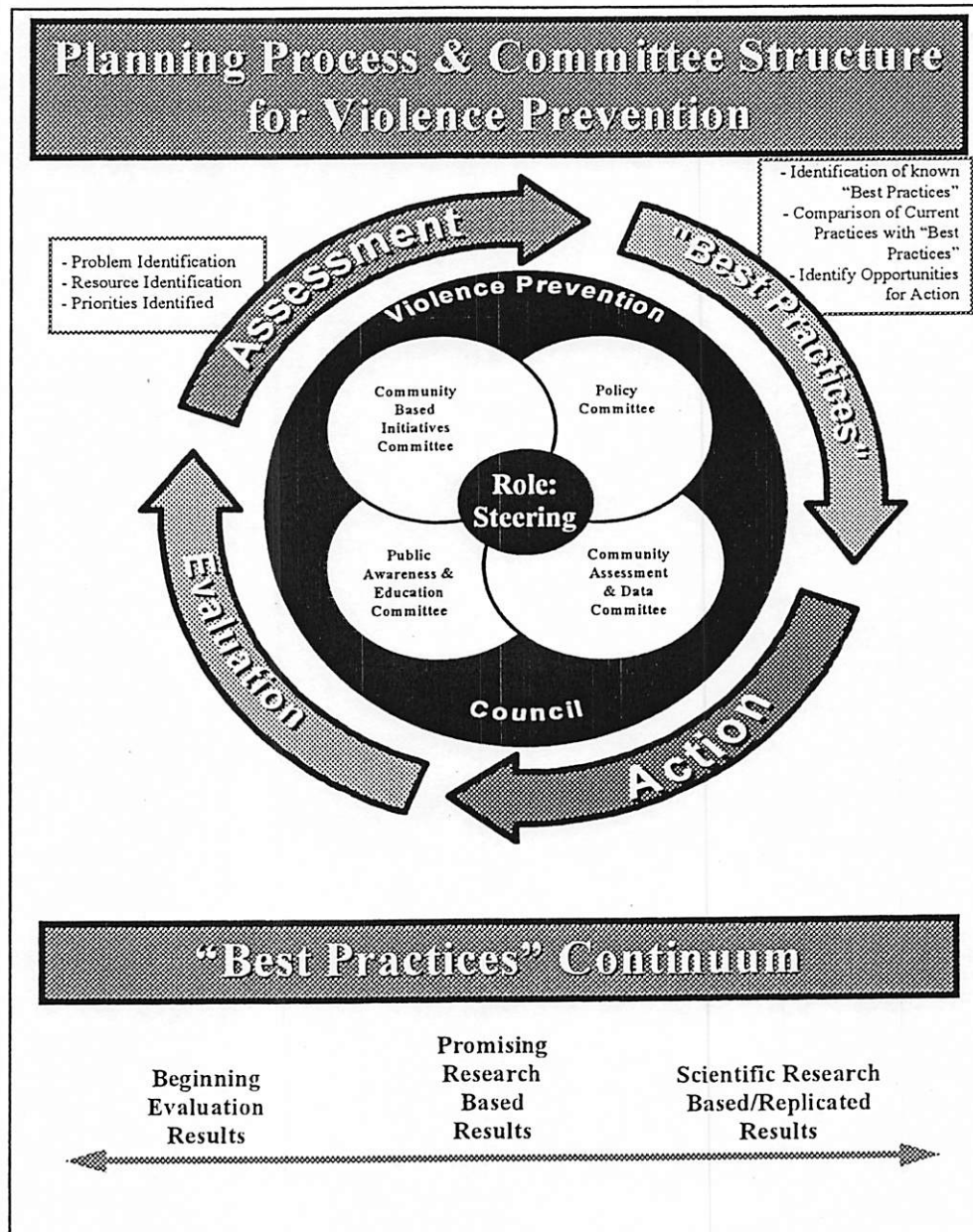
Matrix for Comprehensive Violence Prevention *

Level of Prevention	Phase of Violence	Potential attackers/ perpetrators	Risk Factors (means and occasions creating opportunities)	Environmental Risk Factors (risk factors influencing perpetrator, victim)
Primary Create conditions to keep people safe and healthy	Pre-violence	<ul style="list-style-type: none"> - Teaching parenting skills/violence-free relationships - Teaching nonviolent dispute-resolving skills - Early psychiatric interventions 	<ul style="list-style-type: none"> - Reducing access to weapons - Reducing access to alcohol/drugs - Regulating public drunkenness 	<ul style="list-style-type: none"> - Reducing poverty/ oppression - Reducing disorder of cities/ communities/ counties - Using architecture to promote a sense of community - Teaching media literacy - Reducing violence in the media - Raising awareness of violence in the community
Secondary Address risk reduction/ early identification/ intervention	During violent event	<ul style="list-style-type: none"> - Using nonviolent means of control - Teaching self-defense to victims 	<ul style="list-style-type: none"> - Eliminating weapons at scene - Mobilizing police/justice system - Mobilizing intervention for victims / witnesses of violent acts 	<ul style="list-style-type: none"> - Address attitudes and desensitvity to violence - Police/justice system rapid response - Community/neighborhood alertness - Collaborative agency and community response
Tertiary Intervention effort targeted to identified problems	After violent event	<ul style="list-style-type: none"> - Emergency medical treatment - Incapacitation/ Incarceration - Rehabilitation 	<ul style="list-style-type: none"> - Relationship/family counseling in domestic assault - Family/relationship therapy in child abuse and neglect - Creating living shelters for elderly 	<ul style="list-style-type: none"> - Providing jobs and counseling to poor families - Anger management classes - Adding street lighting in unsafe areas - Providing parenting classes - Stress management classes - Respite for caregivers

* Sources: Adaptation of the Haddon Matrix for Violence Prevention, National Committee for Injury Prevention and Control (1989:8).; Lofquist. Technology of Prevention. 1991; Violence Prevention. 1995; APHA. Chronic Disease: Epidemiology and Control. 1993; and Contra Costa County, 1994.

The Planning Process

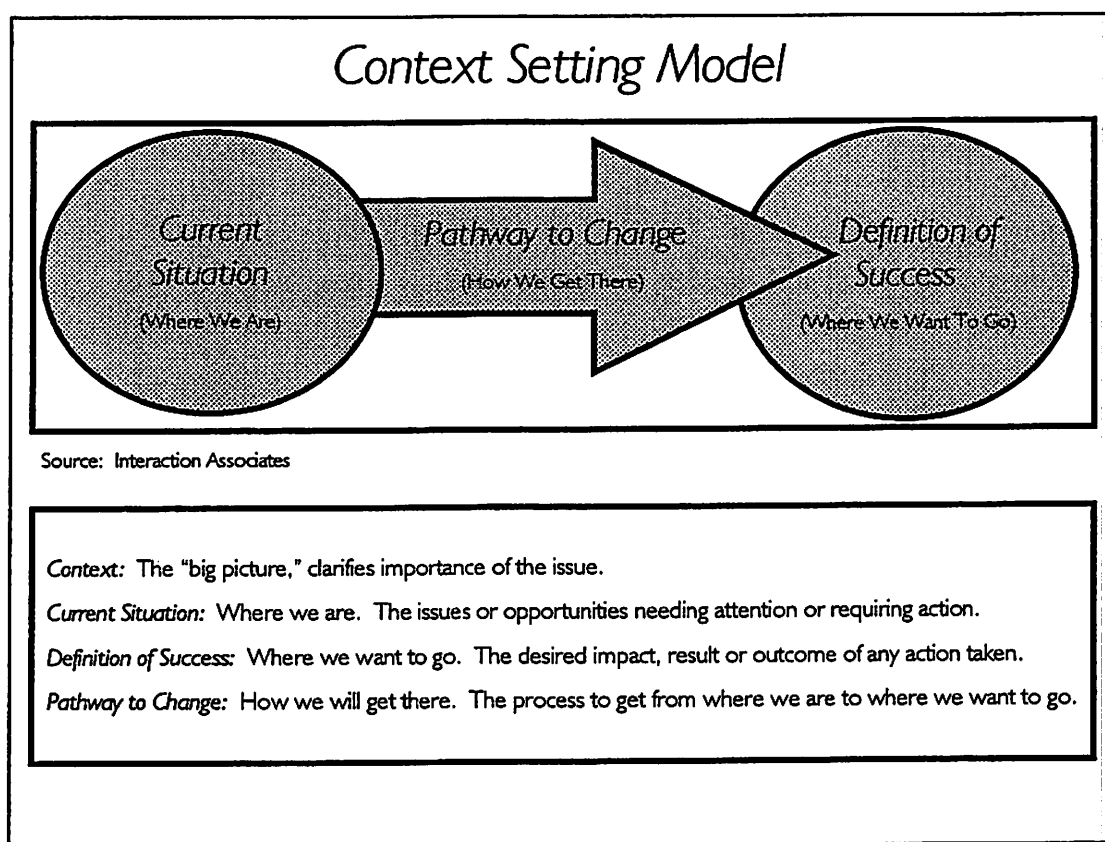
The working definitions and prevention matrix comprise only two elements guiding the Violence Prevention Council's work. The model below depicts the planning process used to guide the overall process. The process begins with assessment - this report is one product of this planning phase. The next phase is identification of strategies and tactics used by others to solve similar problems - or identification of "Best Practices." The working definition of "Best Practices" is illustrated in the continuum. Upon determining best practices, appropriate actions can be selected. Evaluating the results of those actions is the next step, which findings can then be used to guide future work.



The Violence Prevention Council

Since its formation in May 1997, the Violence Prevention Council has identified four areas of emphasis which resulted in the formation of four committees: Policy, Public Awareness & Education, Community Based Initiatives, and Community Assessment & Data. The context for each of these committees has been formulated using the previously described matrix.

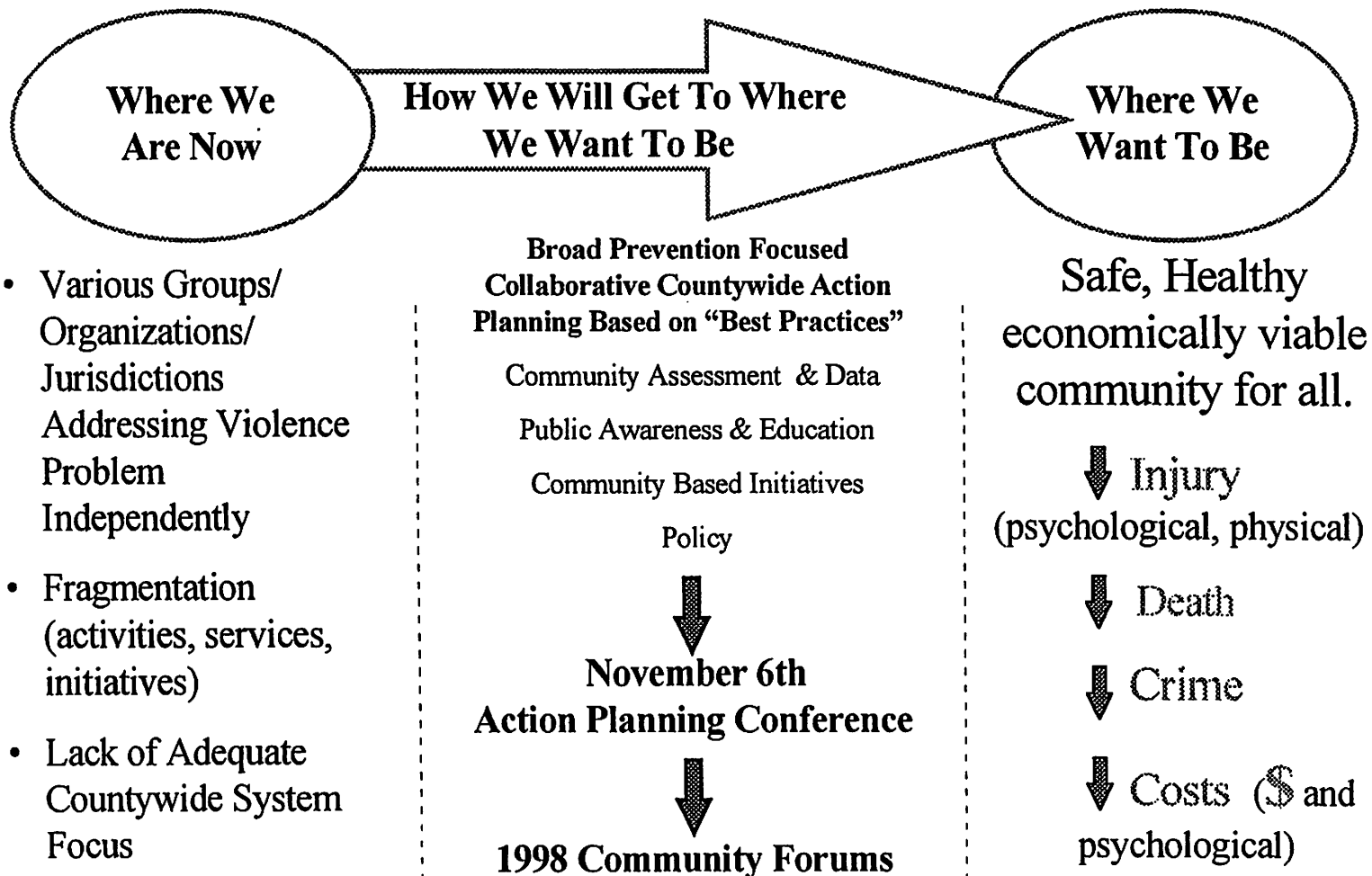
To build a pathway for change, a framework has been adapted to describe “the big picture” and set forth the planning process to achieve identified results. This framework is described below:



