

# ICAN

# 2004

Inter-Agency Council on Child Abuse and Neglect

Los Angeles County ❖ ICAN Data/Information Sharing Subcommittee  
(626) 455-4585 Fax (626) 444-4851 Email [dtilton@co.la.ca.us](mailto:dtilton@co.la.ca.us)



Report Compiled From 2003 Data

THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY



# ICAN

**Deanne Tilton, Executive Director**

Los Angeles County Inter-Agency Council on Child Abuse and Neglect

4042 North Durfee Avenue ♦ El Monte, CA 91732

(626) 455-4585 Fax (626) 444-4851 Email [dtilton@co.la.ca.us](mailto:dtilton@co.la.ca.us)



**Report Compiled from 2003 Data**

## **THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY**

*Photographs were selected from commercially available sources and are not of children in the child protective services system.*

*Children's names in case examples have been changed to ensure confidentiality.*



## TABLE OF CONTENTS

Policy Committee Members	v
ICAN Operations Committee	ix
Data/Information Sharing Committee Members	xv
Board of Directors - ICAN Associates	xix
Los Angeles County Child Abuse Coordination Project Members	xxiii
Introduction	xxix
ICAN Organizational Summary	xxxiii

### SECTION I INTER-AGENCY OVERVIEW

Selected Findings • Recommendations	3
Analysis of Inter-Agency Data Collection • Independent Police Agency Data • Youth Demographics	12

### SECTION II SPECIAL REPORTS

ICAN Associates	25
ICAN Multi-Agency Child Death Review Team	29
ICAN CHILD ABDUCTION TASK FORCE Reunification of Missing Children Program	39
Community Care Licensing	47
Child Abuse and Developmental Disabilities	59
Children’s Planning Council Scorecard	75

### SECTION III ICAN AGENCY REPORTS

Department of Public Social Services	81
Los Angeles County Office of Education	95
Department of Health Services	107
Department of Children and Family Services	127
Los Angeles Superior Court	143
Los Angeles County Counsel	157
Los Angeles County Sheriffs' Department	165
Los Angeles Police Department	175
Los Angeles County District Attorney’s Office	183
Probation Department	239
Department of Justice	257
Department of Coroner	265
County of Los Angeles Public Library	281
Department of Mental Health	285
Los Angeles City Attorney’s Office	315
The Child Advocates Office	323
Los Angeles Unified School District	329
Los Angeles County Public Defenders Office	337

### APPENDICES

Categories of Abuse	347
Data/Information Sharing Committee Biographies	351



# ICAN POLICY COMMITTEE MEMBERS

---





**Leroy D. Baca, Chairperson**

Los Angeles County Sheriff's Department

**Yolie Flores Aguilar**

Executive Director, Children's Planning Council

**Walter Allen III**

Director, California Department of the Youth Authority

**Cynthia Banks**

Chief Deputy, Community and Senior Services

**Dennis Boyle**

Director, California Department of Social Services

**William J. Bratton**

Chief, Los Angeles Police Department

**Sal B. Castro**

Appointee, Board of Supervisors

**John A. Clarke**

Executive Officer/Clerk, Superior Court

**Steve Cooley**

District Attorney

**Rockard J. Delgadillo**

L.A. City Attorney

**Ray Fortner**

County Counsel

**P. Michael Freeman**

Fire Chief, Forester and Fire Warden

**Thomas L. Garthwaite, M.D.**

Director, Health Services

**Russ Guiney**

Interim Director, Parks and Recreation

**Nancy Hayes, LCSW**

UCLA Medical Center

**Anthony Hernandez**

Director, Department of Coroner

**Paul Higa**

Acting Chief Probation Officer

**Dave Hinig**

Chief, Arcadia Police Department

President, Police Chief's Association

**Carlos Jackson**

Executive Director, Community Development Commission



**David E. Janssen**

Chief Administrative Officer

**Michael P. Judge**

Public Defender

**Dave Lambertson**

Director, Internal Services

**Bill Lockyer**

California Attorney General

**Michael Nash**

Presiding Judge, Juvenile Court

**France Nuyen**

Performing Artist

Appointee, Board of Supervisors

**Ivory Roberts**

Regional Administrator, Department of  
Corrections

**Darline P. Robles, Ph.D.**

Superintendent, Office of Education

**Roy Romer**

Superintendent, Los Angeles Unified  
School District

**Dr. Alvin S. Rudisill**

Educator/Clergyman

Appointee, Board of Supervisors

**Maxine B. Russell**

Appointee, Board of Supervisors

**David Sanders, Ph.D.**

Director, Children and Family Services

**Dr. Lakshmanan Sathyavagiswaran**

Chief Medical Examiner-Coroner

**Dr. Marvin Southard**

Director, Mental Health

**Stewart Steckel**

Appointee, Board of Supervisors

**Margaret Donnellan Todd**

County Librarian, Public Library

**Debra W. Yang**

U. S. Attorney

**Bryce Yokomizo**

Director, Department of Public Social Services

# ICAN OPERATIONS COMMITTEE

---





**Michael Pines, Ph.D., Chair**

Office of Education

**Carol Barker**

Parole Agent III

California Youth Authority

**Judy Bayer**

Office of County Counsel

**Captain Charlie Beck**

Los Angeles Police Department

Juvenile Division

**Stacie Bolden**

Office of Attorney General

**Pam Booth**

District Attorney's Office

**Robert Cuen**

Los Angeles Unified School District

Office of the General Counsel

**Joanne Eros-Delgado**

Community Development Commission

**Jeanne Di Conti**

Los Angeles City Attorneys Office

**Patricia Donahue**

U.S. Attorney's Office

**Roseann Donnelly**

Community and Senior Services

**Michael Durfee, M.D.**

ICAN/NCFR

**Donna Edmiston**

Los Angeles City Attorney's Office

**Kerry English, M.D.**

King/Drew Medical Center

**Irene Frizzell**

Los Angeles Police Department

**Florence Fujii**

Chief Administrative Office

Service Integration Branch

**Teri Gillams**

Department of Children and Family Services

**Marjorie Gins**

Child Abuse Councils Coordination Project

**Helen Brandon-Gipson**

Community and Senior Services



**Jose Gomez**

Office of Attorney General

**Doug Harvey**

California Department of Social Services

**Craig Harvey**

Coroner's Department

**John Hatakeyama**

Department of Mental Health

Children and Youth Services

**Randy Henderson**

Dependency Court Administrator

**Jacklin Injijan**

Community Development Commission

**Tekela Jones**

Department of Corrections

**Elizabeth Lem**

Los Angeles County Office of Education

**Betsy Lindsay**

Community Development Commission

**Penny Markey**

Public Library

**Tom Martinez**

Public Library

**Linda Medvene**

Office of County Counsel

**Nadia Mirzayans**

Department of Public Social Services

**Paula Montez**

Public Defender's Office

**Margo Morales**

Department of Parks and Recreation

**Julio Ortega**

Internal Services Department

**Andy Owens**

County Counsel's Office

**Dr. Franklin Pratt**

Medical Director,

Los Angeles County Fire Department

**Sue Rodda**

State Department of Social Services

**Ilda Rueda De Leon, Ph.D.**

Department of Mental Health



**Max Schmidl**

Chief Administrative Office

**Sergeant Dan Scott**

Los Angeles County Sheriff's Department

**Lari Sheehan**

Chief Administrative Office

Service Integration Branch

**Lieutenant Patricia Torres**

Los Angeles County Sheriff's Department

**Captain Margaret Wagner**

Los Angeles County Sheriff's Department

**Robyn Woodhouse**

Chief Administrative Office

Service Integration Branch

**Dr. Zohreh Zarnegar**

Department of Mental Health



# **DATA INFORMATION SHARING COMMITTEE**

---





**Judy Bayer**

Committee Chairperson,  
Office of County Counsel

**Nora J. Baladerian, Ph.D**

Disability, Abuse & Personal Rights Project  
CAN DO! - Child Abuse & Neglect  
Disability Outreach Program

**Pam Booth**

Los Angeles County  
Office of the District Attorney

**Christopher D. Chapman**

Los Angeles County Internal  
Services Department

**Sarita Carden**

Office of Court Appointed  
Special Advocate (CASA)

**Olivia Carrera**

California Department of Justice

**Robert Cuen**

Los Angeles Unified School District

**Jeanne DiConti**

Los Angeles City Attorney's Office

**Lydia Fernandez**

Los Angeles County Probation Department

**Kary Golden**

Los Angeles County  
Department of Public Social Services

**Eileen Gomez**

Los Angeles County Department of Coroner

**Doug Harvey**

California Department of Social Services

**Howard Herl**

Los Angeles County Office of Education

**John Langstaff**

Los Angeles County  
Department of Children and Family Services

**Ming Lee**

Department of Health Services

**Diana Liu**

Los Angeles County  
Department of Health Services

**Dionne T. Lyman-Chapman**

Los Angeles County Internal  
Services Department



**Penny S. Markey**

Los Angeles County Public Library

**Chris Minor**

Los Angeles County Sheriff's Department

**Rebecca Nadybal**

Childrens Planning Council

**Thomas Nguyen**

Los Angeles County

Department of Children and Family Services

**Julio Ortega**

Los Angeles County Internal

Services Department

**Loren Solem-Kuehl**

ICAN

**Catherine Walsh**

ICAN

**Kenn Wieland**

Los Angeles County Superior Court

**Kimberly Wong**

Los Angeles County Office of Public Defender

**David Zippin, Ph.D.**

Los Angeles County Department  
of Mental Health

# **BOARD OF DIRECTORS ICAN ASSOCIATES**

---





*Honorary Chairperson*

**Lindsay Wagner**

Producer/Actor

*Honorary Member*

**Sharon Davis**

Former California First Lady

*President*

**Nicholas S. Winslow**

Former President, Warner Bros.

International Recreation Enterprise, Inc.

*1st Vice President*

**Paul Mones**

Attorney/Author

*Secretary*

**Beverly Kurtz**

Los Angeles County

Museum of Art Docent Council

*Past President*

**Joel Henrie**

President, Motion Picture Placement

**Kelly Carney**

Program Coordinator, Los Angeles

County Museum of Art

**Monica Hylande-Latta**

Hylande Company

**Maxene Johnston**

President, Johnston & Company

**Alexander Kasden**

Alexander B. Kasden Company, Ltd.

**Sandra Landers**

President, Sandra Landers Design

**Alan Landsburg**

Film and TV Producer

**JoAnn Magidow**

Board of Directors,

Riviera Country Club

**France Nuyen**

Actor/Counselor

**Pierce O' Donnell**

Senior Partner

O' Donnell & Schaeffer, LLP

**Sallie Perkins**

Actor/Child Advocate



**Sandy Reisenbach**

Executive Vice President,  
Warner Bros. Retired

**Mike Soliday**

President, Solid Talent

**Russell T. Sun**

Regional Vice President,  
East West Bank

**Alison Wilcox**

UCLA Faculty, Retired

**Kendall Wolf**

Executive Director, Time For Kids

*Legal Counsel*

**Elizabeth S. Bluestein, Esq.**

Public Counsel Law Center

**LOS ANGELES COUNTY  
CHILD ABUSE COUNCILS  
COORDINATION PROJECT MEMBERS**

---





The Los Angeles Community Child Abuse Councils consist of 14 community-based councils throughout Los Angeles County. The mission of the Councils is to reduce the incidence of child abuse and neglect, and to raise public awareness of child abuse and family violence issues. The membership of the Councils is made up of professionals working in the fields of child welfare, education, law enforcement, health and mental health as well as parents and anyone concerned about the problems of child abuse and family violence.

The Child Abuse Councils Coordination Project facilitates the joint projects of the 14 Community Councils. Since the child abuse councils are volunteer organizations, and most members have full time jobs apart from their involvement with the councils, it is important that our projects can be implemented easily and quickly.

The Coordination Project also serves the councils by providing technical assistance and professional education, advocating for children issues, and networking with other councils and agencies on behalf of the Councils.

The Coordination Project has been in existence since 1987, and has been a non-profit corporation since March 1998. The Coordination Project acts as contractor with the Los Angeles County Department of Children and Family Services and the California Child Abuse Training and Technical Assistance Project (CATTAP) to provide services to benefit the 14 Child Abuse Councils in their efforts to prevent child abuse.

The Los Angeles Community Child Abuse Councils are involved in the following nine joint projects:

- The April Child Abuse Prevention Campaign
- Publication of The Children's Advocate Newsletter
- The Report Card Insert Project
- Coordination of Non-Profit Bulk Mailings
- Establishment and Maintenance of a Los Angeles Community Child Abuse Councils Website
- Training and Technical Assistance to the Community Relating to Child Abuse and Family Violence Issues
- Networking Meetings
- Coordination of Suicide Resource Prevention and Postvention Cards
- Special Projects for Individual Councils

For further information about the Los Angeles Community Child Abuse Councils contact Marjorie Gins, Liaison, at (626) 287-4086 or visit our website at [lachildabusecouncils.org](http://lachildabusecouncils.org).



**Project Liaison**

Marjorie Gins Liaison (626) 287-4086

**Community Child Abuse Councils**

Advocacy Council for Abused Deaf Children

Rachel Postovoit

**Indian Child Welfare Advisory Board**

Karen Millett (213) 387-5772

**Antelope Valley Child Abuse Prevention Council**

Bob Broyles (661) 538-1846

**Asian and Pacific Islander Children, Youth and Family Council**

Larry Lue (213) 808-1701

Yasuko Sakamoto (213) 473-1602

**Family, Children, Community Advisory Council**

Sandra Guine (213) 639-6444

**Foothill Child Abuse Domestic Violence Prevention Council**

Sally Mansour (626) 798-6793

**Long Beach Child Abuse & Domestic Violence Prevention Council**

Paula Cohen (562) 435-3501 ext.3842

Gerry Moland (562) 426-5185



**San Fernando Valley Child Abuse Council**

Sue Meier (818) 716-8491

**San Gabriel Valley Family Violence Council**

Starr Harrison (626) 359-9358

Monica McCoy (626) 966-1755

**Los Angeles Child Abuse Prevention Council**

Leticia Shaw (909) 636-2528

**Service Planning Area 7 Child Abuse Council**

Georganne Bruce (562) 904-9590

Sandra Klein (562) 692-0383

**South Bay Family Violence Council**

Andrea Welsing (310) 937-1977

**Westside Child Trauma Council**

Susan Moan-Hardie (310) 576-1879

Lynn Zimmerman (310) 829-8487



# INTRODUCTION

---





This unique report, published by the Los Angeles County Inter-Agency Council on Child Abuse and Neglect Data/Information Sharing Committee, features data from ICAN agencies about activities for 2003, or 2002/2003 for some agencies. The report includes some information about programs, but is intended primarily to provide visibility to data about child abuse in Los Angeles County and information drawn from that data. Much of the report assumes the reader has a basic knowledge of the functions and organization of ICAN and its member agencies. The Appendix describes ICAN's organizational structure.

Section I of the report highlights the inter-agency nature of ICAN by providing reports, conclusions and recommendations that transcend agency boundaries. Significant findings from participating agencies are included here, as well as special reports.

Section II includes special reports from ICAN Associates; ICAN Multi-Agency Child Death Review Team; ICAN Child Abduction Task Force; California Department of Social Services Community Care Licensing; Child Abuse and Developmental Disabilities and the Children's Planning Council Scorecard. Also included is our annual inter-agency analysis of data collection. This analysis continues to evolve, providing an opportunity to view from a more global perspective the inter-agency linkages of the child abuse system.

Section III includes the detailed reports that are submitted each year by ICAN agencies for analysis and publication. In response to the goals set by the Data/Information Sharing Committee, Departmental reports continue to improve. Most departmental reports now include data on age, gender, ethnicity and/or local geographic areas of the county, which allows for additional analysis and comparisons. The reports reflect the increasing sophistication of our systems and the commitment of Data Committee members to meet the challenge of measuring and giving definition to the nature and

extent of child abuse and neglect in Los Angeles County.

In this nineteenth edition of *The State of Child Abuse in Los Angeles County*, we are once again pleased to include the artwork of winning students from the ICAN Associates Annual Child Abuse Prevention Month Poster Contest. The contest gives 4th, 5th, and 6th grade students an opportunity to express their feelings through art, as well as to discuss child abuse prevention and what children need to be safe and healthy.

The Data/Information Committee is again grateful to the Los Angeles County Internal Services Department - Information Technology Service, especially Julio Ortega, Christopher Chapman and Dionne Lyman-Chapman. They have provided the technical desktop publishing support to produce this final document.

The Committee continues to be committed to applying our data assets to improve the understanding of our systems and our interdependencies. We believe this understanding will help support us all in better serving the children and families of Los Angeles County.



# ICAN ORGANIZATIONAL SUMMARY

---





The Inter-Agency Council on Child Abuse and Neglect (ICAN) was established in 1977 by the Los Angeles County Board of Supervisors. ICAN serves as the official County agent to coordinate development of services for the prevention, identification and treatment of child abuse and neglect.

Twenty-seven County, City, State and Federal agency heads are members of the ICAN Policy Committee, along with UCLA, five private sector members appointed by the Board of Supervisors, the Children’s Planning Council, and an ICAN youth representative. ICAN’s Policy Committee is comprised of the heads of each of the member agencies. The ICAN Operations Committee, which includes designated child abuse specialists from each member agency, carries out the activities of ICAN through its work as a committee and through various standing and ad hoc subcommittees. Sixteen community based inter-disciplinary child abuse councils interface with ICAN and provide valuable information to ICAN

For further information contact:

Inter-Agency Council on Child Abuse & Neglect  
 4024 N. Durfee Road  
 El Monte, CA 91732  
 (626) 455-4585  
 Fax (626) 444-4851

**Deanne Tilton**  
 ICAN Executive Director

**Edie Shulman**  
 ICAN Assistant Director

**Valerie Doran**  
 ICAN Program Administrator

**Tish Sleeper**  
 ICAN Program Administrator

**Loren Solem-Kuehl**  
 ICAN Program Administrator

regarding many child abuse related issues. ICAN Associates is a private non-profit corporation of volunteer business and community members who raise funds and public awareness for programs and issues identified by ICAN. In 1996, ICAN was designated as the National Center on Child Fatality Review by the U.S. Department of Justice.

This strong multi-level, multi-disciplinary and community network provides a framework through which ICAN is able to identify those issues critical to the well-being of children and families. The Council is then able to advise the members, the Board and the public on relevant issues and to develop strategies to implement programs that will improve the community’s collective ability to meet the needs of abused and at-risk children with the limited resources available.

ICAN has received national recognition as a model for inter-agency coordination for the protection of children. All ICAN Policy and Operations Committee meetings are open to the public. All interested professionals and community volunteers are encouraged to attend and participate.

**Cathy Walsh**  
 ICAN Program Administrator

**Teresa Rodriguez**  
 Administrative Assistant

**Tammi Relyea**  
 ICAN Associates Development Manager

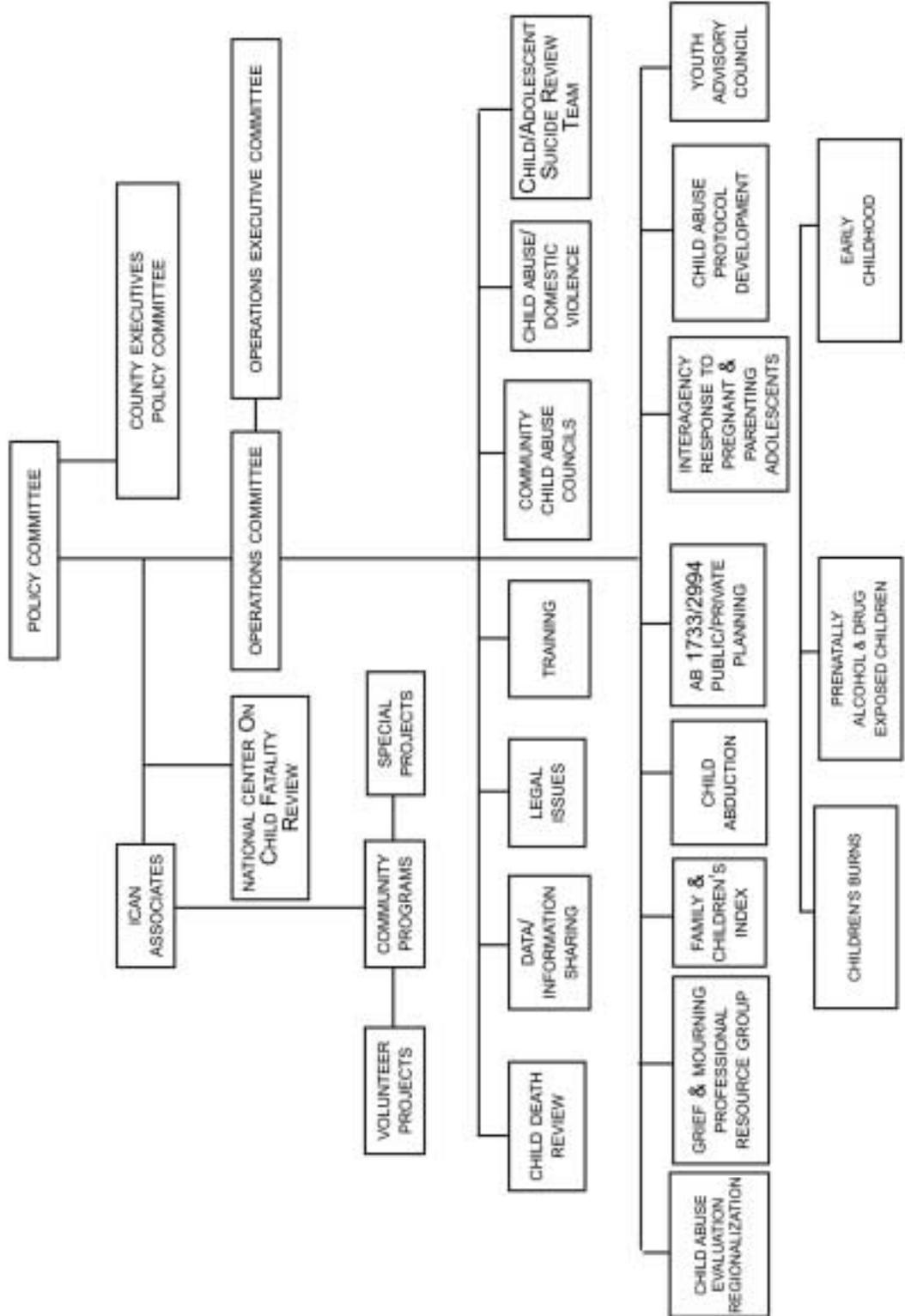
**Sabina Alvarez**  
 ICAN Secretary

**Lorraine Abasta**  
 ICAN Secretary

**Meghan Cleveland**  
 Office Assistant



INTER-AGENCY COUNCIL ON CHILD  
 ABUSE AND NEGLECT (ICAN)  
 4024 N. DURFEE AVENUE  
 EL MONTE, CA 91732  
 (626) 455-4585





**POLICY COMMITTEE**

Twenty-seven Department heads, UCLA, five Board appointees, an ICAN youth representative and the Children’s Planning Council. Gives direction and forms policy, reviews the work of subcommittees and votes on major issues. (Meets twice annually).

**COUNTY EXECUTIVES POLICY COMMITTEE**

Nine County Department heads. Identifies and discusses key issues related to county policy as it affects the safety of children. (Meets as needed).

**OPERATIONS COMMITTEE**

Working body of member agency and community council representatives. Reviews activities of subcommittees, discusses emerging issues and current events, recommends specific follow-up actions. (Meets monthly).

**OPERATIONS EXECUTIVE COMMITTEE**

Leadership for Operations Committee and liaison to Policy Committee. Helps set agenda for Operations and Policy meetings. (Meets as needed).

**ICAN ASSOCIATES**

Private incorporated fundraising arm and support organization or ICAN. Sponsors special events, hosts ICAN Policy meetings and receptions, promotes public awareness and raises funds for specific ICAN projects. Maintains volunteer program, conducts media campaigns, issues newsletter and provides support and in-kind donations to community programs, supports special projects such as Roxie Roker Memorial Fund, L.A. City Marathon fundraiser, MacLaren Holiday Party and countywide Children’s Poster Art Contest. Promotes projects developed by ICAN (e.g., Family and Children’s Index). (Meets as needed).

**CHILD DEATH REVIEW TEAM**

Provides multi-agency review of intentional and preventable child deaths for better case management and for system improvement. Produces annual report. (Meets monthly).

**DATA/INFORMATION SHARING**

Focuses on intra and inter agency systems of information sharing and accountability. Produces annual ICAN Data Analysis Report The State of Child Abuse in Los Angeles County, which highlights data on ICAN agencies’ services. Issues annual report. (Meets monthly).

**LEGAL ISSUES**

Analyzes relevant legal issues and legislation. Develops recommendations for ICAN Policy Committee and Los Angeles County regarding positions on pending legislation; identifies issues needing legislative remedy. (Meets as needed).

**TRAINING**

Provides and facilitates intra and inter agency training. (Meets as needed).

**CHILD ABUSE COUNCILS**

Provides interface of membership of 16 community child abuse councils involving hundreds of organizations and professionals with ICAN. Councils are interdisciplinary with open membership and organized geographically, culturally, and ethnically. Coordinates public awareness campaigns, provides networking and training for professionals, identifies public policy issues and opportunities for public/ private, community-based projects. (Meets monthly).



**CHILD ABUSE/DOMESTIC VIOLENCE**

Examines the relationship between child abuse and domestic violence; develops interdisciplinary protocols and training for professionals. Provides training regarding issues of family violence, including mandatory reporting. Sponsors the annual NEXUS conference (Meets as needed for the planning of NEXUS Conference).

**CHILDREN’S BURNS**

This committee reviews issues surrounding children’s burn injuries that result from parental abuse or neglect. (Meets monthly at Grossman Burn Center).

**GRIEF AND MOURNING PROFESSIONAL RESOURCE GROUP**

A professional peer group which serves as a resource pool of experts in grief and loss therapy to those providing mental health interventions to surviving family members of fatal family violence. The Group is developing specialized training in grief issues in instances of fatal family violence and a resource directory of services. (Meets monthly).

**FAMILY AND CHILDREN’S INDEX**

Development and implementation of an inter-agency database to allow agencies access to information on whether other agencies had relevant previous contact with a child or family in order to form multidisciplinary personnel teams to assure service needs are met or to intervene before a child is seriously or fatally injured. (Meets monthly).

**CHILD ABDUCTION**

Public/private partnership to respond to needs of children who have experienced abduction. Provides coordinated multi-agency response to recovery and reunification of abducted children, including crisis intervention and mental health

services. (Meets monthly).

**AB 1733/AB 2994 PLANNING**

Conducts needs assessments and develops funding guidelines and priorities for child abuse services; participates in RFP process and develops recommendations for funding of agencies. (Meets as needed).

**INTERAGENCY RESPONSE TO PREGNANT AND PARENTING ADOLESCENTS**

Focuses on review of ICAN agencies’ policies, guidelines and protocols that relate to pregnant and parenting adolescents and the development of strategies which provide for more effective prevention and intervention programs with this high risk population. Includes focus on child abuse issues related to pregnant teens, prevention of teen pregnancies, placement options for teen mothers and babies, data collection, legal issues and public policy development. (Meets monthly).

**CHILD ABUSE PROTOCOL DEVELOPMENT**

Develops a countywide protocol for inter-agency response to suspected child abuse and neglect. (Meets as needed).

**CHILD ABUSE EVALUATION REGIONALIZATION**

Coordinates efforts to facilitate and expand availability of quality medical exams for child abuse victims throughout the County. (Meets as needed).

**NATIONAL CENTER ON CHILD FATALITY REVIEW (NCFR)**

In November 1996, ICAN was designated as the NCFR and serves as a national resource to state and local child death review teams. The NCFR web site address is: [www.ICAN-NCFR.org](http://www.ICAN-NCFR.org).



**CHILD AND ADOLESCENT  
SUICIDE REVIEW TEAM**

Multi-disciplinary sub-group of the ICAN Child Death Review Team. Reviews child and adolescent suicides. Analyzes trends and makes recommendations aimed at the recognition and prevention of suicide and suicidal behaviors. (Meets monthly).



# **SECTION I**

## **INTER-AGENCY OVERVIEW**

---

**SELECTED FINDINGS**

**RECOMMENDATIONS**

**ANALYSIS OF INTER-AGENCY**

**DATA COLLECTION**

**INDEPENDENT POLICE AGENCY DATA**

**YOUTH DEMOGRAPHICS**





## COMMUNITY CARE LICENSING

CDSS' CCLD licensed 23,527 children's facilities in Los Angeles County with a total capacity of 322,540 as of December, 2003, compared to 22,707 facilities with 305,360 children as of December, 2002. In 2003, the number of allegations referred to CCLD Investigations increased in Figure 2, especially for State licensed foster homes, group homes, family child care homes and child care centers. Among the types of facilities with a decrease in allegations referred were Foster Family Agencies. The legal data in Figures 3, 4 and 5 do not reflect significant changes from the revised data in 2002. There may be differences in allegation data collected in this year's Figure 2 due to the reorganization of investigation services and new data methods.

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

General Neglect, following Sexual Abuse, Physical Abuse and Severe Neglect in level of severity, continues to be the leading reason for child protective services. This allegation category remains at 27.1% of the total ER referrals received during CY 2003. The number of DCFS children in the total caseload has been on a decreasing trend since the end of CY 1996. Due to a change in caseload reporting methodology, effective with the ending December 2002 reporting period, the percentage change in the yearend total caseload between CY 1996 and CY 2003 is not presented. Between the end of CY 2002 and the end of CY 2003, the total DCFS caseload shows a 5.3% decrease, from 42,375 to 40,135. The Hispanic child population continues to represent the largest of all ethnic populations among DCFS children. At the end of CY 2003, Hispanic children account for 43.2% of the total DCFS children, up by 1.3% from 41.9% at the end of CY 2002. Despite decreases in children among all other ethnic groups due to the overall decrease in the total DCFS children, the number of American

Indian/Alaskan Native children reflect an increase by 23.7%, from 211 at the end of CY 2002 to 261 at the end of CY 2003. The number of DCFS children in the out-of-home caseload has been on a decreasing trend since CY 1998. Between CY 1998 and CY 2003, the year-end out-of-home placement caseload reflects a 45.6% decrease, from 52,777 to 28,686. While the total DCFS caseload shows a 5.3% decrease between CY 2002 and CY 2003, the total children in out-of-home placement caseload shows a 6.8% decrease.

## DEPARTMENT OF CORONER

In 2003, the total deaths reported to the Department of Coroner increased by 490 cases. Other notable findings were:

- Total Reportable ICAN Cases Increased by 1 case
- Accident Cases Increased by 10 cases
- Homicide Cases Increased by 3 cases
- Suicide Cases Decreased by 1 case
- Undetermined Cases Decreased by 5 cases

In 2003, in comparing deaths by age, the following notable findings were found:

- 6 months to 1 year Decreased by 14 cases
- 4 years Increased by 3 cases
- 14 years Increased by 7 cases
- 17 years Decreased by 11 cases

## DEPARTMENT OF JUSTICE

### Child Protection Program

In 2003, a total of 5,212 Los Angeles County reports of child abuse and neglect investigations were entered in the CACI, compared with 5,406 reports entered in CACI in 2002, a slight decrease.

Los Angeles County reports accounted for 13.38% of the State total of 25,674 during 2003. 54.09 of Los Angeles County's 2002 CACI entries



were for physical abuse, 28.70 were for sexual abuse, and the rest 17.21 were for neglect and mental abuse. Two child deaths from Los Angeles County were entered into the CACI in 2003; down 75% from 8 deaths reported in 2003. Overall, the reports of Child Abuse submitted to the DOJ for the categories of physical, sexual, mental and severe neglect have decreased during the last three years.

### DEPARTMENT OF HEALTH SERVICES

Infant mortality rates for Los Angeles County declined from 5.9 to 4.9 infant deaths per 1,000 live births between 1998 and 2000, respectively, a 16.9% decrease. The trend reversed between 2000 and 2002, increasing from 4.9 to 5.5 infant deaths per 1,000 births, a 12.2% increase.

The countywide rate of infant deaths among African Americans was over twice that of Whites in 2002 (13.1 versus 5.2 deaths per 1,000 live births, respectively). Although Antelope Valley (SPA 1) comprised 6% of infant deaths reported in 2002, the rate increased from 5.0 to 10.6 deaths per 1,000 live births between 1999 and 2002, a 112% increase. Death rates among African Americans increased from 1.0 (7 deaths) in 1999 to 32.7 (27 deaths) in 2002 in the Antelope Valley, while rates among other races increased only slightly. 1.0 (7 deaths) in 1999 to 32.7 (27 deaths) in 2002 in the Antelope Valley, while rates among other races increased only slightly.

Hospitalization rates among abused children were higher during the first year of life than for children aged 1 to 14 years. In 2000, 46 children were hospitalized for abuse in Los Angeles County (2.0 per 100,000 children). Of these, 27 (18.6 per 100,000) were less than one year of age. Hospitalization rates for males under one year of age were higher than for females (21.5 versus 15.5 per 100,000, respectively).

### DEPARTMENT OF MENTAL HEALTH

During FY 2002-03, The Family Preservation Program treated 971 clients. Family Reunification served 12 outpatient clients. Rate Classification Level-14 (RCL-14) facilities treated 226 and Community Treatment Facilities (CTF) treated 113. The Child Abuse Prevention, Intervention and Treatment (CAPIT) program was offered to 1,439 individuals. DMH D-Rate foster child assessments were completed for 996. Start Taking Action Responsibly Today (START) services were given to 262. The three Juvenile Hall Mental Health Units (JHMHU) served 12,671. Dorothy Kirby Center provided mental health services to 321. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 1,616 children/youth received mental health services. A total of 18,627 children and adolescents were served by these programs. Clients receiving mental health services in the START, CAPIT, Family Preservation, and Family Reunification programs were 14% of the clients at the programs considered. Of these, 31% were identified as DCFS referrals. Clients being treated in RCL-14 or Community Treatment Facilities were 2% of the clients considered. DCFS referrals constituted 60% of the RCL-14 referrals and 51% of the CTF referrals.

Children in D-Rate foster homes assessed and referred to mental health services by the DMH D-Rate Unit made up 5% of the clients considered. Of these, 87% were identified as DCFS referrals.

