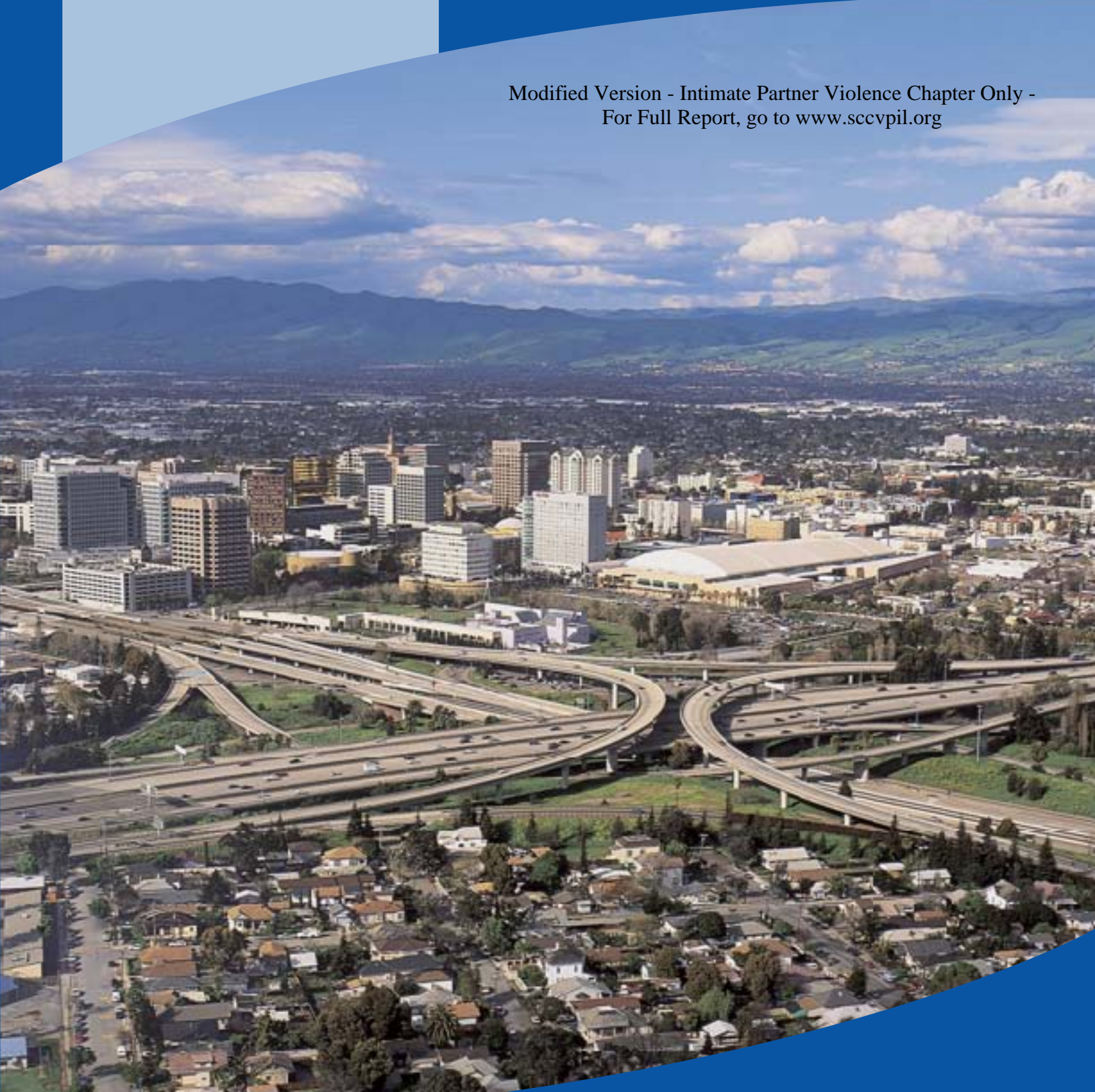


# Santa Clara County **Community Profile on Violence**

Modified Version - Intimate Partner Violence Chapter Only -  
For Full Report, go to [www.sccvpil.org](http://www.sccvpil.org)



## **Letter from the Director**

Dear Colleagues and Community Members,

The Santa Clara County Public Health Department is pleased to present the Santa Clara County Community Profile on Violence (CPOV) 2003 Report. This comprehensive report profiles the scope and magnitude of the violence problem in Santa Clara County by providing national, state and local data on various crime or incident types.

The mission of the Public Health Department is to serve all people of Santa Clara County by protecting health; preventing disease, injury, premature death and disability; promoting healthy lifestyles, behaviors and environments; and responding to disasters, disease outbreaks and epidemics. To fulfill this mission, as well as the legal mandate to collect, tabulate and disseminate information, the Public Health Department must continuously monitor the health status of the community and communicate findings to the public at-large. The CPOV Report is one way the Public Health Department fulfills both its mission and its mandate. This report has been made possible through a broad, collaborative partnership across the Santa Clara County organization, and other organizations and groups.

It is our hope that the information in this report will serve to heighten awareness about important crime and violence issues that affect our community and assist in focusing individual agency and/or collective action to address those issues. Information in this report can assist us all in guiding us individually and collectively to make data-driven decisions, especially during the current economic climate.

Although Santa Clara County is still a relatively safe place to live, this report identifies various opportunities for improvement. The key rests on awareness and data-driven action.

Sincerely,

A handwritten signature in blue ink that reads "Guadalupe S. Olivas". The signature is written in a cursive style.

Guadalupe S. Olivas, PhD  
Director, Public Health Department

## **Acknowledgements**

### **Santa Clara County Board of Supervisors**

Blanca Alvarado, Chair, District 2  
Donald Gage, District 1  
Pete A. McHigh, District 3  
James T. Beall, Jr., District 4  
Liz Kniss, District 5

### **County Executive**

Pete Kutas, Jr.

### **Santa Clara Valley Health & Hospital System**

Robert Sillen, Executive Director

### **Project Sponsors**

Guadalupe S. Olivas, PhD, Director, Public Health Department and Chair, Violence Prevention Task Group  
Sandra Nathan, PhD, Deputy County Executive

### **Project and Planning Teams**

Joyce Chung; Christine Jesser; Nhien Luong; Geoff Paulsen; Aimee Reedy; Sarah Sanitate; Julie Solomon

### **Reviewers**

Mohammad Rahman; Hozefa Divan; Supriya Rao

### **Special thanks to the following Departments/Organizations participating on the Violence Prevention Task Group, VPIL Interagency Policy Committee, or VPIL Data Workgroup**

#### **Santa Clara County Departments**

Department of Correction  
Employee Services Agency  
Health and Hospital System, Information Services  
Information Services Department  
Mental Health Department  
Office of Human Relations  
Office of Pretrial Services  
Office of the County Counsel  
Office of the County Executive  
Office of the District Attorney  
Office of the Medical Examiner-Coroner  
Office of the Public Defender  
Office of the Sheriff  
Probation Department, Juvenile and Adult  
Public Health Department  
School-Linked Services  
Social Services Agency  
Superior Court

#### **Other Organizations and Groups**

Campbell Police Department  
Commission on the Status of Women  
Domestic Violence Council  
Gilroy Police Department  
Mental Health Board  
Milpitas Police Department  
Morgan Hill Police Department  
Mountain View Police Department  
Palo Alto Police Department  
Prevention Institute  
Public Research Institute,  
San Francisco State University  
San Jose Police Department  
San Jose State University  
San Jose State University Police Department  
Santa Clara County Office of Education  
Santa Clara Police Department  
YWCA – Silicon Valley

**Violence Prevention Task Group**

Jim Babcock; Rogelio Balderas; Jamie Buckmaster; Marc Buller; John Cavalli; Carla Cisi; Consuelo Collard; Rachel Contreras; Diana Cuenca; Zakiyyah El'Amin; Blanca Escoto; Martin Gorfinkel; Joe Guzman; Greta Helm; Susan Lowery; Betty Malks; Sandra Nathan; Jerry Neary; Quyen Nguyen; Guadalupe Olivas; Geoff Paulsen; Bob Porter; Gracie Sanchez; Wiggys Sivertsen; Rani Yadar-Ranjan

**VPIL Interagency Policy Committee**

Satish Ajmani; Martha Beattie; Marc Buller; Bill Carver; Rachel Davis; Benny Del Re; Sharon Dixon; Jacqui Duong; Michael Fitzsimmons; Michael Gaffey; Robert Garner; Kevin Heilman; Greta Helm; Kim Jenkins; David Keneller; Sylvia Kennedy; Gina Liebig; Moonli Liu; Bruce Lowe; Jim McEntee; Jenny Niklaus; Thomas Nishisaka; Quyen Nguyen; Jamie Palasky; Larry Plummer; Gary Sanchez; Kathy Sanchez; Lisa Scheff; Gregory Schmunk; Beverly Stenson; Gil Villagran; Bianca Von Konsky; Pam West; Patti Yinger

**VPIL Data Workgroup**

Jen Adler; Jim Berg; Karabi Bhattacharyya; Linda Bonin; Danielle Christian; Consuelo Collard; Barbara Collins; Ellen Corman; Lourdes Del Rio-Parent; Steven DiNoto; Jacqui Duong; Richard Ehman; Michelle Evans; Chris Ewing; Terry Gooding; Martin Gorfinkel; Stacy Goss; Matt Harris; Noemi Hinchberger; Che-Chuen Ho; Jeff Ishizaka; Janel Jannusch; Sylvia Kennedy; Anna Legault; Susan Lowery; Jesus Manzanero; Ron Martz; Delorme McKee-Stovall; Sherry Montalban; Dolores Morales; Hung Nguyen; Larry O'Brien; Moe Pal; Jean Pennypacker; Jan Pfiffner; Winnie Poon; Ramani Rangavajhula; John Rogers; Tom Rudolph; Melissa Solito; Dave Sepulveda; Priya Tallam; Pamela Terry; Carol Vergara; Phyllis Ward

Funding

The David and Lucile Packard Foundation  
Violence Prevention Task Group (of Santa Clara County)

Technical Assistance  
Sociometrics Corporation

Editing and Design  
Kerk Communications and Kahana Design

---

To obtain additional copies of this report, or to make suggestions, please contact:  
Santa Clara County Public Health Department  
Health Assessment and Quality Improvement  
3003 Moorpark Avenue, San Jose, CA 95128  
Phone: 408.423.0736 Fax: 408.423.0737

---



# **Table of Contents**

Letter from the Director..... i

Acknowledgements ..... ii

1. Executive Summary ..... 1

2. Introduction..... 13

3. How to Use This Report..... 17

4. Methodology..... 19

Violent Crimes/Incidents

5. Physical Assault ..... 31

6. Hate Incidents/Crime ..... 37

7. Homicide ..... 43

8. Intimate Partner Violence ..... 49

9. Rape and Sexual Assault..... 65

10. Robbery ..... 73

11. Suicide ..... 79

12. Crimes against Children: Maltreatment and Abduction ..... 85

13. Elder/Dependent Adult Abuse ..... 95

14. Youth Violence: Violence on School Property..... 105

15. Incarcerated Populations: Offender Statistics..... 113

16. Occupational Violence: Workplace Violent Deaths..... 121

17. Conclusion..... 125

Appendix A: Penal Codes ..... 127

Appendix B: GIS Mapping Reference ..... 129

Appendix C: DV Penal Codes..... 132

Appendix D: Glossary ..... 133

Appendix E: Demographic Profile..... 139

Suggested Citation:

Santa Clara County Public Health Department. (2003). *Santa Clara County Community Profile on Violence, 2003 Report*. San Jose, CA: Author.

Available online at [www.sccvpil.org](http://www.sccvpil.org)

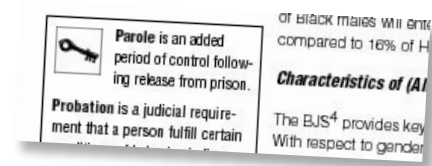


## How to Use This Report

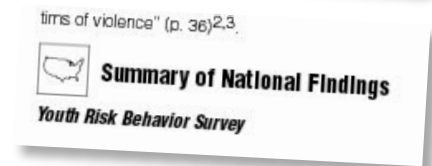
As described in Chapter 2: Introduction, the purpose of this report is to define the problem of violence as a whole and within the context of Santa Clara County. (General demographics for the County are presented in Appendix E). The report provides readers with an overview of the scope and magnitude of violence as captured through specific crime and incident types. They are:

- Physical Assault
- Hate Incidents/Crime
- Homicide
- Intimate Partner Violence
- Rape and Sexual Assault
- Robbery
- Suicide
- Crimes Against Children: Maltreatment and Abduction
- Elder/Dependent Adult Abuse
- Youth Violence: Violence on School Property
- Incarcerated Populations: Offender Statistics
- Occupational Violence: Workplace Violent Deaths

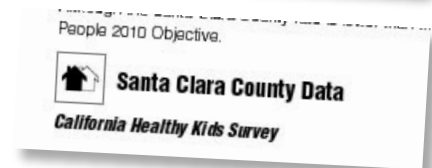
Each chapter presents the following items:



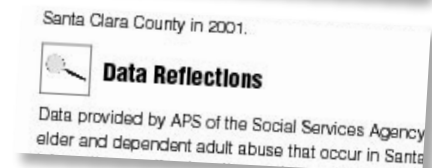
Definitions of each incident or crime type and other uncommon terminology.



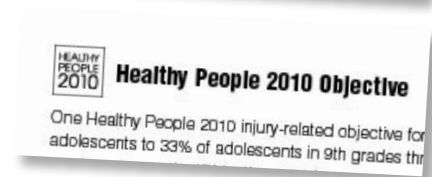
A summary of the national findings relevant to that particular crime/incident.



A presentation of available local data.



A brief reflection on the strengths and weaknesses of the data that was available for this report to help promote and guide future data collection expansion and improvement efforts.



Where appropriate, Healthy People 2010 Objectives are provided in certain chapters — including relevant and available local, state, and national data — to show how Santa Clara County measures up.





**Healthy People 2010** are national health objectives that have the overarching purpose of promoting health and preventing illness, disability, and premature deaths. “There are 467 objectives in 28 focus areas [one of which is Injury and Violence], making Healthy People 2010 an encyclopedic compilation of health improvement opportunities for the next decade.”

— David Satcher, MD, PhD, Assistant Secretary for Health and Surgeon General<sup>9</sup>

Two additional unique features included in this report are the use of special symbols to denote data that address a Violence Prevention Action Plan (VPAP) priority area and the use of geographic information system (GIS) mapping.

While reading the report, pay attention to these symbols for local or national information related to VPAP priority areas:

- DV** Relationship Violence
- F** Firearm Violence
- A** Alcohol Violence
- Y** Youth Violence

GIS mapping is included for these selected crimes and geographic indicators:

- Aggravated assault by city
- Robbery by city
- Domestic violence-related calls for service by city
- Child abuse by zip code
- Elder/dependent adult abuse by zip code
- Youth violence by school district

Due to space limitations, highways are the only geographic indicators denoted on GIS maps within the body of this report. Geographic boundaries and labels for cities, zip codes, and school districts are shown in greater detail in Appendix B.

For maps using city boundaries, it should be noted that the unincorporated areas of Santa Clara County include outlying and rural areas as well as heavily populated areas like unincorporated San Jose or unincorporated San Martin. These unincorporated areas were collapsed and considered one jurisdiction for the purposes of mapping.

# Methodology

## Data Sources

Violence Prevention Information Library (VPIL) staff collected data from a variety of different national and local sources that routinely capture information about violent incidents, offenders and victims of violence to assemble this Community Profile on Violence (CPOV) Report. An introduction to each of these data sources, including an overview of relevant data collection and analysis practices, follows.

### ***National Crime Victimization Survey, Department of Justice***

The National Crime Victimization Survey (NCVS) surveys 42,000 households each year comprising nearly 76,000 persons to make up the largest national forum for victims to describe the impact of crime and characteristics of violent offenders. Survey data includes crime type; time and location; relationship between victim and offender; characteristics of offender; consequences of victimization; whether the crime was reported to the police and reasons for reporting or not reporting; and offender use of weapons, drugs, or alcohol. Basic demographic information is also available.<sup>1</sup> NCVS data from 2001 is cited throughout the CPOV, as appropriate, to provide national statistics on violent crimes of interest.

### ***National Uniform Crime Reporting Program, Federal Bureau of Investigation***

The Uniform Crime Reporting (UCR) Program is a national, cooperative statistical effort of nearly 17,000 city, county, and state law enforcement agencies that voluntarily report data on eight specific crimes (criminal homicide, forcible rape, robbery, assault, burglary, larceny-theft, and motor vehicle theft) known as Part 1 reportable crimes. During 2001, data that was reported from law enforcement agencies active in the UCR Program represented 92% of the total population nationally.

It should be noted that UCR data has key limitations. In particular, it must be interpreted in light of the Hierarchy Rule, which governs its collection. In a multiple-offense situation wherein more than one offense is committed at the same time and place, the law enforcement agency scores only the highest-ranking offense and ignores all others, regardless of the number of offenders and victims. This method of reporting provides a limited picture of actual crimes committed. (There are a few exceptions to the Hierarchy Rule. For more information about it and other UCR limitations, consult the *UCR Handbook*. To request a UCR Handbook or for more information on the FBI's UCR Program, please call 888.827.6427.)

National and local UCR Program data are presented throughout this report. See the Criminal Justice Statistics Center, California Department of Justice, data source below for more information on local data.

### ***National Incident-Based Reporting System, Federal Bureau of Investigation***

While the UCR Program collects offense data, it provides limited information about offenses, victims and offenders. After an extensive UCR redesign effort to provide more comprehensive and detailed crime statistics, the National Incident-Based Reporting System (NIBRS) was born in 1985. The intention of the Federal

Bureau of Investigation (FBI) is that the NIBRS will eventually supplant the traditional UCR system. Under the NIBRS, law enforcement authorities provide information to the FBI on each criminal incident involving 46 specific offenses, including the eight Part 1 reportable crimes, that occur in their jurisdictions. Details about each incident include information about multiple victims and offenders. Arrest information on the 46 offenses plus 11 lesser offenses is also provided in NIBRS<sup>2</sup>. As of 2000 (the latest year available), the number of certified state programs participating in NIBRS was 18, and the U.S. population coverage was 11%.


California has placed a hold on its efforts to develop an incident-based reporting system due to its fiscal condition<sup>3</sup>. NIBRS data from 2000 are cited throughout the CPOV, as appropriate, to provide national statistics on violent crimes of interest.