The diagrams on the following pages summarize the overall Council’s mission and the focus of its committees. These summary frameworks are intended to guide further collaboration as common ground action planning is undertaken.

Violence Prevention Council: *General Context*

General Context: Violence is a preventable problem that impacts multiple systems, disciplines, jurisdictions and communities. Violence Prevention will require county-wide action because of the multiple factors which directly or indirectly create conditions for it to occur.



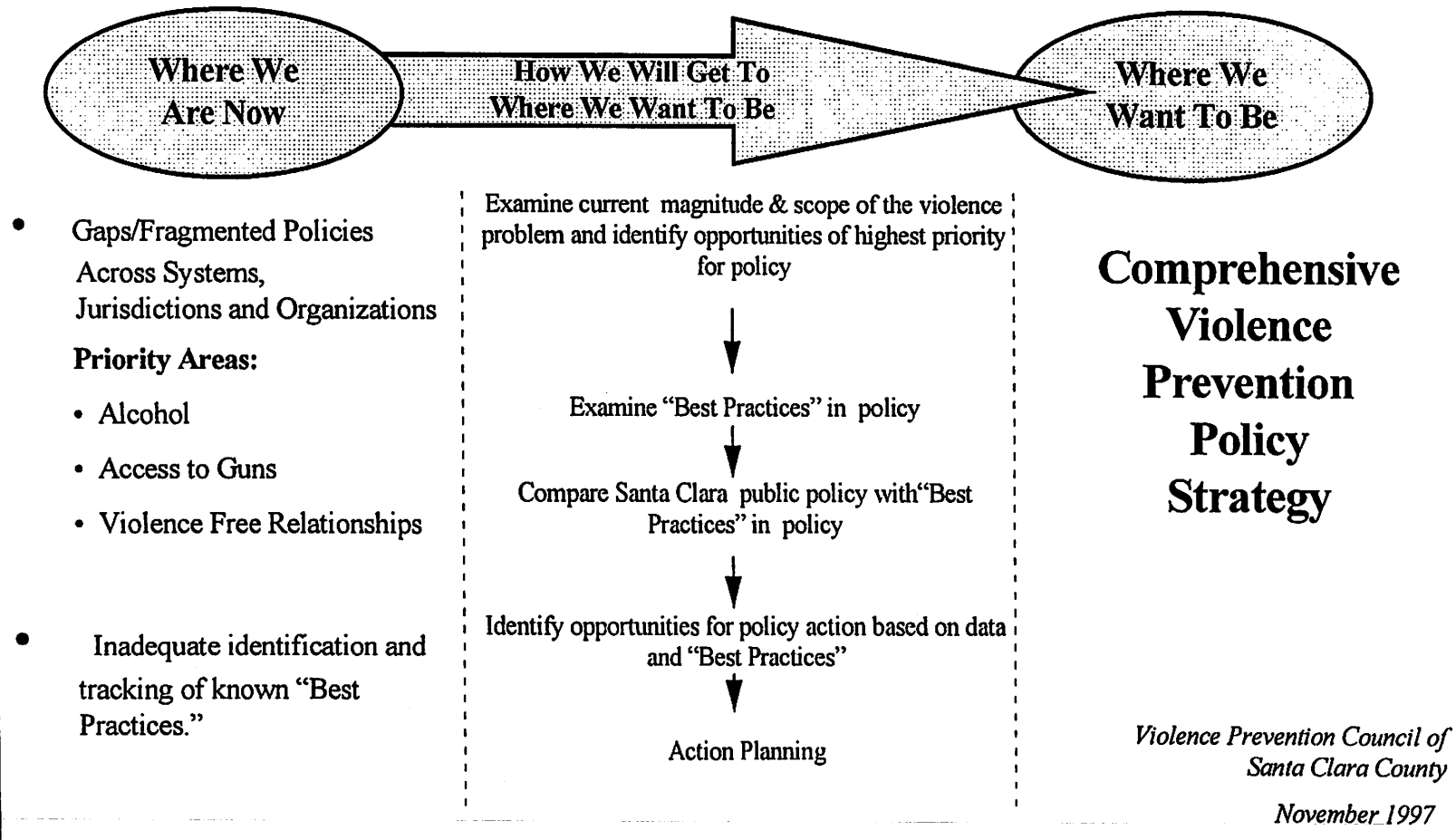
* See Matrix for Comprehensive Violence Prevention

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Policy Committee

Context: Policy at multiple levels can assist to proactively address factors which create conditions and influence the occurrence of violence. These levels include service provider organizations, systems, community and/or public policy to address primary, secondary and tertiary prevention and factors which create the means and opportunities for violence or influence the occurrence of violence for the person(s) committing the violent act, victims and witnesses of the violent acts.

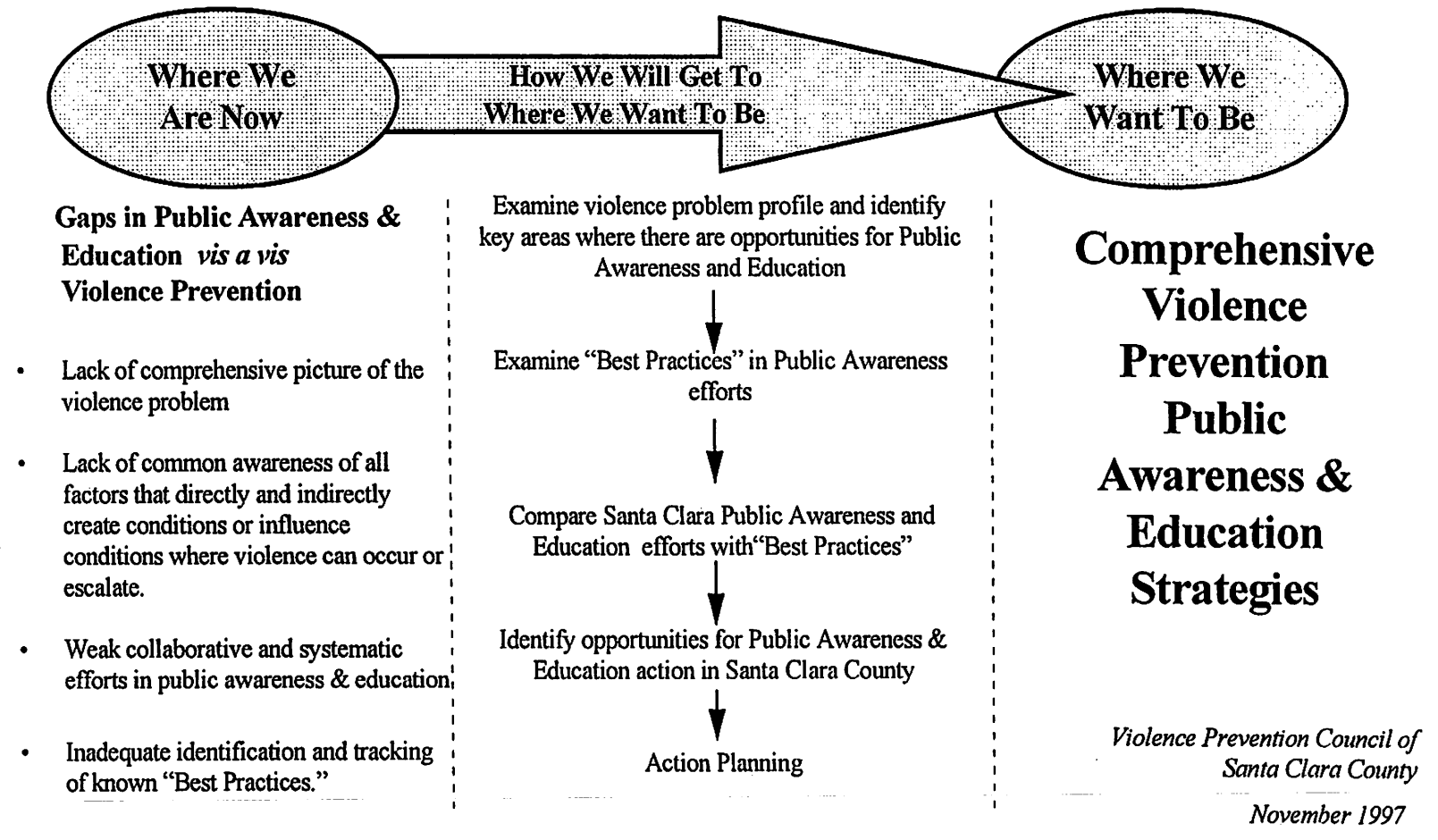
Stakeholders: Key groups in community who need to be involved in the development of policy: elected officials; health and human services; education; law; justice; faith community; neighborhood groups; and the media.



Public Awareness & Education Committee

Context: Public Awareness & Education strategies can help in violence prevention by making people aware of the full scope and magnitude of the violence problem. It can also include the role that multiple players and sectors can play in the full spectrum of the problem and the factors which directly or indirectly contribute and/or influence the occurrence of the phases of violence.