Clients in the Mental Health Units of the three juvenile halls made up 68% of the clients considered. Of these, 5% were identified as DCFS referrals.

Clients in the Mental Health Units at the Challenger Youth Center/ Juvenile Justice Camps and Dorothy Kirby Youth Center made up 10% of at-risk clients considered.

Of these, 5% were identified as DCFS referred. Clients in Mental Health Units of the Youth Centers were distributed as follows: 83% in



Challenger Youth Center/Juvenile Justice Camps, and 17% in Dorothy Kirby Center. In the mental health programs reviewed for FY 02-03, there were 539 children/youth who received a primary or secondary admission DSM diagnosis of Child Abuse and Neglect (CAN). This is an overall increase of 63 clients (12%) with this diagnosis compared with clients diagnosed with CAN at the same programs during FY 01-02. The Family Preservation Program served 66 clients diagnosed with CAN. This is 12% of all clients receiving this diagnosis in the programs reviewed and an increase of 41 clients (62%) diagnosed with CAN compared with FY 01-02, as well as an increase of 52% compared with FY 00-01. The Child Abuse Early Intervention and Prevention Program (CAPIT) served 359 clients diagnosed with CAN. This is the largest number, or two thirds of all clients with this diagnosis in the programs reviewed. CAPIT had a small decrease of 24 clients (6%) diagnosed with CAN compared with FY 01-02, as well as an increase of 20% compared with FY 00-01.

The Family Reunification Program served 3 clients diagnosed with CAN. This is less than 1% of all clients receiving this diagnosis in the programs reviewed. There was no change in the number of clients diagnosed with CAN compared with FY 01-02 or FY 00-01.

The Juvenile Hall Mental Health Units served 61 clients diagnosed with CAN. This is 11% of all clients with this diagnosis in the programs reviewed and an increase of 22 clients (36%) diagnosed with CAN compared with FY 01-02, as well as an increase of 74% compared with FY 00-01.

Dorothy Kirby Center served 12 clients diagnosed with CAN. This is 4% of clients with this diagnosis in the programs reviewed and an increase of 8 clients (66%) diagnosed with CAN compared with FY 01-02, as well as an increase of 58% compared with FY 00-01. The DMH D-Rate unit assessed 27 clients diagnosed with CAN. This is 5% of clients with this diagnosis in the programs

reviewed and an increase of 10 D-Rate clients (37%) diagnosed with CAN compared with FY 01-02.

The START program served 7 clients diagnosed with CAN. This is 3% of clients with this diagnosis in the programs reviewed and an increase of 4 clients (57%) diagnosed with CAN compared with FY 01-02, as well as an increase of 29% compared with FY 00-01.

The Mental Health units at Challenger Youth Center and its associated Juvenile Justice Camps served 4 clients diagnosed with CAN. This is less than 1% of clients given this diagnosis in the programs reviewed. It is an increase of 2 clients (50%) diagnosed with CAN compared with FY 01-02, as well as an increase of 100% compared with FY 00-01.

#### **LOS ANGELES CITY ATTORNEY'S OFFICE**

The 1,250 completed case prosecutions represented in this report for 2003 is an increase of 28 cases (or 2.29% more than the 1,222 case prosecutions which took place during 2002)

#### **LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE**

A comparison of total child abuse crimes submitted or filing to the District Attorney's Office between 1998, 1999 and 2000 reflect that the total number of cases filed remained fairly consistent. There was a significant difference, however, in the number of cases filed as felonies as compared to misdemeanors. In 1998 and 1999, the percentage of cases filed as felonies were very similar (75% in 1998; 74% in 1999). In 2000, however, there was a 10% drop in the number of felony case filings (65%). This stabilized in 2001 when the percentage of felony case filings remained at 65%. This stability continued to be reflected in the 2002 cases when the percentage of felony filings rose slightly to 67%. In 2003, the percentage of felony filings dropped slightly to 66%. A more focused look was taken at



two specific charges filed in the five year period. The two charges selected reflected the highest raw numbers of filed cases. They were 273a(a)PC, Child Abuse (physical abuse), and 288(a)PC, Lewd Conduct with a Child under 14 years of age (sexual abuse). These charges did not reflect the same drop in felony filings over the first four years of the comparison. Covering the period of available statistics, an increase from the number of cases filed in 1998 was documented in 1999, 2000 and 2001. In the child abuse cases, 19% of the total cases filed in 1998 were 273a(a)PC cases; the percentage increased to 23% in 1999, remained relatively unchanged at 22% in 2000 and rose slightly to 24% in 2001. In 2002, the percentage remained at 24% of the filed cases. In 2003, the percentage of felony cases filed including as the lead charge a violation of 273a(a)PC increased slightly to 27%. In sexual abuse cases, 22% of the total cases filed in 1998 were 288(a) PC cases; the percentage increased to 25% in 1999, decreased to 21% in 2000 rose slightly to 23% in 2001. This decline continued in 2002 when 17% of the total number of cases filed were for 288(a)PC charges. In 2003, 26% of the felony child abuse cases filed were for charges of 288(a)PC representing a nearly 10% increase. The total number of cases filed in 2000, when broken down into two general categories of physical abuse/endangerment and sexual abuse/exploitation incorporating a broader spectrum of charges, showed that 59% of the total filings were for charges under the general physical abuse/endangerment category while 41% involved allegations of sexual abuse/exploitation. In 2001 and 2002, 54% of the cases were physical abuse/endangerment cases while 46% involved allegations of sexual abuse/exploitation. This percentage remained relatively stable in 2003 with 55% of the cases filed coming generally within the physical abuse/endangerment category while 45% involved allegations of sexual abuse/exploitation. In 1998, looking at the total number of cases submitted by law enforcement agencies for filing (this would

include both cases filed and declined), 59% of the cases submitted for filing that alleged a violation of 273a(a) PC were filed. Felonies were filed in 48% of the total number of cases submitted that alleged a violation of Section 273a(a) PC, 11% were filed as misdemeanors and 41% were declined. In 1999, 73% of the total number of cases submitted for filing that alleged a violation of 273a(a) PC were filed; while in 2000, 68% of the submitted cases with this charge were filed. In 1999, 63% of the cases filed alleging 273a(a) PC as the primary count were filed as felonies; 11% misdemeanors and 44% were declined. In 2000, 57% of the cases filed alleging 273a(a) PC as the primary count were felonies; 12% misdemeanors and 31% were declined. In 2001, a total of 59% of the cases submitted for filing alleging a violation of 273a(a) PC were filed; 41% were declined. Of the cases submitted for filing, 45% were filed as felonies while 14% were filed as misdemeanors. In 2002, 57% of the cases submitted for filing with 273a(a)PC as the primary charge were filed. Of these, 48% were filed as felonies while 10% were filed as misdemeanors and 42% were declined. In 2003, 57% of the cases submitted for filing with 273a(a)PC as the primary charge were filed. Of these, 46% were filed as felonies while 11% were filed as misdemeanors and 42% were declined. The percentages related to allegations of 288(a)PC filings do not include a felony/misdemeanor breakdown because as a matter of law all filings with this charge are felony filings.

In 1998, 41% of the cases submitted by law enforcement for filing consideration alleging a violation of Section 288(a)PC as the primary charge were filed; 59% were declined. In 1999, 45% were filed and 55% were declined. In 2000, 57% were filed and 43% declined. In 2001, 33% were filed and 67% were declined. In 2002, 32% were filed while 68% were declined. In 2003, 31% were filed while 69% were declined. The percentage of cases submitted that were filed in 2000 increased 12% over 1999 and 16% over 1998. In 2001, the percentage sharply decreased by 17% from 2000 to



2001 with an additional 7% decrease from 2001 to 2002. In 2003, the percentage of filed cases remained relatively the same. For these charges the raw data reflects that the cases submitted for filing in this category dropped from 1370 in 1998 to 1344 in 1999, 938 in 2000, increased to 1017 in 2001 and significantly increased to 1548 in 2002 before dropping to 1419 in 2003. Overall in 2002, 54% of the cases submitted by law enforcement agencies for filing were filed as either a felony or a misdemeanor; 46% of submitted cases were declined. This reflects precisely the same percentages in the number of submitted cases which were filed as either a felony or a misdemeanor as reflected in 2001. In 2003, 50% of the cases submitted were filed (2499) while 50% were declined (2469).

In the area of sentencing, a comparison over the five year period demonstrates relative consistency in the types of sentences meted out for child abuse cases with a trend towards probation being granted in more cases and a corresponding decline in state prison sentences. In 1998, 34% of the defendants sentenced received a sentence to state prison; in 1999, 30% received a prison sentence; in 2000, 29% of convicted offenders were sentenced to state prison; in 2001, 25% of convicted offenders were sentenced to state prison; in 2002, 26% of convicted offenders were sentenced to state prison; and in 2003, 26% of convicted offenders were sentenced to state prison. Sixty-five percent (65%) of the cases resulted in a probationary sentence in 1998 while the number increased to 69% in 1999 and increased further to 71% in 2000 and increased again in 2001 to 74% and remained relatively stable at 74.5% in 2002 and 73% in 2003. In all six years, approximately 1% of the defendants sentenced received a life sentence as a result of their criminal acts. The number of life sentences received in 1998 was 10; in 1999, the number was 9; in 2000, the number fell to a total of 4; in 2001, the number rose to a total of 12 individuals convicted of child abuse related offenses receiving a life sentence. In 2002, this number doubled to 24. In 2003, the total number

of defendants sentenced to life in prison for a child abuse related crime was 23.

A total of 2,262 adult child abuse and neglect cases were completed in 2002. Convictions were obtained in 90% of the cases. A total of 9% of the cases were dismissed by either the court or the prosecution. Approximately 1% of the cases resulted in an acquittal following a jury trial. A total of 1,933 child abuse and neglect cases were completed in 2003. Once again, convictions were obtained in 90% of the cases, in 9% of the cases all charges were dismissed and in 1% of the cases the defendant was acquitted of all charges following trial. Juvenile data comparisons over the five year history must take into consideration the fact that Proposition 21 had an unknown impact upon the Juvenile system in several areas after March 8, 2000.

In 1999, 66% of the cases submitted for filing were filed by the District Attorney's Office. In 2000, this percentage fell to 45% of the cases submitted being filed. In 2001, 58% of the cases submitted were filed. In 2002, the increase continued with 62% of the submitted cases resulting in a filing. In 2003, 57% of the submitted cases resulted in a filing. The number of cases submitted for filing alleging violations of the child abuse statutes contained in Figure 1 in 1999 was 497; 658 were submitted for filing in 2000; 607 were submitted in 2001; 505 were submitted in 2002; and, in 2003, a total of 537 cases were submitted for filing consideration. The statute reflecting the largest difference over a four-year period was 288(a) PC. The number of cases filed alleging a violation of this section remained fairly stable for the first three years- 250 in 1999; 234 in 2000; and 234 in 2001 but decreased to 185 in 2002. In 2003, the number fell further to 177 cases submitted to Juvenile Division for filing under 288(a)PC. The number of cases declined under this section, however, more that doubled from 120 in 1999 to 265 in 2000 before falling again in 2001 to 167 and continuing the fall in 2002 to 145. In 2003, the number again rose to 177 cases presented for a filing of 288(a)PC that were declined. In 2002, 65%



of the child abuse cases submitted for a juvenile filing involved allegations of 288(a) PC; in 2003, 66% of the cases submitted for filing were for the designated charge. A total of 56% of the cases submitted under this section were filed while 44% were declined in 2002. In 2003, 50% of the cases submitted for a filing of charges alleging 288(a)PC were filed. The overwhelming percentage of child abuse charges submitted for filing of allegations in juvenile court were for allegations of sexual abuse (96% or 511 out of 537). Case dispositions reflect that 85% of the petitions submitted to the court were sustained while 15% were dismissed by either the court or the district attorney. Of the cases dismissed, 53% (18 of 34) were cases alleging 288(a)PC as the primary charge in the petition. In child abuse filings in juvenile cases, 6% of the perpetrators were female with 94% being male in 1999; a significant increase to 9% of the perpetrators being female was reflected in 2000 (91% were male). In 2001, the percentage of females decreased to 8%. In 2002, the percentage of females showed another slight decrease to 7%. In 2003, 6% of the offenders were female while 78% were male. This compares to child abuse cases with adult offenders where in 1999, 19% were female and 81% were male with very little variance in the 2000, 2001, and 2002 statistics- 20% female and 80% male. In 2003, 22% of defendants accused of child abuse related crimes were female and 78% were male. Increasingly, the nexus between domestic violence and child abuse is becoming a focus of concern. In recognition of this, for the first time data concerning the percentage of cases in which both a designated child abuse charge and a charge of 273.5PC, Spousal Abuse, was filed is included in this report. It is important to note that this is not a comprehensive data collection of all cases in which child abuse charges and domestic violence charges were filed. Domestic violence related charges can include allegations from numerous Penal Code sections that are not easily extracted from the data base. For example, a charge of Criminal Threats in violation of section 422PC is often charged in a

domestic violence case. The charge itself, however, is not limited to threats made to an intimate partner. A threat of violence made to a neighbor or a stranger also comes within the section. An attempt to extract the data in which a charge alleging child abuse and a domestic violence related criminal threat are filed in the same case is not presently possible. A spousal abuse charge, however, by its very definition involves an allegation of domestic violence. In 2003, 9% of the cases filed alleging a count of child abuse against an adult in Los Angeles County also alleged a violation of spousal abuse.

### **LOS ANGELES COUNTY SHERIFF'S DEPARTMENT Family Crimes Bureau (FCB)**

In 2003 the caseload in the Bureau decreased nearly 9% from the previous year. The previous increase in 2002 was partially attributed to more cases generated by seventeen of the Department's 23 stations. Also due to the decrease in cases, the number of victims declined nearly 14%. However, in the suspect categories, while the number of male suspects dropped almost 16%, the percentage of female suspects (perpetrators of physical and sexual abuse) rose nearly 14%.

### **LOS ANGELES POLICE DEPARTMENT – Juvenile Division –Child Protection Section (CPS)**

1. The total investigations (crime and non-crime) conducted by the CPS in 2003 (3,408) showed a decrease of 9.53 percent over the number of investigations in 2002 (3,767).
2. Adult arrests by the CPS in 2003 (223) showed a decrease of 18.61 percent in the number of arrests made in 2002 (274).
3. The number of dependent children handled by the CPS in 2003 (1,557) showed an increase of 29.21 percent from the number handled in 2002 (1,205).



## GEOGRAPHIC AREAS

4. The total investigations conducted by the Areas in 2003 (1,977) showed a decrease of 4.68 percent from 2002 (2,074).
5. Adult arrests made by the Areas in 2003 (356) showed a decrease of 12.10 percent from 2002 (405).
6. The number of dependent children handled by the Areas in 2003 (1,030) was a decrease of 14.52 percent from the number handled in 2002 (1,205).

## LOS ANGELES SUPERIOR COURT

A slight decrease in filings occurred in 2003, reversing a trend of modest increases the previous two years. New WIC § 300 petitions continue to decrease in relation to total petition filings, constituting 46% of those filings in 2003.

7, 501 new WIC § 300 petitions were filed in 2003, while 11,790 children exited the Dependency system. Los Angeles Unified School District In the 2003-2004 school year (7-1-03 through 6-30-04), 3,590 reports of suspected child abuse were filed on behalf of District students. Of this total, approximately 64% were for physical maltreatment, about 10% were for neglect and about 19% were for suspected sexual abuse. There were slightly more reports made for girls than boys. The breakdown by the aforementioned categories shows that boys were reported more often for suspected physical abuse, whereas reports of sexual abuse were made more often for girls.

Emotional abuse increased across the board. An examination of reports by ethnicity continue to show totals that are proportional to the ethnic makeup of the District at-large with Hispanics predominating, followed by Blacks. School level or category was known for 99% of the reports with 59% filed for children enrolled in elementary schools, 20% middle school students and about 16% for high school enrollees. By comparison, fewer

reports were noted for special education and/or children attending children's centers.

## LOS ANGELES UNIFIED SCHOOL DISTRICT

In the 2003-2004 school year (7-1-03 through 6-30-04), 3,590 reports of suspected child abuse were filed on behalf of District students. Of this total, approximately 64% were for physical maltreatment, about 10% were for neglect and about 19% were for suspected sexual abuse. There were slightly more reports made for girls than boys.

The breakdown by the aforementioned categories shows that boys were reported more often for suspected physical abuse, whereas reports of sexual abuse were made more often for girls. Emotional abuse increased across the board. An examination of reports by ethnicity continue to show totals that are proportional to the ethnic make-up of the District at-large with Hispanics predominating, followed by Blacks (see Figure 1).

School level or category was known for 99% of the reports with 59% filed for children enrolled in elementary schools, 20% middle school students and about 16% for high school enrollees. By comparison, fewer reports were noted for special education and/or children attending children's centers (see Figure 2).

## LOS ANGELES COUNTY PROBATION DEPARTMENT

A comparative analysis was conducted between the reporting year (2003) and previous year (2002) to determine significant trends using data collected on Juvenile Caseload Management System (JCMS) and Adult Probation System (APS).

## ADULT CASES

### Child Abuse Referrals

- 55.6% decrease (9 to 4) in Caretaker Absence referrals



- 14.3% increase (21 to 24) in Sexual Exploitation referrals
- 6.9% decrease (29 to 27) in General Neglect referrals
- 33.3% decrease (3 to 2) in Physical Abuse referrals
- 16.7% decrease (24 to 20) in Severe Neglect referrals
- 6.8% decrease (798 to 744) in Sexual Abuse referrals
- Sexual Abuse represented (was 744 of 816 91.2%) referrals in 2002
- 5.5% decrease overall (869 to 821) from 2002 to 2003

**CHILD ABUSE REFERRALS  
OF OFFENDERS BY AGE**

- 20.4% decrease (49 to 39) in adults under age 20
- 18.6% increase (118 to 140) in adults, ages 20-24
- 19.2% decrease (125 to 101) in adults, ages 25-29
- 6.5% increase (123 to 131) in adults, ages 30-34
- 20.4% decrease (147 to 1117) in adults, ages 35-39
- 15.8% decrease (120 to 101) in adults, ages 40-44
- 1.5% increase (68 to 69) in adults, ages 45- 49
- 8.2% decrease (134 to 123) in adults over 49

**RECOMMENDATION ONE:****New and promising initiatives or programs that impact children and families**

Agencies that submit annual data statements to the ICAN Data/Information Sharing Subcommittee are encouraged to include in their data statements, when appropriate, information about significant new initiatives or programs that impact children and families within their agency.

When possible, information about these programs should include:

- a) The name(s) of the program(s);
- b) The client/customer service need(s) met by the program(s);
- c) The goals or desired outcomes of the new program(s)/initiative(s);
- d) Any available baseline data elements collected regarding the new program/initiative.

These data elements should then be included in succeeding ICAN annual reports.

**RATIONALE:**

Public and private agencies that strive to improve the welfare of children and families are continually striving to improve their programs and/or services delivery models. Such improvements may relate to community partnerships, government agency partnerships, new or creative funding sources, changes in staff roles or departmental procedures, etc. Sharing of information about these efforts to improve services for children and families may alert other agencies to practices or resources not considered, opportunities for new partnerships, and may encourage additional inquiry and possible collaboration. Ultimately, a promising practice developed by one agency may have practical application for others with a shared concern for the welfare of children and families.

**RECOMMENDATION TWO:****Data according to geographic areas**

Agency data statements contained in the annual Data and Information sharing Committee Report, *The State of Child Abuse in Los Angeles County*, should include data according to geographic areas. If possible, agencies are requested to report data by Los Angeles County Service Planning Areas (SPAs). If agencies are unable to report data by SPA, agencies should attempt to provide data by other agency designated geographical areas.

**RATIONALE:**

It is important that agencies include data presented by geographic area to assist in making the report more comprehensive and useful. This would give readers a better idea of community needs in each area of the county and assist in targeting resources.



There is limited information available from individual agencies which can be linked with other agency data to portray the child victim's route through the criminal justice and juvenile dependency systems. Information in the 2004 State of Child Abuse in Los Angeles County report presents data unique to each agency which may include the type of abuse/neglect involved, detailed information on the victim, or the extent of the agency's work. This special inter-agency section of the report attempts to show the data connections which exist between agencies and information areas which could be expanded.

The regular inclusion of this special report section is in response to two recommendations presented to the ICAN Policy Committee in the 1990 ICAN Data Analysis Report:

6. *All ICAN agencies review their current practices of data collection to ensure that the total number of reports or cases processed by the agencies, irrespective of reason, are submitted in their data reports.*
8. *ICAN agencies support the Data/ Information Sharing Committee efforts to establish guidelines for common denominators for intake, investigations, and dispositional data collection.*

To implement these recommendations, a team of ICAN Data/Information Sharing Committee members, with the benefit of comment from the full Committee, developed and regularly updates the following material:

## **I. LIST OF CHILD ABUSE AND NEGLECT SECTIONS**

Figures 1 and 2 list criminal offense code sections, identifying relevant child abuse offenses which permit ICAN agencies to verify and consistently report the offenses which should be included as child abuse offenses. The breakdown of these sections into seven child abuse and neglect categories permits consistency in the quantification of child abuse activity completed by the agencies, particularly the law enforcement agencies that use

these criminal offense code sections. Use of this list may uncover offenses which were not counted in the past and therefore maximize the number of child abuse cases counted by each agency.

## **II. FLOW CHARTS**

Flow Charts were developed to:

- Show the interrelationship of all departments in the child abuse system;
- Show the individual agency's specific activities related to child abuse;
- Reflect the data used in the annual report by showing the extent of data currently collected, and by the absence of data, graphically depict whether additional data may be reported, if the agency so chooses;
- Show differences in items being counted between agencies with similar activities; and
- Provide a basis for any future modifications to be used in data collection.

Flow Chart II presents a simplified overview of the manner in which the ICAN agencies interrelate with each other and the way in which the agencies' data does (or does not) correlate with that of other agencies. Because this chart intends to provide an overview, it does not present every activity or item of data collected as detailed in the other agency Flow Charts, III through VIII. Where possible, it reflects totals for common data categories between agencies.



Figure 1 (cont.)

**CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY**

Abuse Type	Section	Felony/Misd	Description
Physical Abuse	187PC	F	Murder of a Child
Physical Abuse	273abPC	F	Assault on a Child Under 8/Death
Physical Abuse	192PC	F	Manslaughter of a Child
Physical Abuse	664/187PC	F	Attempted Murder of a Child
Physical Abuse	207(b)PC	F	Kidnap Child Under 14
Physical Abuse	207{208(b)}PC	F	Kidnap Child Under 14
Physical Abuse	273aPC	F/M	Child Endangerment
Physical Abuse	273dPC	F/M	Corporal Injury to Child
Sexual Abuse	269(a)PC	F	Aggravated Sexual Assault of Child Under 14
Sexual Abuse	288.5PC	F	Continuous Sexual Abuse of Child Under 14
Sexual Abuse	286(C)PC	F	Sodomy of Child Under 14
Sexual Abuse	286(b)(2)PC	F	Sodomy of a Child Under 16
Sexual Abuse	286(b)(1)PC	F/M	Sodomy of a Child Under 18
Sexual Abuse	288(b)PC	F	Forcible Lewd Act on a Child Under 14
Sexual Abuse	288(a)PC	F	Lewd Act on a Child Under 14
Sexual Abuse	288a(c)PC	F	Oral Copulation of a Child Under 14
Sexual Abuse	288a(b)PC	F/M	Oral Copulation of a Child Under 18
Sexual Abuse	289(j)PC	F	Forcible Sexual Penetration of Child Under 14
Sexual Abuse	289(h)PC	F	Forcible Sexual Penetration of Child Under 18
Sexual Abuse	288(c)PC	F/M	Lewd Act on a 14 or 15 year old
Sexual Abuse	266jPC	F	Procurement of a Child Under 16
Sexual Abuse	266h(b)PC	F	Pimping of a Child Under 18
Sexual Abuse	266i(b)PC	F	Pandering of a Child Under 18
Sexual Abuse	261.5PC	F/M	Unlawful Sexual Intercourse with a Child
Sexual Abuse	285PC	F	Incest
Sexual Abuse	647.6PC	F/M	Annoying or Molesting a Child Under 18
Sexual Abuse	288.2PC	F/M	Providing Lewd Material to Child



Figure 1 (cont.)

**CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY**

Abuse Type	Section	Felony/Misd	Description
General Neglect	270PC	M	Failure to Provide
General Neglect	270.5PC	M	Failure to Accept Child Into Home
General Neglect	272PC	M	Contribute to the Delinquency of a Minor
General Neglect	273ePC	M	Send Child to Improper Place
General Neglect	273fPC	M	Send Child to Immoral Place
General Neglect	273gPC	M	Immoral Acts Before Child.
General Neglect	313.1(A)PC	M	Give Harmful Matter to Child
General Neglect	278.5PC	F/M	Violation of Custody Decree
Severe Neglect	278PC	F/M	Child Concealment/Noncustodial Person
Severe Neglect	280PC	F/M	Violation of Adoption Proceedings
Exploitation	311.10(a)PC	F/M	Advertising Obscene Matter Depicting Child
Exploitation	311.11PC	F/M	Poss/Control Child Pornography.
Exploitation	311.2PC	F/M	Importing Obscene Matter Depicting a Child
Exploitation	311.3(A)PC	F/M	Creation of Obscene Matter Depicting Child
Exploitation	311.4PC	F/M	Use Minor For Obscene Act
Caretaker Absence	271aPC	F/M	Abandonment of Child Under 14
Caretaker Absence	271PC	F/M	Desertion with Intent to Abandon Child Under 14



Flow Chart I

**REPORTING DEPARTMENTS**  
Involvement in Child Abuse Cases • 2003



**REPORTING DEPARTMENTS WORKLOAD**

Chief Medical Examiner Coroner	308
L. A. County Probation Department	821
Dept. of Public Social Services	396
Los Angeles Police Department	5,385
L.A. County Sheriff's Dept. FCB	3,333
Dept. of Children & Family Services	168,103

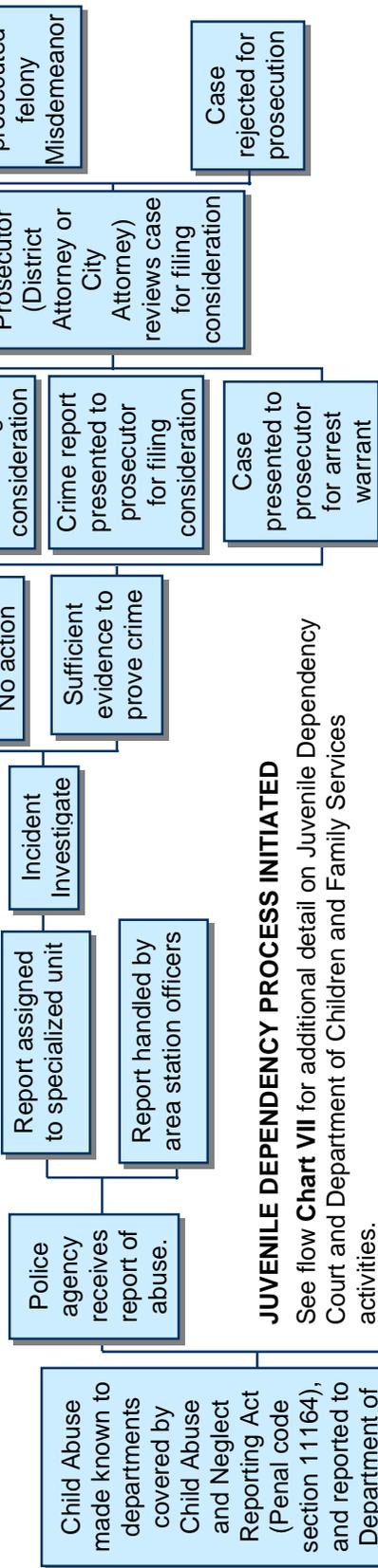


Flow Chart II ICAN AGENCY INVOLVEMENT IN CHILD ABUSE CASES • 2003

CHILD PROCESS INITIATED

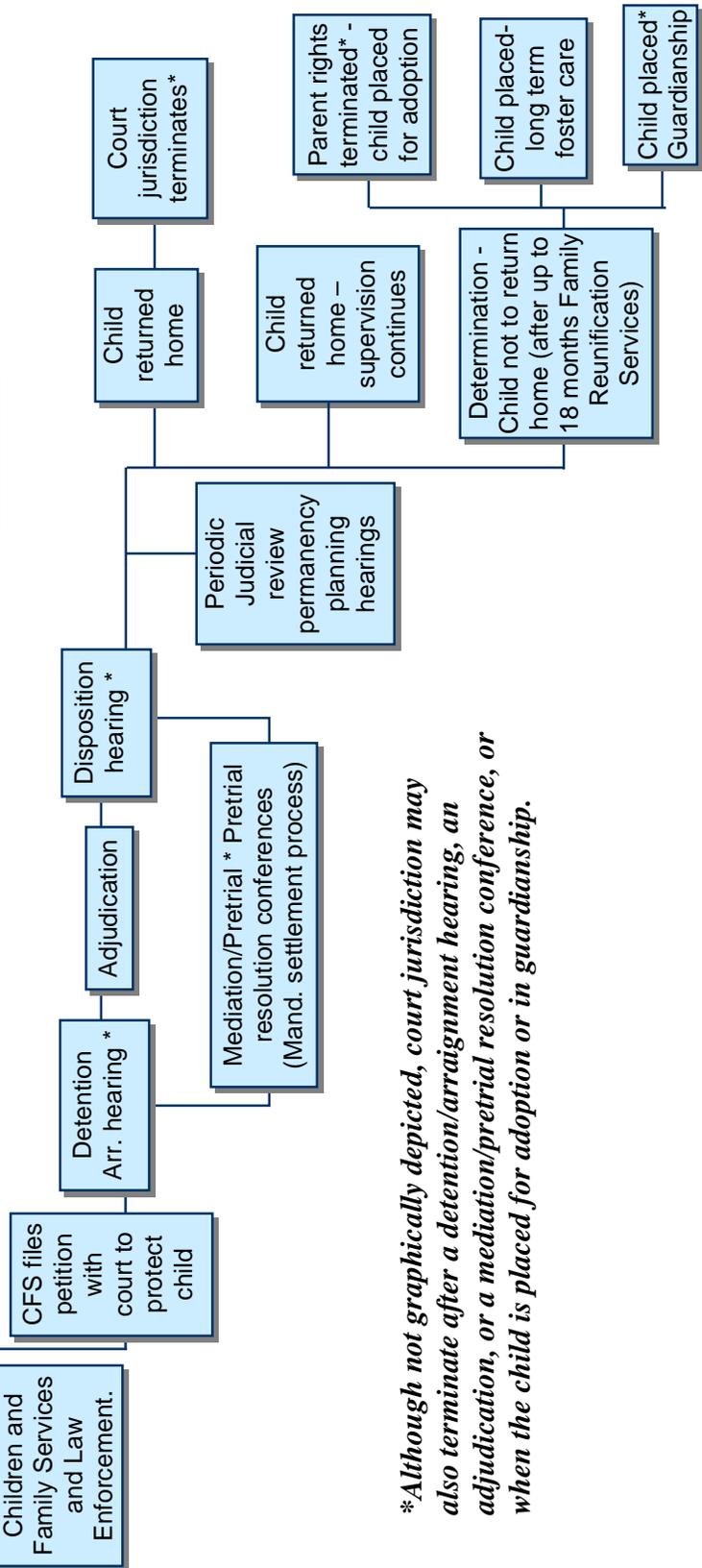
See flow Charts III, IV for individual detail on LAPD and LASD  
See Flow Chart VI for detail on the L.A. District Attorney.  
Where possible similar categories of agency data have been totaled.

CHILD ABUSE/NEGLECT REPORT



JUVENILE DEPENDENCY PROCESS INITIATED

See flow Chart VII for additional detail on Juvenile Dependency Court and Department of Children and Family Services activities.