***Arrestee Drug Abuse Monitoring Program, Public Research Institute, San Francisco State University***

*Incarcerated Survey Data*

The Arrestee Drug Abuse Monitoring (ADAM) Program is a National Institute of Justice-funded program that tracks trends in the prevalence and types of drug use among booked arrestees in urban areas. The data paints a national picture of drug abuse in the arrestee population and has been a central component in studying the links between drug use and crime. The Public Research Institute, San Francisco State University, administers the ADAM Program in Santa Clara County as one of 35 ADAM Program sites throughout the nation. Surveys are administered to a probability-based sample of people who have been arrested and booked. While participation in this program is voluntary, average response rates are quite high at 80%. Interviewers collect demographic information and measures of alcohol and drug use. It is important to note some limitations exist that make it difficult to draw general conclusions about the entire offender population, including the small sample size; the data are self-reported; and drug test results are based on urinalyses, which do not detect all drugs. For complete methodology, see the *Methodology Guide for ADAM*<sup>4</sup>.

VPIL staff submitted a data request to ADAM Program staff to obtain arrestee information specific to homicide, kidnapping, robbery, assault, rape, child abuse, restraining order violations, and elder abuse in Santa Clara County. Cross tabulations were performed for selected crime types by demographic factors, including race/ethnicity and age, as well as other factors such as alcohol and drug use, education, place of residence status, and employment status. The results are presented in Chapter 15: Incarcerated Populations: Offender Statistics.



**Average Daily Population (ADP)** is the average number of inmates housed in a local facility per day. The values reported are based on each facility's "early morning" count.

***Santa Clara County Department of Correction***

*Incarcerated Statistics*

The Santa Clara County Department of Correction (DOC) is the sixth largest jail system in California and books approximately 60,000 arrestees annually. The DOC collects average daily population (ADP) data by gender, race/ethnicity, and age group.

VPIL staff submitted a data request to DOC staff to obtain ADP monthly data for each jail facility within the County of Santa Clara in 2001. This data includes all facilities in Santa Clara County (excluding juvenile facilities but not juveniles who are in the adult system for severe crimes). Data are presented in Chapter 15: Incarcerated Populations: Offender Statistics.

### ***Criminal Justice Statistics Center, California Department of Justice***

#### ***Uniform Crime Reports***

The Crimes and Clearances database of the Criminal Justice Statistics Center (CJSC), California Department of Justice, keeps the statistical data in California for offenses reported to the national UCR Program. The data includes the number of actual offenses and the number of clearances.

Supplemental data are also collected on the nature of crime and the value of property stolen and recovered. The data are forwarded to the FBI's UCR Program for publication in the annual *Crime in the United States*. Data are also published in the *Crime and Delinquency in California* publication and the *Criminal Justice Profile* series. For more information on all CJSC publications and data, see <http://caag.state.ca.us/cjsc>.

VPIL staff submitted a data request to the CJSC to obtain UCR Part 1 crime data specific to the violent crimes of homicide, assault, forcible rape, and robbery for each jurisdiction within the County of Santa Clara in 2001. Data are presented as frequencies and rates per 100,000 population by jurisdiction in the respective chapters of this report. In some chapters, UCR data was also presented for neighboring counties. It should be noted that although the requirements for UCR reporting are clear, some jurisdictions may have non-standard reporting practices.

#### ***Supplemental Homicide Reports***

The CJSC's Homicide database contains data on criminal homicides known to police agencies in California. The database includes victim/offender relationship, day and month of the homicide, location, type of weapon used, and precipitating event. Homicide data are published in *Homicide in California*, *Crime and Delinquency in California*, and the *Criminal Justice Profile* series. Data are also reported to the FBI for publication in *Crime in the United States*.

VPIL staff submitted a data request to the CJSC to obtain Supplemental Homicide Reports (SHRs) from each jurisdiction within the County of Santa Clara in 2001. For the CPOV, mortality records were used to identify victims of occupational-related homicides. Next, SHRs were linked with death record data to extract further information on circumstances surrounding the death. The results are presented in narrative form in Chapter 16: Occupational Violence: Workplace Violent Deaths. Further linking and analysis



A **clearance** is when an offense is “cleared by arrest” or solved

for crime reporting purposes, meaning at least one person has been arrested, charged with the commission of the offense, and turned over to the court for prosecution. An offense can also be “cleared exceptionally” when an investigation has definitely established the identity and exact location of a suspect, and there is enough information to support an arrest, but for some reason law enforcement cannot take the suspect into custody.

on SHRs will be done for the *Santa Clara County Violent Death Reporting System Report*, scheduled for release in winter 2003/2004.

### *Hate Crime*

The CJSC's Hate Crime database contains information on the number of hate crime events reported to California law enforcement agencies. Data elements include type of location, type of bias motivation, victim type (individual/property), number of suspects, and suspect's race. Hate crime data are provided to the FBI for publication in *Crime in the United States* and published in *Hate Crime in California*, an annual report to the California Legislature that includes results from CJSC's annual survey of California district attorneys regarding prosecutorial responses to hate crime cases.

VPIL staff submitted a data request to the CJSC to obtain Hate Crime data for each jurisdiction within the County of Santa Clara in 2001. Data were then aggregated and presented as a rate per 100,000 population in Chapter 6: Hate Incidents/Crime.

### *Elder Abuse*

The CJSC's Violent Crimes Committed Against Senior Citizens (VCASC) database provides monthly summary information from law enforcement agencies on the total number of persons 60 and older who were victims of homicide, forcible rape, robbery, and aggravated assault.

VPIL staff submitted a data request to the CJSC to obtain Elder Abuse data for each jurisdiction within the County of Santa Clara in 2001. Data was then aggregated and presented as a rate per 100,000 population in Chapter 13: Elder/Dependent Adult Abuse.

### *Domestic Violence-Related Calls for Assistance*

The CJSC's Domestic Violence-Related Calls for Assistance (DV) database provides monthly summary statistical data on the total number of domestic violence-related calls received by law enforcement, number of such cases involving weapons, and the type of weapon used during the incident. DV data are published in *Crime and Delinquency in California* and the *Criminal Justice Profile* series.

VPIL staff submitted a data request to the CJSC to obtain DV-related call data for each jurisdiction within the County of Santa Clara in 2001 and for neighboring counties. This data was then compiled with data obtained from previous years for purposes of presenting trends over time.

## **Domestic Violence Council Sources, Santa Clara County**

### *Domestic Violence Data*

The Santa Clara County Domestic Violence Council, Executive Committee, and its representatives and subcommittees provide data from a number of different sources to the Public Health Department on a yearly basis. The *Death Review Committee* reviews all DV-related deaths in the County of Santa Clara and

provides data by race/ethnicity and relationship between victim and aggressor. The Police-Victim Relations Committee provides data on emergency protective restraining orders (EPROs) issued and whether or not children were present during the incident that led to the EPRO. The District Attorney's Office provides domestic violence prosecution data. In addition, four local domestic violence housing and shelter service providers supply client, counseling, and shelter information. For many of the sources, 2001 data was compiled with data obtained from previous years for purposes of presenting trends over time.

### ***Santa Clara County Office of Education***

#### ***Safe Schools Assessment***

California Penal Code (Section 628 et seq.) directs the California Department of Education to collect and report incidents of school crime that occur on public school campuses. The California Safe Schools Assessment (CSSA) is the reporting system implemented by the department to meet this requirement. The Department of Education must prepare a summary report of the CSSA data for the previous school year and submit it to the California State Legislature by March 1 of each year. This data permits local and state school officials to assess the safety of California's public schools.

The report on the 2000-2001 school year is the sixth annual report to the Legislature. It contains school crime data collected for all public school districts and county offices of education serving kindergarten through grade 12<sup>5</sup>. The data are presented as the total number of incidents in each crime category and as crime rates (i.e., the number of incidents per 1,000 students enrolled). Only the most serious incidents that occur at school or during school-sponsored activities are reported to CSSA. The crimes are grouped in four crime categories. Crimes Against Persons includes assault with a deadly weapon, battery, homicide, robbery/extortion, and sex offenses. The use, possession, sale and/or furnishing or possession for sale of alcohol and drugs is reported in the Drug and Alcohol Offenses category. The Property Crimes category includes arson, burglary, graffiti, theft, and vandalism. The Other Crimes category includes bomb threats, destructive/explosive devices, loitering/trespassing, and possession of a weapon(s). Selected data are presented in Chapter 14: Youth Violence: Violence on School Property.

### ***Santa Clara County Office of Human Relations***

#### ***Hate Incident/Crime Data***

The Network for a Hate-Free Community within the Santa Clara County Office of Human Relations captures hate incident and hate crime data by telephone through the Hate Crime/Incident Report Form, and from local law enforcement jurisdictions. The data collection form includes the name (which remains confidential) and age range of the victim; general region (city and zip code) in the county that the incident took place; type of incident/crime; target of incident; perception of cause based on protected class status; characteristics of offenders and victims; statement of victim describing the incident; first response; and follow-up.


Victims and witnesses of hate incidents/crime contact the program coordinator directly or call a dedicated 24-hour hotline. Reports are also made through the completion of the Hate Crime/Incident Report Form (available at [http://www.sccgov.com/scc/assets/docs/31001Hate%20Crime\\_ComplaintForm2.pdf](http://www.sccgov.com/scc/assets/docs/31001Hate%20Crime_ComplaintForm2.pdf)) or from

various local community-based organizations). Completed forms are forwarded via mail or fax to the program coordinator.


VPIL staff submitted a data request to the Network for a Hate-Free Community to obtain hate incident and hate crime data for each jurisdiction that reported it within the County of Santa Clara in 2000 and 2001. Data are presented for both years in Chapter 6: Hate Incidents/Crime.

**Santa Clara County Information Services Department**


*Criminal Justice Information Control*

 **Booked** usually refers to the arrest of a crime suspect.

The Criminal Justice Information Control (CJIC) database is a shared criminal history and case tracking system that provides key information about every individual who is booked locally to all authorized users. The CJIC database includes complaint information, court calendars, prisoner movement lists, custody status, and case disposition. It is the backbone of the criminal justice data system in Santa Clara County and is used by 40 county, state and city criminal justice agencies in California.


 A **charge** is a formal allegation filed by the District Attorney that a specific person has committed a specific offense.

VPIL staff selected penal codes for specific crime categories, including elder/dependent adult abuse, restraining order violations specific to domestic violence, abandonment and neglect of children, rape, domestic violence-related rape, robbery, assault and battery, domestic violence-related assault and battery, homicide, child abduction, and child abuse (see Appendix A). VPIL staff then submitted a data request to CJIC staff to obtain counts of all persons who were booked by crime categories, had charges filed by crime categories, were convicted by crime categories, and were on probation by crime categories in the calendar year 2001. Data was provided by gender, race/ethnicity, and age. For each crime category, age data was based on the age at booking, violation, or probation grant date. Certain crime categories were collapsed. Data are presented by demographic variables and rates per 100,000 population where appropri-

 **Convicted** is a judgment, based either on the verdict of a jury or a judicial officer or on the guilty plea of the defendant, that the defendant is guilty.

ate. The data represents the number of persons charged in a single incident in a single year. Multiple charges, convictions or probation grants by the same individual within a crime category are counted only once. Data was based on specified penal code groupings for each crime type as listed in Appendix A.

It is important to note that the CJIC database contains 2001 data only on adults and juveniles who are treated as adults in the criminal justice system. Other data on juveniles is available through the Santa Clara County Probation Department.

 **Probation** is a judicial requirement that a person fulfill certain conditions of behavior in lieu of or after a sentence of confinement. Probation data in this report also includes “straight probation,” meaning probation granted without stipulation that the defendant serve time in jail.

## ***Santa Clara County Probation Department***

### *Juvenile Probation Data*

The Criminal Justice Information Control database captures Adult Probation data within Santa Clara County. Juvenile probation data are captured in the Probation Data Mart, the Juvenile Records System (JRS), and the JAS II case management system. The reason for this separation is primarily due to confidentiality issues that restrict the access and availability of information regarding juvenile probation clients. The Probation Department provided VPIL staff with demographic variables of active juvenile clients (i.e., wards of the court) by specific crime groups including assault, homicide, sexual offenses, robbery, and domestic violence charges. Data are presented in the respective sections of this report.

It is worth noting that the juvenile data systems may contain data regarding clients who are 18 and older. Client records are maintained in the juvenile system as long as the client is under the jurisdiction of the Juvenile Court.

## ***Santa Clara County Public Health Department***

### *Trauma Registry*

The Emergency Medical Services Division within the Public Health Department captures data from Santa Clara County's three designated trauma centers (Valley Medical Center, San Jose Medical Center, and Stanford University Medical Center) through its Trauma Registry database. The database captures those patients who meet the County's criteria for "trauma victim."

VPIL staff submitted a data request to Emergency Medical Services to obtain violent injury trauma data within Santa Clara County in 2001 as identified by specific ICD-10 codes (International Classification of Diseases) for self-inflicted and intentional injuries (E950-E959 and E960-E969 respectively). The data are aggregated and presented as rates per 100,000 population for age groups where appropriate.

### *Death Records*

The Vital Records and Registration (VRR) Unit within the Public Health Department collects death certificate information for the Santa Clara County population. Death records contain demographic information, causes of death, and underlying causes of death for each decedent.

VPIL staff have access to the Death database and performed a query for homicide (ICD-10 codes X85-Y09, Y87.1) and suicide (ICD codes X60-X84, Y87.0) within the County of Santa Clara in 2001.



#### The **International Classification of Diseases (ICD)** is a

system developed jointly between the World Health Organization (WHO) and 10 international centers so that medical terms reported by physicians, medical examiners, and coroners on death certificates can be classified together for statistical purposes. The aim is to promote international comparability of mortality statistics. Periodic revisions are implemented to reflect advances in medical science. Since 1900, the ICD has been modified about once every 10 years. Effective with deaths occurring in 1999, the United States replaced the use of ICD-9 with ICD-10.



### *California Healthy Kids Survey and Youth Risk Behavior Survey*

The California Healthy Kids Survey (CHKS) is based on the national Youth Risk Behavior Survey (YRBS), which was developed by the Centers for Disease Control and Prevention (CDC). The YRBS and CHKS are school-based surveys designed to monitor the priority health risk behaviors that contribute to the leading causes of morbidity, mortality and social problems among youth and young adults in the United States.

During fall of 2001 and winter and spring of 2002, the Santa Clara County Public Health Department administered the CHKS to middle and high school students in public schools throughout County school districts. The final sample included 15,984 7th, 9th and 11th grade students. Of those, 47.9% were male and 52.1% were female. The percentage of students in 7th, 9th and 11th grades were 42.8%, 29.9%, and 27.3% respectively. The student sample included 29.6% White, 26.4% Hispanic, 3.2% African American, 31.2% Asian or Pacific Islander, 0.9% Native American or Alaskan Native, and 8.2% unknown.

Because the demographics of the student population in the CHKS differed from the demographics of the total student population of Santa Clara County, weights were created to make the student population in the final analysis more representative of the Santa Clara County student population. Weights were adjusted so as not to inflate the sample size artificially. For more details on the methodology, see *Santa Clara County's Children and Youth Key Indicators of Well-Being, 2003*<sup>6</sup>.

Violence-related data in the CHKS includes responses about intimate partner violence, sexual assault, and carrying weapons on school property. CHKS data can be analyzed by age, race/ethnicity, and education. Data from the national administration of the YRBS and from the local administration of the CHKS are included in Chapter 14: Youth Violence: Violence on School Property.

### *Behavioral Risk Factor Survey*

The Behavioral Risk Factor Survey (BRFS) is a national cross-sectional telephone survey designed to monitor risk behaviors among Americans 18 and older living in households. It consists of standard questions developed by the Centers for Disease Control and Prevention to facilitate comparisons between counties and states that administer it. Violence-related data in the BRFS include responses about intimate partner violence and sexual assault. BRFS data can be analyzed by age, race/ethnicity, education, and more. The survey of more than 2,500 residents was conducted in Santa Clara County by the Public Health Department in 2000. For full methodology and limitations, see *Santa Clara County's Behavioral Risk Factor Survey Report 2000*<sup>7</sup>. Local BRFS data are included in multiple sections of this report.

## ***Santa Clara County Social Services Agency***

### *Child Abuse Data*

The Department of Family and Children's Services within the Santa Clara County Social Services Agency collects child abuse data for children ages 0 to 17. In 2001, there were a total of 17,077 allegations of child abuse referred to the Santa Clara County Social Services Agency. Child abuse referrals (allegations) are investigated by emergency response workers, social workers, and/or dependency investigating social

workers. Using a screening tree, the investigator determines whether the disposition of the referral is substantiated, unfounded, or inconclusive. Data provided to VPIL staff is presented by age, race/ethnicity, and gender for each type of allegation (i.e., neglect, sexual abuse, emotional abuse, or physical abuse) in Chapter 12: Crimes Against Children: Maltreatment and Abduction.

### *Elder and Dependent Adult Abuse Data*

The Adult Protective Services Program of the Department of Aging and Adult Services within the Santa Clara County Social Services Agency receives allegations of elder or dependent adult abuse by mandated and non-mandated reporters. Reports that are screened in are assigned to a social worker who must then investigate the reported allegation(s). After concluding the investigation of the report, the social worker must make a determination as to whether the abuse was confirmed, unfounded, or inconclusive.

VPIL staff submitted a data request to obtain elder and dependent adult abuse data occurring within the County of Santa Clara in 2001. Data are presented by age group, race/ethnicity, gender, abuser relationship, and type of abuse in Chapter 13: Elder/Dependent Adult Abuse.

## **Statistical Analysis Guidelines**

In preparing the CPOV, staff followed general guidelines for statistical analysis and reporting. In particular, rates were calculated when there were at least 20 occurrences of a certain outcome for a given population. Counts of less than five are not included in this report unless they were made previously available to the public by the respective agency providing the data or unless the data provider gave express permission<sup>8</sup>. Rates were calculated using Department of Finance population estimates for Santa Clara County in 2001. (See Appendix E for a demographic profile).



**Rate:** the basic measure of disease or event occurrence that most clearly expresses the probability of risk in a defined population over a specified period of time. A rate is defined as a number of events divided by the population at risk.

## **Interpreting the Data: Data Limitations**

The data in this report can assist violence prevention practitioners, researchers, and policymakers to evaluate, plan, advocate and fund raise. But the data must be interpreted appropriately in order to be useful, which requires data limitations to be taken into consideration in the interpretation process. Below is a summary of the key limitations that crosscut the data sources included in this report. Additional information is available from the sources themselves (see above) and from the Epidemiology and Data Management Unit of the Santa Clara County Public Health Department. For more information, call 408.423.0736 or send an e-mail to [statistics@hhs.co.scl.ca.us](mailto:statistics@hhs.co.scl.ca.us).