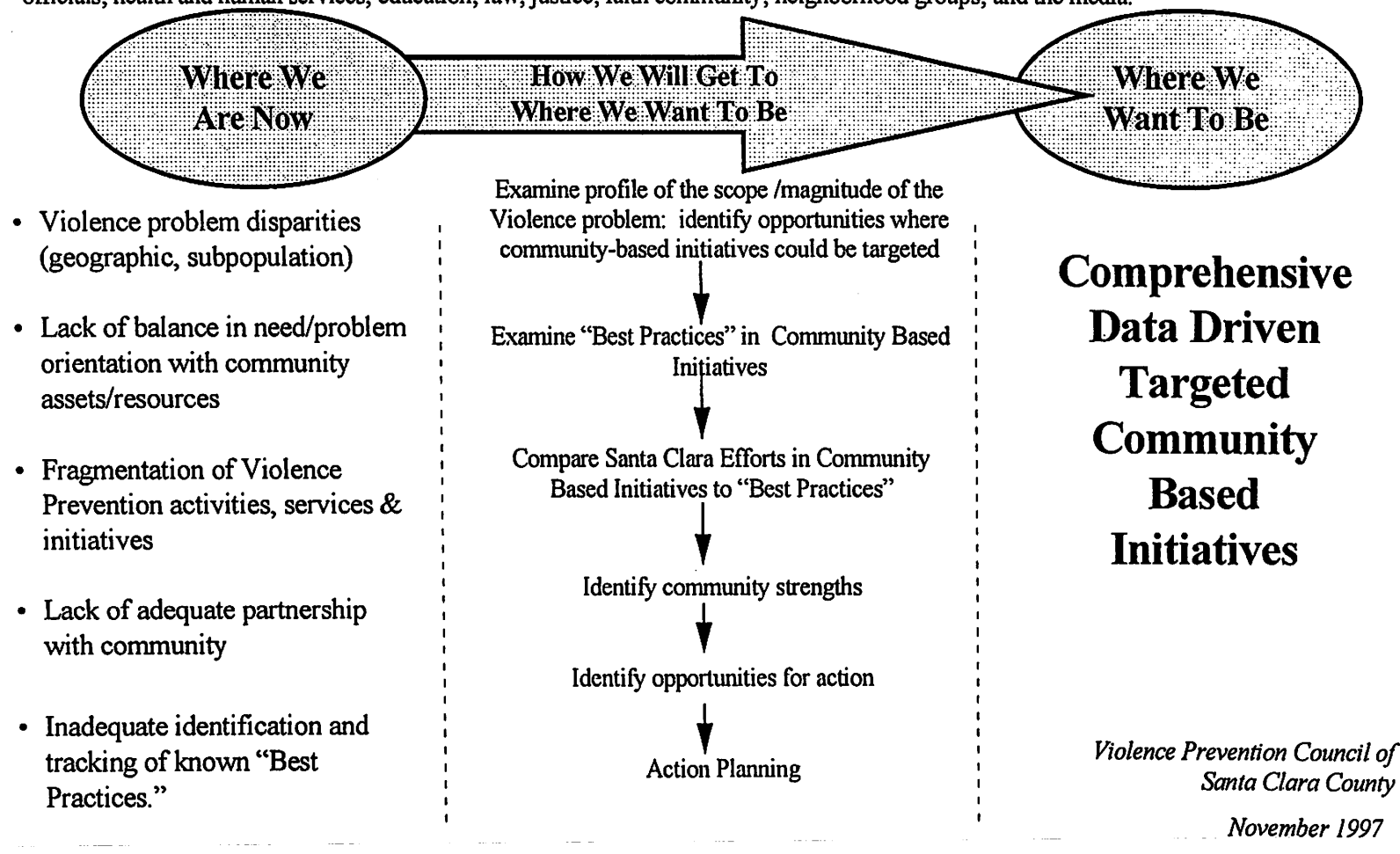
Key Stakeholders: Key groups in community who need to be involved in the development of public awareness and education strategies: elected officials; health and human services; education; law; justice; faith community; neighborhood groups; and the media.



Community Based Initiatives Committee

Context: Whereas violence impacts the whole county, it occurs at the community level and it disproportionately impacts some geographic and subpopulations. In these geographic and subpopulation levels, there are opportunities to fully explore the appropriate community-based actions to address the phases of violence as well as the means and occasions creating opportunities for violence and/or environmental risk factors influencing the occurrence of violence.

Key Stakeholders: Key groups in community who need to be involved in the development of community based initiatives: elected officials; health and human services; education; law; justice; faith community; neighborhood groups; and the media.



Community Assessment & Data Committee

Context: Data can assist us in guiding decision making for county-wide action. Collaborative assessment efforts can assist us in : 1) better understanding the full scope & magnitude of the violence problem; 2) preventing it; and 3) evaluating our efforts. A systematic approach will be necessary to accomplish these three things.

Key Stakeholders: Key leaders who play a role in “keeping” and maintaining data bases for select aspects of the violence problem, including: elected officials; health and human services; education; law; justice; faith community; neighborhood groups; and the media.



- Various community organizations capturing various parts of violence problem
- Profile of violence problem fragmented.
- Lack comprehensive profile of available resources.
- No tracking of individuals accessing various aspects of the system.
- No systematic evaluation effort.
- Inadequate identification and tracking of known “Best Practices.”

Four Phase Development:

I. Scope/Magnitude of Problem

II. Precursors to Problem

III. Tracking System

IV. Evaluation

Comprehensive Violence Surveillance System

*Violence Prevention Council of
Santa Clara County*

November 1997

Community Assessment & Data Committee

A four-phase approach to collecting data on violence is proposed:

The Community Assessment and Data Committee recommends that the Violence Prevention Council implement a four-phase process to develop a comprehensive violence surveillance system in Santa Clara County. The committee is currently working in the first phase: documenting the prevalence and impact of violence.

Phase I - Violence Problem

Through collaboration and interagency agreements, Phase I will involve the collection of data on an ongoing basis of violent events (threatened and actual), using the variables based on an adaptation of the Los Angeles County model described in Chapter 5. This would have the overall purpose of constructing a comprehensive profile of the violence problem based on elements of data collected from multiple sectors in the community. From this profile, it will be possible to have a clearer picture of specific community problems and needs. Phase I will also include an assessment and mapping of resources to show the strengths of the community. Additionally, it will utilize survey methods to determine attitudes and perceptions about community safety and community perceptions of high priority areas for violence prevention efforts. Another important Phase I action is the identification of Best Practices. Finally, the first phase will begin to define objective outcome goals as defined through the initial action planning activities of the Violence Prevention Council.

Phase II - Violence Precursors

Phase II will focus more intensely on the course of events and behaviors which lead to violent events. It will involve the collection of data on the precursors and antecedents of violence, for the purpose of designing interventions and activities which will curtail and/or minimize these antecedents.

Phase III - Tracking System

The third phase will develop a more sophisticated comprehensive information gathering system among multiple agencies, in order to coordinate more effectively in data analysis and comparisons, program planning, and service delivery.

Phase IV - Evaluation

The final phase will use data collected in Phases I through III to plan, develop, and evaluate programs to prevent violence and to monitor progress of community action undertaken.

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Opportunities for Violence Prevention

The information presented in the next chapters will begin to provide a picture of the violence problem in Santa Clara County. Some of the notable facts that may provide direction for the community planning process are presented below.

- ***Child Abuse referrals totaled 22,376 in 1996***, with the most frequent referrals being for physical abuse, followed by general neglect and sexual abuse. ⁵
- ***Juvenile felony arrest rates*** have increased steadily from 1985 to 1994. There has been a dramatic increase in assault and robbery charges among juvenile offenders. ¹
- ***Juvenile arrest rates for weapons violations*** have increased 117%. Also, during the same time period, homicides perpetrated by juveniles involving firearms have increased threefold. ¹
- ***In Santa Clara County, 9 of 11 city law enforcement agencies reported gangs.*** ²⁴
- ***A majority of juvenile probation cases (54%),***

live in childhood poverty zones, according to 1995 figures from the Probation Department's Gang Violence Suppression Unit. These same youth accounted for 45% of all the juvenile violent crime in the county. Eight percent (8%) of these juveniles were repeat offenders committing two or more serious violent crimes within the last two years.

- ***Schools report battery is the most common violent act*** perpetrated at elementary, middle and high schools. Most offenses occur on campus.¹⁴
- ***Firearms were responsible for 76% of homicides against children*** (< 21 years of age) between 1993 and 1994.²⁵
- ***One in 5 homes in Santa Clara County have a gun***. Of those homes, 31.9% have unlocked handguns.²¹
- ***Violent crime rates continue to rise among adults and juveniles***, aggravated assault continues to be the highest violent crime.¹⁷
- ***Males aged 15-34 have a much higher rate of homicides (10.8 per 100,000) compared to same age females (3.1 per 100,000)***. Hispanic males aged 15-34 have the highest rate of homicide (20.9/100,000), followed by Asian males (10.2/100,000) and white males (5.5/100,000).
- ***In 41% of reviewed domestic violence related deaths, children were present***.³¹
- ***Guns were used in 57% of domestic violence related death*** incidents as reviewed by the Death Review Committee.³¹
- ***Domestic violence related deaths among Asians are more than double the group's***

presence in the total population.³¹

- ***In 1996, 4,604 cases of domestic violence were filed with the District Attorney's Office.***

Between January 1, 1997 and September 30, 1997, there were 16 cases of same-sex domestic violence filed with the District Attorney's Office.³³

- ***In October 1997, there were 3,500 active cases of adults on probation for domestic violence offenses.*** Of those 760 are under intensive supervision.³²
- ***In FY96/97, 5% of active probation cases involved charges of domestic violence.***
- ***Dependent adult (18-64 years) abuse is inflicted by others 60% of the time,*** and self-inflicted in 40% of documented cases.³¹
- ***With the growing number of seniors in our community,*** the rates of reported elder abuse are expected to rise.²⁶
- ***In 1996, 1,264 cases of elder abuse (>64 years) were reported, 45% of those cases were self-abuse*** (failure to take medication, failure to eat, etc.).¹⁹
- ***The most common self-inflicted injury hospitalization among those 65 years and over was for poisoning.***²⁰

5

Profiling Violence in SCC

The Violence Prevention Council has formed the Community Assessment and Data Committee to assist in the assessment of the current status of violence in the community and to give direction to the collective action planning. The committee was given the following charge:

- ***To design a comprehensive violence surveillance system to measure and track violence***
- ***To compile available data and information on violence in Santa Clara County***
- ***To identify gaps in data and information***
- ***To develop outcome measures which evaluate actions taken by the Council for violence prevention***

Where We Are

Phase I of Community Assessment & Data Committee Work

Fragmented Information-

The information needed to provide a complete picture of the impact of violence on the people of Santa Clara County must come from a wide range of sources, including law enforcement, Social Services, community based organizations, the Department of Justice, the Office of Education, hospital and medical providers, and the Public Health Department. What we currently have available are data which describe distinct aspects of violence - discrete perspectives on aggressive acts by or against certain groups of individuals. Unfortunately, these data cannot be integrated to provide a comprehensive profile of the violence problem.

Variable Quality Data-

Because of the numerous sources of data, there is great variability in the quality and integrity of the information currently being gathered. This means the accuracy, uniformity, and completeness of information cannot be guaranteed, and caution must be used when drawing conclusions and attributing causal relationships to different sets of data. A more detailed discussion of data limitations can be found in Chapter 9.

Despite these shortcomings, available data can provide valuable information on how extensively violence impacts our community. It can point us to those areas where violence prevention and intervention action is needed; and, it can help us to assess the impact those activities have on levels of measured violence.

Where We Want to Be

The development of a comprehensive profile of violence in Santa Clara County will require a collaborative effort among agencies responsible for gathering various forms of data on violence. Such a system is being developed by the Los Angeles County Public Health Department, and is being presented in Table 1. This system will be used as a starting point for local efforts.

Table 1. Violent event variables recommended by LA County

Victim & Alleged Perpetrator	Nature & Severity of Injury	Unique Identifiers for	Event Characteristics
Age Race/Ethnicity Address Income	Injury outcome (disability, fatality) Acute care required Chronic care required Severity of injury Psychological and emotional impact	Victim Perpetrator Event	Date Time Location address Type of location Alcohol involvement Drug involvement Type of drug involved Injury mechanism (weapon used) Gang involvement Relationship between perpetrator and victim Victim and perpetrator's living arrangement

Data Committee recommended additions to Event Characteristics:

- Presence of children
- Children in common between perpetrator and victim
- History of domestic violence
- Previous domestic violence arrests

Violence Surveillance System: Elements

In addition to the above data points, a complete violence surveillance system would also include:

- ***Mapping of communities and neighborhoods hardest hit by violence.***
- ***Comparison of local violence data to state and national trends.***
- ***Identification of antecedent behaviors and circumstances which lead to violent events.***
- ***Identification of resources available to address***

various aspects of violence.

- ***Bench marking best practice strategies to reduce violence and to support victims.***
- ***Outcome evaluation capabilities to assess the success of prevention efforts.***

6

Santa Clara County Information

County Demographics

For a complete breakdown of Santa Clara County demographics please see Appendix A. Below are highlights describing demographic trends in the county.