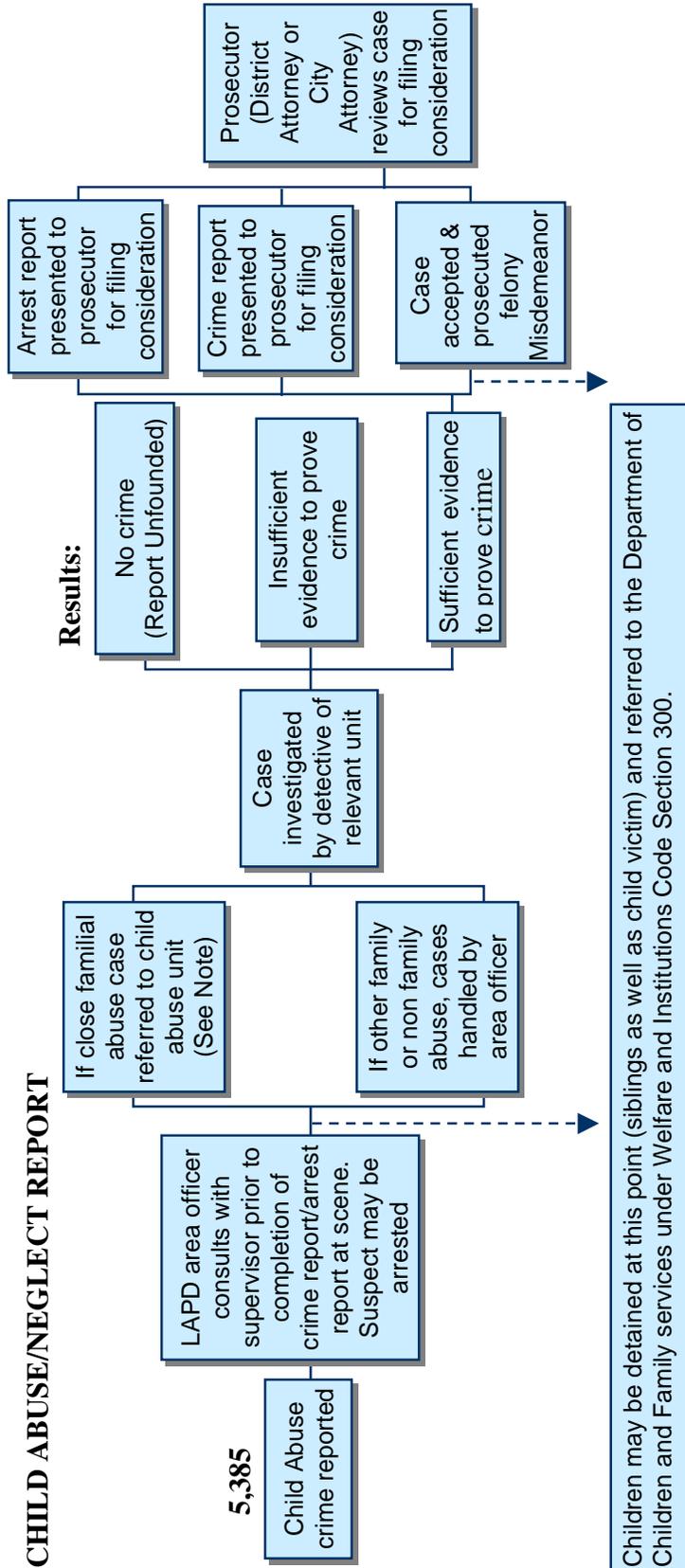
*\*Although not graphically depicted, court jurisdiction may also terminate after a detention/arraignment hearing, an adjudication, or a mediation/pretrial resolution conference, or when the child is placed for adoption or in guardianship.*



Flow Chart III

LOS ANGELES POLICE DEPARTMENT  
INVOLVEMENT IN CHILD ABUSE CASES • 2003

CHILD ABUSE/NEGLECT REPORT



**NOTE:**

*Case Count Definition*

*Endangering cases:*

*Multiple victims in same family = 1 report (case)*

*All other cases:*

*Each victim = 1 report (case)*

*Child Abuse Unit Responsibilities*

*Child Abuse Unit handles abuse involving parents, step parent,*

*legal guardian, common law spouse.*

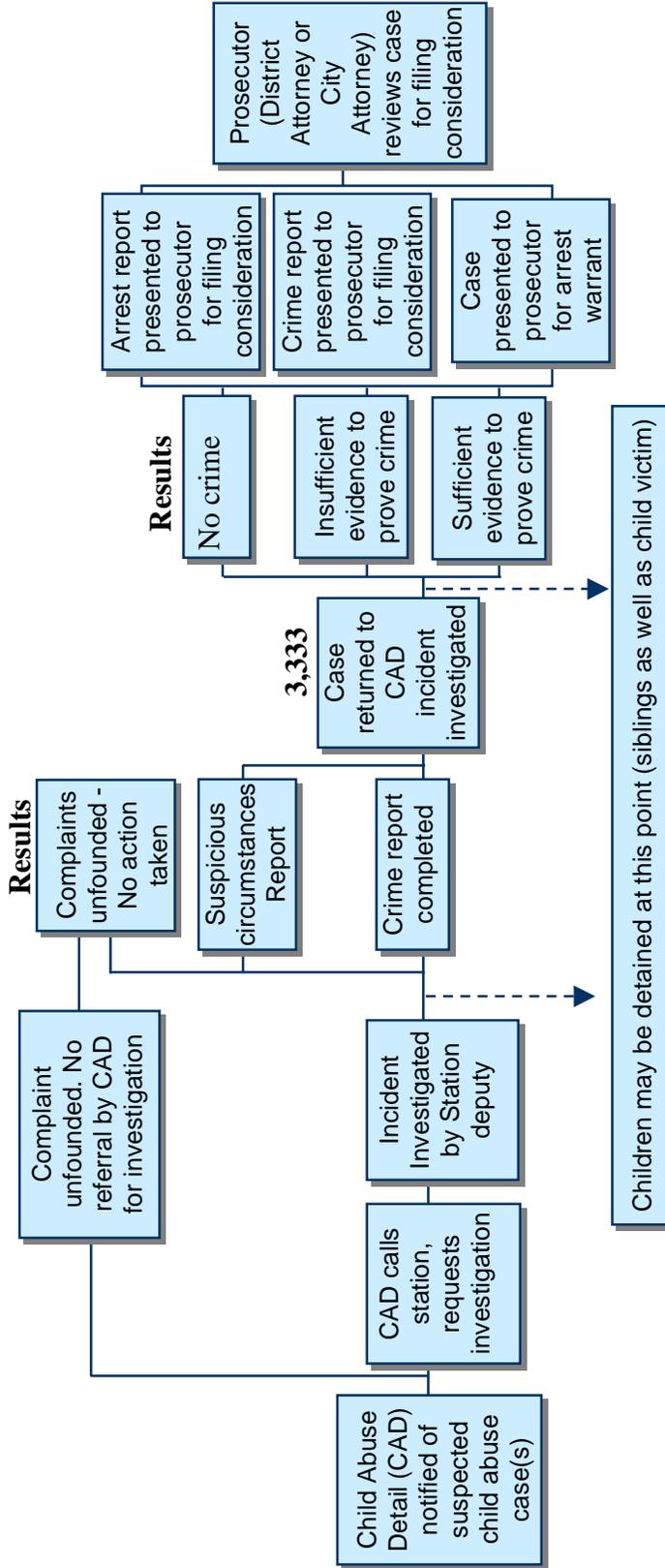
**GEOGRAPHIC AREA RESPONSIBILITIES**

*Abuse in which perpetrator is not parent, step parent, legal guardian, or common law spouse: child not primary object of attack, but receives injury; unfit homes, endangering and dependent child cases; other cases where criteria does not meet Abused Child Unit.*



Flow Chart IV

LOS ANGELES SHERIFF DEPARTMENT  
INVOLVEMENT IN CHILD ABUSE CASES • 2003



**NOTE:**

**CASE COUNT DEFINITION**

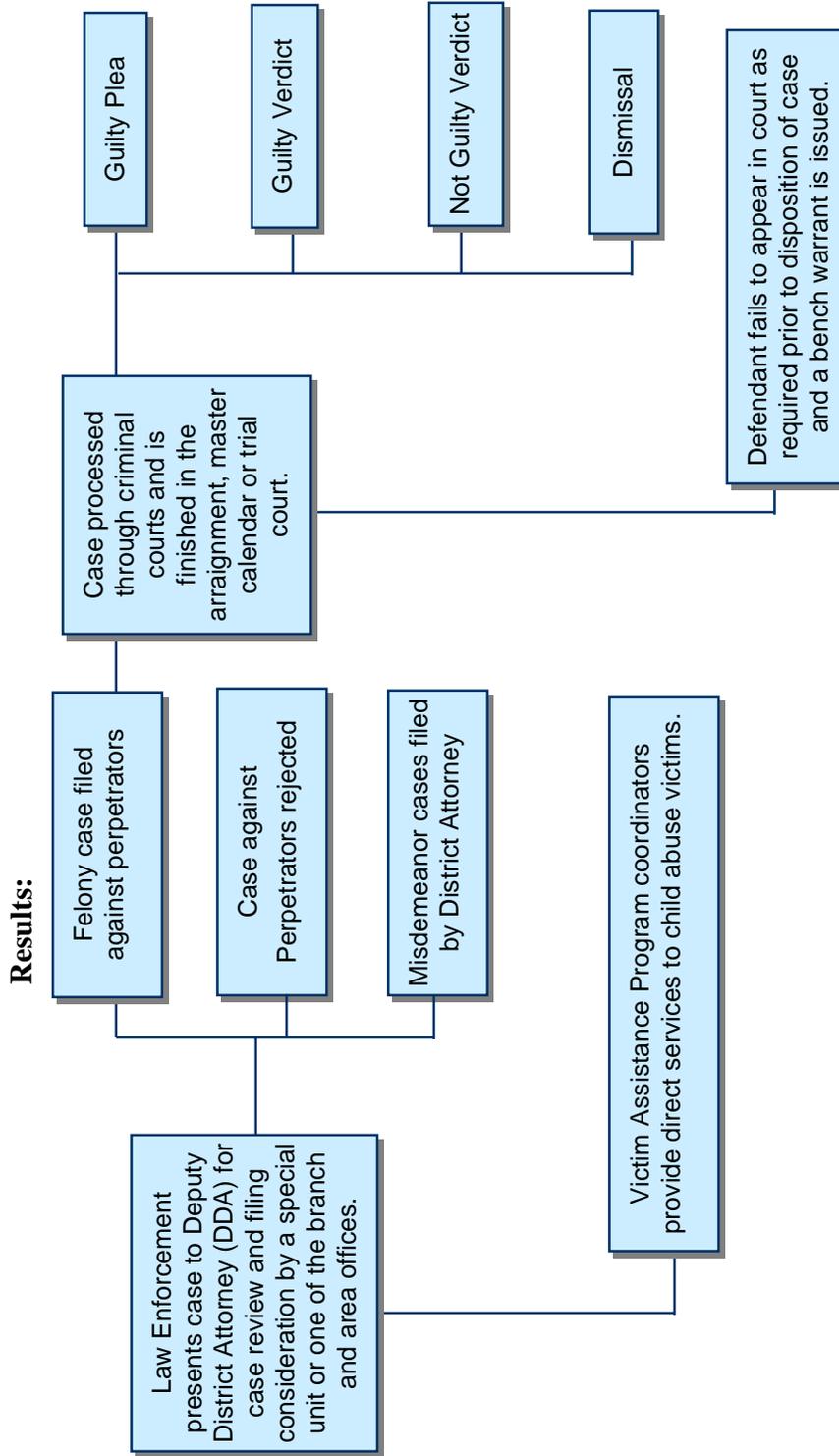
*Multiple victims of the same incident, in the same family are treated as one case.  
The Child Abuse Detail does not handle neglect/endorsement cases.*

*See the Los Angeles Sheriff's Department Report for more details on their workload.*



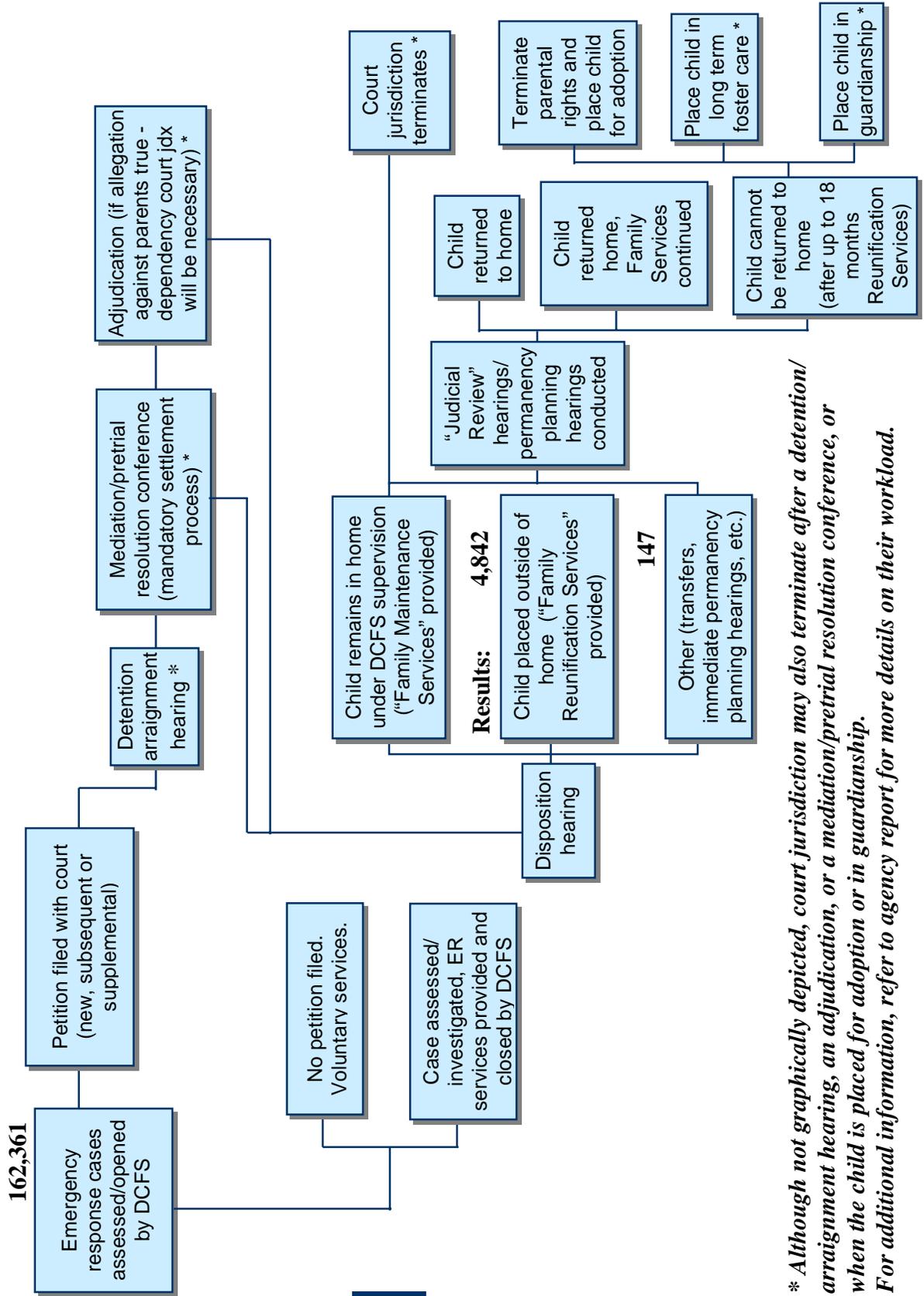
Flow Chart V

LOS ANGELES POLICE DEPARTMENT  
INVOLVEMENT IN CHILD ABUSE CASES • 2003





**Flow Chart VI JUVENILE DEPENDENCY COURT/DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Involvement In Child Abuse Cases • 2003**



*\* Although not graphically depicted, court jurisdiction may also terminate after a detention/arraignment hearing, an adjudication, or a mediation/pretrial resolution conference, or when the child is placed for adoption or in guardianship. For additional information, refer to agency report for more details on their workload.*



*Flow Chart VII*

**LOS ANGELES COUNTY INDEPENDENT POLICE AGENCY DATA  
Involvement in Child Abuse Cases During 2003**

Agency	Total Population	Child Population	2003 Investigations	2003 Arrests	Children placed in Protective Custody	Domestic Violence Investigations
Alhambra	87,939	19,232	60	5	11	181
Arcadia	53,054	13,264	40	5	4	178
Azusa	44,712	13,780	165	31	1	204
Baldwin Park	75,837	29,135	28	17	1	
Bell	36,664	38.80%	10	4	5	113
Beverly Hills	33,784	7,432	73	1	2	150
Covina	46,837	13,476	170	17	0	222
El Segundo	16,033	3,100	6	2	3	51
Glendora	49,415	13,649	106	7	7	
Hermosa Beach	19,175	unavailable	25	5	unavailable	29
Inglewood	116,800	37,423	105	57	unavailable	675
Irwindale	1,490	527	10	1	2	21
La Verne	32,923	7,975	30	9	unavailable	132
Long Beach	461,522	134,639	863	115	114	3,013
Maywood	28,083	10,392	66	8	1	101
Monrovia	37,566	10,191	131	19	unavailable	70
Montebello	62,150	17,775	893	20	21	1,066
San Fernando	24,564	9,096	180	10	5	86
San Gabriel	40,000	unavailable	91	9	4	71
Santa Monica	84,084	13,447	45	8	10	421
Sierra Madre	10,578	1,972	9	1	0	102
Signal Hill	10,631	2,682	30	3	unavailable	64
South Gate	100,300	34,278	23	8	6	284
South Pasadena	25,226	6,905	18	4	0	26
Torrance	146,200	26,184	30	18	unavailable	281
Vernon	100	30	6	6	1	19
Whittier	83,680	23,667	62	23	29	1,223



This year, we are again pleased to have data on overall youth demographics for Los Angeles County. These figures are provided by the State of California, Department of Finance. The data are presented here

to give the reader a baseline of youth age from which to draw comparisons when examining other data presented by the various agencies represented in this book.

*Figure 1*

**POPULATION ESTIMATE BY AGE**  
**Los Angeles County, 1992 - 2000**

Age	1992	1993	1994	1995	1996	1997	1998	1999	2000
0	201,460	188,736	183,686	174,387	169,521	163,070	169,374	168,212	143,291
1	200,379	198,914	186,747	181,384	172,349	169,263	168,595	168,534	143,060
2	171,712	198,304	197,394	184,878	179,715	172,499	168,704	168,234	145,189
3	157,334	169,971	197,043	195,831	183,503	179,989	172,080	168,498	150,148
4	150,959	155,747	168,869	195,617	194,605	183,864	179,664	171,981	155,943
5	142,932	149,499	154,760	167,534	194,488	195,044	183,627	179,656	158,512
6	141,986	141,551	148,601	153,516	166,484	194,988	194,868	183,692	157,394
7	134,757	140,687	140,740	147,430	152,526	166,945	194,766	194,887	160,982
8	130,484	133,431	139,836	139,538	146,425	152,960	166,697	194,752	162,356
9	130,704	129,168	132,588	138,653	138,532	146,819	152,672	166,651	162,803
10	123,376	129,576	128,452	131,591	137,824	138,861	146,483	152,574	157,206
11	128,614	122,114	128,741	127,306	130,630	138,090	138,468	146,317	147,467
12	123,829	127,336	121,267	127,605	126,328	130,923	137,741	138,351	143,810
13	116,504	122,645	126,558	120,205	126,701	126,655	130,617	137,668	137,754
14	115,506	115,342	121,890	125,500	119,309	127,131	126,449	130,647	137,415
15	115,732	114,491	114,732	120,995	124,785	119,873	127,050	126,616	134,159
16	115,332	114,547	113,784	113,648	120,111	125,545	119,978	127,401	133,065
17	117,742	114,090	113,852	112,668	112,761	121,080	125,812	120,534	137,422
<b>TOTAL</b>	<b>2,519,342</b>	<b>2,566,149</b>	<b>2,619,540</b>	<b>2,658,286</b>	<b>2,696,597</b>	<b>2,758,008</b>	<b>2,803,645</b>	<b>2,845,205</b>	<b>2,667,976</b>

*1992 - 1999 Source: State of California, Department of Finance,*

*1970-2040 Race/Ethnic Population Projections for Counties with Age and Gender Details.*

*2000 Source: US Census 2000, SF 1 California file.*

# **SECTION II SPECIAL REPORTS**

---

**ICAN ASSOCIATES**

**ICAN MULTI-AGENCY CHILD DEATH**

**REVIEW TEAM**

**ICAN CHILD ABDUCTION TASK FORCE**

**COMMUNITY CARE LICENSING**

**CHILD ABUSE AND  
DEVELOPMENTAL DISABILITIES**

**CHILDREN'S PLANNING COUNCIL SCORECARD**





## ICAN ASSOCIATES

ICAN Associates is a private/non-profit organization which supports the Inter-Agency Council on Child Abuse and Neglect (ICAN) and the important issues addressed by ICAN. The Board of ICAN Associates consists of business, media and community leaders.

ICAN Associates supports ICAN through the provision of services including dissemination of materials, hosting media campaigns, sponsorship of educational forums, support of direct and indirect services to prevent child abuse and neglect as well as promoting integration and collaboration among child service agencies. Further, ICAN Associates sponsors special events for vulnerable and abused children, publishes newsletters, and coordinates community educational projects. The formation of ICAN Associates represents one of the first and most effective public/private partnerships in the nation addressing the critical issues and needs surrounding child abuse and neglect.

ICAN has been extremely successful in securing funding through grants and corporate sponsorships:

In November 1996, ICAN/ICAN Associates launched the ICAN National Center on Child Fatality Review (ICAN/NCFR) at a news conference held in connection with the United States Department of Justice and United States Department of Health and Human Services. Funding for this major national project was facilitated through the efforts of ICAN Associates. Generous support was secured through the United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention; Times Mirror Foundation and the family of Chief Medical Examiner Lakshmanan Sathyavagiswaran. The NCFR web site is at [www.ICAN-NCFR.org](http://www.ICAN-NCFR.org).

ICAN/ICAN Associates continues to provide statewide Child Death Review Team Training designed to address a range of issues to benefit the overall development and functioning of Child Death Review Teams throughout the State. The training

curriculum is funded through a grant from the California Department of Social Services (CDSS).

The Times Mirror Company continues to assist ICAN Associates with their challenge grant to help fund the work of ICAN and its critically needed services for abused and neglected children.

In October 2003, ICAN Associates sponsored "NEXUS VIII" in conjunction with California Department of Social Services (CDSS); community groups and ICAN agencies. The Sheraton Universal Hotel in Universal City provided the exquisite setting and was the principal sponsor of the conference. The conference presented an opportunity to hear from local, state and national experts, about the impact of all forms of violence within the home on children as well as potential solutions. It is hoped that the information presented will inspire professionals and volunteers to develop and participate in efforts aimed at preventing violence in the home and in communities.

ICAN Associates again sponsored the Annual Child Abuse Prevention Month Children's Poster Art Contest which raises awareness about child abuse in schools throughout Los Angeles County. Children in the 4th, 5th and 6th grades and in special education classes participate in this contest. The children's artwork is displayed at the California Department of Social Services in Sacramento, Edmund D. Edelman Children's Court, L. A. County Office of Education, District Attorney's Office, Hollywood Library and in numerous national publications.

ICAN Associates was honored to serve as one of the official charities of the XIX Los Angeles Marathon. Funds raised from this event are used to assist in various projects for abused and neglected children.

For the past 14 years, the Annual Fernandes Golf Tournament has raised funds for ICAN Associates. This event is a result of the efforts of individuals and businesses in the city of Chino and surrounding communities and is held in memory of Bob, Gary and Tony Fernandes.

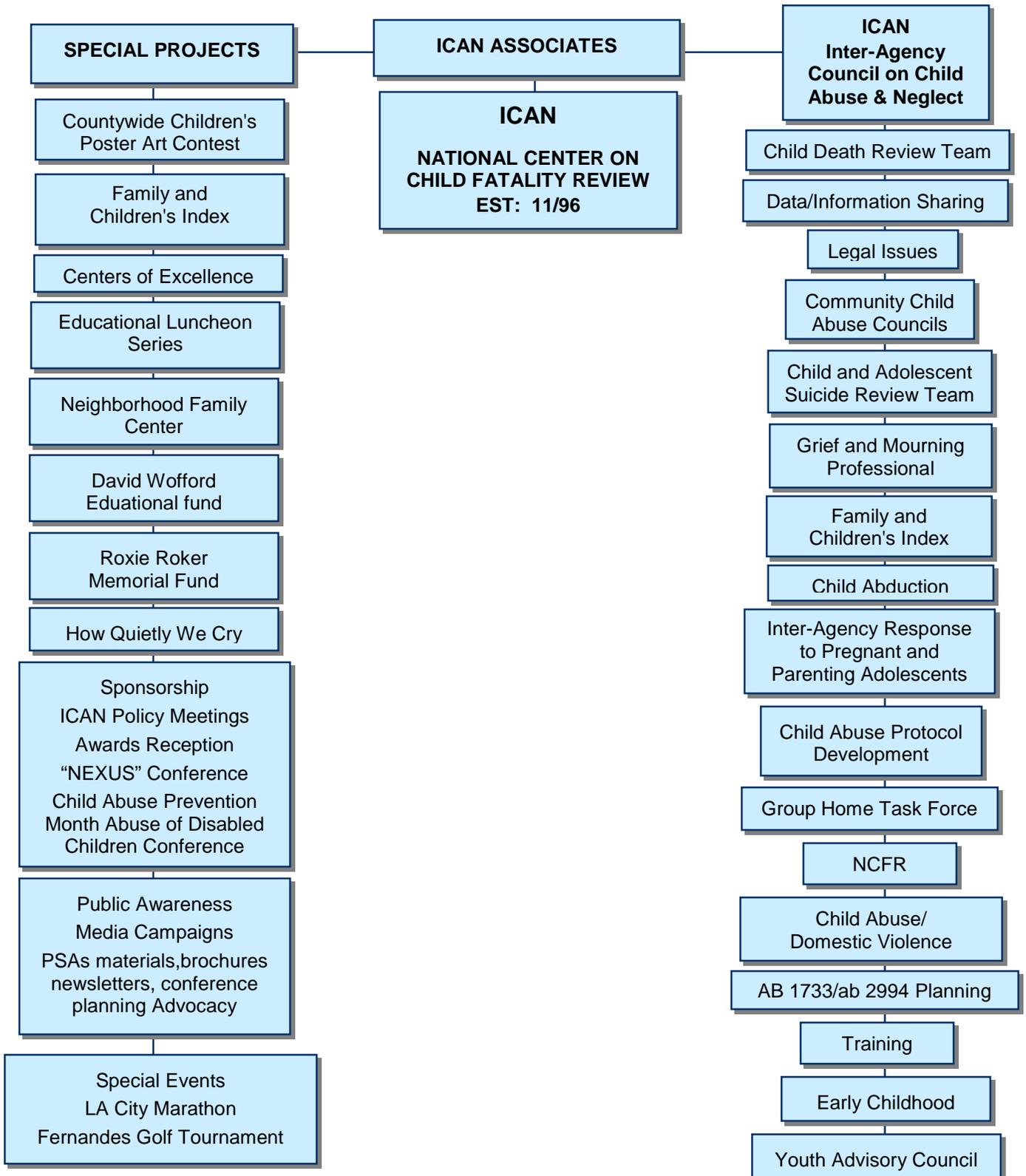
ICAN Associates continues to help eight ICAN neighborhood family centers and a number of



other non-profit agencies that provide services to abused and neglected children and their families with their holiday festivities.

ICAN Associates continues to work with "It's Time For Kids" headed by Kendall Wolf with Landmark Entertainment. This program enables abused, neglected and abandoned children in foster care to enjoy visits to theme parks, sporting events and other entertainment most children take for granted.

ICAN Associates continues its mission of supporting ICAN's efforts on behalf of abused and neglected children in Los Angeles County, in the State of California and nationally.





**ICAN MULTI-AGENCY CHILD  
DEATH REVIEW TEAM**

---

**SPECIAL REPORT**





## **LOS ANGELES SUPERIOR COURT**

### **ICAN Multi-Agency Child Death Review Team**

The ICAN Multi-Agency Child Death Review Team was formed in 1978 to review child deaths in which a caregiver was suspected of causing the death. Over the past 25 years, the activities of the Team have expanded to include review and statistical analysis of accidental deaths, undetermined deaths, child and adolescent suicides and fetal deaths.

The Team is comprised of representatives of the Department of Coroner, Los Angeles Police and Sheriff's Departments, District Attorney's Office, Los Angeles City Attorney's Office, Office of County Counsel, Department of Children and Family Services, Department of Health Services, County Office of Education, Department of Mental Health, California Department of Social Services and representatives from the medical community.

### **TEAM PROCEDURES**

California law requires that all suspicious or violent deaths and those deaths in which a physician did not see the decedent in the 20 days prior to the death be reported to the Department of Coroner. The Coroner is responsible for determining the cause of death to be listed on the death certificate as either: homicide, accident, natural, undetermined or suicide.

The Department of Coroner refers all cases it has received for children age seventeen (17) and under to ICAN, and ICAN staff reviews these cases to determine which cases meet Team protocol. This process first involves the exclusion of all natural deaths. Thereafter, cases that meet at least one of the following criteria are selected for review:

Homicide by caregiver, parent or other family member (Note: homicides of children age 14 and under which were *not* perpetrated by a caregiver, parent or other family member are briefly discussed in the Team report but are not reviewed in as detailed a fashion as other child deaths that meet Team protocol.)

## **SUICIDE**

- Accidental death
- Undetermined death
- Fetal death (unborn child over 20 weeks gestation)

Once a case has been identified as meeting Team protocol, case-specific clearances are secured from the Department of Children and Family Services, District Attorney's Office, Los Angeles Police Department, Los Angeles County Sheriff's Department and Department of Health Services. Members check their agency records for contacts with the child and/or family and provide their findings to ICAN for compilation and analysis. All cases meeting Team protocol receive this level of review in the annual *ICAN Child Death Review Team Report*.

Specific cases are identified for in-depth review by the Team in the Team meeting setting; such cases are most often high profile in nature and/or cases for which a Team member has requested the Team's multi-disciplinary perspective. Generally, three to five cases are reviewed at each month's Team meeting. Due to the high volume of cases that meet Team protocol, not all deaths receive this detailed review by the entire Team, which often requires several hours of Team time per case.

Information from the Department of Coroner is located in the "ICAN Agency Reports" Section of this report which details the 308 year 2003 child deaths reviewed by the Team. This more detailed, separate report, the *ICAN Child Death Review Team Report for 2004*, will be available from the ICAN office, and will provide analysis of the multiple agency records for these children and their families, case summaries of some of these deaths, and conclusions and recommendations made by the Team. It should be noted that the Coroner's Office utilizes a separate classification system than ICAN and there may be



minor discrepancies in figures provided in the Coroner's Section with this report.

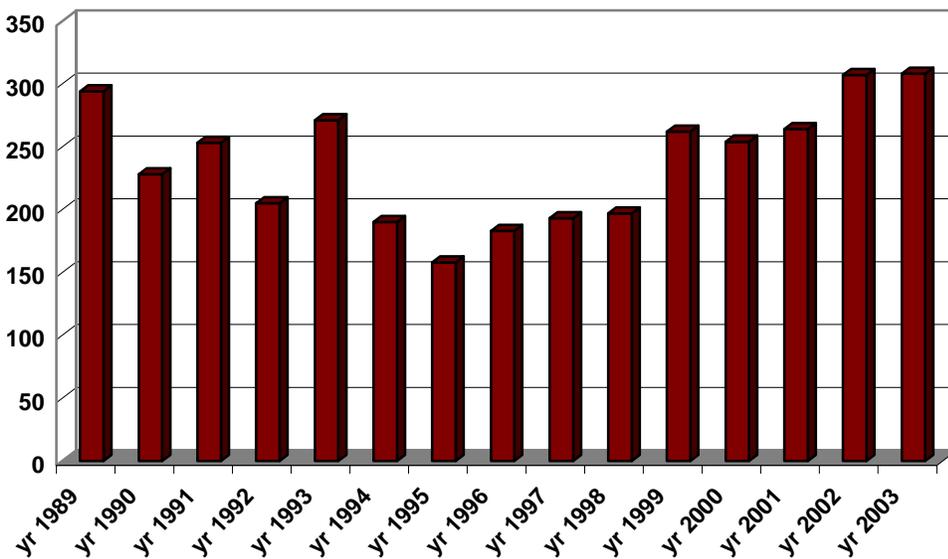
### MULTI-YEAR TRENDS

**Figure 1** illustrates the total number of deaths from 1989 through 2003 that were reviewed by the Team. In 1990 there was a decrease in total referrals from the previous year. This decline reflected modifications in reporting procedures within the Department of Coroner to ensure that cases were not prematurely reported to the Team prior to the finalization of the cause of death.

In 1998, review of accidental and undetermined cases and homicides by other than parent/caretaker/family member was expanded; the age of inclusion was increased from ten to twelve (with the exception of accidental drowning deaths that were reviewed through age 17 since 1997). In 1999, the number of cases referred to the Team also rose, in part, as the Team's protocol expanded to include accidental automobile deaths.

Figure 1

### TOTAL CASES REFERRED To ICAN Child review Team by Coroner 1989-2003





In 2000, the number of cases referred to the Team decreased slightly although the age of review for accidental, undetermined and homicide deaths by other than parent/ caretaker/family member was increased from age twelve to age fourteen.

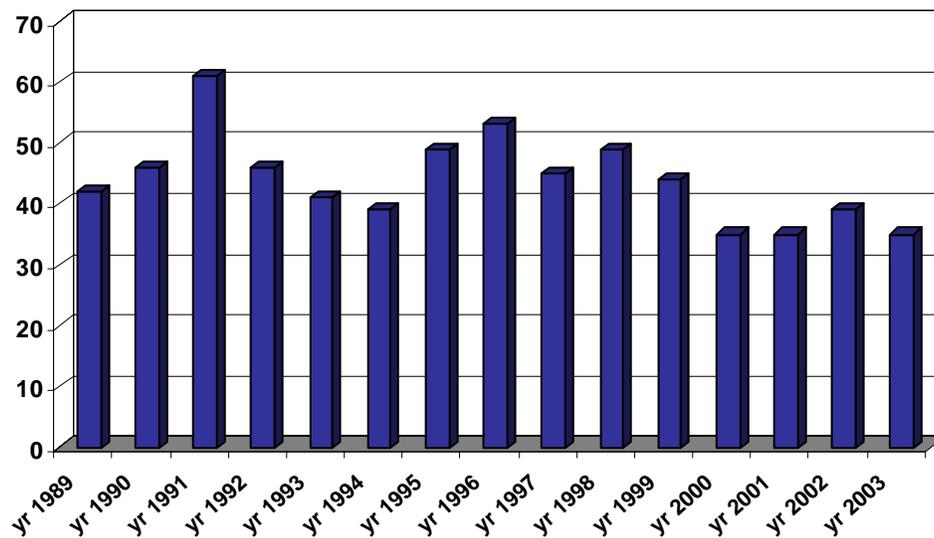
In 2002, the number of cases referred to the Team again increased as the age of inclusion for accidental and undetermined deaths rose from age 14 to age 17 (with the exception of accidental drowning deaths which were already reviewed through age 17).

Finally, in 2003, the number of deaths (n=309) increased by four over 2002 (n=305). The number of homicides (n=35) in 2003 decreased by two from 2002 (n=37). Accidental deaths (n=184) increased by 6% from 2002 (n=173). The number of child and adolescent suicides remained unchanged in 2003 (n=19) as in 2002 (n=19). The number of undetermined deaths decreased by 5% from 76 in 2002 to 71 in 2003. Lastly, the number of fetal deaths (n= 20) decreased by 26% from 2002 (n=27).

**Figure 2** displays the numbers of child homicides perpetrated by parent/caregiver/family member for years 1989 through 2003. There were 35 child homicides by parent/caregiver/family member in 2003. The average number of homicides by parents/caregivers/family members reported over the past 15 years is 44 per year. The number of homicides of children age 14 and younger that were perpetrated by strangers and others outside of the family is very small compared to the number that were perpetrated by parents/caregivers and other family members. On the other hand, homicides of children over age 14 were primarily perpetrated by strangers and others outside of the family.

Figure 2

**HOMICIDES BY PARENT/CAREGIVER/FAMILY MEMBER  
Years 1989 through 2003**





In 2003, there were 71 undetermined deaths, a decrease from the 76 cases reported in 2002. Figure 3 displays the number of undetermined child deaths since 1989. The number of undetermined deaths has averaged 31.9 per year over the past 15-year period. This low average can be explained by the low number of referrals made in earlier years (1989 – 1996). Through 2002, there has been a steady increase in the number of undetermined deaths referred by the Coroner that meet Team protocol since 1989 with a low of 3 cases referred in 1989, and last year's high of 76. As previously noted, 2003 experienced a slight decrease to 71 cases.