### **Data element definitions**

Each data source cited in this report was collected and analyzed according to different (although often overlapping) definitions. In particular, sources may differ with respect to how they define:

- Case, incident, offender, and victim. For example, in the Social Services Agency data, it is crucial to distinguish reports (allegations) of child, elder, or dependent adult abuse from incidents (confirmed cases) of child, elder, or dependent adult abuse.
- Particular crimes and incidents. For example, the FBI's UCR Program defines rape as involving a female victim (only), while the California penal code does not specify victim gender in its definition of rape. In the California penal code, victims of elder abuse are by definition 60 or older. However, elder abuse victims are by definition 65 or older according to the Santa Clara County Social Services Agency Adult Protective Services.
- Demographic variables, such as race and ethnicity. For example, sources may use different methods for classifying "mixed race" individuals or others who do not consider themselves White, Hispanic, African American, Native American, or Asian/Pacific Islander. It should also be noted that race/ethnicity labels were maintained from the original data source. For example, Black is used in most datasets, while African American is used in others (also seen throughout with Hispanic and Latino labels).

### ***Representativeness and generalizability***

Violent crimes and incidents differ with respect to how often they are reported, under what circumstances, and to whom. For example:

- Hate crimes and incidents, intimate partner violence, and rape and sexual assault are chronically underreported. However, they are more likely to be reported to some sources (e.g., surveys such as the National Crime Victimization Survey or California Healthy Kids Survey) than others (e.g., law enforcement) for reasons such as shame or fear of reprisal from the perpetrator.
- Suicides may be more likely to be coded erroneously as accidental deaths among some ethnic, religious or age groups than among others due to cultural norms (e.g., that may encourage family members to promote an accidental death diagnosis over suicide) or to medical difficulty in identifying the causes of death among particular populations (e.g., very young children, the elderly)<sup>10</sup>.
- In the case of the ADAM Program data, only a sample of arrestees is selected to be surveyed. Although the response rate for those surveyed averages 80%, the results on drug and alcohol abuse cannot be generalized to the entire incarcerated population in Santa Clara County, much less to the entire offender population.

In addition to the psychological and cultural factors that affect individuals' likelihood of reporting to agencies, mandates and customs affect agencies' likelihood of collecting and reporting data that are complete, representative, and generalizable. As described earlier, UCR Program data are constrained by the Hierarchy Rule, which prescribes that (with a few exceptions) only the most serious crime in a multiple-offense situation is coded, regardless of the number of offenders and victims. This means that UCR data underreport the total number of offenses reported to local law enforcement agencies for crimes such as aggravated assault, hate crimes, rape, and robbery. In short, it is necessary that the completeness, representativeness, and generalizability of the data are assessed separately for each data set (based on crime or incident type and data source) in light of factors that affect individual- and agency-level reporting.

### ***Data quality assurance practices***

On a related note, each data source cited in this report employs different practices for assuring data quality in the data collection, entry and cleaning processes. Examples of such practices include requiring con-

firmation of birthdays from official documents or records instead of self-reported information supplied by a victim, offender or client; built-in software checks that prevent the entering of data codes that are outside a pre-determined range; and review of completed data collection forms and/or data files by supervisors. Interpretation of the data are improved through a thorough understanding of the reliability and validity issues for each data element and source.

### ***Longitudinal picture of criminal justice system events***

The data in this report include numbers of bookings, charges filed, convictions, and probation of offenders in Santa Clara County in 2001 for selected crimes. However, it is important to note that this data should not be interpreted longitudinally. That is, each category is a separate snapshot of a different (though likely overlapping) set of offenders at distinct points in the criminal justice system during a given year. It often takes more than one calendar year for an incident to be investigated and for an offender to be arrested, booked, charged, tried, convicted, and punished. In addition, charges may be pled down between filing and conviction. Thus, the “snapshot” or prevalence data in this report cannot be used to follow particular incidents or offenders through the criminal justice system, and cannot be used to determine arrest or conviction rates.



**Prevalence:** The number of events or instances of a given disease or other condition in a given population at a designated time.

### ***Data linking***

Similarly, although this report provides multiple sources of local data for each violent crime or incident type, each source presents a different perspective (e.g., victim, incident, and offender) on the problem, and these perspectives cannot be linked for any given violent incident. For example, we do not know the extent to which criminal justice data on elder abuse offenders and social service data on elder abuse incidents and victims pertain to the same or different events. This admittedly leaves us with a fragmented picture of each violent crime or incident type. However, the Santa Clara County Public Health Department is currently developing the Violent Death Reporting System, which will permit the linking of data on violent death victims, incidents and offenders from multiple sources. The first report will provide a more complete and detailed view of homicide, suicide, and accidental firearm deaths in Santa Clara County.

### ***Data Trends***

This report includes some discussion of national trend data and very limited presentation of local trend data (i.e., comparison of 2001 data to previous years' data). It is intended that future CPOV reports will include comparisons of multiple years' data. However, as mandated reporting requirements, available funding and staffing, and agency cultures change over time, data definitions and standards also change, posing challenges in interpreting trend data. For example, when the United States adopts new ICD reporting on death certificates, the mortality data coded under the previous ICD may differ substantially because of changes in coding rules, category names, and numbering. This could potentially affect the way homicide and suicide are classified and reported.

Increased reporting of a crime or incident does not necessarily mean that there has been an increased *frequency* of the crime or incident. As indicated previously, certain crimes and incidents (such as hate crimes and incidents, rape and sexual assault, and intimate partner violence) are chronically underreported. Successful efforts to increase reporting of these events can be difficult to distinguish from an increase in event occurrence.

### ***Timeliness***

Most of the local data presented in this report are from 2001, and some of the national data are even older. Despite being at least two years old, the data presented here are the most recent data collectively available from all of the participating data providers due to the time it takes to compile, verify and prepare the data. While this process may result in considerable lag time between data collection and data release, it is necessary to ensure that the data provided are of the highest possible quality. Looking to the future, as technological advances permit the ongoing automation of data collection and reporting processes and as the importance of timely high-quality data is increasingly recognized, data turnaround time should decrease.

### ***Data Gaps***

Finally, it must be acknowledged that there are still many gaps in the profile of violence that emerges from available data. Topical areas covered in this report for which the data are particularly limited include child abduction (Chapter 12); violence among incarcerated persons (Chapter 15); violence experienced by youth outside of school, in private school, or who are not in school (Chapter 14); and occupational violence (Chapter 16). Information on victims of violent acts is also quite limited, and is generally restricted to data on age, race/ethnicity, and gender. Data on transgender persons (as a separate category from 'male' and 'female') and data on the disability status and sexual orientation of victims is seldom available. Information on the circumstances that lead up to violent acts, such as the use of alcohol or other drugs, legal or illegal acquisition of firearms, and ongoing abuse among intimate partners, has also been largely unavailable. In some cases, the data are not available because it is not collected; in other cases, it is collected but not shared beyond the collecting agency, due to legal, fiscal, political, or other factors.

It is hoped that the public and private agencies that collect primary violence-related data from their clients will begin to fill in other identified data gaps, by collecting and sharing additional key information with the larger community working to prevent violence.

<sup>1</sup> Bureau of Justice Statistics, Department of Justice (2003). National Crime Victimization Survey (NCVS). Retrieved June 9, 2003 from <http://www.ojp.usdoj.gov/bjs/cvict.htm#Programs>.

<sup>2</sup> Bureau of Justice Statistics, Department of Justice (2002). *National Incident-Based Reporting System (NIBRS) Implementation Program*. Retrieved June 9, 2003 from <http://www.ojp.usdoj.gov/bjs/nibr.htm>.

<sup>3</sup> Lockyer, Bill (2003). *Information Bulletin 03-01-BCIA - California Crime Statistics Reporting*. Retrieved June 9, 2003 from <http://caag.state.ca.us/cjsc/ibr/0301BCIA.pdf>.

<sup>4</sup> Hunt, D. & Rhodes, W. (2001). *Methodology Guide for ADAM*. Retrieved June 9, 2003 from <http://www.adam-nij.net/files/Admguid.pdf>.

<sup>5</sup> California Department of Education (2002). *California Safe Schools Assessment 2000-2001 Results: Promoting Safe Schools*. Retrieved June 9, 2003 from <http://www.cde.ca.gov/spbranch/safety/cssa/00-01results.pdf>.

<sup>6</sup> Santa Clara County (CA, US), Santa Clara County's Children & Youth, Key Indicators of Well-Being, 2003. San Jose, CA: Santa Clara County Public Health Department and Cross Systems Evaluation; 2003 June. Available online at <http://www.sccphd.org/statistics2/>

<sup>7</sup> Santa Clara County's Behavioral Risk Factor Survey Report 2000; Public Health Department; Santa Clara Valley Health & Hospital System. Retrieved June 9, 2003 from <http://www.sccphd.org/scc/assets/docs/133913BehavioralRiskFactorSurvey2000.pdf>.

<sup>8</sup> Family Health Outcomes Project's Advisory Group (1998). *Guidelines for the statistical analysis of public health indicators in small geographic areas or where there are few events*. Sacramento, CA: Author.

<sup>9</sup> U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.

<sup>10</sup> Phillips, D. & Ruth, T. (1993). *Adequacy of official suicide statistics for scientific research and public policy*. Retrieved October 8, 2003 from [http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=8310465&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8310465&dopt=Abstract).

## Intimate Partner Violence

Intimate partner violence affects women and men from all socioeconomic, cultural, racial and religious backgrounds. Women are most often the victims of violence perpetrated by men. However, males and gay, lesbian, bisexual, and transgender victims also experience intimate partner violence. Experts believe that the vast majority of intimate partner victimization is not reported to the police<sup>3</sup>. Intimate partner violence is associated with physical and psychological injuries, economic costs, and in some cases, death. Intimate partner violence also profoundly affects families and is a strong risk factor for child abuse.



### Summary of National Findings

Approximately 1.5 million women and 834,700 men are raped and/or physically assaulted by an intimate partner each year<sup>3</sup>. Women are more at risk of being assaulted by a current or former intimate partner than by a stranger. Nearly two-thirds of women who reported being raped, physically assaulted or stalked were victimized by a current or former husband, cohabiting partner, boyfriend, or date<sup>3</sup>. The National Violence Against Women (NVAW) Survey found that only about one-fifth of rapes, a quarter of physical assaults, and half of stalking incidents against females by intimate partners were reported to police. Even fewer of these violent acts perpetrated against male respondents by intimate partners were reported<sup>3</sup>.

Among women who are physically assaulted or raped by an intimate partner, one in three is injured. Each year, more than 500,000 women injured as a result of intimate partner violence require medical treatment<sup>3</sup>.

As many as 324,000 women each year experience intimate partner violence during their pregnancy<sup>1,4</sup>.

There were 5,046 reported incidences of domestic violence affecting lesbian, gay, bisexual, or transgender victims in 2001<sup>5,6</sup>.

The average prevalence for non-sexual dating violence among male and female high school students is 22% and among male and female college students it is 32%<sup>7</sup>. Studies of high school and college students suggest that males and females inflict and receive dating violence in equal proportions, but violence by women is more often for defensive purposes. Other studies have found that women were victims of dating violence twice as often as men were and suffer significantly more injuries<sup>7,8,9,10,11,12</sup>.

Firearms were the major weapon type used in intimate partner homicides from 1981 to 1998<sup>1,13</sup>. Between 1994 and 2001, 14% of rejected applications for firearm purchases were rejected because background checks revealed prior domestic violence convictions and/or restraining orders<sup>5,14</sup>.



The National Center for Injury Prevention and Control (NCIPC) defines **intimate partner violence** as “actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner,” whether of the same sex or the opposite sex. Some of the common terms used to describe various types of intimate partner violence are domestic abuse, spouse abuse, domestic violence, courtship violence, battering, marital rape, and date rape<sup>1,2</sup>.

Y

F

### ***Demographic Risk Factors***

More women than men experience intimate partner violence and women are more likely than men to be injured or killed in such attacks. In fact, according to the NVAW Survey, 25% of women and 7.6% of men surveyed said they had been physically assaulted or raped by an intimate partner<sup>3</sup>. The NVAW Survey also found that 41.5% of women who were physically assaulted by an intimate partner were injured during their most recent attack, compared with 19.9% of men<sup>3</sup>. The survey also found that women ages 20 to 29 are at greatest risk of being killed by an intimate partner<sup>1,13</sup>.

Another finding from the NVAW Survey on demographic risk factors was that nearly one-third of African American women experience intimate partner violence in their lifetimes compared with nearly one-fourth of White women<sup>3</sup>. Also, American Indian/Alaska Native women and men were most likely to report intimate partner violence, and Asian/Pacific Islander women and men were least likely to report it. It is unclear whether this difference is due to variations in willingness to report information about violence or to variations in incidence of intimate partner violence<sup>3</sup>.

Women living with female intimate partners experience less intimate partner violence than women living with male intimate partners. Slightly more than 11% of women who had lived with a female intimate partner reported being raped, physically assaulted and/or stalked by a female cohabitant, while 30.4% of women who had lived with a male intimate partner reported such violence by a male cohabitant<sup>3</sup>.

Men living with male intimate partners experience more intimate partner violence than men who live with female intimate partners. About 15% of men who had lived with a male intimate partner reported being raped, physically assaulted and/or stalked by a male cohabitant, while 7.7% of men who had lived with a female intimate partner reported such violence by a female cohabitant<sup>3</sup>.

Recent studies indicate that 30 to 50% of Latina, South Asian, and Korean immigrant women have been sexually or physically victimized by a male intimate partner<sup>5,15</sup>.

### ***The Relationship Between Child Abuse and Domestic Violence***

**Y**

Violence against mothers by their intimate partners is a serious risk factor for child abuse. Likewise, abuse against children is a serious risk factor for abuse against their mothers<sup>16,17,18</sup>. The four most rigorous studies of the co-occurrence of domestic violence and child abuse have described co-occurrence rates of approximately 50%<sup>16,17,19,20,21</sup>. Witnessing intimate partner violence as a child or adolescent, or experiencing violence from caregivers as a child, increases one's risk of both perpetrating and becoming a victim of intimate partner violence<sup>1,21</sup>. Refer also to Chapter 12: Crimes Against Children: Maltreatment and Abduction.

### ***Other Risk Factors***

**A**

It is estimated that in 45% of cases of intimate partner violence, men had been drinking and in about 20% of cases women had been drinking<sup>1,22</sup>. One study recently found that male partners' unemployment and drug or alcohol use were associated with increased risk for abuse<sup>1,23</sup>.

Men who are physically violent toward their partners are also likely to be sexually violent toward their partners and are likely to use violence toward children<sup>1,23</sup>. Violent husbands report more anger and hostility toward women when compared with nonviolent husbands<sup>1,24</sup>.

A high proportion of intimate-partner-violence perpetrators report more depression, lower self-esteem and more aggression than non-violent intimate partners. They also may be more likely to have personality disorders such as schizoid/borderline personality, antisocial or narcissistic behaviors, and dependency and attachment problems<sup>1,24</sup>.

One study found that women who have permanent protection orders in place against their batterers were 80% less likely to be physically assaulted by their partners in the year after the attack than women without such orders. No significant reduction in violence occurred when temporary protection orders were in place<sup>5,25</sup>.

### **Consequences**

Intimate partner violence is associated with physical injury and illness, psychological symptoms, economic costs, and death<sup>1,26</sup>. As a consequence of severe intimate partner violence, female victims are more likely than male victims to need medical attention and take time off from work. They also spend more days in bed and suffer more from stress and depression<sup>1,26</sup>. The estimated yearly direct medical cost of caring for battered women is about \$1.8 billion<sup>1,27</sup>.

Each year, thousands of American children witness intimate partner violence within their families. Witnessing violence is a risk factor for long-term physical and mental health problems, including alcohol and substance abuse, being a victim of abuse, and perpetrating abuse against an intimate partner<sup>1,28</sup>.



### **Healthy People 2010 Objective**

The Healthy People 2010 injury-related objective for intimate partner violence is to reduce the rate of physical assault by current or former intimate partners to 3.6 physical assaults per 1,000 persons (Objective 15–34).

Santa Clara County	State	Nation	Target
Not available	Not available	4.8*	3.6

\*1998, latest available statistic.

There was no available information for the rates of physical assault by current or former intimate partners in California or locally. Although physical assault does occur, an accurate means of reporting the data has not been developed and/or disseminated for state and local jurisdictions.

See a comparison of U.S., state, and other counties for domestic violence-related calls for assistance on page 53.



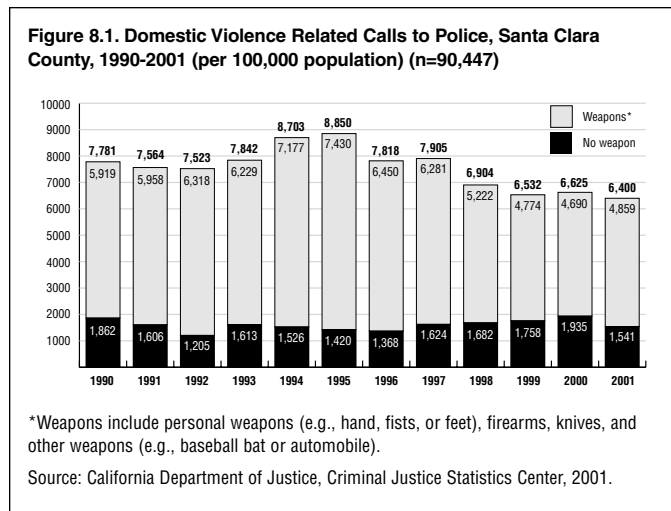


## Santa Clara County Data

### ***Criminal Justice Statistics Center Data, Domestic Violence-Related Calls***

The California Department of Justice, Criminal Justice Statistics Center, maintains records of domestic violence-related calls to police. The definition for domestic violence in this database is subject to varying interpretations by law enforcement agencies. For example, a sibling dispute may be classified as domestic violence by one agency, whereas another agency only classifies intimate partner disputes as domestic violence. As a result, different types of domestic relationships are included in the data. The data include all cases that resulted in a report being written by the responding law enforcement agency whether an arrest was made or not.

Information regarding weapon use, as ascertained during domestic violence-related calls, is normally reported for firearms, knives or cutting instruments, or other dangerous weapons regardless of the outcome or injury<sup>†</sup>. The use of personal weapons such as hands, fists, or feet is reported as a weapon only if the assault resulted in severe or aggravated bodily injury.