- **Santa Clara County can continue to expect a 10% population increase** per decade, based on current trend analyses (Association of Bay Area Governments, 1993).
- **Nearly 40% of the school age population (243,534 students) is white, with Hispanic students comprising the second largest group (31.49%) as of October 1995 ².**
- **Between 1990 to 1994, Asian and Pacific Islanders show the greatest increase in population (28%);** African-Americans (7.9%) and Hispanics (14.8%) also showed increases ².
- **Among men, the population of youths (15-34) decreased, while the proportion of elderly (85+) showed the greatest increase,** between 1990 to 1994 ².

- **Unlike men, the proportion showing the greatest increase among women were those aged 45-54.** There was also a decrease in the proportion of female teenagers and young adults (15 to 34 years) between 1990-1994. ²
- **By the year 2020 the 60+ population is projected to increase by 170% ².** By the year 2010, the 65+ population is estimated to double in the city of San Jose (and nationally). ³

Demographic Data Related to Violence

It is important to understand how violence relates to age, gender, race, income, location of crimes, and residence of victims. These variables help to provide a profile of who is most impacted by violence. The various agencies responsible for gathering demographic data on violence-related events often have different policies on demographic information gathered, and many have different types of classification coding systems, making comparisons across data systems difficult.

Age

Information about the age of victims and alleged perpetrators of violence comes from many different sources:

New child abuse data system
Law enforcement records
Trauma Registry

Hospital records
Death certificates
Elder Abuse Reports

Gender

Many types of violence are gender specific. For example, most of the victims of sexual assaults/rapes and domestic violence are women. It is important, however, to track the gender of both victims and perpetrators as awareness of issues such as same sex

domestic violence is increasing. Tracking this information will help to ensure that assumptions about gender and violence are replaced by fact.

Ethnicity and Race

Data sources have varying degrees of detail on race and ethnic categories. Most data sources include information about race and ethnicity. Child abuse data is now starting to be organized by ethnicity with a great level of detail.

Income

Because actual data on the income of those involved with violence is difficult to get, proxy and aggregate measures are used. The two proxy measures available in Santa Clara County are the primary payor of hospital charges ⁶ and the number of students in school districts whose families are receiving Aid to Families with Dependent Children (AFDC). The aggregate information available on income comes from the Social Service Agency in the form of a table that lists referrals to juvenile probation by zip code with the corresponding median income ⁷.

Geographic Location

The location of violent events is found primarily on death certificates and in law enforcement records. International Classification of Disease Codes Version 9 (ICD-9) for external injuries do note location of accident/injury, but not with any degree of accuracy; the codes are frequently not reported in the hospital discharge data. In the absence of specific addresses where violence occurs, zip codes are used as a proxy measure. Zip codes are available in a number of data sources: Social Services Agency data on child abuse, referrals to juvenile probation and the Trauma Registry. Location, according to the victim, is found in the following databases with varying degrees of detail:

Child Abuse Report	Death Certificate	Hospital Discharge Data
Law Enforcement Records	Trauma Registry	Safe Schools Data

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Current Information on Violence in Santa Clara County

Information on violence in Santa Clara County is presented below by age groupings (children & youth, adults, and the elderly) from the perspective of general community risk behaviors, attitudes and perceptions, and according to regional concentration of reported violence.

Violence Data Related to Children and Adolescents

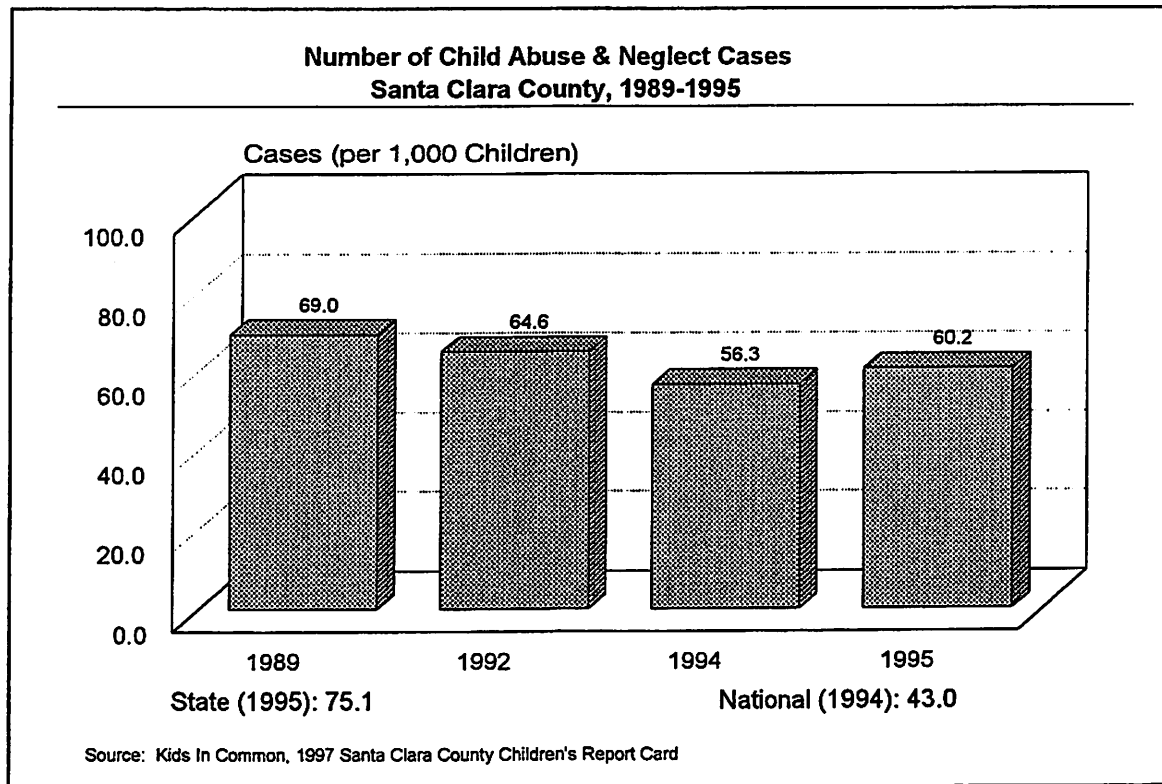
Examples of Data Sets:

- ♦ ***Child Abuse & Neglect Reports***
- ♦ ***Youth Victims of Sexual Assault***
- ♦ ***Child Homicide & Suicide/Death records/Child Death Review Team***
- ♦ ***Child and Youth Crime/Department of Justice/Juvenile Hall***
- ♦ ***School-Related Crimes***
- ♦ ***Youth Violent Crime***
- ♦ ***Youth Perpetrators of Sexual Assault***
- ♦ ***Children Exposed to Violence***
- ♦ ***Juvenile Hall Admissions***
- ♦ ***Probation/District Attorney's Office***

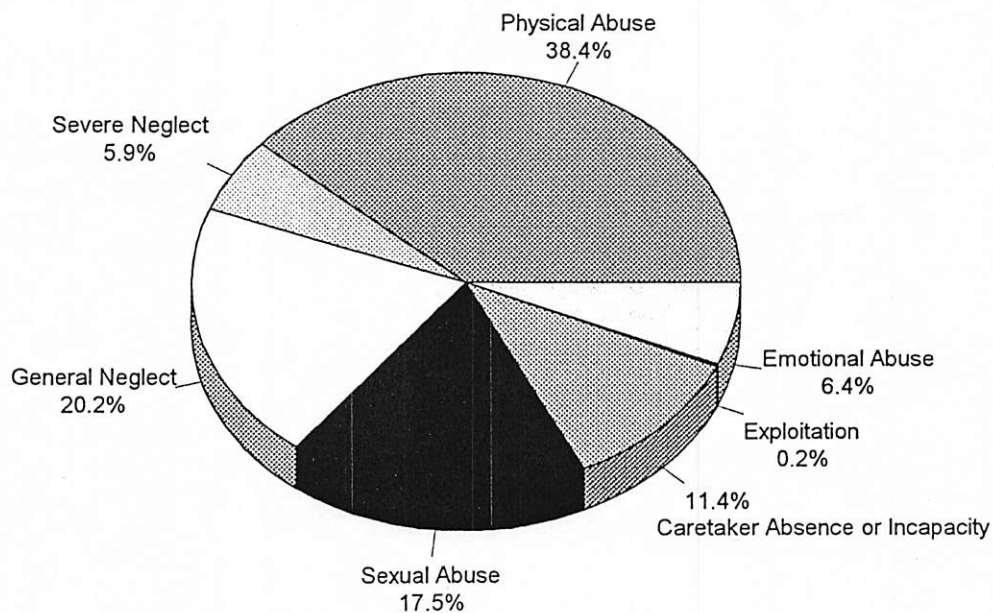
Child Abuse and Neglect

A total of 22,376 children were reported to the Santa Clara County Child Abuse and Neglect Referral and Reporting Center in 1996.⁵ Child abuse reports are divided into seven categories of allegations:⁸ sexual abuse, physical abuse, general neglect, severe neglect, emotional abuse, exploitation, and caretaker absence or incapacity. (For definitions please see Appendix B).

Physical abuse (38.6%) and general neglect (20.3%) were the two most common reasons for child abuse reports.⁵ There were very few cases of exploitation reported to the Social Services Agency (38 cases).



Child Abuse Reports by Type Santa Clara County, 1995



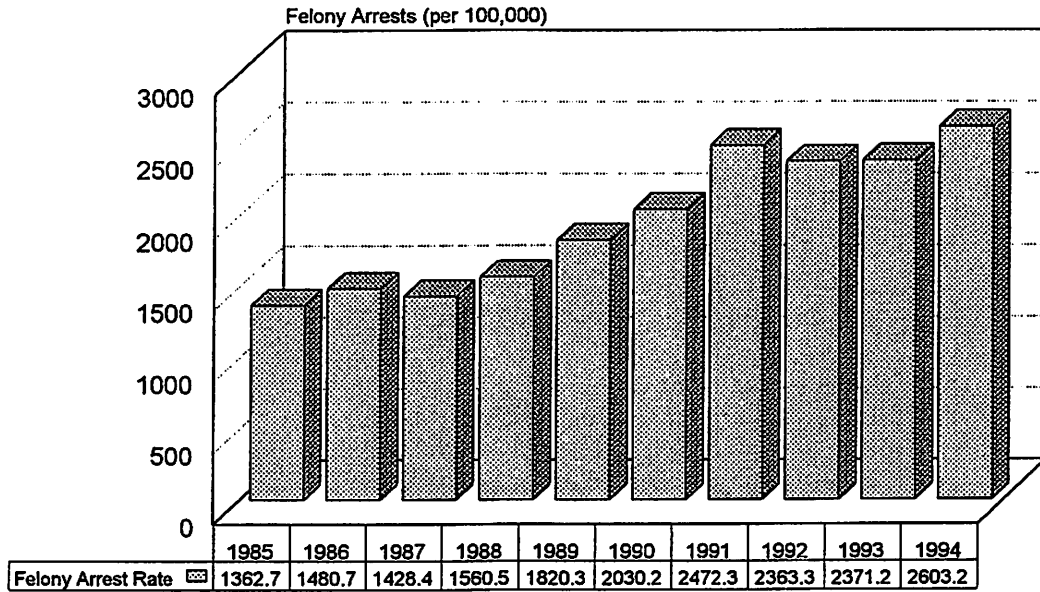
Source: Child Abuse and Neglect Referral and Reporting Center, 1996

Reporting of child abuse cases is higher in low-income areas. The zip codes with the highest number of referrals for child abuse and neglect are also the areas that have the lowest median income and highest number of AFDC, MediCal and food stamp recipients (please see Appendix C). This only reflects the fact that more reports are made for these areas and not that there are more confirmed cases in these areas.