Data on accidental deaths have been expanded over the decade that the Team has collected data on suspicious deaths. Figure 4 provides detail on the number of accidental deaths that have met Team protocol for the past 15 years. The number of accidental deaths increased by 11 to 184 in 2003. Accidental deaths, suffered by youth ages 15–17, were included for the first time in the 2002 data. With the inclusion of these older youth, automobile accidents (solo and vehicle v. vehicle) were again the leading cause of death in 2003, followed by auto-pedestrian accidents, deaths associated with maternal substance abuse, and drowning.

Figure 3

**UNDETERMINED DEATHS**  
Years 1989 through 2003

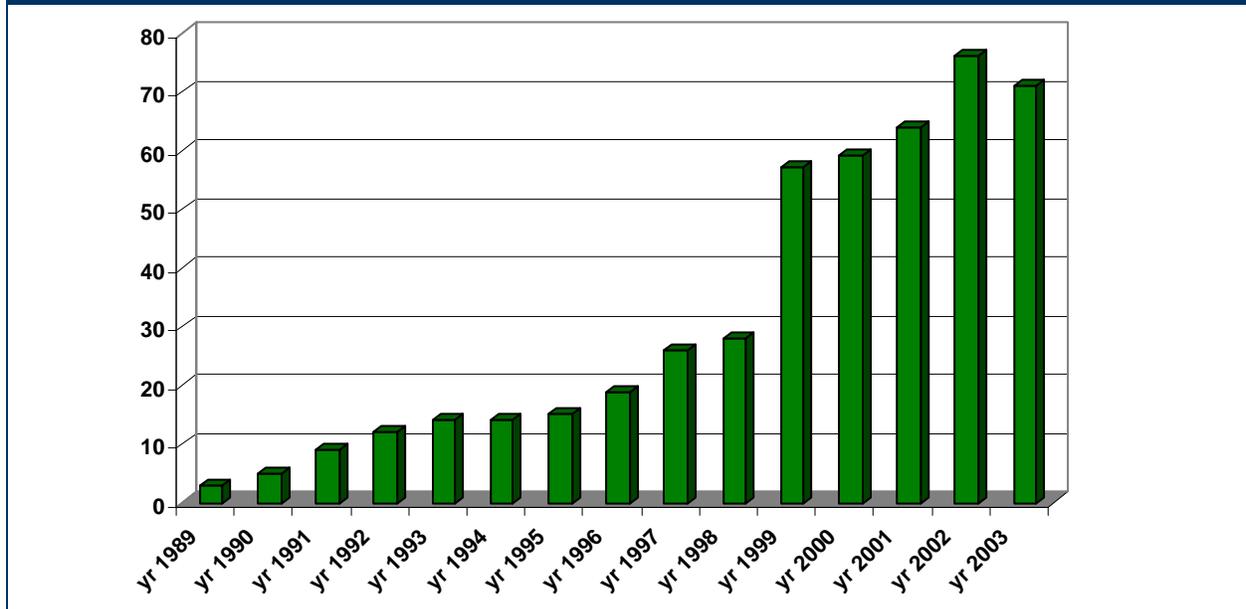




Figure 4

**ACCIDENTAL CHILD DEATH**  
Years 1989 through 2003

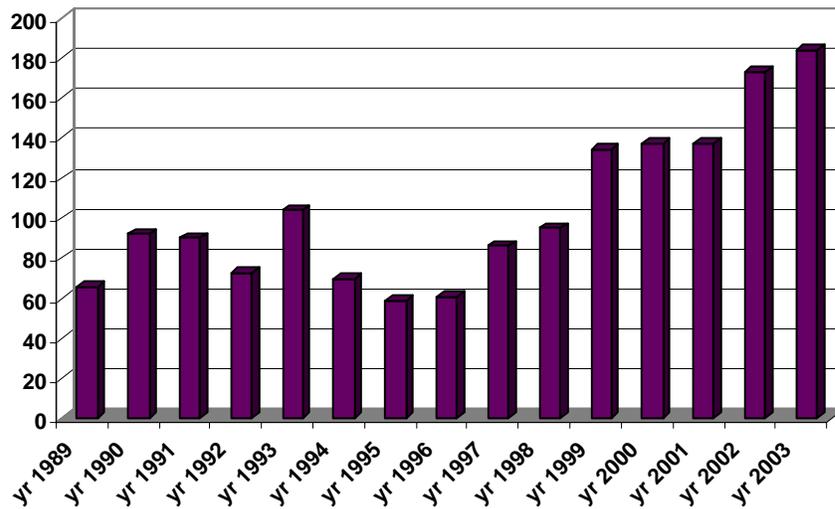
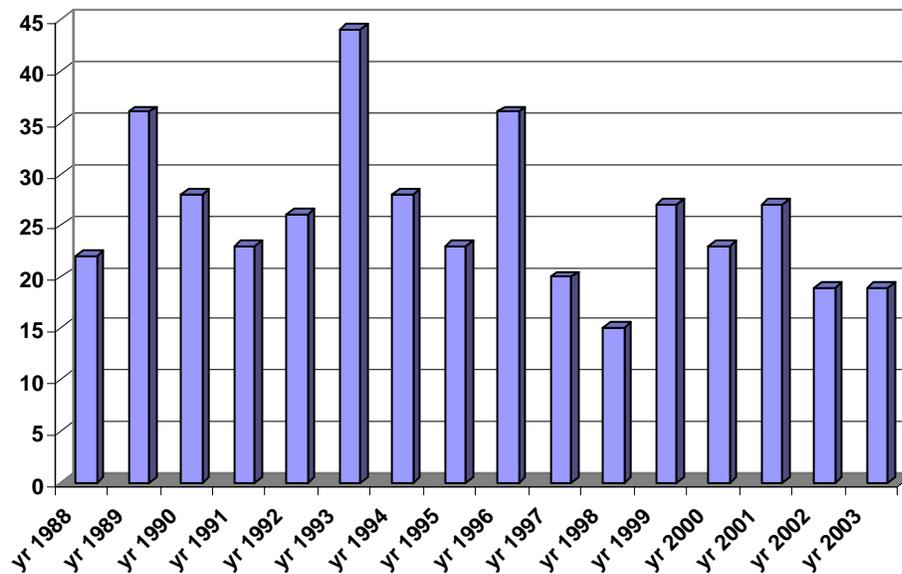


Figure 5

**TEEN SUICIDES**  
Years 1989 through 2003





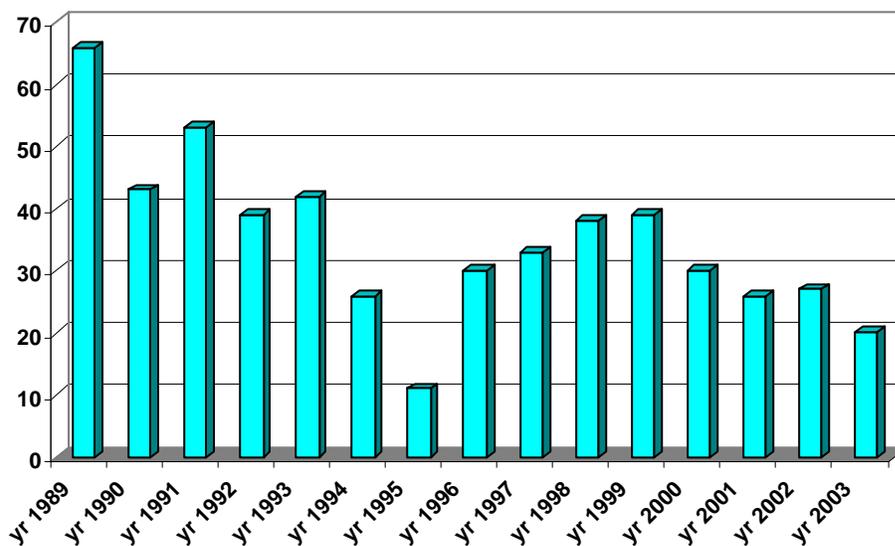
The Team has collected data on adolescent suicides since late 1987. Figure 5 illustrates the number of suicides referred to the Team over the past 15 years. In 2003, the Child Death Review Team reviewed 19 adolescent suicides. The age of adolescent suicides decreased through 1999 when the youngest reported suicide victim was 10 years old. However, in 2000, suicide victims were most often older teens, predominantly age 16 and 17 years; there were no 15-year olds, one 14-year old and one 13-year old.

In 2001, the age of suicide victims decreased significantly, and for the first time since ICAN began collecting these data, there was a 9-year old suicide victim. In 2002, the age of suicide victims increased; there were eight suicides among 17-year olds, five suicides among 16-year olds, and three suicides among 15-year olds. There were just three suicides under age 15 (one 12-year old and two 13-year olds).

In 2003, the age of suicide victims decreased slightly; there were six suicides among 17-year olds, three suicides among 16-year-olds, and five among 15-year olds. There were four suicides under age 15 (two 14-year-olds, one 13-year old and one 11-year old). Of these 18 suicides, twelve of the suicide victims were male and six were female. The most common method of suicide was by gunshot (n=7) and the second most common method by hanging (n=5). It should be noted that in 2000, a separate Child and Adolescent Suicide Review Team began to review suicide cases; it is the goal of the Child and Adolescent Suicide Review Team to provide each case with an in-depth multi-disciplinary review.

Figure 6

FETAL DEATHS  
Years 1989 through 2003





The Team has been receiving reports of fetal deaths since 1987. Figure 6 provides a summary of the number of fetal deaths received over the past 15 years. In 2003, 20 fetal deaths that met Team protocol were referred by the Coroner, a fairly significant decrease from the 27 reported in 2002. The number of fetal deaths referred to the Team fluctuates from year to year.

These deaths are predominantly due to intrauterine fetal demise, most frequently with a notation of maternal drug abuse and/or fetal tissues that were positive for drugs at the time of autopsy.

In 2003, fetal deaths associated with maternal drug abuse represented the third leading cause of accidental child death. Generally, a small number of fetal deaths, 2 to 4 per year, are ruled homicide; fetal homicides are most frequently the result of an assault against the mother. In 2003, no fetal homicides were reported to the Team.



**ICAN CHILD ABDUCTION TASK FORCE**  
**Reunification of Missing Children Program**

---

**SPECIAL REPORT**





## ICAN CHILD ABDUCTION TASK FORCE Reunification of Missing Children Program

Each year it is estimated that thousands of children are abducted by parents in Los Angeles County. In addition, numerous children are abducted each year by strangers. Thanks in part to local law enforcement, Los Angeles District Attorney Child Abduction Unit Investigators, the FBI and Department of Children and Family Services social workers, many of these children are recovered and reunified with their custodial or foster parents. While the trauma of abduction is obvious, reunification with the searching parent and family can present its own set of difficulties. In the case of parental abduction, allegations of child abuse, domestic violence and chronic substance abuse require skilled assessment by investigating agencies.

To study and work on these issues, ICAN formed the Child Abduction Task Force in July 1990. As a result of the Task Force's efforts, in September 1991, the Reunification of Missing Children Project was initiated. The initial Project encompassed an area in West Los Angeles consisting of LAPD's West Los Angeles and Pacific Divisions; LA County Sheriff's Marina Del Rey, Malibu/Lost Hills, West Hollywood and Lennox station areas; and the Culver City Police Department.

In September 1995, the Project was expanded countywide. The U.S. Department of Justice and the Office of Juvenile Justice and Delinquency Prevention made funding available for mental health services at two additional community mental health sites, the HELP Group in the San Fernando Valley and Plaza Community Services in East Los Angeles. Training was conducted for law enforcement agencies throughout the county, Department of Children and Family Services social workers, mental health therapists from the HELP Group and Plaza Community Services and District Attorney Victim Assistance staff to familiarize them with the Project and its benefits.

The expanded Project is currently referred to as the ICAN Child Abduction Task Force/ Reunification of Missing Children Program, and participants include: Find the Children, Los Angeles Police Department, Los Angeles Sheriff's Department, Didi Hirsch Community Mental Health Center, HELP Group, Prototypes, Los Angeles County Department of Children and Family Services, Los Angeles District Attorney Child Abduction Unit, Los Angeles Legal Aid Foundation, Los Angeles County Office of County Counsel, Mexican Consulate, United States Secret Service and FBI.

The Program's goal is to reduce trauma to children and families who are victims of parental or stranger abductions by providing an effective, coordinated multi-agency response to child abduction and reunification. Services provided by the Program include quick response by mental health staff to provide assessment and intervention, linkage with support services, and coordination of law enforcement, child protection and mental health support to preserve long term family stability.

The Task Force is coordinated by Find the Children. Find the Children places a strong emphasis on preventative education through community outreach programs such as the Elementary School and Parent Presentation Program. The goal of programs like these is to educate the public on the issue of child abduction and abuse and to present measures that should be taken to help ensure the safety of all children. These preventative-based programs are also intended to support the efforts of the Task Force.

In order to monitor and evaluate the progress of ongoing cases receiving services, Find the Children holds monthly meetings where all cases are reviewed. The Task Force participants provide expertise and assess each case for further action.



**Figure 1** below shows that in 2003, the program served 70 children in 50 cases as compared to the 60 children in 39 cases served in 2002. This is approximately a 28% increase in caseload and a 7% increase in the number of children from the previous year. One possible explanation for this increase in caseload may be attributed to the Program adding another mental health agency to provide services.

*Figure 1*

**NUMBER OF CASES/CHILDREN SERVED BY  
Reunification Program - 2002 vs. 2003**

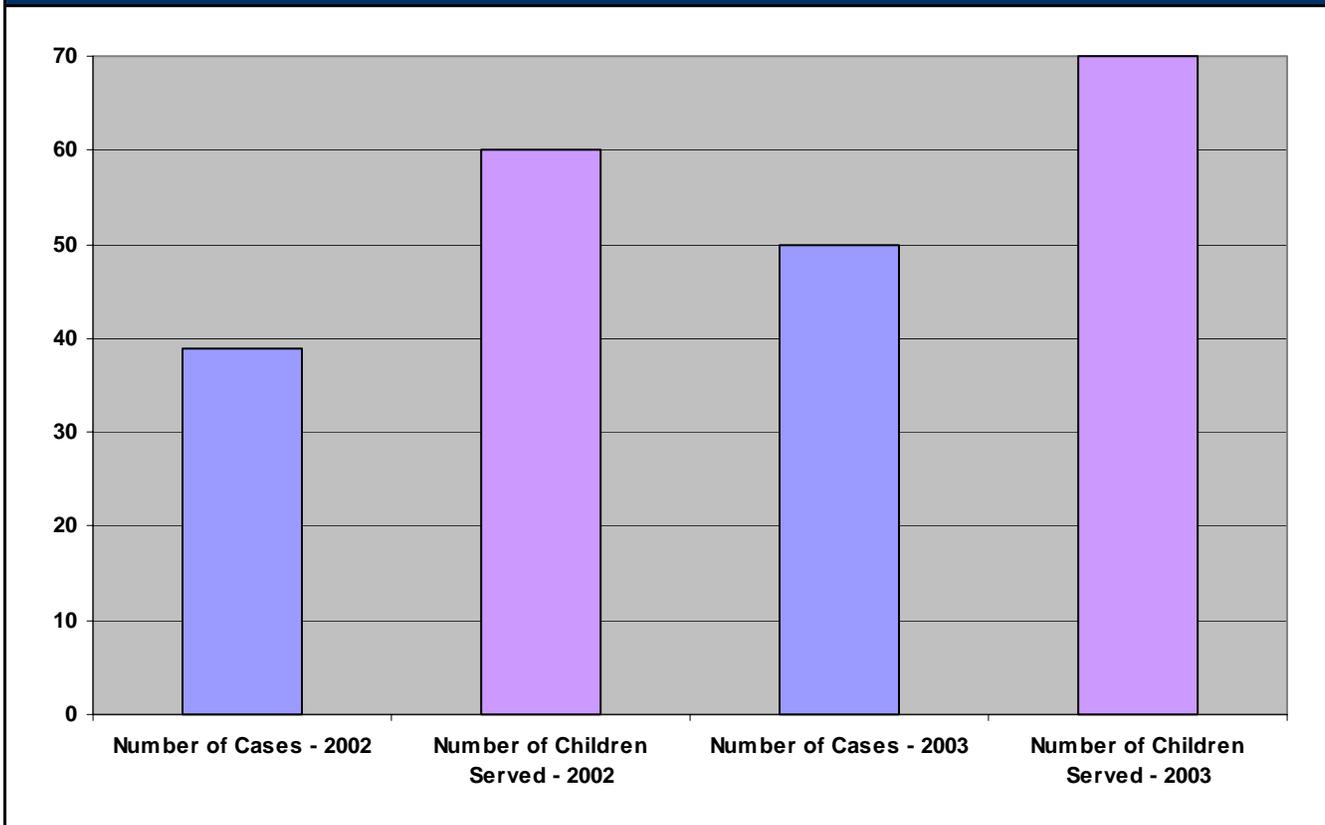
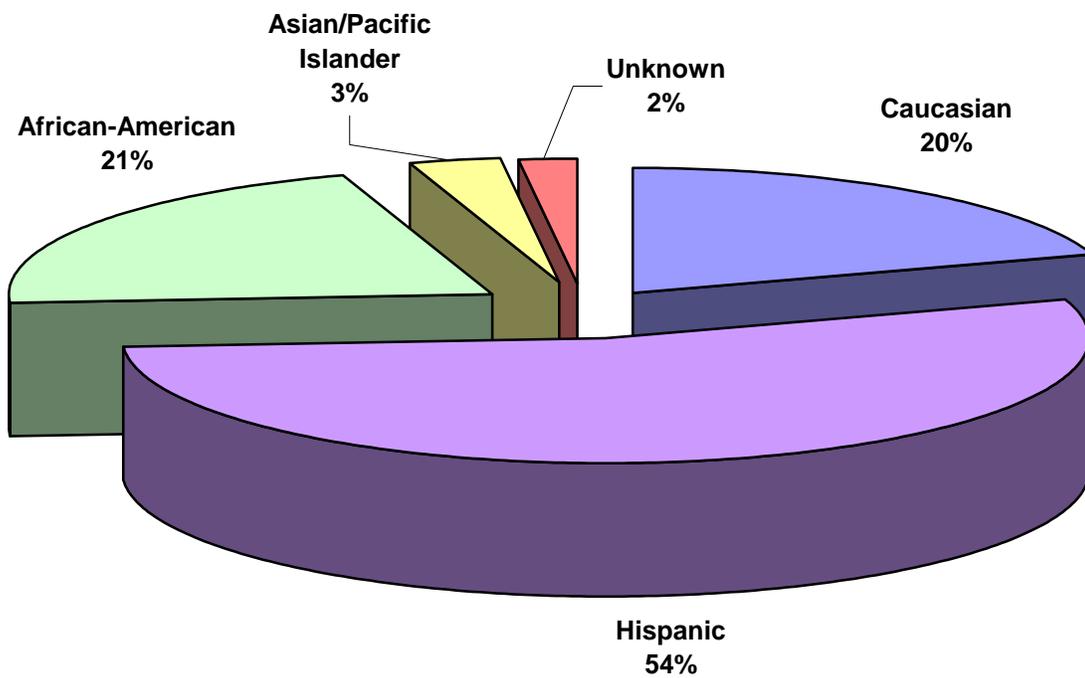




Figure 2 shows the ethnic breakdown for the 70 children served in calendar year 2003: 54% were Hispanic, 21% were African American, 20% were Caucasian and 3% were Asian/Pacific Islander (2% of the children did not have any race denoted).

Figure 2

ETHNIC BREAKDOWN OF CHILDREN SERVED - 2003





**Figure 3** shows the age range of the children served in calendar year 2003: 50% of the children served were age 5 or younger, 21% were age 6 to 10 and 29% were age 11 or older.

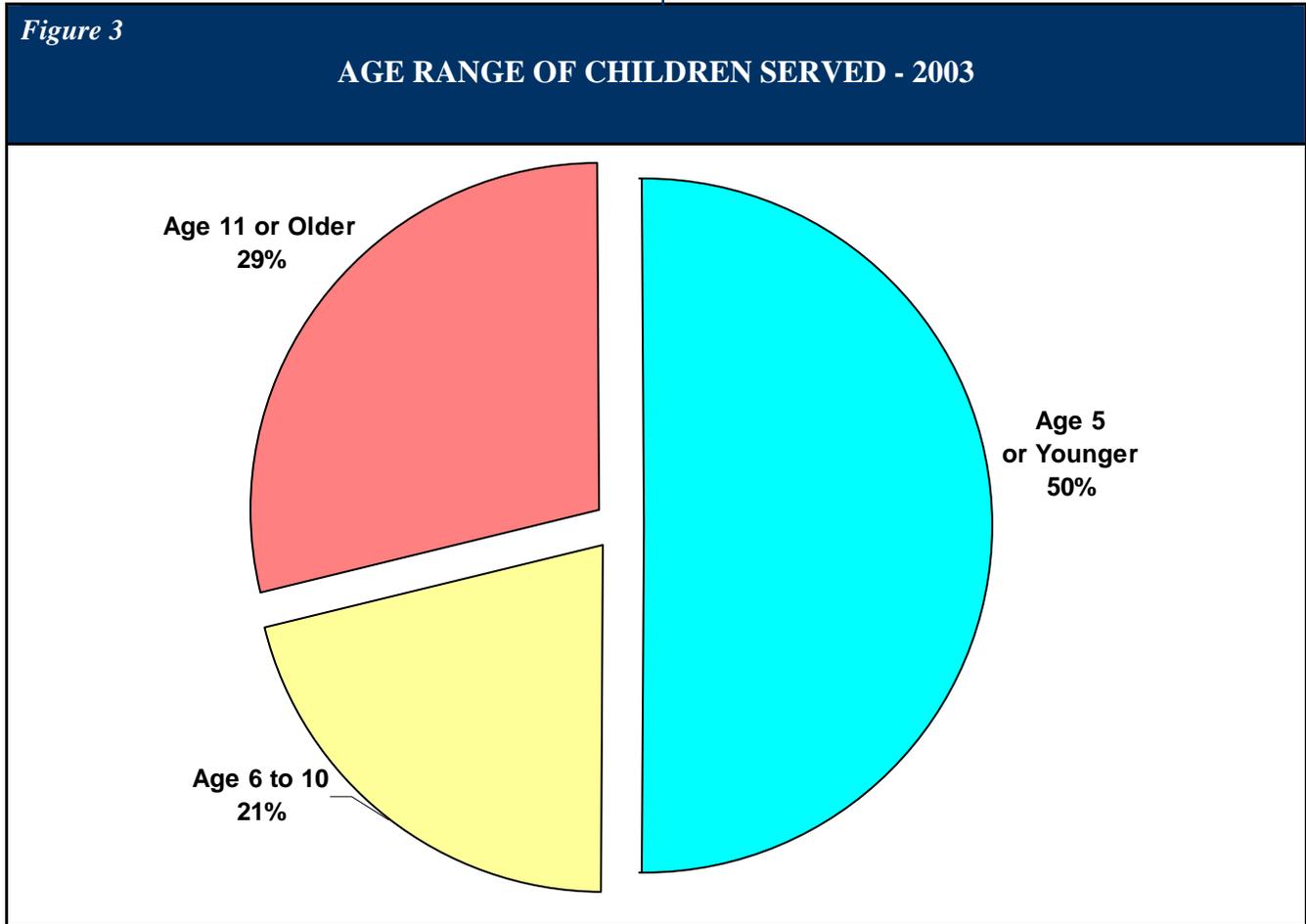
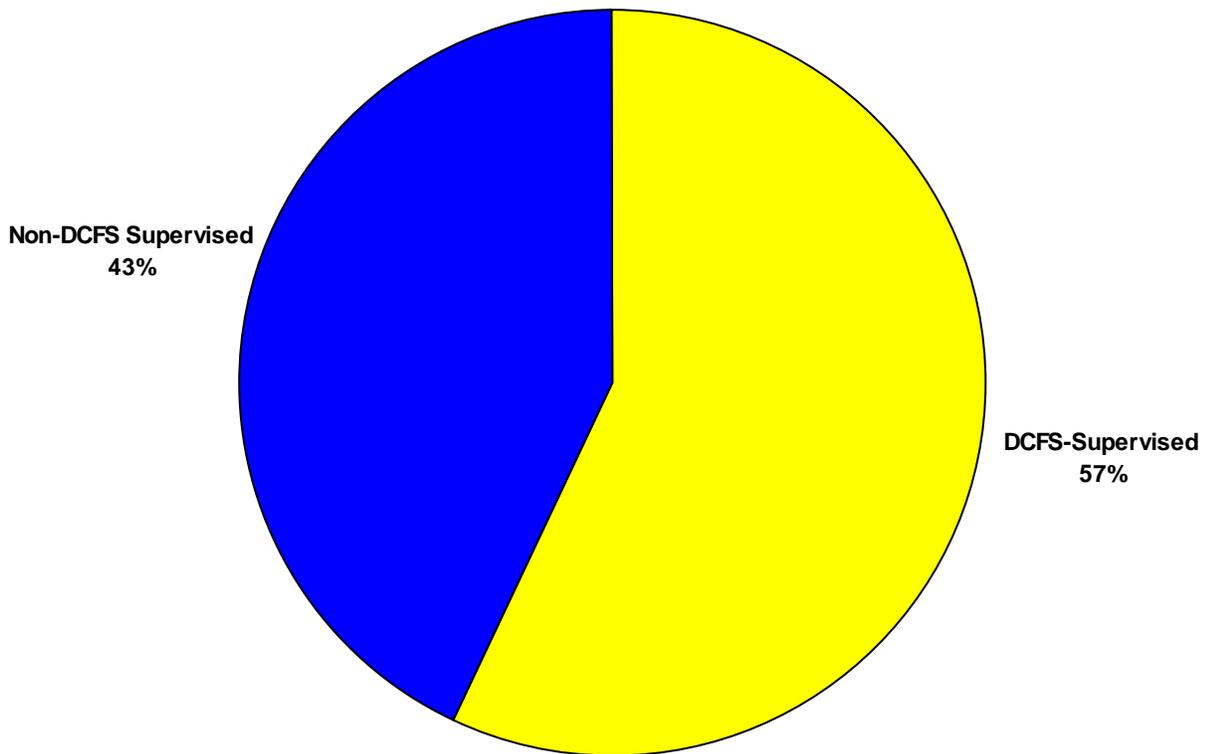




Figure 4 shows that of the children served, 57% were under the jurisdiction of the Department of Children and Family Services while 43% were not.

Figure 4

PERCENTAGE OF CHILDREN SERVED UNDER DCFS SUPERVISION - 2003

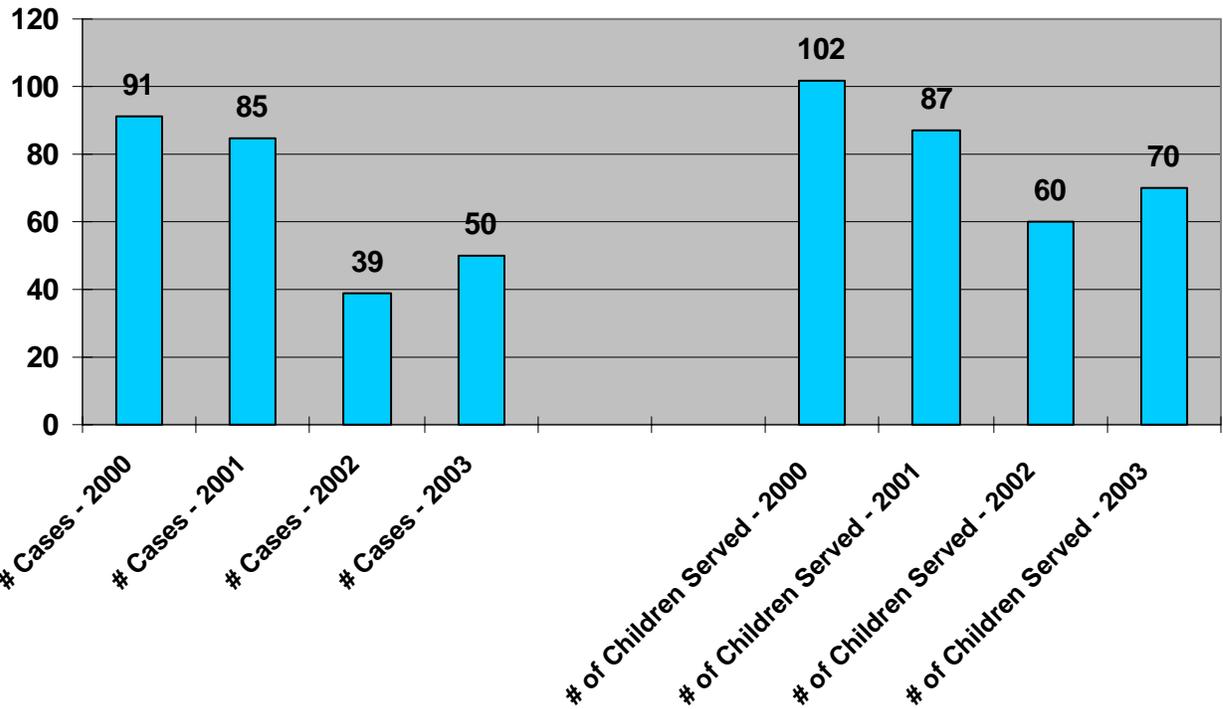




Finally, **Figure 5** reflects trend data on the number of cases and children served by the Reunification Program for calendar year 2000 through 2003.

Figure 5

**CASES/CHILDREN SERVED BY REUNIFICATION PROGRAM  
2000 through 2003**



**COMMUNITY CARE LICENSING**

---

**SPECIAL REPORT**





## CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION

### Abuse in Licensed Care

The California Department of Social Services' (CDSS) Community Care Licensing Division (CCLD) is a regulatory enforcement program. The ultimate responsibility of the program is to protect the health and safety of children and adults that reside or spend a portion of their time in out-of-home care.

The program can best be described by looking at the three distinct functions of a regulatory enforcement program:

### PREVENTION

Our first objective is to reduce predictable harm by screening out unqualified applicants through the application phase of the program. Examples are:

- Fingerprinting and obtaining criminal records of applicants and other individuals to provide some assurance that their contact with clients will not pose a risk to clients' health and safety.
- Obtaining fire clearances prior to licensure to ensure the facilities meet all necessary fire safety requirements.
- Obtaining health screening reports from physicians to verify that the applicant and facility personnel are in good health and physically, mentally and occupationally capable of performing assigned tasks.
- Obtaining a financial plan of operation and other financial information to determine if the facility has sufficient funds to meet ongoing operating costs.
- Conducting prelicensing visits to ensure that the facility is in compliance with CCLD laws and regulations and ready to begin operation.

The application serves as a contract or promise by the applicant that they understand and will operate their facility in compliance with licensing regulations found in the Health and Safety Code. It is important to remember that by agreeing to comply with regulations, the applicant is giving permission to do something **OTHERWISE PROHIBITED BY LAW** – they are given permission (issued a license) to operate an out-of-home care facility.

### COMPLIANCE

Once the application process is complete and a license is issued, the licensee has a vested right to operate the facility as long as the facility is operated in compliance with regulations as promised when the licensee signed the application. The compliance part of the regulatory enforcement program allows the State to visually inspect the operation to make sure that the operation is in compliance. A Licensing Program Analyst (LPA) completes the visual inspection. If the facility is out of compliance, the deficiency is noted and the operator or facility administrator and LPA agree on a plan of correction to correct the deficiency(ies). During the compliance phase of the process, the LPA is often involved in consultation to assist the operator in understanding how he/she can come into compliance and remain in compliance with regulations. The critical part of the compliance phase is to provide enough information and assistance to the licensee to enhance his/her ability to stay in compliance. If not, the safety of the clients in care is jeopardized and the third part of the program must be utilized.

### ENFORCEMENT

When a facility fails to protect the health and safety of people in care or has a chronic problem in meeting requirements, corrective actions must be taken by CCLD. This enforcement takes many forms, based on the severity of the violation. As a general statement, anytime a person is sexually



or physically abused by a licensee or there is insufficient supervision leading to client endangerment, the enforcement action will be closure of the facility. Other violations, unless chronic, will usually result in corrective action ranging in severity from plans of correction and civil penalties fines, to informal conferences. If still not corrected, revocation of the license is still a possibility. Enforcement is an essential component to any regulatory enforcement program and is only utilized when a licensee “fails to live up to” the promise he/she made when he/she signed the application – the promise to comply with regulations and the Health and Safety Code.

## ORGANIZATIONAL STRUCTURE

### Region Offices

CCLD maintains four Region Offices serving children in Los Angeles County:

- Los Angeles and Tri-Coastal Counties Children’s Residential Office
- Los Angeles Metro and Valley Children’s Residential Office
- Los Angeles East Child Care Office
- Los Angeles Northwest Child Care Office

Staff assigned to these offices monitor facilities for compliance with CCLD regulations by conducting group orientations for potential applicants; issuing or denying licenses; investigating complaints against facilities; initiating or recommending enforcement actions against facilities, including referrals or legal action; meeting with facility industry representatives, advocate groups, the general public, private organizations and government agencies to develop and promote close working relationships; and performing mandated on-site facility visits.

### Investigations

In Los Angeles County, CCLD maintains three investigation units located in the Statewide Children’s Residential Program Office, Culver City. These units are responsible for the more serious complaints in community care facilities for children and adults under the jurisdiction of CCLD. The units were reorganized in early 2003 and now report to a centralized Bureau of Investigations (BOI) in Sacramento. Together, the three units comprise the Los Angeles Investigation Section.

Supervising Special Investigators are responsible for planning; organizing and directing the units they are assigned.

BOI is linked with the Background Information Review Section (BIRS) and works closely with the Caregiver Background Check Bureau (CBCB).

### Central Operations Branch (COB)

COB is located in Sacramento with CCLD support bureaus. CBCB is part of COB and ensures clearances on individuals associated with facilities. The Administrative Support Bureau is a COB function for contracts and fiscal budgetary issues. In addition, COB also includes the following sections: Program Support for Administrator Certification, Trustline Registry, Program Automation and Policy/Audits.