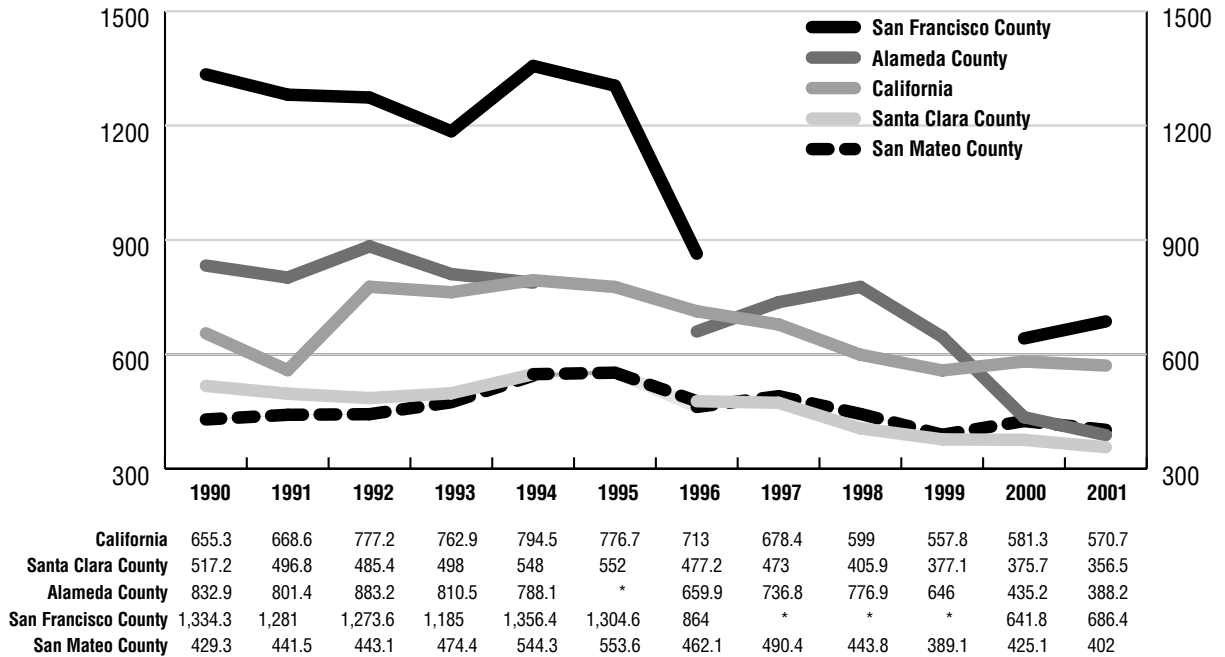


In Santa Clara County, the total number of domestic violence-related calls for police assistance decreased between 1995 and 2001. However, in 2001 there was a slight increase over 2000 in the number of calls involving weapons (see Figure 8.1).

The rate of domestic violence-related calls for assistance in Santa Clara County has been much lower than California as a whole and San Francisco and Alameda counties in the past decade. (See Figure 8.2).

<sup>†</sup> Penal Code section 13730 does not require that the type of weapon involved in a domestic violence-related call be reported.

**Figure 8.2. Rate of Domestic Violence-Related Calls for Assistance, Santa Clara County and Selected Jurisdictions, 1990-2001 (per 100,000 population) (n=8,167,784)**

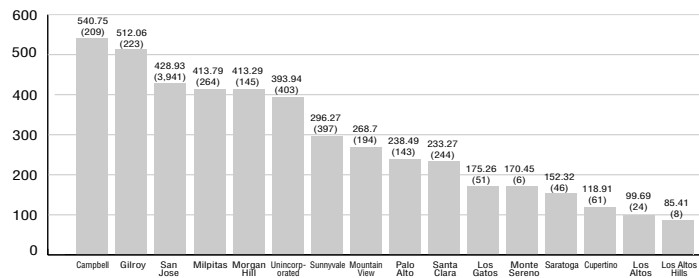


\*No reporting was provided for this year.

Source: California Department of Justice, Criminal Justice Statistics Center, 1900-2001. California Department of Finance, Population Projections, 1990-2001.

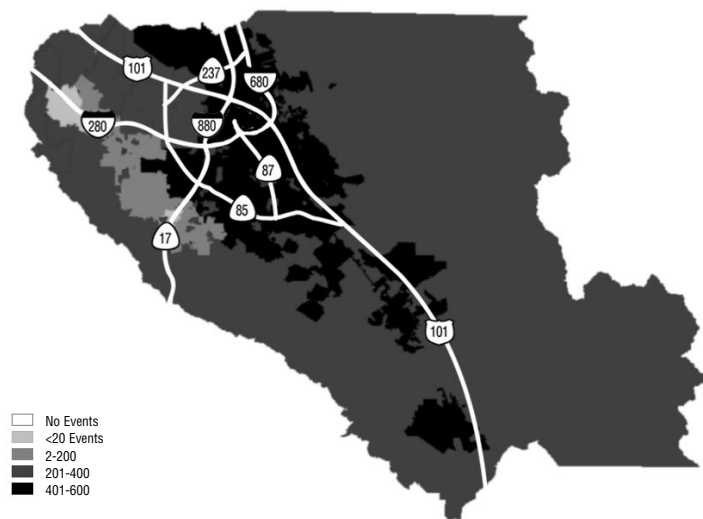
As shown in Figure 8.3 and 8.4, in Santa Clara County in 2001, Campbell had the highest rate of domestic violence-related calls (541 per 100,000 population), followed by Gilroy (512 per 100,000 population) and San Jose (429 per 100,000 population).

**Figure 8.3. Rate of Domestic Violence-Related Calls to Police by Jurisdiction, Santa Clara County, 2001 (per 100,000 population) (n=6,400)**



Source: California Department of Justice, Criminal Justice Statistics Center, 2001. Demographic Research Unit, California Department of Finance, 2001.

**Figure 8.4. Rate of Domestic Violence-Related Calls for Assistance by Jurisdiction, Santa Clara County, 2001 (per 100,000 population)**



Note: For geographic boundary reference, see Appendix B for County map with jurisdiction labels.  
 Source: California Department of Justice, Criminal Justice Statistics Center, 2001. Santa Clara County Information Services Department, Geographic Information Systems Program, Baseline Map, 2003.

**Figure 8.5. Domestic Violence-Related Calls to Police by Type of Weapon Involved, Santa Clara County, 2001 (n=6,400)**



Source: California Department of Justice, Criminal Justice Statistics Center, 2001.

In 2001, of calls that specified the involvement of weapons, most involved the use of “personal” weapons such as hands, fists, and feet. “Other” dangerous weapons, such as baseball bats or automobiles, comprised the second highest proportion of calls involving weapons<sup>‡</sup> (see Figure 8.5).

**Death Review Committee, Domestic Violence Deaths**



The Domestic Violence Council and related subcommittees define **domestic violence** as the escalating pattern of behavior where one partner in an intimate relationship controls another through force, intimidation or the threat of violence.

From August 1993 to December 2001, the Santa Clara County Domestic Violence Death Review Committee reviewed a total of 130 domestic violence-related deaths, 17 of which occurred in 2001. The number of domestic violence-related deaths per year has declined slightly since 1997 (see Figure 8.6).

Of the 130 total deaths, 69 (53.1%) were caused by a gun and included 25 homicides, 21 suicides and 6 “blue suicides.” Twenty-one



**Blue suicide** refers to those cases where the decedent caused the police to shoot him or her.

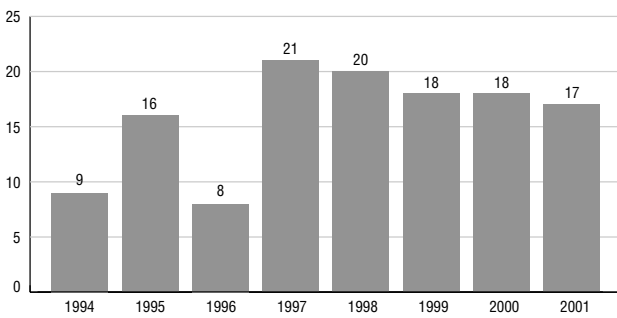
deaths (16.2%) were attributable to stabbing (see Figure 8.7).

Of 128 domestic violence-related deaths from January 1994 to December 2001, 46 victims were White, 37 were Asian/Pacific Islander, 32 were Hispanic, 12 were African American or mixed African American, and 1 was American Indian. When viewing this data by race/ethnicity, Asian/Pacific Islanders are most at risk for experiencing domestic violence-related death per 100,000 general population (see Figure 8.8).

F

<sup>‡</sup>Jurisdictions may differ in their reporting of use of weapons.

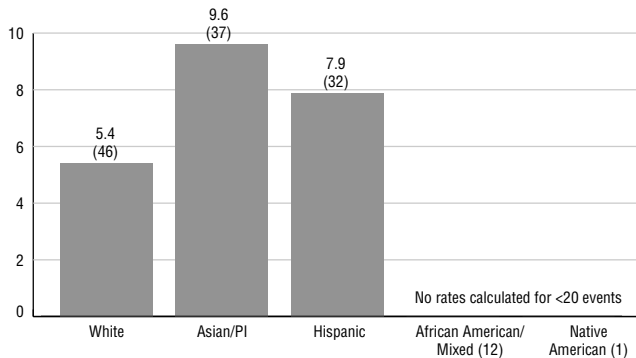
**Figure 8.6. Number of Domestic Violence-Related Deaths, Santa Clara County, 1994-2001 (per 100,000 population) (n=127)**



Note that the three domestic violence-related deaths that occurred between August and December 1993 are not graphed above.

Source: Santa Clara County Domestic Violence Death Review Committee, August 1993–September 1998, October 1998–December 1999, January 2000–December 2001.

**Figure 8.8. Rate of Domestic Violence-Related Deaths by Race/Ethnicity, Santa Clara County, 1994-2001 (per 100,000 population) (n=127)**

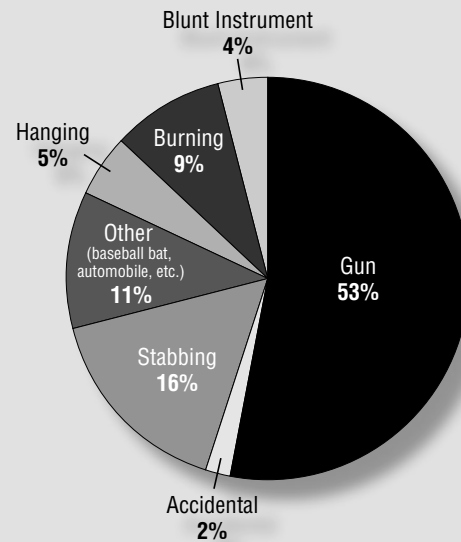


Source: Santa Clara County Domestic Violence Council, Domestic Violence Death Review Committee, 1994-2001.

Figure 8.9 shows the distribution of relationships between victims and aggressors in the 130 cases of domestic violence-related deaths in Santa Clara County from 1993 to 2001. Of all the deaths, 43.8% of the victims were separated or divorced from the perpetrator at the time of the incident and 27% were dating or were in a former dating relationship at the time of incident.

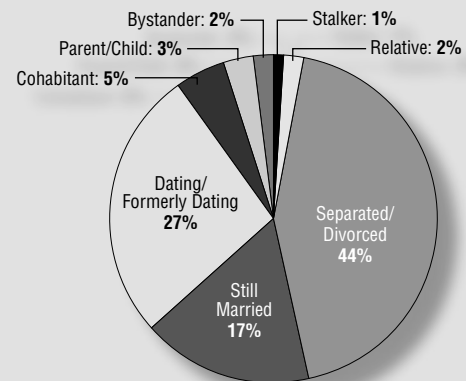
Thirty-nine deaths (30%) were preceded by domestic violence contacts with law enforcement (i.e., police reports). (Data not shown.)

**Figure 8.7. Domestic Violence-Related Deaths by Mechanism, Santa Clara County, 1993-2001 (n=130)**



Source: Santa Clara County Domestic Violence Death Review Committee, August 1993–December 2001.

**Figure 8.9. Domestic Violence-Related Deaths by Relationship of Victim and Aggressor, Santa Clara County, 1993-2001 (n=130)**



Source: Santa Clara County Domestic Violence Death Review Committee, August 1993–December 2001.

**Restraining Order Data**

A total of 1,895 Emergency Protective Restraining Orders (EPROs) were issued in Santa Clara County in 2001. Since 1993, the number of EPROs has increased sevenfold (see Figure 8.10).

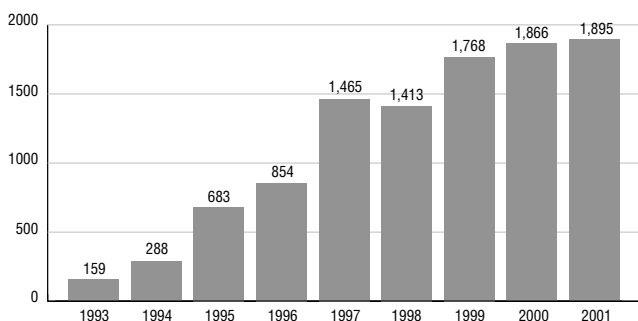
Of the 12 law enforcement jurisdictions that reported issuing EPROs in 2001, Morgan Hill had the highest rate (275 per 100,000 population) followed by Sunnyvale (185 per 100,000 population). According to data from Santa Clara County Superior Court, 47% of domestic violence incidents initiating EPROs in 2001 involved children. (Data not shown.)



A **restraining order** is a court order that requires the person restrained to stop threatening or hurting the party seeking the restraining order. The abuser must be someone with whom there is a close relationship, such as a family member or intimate partner. Restraining orders can also require the person restrained to stop calling the victim, move out of the victim’s residence, stay away from the victim’s place of work and residence, give up a gun, limit time spent with children, and pay certain expenses. There are three types of restraining orders:

1. An **Emergency Protective Restraining Order** (EPRO) can be implemented immediately in case of a dangerous and urgent situation. A police officer responding to a domestic violence incident can call the on-call judge any-time and ask for an EPRO. An emergency protective order extends for up to seven days.
2. **Temporary restraining orders** are ordinarily issued after an appearance in court by one party without the other party being present. They can usually be issued the same day they are requested and remain in effect until a scheduled hearing—typically scheduled to occur within 15 or 20 days.
3. **Permanent restraining orders** must be applied for and can extend for up to three years.

**Figure 8.10. Number of Emergency Protective Restraining Orders Issued, Santa Clara County, 1993-2001 (n=10,391)**



Source: Santa Clara County Domestic Violence Council, Police-Victim Relations Committee, 1993-2001.

The Santa Clara County Domestic Violence Council Death Review Committee compiled data on the number of domestic violence deaths for which there was a temporary restraining order in place between the victim and perpetrator. The specific breakdown of these deaths is as follows: there were 10 cases in which the restrained individual committed suicide, 3 cases in which the protected person was killed, and 1 case in which the restrained individual suffered accidental death while violating the restraining order.

**Criminal Justice Information Control Data, Restraining Order Violations**

**Table 8.1. Restraining Order Violation Suspects Booked by Demographics, Santa Clara County, 2001**

Total	414	100%
Male	361	87%
Female	53	13%
White	164	40%
Hispanic	180	43%
African American	40	10%
Asian/Pacific Islander	28	7%
Native American/AN	2	<1%
Ages 18-24	87	21%
Ages 25-34	134	32%
Ages 35-44	150	36%
Ages 45-54	35	8%
Ages 55-64	7	2%
Ages 65+	1	1%

Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001

In 2001, there were 633 suspects charged with restraining order violations in Santa Clara County. The highest rates were among males, African Americans, and those between the ages of 25 and 34 years old (see Figure 8.11).

As shown in Figure 8.12, most of the 473 offenders convicted for restraining order violations in 2001 were male and Hispanic or White.

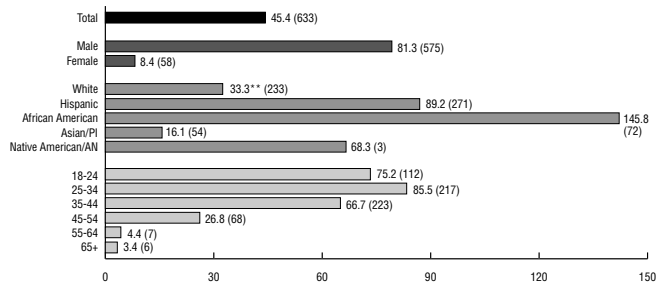
**Table 8.2. Restraining Order Violation Offenders on Probation by Demographics, Santa Clara County, 2001**

Total	188	100%
Male	174	93%
Female	14	7%
White	62	33%
Hispanic	88	47%
African American	23	12%
Asian/Pacific Islander	15	8%
Ages 18-24	39	21%
Ages 25-34	71	38%
Ages 35-44	62	33%
Ages 45-54	14	7%
Ages 55-64	2	1%

Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001

In Santa Clara County in 2001, most suspects booked for restraining order violations were male, White or Hispanic, and between 35 and 44 years old (see Table 8.1).

**Figure 8.11. Rate of Charges Filed for Restraining Order Violations, Santa Clara County, 2001 (per 100,000 population) (n=633)**

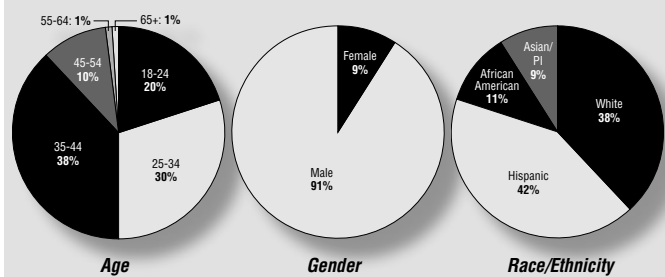


\*\*White includes unknown race and all others.

Note: Multiple charges by the same individual within this table are counted only once.

Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001

**Figure 8.12. Restraining Order Violation Offenders Convicted by Demographics, Santa Clara County, 2001 (n=473)**



Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001

Nearly half of those offenders on probation for domestic violence-related restraining order violations were Hispanic and between the ages of 25 and 34 (see Table 8.2).

**Criminal Justice Information Control Data, Domestic Violence Rape**

In 2001, there were 6 suspects booked, 7 charges filed, and less than 5 convictions of domestic violence-related rape in Santa Clara County. The suspects were Hispanic and Asian/Pacific Islander. Most were between 25 and 54 years old (data not shown).

**Criminal Justice Information Control Data, Domestic Violence Assault and Battery**

In 2001, there were more than 800 suspects booked for domestic violence-related assault and battery, but only 18 charges were filed. Figure 8.13 shows the percentage of bookings and filings for assault and battery, and highlights the difference in proportions between domestic violence-related and non-domestic violence-related bookings and filings.