Youth Violent Crime

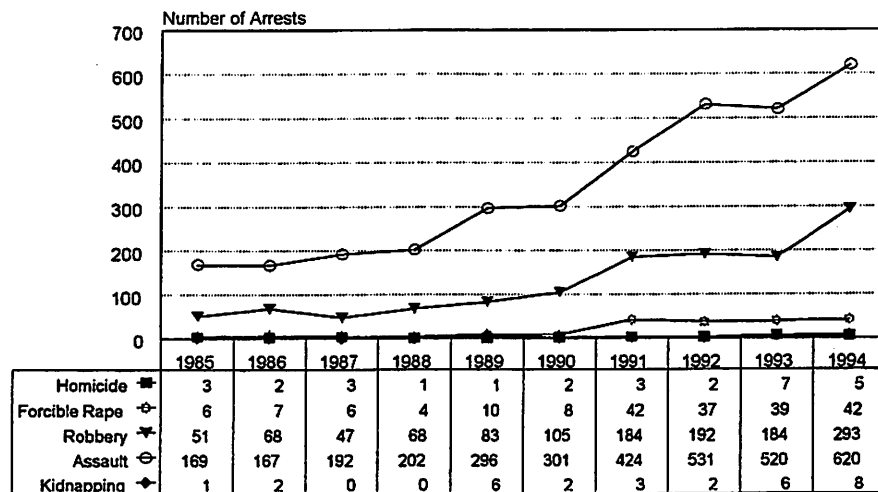
According to statistics provided by the California Department of Justice State Profile in 1994, juvenile violent arrest rates in Santa Clara County have increased between 1989 and 1995, increasing from 1362.7 arrests per 100,000 population in 1985, to 2603.2 per 100,000 in 1994. In addition, certain types of violent crimes have more dramatic increases. Assault and robbery, in particular show significant increases since 1990.

Juvenile Felony Arrest Rates Santa Clara County, 1985-1994



Source: California State Department of Justice State Profile, 1994

Juvenile Felony Arrests for Violent Offenses Santa Clara County, 1985-1994



Source: Department of Justice State Profile, 1994

More detailed information about youth arrests in the county is available from the California Department of Justice (DOJ). For example, the 1994 DOJ profile has tables of specific offenses by age, jurisdiction, and gender, and by crime type and rates by category for the past ten years.

Data on the disposition of cases prosecuted by the District Attorney's office is available in various forms, such as by zip code, for:

- The number of referrals to juvenile probation
- The number of citation referrals
- The number of referrals resulting in juvenile hall custody
- The number of diverted juvenile citations
- The number of violent crimes.

These data have not been summarized for this report, but will be made available to provide a more detailed perspective on youth crime.

According to the Juvenile Justice Action Plan, 1997, certain zip code areas have a greater frequency of crimes committed. Those are listed below.

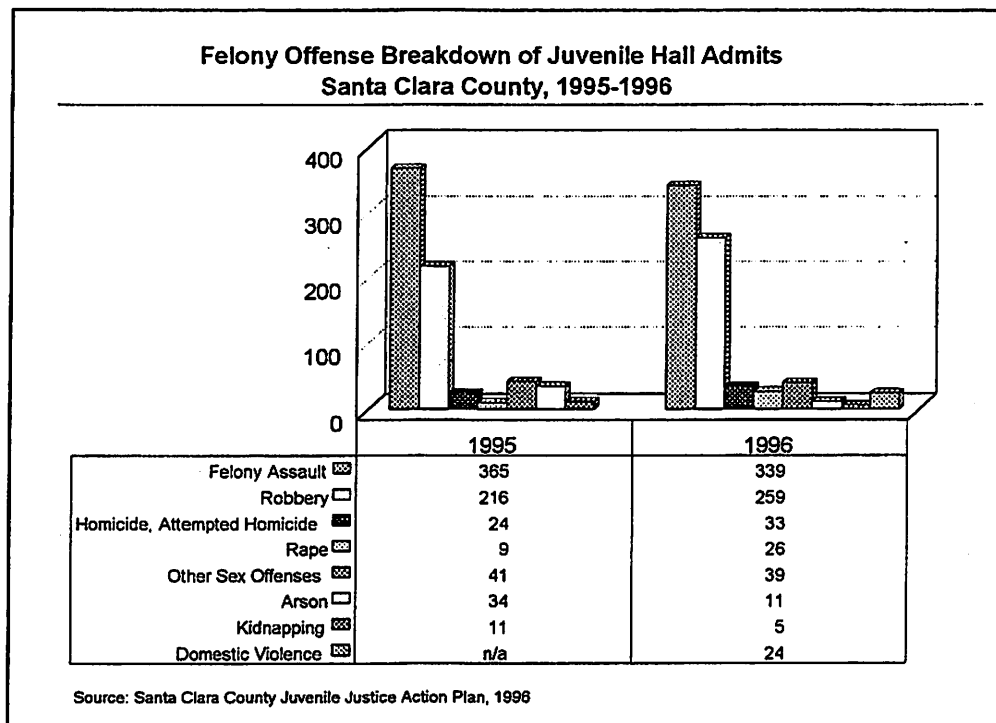
Top Zip Codes for Violent Crimes Perpetrated by Juveniles in Santa Clara County:

Zip Code	City	Number of Violent Crimes
95127	San Jose	169
95116	San Jose	162
95111	San Jose	159
95122	San Jose	153
95020	Gilroy	147
95112	San Jose	141
95035	Milpitas	124
95121	San Jose	110
95132	San Jose	103
95123	San Jose	98

Source: Santa Clara County Juvenile Justice Action Plan, 1997

Juvenile Hall Admission Data

As can be seen from the following bar chart, felony assault in both FY95 and FY96 accounts for the largest group of serious crimes against persons committed by juveniles who are admitted to Juvenile Hall.¹ It is interesting to note that while youth felony assault charges have dramatically increased, admissions to Juvenile Hall of those charged with felony assault have actually decreased by 7%. Admissions have increased for robbery (20%), homicide/attempted homicide (37%), rape (188%), and kidnaping (54%) while admissions for felony assaults and other felonious sex offenses have decreased. A further analysis is needed to more accurately determine the relationship between overall rates of crime by type, and custody admissions by crime type.



While Juvenile Hall admission data does not necessarily reflect crime rate increases or decreases, or differences in rates of crimes that occur in the community, it does suggest which charges present most risk to community safety.

Gang-Related Violence

Youth gang membership is clearly related to delinquent behavior and must be considered in the county violence prevention effort. A gang is defined by five factors: 1) formal organizational structure (not a syndicate), 2) identifiable leadership, 3) identified with a territory, 4) recurrent interaction and 5) engaging in serious violent behavior.⁹ The Rochester Youth Development Study¹⁰ found that gang members were more likely than non-gang members to use drugs and alcohol, to engage in crimes of property, violence, drugs and public disorderliness. Also, gang members were more likely to engage in serious delinquent acts.

A national survey in 1995 by the Office of Juvenile Justice and Prevention found that California has:²⁴

- the second highest number of Sheriff's Departments reporting gang activity;
- the highest number of police departments reporting gang activity; and
- the highest number of gangs and gang members reported by sheriff and police departments in comparison to any other state.

Locally:

- Since 1991, the San Jose Police Department has identified 250 juvenile gangs.¹⁶
- In 1995, within the county's childhood poverty zones, juveniles accounted for 54% of the cases in the Probation Department's Gang Violence Suppression Unit. These same youth accounted for 45% of all the juvenile violent crime in the county. Eight percent (8%) of these juveniles were repeat offenders committing two or more serious violent crimes within the last two years.
- In 1995, there were 3 gang-related (the precipitating event was gang-related, however this does not mean that the relationship of the victim to the offender was gang membership) homicides of juveniles (17 years and under) in Santa Clara County. In 1996, there was 1 gang-related homicide of a juvenile in Santa Clara County.
- According to the 1995 National Youth Gang Survey, 9 of the 11 local city law enforcement agencies reported gangs:²⁴

- Gilroy
- Los Gatos
- Milpitas
- Morgan Hill
- Mountain View
- Palo Alto
- San Jose
- Santa Clara
- Sunnyvale

Teen Domestic Violence/Relationship Violence

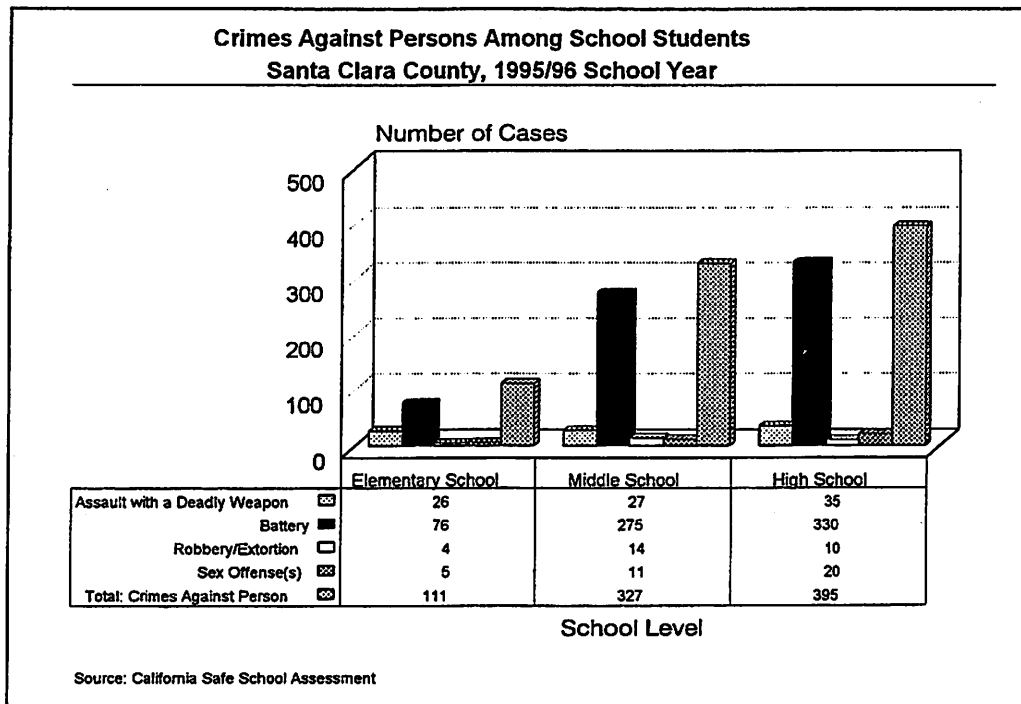
- In 1995 there were 5 juvenile arrests for spousal abuse charges reported in Santa Clara County; this number increased to 12 in 1996. ¹³
- In FY96, there were 24 juvenile hall admits for domestic violence offenses. ¹⁵

The incidence of teen domestic/relationship violence is unclear because there is no mechanism for identifying and reporting incidents. The San Jose Police Department, for example, does not keep statistics on domestic violence based on the perpetrator's or victim's age, making juvenile domestic violence indistinguishable from adult.