### Legal Division

The Legal Division provides counsel to all programs administered by CDSS. The attorneys in the Legal Division provide consultation on administrative actions and problem facilities to both the Program and Region Offices throughout the State. The attorneys represent CDSS in hearings to revoke or deny licenses of community care facility operators.



## Licensure Categories

CCLD licenses facilities for adults and children who require out-of-home care. For the purposes of this report, only those categories which serve children are listed. CCLD routinely interfaces with placement agencies serving children in out-of-home facilities, including Los Angeles County Department of Children and Family Services, Probation or the State contracted Regional Centers.

## CHILDREN'S RESIDENTIAL PROGRAM

### Foster Family Homes

Foster Family Homes provide 24-hour care and supervision in a family setting in the licensee's family residence for no more than six children. Care is provided to children who are mentally disordered, developmentally disabled or physically handicapped, children who have been removed from their home because of neglect and or abuse, and children who require special health care needs and supervision as a result of such disabilities.

### Small Family Homes

Small Family Homes provide care 24-hours a day in the licensee's family residence for six or fewer children who are mentally disordered, developmentally disabled or physically handicapped and who require special care and supervision as a result of such disabilities.

### Group Homes

Group Homes are facilities of any capacity and provide 24-hour non-medical care and supervision to children in a structured environment. Group Homes provide social, psychological and behavioral programs for troubled youth.

### Adoption & Foster Family Agencies (Certified Foster Homes)

Adoption and Foster Family Agencies provide placement of children in certified Foster

Family Homes and assist families in the adoption process. Most foster family agencies have sub-offices to better serve communities.

### Community Treatment Facilities

Community Treatment Facilities provide mental health services to children in a group home setting. These homes have the capacity to provide secure containment for children and are subject to program standards developed and enforced by the State Department of Mental Health.

### Transitional Housing Placement Program

Transitional Housing Placement Program serves as a bridge to ensure foster youth (17 to 18 years old) are trained and have affordable housing arrangements to integrate into the community when emancipated from the foster care system.

## CHILD CARE PROGRAM

### Family Child Care Homes

Family Child Care Homes provide child care in the licensee's own homes for periods of less than 24 hours per day while the parents or guardians of the children are away. Family Child Care Homes either have a licensed capacity of six children or fourteen (an assistant is required for the larger homes that have a capacity of fourteen).

### Day Care Centers

Day Care Centers are facilities of any capacity in which less than a 24-hour per day non-medical care and supervision is provided for children in a group setting.

### Day Care Center for Mildly-Ill Children

Any facility of any capacity, other than a family child care home, in which less than 24-hour per day care and supervision are provided for children without life endangering illnesses in a group setting.



### **Infant Care Center**

Any facility or part of a facility where less than 24-hour per day, non-medical care and supervision are provided to infants in a group setting.

### **School Age Child Care Day Care Centers**

Any facility or part of a facility of any capacity where less than 24-hour, non-medical care and supervision are provided in a group setting to school-age children.

## **INVESTIGATIVE SERVICE REQUEST PRIORITY CRITERIA**

### **Priority I (Mandatory Referral)**

1. Complaints of sexual abuse that involve the penetration of the genitals, anus, or mouth of any persons involved (including, but not limited to rape, oral copulation, sodomy, use of a foreign object) when:
  - a. The victim is a client or the alleged sexual conduct poses a potential health and safety risk for clients.
  - b. The suspect may or may not be associated with the facility (for example: licensee, staff, relatives of licensee, unknown perpetrator).
  - c. The abuse is alleged to have occurred in the facility or while the client was under the care and supervision of the licensee/staff.
2. Complaints of physical abuse that involve acts resulting in great bodily injury such as broken bones, severe cuts, head injuries, burns, when:
  - a. The victim is a client or the alleged physical abuse poses a potential health and safety risk for clients.
  - b. The suspect may or may not be associated with the facility (for example: licensee, staff, relatives of licensee, unknown perpetrator).
  - c. The abuse is alleged to have occurred in the facility or while the client was under the care and supervision of the licensee/staff.

3. Complaints involving suspicious circumstances regarding the death of client, either in or out of the facility.
4. Complaints of lack of care and supervision which result in Priority I sexual or physical abuse to a client. Also included, but not limited to, stage three and four dermal ulcers, malnutrition, dehydration, hypothermia, etc.
5. Complaints of abuse that involve acts such as assault and/or battery that if successful, would result in death or great bodily injury (for example: licensee/staff firing a weapon at a client use of an object/weapon on a client that could inflict death or great bodily injury).
6. Complaints of unlicensed operation where a temporary suspension order is in effect or the license has been revoked. Complaints of unlicensed care that involve Priority I allegations such as, physical abuse, sexual abuse, death or lack of care.
7. Complaints of licensee, staff, others residing or present at the facility providing, using, selling or manufacturing drugs that may result in felony offenses (for example: methamphetamine, cocaine, heroin, psychedelics, LSD, PCP).

### **Priority II (Mandatory Referrals)**

1. Complaints of sexual abuse that involve sexual behavior (not penetration) such as voyeurism, masturbation, exhibitionism, exploitation, inappropriate sexual touching, and/or fondling, when:
  - a. The victim is a client or the alleged sexual conduct poses a potential health and safety risk for clients.
  - b. The suspect may or may not be associated with the facility (for example: licensee, staff, relative of licensee, unknown perpetrator).
  - c. The abuse is alleged to have occurred in the facility or while the client was under the care and supervision of the licensee/staff.



2. Complaints of physical abuse that involve acts resulting in minor injuries or bruises, when:
  - a. The victim is a client or the alleged physical abuse poses a potential health and safety risk for clients.
  - b. The suspect may or may not be associated with the facility (for example: licensee, staff, relatives of licensee, unknown perpetrator).
  - c. The abuse is alleged to have occurred in the facility or while the client was under the care and supervision of the licensee/staff.
3. Complaints of actions by a facility operator, the licensee, and a facility employee, volunteer, another client, or unidentified suspect that may result in felony offenses (for example: robbery, arson, grand theft, chemical restraint).
4. Complaints of unlicensed facilities where entry has been denied to CCLD staff. Complaints of unlicensed operation that involve Priority II allegations.
5. Complaints of licensee, staff, others residing or present in the facility using, or selling illegal drugs other than “felony” drugs (for example: marijuana, alcohol provided to minors).

**Priority III (Optional Referral)**

1. Complaints of physical abuse that involve acts such as assault and/or battery, shoving, pushing with no injuries or bruises.
2. Complaints of actions by a licensee, facility employee, volunteer, other clients, or unidentified suspect of misdemeanor offenses including, but are not limited to, neglect, or lack of supervision.

**Priority IV (Region Office Responsibility)**

1. Complaints of physical punishment/corporal punishment to clients defined as spanking (using the hand), lack of supervision that did not result in any abuse or injury, unsanitary conditions and other regulatory violations.
2. Includes complaints of client on client conduct that does not meet Priority I, II, or III criteria.

Figure 1 provides data on the total number of licensed facilities that provided out-of-home care for children in Los Angeles County at the end of calendar year 2003.

*Figure 1*  
**CCLD LICENSED FACILITIES  
 IN LOS ANGELES COUNTY AS OF 12/03**

Type of Facility	Total Capacity	Number of Facilities
Foster Family Home	7,469	3,064
Small Family Home	526	120
Group Home	4,172	367
Foster Family Agency (certified home)	2,190	72
Foster Family Sub-Agency	1,536	49
FFA Certified Home	0	4,637
Adoption Agency	0	20
Community Treatment Facility	64	2
Transitional Housing Placement	279	9
Family Child Care	111,082	11,488
Child Care Center	153,292	2,680
Child Care – III	18	2
Child Care – Infant	8,611	399
Child Care – School Age	33,301	618
<b>TOTAL</b>	<b>322,540</b>	<b>23,527</b>



Figure 2 provides data on high priority allegations throughout the state involving children’s facilities where an investigator either assisted the CCL Regional Office or fully investigated the allegation as part of a case. These allegations include, but are not exclusive to: abuse, neglect, personal rights, crimes and questionable deaths in 2003. Each allegation may not be a separate investigation case due to many cases with multiple allegations.

*Figure 2*

**ALLEGATIONS (OR ASSIGNMENTS TO ASSIST REGION OFFICES) BY COMMUNITY CARE LICENSING INVESTIGATORS IN 2003**

Type of Facility	Total
Foster Family Home	252
Small Family Home	16
Group Home	462
Foster Family Agency	256
Adoption Agency	1
Community Treatment & Transitional Housing Placement	N/A
Family Child Care	685
Child Care Center	227
Child Care Center - III	N/A
Child Care - Infant	34
Child Care - School Age	18
<b>TOTAL</b>	<b>1,951</b>

*\* Includes Sub Office/Certified Homes*

Figure 3 provides the number of legal cases received from Los Angeles County by the CDSS Legal Division with violations of abuse, neglect and death in 2003 (cases may have multiple violations).

*Figure 3*

**ABUSE/NEGLECT/DEATH VIOLATIONS RECEIVED IN 2003**

Type of Facility	Number of Cases Received
Foster Family Home	40
Small Family Home	5
Group Home	17
Foster Family Agency (includes Sub-Agency)	3
FFA Certified Home	40
Adoption Agency	1
Community Treatment Facility	0
Transitional Housing Placement	0
Family Child Care Home	37
Child Care Center	13
Child Care Center- III	0
Child Care Center - Infant	6
Child Care Center - School Age	5
<b>TOTAL</b>	<b>167</b>



Figure 4 provides the number of legal cases served in Los Angeles County by the CDSS Legal Division with violations of abuse, neglect or death in 2003 (cases may have multiple violations).

**Figure 4**  
**ABUSE/ NEGLECT/DEATH VIOLATIONS SERVED IN 2003**

Type of Facility	Number of Cases Received
Foster Family Home	46
Small Family Home	0
Group Home	11
Foster Family Agency (includes Sub-Agency)	3
FFA Certified Home	55
Adoption Agency	1
Community Treatment Facility	0
Transitional Housing Placement	0
Family Child Care Home	41
Child Care Center	8
Child Care Center - III	0
Child Care Center – Infant	3
Child Care Center - School Age	3
<b>TOTAL</b>	<b>171</b>

Figure 5 provides the number of legal cases closed in Los Angeles County by the CDSS Legal Division with violations of abuse, neglect or death 2003 (cases may have multiple violations).

Due to the complexity of the legal process, it is entirely possible that a case may be received and not served, served and not closed in the same year. There are a variety of circumstances that determine how quickly a legal case can be closed.

**Figure 5**  
**NUMBER OF CASES CLOSED BY THE CDSS LEGAL DIVISION WITH VIOLATIONS OF ABUSE, NEGLECT OR DEATH 2003**

Type of Facility	Total
Foster Family Home	39
Small Family Home	0
Group Home	9
Foster Family Agency (includes Sub-Agency)	3
FFA Certified Home	51
Adoption Agency	0
Community Treatment Facility	0
Transitional Housing Placement	0
Family Child Care	39
Child Care Center	11
Child Care Center - III	0
Child Care - Infant	4
Child Care - School Age	3
<b>TOTAL</b>	<b>159</b>



## SELECTED FINDINGS

CDSS' CCLD licensed 23,527 children's facilities in Los Angeles County with a total capacity of 322,540 as of December, 2003, compared to 22,707 facilities with 305,360 children as of December, 2002.

In 2003, the number of allegations referred to CCLD Investigations increased in Figure 2, especially for State licensed foster homes, group homes, family child care homes and child care centers. Among the types of facilities with a decrease in allegations referred were Foster Family Agencies. The legal data in Figures 3, 4 and 5 do not reflect significant changes from the revised data in 2002. There may be differences in allegation data collected in this year's Figure 2 due to the reorganization of investigation services and new data methods.

## RECOMMENDATIONS

CCLD collects and reports data of regulatory enforcement protecting children who receive care and supervision each year. The CCLD Bureau of Investigations (BOI) will continue to track allegations in 2004 and compare the data to the actual number of cases since cases often have multiple allegations. Figure 2 will reflect that comparison in next year's report.

The CCLD report will continue to collect investigation and legal data to assess the agency's enforcement function in 2004.

CCLD will highlight trends over two years in next year's report after providing one more year of consistent data.

## DOUGLAS HARVEY

Doug has been a Supervising Special Investigator with CCLD since 1993, serving on the ICAN Child Death Review Team each year. He is also a Licensed Clinical Social Worker with over 20 years experience working with abused children and adults.



## GLOSSARY OF TERMS

**Administrative Action:** Legal action by the California Department of Social Services concerning a license and/or persons authorized to provide care & supervision.

**Caregiver:** Licensee/staff/employee providing care & supervision.

**Deaths (to be investigated):** Death of a client, from unknown causes, or due to licensee, employee, or others contributing to the client's death.

**Findings:** Investigations conclude with one of the three below:

Substantiated – the allegation is valid because of the preponderance of evidence.

Inconclusive – the allegation may be valid but there is not a preponderance of evidence.

Unfounded – the allegation is false, could not have happened, and/or is without a reasonable basis.

**Investigators:** Peace Officers of the California Department of Social Services, Penal Code 830.3(h).

**LPA:** Licensing Program Analysts assigned to monitor facilities in designated jurisdictions of community care licensing.

**Licensee:** Person or organization granted a community care license.

**Out of Home Care:** Non-medical Care & Supervision provided under the jurisdiction of the Health & Safety Code involving the Community Care Licensing Division.

**Physical Abuse:** A physical injury which is inflicted by other than accidental means. Includes acts of physical abuse done at the direction of the licensee, a facility employee and/or unknown suspect resulting in serious injuries.

**Sexual Abuse:** An activity performed for the sexual gratification of one of the parties involved when one is a victim or in a position of trust. (For example: rape, unlawful sexual intercourse, oral copulation, sodomy, voyeurism, masturbation, exhibitionism, bondage, pornography, and child molestation.

**Unlicensed Facility:** Care & Supervision is provided or necessary for persons receiving care without the required license when the facility is not exempt from licensure under law.



# **CHILD ABUSE AND DEVELOPMENTAL DISABILITIES**

---

## **SPECIAL REPORT**





This report utilizes data obtained by the State Department of Justice (DOJ) during calendar year 2003. It includes data from 1991 through 2003 for comparison purposes. The data set used has this caveat; "This data reflects all 2003 child abuse investigation reports received by the Department of Justice from January 1, 2003 to December 31, 2003. There is a caveat, that the number of reports may not reflect the number of victims, as there may be multiple victimization categories into which a child may fall."

The data used is collected from the mandatory reports submitted on the Child Abuse Investigator's Report form (SS8583- Rev 3/91). This form asks if the suspected abuse victim has a developmental disability, as defined by California State law (WIC 4500 et seq.) It should be noted that DOJ might not receive all Child Abuse reports, although procedures are in place for this to occur, problems remain.

In this report the terms "developmental disabilities" and "disabilities" are used when referring to DOJ data. The only information requested on the form includes victims who have developmental disabilities. (Please refer to the report from the Department of Justice to ICAN 1995 for further discussion on the source of their data.)

California Law identifies a person as having a developmental disability as follows:

*"Developmental disability means a disability which originates before an individual attains age 18, continues, or can be expected to continue indefinitely, and constitutes a substantial handicap for such individual...this term shall include mental retardation, cerebral palsy, epilepsy, autism...and [other] handicapping conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, but shall not include other handicapping conditions that are solely physical in nature." (WIC Sec. 4512 Div 4.5).*

The Problem: Children and adults with disabilities are known to be highly vulnerable to abuse and neglect and statistics estimate that the abuse rates are much higher than generic children. Sexual abuse has been estimated to occur in this population of children with developmental disabilities at rates approximately 7 times that of the generic population.<sup>1</sup> Physical and emotional abuse is also estimated to be grossly over-represented.

In a report published by the National Academy Press in May 2001, the results of an extensive research project led by Patricia Sullivan and others at Boystown in Omaha, Nebraska were described. This included their findings that children with disabilities were victims of abuse at rates 3.4 times that of generic children, and were four times more likely than generic children to be victims of neglect. (P19)<sup>2</sup>

The study completed by the National Center on Child Abuse and Neglect<sup>3</sup> (NCCAN) reviewed child abuse reports from 1991 from 36 CPS agencies across the country and found an overall representation of abused children with disabilities to be approximately twice that of children without disabilities (depending on type of abuse). The overall rate of abuse was 1.7 times that of the general child population.<sup>4</sup> NCAAN is a subsidiary of the Department of Health and Human Services and has since been renamed as OCAN, the Office of Child Abuse and Neglect.

Abuse and neglect are known to cause disabilities. Recent research indicates that 25% of all persons with developmental disabilities acquired the disability as a direct result of child abuse.<sup>5</sup> Severe neglect alone leaves more than 50% of its survivors with permanent disabilities, primarily brain damage. Nationally, approximately 18,000 children become disabled each year as a direct result of abuse.<sup>6</sup>

Since 1991 there has been no national data collection system, effort, or research on the incidence of maltreatment of children with disabilities. The collection of data by the



Department of Justice used for this report is the only statewide data collection system.

## **PURPOSE OF THIS REPORT**

The purpose of this report is to present the data from the Child Abuse Investigator's Report Forms for 2003, and compare the data to the findings of the previous years, focusing on Los Angeles County. In addition to Los Angeles County, the Counties of San Diego, Orange and Ventura, which are comparable in population and are geographically close, are examined. Further, information from additional counties is reported for significant data that may have emanated from their districts. This year 27 counties (46%) reported, compared to last year when 29 of the 58 counties (50%) in California filed reports of children with disabilities. These idiosyncratic fluctuations are reflected, it appears, in the actual data. *With less than half of the counties documenting abuse of children with disabilities, our information base is obviously lacking.* While the State continues to work towards enhanced data collection, we work with the data that has been provided. Why this year fewer counties are reporting children with developmental disabilities as child abuse victims remains to be explored and improved.

## **FINDINGS**

### **Statewide Comparison of Total Abuse Reports and Reports on Children with Developmental disabilities 1991-2002 (Table 1)**

Comparing the total number of child abuse reports for children with and without disabilities, the reports for children with disabilities decreased significantly while the number of reports for generic children only decreased by about 8%. The data this year continues a decrease in reports from 2000. Although generic reports began a decrease in 1994 then increased in 1999 then again decreased yearly, the reports for children with developmental disabilities continued its decline from 1997. There

is no explanation for the disparity in these numbers, as there has not been a significant decrease in the proportion of children with disabilities in the population, but rather an increase.

The data do not reflect the hoped for increase in reports that may have occurred as a result of increased awareness of reporting responsibilities as a result of training programs that have proliferated during the past two years.

---

<sup>1</sup> "Sexual Abuse of Children with Disabilities", Baladerian, N., Journal of Sexual Abuse, 1993.

<sup>2</sup> Crime Victims with Disabilities, National Research Council, May 2001

<sup>3</sup> National Incidence Study on Maltreatment of Children with Disabilities by Westat, 1991. available from DHSS, NCCAN, Washington, D.C.

<sup>4</sup> "Summary of Findings of NCCAN Study on Maltreatment of Children with Disabilities", Baladerian, N., 1993. Available from SPECTRUM INSTITUTE.

<sup>5</sup> "Abuse Causes Disability" Monograph by Baladerian, N. June 1991. Available from SPECTRUM INSTITUTE.

<sup>6</sup> U.S. Advisory Board on Child Abuse and Neglect, 1995 Report. Available from DHHS, NCCAN, National Clearinghouse.



**CALIFORNIA DEPARTMENT OF JUSTICE**  
**Comparison of Total Child Abuse Reports  
with Reports on Children with Developmental  
Disabilities Statewide 1991-2003**

Year	Total # Abuse Reports	Abuse Reports for Children with Developmental Disabilities
1991	54,128	350
1992	58,653	363
1993	57,063	240
1994	56,583	333
1995	48,316	423
1996	47,819	636
1997	42,831	416
1998	40,664	186
1999	43,639	175
2000	40,728	163
2001	36,169	135
2002	32,169	138
2003	25,674	79

**2003 STATEWIDE COMPILATION  
OF REPORTS OF CHILDREN WITH  
DEVELOPMENTAL DISABILITIES (Table 2)**

Last year the majority of reports were for children under 11 years of age. This year fully 54% are over 12 with 30% between 6-11 years of age. Reporting peaks at age cohort 15-17. A dramatic shift from last year's age group of 9-11. This represents a shift from prior years, but as the numbers are still so small, it is difficult to make a solid interpretation of these data. In total only 79 reports were filed statewide. With nearly 60% of all child abuse reports for children 11 years of age or younger last year and only 36% this year, there are many questions that arise regarding the reporting or safety of these younger children.

*Physical abuse* is the most frequently reported type of abuse (53%). Most cases are

reported at ages 6-8 followed by ages 12-14 and 9-11, the same pattern as last year. More cases of physical abuse are reported during the child's school years (over 6 years of age) than prior to entering school. Altogether, 92% of reports occur between the ages of 6 to 14. This may be due to improved reporting from the schools, yet the sources for the reports remains unstudied. This reflects an increase from prior years, and signals a need for attention to this problem for this age group.

*Sexual abuse* reports (45% of all reports) are next in frequency after physical abuse. Reports are highest for ages 15-17 (43%) followed by the children aged 12-14 (34%). Two reports were made for children 5 and under.

*Mental abuse* reporting was next in reporting frequency, representing 5% of all reports. Statewide only 5 reports were made compared to 18 reports last year. Meaningful inferences cannot be made with such small numbers. Interestingly, 40% were in the 9-11 year age group, similar to the 54% last year. Thus it appears that this is the most vulnerable to mental abuse over the 2 years.

*Severe neglect* is least frequently reported (2% this year, 6% last year). Statewide, as with mental abuse, present data shows that all neglected children with disabilities are between 0-8 (100%).



*Table 2*

**CALIFORNIA DEPARTMENT OF JUSTICE 2002 STATEWIDE  
CHILD ABUSE REPORTS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES:  
Raw Data and Percentages by Type of Abuse  
and Age of Child & Percentages within each Abuse Type**

Child Age	Total Reports N	%	Physical			Mental			Severe Neglect			Sexual		
			N	% of TTL	% of PA	N	% of TTL	% of MA	N	% of TTL	% of SN	N	% of TTL	% of SA
0-2	2	3	2	3	5	0	0	0	1	1	50	0	0	0
3-5	4	5	1	5	3	0	0	0	0	0	0	2	3	5
6-8	15	19	11	16	30	1	1	20	1	1	50	3	4	9
9-11	15	19	9	11	24	2	2	40	0	0	0	3	4	9
12-14	20	25	7	13	19	1	1	20	0	0	0	12	15	34
15-17	23	29	7	5	19	1	1	20	0	0	0	15	19	43
<b>TOTAL</b>	<b>79</b>	<b>3</b>	<b>37</b>		<b>100</b>	<b>5</b>		<b>100</b>	<b>2</b>		<b>100</b>	<b>35</b>		<b>100</b>
<b>Percentages</b>	<b>100%</b>		<b>53</b>			<b>5</b>			<b>2</b>			<b>45</b>		

*Table 3*

**CHILD ABUSE AND CHILDREN WITH DISABILITIES:  
Comparing Total Abuse Reports and Reports on Children  
with Disabilities By Selected Counties**

	LOS ANGELES COUNTY		ORANGE COUNTY		SAN DIEGO COUNTY		SACRAMENTO COUNTY		SAN BERNARDINO COUNTY	
1991	10,939	84	7,809	23	6,936	15				
1992	12,300	83	8,343	44	6,614	10				
1993	12,647	62	8,252	15	8,075	5				
1994	12,479	86	9,370	45	7,464	5	2,877	36	3,694	30
1995	11,614	113	7,894	24	6,055	2		36		38
1996	10,962	179	7,612	51	7,366	11				
1997	9,905	118	7,819	46	5,165	12	2,559	44	2,431	25
1998	8,049	54	7,134	7	7,734	11	2,276	11	1,975	13
1999	8,100	59	7,299	7	8,404	7	2,322	6	2,279	15
2000	6,146	40	7,864	2	6,167	6	2,746	6	2,449	21
2001	5,399	33	6,842	2	5,221	8	2,409	9	2,370	11
2002	5,507	32	4,707	1	4,824	5	2,357	7	2,214	21
2003		<b>79</b>		<b>1</b>		<b>2</b>		<b>5</b>		<b>7</b>



### **COMPARING COUNTY WITH STATEWIDE FINDINGS- 2003 (Tables 3, 4 and 5)**

**Table 3** provides comparative data of all generic abuse reports and those for children with disabilities for the **five counties** of Los Angeles, Orange, San Diego, Sacramento and San Bernardino from 1991 to 2003. Each county has a different reporting pattern over the years including idiosyncratic fluctuations.

This year all Counties show a decrease from last year, while San Bernardino county had the greatest decrease from 21 last year, to only 7 this year. Los Angeles reported a 56% decrease from 32 last year to only 18 this year. Decreases are minor in the other counties but so are their reported numbers of child abuse cases involving children with disabilities.

Only Los Angeles and San Bernardino reported 7 or more cases. Sacramento follows with 5 cases. Only 2 reported 7 or more cases. This year only 2 counties reported abuse of children in the 0-2 year age group compared to four last year and 8 in 1997. Statewide, only 2 cases were reported in this age group and 4 cases between 3-5 years of age, making 6 total cases reported for the State under age 5.

**NOTE:** This data is extremely disappointing as well as surprising considering the growing interest and activity in improving data collection and reporting systems in general. The small numbers is not mirrored in the reports for generic children, and may indicate that data collection and output systems changes must be made, if Los Angeles and the State of California wish to demonstrate an interest in attending to the needs of these children. In contrast, increased attention to the very young children as a result of the efforts of the Child Death Review Team has caused a surge in information about their deaths as well as data on the number and ages of children murdered through abuse. The Child Death Review Team Data reports, and the U.S. Advisory Board on Child Abuse and Neglect report of 1995 both indicate that the majority of fatal child abuse

occurs before the age of 2 years. The increase for this age range may reflect increased awareness, and pending inclusion of children with disabilities in Child Death Review Team agendas, information on their status may be improved from this perspective and activity. The fact that only 18 reports on children with disabilities under age 5 were made again this year may signal a need for additional training in data documentation or a revamping of the data collection or management system or program.

### **STATE NUMBERS**

After Los Angeles, San Bernardino then Humboldt and Sacramento report the most child abuse cases overall (**Table 4**). Total numbers of reports from these counties are lower by more than nearly 1/3 of Los Angeles. But it appears the comparative numbers differ substantially, in that of 5,507 cases, Los Angeles reports 32 as having a disability, while of only 1,376, Riverside reports 10, reflecting a higher reporting rate, which is also true for the other counties particularly San Bernardino, reporting 21 cases out of their 2,214 total cases reported.

### **LOS ANGELES COUNTY (TABLES 5 AND 6)**

The total number of children reported continued its downward trend from 32 last year, 33 the year before to 18 this year, compared to 40 in 2000, 59 in 1999 and 118 reports made in 1997. What could be causing the steady and significant decline in reports? From 1997 there are 85% fewer reports in the year 2003. There has not been a reduction of 85% in overall abuse reporting. Children with developmental disabilities in all age categories were identified as victims of abuse.



Table 4

**HIGHEST NUMBER AND RANKING OF CHILD ABUSE REPORTS  
BY COUNTY, AGE AND TYPE OF ABUSE OF CHILDREN WITH DISABILITIES  
for the 12 Counties Reporting 3 or More Cases (Ranked by number of reports)**

	Total Cases Generic	Total Cases with Disabilities	Largest Category by Age	Predominant Type of Abuse	Rank in State by Number of All Reports	Ranking on # of Reports Children with Disabilities
Los Angeles	6,934	18	15-17	Sexual	1	1
San Bernardino	1,912	7	12-17	Physical/Sexual	5	2
Humboldt		5	12-17	Physical		3
Sacramento	2,936	5	12-17	Sexual	4	3
Sonoma		4	6-8	Physical		4
Ventura		4	15-17	Sexual		4
Alameda		3	9-11	Sexual	7	5
Placer		3	12-14	Physical		5
Riverside		3	6-14	Physical	6	5
San Mateo		3	9-11	Physical		5
Santa Clara		3	15-17	Sexual	9	5
San Diego		2	12-14	Physical	2	6
Orange		1	15-17	Physical		7
Los Angeles	6,934	18	15-17	Sexual	1	1

*Note: Orange and San Diego are mentioned only due to being contiguous to Riverside County.*

Statewide, the relative percentages of abuse types did not change significantly from last year with a decrease in reported sexual assaults and corresponding increases in mental abuse and severe neglect reports.

	Physical Abuse	Mental Abuse	Severe Neglect	Sexual Abuse
1996	60	6	7	27
1997	64	2	8	26
1998	54	5	4	37
1999	44	12	6	38
2000	60	12.5	2.5	25
2001	43	10	5	42
2002	43	13	7	37
2003	47	6	3	44



*Table 5a*

**CALIFORNIA DEPARTMENT OF JUSTICE: CHILD ABUSE REPORTS ON CHILDREN  
WITH DEVELOPMENTAL DISABILITIES IN LOS ANGELES COUNTY**

**1994-2003 Total Reports**

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
<b>0-2 years</b>	4	2	10	5	4	4	1	0	4	0
<b>3-5 years</b>	13	17	29	16	4	3	3	4	1	1
<b>6-8 years</b>	26	24	40	21	15	16	21	8	7	5
<b>9-11 years</b>	15	24	49	20	10	13	9	11	5	3
<b>12-14 years</b>	17	25	28	26	6	16	2	6	8	3
<b>15-17 years</b>	11	21	23	30	15	7	4	4	7	6
<b>Unknown</b>				2						
<b>TOTAL</b>	<b>86</b>	<b>113</b>	<b>179</b>	<b>118</b>	<b>54</b>	<b>59</b>	<b>40</b>	<b>33</b>	<b>32</b>	<b>18</b>

*Table 5b*

**CALIFORNIA DEPARTMENT OF JUSTICE: CHILD ABUSE REPORTS ON CHILDREN  
WITH DEVELOPMENTAL DISABILITIES IN LOS ANGELES COUNTY**

**1994-2003 Physical Abuse Reports**

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
<b>0-2 years</b>	2	1	5	4	4	4	0	0	3	0
<b>3-5 years</b>	7	10	18	7	1	1	2	2	1	0
<b>6-8 years</b>	15	19	27	13	10	10	13	3	6	4
<b>9-11 years</b>	8	20	33	10	5	9	6	6	3	1
<b>12-14 years</b>	9	10	14	19	2	6	2	3	6	0
<b>15-17 years</b>	4	14	10	22	8	2	1	2	7	1
<b>TOTAL</b>	<b>45</b>	<b>74</b>	<b>107</b>	<b>75</b>	<b>30</b>	<b>32</b>	<b>24</b>	<b>16</b>	<b>19</b>	<b>6</b>

*Table 5c*

**CALIFORNIA DEPARTMENT OF JUSTICE: CHILD ABUSE REPORTS ON CHILDREN  
WITH DEVELOPMENTAL DISABILITIES IN LOS ANGELES COUNTY**

**1994-2003 Mental Abuse Reports**

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
<b>0-2 years</b>	0	0	0	0	0	0	0	0	0	0
<b>3-5 years</b>	0	2	2	0	0	0	1	2	0	0
<b>6-8 years</b>	2	0	1	1	1	2	3	0	0	0
<b>9-11 years</b>	0	0	3	0	0	1	0	1	0	1
<b>12-14 years</b>	0	0	1	0	0	5	0	0	1	1
<b>15-17 years</b>	0	1	3	1	0	2	1	1	1	0
<b>TOTAL</b>	<b>2</b>	<b>3</b>	<b>10</b>	<b>2</b>	<b>1</b>	<b>10</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>2</b>



*Table 5d*

**CALIFORNIA DEPARTMENT OF JUSTICE: CHILD ABUSE REPORTS ON CHILDREN  
WITH DEVELOPMENTAL DISABILITIES IN LOS ANGELES COUNTY  
1994-2003 Neglect Reports**

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
<b>0-2 years</b>	2	1	4	1	0	0	1	0	1	0
<b>3-5 years</b>	3	1	2	3	1	0	0	0	0	0
<b>6-8 years</b>	1	1	3	3	0	0	0	0	0	0
<b>9-11 years</b>	0	0	5	1	1	1	0	0	0	0
<b>12-14 years</b>	0	1	0	1	0	0	0	0	0	0
<b>15-17 years</b>	1	2	0	1	1	0	0	0	0	0
<b>TOTAL</b>	<b>7</b>	<b>6</b>	<b>14</b>	<b>10</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>

*Table 5e*

**CALIFORNIA DEPARTMENT OF JUSTICE: CHILD ABUSE REPORTS ON CHILDREN  
WITH DEVELOPMENTAL DISABILITIES IN LOS ANGELES COUNTY  
1994-2003 Sexual Abuse Reports**

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
<b>0-2 years</b>	0	0	1	0	0	0	0	0	0	0
<b>3-5 years</b>	3	4	7	6	2	2	0	0	0	1
<b>6-8 years</b>	8	4	9	4	4	4	5	5	1	1
<b>9-11 years</b>	7	4	8	9	4	2	3	4	2	1
<b>12-14 years</b>	8	14	13	6	4	5	0	3	1	2
<b>15-17 years</b>	6	4	10	6	6	3	2	1	6	5
<b>TOTAL</b>	<b>32</b>	<b>30</b>	<b>48</b>	<b>31</b>	<b>20</b>	<b>16</b>	<b>10</b>	<b>13</b>	<b>13</b>	<b>10</b>

**COUNTIES REPORTING ABUSE OF CHILDREN WITH DEVELOPMENTAL DISABILITIES  
in the 0-2 Year Age Group by type of Abuse - 2003**

County	Total	Physical	Mental	Neglect	Sexual Abuse
<b>Modoc</b>	1	1			
<b>Placer</b>	1	1			
<b>TOTAL</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



The largest percentage of children (33%) reported for abuse was in the 15-17 year age category (**Table 6**), and 17% were each represented for age cohorts 9-11 years old and 12-14. This year the reports are clearly skewed into the older age groups. Only 5% are under age 5, while 50% are over 12.

The largest numbers of reports were for *sexual abuse* (56%). Of these, children ages 12-17 represent 38% of the sexual abuse cases. No cases of physical abuse were reported for victims between the ages of 15-17 years. All together, 31% were under age 8, and 47 between 6 and 14.

*Physical abuse* accounts for 33 percent of all reports. This represented reporting peaks at the age category of 6-8 (22%). There are no reports of physical abuse in the age grouping including 0-5 years.