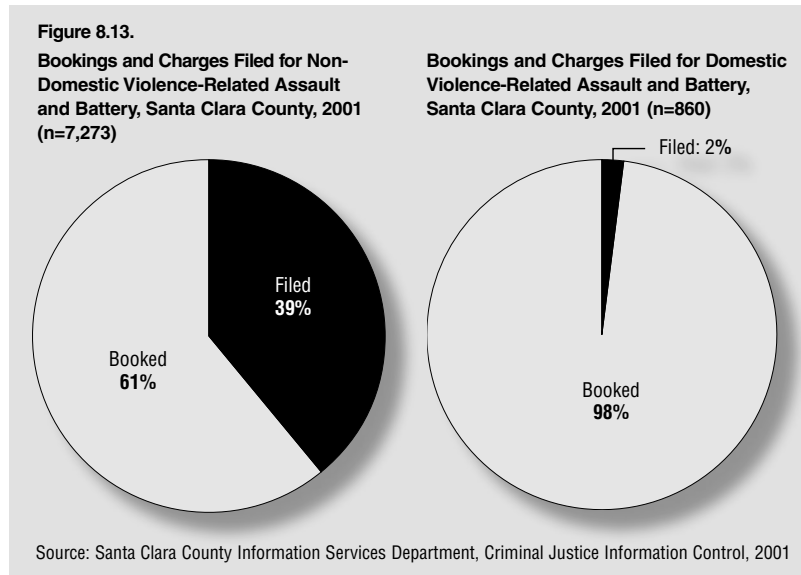
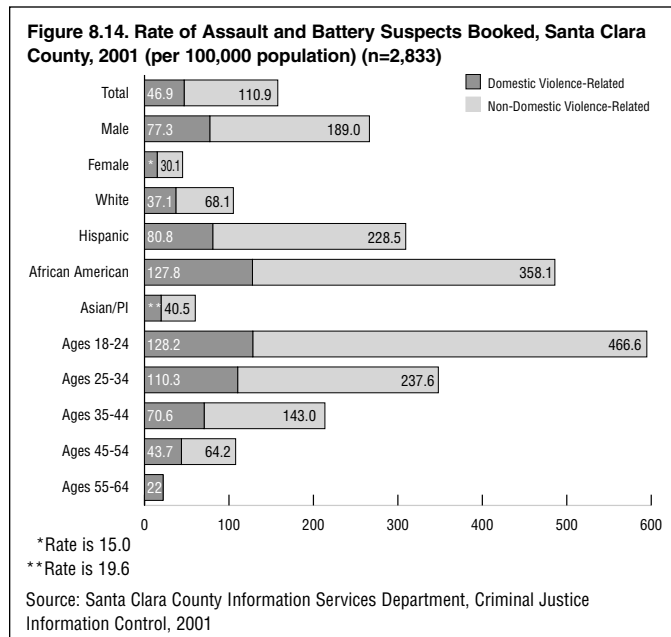


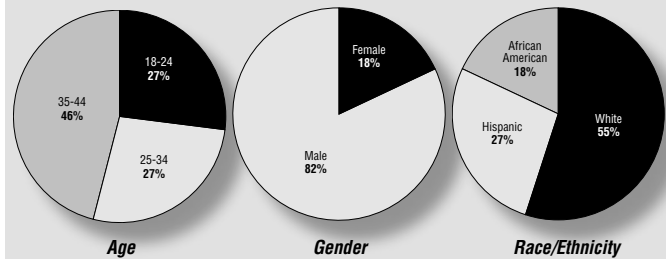
Figure 8.14 shows the rate of offenders booked for domestic violence-related assault and battery per 100,000 general population in Santa Clara County in 2001. This figure highlights the difference between assault and battery bookings that were domestic violence-related and those that were not. Domestic violence-related bookings constitute a substantial proportion of assault and battery bookings. Overall, bookings due to domestic violence-related assault and battery are 30% of all assault and battery



bookings. While the overall rate of assault and battery bookings is much higher in the 18 to 24-year-old age group than it is in the 25 to 34-year-old age group, the rate of domestic violence-related bookings is similar between the two age groups.

In 2001, there were 11 convictions in Santa Clara County for domestic violence-related assault and battery. The majority of domestic violence-related assault and battery convictions were against White offenders and those between the ages of 35 and 44 years old (See Figure 8.15).

**Figure 8.15. Domestic Violence-related Assault and Battery Offenders Convicted by Demographics, Santa Clara County, 2001 (n=11)**



Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001.

**Juvenile Probation Data, Domestic Violence Offenders**

**Table 8.3. Domestic Violence-Related Offenders in Juvenile Probation by Demographics, Santa Clara County, 2001**

Total	30	100%
Male	26	87%
Female	4	13%
White (includes unknown race and all others)	4	13%
Hispanic	22	73%
African American	1	3%
Asian/Pacific Islander	3	10%
Ages <12	0	0%
Ages 12-24	0	0%
Ages 15-17	27	90%
Ages >18	3	10%

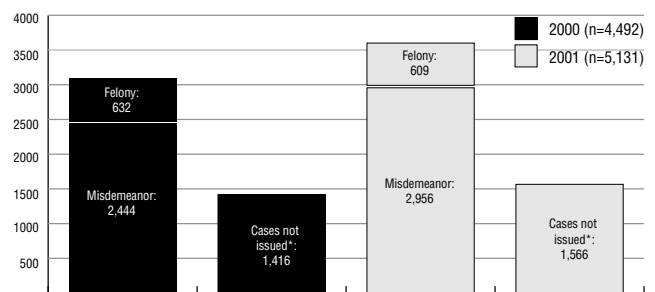
In the Santa Clara County juvenile probation system, there were a total of 30 juvenile suspects with domestic violence-related charges. Of these, more than 70% were Hispanic and 90% were between 15 and 17 years old (see Table 8.3).

\*Domestic violence-related charges include both misdemeanor (276.3M) and felony (273.5) charges.  
Source: Santa Clara County Probation Department, Projects, Analysis, Communication, and Evaluation Unit, 2001

**District Attorney Data, Offender Prosecutions**

The Santa Clara County District Attorney’s Office reviewed an average of 98 new reports of domestic violence each week in 2001. Charges were filed in 3,565 cases, or an average of 68 new criminal cases of domestic violence each week (See Figure 8.16\*):

**Figure 8.16. Domestic Violence Prosecutions, Santa Clara County, 2000-2001 (per 100,000 population)**



\*Cases not issued means the District Attorney’s office determined there was not enough evidence to file criminal charges.

Source: Santa Clara County Office of the District Attorney, January 2000–December 2001.

\*A listing of penal codes for domestic violence charges can be found in Appendix C.



- 26 cases involved same sex relationships.
- 72 cases involved teens as victims.
- 121 cases involved women who were pregnant.
- 1,021 cases involved children who were present during the alleged incident.
- 2,130 cases involved injury to some person.

### ***Behavioral Risk Factor Survey Data, Intimate Partner Violence***

Y Few studies provide population-based estimates of domestic violence, especially at the county level. The Behavioral Risk Factor Survey (BRFS) is a cross-sectional telephone survey of adults ages 18 and older. Developed by the Centers for Disease Control and Prevention (CDC), the BRFS collects information on a wide variety of health-related behaviors. In 2000, the Public Health Department conducted an adapted version of this survey in Santa Clara County, including a pilot section on intimate partner violence, developed by the CDC.

Of the 2,547 people who did answer questions in this section<sup>§</sup>, 2.3% reported that in the past 12 months they had experienced some violence. Violence was defined as being pushed, slapped, hit, punched, shaken, kicked, choked or burned, or being made to take part in any sexual activity against their will. Of those who reported violence in the past 12 months, 1.3% reported that the violence led to forced sexual activity. Of those who answered the question about the relationship of the perpetrator, 21% reported that the violence involved an intimate partner, such as a spouse, live-in partner, boyfriend or girlfriend.

A summary of intimate partner violence questions and responses from the 2000 BRFS is provided in Table 8.4. The table shows that about 9.1% of respondents had been subjected to childhood injuries and trauma due to abuse. About 10% of the respondents saw or heard one of their parents physically hurt by their partner. Less than 1% (20) of respondents reported being physically hurt by their intimate partner in the past 12 months and 0.5% (12) reported seeing a healthcare provider because of physical or sexual violence, or threatening behavior by an intimate partner.

Younger adults (18 to 34 years old) and Hispanics were more likely to report this compared with other respective age and ethnic groups (data not shown). Those who reported being abused were more likely not to have a health insurance plan (data not shown). A higher proportion of young adults between 18 and 24 years old said they had experienced violence as compared to other age groups (data not shown). Women who were victims of violence were more likely to have a household income of less than the median income (\$50,000 to \$75,000) in the County (data not shown). Approximately 1% (27) feared for their safety or the safety of their loved ones because of anger or threats made by an intimate partner (data not shown). Among those who reported being physically hurt, only 20% sought medical attention as a result of their intimate partners' violent behavior (data not shown).

<sup>§</sup>About 16% of survey respondents refused to answer the questions on intimate partner violence.

**Table 8.4. Results of Intimate Partner Violence Questions from the Behavioral Risk Factor Survey, Santa Clara County, 2000**

Question	Number in Survey	“Yes” Answers Number (%)	Refused to Answer Total (%)
<i>Injured or hurt due to abuse as a child</i>	2,547	231 (9.1%)	352 (13.8%)
Male	1,289	118 (9.2%)	152 (11.8%)
Female	1,258	113 (9%)	199 (15.8%)
<i>See or hear parents hurt by their partner</i>	2,547	258 (10.1%)	367 (14.4%)
Male	1,289	129 (10%)	162 (12.6%)
Female	1,258	128 (10.2%)	205(16.3%)
<i>Violence in the past 12 months</i>	2,547	58 (2.3%)	371 (14.6%)
Male	1,289	29 (2.3%)	164 (12.7%)
Female	1,258	29 (2.3%)	207 (16.5%)
<i>Did violence lead to sexual activity?</i>	487	7 (1.3%)	371 (76.2%)
Male	222	1 (0.4%)	163 (73.5%)
Female	266	6 (2.1%)	208 (78.4%)
<i>Frightened because of threats from intimate partner</i>	2,547	27 (1%)	398 (15.6%)
Male	1,289	8 (0.6%)	172 (13.4%)
Female	1,258	19 (1.5%)	226 (18.0%)
<i>Physically hurt by intimate partner in the past 12 months</i>	2,547	20 (0.8%)	418 (16.4%)
Male	1,289	7 (0.5%)	177 (13.7%)
Female	1,258	14 (1.1%)	241 (19.2%)
<i>See a health care provider in the past 12 months because of physical or sexual violence, or threatening behavior by an intimate partner against you</i>	2,547	12 (0.5%)	426 (16.7%)
Male	1,289	3 (0.2%)	181 (14.4%)
Female	1,258	9 (0.7%)	246 (19.5%)

Note: Numbers do not add up in all cases because of weighted values.

Source: Santa Clara County Public Health Department, Research Planning and Evaluation Division, Behavioral Risk Factor Survey, 2000

### **California Healthy Kids Survey Data, Dating Violence**

During fall of 2001 and winter and spring of 2002, the Santa Clara County Public Health Department, in collaboration with local school districts, administered the California Healthy Kids Survey (CHKS). This survey is based on the national Youth Risk Behavior Survey (YRBS), which was developed by the Centers for Disease Control and Prevention (CDC). The YRBS and CHKS are school-based surveys designed to monitor the priority health risk behaviors that contribute to the leading causes of morbidity, mortality, and social problems among youth and young adults in the United States.

Below are the results of one question addressing relationship violence from the most recent local administration of the CHKS.

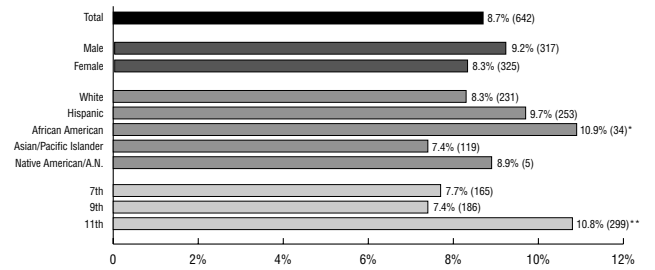
Overall, about 9% of students with a boyfriend or girlfriend reported that they had been hit by a boyfriend/girlfriend in the past 12 months (see Figure 8.17). There was no significant difference in the reported prevalence of being hit by a boyfriend/girlfriend between male and female students. As shown in Figure 8.17, Asian/Pacific Islander students reported the lowest prevalence of being hit by a boyfriend/girlfriend (7.4%)

compared to other racial groups. Eleventh-graders (10.8%) reported the highest prevalence of being hit by a boyfriend/girlfriend in the last 12 months compared to 7th (7.7%) and 9th-graders (7.4%).

**Housing/Shelter Service Data, Intimate Partner Violence Victims**

Four domestic violence housing and shelter service providers in Santa Clara County provided the 2001 statistics displayed in Table 8.5. This table represents the types of services provided and client demographics for shelters in Santa Clara County. Note that the full burden on shelters is not represented here because not all shelters have supplied data.

**Figure 8.17. Been Hit by Boyfriend/Girlfriend in Last 12 Months Among Those Who Have a Boyfriend/Girlfriend, California Healthy Kids Survey, Santa Clara County, 2001**



\*Significantly greater than Asian/Pis (p<0.05)  
 \*\*Significantly greater than 7th and 9th graders (p<0.05)  
 Source: Santa Clara County Public Health Department, Research, Planning & Evaluation, California Healthy Kids Survey, 2002

**Table 8.5. Domestic Violence Services, Santa Clara County, 2001**

	Asian Americans for Community Involvement	Community Solutions	Next Door	Support Network for Battered Women
<b>Clients Served</b>	98	404	1,779	649
<b>Hotline calls received</b>	1,089	459	3,504	5,254
<b>Individual Counseling</b>				
Adult (19+)	451 sessions	171 sessions 36 clients	1,362 sessions 549 clients	523 sessions 55 clients
Teen (13-18)	28 sessions	21 sessions 6 clients	31 sessions 3 clients	0
Children (0-12)	Unknown	61 sessions 14 clients	288 sessions 62 clients	142 sessions 11 clients
<b>Group Counseling</b>				
Adult (19+)	186 sessions	50 sessions 54 clients	1,552 sessions 317 clients	522 sessions 67 clients
Teen (13-18)	Unknown	15 sessions 6 clients	Unknown	0
Children (0-12)	Unknown	15 sessions 12 clients	144 sessions 13 clients	55 sessions 13 clients
<b>Shelter Services</b>				
Women	30	54	167	135
Children (≤17)	25	70	146	160
# of bed nights	3,662	3,774	5,081	4,463

Source: Santa Clara County Domestic Violence Council, Victim Survivor Advocacy Committee, 2001



## Data Reflections

Due to the sensitive nature of intimate partner violence, the criminal justice data on incidents and offenders and the BFRS, CHKS, and shelter data on victims likely provide a significant underestimate of the prevalence and circumstances of these problems in our community. The response rate for BFRS data on intimate partner violence, in particular, was very low. Given the frequency of intimate partner violence and the severity of its consequences for victims and their families, it is important that we continue to promote valid and reliable data collection and reporting so we can monitor these crimes and the effects of related prevention efforts.

It is important to note that the local data on number of filings, bookings, convictions, and probation of domestic violence offenders in 2001 should not be interpreted longitudinally. That is, each category is a separate snapshot of a different (though likely overlapping) set of offenders at distinct points in the criminal justice system during a given year. It often takes more than one calendar year for an incident to be investigated and for an offender to be arrested, charged, booked, tried, convicted, and punished. Therefore, the data do not follow particular incidents or offenders through the system and cannot be used to determine arrest or conviction rates.

- <sup>1</sup> National Center for Injury Prevention and Control (NCIPC). (2003a). Intimate Partner Violence Fact Sheet. Retrieved March 12, 2003 from <http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>.
- <sup>2</sup> Saltzman LE, Fanslow JL, McMahon PM, Shelley GA. (1999). *Intimate Partner Violence Surveillance: Uniform definitions and recommended data elements*. Atlanta: National Center for Injury Prevention and Control.
- <sup>3</sup> Tjaden P, Thoennes N. (2000). *Extent, Nature, and Consequences of Intimate Partner Violence Against Women: Findings from the National Violence Against Women Survey*. Washington, DC: National Institute of Justice and the Centers for Disease Control and Prevention.
- <sup>4</sup> Gazmararian JA, Petersen R, Spitz AM, Goodwin MM, Saltzman LE, Marks JS. (2000). Violence and reproductive health; current knowledge and future research directions. *Maternal and Child Health Journal*; 4(2):79-84.
- <sup>5</sup> National Center for Victims of Crime. (2003). *Domestic Violence Statistics*. Retrieved March 14, 2003 from <http://www.ncvc.org/resources/statistics/domesticviolence/>.
- <sup>6</sup> Baum, R. & Moore, K. (2002). *Lesbian, Gay, Bisexual, and Transgender Domestic Violence in 2001*. NY: National Coalition of Anti-Violence Programs.
- <sup>7</sup> National Center for Injury Prevention and Control (NCIPC). (2000). Dating Violence. Retrieved March 12, 2003 from <http://www.cdc.gov/ncipc/factsheets/datviol.htm>.
- <sup>8</sup> Arias, I., Samios, M., & O'Leary, K. (1987). *Prevalence and correlates of physical aggression during courtship*. *Journal of Interpersonal Violence*; 2(No. 1, March): 82-90.
- <sup>9</sup> Gray, H.M. & Foshee, V. (1997). Adolescent Dating Violence: Differences between one-sided and mutually violent profiles. *Journal of Interpersonal Violence* 12(1): 126-141.
- <sup>10</sup> Makepeace, J. M. (1983). *Life events, stress and courtship violence*. *Family Relations*;32: 101-109.
- <sup>11</sup> Makepeace, J. M. (1986). *Gender differences in courtship violence victimization*. *Family Relations*;35: 383-388.
- <sup>12</sup> White, J. W. & Koss, M. P. (1991). *Courtship violence: incidence in a national sample of higher education students*. *Violence and Victims*;6(4): 247-256.
- <sup>13</sup> Paulozzi LJ, Saltzman LA, Thompson MJ, & Holmgreen P. (2001). *Surveillance for homicide among intimate partners-United States, 1981-1998*. *CDC Surveillance Summaries*;50(SS-3): 1-16.
- <sup>14</sup> Bowling, M. (2002). *Background Checks for Firearm Transfers, 2001*. Washington, DC: Bureau of Justice Statistics, US Department of Justice.
- <sup>15</sup> Raj & Silverman. (2002). Violence Against Immigrant Women: The Roles of Culture, Context, and Legal Immigrant Status on Intimate Partner Violence. *Violence Against Women*, 8:3.
- <sup>16</sup> National Center for Injury Prevention and Control (NCIPC). (1999). *The Co-occurrence of Intimate Partner Violence Against Mothers and Abuse of Children*. Retrieved March 12, 2003 from <http://www.cdc.gov/ncipc/factsheets/dvcan.htm>.
- <sup>17</sup> McKibben L., DeVos, E. & Newberger E. (1989). Victimization of Mothers of Abused Children: A Controlled Study. *Pediatrics*, 84:531-535.