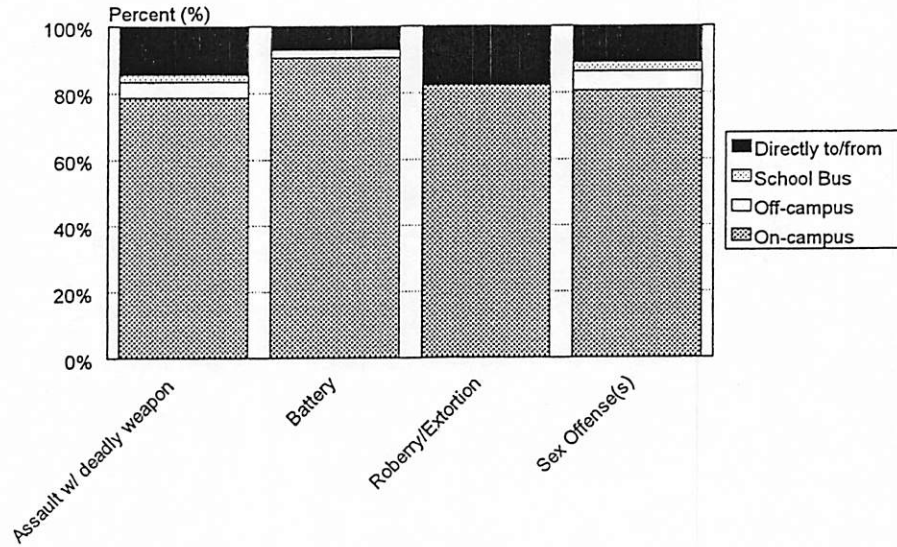
School-Related Violent Events

The Santa Clara County Office of Education, reports that in academic year 1995-1996 on school property there were: ¹⁴

- 699 cases of battery
- 89 assaults with a deadly weapon
- 28 robberies or extortions
- 36 sex offenses
- 265 cases of weapons possession



**Location of School-Related Crimes Against Person
Santa Clara County, 1995-1996**



Source: California Safe Schools Assessment, 1995-1996

School-related violence is highly variable with respect to reporting methods and accuracy. There are thirty-three distinct school districts in the county, each with their own reporting systems, and varying technologies. Most cases of school-related crimes against persons occur at school and during school hours.

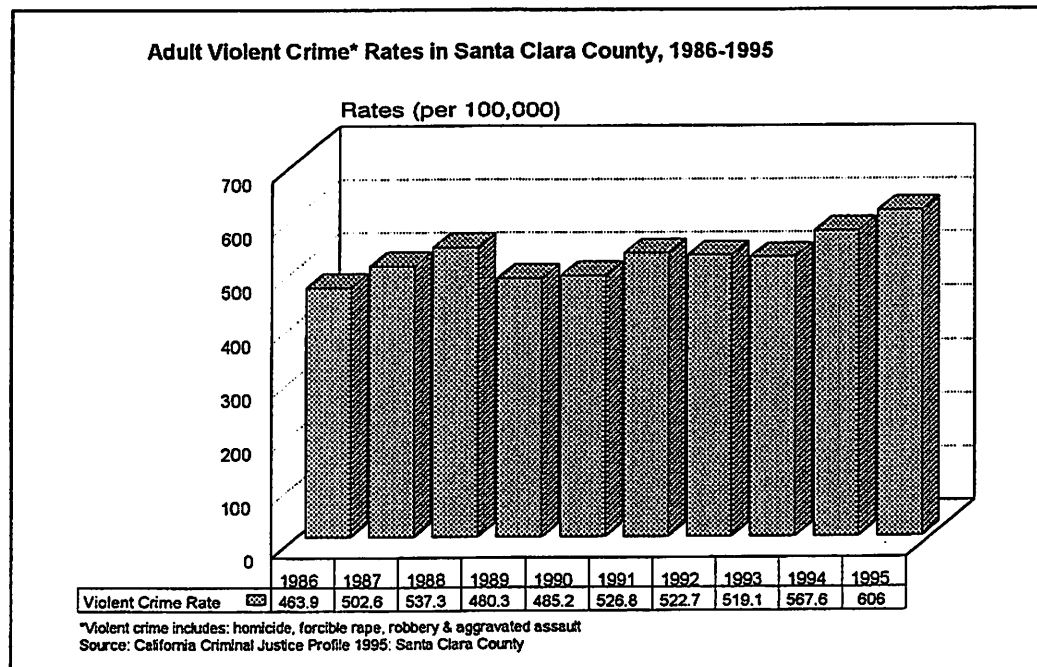
Violence Data Related to Adults

Examples of Data Sets:

- ♦ ***Adult Violent Crime***
- ♦ ***Domestic Violence Calls for Assistance***
- ♦ ***Domestic Violence D.A. Cases Filed***
- ♦ ***Hospital Data on Assault Victims***
- ♦ ***Death Review Committee***
- ♦ ***Adult Protective Services***
- ♦ ***Needs Assessment***
- ♦ ***Trauma Registry***
- ♦ ***Law Enforcement***

Adult Violent Crime

- In 1995, there were 9,716 reported violent crimes in Santa Clara County, up from 9,036 in 1994.¹⁷
- In FY95-96, there were 203 adults on probation for violent offenses.¹⁵



■ **In 1995** (these data are derived from death records and hospital discharge data):

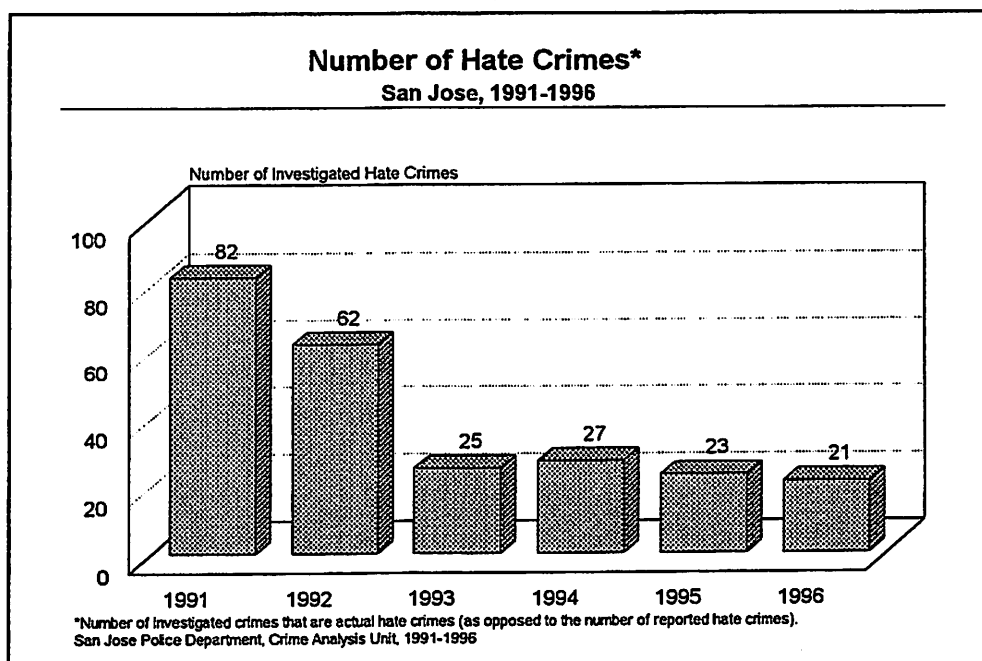
- Homicide rates among the general population were 3.9 per 100,000 people
- Homicide rates among males aged 15-34 were 10.8 per 100,000 people; and among women aged 15-34 3.1 per 100,000.
- Homicide rates among Hispanic males aged 15-34 were 20.9 per 100,000 people; among Asian males 10.2 per 100,000; and among white males 5.5 per 100,000.
- Suicide rates among the general population were 7.6 per 100,000 people
- Suicide rates among youth aged 15-19 were 7.7 per 100,000 people
- Suicide rates among white males aged 65 and older were 33.5 per 100,000 people
- Among residents age 12 and older, there were 324 hospitalizations due to assault (109 were men, 215 were women).
- 569 rapes and attempted rapes were reported in 1995; 95 of those cases were attempted rape
- 688 self-inflicted injury hospitalizations and 423 assault injury hospitalizations occurred in 1995. More women were hospitalized for self-inflicted injuries than men; more men were hospitalized for assault injuries than women.
- In 1995, firearms contributed to 96 hospitalizations for intentional and unintentional injuries.

Hate Crimes-

Since July 1994, the attorney general has been collecting data regarding crimes motivated by the victim's race, ethnicity, religion, sexual orientation or physical or mental disability as reported by local law enforcement agencies. The data below reflect the first full year of this kind of data gathering. This information should be used with caution as program participants gain experience in identifying, documenting, interpreting, aggregating and displaying the information.²⁸ Numerous jurisdictions report hate crimes to the state - ranging

from the transportation agency, to cities, to campuses.

A hate crime is defined as any criminal act or attempted criminal act which causes physical injury, emotional suffering, or property damage where there is a reasonable cause to believe that the crime was motivated, in whole or in part, by the victim's race, ethnicity, religion, sexual orientation, or physical/mental disability. ¹⁶



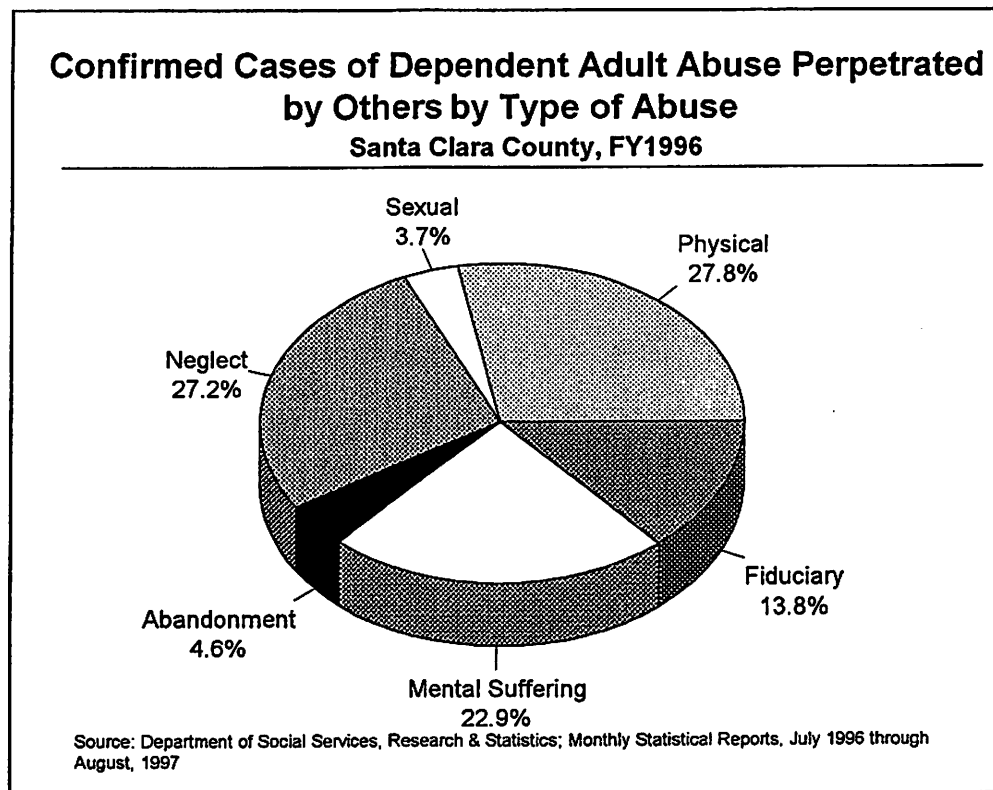
- In 1995, 7 hate crime complaints were filed with the DAs office, 6 of which resulted in guilty pleas or convictions. ²⁸

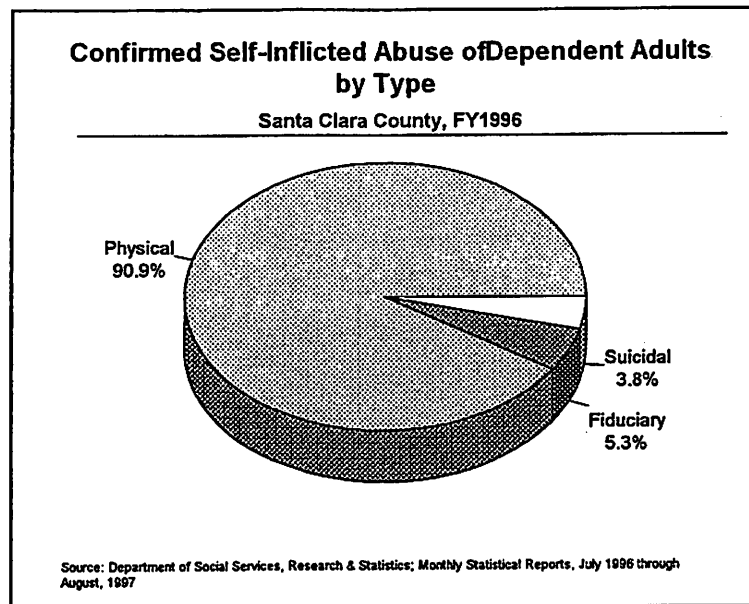
- In 1995, Santa Clara County reported 47 hate crimes, resulting in 51 offenses, 81 victims and 47 known suspects.