Reports of *mental abuse* represents 11% of the cases. All reported cases are for children between 9-14 years of age. It seems unlikely that these few reports are a true reflection of the amount of mental suffering inflicted upon children with disabilities. Reports for *severe neglect* represents 0% of the cases.

**CONTIGUOUS OR COMPARABLE  
COUNTY COMPARISONS (Table 7)**

This table is presented to provide the reader with a quick view of the raw data for each of the 11 top reporting counties (plus Orange) by age and type of abuse. Including the top 11 counties, there is a total of 5 reports of mental abuse. There are only 2 reported cases of Severe Neglect for children with disabilities as compared to 8 last year.

*Table 6*

**LOS ANGELES COUNTY CHILD ABUSE  
REPORTS ON CHILDREN WITH  
DEVELOPMENTAL DISABILITIES  
By Percentages By Age and  
Type of Abuse for 2002**

Age Group	Physical Abuse	Mental Abuse	Severe Neglect	Sexual Abuse	Total
0-2	0				
3-5	0			6	5
6-8	22			6	28
9-11	5.5	5.5		6	17
12-14	0	5.5		11	17
15-17	5.5	0		27	33
<b>TOTAL</b>	<b>33.0</b>	<b>11.0</b>	<b>0</b>	<b>56</b>	<b>100</b>

**LOS ANGELES COUNTY  
TOTAL NUMBER OF REPORTS  
By Age and Type of Abuse for 2002**

Age	Total	Physical	Mental	Neglect	Sexual
0-2	0				
3-5	1				1
6-8	5	4			1
9-11	3	1	1		1
12-14	3		1		2
15-17	6	1			5
<b>TOTAL</b>	<b>18</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>10</b>



*Table 7*

**2002 COMPARATIVE CHART OF ABUSE BY AGE AND TYPE**

	LOS ANGELES - 1					SAN BERNARDINO - 2					SACRAMENTO - 3					SONOMA - 4					
	HUMBOLDT - 3					ALAMEDA - 5					VENTURA - 4					RIVERSIDE - 5					
	PA	MA	SN	SA	T	PA	MA	SN	SA	T	PA	MA	SN	SA	T	PA	MA	SN	SA	T	
0-2																					
3-5																					
6-8									1	1				1	1	1					1
9-11	1				1	1			1	2						1					1
12-14	1			1	2											1					1
15-17	1	1			2						1			2	3						
TTL	3	1		1	5	1			2	3	1			3	4	3					3

PA=Physical Abuse MA=Mental Abuse SN=Severe Neglect SA=Sexual Abuse

**2002 COMPARATIVE CHART OF ABUSE BY AGE AND TYPE**

2002	PLACER - 5					SAN MATEO - 5					SANTA CLARA - 5				
	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL
0-2	1				1										
6-8											1				1
9-11						2				2					
12-14	1			1	2										
15-17									1	1				2	2
TOTAL	2			1	3	2			1	3	1			2	3

**COMPARISON OF GENERIC REPORTS BY TYPE OF ABUSE  
FOR THE STATE AND 6 SELECTED SOUTHERN CALIFORNIA COUNTIES - 2002**

2002	TOTAL REPORTS of Child Abuse	Physical Abuse	Mental Abuse	Severe Neglect	Sexual Abuse
State of California	32,578	15,651	7,093	1,307	8,527
Los Angeles	5,507	2,603	1,011	144	1,749
Orange	4,707	2,530	796	169	1,212
San Diego	4,824	1,588	2,435	69	732
San Bernardino	2,214	1,075	185	166	788
Riverside	1,376	659	253	95	369
Ventura	661	339	129	15	178



Table 8

**COMPARISON OF GENERIC REPORTS BY TYPE OF ABUSE  
FOR THE STATE AND 6 SELECTED SOUTHERN CALIFORNIA COUNTIES - 2002**

State of California	32,578	15,651	7,093	1,307	8,527
Los Angeles	5,507	2,603	1,011	144	1,749
Orange	4,707	2,530	796	169	1,212
San Diego	4,824	1,588	2,435	69	732
San Bernardino	2,214	1,075	185	166	788
Riverside	1,376	659	253	95	369
Ventura	661	339	129	15	178

Table 9

**STATE OF CALIFORNIA YEAR 2002 LIST BY COUNTY: REPORTS OF GENERIC AND CHILD  
ABUSE VICTIMS WITH DISABILITIES (29 OF 58 COUNTIES)**

	Total Cases Generic (G)	Total Cases With Disability (D)	PHYSICAL		MENTAL		NEGLECT		SEXUAL	
			G	D	G	D	G	D	G	D
Alameda	1,065	3	631	1	36		46		352	2
Butte	485	8	236	4	98	3	25		126	1
Calaveras	35	1	23		4		1		7	1
Del Norte	25	1	16	1	4		1		4	
El Dorado	101	4	55	2	23	1	4	1	19	
Fresno	611	5	315	2	99		30		167	3
Humboldt	174	3	104	1	30		0		40	2
Imperial	78	1	46		33		2		17	1
Lassen	61	1	43	1	3		1		11	
Los Angeles	5,507	32	2,603	19	1,011	2	144	1	1,749	10
Madera	175	3	100	1	16		11	1	48	1
Mendocino	172	2	74	1	45	1	17		36	
Merced	263	2	107		59		35		62	2
Monterey	244	1	120	1	32		6		86	
Orange	4,707	1	2,530	1	796		169		1,212	
Placer	501	2	139		270	1	19		73	
Riverside	1,376	10	659	6	253	2	95		369	2
Sacramento	2,357	7	1,286	2	448	1	109	1	514	3
San Bernardino	2,214	21	1,075	3	185	2	166	5	788	11
San Diego	4,824	5	1,588	2	2,435	2	69		732	1
San Francisco	214	5	124	3	9	1	6		75	1
San Luis Obispo	277	1	85	1	139		18		35	
San Mateo	359	4	193	1	46	1	9		81	2
Santa Barbara	533	2	261	1	123	1	62		87	
Santa Clara	716	4	265	1	57		10		384	3
Santa Cruz	221	2	74		103		4	1	40	1
Siskiyou	106	2	42		31				33	2
Sonoma	403	1	214	1	42		19		128	
Ventura	661	4	339	3	129		15		178	1
<b>TOTAL</b>	<b>28,465</b>	<b>138</b>		<b>59</b>		<b>18</b>		<b>10</b>		<b>51</b>



**OVERALL COMPARISON OF SELECTED COUNTRIES TO STATE TOTALS FOR GENERIC REPORTS (Table 8)**

This table is presented for the avid reader/researcher to compare total reports by county and type of abuse to those for children with disabilities.

**DATA COMPARISON TABLES ON COUNTRIES REPORTING ABUSE OF CHILDREN WITH DEVELOPMENTAL DISABILITIES (Table 9) AND THOSE NOT REPORTING ANY CASES WITH CHILDREN WITH DISABILITIES (Table 10)**

The tables provide complete raw data from the DOJ reports for this year, for all counties. The Tables have been separated to indicate those reporting children with disabilities and those counties not reporting any children with disabilities. For the avid reader, it is interesting to note the differences in the total number of reports in light of the number for children with disabilities. A later report from the CAN DO office will detail Census information for each county on the number of children with developmental disabilities, when this information becomes available.

**Table 10  
STATE OF CALIFORNIA YEAR 2002  
Counties Not Recording Any Cases  
of Abuse Involving Children  
with Developmental Disabilities  
(29 Counties of 58)**

County	Total Number of Abuse Reports
Alpine	0
Amador	7
Colusa	0
Contra Costa	496
Glenn	70
Inyo	71
Kern	1023
Kings	269
Lake	102
Marin	34
Mariposa	18
Modoc	18
Mono	1
Napa	115
Nevada	80
Plumas	63
San Benito	70
San Joaquin	337
Shasta	109
Sierra	2
Solano	364
Tehama	5
Trinity	2
Tuolumne	126
Yolo	47
Yuba	78
<b>TOTAL</b>	<b>3,507</b>



## **CONCLUSIONS**

Identification of child abuse victims with developmental disabilities is inconsistent with their representation in the population (3-5%). Great fluctuations in reporting over time and across abuse types do not mirror findings in research studies directed toward this particular population. The disproportionately low identification of children with disabilities among abused children indicates a great need for improved identification, reporting, intervention and service for these children, since it is recognized that abuse is a significant problem for children with disabilities. Additionally, the discrepancies between counties may indicate a need for improvement in reporting, training, data collection, or other factor. Particularly the differences among the data of all prior years in which data has been collected (from 1991) and this year (2002) indicate that there are continuing problems in the data collection procedures.

## **RECOMMENDATIONS**

The small numbers reported across counties and in comparison with prior years should be taken seriously by the agencies charged with data collection and in turn providing risk reduction, identification and intervention services.

## **STATE**

The State Department of Social Services should work together with the Department of Developmental Services and the Department of Justice to uniformly collect, disseminate and utilize data regarding the abuse of children with disabilities served by these entities providing services to children in the State of California.

The State Departments that have responsibility for children with disabilities who may become victims of abuse should work together in an Inter-Departmental collaboration to assure data collection. A mechanism for such collaboration was identified and begun in October 1997 at the

Statewide Think Tank on Abuse and Disability in Los Angeles, attended by Directors or high-level representatives of these agencies. This mechanism is an ACTION PLAN, which identifies immediate needs and how to address them. This can be assisted with OCJP and the Children's Justice Act through coordination with the CAN/DO Project (Child Abuse & Neglect/Disability Outreach Project) through Arc Riverside. The Think Tank met for the third time in June 2002, and the members of the Think Tank have directed renewed energy toward achievement of these goals.

## **LOS ANGELES COUNTY**

Each agency contributing data to this ICAN report should include information on child abuse victims with disabilities, as represented in their jurisdictions.

The recommendations made in the 1994 ICAN report should receive official attention. A Task Force should be developed including DCFS, DOJ and appropriate law enforcement agencies including the Victim's Assistance Program and assigned to monitor progress on those recommendations to assure that the appropriate officials and agencies consider them. These are restated below.

DCFS should engage with Regional Centers and State Developmental Centers to collect and utilize data regarding the abuse of children served by these entities providing services to children within Los Angeles County.

The Area Board X on Developmental Disabilities that serves all children with developmental disabilities in Los Angeles County should form a liaison with DCFS to assure appropriate data collection and utilization systems. (NOTE: The Area Board already has a written plan to address abuse that could be implemented.)



### **1994 RECOMMENDATIONS FOR CONTINUED CONSIDERATION**

Modify or monitor procedures so that all reports that should be forwarded to DOJ are in fact forwarded. In this way, the problem of the failure of all Child Abuse and Neglect reports being forwarded to DOJ can be foreclosed.

The disability status of the child should be indicated on the DCFS form that is used to indicate substantiation status of the case. This data should be collected and made available for the annual report, and should clarify intervention procedures. All types of disability should be identified, defined and included.

All child protection workers who are required to complete the forms should receive training in how to use the identifier for disabilities, and the importance of completing this item.

All child protection workers should have clarification as to their personal liability to civil suit when indicating the child has a disability. Legal counsel can assist; perhaps an indication that the child is "possibly" or "may be" a child with a disability would relieve any possibility of the civil suits the workers state that they fear. An opinion from the Attorney General should be requested by DCFS.

DOJ and DCS should develop an easy way for workers to correctly identify children with developmental and other disabilities. DCFS could call upon experts in the field to assist with this. DOJ could do the same; seek assistance and consultation, as well as training. The Child Abuse & Neglect/Disability Outreach Project (CAN/DO) of Arc Riverside could be contacted by these agencies for consultation.

The disability status of the child should be identified by the Hot Line staff and documented on the initial intake form, with the data entered into the information management system and forwarded to each person who will interact with the child and the family.

\*Collaborators on the development of this report include primary author Nora J. Baladerian, Director of the CAN/DO Project with the support of Bud Wilford at the State Department of Justice who provides the data for this report.

CAN/DO (Child Abuse & Neglect/Disability Outreach) is a project of Arc Riverside, funded with Federal Children's Justice Act allocations under the auspices of the Governor's Office of Criminal Justice Planning. One of the tasks of the Project is to collect and disseminate information on data on child abuse and disability. This report is one of the products of the project. This report is completed each year for ICAN and is one in a series of research papers on abuse of children with disabilities.

To contact us please call:

Dr. Nora Baladerian

CAN/DO Project

2100 Sawtelle Blvd. #303

Los Angeles, CA 90025.

Office: 310 473 6768.

TDD 310 478 0588

FAX 310 996 5585

Email: [nora@disability-abuse.com](mailto:nora@disability-abuse.com).

Website: [www.disability-abuse.com/cando](http://www.disability-abuse.com/cando).

**CHILDREN’S PLANNING COUNCIL  
SCORECARD BACKGROUND AND ANALYSIS**

---

**SPECIAL REPORT**





## **CHILDREN'S SCORECARD, 2004**

Since 1993, the Children's ScoreCard has been a vital tool for monitoring progress in our collective efforts to improve the lives of children across the five outcome areas: Good Health, Safety and Survival, Economic Well-Being, Social and Emotional Well-Being, and Education/Workforce Readiness. Comprised of indicators data for these five outcomes, the ScoreCard provides valuable snapshots that capture the reality of children's lives by the following: race/ethnicity, Service Planning Area, and trends over time. These data can assist our efforts to improve outcomes for children: not just by highlighting areas where change is needed, but also by acting as a catalyst to spur people to action.

A review of the indicators data in the 2004 Children's ScoreCard – which includes trends for the years 1998 to 2002 – suggests that the county continues to move in a positive direction in each of the five outcome areas, especially Social & Emotional Well-Being and Safety & Survival. It also makes clear, however, that grave disparities exist when the data are examined by Service Planning Areas and racial/ethnic subgroups. Children of color, who comprised approximately 80% of the county's child population in 2002, fare much more poorly than countywide averages indicate, and particularly when compared to non-Hispanic White children.

For example, child and youth homicides dropped by 17% over five years, resulting in a countywide rate of approximately 4 homicides per 100,000 children ages 0-17. When rates are disaggregated by race/ethnicity, however, we see that the rate for African American juveniles is almost three times higher than the county rate. Similarly, the poverty rates for Latino, African American, and Pacific Islander children, as well as children from Asian sub-groups such as Cambodian, Hmong, and Laotian are all higher than the countywide rate. In another example, we see that American Indians have the lowest rate of

college-prepared high school graduates, compared to all racial/ethnic groups.

When looking at data by Service Planning Area, disparities are often seen in SPAs 4 and 6, which have large non-White child populations. Data for SPA 1 show increasing disparities as well, particularly in regards to birth outcomes.

All of the data in the ScoreCard provide us with important information to make better and more effective decisions in our planning, policy considerations, resource allocation, and community action. Even so, in the 2004 Children's ScoreCard, we focus in on three areas of child well-being - Health Access; Safe, Stable, Nurturing Families; and Family Economic Success – that are core components to children's success in school and life. The following are abstracts from the 2004 ScoreCard for each of these areas.





**HEALTH ACCESS**

Good health in the early years is an important foundation for health throughout life. Optimizing a child's growth and development helps children begin school ready to learn and succeed thereafter. In addition, good health decreases absences and helps to assure that children may participate fully inside and outside of the classroom. Access to quality health care for children, preventing injuries, regular oral care, preventing exposure to lead or other toxins, and assuring proper nutrition and vaccination, are all critical actions adults must take to promote health in children.

A core component of access to care is health insurance coverage. Recent expansions of coverage have helped lower the uninsured rate of children in L.A. County to 10%. Even so, wide variations in coverage exist within the county by age, ethnicity, and SPA (see Figure 1).

*Figure 1*

**PERCENT OF CHILDREN  
WITH HEALTH INSURANCE**

Race/Ethnicity	Age 0-5	Age 6-11	Age 12-17
<b>African American</b>	97.1%	96.8%	96.9%
<b>American Indian</b>	-	-	-
<b>Asian/Pacific Islander</b>	95.4%	90.0%	85.2%
<b>Latino</b>	92.1%	81.0%	84.5%
<b>White</b>	99.0%	94.1%	96.2%
<b>L.A. County</b>	94.2%	88.3%	86.8%

**SERVICE PLANNING AREA**

<b>1 - Antelope Valley</b>	-	90.9%	90.3%
<b>2 - San Fernando</b>	95.2%	91.3%	88.4%
<b>3 - San Gabriel</b>	95.8%	91.7%	91.5%
<b>4 - Metro</b>	90.6%	81.3%	85.5%
<b>5 - West</b>	-	94.6%	91.3%
<b>6 - South</b>	89.2%	81.5%	77.5%
<b>7 - East</b>	95.5%	89.0%	84.8%
<b>8 - South Bay/Harbor</b>	95.6%	88.1%	87.3%

**SAFE, STABLE, NURTURING FAMILIES**

Children who grow up in nurturing families are much more likely to have good educational outcomes. Research has highlighted significant differences in the school performance of maltreated children compared to those who have not been abused or neglected. Children removed from their homes as a result of maltreatment may be less prepared for kindergarten, miss more days of school, and be less likely to complete high school or go on to higher education.

Foster care caseloads have decreased by almost 40% in L.A. County since their peak in 1999. However, while L.A. is home to 29% of the State's children, the Department of Children and Family Services oversees approximately 38% of California's foster care population. Children of color are more likely to end up in the foster care system, and disparities are very apparent across SPAs as well (see Figure 2).



*Figure 2*

**CHILDREN IN OUT-OF-HOME CARE**

Race/Ethnicity	Age 0-5	Age 6-11	Age 12-17
African American	2,912	4,553	5,876
American Indian	49	51	57
Asian/Pacific Islander	150	151	193
Latino	3,412	3,832	3,773
White	1,319	1,488	1,646
L.A. County	7,877	10,084	11,548

**SERVICE PLANNING AREA**

1 - Antelope Valley	435	630	684
2 - San Fernando	615	726	849
3 - San Gabriel	962	1,328	1,498
4 - Metro	822	822	939
5 - West	101	176	218
6 - South	1,659	2,530	2,987
7 - East	752	915	963
8 - South Bay/Harbor	961	1,424	1,443

**FAMILY ECONOMIC SUCCESS**

Family economic security plays a leading role in helping children enter school ready to learn and achieve educational success. Indeed, family economic stress and distress impacts parents' emotional availability for their children; the lack of resources or access to resources for health care, child care, housing, and transportation can undermine a young child's social, emotional, physical, and cognitive development; and the isolation and community neglect many of these families find themselves in contributes to a sense of hopelessness.

Almost half of L.A. County's children (1.2 million) live in low-income families that experience economic stress (see Figure 3), with roughly 600,000 families not having sufficient incomes to pay for their most basic needs. A host of family supports and tax credits are available to help mitigate these challenges, but thousands of families are not accessing these benefits.

*Figure 3*

**PERCENT OF CHILDREN  
IN LOW-INCOME FAMILIES**

RACE/ETHNICITY	0-4 Years	5-9 Years	10-14 Years
African American	57.5%	58.2%	57.7%
American Indian	13.9%	44.5%	46.7%
Asian/Pacific Islander	26.6%	27.5%	27.5%
Latino	55.1%	54.9%	53.9%
White	15.0%	15.4%	15.9%
L.A. County	45.2%	45.1%	43.4%
African American	57.5%	58.2%	57.7%

**SERVICE PLANNING AREA**

1 - Antelope Valley	40.3%	39.5%	37.5%
2 - San Fernando	35.1%	34.9%	33.4%
3 - San Gabriel	35.6%	35.6%	34.1%
4 - Metro	62.7%	63.5%	61.2%
5 - West	25.3%	26.6%	26.2%
6 - South	71.4%	70.9%	70.2%
7 - East	40.5%	40.2%	39.0%
8 - South Bay/Harbor	45.5%	45.4%	43.8%



**DATA SOURCES:**

*Percent of Children with Health Insurance* – Los Angeles County Health Survey, 2002-2003, Department of Health Services, Health Assessment Unit

*Children in Out-Of-Home Care* – Los Angeles County Department of Children and Family Services, 2002

*Percent of Children Living in Low-Income Families* – Los Angeles County Chief Administrative Office, Service Integration Branch, Urban Research Section, 2002 Population and Poverty Estimates

For questions about the Children's Scorecard, please contact Becki Nadybal at (213) 974-7030.

# SECTION III

## ICAN AGENCY REPORTS

DEPARTMENT OF PUBLIC SOCIAL SERVICES

---

AGENCY REPORT







## DEPARTMENT OF PUBLIC SOCIAL SERVICES

### State and Federal Assistance

The Department of Public Social Services (DPSS) has an operating budget of \$3.08 billion and 13,330 employees for FY 2003-2004. The department's primary responsibilities, as mandated by public law, are:

- To promote self-sufficiency and personal responsibility,
- To provide financial assistance to low-income residents of Los Angeles County,
- To provide protective and social services to adults who are abused, neglected, exploited or need services to prevent out-of-home care, and
- To refer a child to protective services whenever it is suspected that the child is being abused, neglected or exploited, or the home in which the child is living is unsuitable.

The Department's mission has changed dramatically. The focus of our programs has shifted from ongoing income maintenance, to temporary assistance coupled with expanded services designed to help individuals and families achieve economic independence.

In 2004, the Department adopted the following new "DPSS Mission and Philosophy":

### Our Mission

To enrich lives through effective and caring service.

### Our Philosophy

DPSS believes that they can help those they serve to enhance the quality of their lives, provide for themselves and their families, and make positive contributions to the community.

DPSS believes that to fulfill their mission, services must be provided in an environment that supports their staff's professional development and promotes shared leadership, teamwork and individual responsibility.

DPSS believes that as they move towards the future, they can serve as a catalyst for commitment and action within the community, resulting in expanded resources, innovative programs and services, and new public and private sector partnerships.

### DPSS PROGRAMS

The federal and State assistance programs that DPSS administers include California Work Opportunity and Responsibility to Kids (CalWORKs), the Refugee Resettlement Program (RRP), Food Stamp Program, and Medical Assistance Only (MAO). DPSS also administers the General Relief (GR) Program for the County's indigent population and the Cash Assistance Program for Immigrants (CAPI). The goal of these programs is to provide the basic essentials of food, clothing, shelter, and medical care to eligible families and individuals. In calendar year 2003, DPSS provided public assistance to a monthly average of 2.19 million persons, including In-Home Supportive Services (IHSS).

As a result of Welfare Reform, the California Work Opportunity and Responsibility to Kids (CalWORKs) Program replaced the AFDC program effective January 1, 1998. The CalWORKs Program is designed to transition participants from Welfare-to-Work. To achieve the goal of Welfare Reform, DPSS has developed programs which help participants achieve self-sufficiency in a time-limited welfare environment. The Department's Welfare-to-Work programs currently provide the following services: Child Care, Transportation, Post Employment Services, and treatment programs for Substance Abuse, Domestic Violence and Mental Health.



### **Aided Caseload**

As shown in the Persons Aided charts, using December 2002 and 2003 as points in time for comparison, the aided persons receiving CalWORKs cash assistance decreased by 8.7% (40,976 persons) while Food Stamps decreased by 2.5% (16,241 persons). Medical Assistance Only aided persons counts decreased from 1,389,420 in December 2002 to 1,361,270 in December 2003. This represents a 2.0% decrease.

In total, there was a 1.8% decrease (37,917 persons) in the number of persons receiving assistance for all aids combined from December 2002 to December 2003.

The following represents caseload changes in programs where children are most likely to receive aid:

### **CalWORKs**

During the last decade, the number receiving assistance through the CalWORKs Program (previously known as AFDC, or Aid to Families With Dependent Children) peaked in the first half of 1995 when the number of persons aided reached a high of 892,563. This count has slowly been declining since February 2002. In December 2003, 428,578 persons received cash assistance for CalWORKs.

### **FOOD STAMPS**

Like the cash assistance program for families, the number of persons receiving Food Stamps peaked in 1995. This population diminished to 629,613 in December 2003 from 645,854 in December 2002, representing a 2.5% decrease (16,241).

### **MEDICAL ASSISTANCE ONLY (MAO)**

The number of persons receiving MAO has fluctuated during the calendar 2003. There was an increase from January (1,406,522 persons aided)

through May (1,452,265), but from July through December the numbers decreased, going from 1,436,246 persons aided to 1,361,270.

### **Caseload Characteristics -- Citizenship Status, Primary Language and Ethnic Origin**

This chart displays the total number of persons aided by citizenship status and ethnic origin for all programs, and the total number of cases aided by primary language for all programs. This information is based on December 2003 Caseload Characteristics for the entire department.

### **CHILD ABUSE PREVENTION, CHILD ABUSE REFERRALS AND STAFF TRAINING**

A major focus of the Department continues to be to ensure that staff are active participants in child abuse prevention. In 1987, the DPSS Training Academy implemented a comprehensive Child Abuse Prevention training program. The primary purpose of this training is to inform DPSS public contact employees about the seriousness of the child abuse problem in Los Angeles County and the employees' mandated reporting responsibilities.

Since its inception, the Child Abuse Prevention training program has been delivered to DPSS public contact staff, including social workers, GAIN workers, Eligibility Workers, clerical staff and managers. To ensure that all DPSS public contact staff receive the training it is incorporated into the orientation course given to all new hires.

During the training session, the trainees are informed of the types of child abuse, indicators of such abuse, provisions of the reporting law, and DPSS employees' reporting responsibilities and procedures. The trainees are also given handouts related to the indicators of child abuse and the handout material is discussed.

Program material and other training to staff emphasize that one of the child abuse/neglect indicators is violence between others, which often endangers the child. The Domestic Violence



Council provides Domestic Violence training to all of the Department's public contact staff.

In calendar year 2003, a total of 396 child abuse referrals were made to the Department of Children & Family Services. This represented a 6.4% decrease from the 423 referrals made in 2002.

For more information about our programs and services we provide, search our website at: [www.ladpss.org](http://www.ladpss.org).



Figure 1

**PERSONS AIDED - ALL AID PROGRAMS DECEMBER 2003  
as Compared to December 2002**

Cash Assistance Programs	December 2002	December 2003*	Change	% Change
<b>CalWORKs Total</b>	469,554	428,578	-40,976	-8.7%
<b>Zero Parent</b>	125,250	124,501	-749	-0.6%
<b>Two Parent</b>	61,275	45,781	-15,494	-25.3%
<b>All Other Families</b>	283,029	176,691	-106,338	-37.6%
<b>General Relief</b>	63,215	63,717	502	0.8%
<b>CAPI</b>	4,121	2,910	-1,211	-29.4%
<b>Refugee</b>	619	492	-127	-20.5%
<b>CalWORKs Total</b>	469,554	428,578	-40,976	-8.7%

\* Of the CalWORKs Total, 56,900 were TANF Timed Out CW Persons and 24,705 were Safety Net CW Persons.

**SUPPLEMENTAL PROGRAMS**

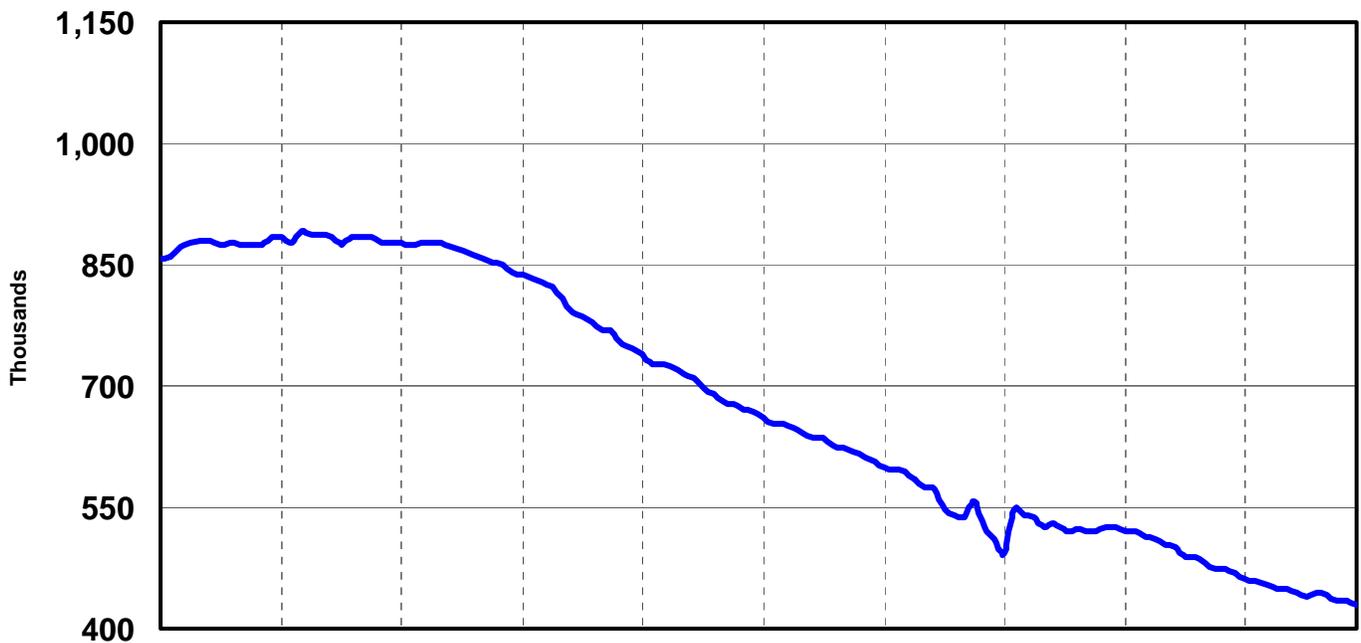
Cash Assistance Programs	December 2002	December 2003*	Change	% Change
<b>Medical Assistance Only</b>	1,389,420	1,361,270	-28,150	-2.0%
<b>Food Stamps</b>	645,854	629,613	-16,241	-2.5%
<b>IHSS</b>	125,180	135,859	10,679	8.5%
<b>Total All Programs**</b>	<b>2,166,367</b>	<b>2,128,450</b>	<b>-37,917</b>	<b>-1.8%</b>

\*\* This total represents an unduplicated count of persons across all programs.  
Some persons are aided in more than one program.



Figure 2

**PERSONS AIDED**  
CalWORKs January 1994 to December 2003



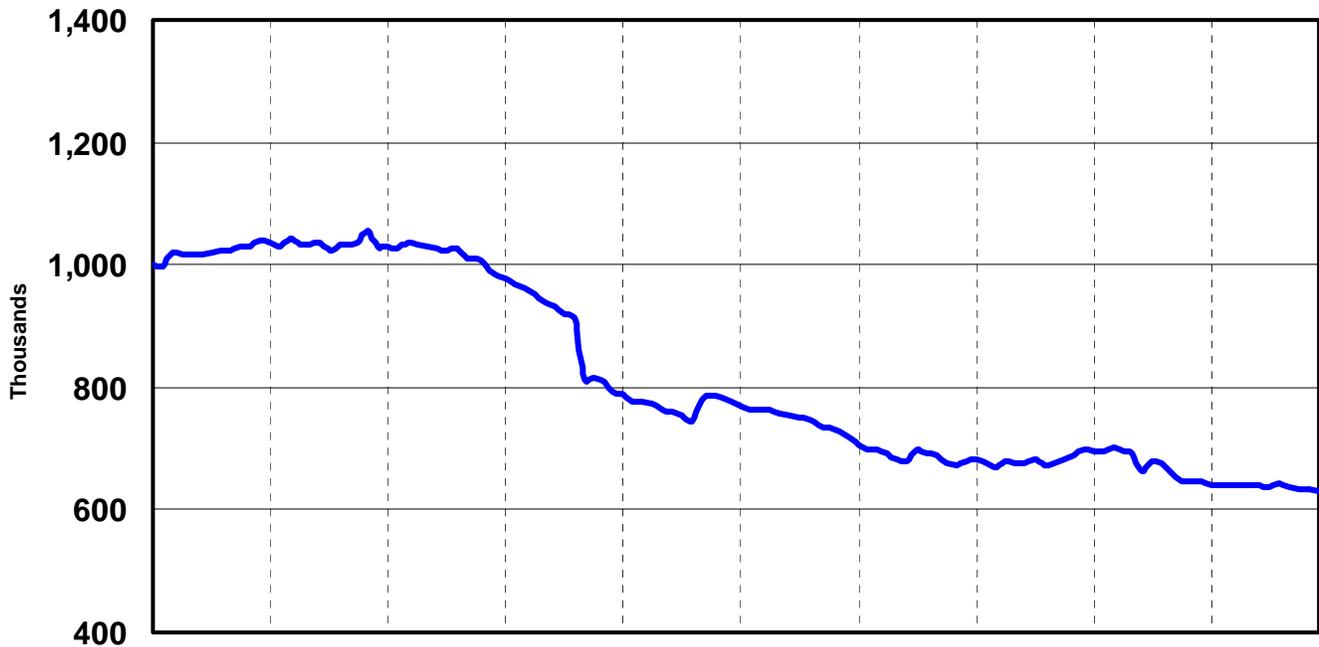
	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
<b>January</b>	858,428	885,463	876,717	837,106	738,794	661,221	599,169	493,919	520,000	462,610
<b>February</b>	858,971	877,880	875,076	831,976	727,891	654,160	596,444	546,415	521,144	459,815
<b>March</b>	871,423	892,563	876,611	827,414	727,230	653,703	593,048	538,982	514,243	453,464
<b>April</b>	875,974	886,282	876,223	822,043	722,847	648,935	583,782	537,586	509,779	450,140
<b>May</b>	878,414	885,656	875,998	809,107	715,096	641,760	575,411	524,665	504,467	448,322
<b>June</b>	879,217	884,621	871,490	791,775	709,102	636,322	572,814	530,180	499,743	445,039
<b>July</b>	875,698	874,787	866,657	785,641	697,893	635,161	547,261	519,300	488,909	438,361
<b>August</b>	877,759	884,618	863,096	779,043	689,690	626,604	540,582	523,951	487,753	443,245
<b>September</b>	874,176	883,989	856,701	768,549	680,358	623,957	538,382	521,095	480,849	441,248
<b>October</b>	873,546	883,488	853,097	765,190	676,982	618,375	556,985	520,694	474,026	434,549
<b>November</b>	874,260	876,501	849,270	751,081	670,044	610,687	524,966	524,578	474,233	433,899
<b>December</b>	883,771	875,918	841,154	746,926	669,088	606,237	510,582	525,443	469,554	428,578

Note: Effective July 2000, the data includes actual counts from LEADER districts. Data from May 1999 to June 2000 includes estimated LEADER counts.