- <sup>18</sup>Stark, E. & Flitcraft, A. (1991). Spouse Abuse. *Violence in America: a Public Health Approach*, Eds. Rosenberg and Fenley. Oxford: Oxford University Press.
- <sup>19</sup>Ross, S. (1996). Risk of Physical Abuse to Children of Spouse Abusing Parents. *Child Abuse and Neglect*, 20:589-598.
- <sup>20</sup>Straus M., Gelles, R.J. & Steinmetz, S.K. (1980). *Behind Closed Doors: Violence in the American Family*. New York: Doubleday/Anchor.
- <sup>21</sup>Straus, M. & Gelles, R.J. (1990). *Physical violence in American families: Risk Factors and adaptations to violence in 8,145 families*. New Brunswick, NJ: Transaction Publishers.
- <sup>22</sup>Roizen J. (1993). *Issues in the epidemiology of alcohol and violence*. Alcohol and Interpersonal Violence: Fostering multidisciplinary perspectives. Bethesda (MD): National Institute on Alcohol Abuse and Alcoholism; p. 3-36. NIAAA Research Monograph No. 24.
- <sup>23</sup>Coker AL, Smith PH, McKeown RE, & Melissa KJ. (2000). Frequency and correlates of intimate partner violence by type: physical, sexual, and psychological battering. *American Journal of Public Health*,90(4): 553-9.
- <sup>24</sup>Holtzworth-Monroe, A., Bates, L., Smutzler, N., & Sandin, E. (1997). A brief review of the research on husband violence: part I: maritally violent versus nonviolent men. *Aggression and Violent Behavior*,2(1): 65-99.
- <sup>25</sup>Holt, V. et al. (2002). Civil Protection Orders and Risk of Subsequent Police-Reported Violence. *JAMA*, 288(8): 589-594.
- <sup>26</sup>National Research Council. (1996). *Understanding Violence Against Women*. Washington (DC): National Academy Press; p. 74-80.
- <sup>27</sup>Wisner CL, Gilmer TP, Saltzman LE, & Zink TM. (1999). Intimate partner violence against women: do victims cost health plans more? *Journal of Family Practice*,48(6):439-43.
- <sup>28</sup>Felitti V, Anda R, Nordenberg D, Williamson D, Spitz A, Edwards V, et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*,14(4): 245-58.

## Rape and Sexual Assault

Rape and other forms of sexual assault are crimes that are devastating to victims and their families. Victims can suffer adverse short-term and lifelong physical and emotional burdens. While there are many sources of data on sexual assaults, there is much we don't know because these crimes are often underreported.



### Summary of National Findings

There are multiple sources of national data on rape. The Uniform Crime Reporting (UCR) statistics on forcible rape include assaults or attempts to commit rape by force or threat of force. Nationally, 90,491 forcible



**Sexual assault** is more broadly defined than forcible rape and can include any unwanted sexual contact or forced sex that includes oral, anal, or vaginal intercourse in situations where threats, physical force, or a weapon is used. This also includes circumstances when a person was unable to give consent due to age, drugs, alcohol, sleep, or mental disability. The FBI's offense coding structure classifies sexual assault into four separate offense categories. From most to least serious, these crimes are forcible rape, forcible sodomy, sexual assault with an object, and forcible fondling<sup>2</sup>.

rapes (90% of which were rapes and 10% of which were attempts) were reported in 2001, an increase of 0.3% from the previous year. Of those reported forcible rapes, 44.3% were cleared (i.e., solved for crime reporting purposes)<sup>1</sup>. In 2001, law enforcement arrested an estimated 27,270 persons for forcible rape. Approximately 45.4% of these persons were under the age of 25, 62.7% were White, and 98.8% were male<sup>1</sup>.

Rape and sexual assault frequently involve juvenile victims (under 18). The FBI's National Incident-Based Reporting System (NIBRS) data show that since 1997, approximately half of all female forcible rape victims have been juveniles and close to 90% of all male forcible rape victims have been juveniles<sup>3</sup>. Furthermore, another report found that 67% of all victims of sexual assault reported to law enforcement agencies are juveniles (under the age of 18) and 34% of all victims are under age 12<sup>3</sup>. In addition, one of every seven victims of sexual assault reported to law enforcement agencies is under age 6<sup>3</sup>.

Rape and sexual assault are frequently not reported to law enforcement authorities. In 2000, 86,800 households and 159,420 people ages 12 and older were interviewed through the FBI's National Crime Victimization Survey (NCVS). The data from this survey led researchers to estimate that 261,000 males and females ages 12 and older were victims of rape or sexual assault in 2000, and that 51.9% of rapes and sexual assaults were not reported to law enforcement<sup>4</sup>. Moreover, data from the National Women's Study, a longitudinal telephone survey of a national household probability sample of women ages 18 and older, indicate that 683,000 women are forcibly raped each year and that 84% of the rape victims do not report the offense to the police<sup>5</sup>.



The FBI's Uniform Crime Reporting (UCR) Program reports only on **forcible rapes**, which is defined as "the carnal knowledge of a female forcibly and against her will<sup>1</sup>."

### ***Risk Factors for Rape and Sexual Assault***

Y

NCVS results indicate that in 2000, 0.1 per 100,000 males ages 12 and older were victims of rape or sexual assault, while 2.1 per 100,000 females ages 12 and older were victims of rape or sexual assault<sup>5</sup>. NCVS results also indicate that in 2000, persons ages 16 to 19 experienced the highest rate of rape and sexual assault victimization of all persons ages 12 and older<sup>5</sup>.

People with physical or mental disabilities are at higher risk for sexual violence (including rape) than people without disabilities, and available data suggest that most cases involve multiple episodes of sexual contact<sup>6</sup>.

DV

Among all rapes and sexual assault against women in 2000, 37% were committed by friends and acquaintances, including intimate partners (21%). Overall, 62% were committed by non-strangers, meaning victims knew their attackers.

Persons with a household income of less than \$7,500 were more likely to be victims of rape or sexual assault (5.2 victims per 1,000 persons ages 12 or older) than persons in higher income categories<sup>5</sup>.

A

Risk factors and behaviors associated with sexual violence include early sexual experience (both forced and voluntary), adherence by men to sex role stereotyping, negative attitudes of men towards women, alcohol consumption, and acceptance of rape myths<sup>7,8,9</sup>. Non-forceful verbal resistance and lack of resistance are associated with rape completion<sup>10,8</sup>.

### ***Consequences***

**Pregnancy.** The adult pregnancy rate associated with rape has been estimated to be 4.7%<sup>11</sup>. This information, in conjunction with estimates based on the U.S. Census, suggest there may be 32,101 rape-related pregnancies annually among American women over the age of 18<sup>12</sup>.

**Injury.** All victims of completed rape are regarded as having been injured. From 1992 to 2000, 38% of female victims sustained an additional injury<sup>12</sup>. Only 32% of completed rape victims who sustained such injuries were treated for them<sup>13</sup>.

**Long-term physical effects.** Victims of rape often manifest long-term symptoms of chronic headaches, fatigue, sleep disturbance, recurrent nausea, decreased appetite, eating disorders, menstrual pain and sexual dysfunction<sup>13,14,15,16,17</sup>.

**Increased substance abuse.** In a longitudinal study, victims of sexual assault were found to have increased risk of substance abuse by a factor of 2.5<sup>18</sup>.

**STD/HIV/AIDS.** Estimates of the occurrence of sexually transmitted diseases (STD) resulting from rape range from 3.6% to 30%<sup>17,18</sup>. HIV transmission risk rate from rape is estimated at 1 in 500<sup>18,19</sup>. A study of recent female rape victims found that 73% were extremely fearful, either during or after the rape, about contracting HIV from the attack<sup>20</sup>. A nationally representative sample of emergency departments' treatment of rape victims found that only one-third received STD screening and of those who did, 35% received STD medication<sup>21</sup>.

**Mental effects.** Victims of marital or date rape are 11 times more likely to be clinically depressed, and 6 times more likely to experience social phobia than non-victims<sup>22</sup>.

**Health service use.** A study examining the use of health services over a five-year period by female members of a health maintenance program found that the number of visits to physicians by rape victims increased 56% in the year following the crime, compared to a 2% utilization increase by non-victims<sup>23</sup>.

**Cost.** The National Public Services Research Institute estimated the lifetime cost for each rape with physical injuries that occurred in 1987 to be \$60,000<sup>24</sup>. This economic burden has most likely increased since 1987.



### Healthy People 2010 Objective

The Healthy People 2010 injury-related objective for sexual assault is to reduce sexual assault other than rape to 0.2 sexual assaults other than rape per 1,000 persons ages 12 and older (Objective 15-36).

Santa Clara County	State	Nation	Target
Not available	Not available	0.4 <sup>26</sup>	0.2

There was no available information on the rates of sexual assaults in California or locally. Although sexual assault does occur, an accurate means of reporting the data has not been developed and/or disseminated.

The Healthy People 2010 injury-related objective for rape is to reduce the annual rate of rape or attempted rape to 0.7 rapes or attempted rapes per 1,000 persons (Objective 15-35).

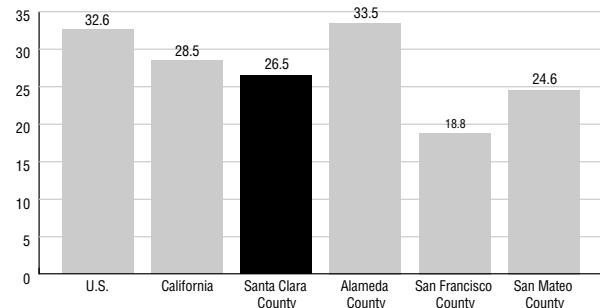
Santa Clara County	State*	Nation*	Target
0.3 <sup>25</sup>	0.3 <sup>26</sup>	0.6 <sup>26</sup>	0.7

\*Rate per 1,000 persons ages 12 and older.

According to statistics from the California Office of the Attorney General<sup>26</sup>, California's rate of rape (0.3 per 1,000) was less than half that of the Healthy People 2010 Objective (0.7) and national rate (0.6). The rate of rape in Santa Clara County (0.3) was comparable to the California rate.

When comparing Santa Clara County against other neighboring counties, as seen in Figure 9.1, the rate of forcible rape was about average.

**Figure 9.1. Rate of Forcible Rape, Santa Clara County and Selected Jurisdictions, 2001 (per 100,000 population)**



Source: FBI, Crime in the United States, 2001. California Department of Justice, Criminal Justice Statistics Center, 1900–2001. California Department of Finance, Population Projections, 2001.





## Santa Clara County Data

### Uniform Crime Report Data, Rape

**Table 9.1. Counts and Rates of Rape by Jurisdiction, Santa Clara County, 2001**

	Forcible Rape	Rate* per 100,000 population
Campbell	12	*
Cupertino	7	*
Gilroy	16	*
Los Altos	0	*
Los Altos Hills	1	*
Los Gatos	3	*
Milpitas	9	*
Monte Sereno	0	*
Morgan Hill	13	*
Mountain View	5	*
Palo Alto	7	*
San Jose	329	36
Santa Clara	20	19
Saratoga	3	*
Sunnyvale	18	*
Unincorporated	25	24

\*Rates not calculated for less than 20 events.

Note: Santa Clara Transit District reported 1 case; San Jose State University Police Department reported 7 cases (data not shown above).

Source: California Department of Justice, California Criminal Justice Statistics Center, Uniform Crime Reports, 2001

In Santa Clara County in 2001, there were 476 incidents of rape (as defined by the UCR Program) reported to local law enforcement. Table 9.1 shows that the highest rates of rape occurred in San Jose (36 per 100,000 population), followed by the unincorporated jurisdiction (24 per 100,000 population), then Santa Clara (19 per 100,000 population).

It is important to note that in Santa Clara County, rape and sexual assault data are captured by a variety of different sources. The UCR definition and data (mentioned above) are exclusive to female victims, whereas the definition of rape (according to the California Penal Code) used in the data provided below encompass both male and female victims.



According to the California Penal Code, **rape** is an act of sexual intercourse accomplished against a person's will.

### Criminal Justice Information Control, Rape Offenders

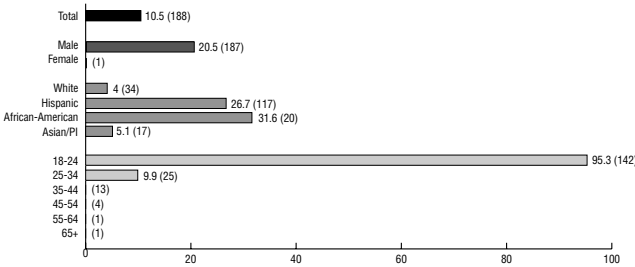
**Table 9.2. Rape Suspects Booked by Demographics, Santa Clara County, 2001**

Total	187	100%
Male	184	98%
Female	3	2%
White	39	21%
Hispanic	115	61%
African American	18	10%
Asian/Pacific Islander	15	8%
Native American/AN	0	0%
Ages 18-24	108	58%
Ages 25-34	50	27%
Ages 35-44	23	12%
Ages 45-54	6	3%

Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001.

Table 9.2 shows the demographic characteristics of the 187 suspects booked for rape in Santa Clara County in 2001. Most of the suspects booked for rape were male. About 60% were Hispanic, 20% were White, 10% were African American and 10% were Asian/Pacific Islander. About 85% of those booked were less than 35 years old.

**Figure 9.2. Rate\* of Rape Charges Filed by Demographics, Santa Clara County, 2001 (per 100,000 population)**

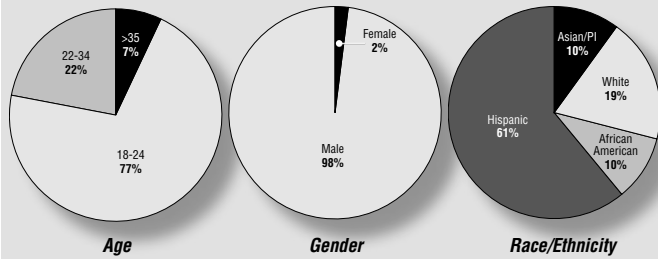


\*Rates were not calculated for events less than 20.

Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001.

Figure 9.2 shows the rate of rape charges filed against suspects by law enforcement agencies by demographics per 100,000 general population in Santa Clara County in 2001. The rate of rape charges filed for males was 20.5 per 100,000 population, nearly twice that of females (10.5 per 100,000 population). The rate of rape charges filed for Hispanic and African American populations was 26.7 and 31.6 per 100,000 population, respectively. The rate of rape charges filed in the 18 to 24-year-old age group was almost 10 times higher than the 25 to 35-year-old age group. The rates of rape charges filed in the older age groups were negligible.

**Figure 9.3. Rape Offender Convictions by Demographics, Santa Clara County, 2001 (n=149)**



Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001

Figure 9.3 shows the demographic characteristics of the 149 offender convictions for rape in Santa Clara County in 2001. More than half of the offenders convicted for rape were Hispanic. Almost all of the convicted offenders were male. More than 90% were less than 35 years old.

**Table 9.3. Rape Offenders on Probation by Demographics, Santa Clara County, 2001**

	18	100%
Total	18	100%
Male	18	100%
Female	0	0%
White	4	22%
Hispanic	10	56%
African American	1	6%
Asian/Pacific Islander	3	17%
Native American/AN	0	0%
Ages 18-24	15	83%
Ages 25-34	2	11%
Ages 35-44		
Ages 45-54	1	6%

Source: Santa Clara County Information Services Department, Criminal Justice Information Control, 2001

There were 18 rape offenders on probation in Santa Clara County in 2001. All of these offenders on probation were male. Approximately 50% were Hispanic. More than 80% were below the age of 25 (see Table 9.3).

**Juvenile Probation Data, Sexual Offenders**



**Sexual battery** is considered any unwanted touching of an intimate part of another person for the purpose of sexual arousal.

As noted in Table 9.4, there were 31 offenders in the Santa Clara County juvenile probation system for sexual battery (Penal Code 243.4) in 2001. Almost all of the offenders were male. More than 60% of the offenders were Hispanic. The majority were between 15 and 17 years old. There was one rape offender in the juvenile probation system (data not shown).

**Table 9.4. Sexual Battery Offenders in Juvenile Probation by Demographics, Santa Clara County, 2001**

Total	31	100%
Male	29	94%
Female	2	6%
White (includes unknown race and all others)	7	23%
Hispanic	19	61%
African American	3	10%
Asian/Pacific Islander	2	6%
Ages 12-14	6	19%
Ages 15-17	23	74%
Ages ≥18	2	6%

Source: Santa Clara County Probation Department, Projects, Analysis, Communication, and Evaluation Unit, 2001.

**Behavioral Risk Factor Survey Data, Sexual Assault**

Limited sexual assault data for Santa Clara County were collected through the local administration of the Behavioral Risk Factor Survey (BRFS) in 2000<sup>27</sup>. The BRFS is a cross-sectional telephone questionnaire survey designed to monitor health and risk behaviors among Americans 18 and older living in households. The survey was administered to 2,547 Santa Clara County residents. Detailed questions on abuse and assault were asked. Respondents could choose to refuse to answer questions.

A summary of questions and responses related to sexual assault that were asked by the BRFS 2000 is provided in Table 9.5. The table shows that 2.7% of respondents reported that they were forced to have sex at least once since their eighteenth birthday. Also, 3.9% of respondents reported that they were forced to have sex before their eighteenth birthday. The percent of females reporting this (6.4%) was higher than males (1.5%). Of those who responded, 3.3% reported that they have been forced to engage in an unwanted sexual activity that did not involve intercourse (data not shown). A higher proportion of females than males reported being forced to engage in sexual activity that did not involve intercourse.

On average, about 26% of males and 30% of females refused to answer questions related to rape and sexual assault. This demonstrates the difficulty in collecting accurate information about the occurrences of these activities. More information on the BRFS limitations and results are provided in Chapter 4: Methodology and Chapter 8: Intimate Partner Violence.

**Table 9.5. Results of Behavioral Risk Factor Survey Questions Related to Sexual Assault, Santa Clara County, 2000**

Question	Number in Survey	“Yes” Answers Number (%)	Refused to Answer Total (%)
<i>Since your eighteenth birthday, have you ever been forced to have sex?</i>	2,547	69 (2.7%)	721 (28.3%)
Male	1,289	9 (0.7%)	339 (26.3%)
Female	1,258	59 (4.7%)	383 (30.4%)
<i>Were you ever forced to have sex before your eighteenth birthday?</i>	2,547	99 (3.9%)	733 (28.8%)
Male	1,289	19 (1.5%)	344 (26.7%)
Female	1,258	80 (6.4%)	388 (30.8%)
<i>If “yes” to above: Was the person who most recently forced you to have sex before your eighteenth birthday five or more years older than you?</i>	99	61 (61.5%)	0
Male	19	18 (92.5%)	0
Female	80	43 (54.1%)	0
<i>Have you ever been threatened, coerced, or physically forced to engage in unwanted sexual acts that did not result in intercourse or penetration?</i>	2,547	84 (3.3%)	739 (29.0%)
Male	1,289	12 (0.9%)	345 (26.7%)
Female	1,258	72 (5.7%)	394 (31.3%)

Source: Santa Clara County Public Health Department, Research Planning and Evaluation Division, Behavioral Risk Factor Survey, 2000

(Please see Chapter 8: Intimate Partner Violence for information specific to domestic violence-related rape).