Dependent Adult Abuse -

A dependent adult is defined as any person who is not less than 18 years of age, but not more than 65 years of age, who has a physical or mental limitation that restricts his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, any person who has physical or developmental disabilities, or whose physical or mental capacities have diminished because of age.²⁹

A total of 447 confirmed case of abuse of dependent adults occurred between July 1996 and August 1997.²⁷ The majority (60%) of confirmed cases of dependent adult abuse was inflicted by others and included: physical and sexual abuse, neglect, abandonment, mental suffering and fiduciary abuse.





Domestic Violence

In recent years, domestic violence has gained recognition as a serious problem, affecting, for the most part, women. As the information below indicates, there are numerous ways to track domestic violence related data. Presently, there is no centralized system that can track all aspects of domestic violence incidents.

According to the Probation Department, the California Code specifies that domestic violence is abuse perpetrated against the following persons: spouse or former spouse, cohabitant or former cohabitant, person with whom one is having or has had a dating relationship, person with whom one has had a child, any person related by consanguinity (relationship by marriage or a close relationship) with the second degree.

- In October 1997, there were 3,500 active cases of adults on probation for domestic violence offenses. Of those 760 are under intensive supervision.³²
- In 1995, 8,850 calls for assistance were made to law enforcement agencies.¹⁷
- In 1996, 7,500 crisis calls were made to domestic violence shelters/providers.³⁰
- A total of 4,604 domestic violence cases were filed with the District Attorney's Office in 1996.³⁰
- In 1996, there were 8 deaths (homicides and suicides) as a result of domestic

violence, of which 4 occurred in the presence of children. In 1995, there were 16 deaths where domestic violence was a contributing factor. ¹⁸

- For FY 1996-97, approximately 5% of active probation cases involved charges of domestic violence. ¹⁵
- In 1996, 854 Emergency Protective Restraining Orders (EPROs) were granted by the Santa Clara County Family Court; an increase from 1994 (288 EPROs) and 1995 (683 EPROs). ³⁰
- Between January 1, 1997 and September 30, 1997, there have been 16 cases of same-sex domestic violence charges filed with the District Attorney's Office. Currently, cases of domestic violence occurring among same-sex couples are indistinguishable from those of heterosexual couples in law enforcement data.
- In 1996, approximately 490 women and 635 children received medium term (30-45 days) housing in Santa Clara County safe shelters due to domestic violence; 19 women and 41 children were in long term (2 years) housing during 1996. ¹⁸
- The Santa Clara County Death Review Committee examined 51 cases involving "domestic violence related death" going back to 1993. The study found that. ³¹
 - In 21 of the cases - 13 homicides and eight suicides - children were present
 - Guns were used in 29 of the incidents
 - Temporary restraining orders may play a role in preventing DV-related death. None of the women that had died had received a restraining order; whereas in every case in which men committed suicide the woman had received or was obtaining a restraining order.
 - Of the 51 deaths, 17 involved Asians, a rate more than double the group's presence in the total population.
- The Domestic Violence Council Medical Committee estimates that approximately 30% of all Emergency Room patients are victims of domestic violence. Although this figure has not been substantiated, if it were valid, there would be more than 88,200 DV incidents annually. Only 5,800 are reported to the police. ¹⁸

Needs Assessment of Victims/Survivors of Domestic Violence

The Housing Committee of Santa Clara County's Domestic Violence Council is conducting a needs assessment of survivors of domestic violence. This survey will provide valuable information on the possible risk factors and precursors to violence, as well as, opinions about domestic violence including perceptions of where to get help and needed resources. The survey will be conducted from July through October of 1997.

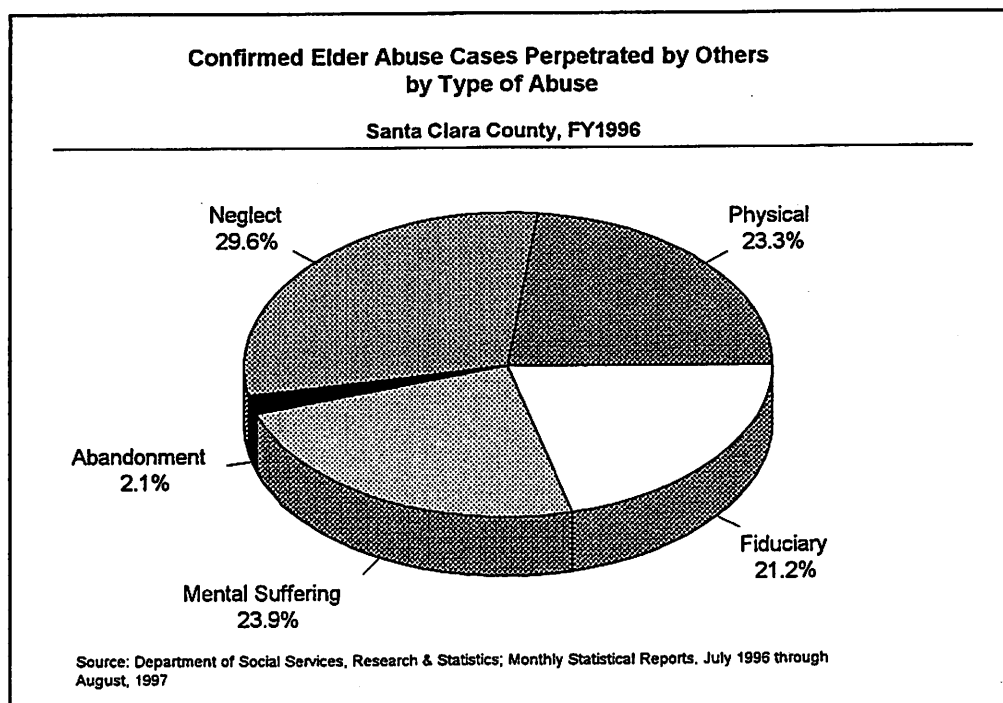
Violence Data Related to the Elderly

Examples of Data Sets:

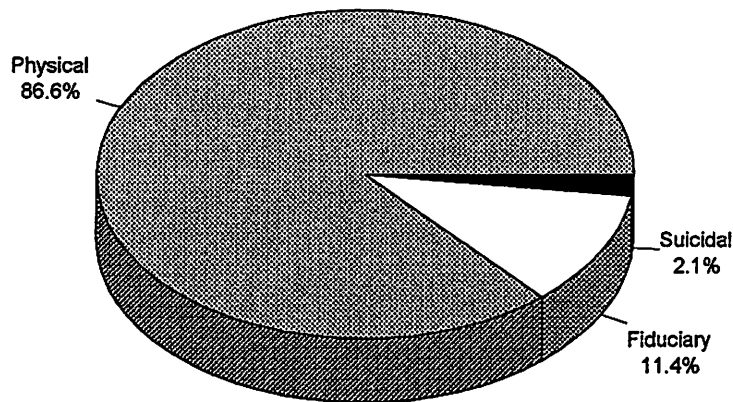
- ♦ ***Elder Abuse Reports/Adult Protective Services***
- ♦ ***Hospital Discharge Data***
- ♦ ***Law Enforcement Data***

In 1996, 1,264 cases of elder abuse (occurring among those over the age of 64) in Santa Clara County were reported to the State of California. Of these cases, 45% were identified as “self-abuse”, including not eating, failure to take medication etc., and 55% of cases involved abuse by another, including physical, sexual, emotional and/or fiduciary abuse.¹⁹

- In 1994 and 1995, 60 seniors (aged 65+) were hospitalized for self-inflicted injuries. The most common injury was poisoning.²⁰
- A total of 26 assault hospitalizations occurred in 1994 and 1995; the most common reason for hospitalization was injury from “unarmed fights or brawls.”²⁰



Confirmed Cases of Self-Inflicted Abuse of Elders by Type
Santa Clara County, FY1996



Source: Department of Social Services, Research & Statistics; Monthly Statistical Reports, July 1996 through August, 1997

The reported cases are an under-representation of the true number of abusive events in Santa Clara County. Abuse in the older population is impacted by numerous factors: culture, social norms, civil rights, lack of adequate regulations, unavailability of affordable housing, community ignorance of elder abuse, care givers' lack of knowledge of available resources and lack of available shelter.

Although protection mechanisms for elderly victims of abuse do exist, elder abuse is a complex issue. Legal safeguards are in place allowing for abused elders to be removed from unsafe situations, but appropriate shelters for elderly who have special medical and daily care needs are lacking. Mentally competent elders may choose not to be removed from what appears to be an abusive situation to others. Due to the complexity of the issue, elder abuse is not only under-reported but also under-identified by victims, abusers, and the community.

8

Additional Perspectives on Violence

Examples of Data Sets:

- ♦ ***Risk Behavior Surveys***
- ♦ ***Community Surveys on Attitudes Toward Violence***
- ♦ ***Community Survey on Perceptions of Violence and Safety***

Behavioral Risk Factor Survey (BRFS)

The Behavioral Risk Factor Survey was conducted by the Santa Clara County Public Health Department in 1997 to assess the prevalence of risky health related behaviors in the adult (18 years of age or older) population of Santa Clara County. Part of this survey included identifying ownership and maintenance of firearms in the home. The results are summarized below. In 1997 ²¹:

- 19% of the BRFS study population reported a firearm (rifle, shotgun, or handgun) in the household; 11% reported more than one gun in the household; the median number of guns in households is two.

- About 37% of households with handguns also have children under 18.
- 31.9% of handguns are not kept locked.
- Of households with handguns, 16% of guns were kept locked and loaded; 7.5% were kept unlocked and loaded.
- The top two reasons for keeping a handgun in the house are: safety and protection (39.8%); and hobby, target practice, or recreation (36%).

Youth Risk Behavior Survey

During the fall 1997, the Public Health Department conducted the Youth Risk Behavior Survey (YRBS) of Santa Clara County schools to develop a profile of risk behaviors among youth. This survey, developed by the Centers for Disease Control and Prevention, determines the prevalence of risk behaviors among middle and high school students. The YRBS addresses critical health behaviors: seat belt and helmet wearing, driving while drinking, weapon possession and use, suicide attempts, alcohol and drug use, tobacco use, sexual activity, fighting on and off school grounds, feelings of security on school campus, nutrition, and exercise. The results of this survey, which targets 6,000 middle school students and 6,000 high school students, will be reported in the spring of 1998.

In addition to information about violent events, it is important to know a community's perception of violence and safety and the prevailing attitudes about violence prevention. Below are some sources of community perceptions of violence and safety.

California Wellness Foundation ²²

In 1996, the California Center for Health Improvement conducted a survey to learn about attitudes about community health issues. Of the 200 Santa Clara County residents that were polled:

- 71% rate our county as either an excellent or good place “to raise a family.”
- 74% rate our county as either an excellent or good place “to live safely/free of crime.”
- 86% say that collecting community health data is important or a top priority
- 46% say that current spending on “preventing illness and promoting health” is effective (15% had no opinion)
- 75% say that programs to collect health data are effective
- 40% say that health plan spending on health promotion and preventive services should be increased (12% had no opinion)

California Wellness Foundation: Resources for Youth ²³

In 1997, a telephone survey of 250 registered voters in Santa Clara County revealed the following attitudes and perceptions about *youth violence*:

- 78% think that there is no age at which it is too late to help a young person who has become involved in violence and crime.
- Gang membership (52%), breakdown of the family (53%), drugs/alcohol (46%), gun availability (36%), lack of self-esteem (35%) and sexual/physical/emotional abuse (34%) were considered important contributing factors to youth violence.
- 55% felt that the juvenile justice system in California was too lenient.
- 38% felt that juvenile crime levels in their community had stayed the same.
- Crime was felt to be the most serious problem facing the community.