Figure 3

**PERSONS AIDED - FOOD STAMPS**  
January 1994 to December 2003



	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
<b>January</b>	,001,190	1,036,049	1,030,083	979,260	789,311	769,511	703,778	681,715	694,947	640,239
<b>February</b>	998,236	1,029,634	1,027,816	967,730	777,831	763,230	698,505	676,542	694,210	639,800
<b>March</b>	,020,018	1,043,366	1,035,169	960,920	777,828	765,154	700,194	669,461	701,512	641,417
<b>April</b>	,015,983	1,033,515	1,032,099	952,582	773,173	762,544	691,058	679,643	697,071	639,816
<b>May</b>	,016,372	1,031,994	1,030,812	939,209	765,220	756,139	680,875	674,655	693,056	641,206
<b>June</b>	,016,745	1,034,976	1,027,171	933,708	761,220	752,897	680,184	676,184	663,140	639,950
<b>July</b>	,018,767	1,024,636	1,022,791	918,708	753,633	751,832	699,125	681,200	678,885	636,053
<b>August</b>	,023,362	1,032,824	1,025,404	912,005	744,266	748,143	692,766	673,463	675,000	642,295
<b>September</b>	,024,787	1,033,356	1,011,628	811,670	779,386	738,767	690,494	676,885	658,674	637,365
<b>October</b>	,029,394	1,036,427	1,010,180	816,725	787,472	735,529	676,173	681,588	647,434	634,616
<b>November</b>	,030,813	1,054,240	1,001,164	808,432	782,681	726,838	673,829	690,221	647,617	634,291
<b>December</b>	,038,716	1,028,565	985,425	793,864	777,464	716,673	678,281	697,889	645,854	629,613

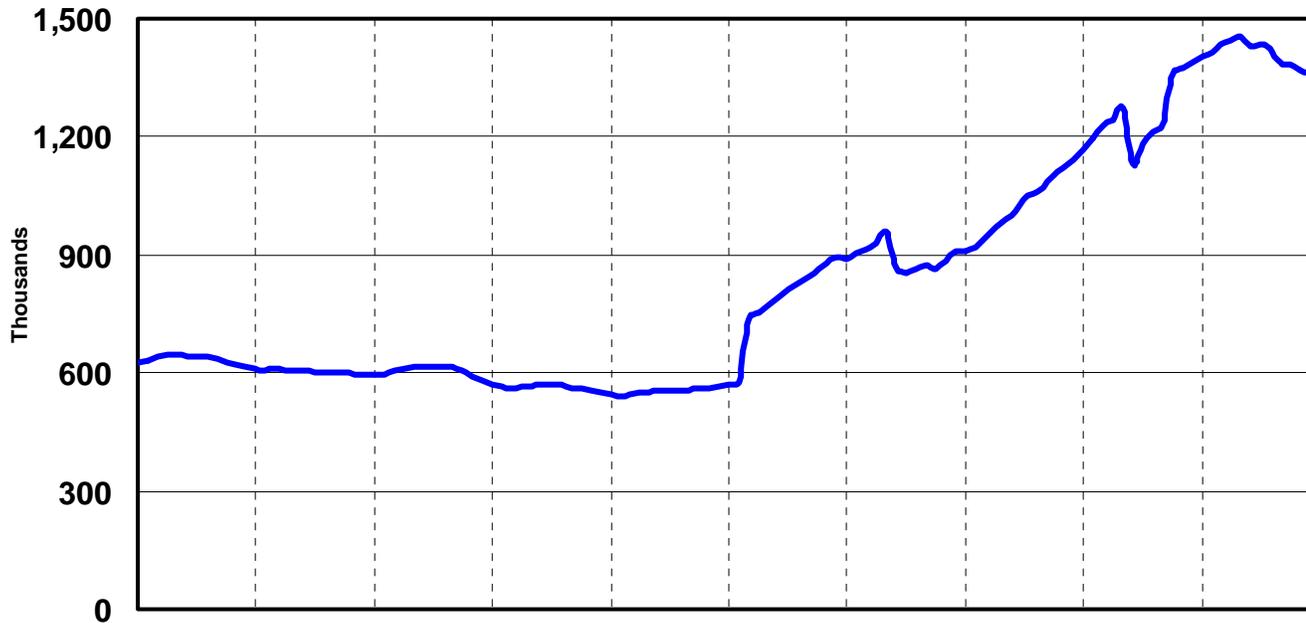
Note: Effective July 2000, the data includes actual counts from LEADER districts. Data from May 1999 to June 2000 includes estimated LEADER counts.



Figure 4

PERSONS AIDED - MEDICAL ASSISTANCE ONLY

January 1994 to December 2003



	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
January	628,241	611,805	596,484	570,327	545,557	571,007	889,755	906,938	1,166,682	1,406,522
February	630,038	607,762	597,735	564,166	541,932	577,075	902,304	921,546	1,195,551	1,413,691
March	641,434	611,831	606,724	563,039	547,734	736,143	914,589	945,297	1,224,869	1,433,380
April	648,740	608,059	611,286	564,277	551,182	754,584	931,347	968,075	1,244,420	1,445,267
May	648,310	606,154	616,143	563,326	551,338	773,607	961,482	990,852	1,271,226	1,452,265
June	639,771	604,854	616,606	570,008	553,940	792,953	870,789	1,011,611	1,132,120	1,427,276
July	639,518	599,987	618,514	571,714	554,563	814,968	853,517	1,040,397	1,181,503	1,436,246
August	643,344	602,215	617,597	568,862	555,691	829,576	865,679	1,054,721	1,209,942	1,423,220
September	635,820	601,480	614,457	559,167	555,105	844,984	871,567	1,070,178	1,234,504	1,390,581
October	628,729	599,205	605,973	558,273	561,363	862,429	863,525	1,099,190	1,358,891	1,382,429
November	622,231	595,753	592,418	554,113	559,878	879,336	886,356	1,119,379	1,374,175	1,367,723
December	617,687	594,630	578,977	552,039	565,886	892,420	908,567	1,142,324	1,389,420	1,361,270

Note: 1. The increase in the caseload beginning March 1999 was a result of the Section 1931(b) Medi-Cal Program. DPSS converted Edwards Medi-Cal, Transitional Medi-Cal (TMC) and Four-Month Continuing Medi-Cal (CMC) recipients into regular Medi-Cal status. It also established the automatic conversion of most terminated CalWORKs cases into regular Medi-Cal cases.

2. The drop in June 2000 was a result of the termination of about 35,000 Section 1931(b) MAO family cases not responding to redetermination notices.

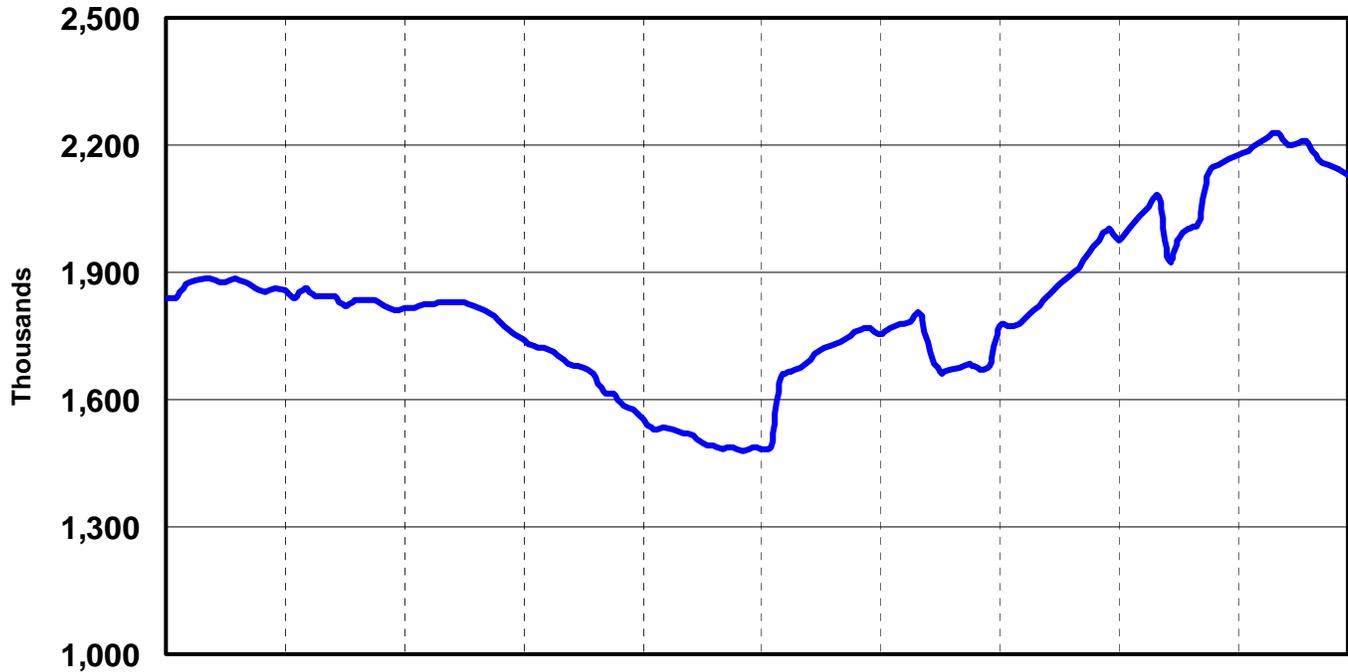
3. Effective July 2000, the data includes actual counts from LEADER districts. Data from May 1999 to June 2000 includes estimated LEADER counts.



Figure 5

PERSONS AIDED - ALL AIDS COMBINED

January 1994 to December 2003



	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
January	1,838,536	1,856,959	1,815,720	1,739,691	1,553,899	1,483,869	1,756,212	1,772,223	1,974,284	2,176,029
February	1,837,625	1,840,912	1,813,789	1,726,450	1,530,151	1,486,946	1,766,419	1,774,694	2,004,216	2,185,622
March	1,871,302	1,863,833	1,825,136	1,720,143	1,534,206	1,652,199	1,778,684	1,777,189	2,033,305	2,205,706
April	1,883,571	1,844,758	1,826,820	1,712,033	1,530,926	1,665,832	1,781,558	1,801,891	2,053,985	2,220,340
May	1,886,793	1,843,275	1,831,350	1,693,943	1,521,529	1,676,300	1,803,096	1,820,217	2,077,231	2,227,731
June	1,881,832	1,843,183	1,831,991	1,679,816	1,517,219	1,694,090	1,710,715	1,846,217	1,928,402	2,202,094
July	1,877,714	1,821,202	1,830,611	1,675,458	1,496,928	1,716,905	1,667,884	1,871,520	1,977,951	2,205,980
August	1,886,676	1,836,626	1,822,112	1,662,085	1,490,182	1,724,536	1,671,997	1,890,253	2,005,337	2,203,801
September	1,875,197	1,833,234	1,811,154	1,619,097	1,484,360	1,737,460	1,676,433	1,911,380	2,018,573	2,165,470
October	1,864,484	1,832,172	1,799,175	1,612,337	1,487,282	1,751,308	1,685,273	1,947,269	2,134,995	2,154,853
November	1,854,080	1,819,413	1,775,240	1,583,948	1,476,617	1,761,779	1,671,996	1,975,315	2,153,486	2,142,473
December	1,862,424	1,813,271	1,753,156	1,575,466	1,487,157	1,768,072	1,680,884	2,002,498	2,166,367	2,128,450

Note: Effective July 2000, the data includes actual counts from LEADER districts. Data from May 1999 to June 2000 includes estimated LEADER counts.



Figure 6

**DPSS CASELOAD CHARACTERISTICS**  
**December 2003 Los Angeles County Totals**

Citizenship Status of Aided Persons							
Citizen	398,091	55,129	0	15	879,799	564,575	N/A
Legal Immigrants	30,497	8,588	492	2,895	353,728	65,038	NA
Undocumented Immigrants	0	0	0	0	127,743	0	0
<b>TOTAL</b>	<b>428,578</b>	<b>63,717</b>	<b>492</b>	<b>2,910</b>	<b>1,361,270</b>	<b>629,613</b>	<b>NA</b>
Primary Language of Aided Cases							
Armenian	4,760	1,431	320	418	6,721	7,124	21,724
Cambodian	2,144	109	2	17	1,100	2,395	1,616
Chinese	1,185	353	8	320	11,061	2,367	8,832
English	94,980	54,856	28	158	239,936	158,691	57,260
Korean	135	376	0	338	4,965	693	2,604
Russian	498	196	49	137	1,185	867	7,078
Spanish	60,964	4,876	2	890	275,297	87,918	24,092
Vietnamese	2,102	374	2	79	4,484	3,399	2,776
Other	854	317	33	553	6,848	1,697	9,877
<b>TOTAL</b>	<b>167,622</b>	<b>62,888</b>	<b>444</b>	<b>2,910</b>	<b>551,597</b>	<b>265,151</b>	<b>135,859</b>
Ethnic origin of aided persons							
American Indian/ Alaskan Native	419	329	0	0	1,423	1,072	298
Asian	24,689	2,739	22	1,170	103,213	40,178	22,735
Black	110,172	32,947	22	29	99,261	163,751	27,811
Hispanic	247,332	15,914	2	911	1,023,440	354,447	33,716
White	44,428	11,361	441	781	126,042	67,486	51,299
Other	1,538	427	5	19	7,891	2679	0
<b>TOTAL</b>	<b>428,578</b>	<b>63,717</b>	<b>492</b>	<b>2,910</b>	<b>1,361,270</b>	<b>629,613</b>	<b>135,859</b>

*The counts are adjusted to match departmental aided case and person total counts where characteristics are unavailable.*



Figure 7

**CHILD ABUSE REFERRALS**  
January 1998 - December 2003

Month	1998	1999	2000	2001	2002	2003	2002/2003 Change	2002/2003 Percent
Jan	80	78	59	56	47	20	-27	-57.4%
Feb	86	41	42	39	50	13	-37	-74.0%
Mar	88	70	64	41	23	32	9	39.1%
Apr	104	49	64	42	50	28	-22	-44.0%
May	73	67	87	51	43	31	-12	-27.9%
Jun	88	54	78	43	43	50	7	16.3%
Jul	99	49	65	51	32	38	6	18.8%
Aug	98	85	61	47	28	48	20	71.4%
Sep	75	69	58	46	34	45	10	29.4%
Oct	71	65	59	60	31	35	4	12.9%
Nov	17	53	53	42	21	28	7	33.3%
Dec	40	30	61	38	21	28	7	33.3%
<b>TOTAL</b>	<b>919</b>	<b>710</b>	<b>751</b>	<b>556</b>	<b>423</b>	<b>396</b>	<b>-28</b>	<b>51.2%</b>

*Some of the referrals may have been for the same children. Referral counts are from two sources:*

*By DPSS employees observing incidents which indicate abuse/neglect and making referrals to the Department of Children and Family Services*

*Data collected from reports received from the DPSS fraud reporting hotline*



## GLOSSARY OF TERMS

**Department of Public Social Services (DPSS)** - administers programs that provide services to individuals and families in need. These programs are designed to both alleviate hardship and promote family health, personal responsibility, and economic independence. Most DPSS programs are mandated by federal and State laws.

**California Work Opportunity and Responsibility to Kids (CalWORKs)** - provides temporary financial assistance and employment-focused services to families with minor children who may or may not have income, and their property limit is below State maximum limits for their family size. In addition, the family must meet one of the following deprivations:

- Either parent is deceased;
- Either parent is physically or mentally incapacitated;
- The principal wage earner is unemployed; and
- Either parent is absent from the home in which the child is living.

### Types of Assistance Units include:

- **Two Parent Families** - include two non-disabled or unemployed, natural or adoptive parents of the same aided or SSI/SSP minor child (living in the home), unless both parents are minors and neither is the head-of-household.
- **Zero Parent Families** - are those in which the parent(s) or caretaker(s) are excluded from or ineligible for aid.
- **All Other Families** - are those that have not been identified as either a two parent or a zero parent family.

- **Safety Net Cases** - are those families in which all adults have been discontinued and removed from the assistance unit for reaching the CalWORKs 60-month time limit.
- **TANF Timed-Out** - are those families that include an adult head-of-household or a spouse of a head-of-household, (including minors that are head-of-household) who have received Federal TANF assistance for a total of 60 cumulative months.

**Cash Assistance Program to Immigrants (CAPI)** - provides cash to certain aged, blind, and disabled legal non-citizens ineligible for Supplemental Security Income/State Supplemental Payment (SSI/SSP) due to their immigration status. CAPI participants may be eligible for Medi-Cal, In-Home Supportive Services (IHSS), and/or Food Stamp benefits. Individuals requesting such benefits must file the appropriate application for the other program.

**Food Stamps** - help eligible low-income families and individuals meet their basic nutritional needs by increasing their food purchasing power. Individuals residing in room and board arrangements, homeless individuals in shelters, and temporary residents of a shelter for battered women and children, may also be eligible to receive Food Stamps.

**General Relief (GR)** - is a County-funded program that provides cash aid to indigent adults who are ineligible for Federal or State programs.

**In-Home Supportive Services (IHSS)** - enables low-income aged, blind and disabled individuals to remain safely at home by paying caregivers to provide personal care and domestic services.



**LEADER** - is the Los Angeles Eligibility, Automated Determination, Evaluation and Reporting System.

**Medical Assistance Only (MAO)** - provides comprehensive medical benefits to low-income families with children, pregnant women, and adults who are over 65, blind, or disabled. Depending on their income and resource levels, individuals and families may be eligible for a no-cost or a share-of-cost Medi-Cal program. CalWORKs families receive no-cost Medi-Cal.

**Refugee Resettlement Program (RRP)** - is made up of many program partners at the federal, state, county, and community levels. Typically, refugees are eligible for the same assistance programs as citizens including CalWORKs, Food Stamps, Medi-Cal, SSI/SSP, and General Relief. In addition, single adults or couples without children who are not eligible for other welfare assistance may receive Refugee Cash Assistance (RCA). Vital to the success of the California Refugee Program are the contributions made by Mutual Assistance Associations, and Community Based Organizations (CBOs) that provide culturally and linguistically appropriate services.

# LOS ANGELES COUNTY OFFICE OF EDUCATION

---

## AGENCY REPORT







**2003-2004 LOS ANGELES COUNTY  
CHILD ABUSE REPORT**

Fifty-seven (57) districts reported child abuse data in 2004 for Los Angeles County. In order to compare child abuse data across all districts, child abuse case numbers were weighted by district enrollment as incidences per 1000 enrolled students (incidence rate). 2003-04 enrollment data was obtained from the California Basic Educational Data System (CBEDS) at [www.cde.ca.gov](http://www.cde.ca.gov).

Table 1 shows incidence rates broken down by abuse and district type. *Note: districts which returned completed data collection sheets, but had some blank or dashed data entries; these data entries were assumed to be zero child abuse case numbers.* Physical abuse had the highest incidence rate of all abuse types for each district type. Elementary districts had the highest total incidence rate of 4.75, followed by Unified districts at 3.38. When weighting case numbers by enrollment, Elementary district incidence rates were the highest across all abuse types for the reported districts.

Table 1

**LOS ANGELES COUNTY OFFICE OF EDUCATION  
Abuse Type by District Type**

District Types	Number of District Types	Sum of enrollment	Sexual Assault, # cases	Physical Abuse, # cases	General Neglect, # cases	Abuse, # cases	Total Cases	Incidence per 1000	Incidence per 1000	Incidence per 1000	incidence per 1000
Elementary	20	123,684	57	384	97	50	588	0.46	3.10	0.78	0.40
High	3	50,835	11	107	12	14	144	0.22	2.10	0.24	0.28
Unified	34	515,087	180	1,091	319	149	1,739	0.35	2.12	0.62	0.29
<b>TOTAL</b>	<b>57</b>	<b>689,606</b>	<b>248</b>	<b>1,582</b>	<b>428</b>	<b>213</b>	<b>2,471</b>	<b>0.36</b>	<b>2.29</b>	<b>0.62</b>	<b>0.31</b>



School district data is reported in more detail in Tables 2 through 5 below.

Table 2

LOS ANGELES COUNTY OFFICE OF EDUCATION  
Report Category by School District: Sexual Assault

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
ABC Unified			2	1	1			4	0.18
Alhambra Unified	0		6		2	0		8	0.41
Antelope Valley Union High	0	0	0	0	10	0	0	10	0.45
Azusa Unified			2	4	1			7	0.58
Baldwin Park Unified								0	0.00
Bellflower Unified			6				1	7	0.45
Beverly Hills Unified								0	0.00
Burbank Unified			2	3	1			6	0.35
Castaic Union Elementary			0	0				0	0.00
Centinela Valley Union High								0	0.00
Charter Oak Unified								0	0.00
Claremont Unified			1		4			5	0.73
Covina-Valley Unified			3	3				6	0.40
Culver City Unified			1		2			3	0.44
Downey Unified		1	4	8	4			17	0.75
Duarte Unified								0	0.00
East Whittier City Elementary			2					2	0.21
Eastside Union Elementary								0	0.00
El Monte City Elementary		1	5					6	0.51
Garvey Elementary			2					2	0.30
Glendale Unified			3		1			4	0.14
Glendora Unified		0	3	0	0	0		3	0.38
Gorman Elementary								0	0.00
Hacienda la Puente Unified	8	0	1	6	5	0	0	20	0.78
Hawthorne Elementary			1					1	0.10



(Table 2 Continued Report Category by School District: Sexual Assault)

Hughes-Elizabeth Lakes Union Elementary								0	0.00
Inglewood Unified			2					2	0.11
Lancaster Elementary		1	10	1				12	0.76
Las Virgenes Unified			1		1			2	0.16
Lawndale Elementary				2				2	0.31
Lennox Elementary			7					7	0.91
Los Nietos Elementary			2					2	0.84
Lowell Joint								0	0.00
Lynwood Unified			2	2				4	0.20
Manhattan Beach Unified			1					1	0.16
Monrovia Unified			1	1	1			3	0.46
Montebello Unified			3	6	1			10	0.28
Mountain View Elementary			6					6	0.59
Norwalk-La Mirada Unified		2	8	1				11	0.46
Palos Verdes Peninsula Unified								0	0.00
Paramount Unified			10		5			15	0.88
Pomona Unified	1		9	1	3			14	0.40
Redondo Beach Unified			2					2	0.25
Rosemead Elementary			3	1				4	1.19
Rowland Unified	0	0	7	1	2	0	0	10	0.54
San Gabriel Unified			2	1	1			4	0.64
Santa Monica-Malibu Unified			2		3			5	0.39
Saugus Union Elementary			5					5	0.49
South Pasadena Unified								0	0.00
Temple City Unified								0	0.00
Torrance Unified					2			2	0.08
Valle Lindo Elementary			1					1	0.73
West Covina Unified			1	2			2	5	0.48
Westside Union Elementary			1					1	0.13
Whittier City Elementary			4	2				6	0.83
William S. Hart Union High			1					1	0.05
Wiseburn Elementary									
<b>TOTAL</b>	<b>9</b>	<b>5</b>	<b>135</b>	<b>46</b>	<b>50</b>	<b>0</b>	<b>3</b>	<b>248</b>	



Table 3

LOS ANGELES COUNTY OFFICE OF EDUCATION  
Report Category by School District: Physical Abuse

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
ABC Unified			42	6	5		2	55	2.47
Alhambra Unified	2		61		20	2		85	4.31
Antelope Valley Union High	0	0	0	0	49	0	1	50	2.26
Azusa Unified			35	8	6			49	4.04
Baldwin Park Unified		2	5	1	2			10	0.52
Bellflower Unified			46	3	8		1	58	3.74
Beverly Hills Unified			4	5	2			11	2.14
Burbank Unified			23	13	9		7	52	3.05
Castaic Union Elementary			4	3				7	1.95
Centinela Valley Union High					8			8	1.06
Charter Oak Unified			1					1	0.14
Claremont Unified	1		9	5	1			16	2.34
Covina-Valley Unified	1		15	7	14			37	2.46
Culver City Unified			12	13	9			34	4.96
Downey Unified		3	60	23	14			100	4.44
Duarte Unified		1	4	1	1			7	1.49
East Whittier City Elementary			46					46	4.93
Eastside Union Elementary			7					7	2.57
El Monte City Elementary	4	3	27	3			3	40	3.42
Garvey Elementary			8	1				9	1.37
Glendale Unified	1		24	2	5		2	34	1.16
Glendora Unified		0	8	0	0	0		8	1.01
Gorman Elementary								0	0.00
Hacienda la Puente Unified	7	5	17	22	4	0	1	56	2.20
Hawthorne Elementary			47	7	1			55	5.57



(Table 3 Continued Report Category by School District: Sexual Assault)

Hughes-Elizabeth Lakes Union Elementary		1	1					2	4.78
Inglewood Unified			14		6			20	1.11
Lancaster Elementary			40	11				51	3.23
Las Virgenes Unified			6		5			11	0.90
Lawndale Elementary			31	6				37	5.71
Lennox Elementary			30	2		6		38	4.94
Los Nietos Elementary			1	1				2	0.84
Lowell Joint			3					3	0.91
Lynwood Unified			3	4				7	0.36
Manhattan Beach Unified			1		1			2	0.31
Monrovia Unified		2	6		1			9	1.37
Montebello Unified			21	14	14			49	1.36
Mountain View Elementary			19	3				22	2.16
Norwalk-La Mirada Unified		8	31	2	2			43	1.78
Palos Verdes Peninsula Unified			3		17			20	1.72
Paramount Unified		1	66		8			75	4.41
Pomona Unified	6		30	8	8			52	1.47
Redondo Beach Unified			8	2				10	1.24
Rosemead Elementary			6	1				7	2.09
Rowland Unified	0	0	31	2	8	0	0	41	2.23
San Gabriel Unified			23	12	2			37	5.91
Santa Monica-Malibu Unified			22	7	12			41	3.19
Saugus Union Elementary			24					24	2.35
South Pasadena Unified			5					5	1.19
Temple City Unified			5	5				10	1.75
Torrance Unified			16	7	4		3	30	1.19
Valle Lindo Elementary			2					2	1.47
West Covina Unified			4	8	3		1	16	1.52
Westside Union Elementary			5					5	0.67
Whittier City Elementary			13	6				19	2.63
William S. Hart Union High				35	14			49	2.32
Wiseburn Elementary			4	4				8	3.98
<b>TOTAL</b>	<b>22</b>	<b>26</b>	<b>979</b>	<b>263</b>	<b>263</b>	<b>8</b>	<b>21</b>	<b>1,582</b>	



Table 4

LOS ANGELES COUNTY OFFICE OF EDUCATION  
Report Category by School District: General Neglect

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
ABC Unified			3		2			5	0.22
Alhambra Unified	0		12		3	0		15	0.76
Antelope Valley Union High	0	0	0	0	5	0	0	5	0.23
Azusa Unified			16	4	0			20	1.65
Baldwin Park Unified		2	5	1				8	0.41
Bellflower Unified			4				3	7	0.45
Beverly Hills Unified			2		1			3	0.58
Burbank Unified			2	0	1		1	4	0.23
Castaic Union Elementary			4	3				7	1.95
Centinela Valley Union High					2			2	0.26
Charter Oak Unified								0	0.00
Claremont Unified			7					7	1.02
Covina-Valley Unified			10	1	2			13	0.86
Culver City Unified			2	1				3	0.44
Downey Unified			9					9	0.40
Duarte Unified			3					3	0.64
East Whittier City Elementary			9					9	0.96
Eastside Union Elementary			3					3	1.10
El Monte City Elementary		2	3				7	12	1.02
Garvey Elementary			2					2	0.30
Glendale Unified			8					8	0.27
Glendora Unified		0	3	0	0	0		3	0.38
Gorman Elementary			1	1				2	1.00
Hacienda la Puente Unified	1	2	9	9	1	0	0	22	0.86
Hawthorne Elementary			4	1				5	0.51



(Table 4 Continued Report Category by School District: General Neglect)

Hughes-Elizabeth Lakes Union Elementary								0	0.00
Inglewood Unified			2		1			3	0.17
Lancaster Elementary			14	4				18	1.14
Las Virgenes Unified			1		1			2	0.16
Lawndale Elementary			5					5	0.77
Lennox Elementary			8			1		9	1.17
Los Nietos Elementary			1					1	0.42
Lowell Joint								0	0.00
Lynwood Unified				4				4	0.20
Manhattan Beach Unified					1			1	0.16
Monrovia Unified				6	1			7	1.06
Montebello Unified			6	6	6			18	0.50
Mountain View Elementary			5	0				5	0.49
Norwalk-La Mirada Unified		4	17		1			22	0.91
Palos Verdes Peninsula Unified					1			1	0.09
Paramount Unified			15		5			20	1.18
Pomona Unified	1		23	3	1			28	0.79
Redondo Beach Unified			1					1	0.12
Rosemead Elementary			2					2	0.60
Rowland Unified	0	0	9	3	3	0	0	15	0.82
San Gabriel Unified			10	2	1			13	2.08
Santa Monica-Malibu Unified			9	9	3			21	1.64
Saugus Union Elementary			3					3	0.29
South Pasadena Unified				1	1			2	0.48
Temple City Unified			8	5	5		1	19	3.33
Torrance Unified			6		2			8	0.32
Valle Lindo Elementary								0	0.00
West Covina Unified			1	2	1			4	0.38
Westside Union Elementary			3	1				4	0.54
Whittier City Elementary			6	1				7	0.97
William S. Hart Union High				4	1			5	0.24
Wiseburn Elementary			3					3	1.49
<b>TOTAL</b>	<b>2</b>	<b>10</b>	<b>279</b>	<b>72</b>	<b>52</b>	<b>1</b>	<b>12</b>	<b>428</b>	



Figure 5

LOS ANGELES COUNTY OFFICE OF EDUCATION  
Report Category by School District: Emotional Abuse

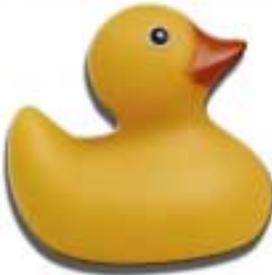
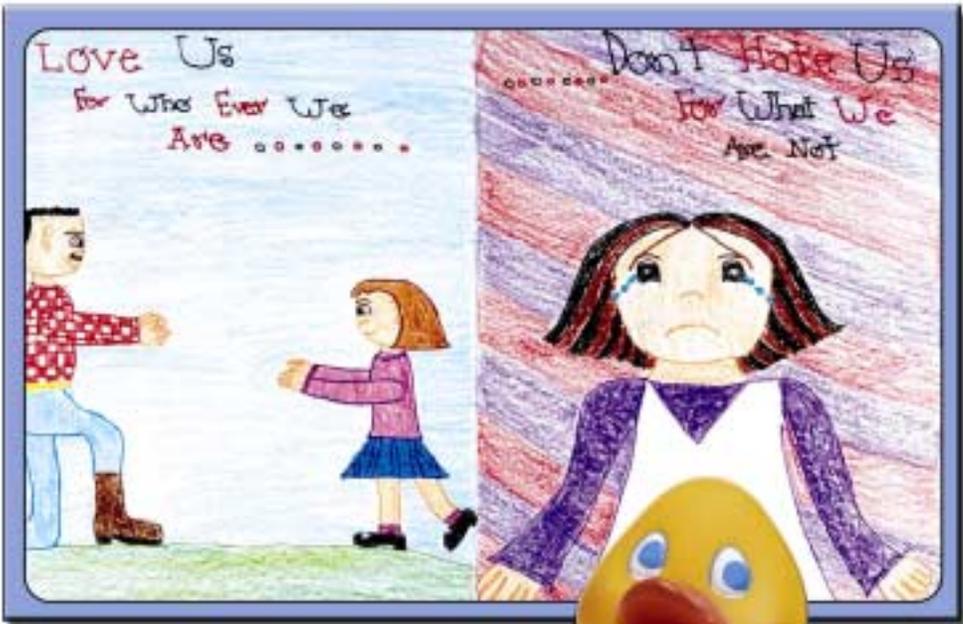
School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
ABC Unified			4	1	1			6	0.27
Alhambra Unified	0		6		4	0		10	0.51
Antelope Valley Union High	0	0	0	0	11	0	0	11	0.50
Azusa Unified			5	0	1			6	0.49
Baldwin Park Unified			1	1				2	0.10
Bellflower Unified			1	1	1		1	4	0.26
Beverly Hills Unified								0	0.00
Burbank Unified								0	0.00
Castaic Union Elementary			0	0				0	0.00
Centinela Valley Union High								0	0.00
Charter Oak Unified								0	0.00
Claremont Unified			2	1				3	0.44
Covina-Valley Unified			2	1	1			4	0.27
Culver City Unified			4	3	4			11	1.61
Downey Unified			5	1	4			10	0.44
Duarte Unified								0	0.00
East Whittier City Elementary			4					4	0.43
Eastside Union Elementary			1					1	0.37
El Monte City Elementary		1	1				1	3	0.26
Garvey Elementary			1					1	0.15
Glendale Unified			2					2	0.07
Glendora Unified		0	0	0	0	0		0	0.00
Gorman Elementary								0	0.00
Hacienda la Puente Unified	1	0	3	3	0	0	1	8	0.31
Hawthorne Elementary			3					3	0.30





# DEPARTMENT OF HEALTH SERVICES

## AGENCY REPORT







## DEPARTMENT OF HEALTH SERVICES

### Maternal Child & Adolescent Health Programs

#### OVERVIEW

Child abuse and neglect are among the most serious public health issues in Los Angeles County. Abuse and neglect may adversely affect a child's development and may predict the child's adult behavior. Early childhood development presents itself as an opportunity to assure that each child reaches his or her productive and creative potential. Child abuse and neglect shapes the developing child, increasing the risk for emotional, behavioral, social and physical problems throughout life. While physical abuse is probably the most noticeable, sexual abuse and emotional abuse can also be detrimental. Experiences of trauma or abuse and neglect occurring as early as the first year of life may cause extreme anxiety, depression, an inability to form healthy relationships, and a significantly higher propensity for violence later in life<sup>1</sup>.

The Los Angeles County Department of Health Services (DHS), whose mission is to improve the health of Los Angeles County residents, recognizes the significant physical, emotional and psychosocial impact of child abuse and neglect on child development. The Department makes every effort to prevent the adverse effects of child abuse by focusing on healthy child development. The Maternal, Child and Adolescent Health (MCAH) Programs is part of the Public Health division of the Los Angeles County DHS. The MCAH Programs promote the health of pregnant and parenting women, infants, children, adolescents, and families living in Los Angeles County. Its mission is to maximize the health and quality of life for all women, infants, children, and adolescents and their families in Los Angeles County. It also provides leadership and coordinates

programs to ensure optimal maternal health and birth outcomes, and child and adolescent development.