## Data Reflections

Due to the sensitive nature of rape and sexual assault, the criminal justice data on incidents and offenders and the BFRS data on victims likely provide a significant underestimate of the prevalence and circumstances of these problems in our community. Given the frequency of rape and sexual assault and the severity of their consequences for victims, it is important that we continue to promote valid and reliable data collection and reporting so that we can monitor these crimes and the effects of related prevention efforts.

It is important to note that the local data on number of filings, bookings, convictions, and probation of rape offenders in 2001 should not be interpreted longitudinally. That is, each category is a separate snapshot of a different (though likely overlapping) set of offenders at distinct points in the criminal justice system during a given year. It often takes more than one calendar year for an incident to be investigated and for an offender to be arrested, charged, booked, tried, convicted, and punished. Therefore, the data do not follow particular incidents or offenders through the system and cannot be used to determine arrest or conviction rates.

- <sup>1</sup> Federal Bureau of Investigation (FBI). (2002). *Crime in the United States: 2001*. Washington, DC: FBI. Retrieved March 16, 2003 from <http://www.fbi.gov/ucr/01cius.htm>.
- <sup>2</sup> U.S. Department of Health and Human Services (2000). *Healthy People 2010 (Conference Edition, in Two Volumes)*. Washington, DC: Author.
- <sup>3</sup> Snyder, H.N. (2000). *A Statistical Report using data from the National Incident-Based Reporting System*. Retrieved April 24, 2002 from <http://www.ojp.usdoj.gov/bjs/pub/ascii/saycrl.txt>.
- <sup>4</sup> Rennison, C. (2001). *Criminal Victimization 2000: Changes 1999-2000 with Trends 1993-2000*. Retrieved March 16, 2003 from <http://www.ojp.usdoj.gov/bjs/pub/pdf/cv00.pdf>.
- <sup>5</sup> Kilpatrick, D.G., Edmunds, C.N. & Seymour, A.K. (1992). *Rape in America: A report to the nation*. NA: National Victim Center.
- <sup>6</sup> National Center for Injury Prevention and Control (NCIPC). (2000). *Sexual violence against people with disabilities*. Retrieved March 12, 2003 from <http://www.cdc.gov/ncipc/factsheets/disabvi.htm>.
- <sup>7</sup> Koss, M.P., & Dinero, T.E. (1989). Predictors of sexual aggression among a national sample of male college students. *Annals of the New York Academy of Science*, 528: 133-146.
- <sup>8</sup> Scott, R.L., & Tetreault, L.A. (1987). Attitudes of rapists and other violent offenders towards women. *Journal of Social Psychology*, 127(4): 375-380.
- <sup>9</sup> Muehlenhard, C.L. & Linton, M.A. (1997). Date rape and sexual aggression in dating situations: Incidence and risk factors. *Journal of Counseling Psychology*, 34(2): 186-196.
- <sup>10</sup> Bachman, R. & Saltzman, L.E. (1995). *Violence against women: Estimates from the redesigned survey*. Bureau of Justice Statistics Special Report, no. NCJ-154348. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- <sup>11</sup> Homes, M.M., Resnick, H.S., Kilpatrick, D.G. & Best, C.L. (1996). Rape-related pregnancy: Estimates and descriptive characteristics from a national sample of women. *American Journal of Obstetrics and Gynecology*, 175(2): 320-324.
- <sup>12</sup> Rennison, C. (2002). *Rape and Sexual Assault: Reporting to Police and Medical Attention, 1992-2000*. Washington, DC: Bureau of Justice Statistics, US Department of Justice.
- <sup>13</sup> Eby, K.K., Campbell, J.C., Sullivan, C.M. & Davidson, W.S. (1995). Health effects of experiences of sexual violence for women with abusive partners. *Health Care for Women International*, 16(6): 563-576.
- <sup>14</sup> Golding, J.M. (1996). Sexual assault history and women's reproductive and sexual health. *Psychology of Women Quarterly*, 20: 101-121.
- <sup>15</sup> Kilpatrick, D.G., Best, C.L., Veronen, L.J., Amick, A.E., Villeponteaux, L.A. & Ruff, G.A. (1985). Mental health correlates of criminal victimization: A random community survey. *Journal of Consulting and Clinical Psychology*, 53(6): 866-873.
- <sup>16</sup> Koss, M.P. & Heslet, L. (1992). Somatic consequences of violence against women. *Archives of Family Medicine*, 1:53-59
- <sup>17</sup> Resnick, H.S., Acierno, R. & Kilpatrick, D.G. (1997). Health impact of interpersonal violence 2: Medical and mental health outcomes. *Behavioral Medicine*, 23:65-78.
- <sup>18</sup> Kilpatrick, D.G., Acierno, R., Resnick, H.S., Saunders, B.E., & Best, C.L. (1997). A 2-year longitudinal analysis of the relationships between violent assault and substance use in women. *Journal of Consulting & Clinical Psychology*, 65(5): 834-47.
- <sup>19</sup> Gostin, L.O., Lazzarini, Z., Alexander, D., Brandt, A.M., Mayer, K.H. & Silverman, D.C. (1994). HIV testing, counseling, and prophylaxis after sexual assault. *Journal of the American Medical Association*, 27(18):136-1444.
- <sup>20</sup> Resnick, H. et al. (2002). Rape-Related HIV Risk Concerns Among Recent Rape Victims. *Journal of Interpersonal Violence*, 17(7).
- <sup>21</sup> Amey, A. & Bishai, D. (2002). Measuring the quality of Medical Care for Women who Experience Sexual Assault with Data from the National Hospital Ambulatory Medical Care Survey. *Annals of Emergency Medicine*, 39(6).
- <sup>22</sup> Kilpatrick, D.G., Best, C.L., Saunders, B.E., & Veronen, L.J. (1988). Rape in marriage and in dating relationships: How bad is it for mental health? *Annals of New York Academy of Sciences*, 528: 335-344.
- <sup>23</sup> Koss, M.P., Koss, P.G. & Woodruff, W.J. (1991). Deleterious effects of criminal victimization on women's health and medical utilization. *Archives of Internal Medicine*, 151: 342-347.
- <sup>24</sup> Miller, T.R., Cohen, M.A. & Rossman, S.B. (1993). Victim costs of violent crime and resulting injuries. *Health Affairs*, 12(4): 186-197.
- <sup>25</sup> Criminal Justice Statistics Center (CJSC). (2002). *California Criminal Justice Profiles 2001*. Office of the Attorney General, State of California, Department of Justice. Retrieved July 15, 2003 from <http://caag.state.ca.us/cjsc/publications/profiles/pub.htm>.
- <sup>26</sup> Rennison, C. (2001). *Criminal Victimization 2001: Changes 2000-2001 with Trends 1993-2001*. Retrieved July 15, 2003 from <http://www.ojp.usdoj.gov/bjs/pub/pdf/cv01.pdf>.
- <sup>27</sup> Santa Clara County's Behavioral Risk Factor Survey Report 2000; Public Health Department; Santa Clara Valley Health and Hospital System. Retrieved June 9, 2003 from <http://www.sccphd.org/scc/assets/docs/133913BehavioralRiskFactorSurvey2000.pdf>.

## Appendices

### Appendix A: Penal Codes

As noted in Chapter 4: Methodology, VPIL staff selected penal codes for specific crime categories and submitted a data request to Criminal Justice Information Control (CJIC) staff to obtain the number of filings, bookings, convictions, and probations in these crime categories in the calendar year 2001. Listed here are the penal code groupings for each crime category. All are felonies, unless noted as misdemeanor with “M” or infraction with “I”.



**Infraction** is a less serious offense punishable by fine or other penalty, but not by incarceration.

#### ***Abandonment and neglect of children***

270, 270 M, 270.5 M, 270.5(A) M, 270(D) M, 271, 271 M, 271(A) M, 271A, 271A M, 272 M, 272(A) M, 272(A)(1), 272(A)(1) M

#### ***Child abduction***

277, 277 M, 277(F), 278, 278 M, 278.5, 278.5 M, 278.5(A), 278.5(A) M, 278.5(B), 278.5(B) M, 278.5(C), 278(A), 280, 280 M, 280(A) <, 280(B), 280(BB) M

#### ***Child abuse***

273 M, 273.D(A), 273.4(A), 273(A), 273(A) M, 273(A)(A), 273(A)(B) M, 273(A)(1), 273(A)(1) M, 273(A)(1)(B) M, 273(A)(2) M, 273(A)A, 273(A)2 M, 273(B) M, 273(C)(1) M, 273(D), 273(D) M, 273(G) M, 273A, 273A M, 273A(A), 273A(A) M, 273A(A)(1), 273A(A)(1) M, 273A(A)(2), 273A(B), 273A(B) M, 273A(1), 273A(1) M, 273A(2), 273A(2) M, 273AB, 273AB M, 273D, 273D M, 273D(A), 273D(A) M, 273E M, 273F M, 273G M

#### ***Assault and battery***

240 M, 240/241, 240/241 M, 240/241.1, 240/241.1 M, 240/241.2 M, 240/241.3 M, 240/241.4, 240/241.6 M, 240/241(A), 240/241(A) M, 240/241(B) M, 240/241A M, 240/242 M, 240/243 M, 240/243.2(A) M, 240/243(A) M, 241.1, 241.1 M, 241.2 M, 241.2(A) M, 241.2(A)(1) M, 241.3 M, 241.4, 241.6 M, 241.7, 241(A) M, 241(B) M, 241/243 M, 241/243(B) M, 242, 242 M, 242(A) M, 242(A)(1) M, 242(D) M, 242/240 M, 242/241(A) M, 242/243, 242/243 M, 242/243.1, 242/243.2, 242/243.2 M, 242/243.3, 242/243.3 M, 242/243.35 M, 242/243.4<B), 242/243.4(A), 242/243.4(A) M, 242/243.4(B) M, 242/243.4(C), 242/243.4(C) M, 242/243.4(D) M, 242/243.4(D)(1) M, 242/243.4A, 242/243.4D M, 242/243.6 M, 242/243.8 M, 242/243.9(A), 242/243.9(A) M, 242/243(A), 242/243(A) I, 242/243(A) M, 242/243(B), 242/243(B) M, 242/243(C), 242/243(C) M, 242/243(C)(1), 242/243(C)(1) M, 242/243(C)(2), 242/243(C)(2) M, 242/243(D), 242/243(D) M, 242/243(E), 242/243(E) M, 242/243A M, 243, 243 M, 243.1, 243.1 M, 243.2, 243.2 M, 243.2(A) M, 243.2(A)(1) M, 243.3, 243.3 M, 243.35(A) M, 243.4, 243.4 M, 243.4(A), 243.4(A) M, 243.4(B), 243.4(B) M, 243.4(C), 243.4(C) M, 243.4(D), 243.4(D) M, 243.4(D)(1) M, 243.4(D)(1) M, 243.4D M, 243.5, 243.5 M, 243.5(A)(1

M, 243.5(A)(1) M, 243.5(A)(2) M, 243.5(A)(2) M, 243.5(B) M, 243.6, 243.6 M, 243.7, 243.8 M, 243.8(A) M, 243.9, 243.9(A), 243.9(B), 243(A) M, 243(B), 243(B) M, 243(C), 243(C) M, 243(C)(1), 243(C)(1) M, 243(C)(2), 243(D), 243(D) M, 244, 244.5, 244.5(B), 244.5(B) M, 244.5(C), 245, 245 M, 245.2, 245.3, 245.5, 245.5(A), 245.5(B), 245.5(C), 245(A), 245(A) M, 245(A)(1), 245(A)(1) M, 245(A)(2), 245(A)(2) M, 245(A)(3), 245(A)(3)(D)(1), 245(B), 245(C), 245(C) M, 245(D), 245(D)(1), 245(D)(2), 245(D)(3), 245B, 246, 246 M, 246.3, 246.3 M, 246(A), 247, 247.5, 247.5 M, 247(A), 247(B), 247(B) M

### ***Domestic violence-related assault and battery***

242/243E(1) M, 243(E) M, 243(E)(1) M, 243E M

### ***Domestic violence-related rape***

262, 262(A), 262(A)(1), 262(A)(2), 262(A)(3), 262(A)(4), 262(A)(5)

### ***Elder/Dependent adult abuse***

368, 368 M, 368<E) M, 368(A), 368(A) M, 368(A)(1), 368(A)(1) M, 368(B), 368(B) M, 368(B)(1), 368(B)(1) M, 368(B)(2), 368(C), 368(C) M, 368(D), 368(D) M, 368(E), 368(E) M, 368(F), 368(F) M

### ***Homicide***

187, 187(A), 187(A)/1st, 187(A)2nd, 187(LIO), 187/190.2, 187/2nd, 189, 190(A), 190(B), 190(C), 190(D)

### ***Rape***

261, 261.2, 261.5, 261.5 M, 261.5(A), 261.5(A) M, 261.5(B) M, 261.5(C), 261.5(C) M, 261.5(D), 261.5(D) M, 261(A)(1), 261(A)(2), 261(A)(2)(3), 261(A)(2)/(3), 261(A)(3), 261(A)(3) M, 261(A)(4), 261(A)(4)(A), 261(A)(5), 261(A)(6), 261(A)(7), 261(1), 261(2), 261(3), 261(4), 261(5), 261(6), 261(7), 261A(2)/262A(3), 262, 262(A), 262(A)(1), 262(A)(2), 262(A)(3), 262(A)(4), 262(A)(5), 264.1

### ***Restraining order violations specific to domestic violence***

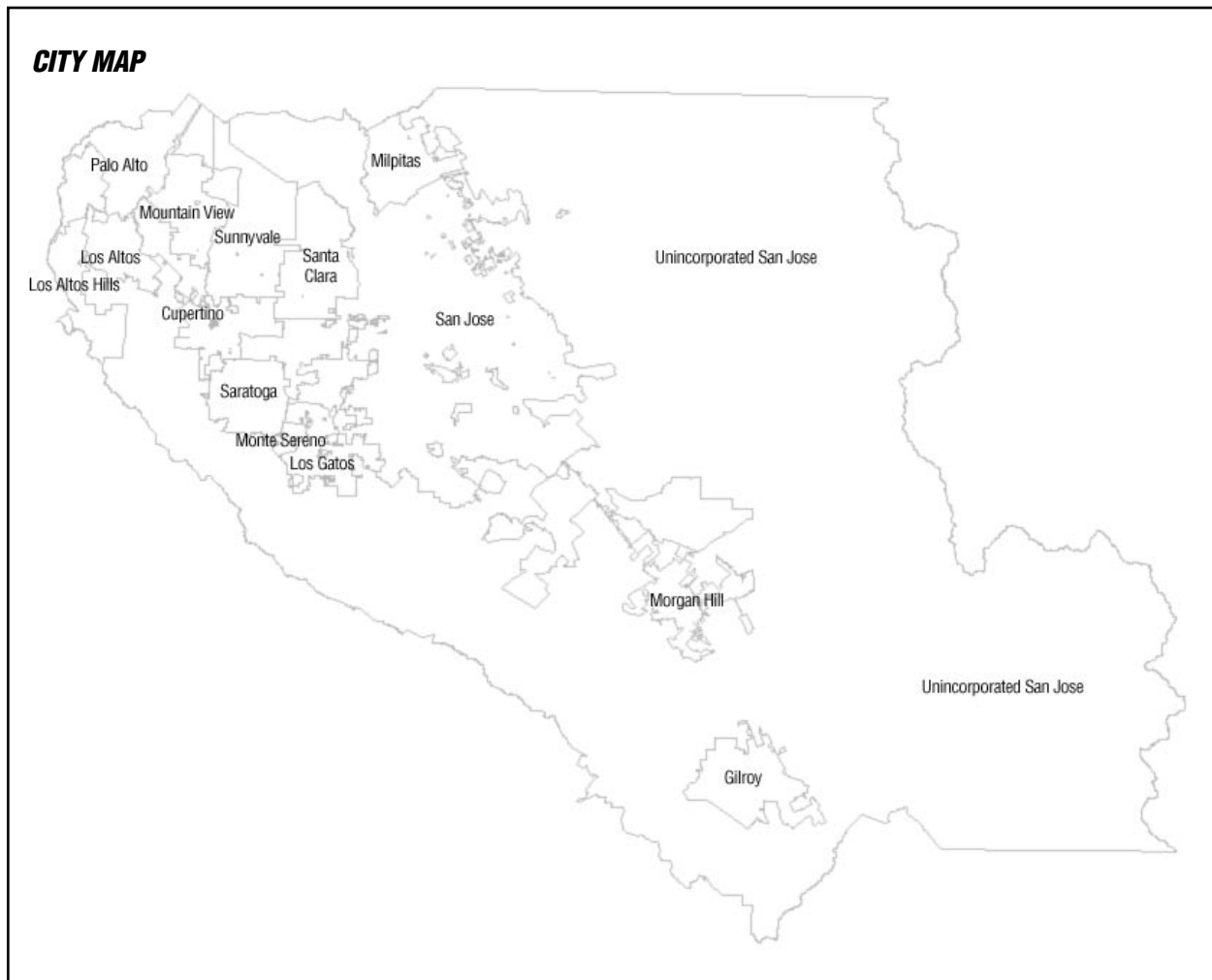
273.6, 273.6 M, 273.6(A), 273.6(A) M, 273.6(B) M, 273.6(C), 273.6(C) M, 273.6(C)(2) M, 273.6(D), 273.6(D) M, 273.6(E), 273.6A, 273.6A M, 273.65(A) M