9

Recommendations for Improving Violence Data

In the compilation of this report it has become clear that there are numerous gaps and limitations in existing data sources. It is also clear that the current reporting system has not captured the full scope and magnitude of violence in our community. Not only is the current reporting system fragmented, but it also captures the more 'severe' episodes of violence at which point only tertiary prevention strategies - if any - can be applied. The true level of violence in our county is very likely to be under-estimated, particularly among certain sub-populations in the county. Thus, there is a need to identify and report all forms and outcomes of violence - from the minor injuries to deaths - in order to truly prevent violence.

A first step toward the development of a comprehensive violence surveillance system would be to address the gaps and limitations as identified below.

Gaps:

- There is a lack of reliable statistics around violence stemming from gang activity.
- Enhanced data collection in emergency rooms to document incidents and outcomes of violence is lacking. Although Emergency Room physicians believe 30% of their patients are victims of domestic violence, there are no systems that can substantiate these claims.

- No information about violence among incarcerated populations is included in this report due to lack of consistent, accessible surveillance systems.
- The inconsistent collection of income data results in heavy reliance on proxy measures.
- Youth relationship violence and same-sex relationship violence is often not differentiated from adult or heterosexual relationship violence. This gap makes it difficult to understand the magnitude of the problem facing these populations.
- Data on workplace violence is not included in this report due to reporting discrepancies associated with this type of violence. Violent events taking place at a worksite are often not reported in context, rather they are often seen as isolated incidents of assault, trespassing or even domestic violence. We are cautioned that any statistics pertaining to workplace violence are most likely an under-representation of the current situation. Lack of cross-reporting of violent incidents at the worksite makes it difficult to form an accurate account of occupational violence as well as domestic violence at the work place.¹²
- There is no centralized system to track cases of domestic violence or gang-related violent events. In the case of domestic violence, reporting from different sources (i.e. police departments, sheriffs, district attorney, shelters, emergency room, etc.) will not give a complete picture of domestic violence. Figures from some sources may underestimate the magnitude of the problem and there is no way to know which instances are duplicates.

Limitations

- Some databases are more complete than others in reference to perpetrator and victim demographics and location of violent events.
- Not all data are current, because data from sources that are not tracked at the county level take longer to get (as much as two years).

- Because the data are currently in different formats (cases, rates, percentages, aggregate, categories etc.), it is not possible to make comparisons across sources.
- Data do not cover the same time frames (fiscal vs. calendar year).
- Data based on referrals are not as interpretable as data based on confirmed cases.
- Various data systems may duplicate cases.

Appendix A.

Santa Clara County Demographics

	1990	1991	1992	1993	1994	1995
<u>Total Population*</u>	1,504,400	1,522,300	1,549,900	1,574,700	1,588,000	1,603,300
Male	762,940	772,090	786,110	798,700	805,370	813,070
Female	741,460	750,210	763,790	776,000	782,630	790,230
<u>Ethnic diversity</u>						
White	875,360	877,220	881,120	882,850	882,110	882,410
Hispanic	316,000	324,230	336,200	346,330	353,690	361,450
Asian/Pacific Islander	253,300	260,190	270,560	282,410	288,520	295,180
African-American	53,000	53,850	55,140	56,160	56,690	57,210
American Indian, Aleut,	6,750	6,810	6,880	6,940	6,990	7,040
<u>Children Under age 15</u>						
Total	307,830	317,440	328,140	337,200	344,390	350,560
White	143,990	147,120	149,620	151,100	152,070	152,550
Hispanic	89,820	93,580	98,230	102,370	105,890	109,000
Asian/Pacific Islander	59,890	62,370	65,680	68,920	71,630	74,330
African-American	12,790	13,040	13,300	13,520	13,520	13,410
American Indian, Aleut,	1,340	1,320	1,310	1,299	1,280	1,270
<u>Population Aged 65+</u>						
Total	129,780	133,960	138,350	142,600	146,130	150,340
White	99,670	101,780	104,090	106,200	107,870	109,910
Hispanic	13,460	14,370	15,240	16,200	17,040	18,120
Asian/Pacific Islander	14,790	15,850	16,940	18,010	18,900	19,860
African-American	1,600	1,680	1,770	1,850	1,940	2,030
American Indian, Aleut,	260	280	310	340	380	420
<u>Age Distribution</u>						
<1	25,480	27,480	27,690	26,710	26,190	25,750
1-4	90,360	93,720	98,820	103,290	106,230	107,330
5-9	101,830	103,580	106,520	108,600	111,190	114,900
10-19	192,550	188,000	186,960	189,150	190,970	193,860
20-24	127,530	123,440	121,040	117,730	110,960	103,940
25-44	561,760	570,140	575,900	580,200	579,630	579,450
45-64	275,100	281,980	294,620	306,430	316,690	327,730
65-74	79,000	81,600	84,180	86,500	88,160	90,100
75-84	38,830	40,060	41,290	42,640	43,920	45,590
85+	11,950	12,300	12,880	13,460	14,050	14,660
Total	1,504,400	1,522,300	1,549,900	1,574,700	1,588,000	1,603,300

Note: Totals may appear to be incorrect because of rounding.

Source: Santa Clara Valley Health and Hospital System, Public Health Department, Data Management and Statistics;

Appendix B. Definitions of Child Abuse ⁸

Sexual Abuse - The sexual assault of a minor; severe sexual abuse refers to any single act of sexual abuse which causes significant bleeding, deep bruising, or significant external or internal swelling.

Physical abuse – Serious physical harm inflicted non-accidentally; severe physical abuse refers to any single act of abuse which causes physical trauma of sufficient severity that, if left untreated, would cause permanent physical disfigurement, permanent physical disability, or death.

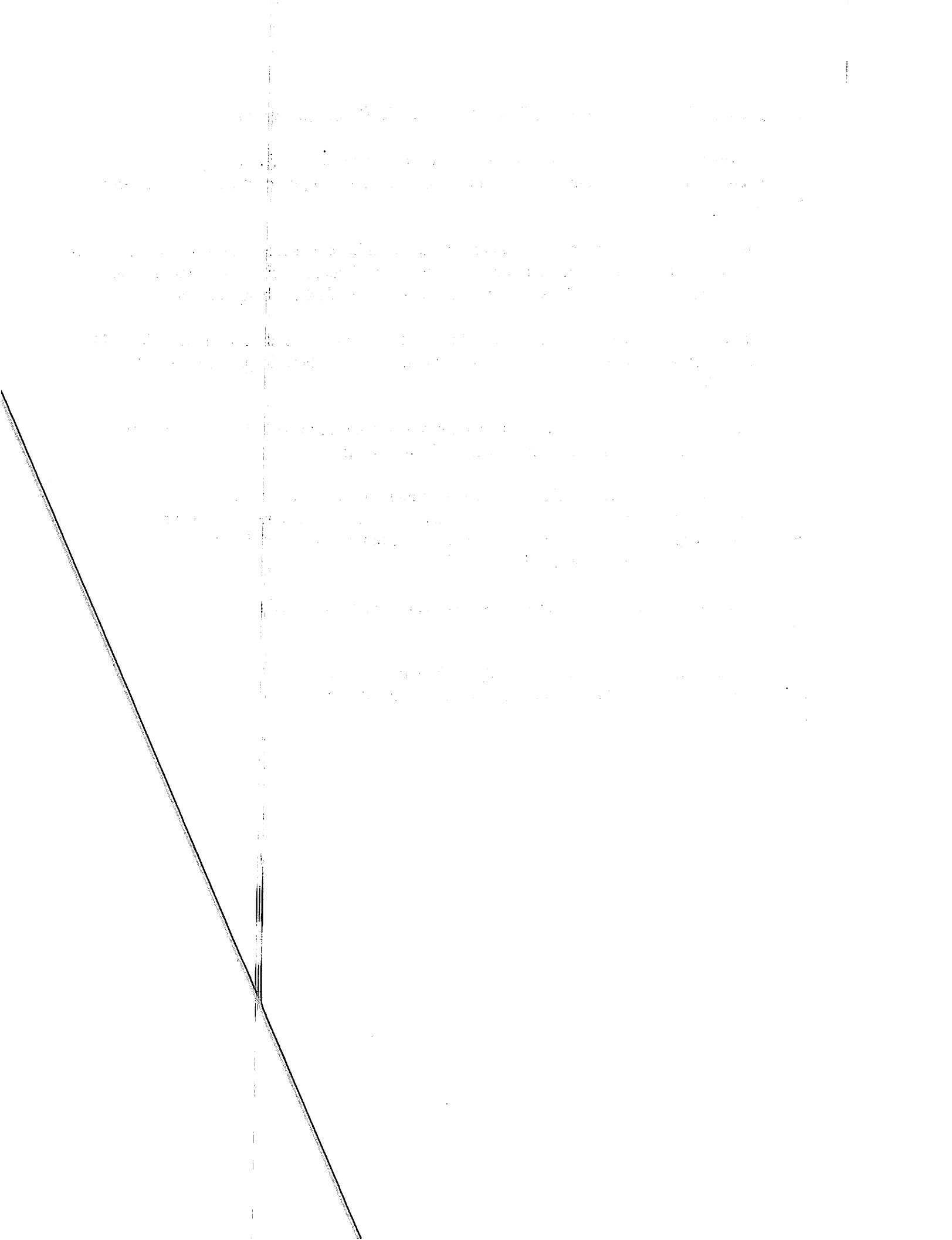
General neglect – The willful or negligent failure of the parent or guardian to provide the child with adequate food, shelter or medical treatment or supervision where no physical injury has occurred to the child.

Severe neglect – The negligent failure of a parent or caretaker to protect the child from severe malnutrition or medically diagnosed non-organic failure to thrive.

Emotional abuse – Severe emotional damage as evidenced by depression, withdrawal or untoward aggressive behavior toward self or others as the result of conduct such as verbal assault, unpredictable responses, continual negative moods, constant family discord and double-message communication by the parent or guardian.

Exploitation – Sexual exploitation includes conduct or activities related to child pornography or prostitution.

Caretaker absence or incapacity - Inability of the parent or guardian to provide regular care to the parent's or guardian's mental illness, developmental disability, substance use or incarceration.



Appendix C. Zip Codes with Reported Child Abuse Cases

Zip code	Popula tion	Median Household Income	AFDC Active Clients	RANK	MediCal Active Clients	RANK	Food Stamps Active	RANK	Alcohol & Drug Open	RANK	Juvenile Probation	RANK	Child Abuse &	RANK
95122	52,519	\$41,286	8,919	1	3,556	1	10,379	1	429	5	876	1	1,171	4
95111	48,040	\$42,015	7,201	2	2,743	3	8,370	2	447	4	808	2	1,294	2
95116	46,786	\$28,456	6,296	3	3,502	2	7,312	3	494	3	742	4	1,254	3
95112	46,454	\$25,190	5,520	4	2,403	4	6,924	4	667	1	572	6	1,478	1
95127	50,400	\$48,463	4,418	5	2,263	5	5,045	5	419	6	801	3	1,128	5
95121	32,564	\$54,424	3,549	6	1,519	9	4,116	6			483	8		
95020	39,877	\$41,916	3,428	7	1,922	6	3,996	7	546	2	622	5	1,072	6
95123	54,591	\$53,655	2,697	8			3,041	8	297	7	539	7	984	7
95148	37,548	\$57,027	2,444	9	1,221	10	2,813	10						
95133	23,969	\$43,305	2,397	10			2,888	9						
94086	56,221	\$41,859			1,586	8					431	9	710	8
95126	24,838	\$32,983							236	9			661	9
95035	50,898	\$51,613			1,683	7			277	8	539	7		
95110	17,496	\$26,853							232	10				

Source: Santa Clara County Juvenile Justice Council, Fiscal Year 1995 and 1990 Census.

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