### ***Robbery***

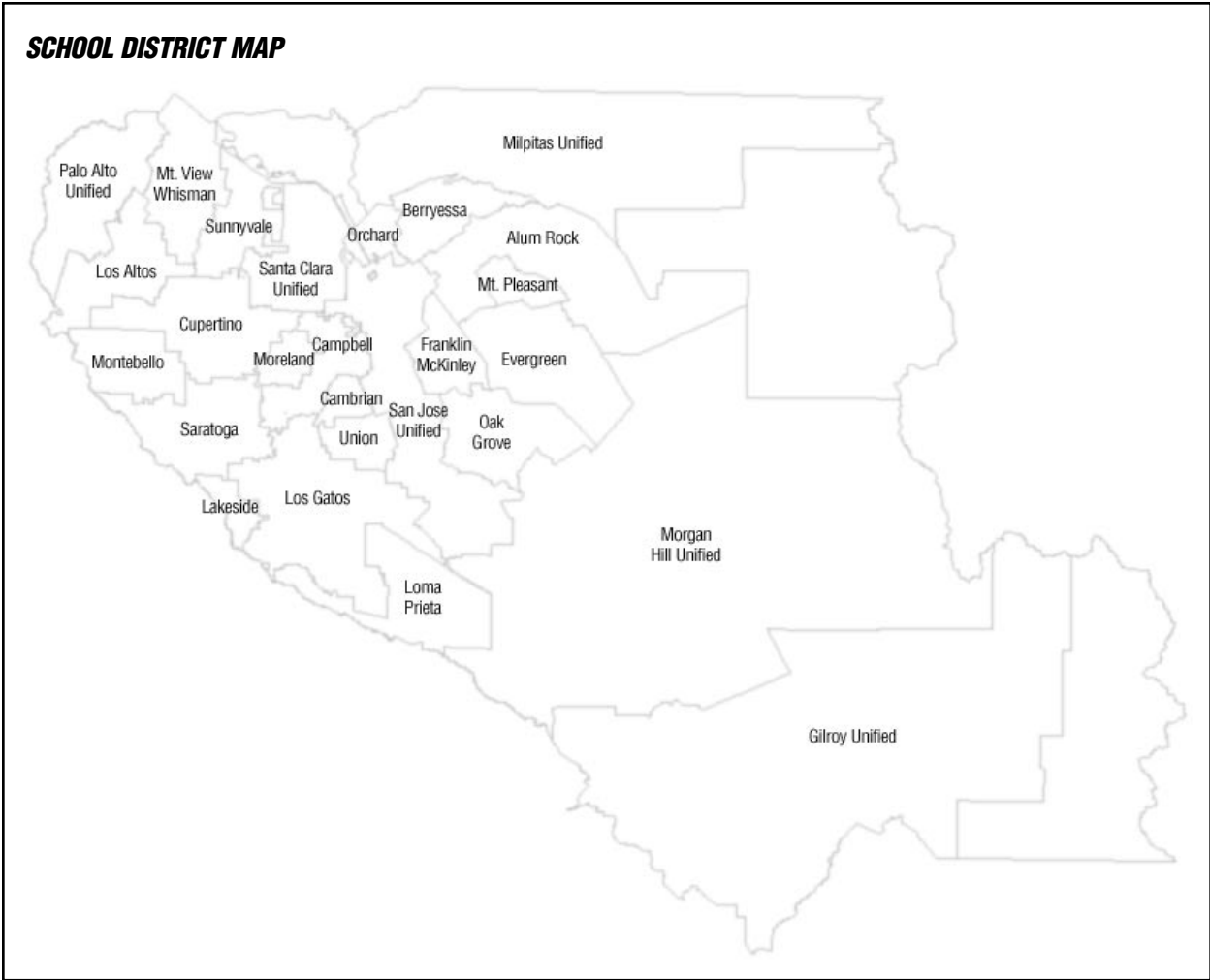
211, 211/212/5, 211/212.5(A), 211/212.5(B), 211/212.5(C), 211/212.5A, 211/212.5B, 211/212.5C, 212.5, 212.5(A), 212.5(B), 212.5(C), 213(A)(1), 213(A)(1)(A), 213(A)(2), 214, 215, 215(A)

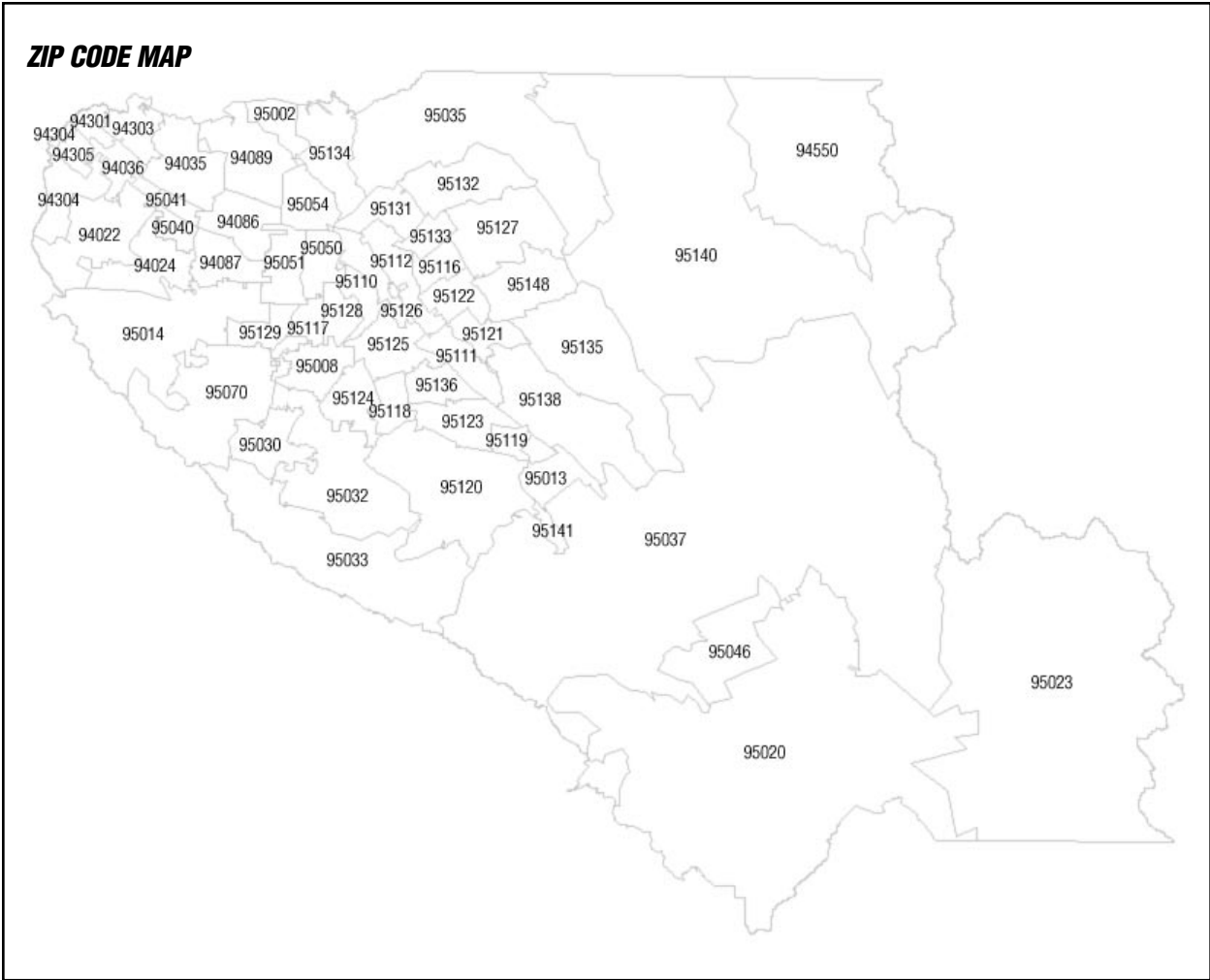
## Appendix B: GIS Mapping Reference

As noted in Chapter 3: How to Use this Report and other sections, the geographic information system (GIS) maps only have freeways as geographic indicators due to size and space limitations. Thus, following are detailed maps showing the geographic boundaries and labels of cities, school districts and zip codes.









## Appendix C: DV Penal Codes

As noted in Chapter 8: Intimate Partner Violence, the District Attorney's Office reviewed an average of 98 new reports of domestic violence each week in 2001. Listed here are the penal codes and descriptions for domestic violence charges that were prosecuted.

- 273.5 (Domestic violence battery)
- 245 (Assault with intent to commit great bodily injury or assault with a deadly weapon)
- 243(D) (Battery with great bodily injury)
- 422 (Criminal threats)
- 273.6 (Violation of a restraining order)
- 166.4 (Violation of a court order)
- 243(e) (Misdemeanor domestic violence battery)
- 594 (Destruction of property)
- 273(a) (Child abuse)
- 136.2 (Intimidating or threatening a witness)
- 602.5 (Trespassing)
- 646.9 (Stalking)
- 187 (Homicide)

Note that other charges could also be attached depending on the facts of the case.

## Appendix D: Glossary

**Adult:** a person 18 years old or older.

**Aggravated Assault:** an unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury; usually accompanied by the use of a weapon or by means likely to produce death or great bodily harm.

**Arrest:** taking a person into custody, in a case and in the manner authorized by law. An arrest may be made by a peace officer or by a private person.

**Arrestee Drug Abuse Monitoring (ADAM) Program:** a National Institute of Justice-funded program that tracks trends in the prevalence and types of drug use among booked arrestees in urban areas. The data paints a national picture of drug abuse in the arrestee population and has been a central component in studying the links between drug use and crime.

**Assault and Battery:** any willful unlawful attempt to commit a violent injury and/or use of force upon another person.

**Average Daily Population (ADP):** the average number of inmates housed in a local facility per day. The values reported are based on each facility's "early morning" count.

**Child Abuse Perpetrator:** a person who has maltreated a child while in a caretaker relationship with that child.

**Child Maltreatment:** physical abuse, neglect, (physical, education, emotional, and/or medical), sexual abuse, emotional abuse (psychological/verbal abuse, mental injury), and other types of maltreatment, such as abandonment, exploitation, and/or threats to harm the child.

**Clearance:** when an offense is "cleared by arrest" or solved for crime reporting purposes, meaning at least one person has been arrested, charged with the commission of the offense, and turned over to the court for prosecution. An offense can also be "cleared exceptionally" when an investigation has definitely established the identity and exact location of an suspect, and there is enough information to support an arrest, but for some reason law enforcement cannot take the suspect into custody.

**Criminal Justice Statistics Center (CJSC):** within the California Department of Justice; its Crimes and Clearances database keeps the statistical data in California for offenses reported to the national UCR Program. The data includes the number of actual offenses and the number of clearances.

**Booked:** the arrest of a crime suspect.

**Behavioral Risk Factor Survey (BRFS):** a national cross-sectional telephone survey designed to monitor risk behaviors among Americans 18 and older and consisting of standard questions developed by the CDC to facilitate comparisons between counties and states that administer it.

**Blue Suicide:** refers to those cases where a decedent causes the police to shoot him or her.

**California Healthy Kids Survey (CHKS):** a school-based survey in California designed to monitor the priority health risk behaviors that contribute to the leading causes of morbidity, mortality, and social problems among youth and young adults in the United States.

**California Penal Code:** statutes that define criminal offenses and specify corresponding punishments along with criminal justice system mandates and procedures in California.

**Centers for Disease Control and Prevention (CDC):** the leading federal agency responsible for the control and prevention of infectious and other preventable diseases. The CDC works to protect the health and safety of people (at home and abroad) by providing credible information to enhance health decisions and promoting health through strong partnerships.

**Charge:** a formal allegation filed by the District Attorney that a specific person has committed a specific offense.

**Convicted:** a judgement, based either on the verdict of a jury or judicial officer or on the guilty plea of the defendant, that the defendant is guilty.

**Crime:** an act committed or omitted in violation of a law forbidding or commanding it.

**Domestic Violence:** the escalating pattern of behavior where one partner in an intimate relationship controls another through force, intimidation or the threat of violence.

**Elder Abuse:** refers to any abuse or maltreatment of an older person, whether it is at home (domestic elder abuse); in a nursing home or other facility (institutional elder abuse); or to himself or herself (self-neglect or self-abuse).

**Emergency Protective Restraining Order (EPRO):** a restraining order that can be implemented immediately and extends for up to seven days in case of a dangerous and urgent situation. A police officer can call the on-call judge anytime and ask for an EPRO.

**Felony:** a serious offense punishable by incarceration in prison.

**Financial Elder Abuse:** a specific type of maltreatment of the elderly that includes the illegal or improper use of an elder's funds, property or assets.

**Forcible Rape:** defined by the UCR as the carnal knowledge of a female forcibly and against her will.

**Grant:** the act of placing an adult on probation.

**Hate Crimes:** when hate or bias directly incites perpetrators to commit violence against persons or property, or if they place a victim in reasonable fear of physical injury because of their race, ethnic background, religion, national origin, gender, sexual orientation, age, or disability.

**Hate Incidents:** activities of a non-criminal nature such as name-calling, speech-making, demonstrations, and distribution of printed materials that are intentionally designed to defame individuals of a group because of their race, ethnic background, religion, national origin, gender, sexual orientation, age, or disability.

**Health:** a state of physical, mental, and social well being and not merely the absence of disease and infirmity.

**Healthy People 2010:** national health objectives that have the overarching purpose of promoting health and preventing illness, disability, and premature deaths. There are 467 objectives in 28 focus areas, one of which is Injury and Violence.

**Homicide:** the willful (non-negligent) killing of one human being by another.

**Infraction:** a less serious offense punishable by fine or other penalty, but not by incarceration.

**International Classification of Diseases (ICD):** a system developed jointly between the World Health Organization (WHO) and 10 international centers so that medical terms reported by physicians, medical examiners, and coroners on death certificates can be classified together for statistical purposes.

**Intimate Partner Violence:** actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner whether of the same sex or the opposite sex.

**Jail:** a county or city facility normally used to confine persons serving sentences for misdemeanors, persons awaiting trial or sentencing on felony or misdemeanor charges, and persons confined for civil matters such as failure to pay alimony and other types of contempt of court.

**Jurisdiction:** the territory, subject matter, or person over which lawful authority may be exercised.

**Juvenile:** a person under the age of 18.

**Kidnapping:** when a person is taken or detained against his or her will, including hostage situations, whether or not the victim is moved.

**Mandated Reporter:** any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation.

**Misdemeanor:** an offense punishable by incarceration in jail, a fine or other penalty; less serious than a felony.

**National Crime Victimization Survey (NCVS):** a nationwide survey of 42,000 households each year comprising nearly 76,000 persons to make up the largest national forum for victims to describe the impact of crime and characteristics of violent offenders.

**National Incident-Based Reporting System (NIBRS):** law enforcement authorities provide information to the FBI on each criminal incident involving 46 specific offenses, including the eight Part I reportable crimes, that occur in their jurisdictions. Details about each incident include information about multiple victims and offenders. Arrest information on the 46 offenses plus 11 lesser offenses is also provided.

**Network for a Hate-Free Community:** its mission is to reach out, report, respond and rebuild in an effort to prevent and take action against hate in our community.

**Non-Mandated Reporter:** any person who knows or reasonably suspects that an elder or dependent adult has been the victim of abuse in any place other than a long-term care facility.

**Parole:** an added period of control following release from prison.

**Permanent Restraining Orders:** a restraining order that must be applied for and can extend for up to three years.

**Prevalence:** The number of events or instances of a given disease or other condition in a given population at a designated time.

**Prison:** a state correctional facility where persons are confined following conviction for a felony.

**Probation:** a judicial requirement that a person fulfill certain conditions of behavior in lieu of or after a sentence of confinement.

**Race/Ethnicity:** different categories are used when referring to race or ethnicity and assumptions regarding these categories change over time in response to greater awareness of the meaning and relevance of race, ethnicity and geographical origin. The following are race/ethnicity categories used in this report:

**American Indian/Alaska Native (AN):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black, African American:** a person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American".

**Asian Other or Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino/a”.

**Other or White/Other:** other and refused to state/unknown race.

**White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Rape:** defined by the California Penal Code as an act of sexual intercourse accomplished against a person’s will.

**Rate:** the basic measure of disease or event occurrence that most clearly expresses the probability of risk in a defined population over a specified period of time. A rate is defined as a number of events divided by the population at risk.

**Restraining Order:** a court order that requires the person restrained to stop threatening or hurting the party seeking the restraining order. The abuser must be someone with whom there is a close relationship, such as a family member or intimate partner. Restraining orders can also require the person restrained to stop calling the victim, move out of the victim’s residence, stay away from the victim’s place of work and residence, give up a gun, limit time spent with children, and pay certain expenses.

**Robbery:** 1) defined by UCR as the taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear. 2) defined by the California Penal Code as the felonious taking of personal property in the possession of another, from his person or immediate presence, and against his will, accomplished by means of force or fear.

**Sentinels:** socially trained individuals who have frequent contact with the elderly.

**Sexual Assault:** any unwanted sexual contact or forced sex that includes oral, anal, or vaginal intercourse in situations where threats, physical force or a weapon is used or when a person is unable to consent due to age, drugs, alcohol, sleep or mental disability.

**Sexual Battery:** any unwanted touching of an intimate part of another person for purposes of sexual arousal.

**Suicide:** the action of taking one’s own life voluntarily and intentionally; also known as self-murder.

**Superior Court:** the court of original or trial jurisdiction for felony cases and all juvenile hearings; the first court of appeal for municipal or justice court cases.



**Uniform Crime Reporting (UCR) Program:** a national, cooperative statistical effort of nearly 17,000 city, county and state law enforcement agencies that voluntarily report data on eight specific crimes (criminal homicide, forcible rape, robbery, assault, burglary, larceny-theft, and motor vehicle theft) known as Part 1 reportable crimes.

**Violence:** the threatened or actual use of force or power against another person, against oneself, or against groups or communities that either results in, or has the high likelihood of resulting in, injury (physical or psychological), death, or deprivation.

**Violence Prevention Information Library (VPIL):** its mission is to provide relevant, high quality violence-related data to agencies, departments, task groups, and programs operating in Santa Clara County and to the public.

**Workplace Violence:** violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.

## Appendix E: Demographic Profile

### Santa Clara County Demographic Profile, 2001

	MALE	FEMALE	TOTAL
<b>Gender</b> .....	913,446	881,686	1,795,132
<b>Age</b>			
<5.....	69,229	65,556	134,785
5-9.....	71,183	67,564	138,747
10-11.....	28,459	26,681	55,140
12-14.....	37,489	35,331	72,820
15-17.....	35,442	33,380	68,822
18-24.....	76,783	72,153	148,936
25-29.....	58,786	54,428	113,214
30-34.....	74,667	65,908	140,575
35-39.....	88,775	77,427	166,202
40-44.....	88,958	78,990	167,948
45-49.....	70,905	65,888	136,793
50-54.....	58,349	58,578	116,927
55-59.....	43,671	45,449	89,120
60-64.....	34,386	35,909	70,295
65+.....	76,364	98,444	174,808
<b>Race/Ethnicity</b>			
White.....	422,108	416,948	839,056
Hispanic.....	227,900	210,258	438,158
Asian/PI.....	227,989	221,401	449,390
African American.....	32,932	30,452	63,384
Native American.....	2,517	2,627	5,144

Source: California Department of Finance, Demographic Research Unit, 2001.



**Public Health Department**

Santa Clara Valley Health & Hospital System



The Public Health Department is a division of Santa Clara Valley Health & Hospital System, which is owned and operated by the County of Santa Clara.

[www.sccphd.org](http://www.sccphd.org)