MCAH Programs conduct prevention activities and interventions to ensure the overall well being of children and mothers residing in Los Angeles County. The programs include the Maternal Health and Family Planning Administration, the Black Infant Health Program, the Child and Adolescent Health Program, the Children's Health Initiative Program, the Children's Health Outreach Program, the Childhood Lead Poisoning Prevention Program, the Comprehensive Perinatal Services Program, the Fetal Infant Mortality Review/Sudden Infant Death Syndrome Project, the Nurse Family Partnership Program, and the Prenatal Care Guidance Program.

This report is divided into two sections. The first section provides background on MCAH programs and their activities related to child abuse and neglect prevention. The second section presents data on infant and child deaths and hospitalizations due to abuse and neglect in Los Angeles County. Trends in infant and child deaths are shown over the past 5 years. Data showing deaths by race/ethnicity and Service Planning Area (SPA) are given when available. Hospitalization data show the number of infant hospitalizations due to child abuse.

#### **Section 1. Health Promotion and Child Abuse Prevention within Maternal, Child and Adolescent Health (MCAH) Programs**

##### **BLACK INFANT HEALTH PROGRAM (BIH)**

The Black Infant Health Program assists African American women aged 18 years and older and their infants and families. The State of California developed this community-based program in the late 1980s, responding to the disparately high infant mortality rates among

<sup>1</sup> "Protecting Children from Abuse and Neglect", *The Future of Children*, Vol. 8, no. 1. Spring 1998



African Americans. BIH identifies at-risk pregnant and parenting African American women, and provides assistance accessing, maintaining, and receiving health care and other family support services.

BIH supports two perinatal interventions, Prenatal Care Outreach (PCO) and Social Support and Empowerment (SSE). PCO links women to early and continuous prenatal care and related support services. SSE provides a framework for teaching specific personal and parenting skills. Six subcontractors implement these interventions in Los Angeles County.

The BIH Program has ensured access for their clients by maintaining working relationships throughout the county. Some community collaborators have included Healthy African American Families, Association of Black Social Workers, Mission City Community Hospital, Pomona Valley Hospital, Crystal Stairs, March of Dimes, the Los Angeles County Department of Social Services, Women, Infants, and Children (WIC), City Councilman Michael Dispenza, members of several faith communities, and culturally competent pediatric and obstetrician/gynecologist providers.

As of June 2004, BIH subcontractors served over 1,700 African American mothers and over 1,200 infants through PCO. During Fiscal Year (FY) 2003-2004, over 275 clients enrolled in SSE. The BIH Program continues to improve the health of African American mothers and their infants.

Although the BIH Program does not directly provide child abuse and domestic violence services, the culture of the program encourages the empowerment of clients. As such, it provides appropriate referral for potential child abuse and domestic violence cases.

## THE CHILD AND ADOLESCENT HEALTH PROGRAM (CAH)

The Child Abuse Prevention Program merged with the Child and Adolescent Health Unit in February 2004. Headed by a physician specialist experienced in adolescent health and medicine, the staff of clinical social workers and other support staff work to promote the health and well being youth in Los Angeles County through collaboration with other public health programs and community-based organizations.

CAH works to identify community organizations, businesses, and other health partners in creating a new adolescent health collaborative in Los Angeles County that addresses health disparities which impact youth and their families. CAH also continues to provide child abuse prevention services to providers and families within Los Angeles County.

During FY 2003-2004, CAH staff coordinated and conducted the following child abuse prevention related activities:

- Provided consultation and training to professionals, community stakeholders, faith based groups, managed care, outside organizations, and sponsored programs.
- Provided training to appropriate DHS staff and maintained the Family Children Index (FCI) applications and confidentiality statements for its trainees.
- Sponsored several countywide trainings during the past year on various topics. Two half-day sessions on “Domestic Violence and Its Consequences” were provided to Comprehensive Perinatal Services Program (CPSP) providers. The trainers for these sessions were from the Los Angeles Commission on Assault Against Women (LACAAW). Three half-day sessions on “Legal Issues on Domestic Violence and Child Abuse” by the Los Angeles District



Attorney's Office were provided to professionals.

- Coordinated an in-service training to 159 public and private professionals on "Substance Abuse Issues: Types of Drugs Affecting Our Community".
- Distributed approximately 5,000 copies of "Parenting Tips", a pamphlet developed for parents that addresses child development, discipline, and child safety. Pamphlets were distributed to the community, outside agencies, school counselors, county offices/programs and health fairs/workshops. English and Spanish pamphlets were the most common languages requested.
- Collaborated with the Violence Prevention Coalition of Greater Los Angeles and several other community agencies, to co-sponsor the fourth countywide Basketball for Peace tournament for middle and high school girls and boys. The tournament was held over a two-weekend period. In 2003, twenty-three teams participated in the tournament. CAH issued 235 Certifications of Participation to participants for increasing the peace and not participating in violence.
- Co-sponsored the fourth Dance for Peace Competition with the Violence Prevention Coalition on April 24, 2004. Twenty-two youth groups from the Los Angeles County area participated in the competition, a total of 235 certificates were issued to the professional and amateur youths dance participants.

### **Comprehensive Perinatal Services Program (CPSP)**

The CPSP Program was initiated in 1987 to reduce morbidity and mortality among low-income pregnant women and their infants in California. CPSP is built on the premise that pregnancy and

birth outcomes improve when routine obstetric care is enhanced with specific nutrition, health education, and psychosocial services. Based on this premise, CPSP provides client-centered, culturally competent, enhanced obstetric services for eligible low-income, pregnant and postpartum women.

The CPSP Program has functioned as the Medi-Cal Managed Care liaison, working with L.A. Care, Health Net, and liaisons from the subcontracting health plans, to identify perinatal concerns and develop recommendations to improve access to comprehensive perinatal services. The Perinatal Services Coordinator serves on the statewide CPSP Executive Committee and chairs the Southern Area Perinatal Associates (SAPA).

During FY 2003-2004, the CPSP Program was actively involved in the Breastfeeding Task Force of Greater L.A., the implementation of the Baby Friendly Hospital Initiative at DHS hospitals, and the implementation of the Workplace Accommodation Law at targeted DHS locations. Breastfeeding promotion is an important strategy for CPSP in preventing infant deaths and improving infant health.

As an effort to improve the quality of domestic violence assessment and intervention by the CPSP providers, the CPSP Program continues to collaborate with the Child and Adolescent Health Unit staff to provide training.

There were 503 certified CPSP providers as of June 30, 2004. During FY 2003-2004, CPSP staff conducted 45 training sessions on various topics including Breastfeeding, Nutrition, Basic CPSP, Individual Care Assessment (ICA)/Individual Care Plan (ICP), Protocol Development and Domestic Violence Workshops. Over 1,000 staff from Certified CPSP providers in Los Angeles and neighboring Counties attended these training. Of these, 234 CPSP Provider staff received training regarding domestic violence assessment and intervention.



## FETAL INFANT MORTALITY REVIEW (FIMR)

FIMR is one of the 12 California county programs implemented in 1994 to address the problem of fetal and infant death in areas with high rates of perinatal mortality. **The goal** of the project is to enhance the health of Los Angeles County infants and their mothers. The program examines factors contributing to fetal, neonatal, and post-neonatal deaths. It develops and implements intervention strategies in response to identified needs. In 2003, the LACDHS FIMR Project began incorporating the Perinatal Period of Risk (PPOR) approach into its scope of work.

The goal of the PPOR approach is to provide a simple tool that can be used to prioritize and mobilize prevention efforts by the community. The PPOR model can identify potential opportunity gaps between population groups that can be targeted by a group of MCAH experts.

## NURSE FAMILY PARTNERSHIP (NFP)

The Nurse Family Partnership is an intensive home visitation program that employs Dr. David Olds' "Prenatal and Early Childhood Nurse Home Visitation" model. The model has been empirically studied for over 22 years, and targets low-income, socially disadvantaged, first-time mothers and their children to help improve pregnancy outcomes, qualities of parental caregiving, and associated child health and maternal life-course development. The NFP program replicates the Olds Model to improve these outcomes among program participants:

- Increase the number of normal weight infants delivered
- Decrease the number of mothers who smoke
- Decrease the number of substantiated reports of child abuse or neglect
- Decrease the number of emergency room and urgent care encounters for injuries or

ingestion of poisons among infants and toddlers

- Increase the number of mothers in the labor force
- Increase the number of mothers who are enrolled in school or a GED program
- Reduce the number of mothers who use alcohol during pregnancy
- Delay subsequent pregnancies.

Twenty-one Public Health Nurses (PHNs) conduct home visits during the mother's pregnancy, and continue through the second year of the child's life. Home visits focus on personal health, environmental health, child discipline, childcare, maternal role development, maternal life course development, and social support.

The PHNs assess mothers' and newborns' needs and provide them with intervention services (e.g., referrals, education or counseling) for problems identified. When the infant is approximately 10 weeks old, PHNs discuss how to nurture children by providing physical security, emotional security, and building trust and respect. When the baby is approximately 22 weeks old, PHNs discuss topics on violence such as sexual abuse, emotional abuse, and physical abuse of children. If, during a visit, a PHN notices something that could lead a child abuse and neglect situation, the PHN will intervene to prevent child abuse and neglect incidents.

The NFP Program served approximately 491 pregnant teenage and young mothers and their families during FY 2004-2004.

## PRENATAL CARE GUIDANCE PROGRAM (PCG)

Los Angeles County implemented the PCG Program in 1985 to provide home visitation, individualized case management, health education, coordination of referrals, and community outreach



services to Medi-Cal eligible pregnant women. The program emphasizes access to appropriate prenatal care, improved maternal and fetal outcomes, parenting skills and overall quality of family life. Public and private agencies and organizations including the California Toll Free Hotline (1-800-4-BABY-N-U), schools, juvenile health facilities, Los Angeles County (DHS) clinics, and other community-based organizations refer women to the program. All referrals are screened for eligibility into the program.

Eligible women must be of childbearing age, pregnant or possibly pregnant, and fall into high-risk medical, educational, and psychosocial categories that increase the likelihood of poor maternal and fetal outcomes. Some of these categories include poverty, ages less than 16 or over 35 years, substance abuse (tobacco, drug, and alcohol), high-risk behaviors (gang involvement, multiple sexual partners), homelessness, lack of a social support system, and having delivered a low birth weight infant.

During FY 2003-2004, the PCG served 273 pregnant and newly parenting clients and their families. The program received 601 referrals and enrolled 131 clients who met the intake criteria.

The NFP and PCG programs continue to collaborate with other Department of Health Services programs, the Los Angeles County Probation Department, the Los Angeles County Department of Children and Family Services, and the Los Angeles County Department of Mental Health to provide outreach and intervention for pregnant and parenting teens who are in juvenile detention facilities. This process has involved extensive research and input from the collaborating agencies.

### **CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP)**

CLPPP works to prevent the adverse health and developmental affects of lead poisoning on Los Angeles County children by reducing the incidence

of lead exposure and providing comprehensive support to children and their families.

PHNs work with the child's primary care provider to identify and manage lead poisoned children. This includes home visits to assess the child, educate the family on the effects and prevention of lead poisoning, and link the family to appropriate health or social services. PHNs evaluate the home environment during their visits. Under the California Child Abuse and Neglect Reporting Act, any suspected or potential instance of child abuse would be reported.

### **CHILDREN'S HEALTH INITIATIVE (CHI) PROGRAM / CHILDREN'S HEALTH OUTREACH (CHOI) INITIATIVES PROGRAM**

The Children's Health Initiative Program serves as a policy and planning "think tank" on children's issues within MCAH. It also serves as a liaison with other DHS programs and outside offices working on children's health issues. The Office of the Children's Health Outreach Initiative was established in 1997 to provide a mechanism for reducing the number of uninsured residents through a coordinated outreach effort for health coverage programs for low-income children.

A representative from CHI/CHOI serves on the ICAN Legal Issues Committee, a countywide group that convenes each spring to review pending legislation pertaining to child abuse and child protection. The committee informs and makes recommendations to the ICAN.



## SECTION 2. OVERVIEW OF LAC CHILD DEATH AND HOSPITALIZATION DATA

### A. DEATH RELATED TO CHILD ABUSE AND NEGLECT

#### a. Death Rates and Causes of Death Among Infants

Infant death rate is defined as the number of infant deaths occurring at less than 365 days of age per 1,000 live births. Since the beginning of the 20th century, infant mortality rates have been declining steadily. This improvement can be attributed primarily to the advancement in health status due to modern medical technology, better living conditions and access to care. Factors associated with infant mortality include, but are not limited to, race/ethnicity, pre-maturity, low birth weight, maternal substance (e.g. alcohol, tobacco and illicit drug) use or abuse, inadequate prenatal care, maternal medical complications during pregnancy, short inter-pregnancy intervals, injury and infection.

From 1998 to 2000, LAC infant mortality rates declined from 5.9 to 4.9 per 1,000 live births. However, it has increased to 5.5 per 1,000 in 2002 (Figure 1).

Figure 2 shows infant mortality rates by race/ethnicity in Los Angeles County for 1998-2002. African Americans experienced the highest infant mortality rate over the years.

In 2002, African Americans experienced an over 2.5 times higher infant mortality rate than Whites. Asian/Pacific Islanders experienced the lowest infant mortality rate (4.0 per 1,000 live births) followed by Whites (5.2 per 1,000 live births) and Hispanics (4.8 per 1,000 live births) in 2002.

Between 2001 and 2002, the infant mortality rate for all races increased except for Hispanics.

Los Angeles County is divided into eight Service Planning Areas (SPAs) for service and planning purposes. Each SPA has an Area Health

Officer that is responsible for public health and clinical services planning according to the health needs of local communities. Figure 3 presents infant mortality by Service Planning Area between 1998 and 2002. Infant mortality rates have decreased slightly or remained fairly stable for all SPAs with the exception of Antelope Valley (SPA 1). Rates increased annually from 5.0 per 1,000 live births in 1999 to 10.6 per 1,000 in 2002. This represented a 112% increase.

Most infant deaths were due to certain conditions originating in the perinatal period or caused by congenital abnormalities as presented in Table 1.

Figure 4 shows the child abuse related death rates among infants in Los Angeles

County. The highest infant death rate was 5.8 per 100,000 live births (n=9) in 1999. From 1999 to 2002 the infant death rate has decreased from 5.8 per 100,000 to 1.3.

Figure 4 also shows child abuse related infant death rates by gender in Los Angeles County between 1998 and 2002. Among female infants, the highest child abuse related death rate was 7.9 per 100,000 live births (n=6) in 1999. For male infants, the highest child abuse related death rate was 5.1 per 100,000 live births (n=4) in 2001. The total number decreased from 7 to 2. The rate decreased from 4.6 per 100,000 live births to 1.3 per 100,000.

#### b. Death Rates and Causes of Death Among Children

Presenting information on child abuse outcomes is at times limited by both the small numbers of cases and agency specific age group reporting requirements.

Child Death Rate used in this report measures the number of deaths among children aged 1-17, per 100,000 children, regardless of the cause of death. This means that both natural health related causes, and preventable causes of death such as homicide, suicide, and certain diseases are



included in the measurement. Furthermore, by setting the lower bound at age one, the measurement excludes all cases of infant mortality from the measurement.

As medical science continued to improve new and effective ways of fighting common disease throughout the 20th century, the child death rate fell throughout the century. Medical discoveries, better health habits, and a more widespread campaign to vaccinate children is largely responsible for the huge declines in death rates that were witnessed throughout the century.

From 1998 to 2002 the LAC child death rate decreased from 22.7 per 100,000 ages 1 to 17 to 21.7 representing a 4.4% decrease (Figure 5).

Figure 6 shows child death rates by race/ethnicity in Los Angeles County for 2002. The child death rate was almost twice as high for African Americans (38.6 per 100,000 population ages 1 to 17) than Whites (20.1), followed by Hispanics (19.8) and Asian/Pacific Islanders (13.4).

Figure 7 presents child death rates by SPAs in Los Angeles County. The child death rate was highest in SPA 6 (37.0) followed by SPA 1 (30.1). SPA 5 had the lowest rate of 14.1.

In terms of causes of deaths among children, child abuse and neglect was not among the top five leading causes of death. Transport accidents were one of the leading causes of deaths that occurred in children aged 1 to 4 and 5 to 12 years in 2002. Homicides continued to be the number one cause of deaths among adolescents aged 13 to 19 years (Table 2).

Figure 8 shows the child abuse related death rates among children ages 1 to 17 in Los Angeles County. The highest child death rate was 0.3 per 100,000 population ages 1 to 17 (n=8) in 2002. From 1998 to 2002 the infant death rate has increased from 0.1 to 0.3 per 100,000. Due to small numbers gender differences were not observed.

## B. HOSPITALIZATION DUE TO CHILD ABUSE AND NEGLECT

Table 3 shows number and rate of hospitalizations due to non-fatal injuries related to child abuse and neglect for children aged 14 and under by selected demographic factors in Los Angeles County, 2000. Hospitalization rates among abused children were higher during the first year of life than for children aged 1 to 14 years. In 2000, 46 children were hospitalized for abuse in Los Angeles County (2.0 per 100,000 children). Of these, 27 (18.6 per 100,000) were less than one year of age. Among child abuse related hospitalizations occurring in infants, males showed a higher hospitalization rate (21.5 per 100,000 male infants) than females did (15.5 per 100,000 female infants). Females aged 1 to 4 and males aged 10-14 had lowest hospitalization rates due to child abuse related causes. LAC Harbor UCLA Medical Center showed the highest number of hospitalizations (n=6) among infants, followed by Children's Hospital of Los Angeles (n=4) in 2000.

### LIMITATIONS OF DATA

Deaths related to child abuse and neglect may be underreported in death records. The true number of cases may not be reflected in death records when pending case investigations are not completed for death registration recording.

The small number of hospitalizations due to child abuse and neglect may be artificially low due to poor documentation or underreporting in hospital discharge records.



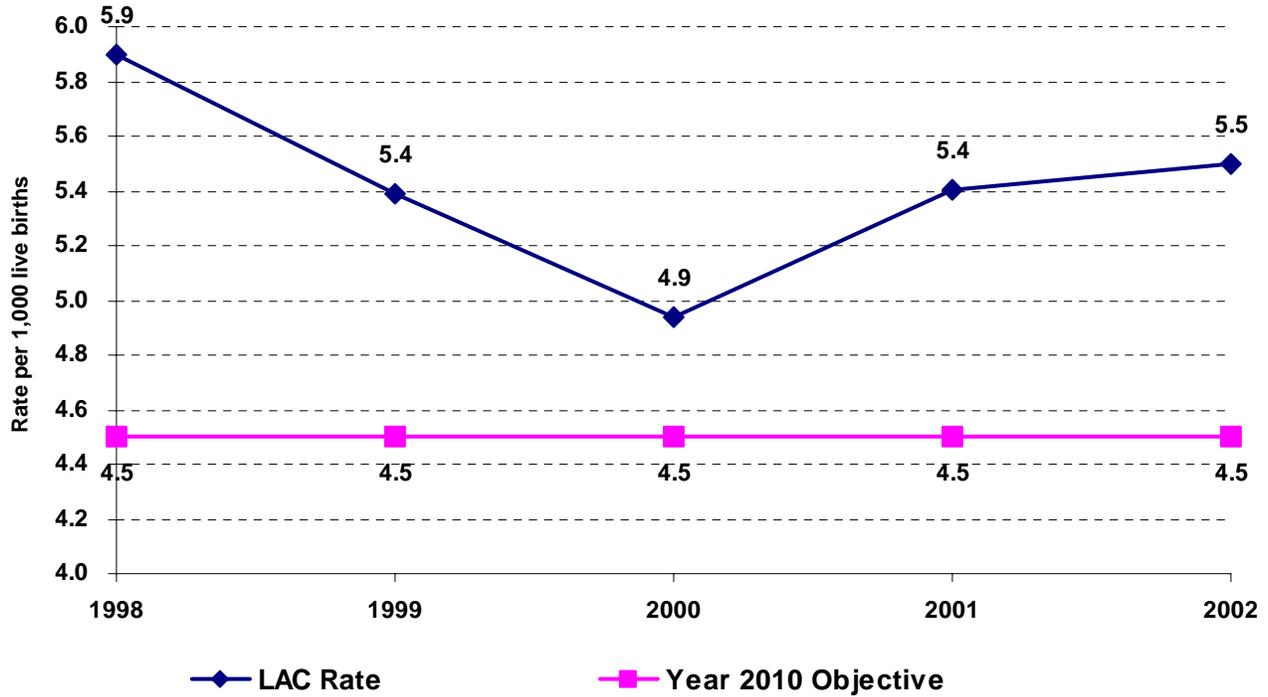
## SUMMARY OF FINDINGS

- Infant mortality rates for Los Angeles County declined from 5.9 to 4.9 infant deaths per 1,000 live births between 1998 and 2000, respectively, a 16.9% decrease. The trend reversed between 2000 and 2002, increasing from 4.9 to 5.5 infant deaths per 1,000 births, a 12.2% increase.
- The countywide rate of infant deaths among African Americans was over twice that of Whites in 2002 (13.1 versus 5.2 deaths per 1,000 live births, respectively).
- Although Antelope Valley (SPA 1) comprised 6% of infant deaths reported in 2002, the rate increased from 5.0 to 10.6 deaths per 1,000 live births between 1999 and 2002, a 112% increase. Death rates among African Americans increased from 1.0 (7 deaths) in 1999 to 32.7 (27 deaths) in 2002 in the Antelope Valley, while rates among other races increased only slightly.
- 1.0 (7 deaths) in 1999 to 32.7 (27 deaths) in 2002 in the Antelope Valley, while rates among other races increased only slightly.
- Hospitalization rates among abused children were higher during the first year of life than for children aged 1 to 14 years. In 2000, 46 children were hospitalized for abuse in Los Angeles County (2.0 per 100,000 children). Of these, 27 (18.6 per 100,000) were less than one year of age. Hospitalization rates for males under one year of age were higher than for females (21.5 versus 15.5 per 100,000, respectively).



Figure 1

DEPARTMENT OF HEALTH SERVICES  
 Infant Mortality Rate, Los Angeles County (LAC), 1998-2002



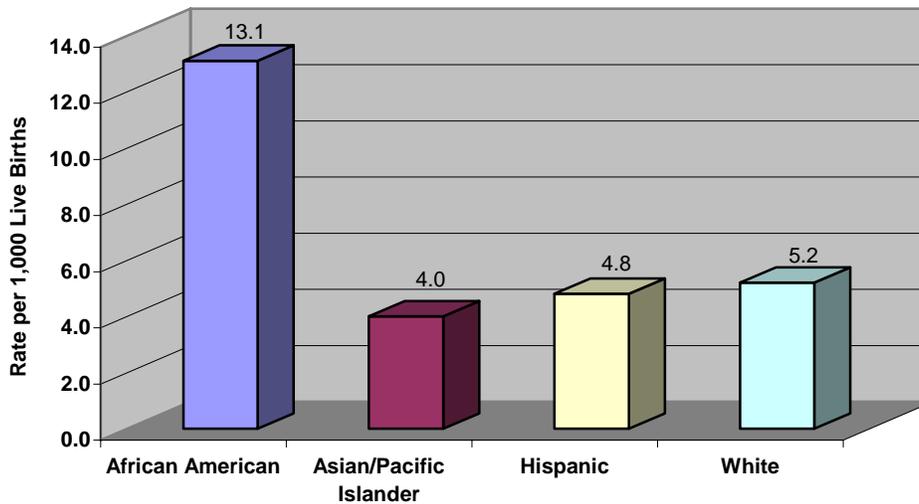
*Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births*

*Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 1998-2002*



Figure 2

**DEPARTMENT OF HEALTH SERVICES**  
**Infant Mortality Rate by Race/Ethnicity, Los Angeles County, 1998-2002**



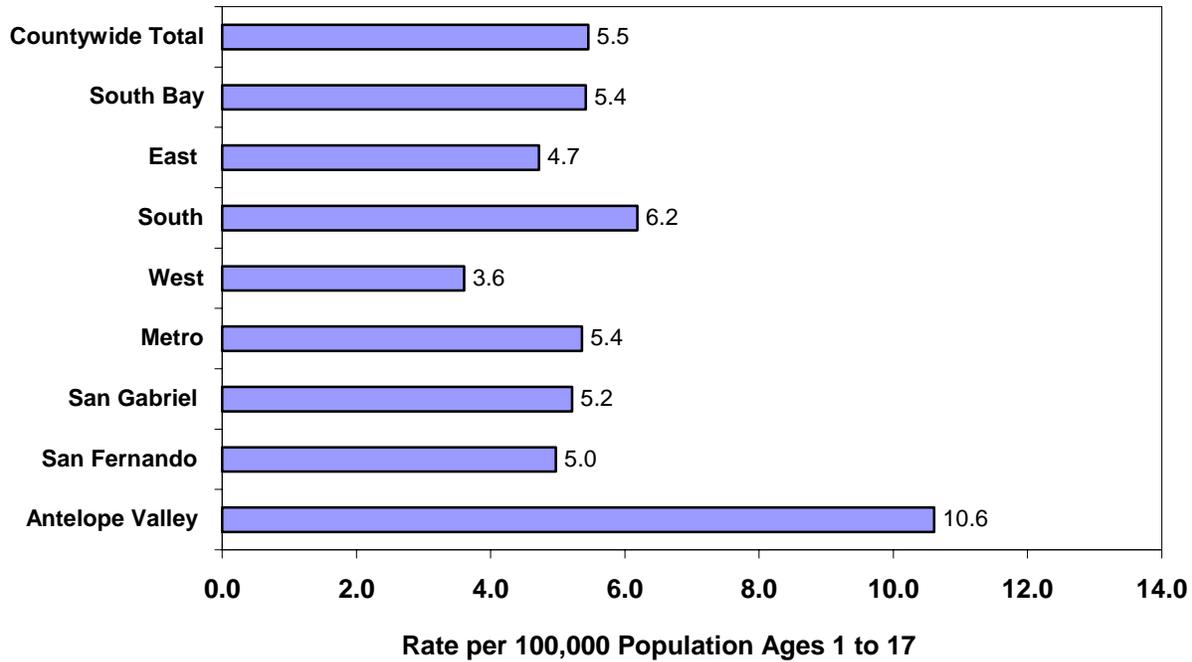
African American	Year	1998	1999	2000	2001	2002
	Number of Deaths	193	144	172	145	157
Number of Live Births	14,246	13,724	13,468	12,671	11,973	
Rate		13.5	10.5	12.8	11.4	13.1
Asian/Pacific Islander	Year	1998	1999	2000	2001	2002
	Number of Deaths	67	56	38	57	63
Number of Live Births	14,968	15,050	16,401	15,537	15,924	
Rate		4.5	3.7	2.3	3.7	4.0
Hispanic	Year	1998	1999	2000	2001	2002
	Number of Deaths	515	485	430	491	460
Number of Live Births	98,074	97,103	97,719	96,288	94,742	
Rate		5.3	5.0	4.4	5.1	4.8
White	Year	1998	1999	2000	2001	2002
	Number of Deaths	157	153	133	132	144
Number of Live Births	30,621	29,514	29,094	28,179	27,674	
Rate		5.1	5.2	4.6	4.7	5.2

*Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births*  
*Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 1998-2002*



Figure 3

**DEPARTMENT OF HEALTH SERVICES**  
**Infant Mortality Rate by Service Planning Area, Los Angeles County, 1998-2002**



	1998		1999		2000		2001		2002						
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate					
Antelope Valley	35	4,501	7.8	22	4,415	5.0	29	4,675	6.2	43	4,568	9.4	53	4,903	10.6
San Fernando	136	30,199	4.5	147	29,492	5.0	120	30,053	4.0	154	29,011	5.3	145	29,163	5.0
San Gabriel	181	27,644	6.5	134	27,341	4.9	144	27,896	5.2	126	26,452	4.8	134	25,690	5.2
Metro	99	18,579	5.3	96	18,236	5.3	85	18,383	4.6	104	16,769	6.2	92	17,155	5.4
West	42	7,239	5.8	40	6,810	5.9	13	6,703	1.9	25	6,766	3.7	24	6,655	3.6
South	174	22,049	7.9	147	21,883	6.7	151	21,911	6.9	143	22,147	6.5	136	21,981	6.2
East	104	23,828	4.4	108	23,408	4.6	79	23,269	3.4	106	22,620	4.7	105	22,243	4.7
South Bay	160	24,445	6.5	139	24,028	5.8	149	24,190	6.2	116	23,255	5.0	124	22,885	5.4
County Total	936	158,604	5.9	841	156,153	5.4	777	157,391	4.9	828	153,523	5.4	826	51,167	5.5

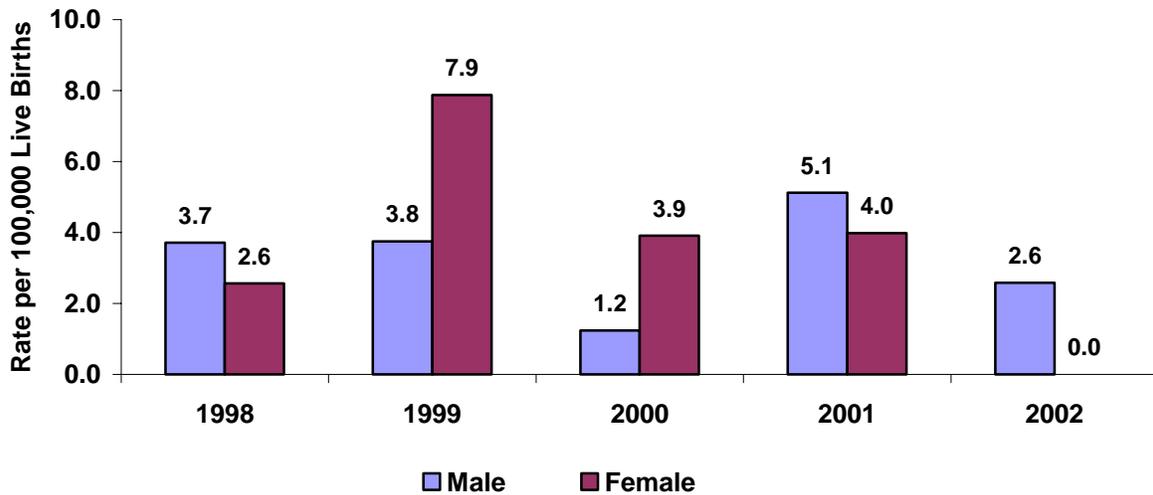
*Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births*  
*Note: Designation of SPA was based on zip codes (published in April 2001). Published SPA statistics based on other designation may differ.*

*Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 1998-2002*



Figure 4

**DEPARTMENT OF HEALTH SERVICES**  
**Child Abuse Related Infant Death Rates by Gender, Los Angeles County, 1998-2002**



	Male			Female			Total		
	Number of Deaths	Number of Live Births	Death Rate	Number of deaths	Number of Live Births	Death Rate	Number of Deaths	Number of Live Births	Death Rate
1998	3	80,725	3.7	2	77,873	2.6	5	158,604	3.2
1999	3	79,955	3.8	6	76,197	7.9	9	156,153	5.8
2000	1	80,595	1.2	3	76,794	3.9	4	157,391	2.5
2001	4	78,141	5.1	3	75,376	4.0	7	153,523	4.6
2002	2	77,329	2.6	0	73,836	0.0	2	151,167	1.3

Note: Diagnoses for child abuse injury include International Classification of Diseases 9<sup>th</sup> Revision (ICD 9) codes E967 and E968.4 for data prior to 1999, and ICD 10 codes Y06-Y07 for data after 1999.

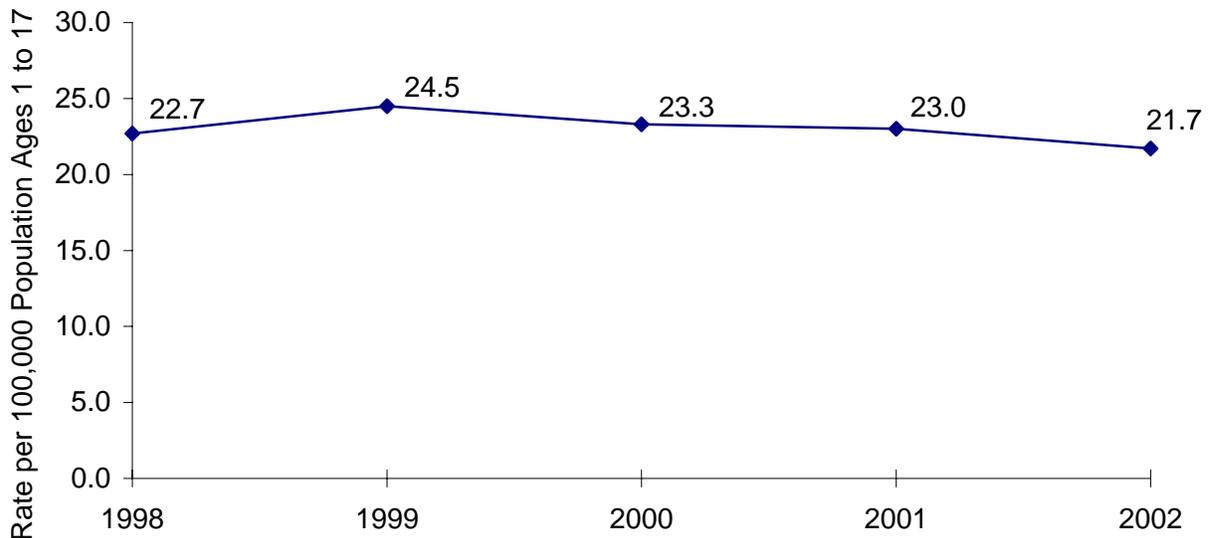
Sum of each gender total does not add up to both gender total due to records that are not specified to any gender.

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 1998-2002



Figure 5

**DEPARTMENT OF HEALTH SERVICES**  
**Child Death Rates among Children Aged 1 to 17, Los Angeles County, 1998-2002**



*Note: Child death rates is defined as the number of deaths occurring in children aged 1 to 17 per 100,000 population ages 1 to 17.*

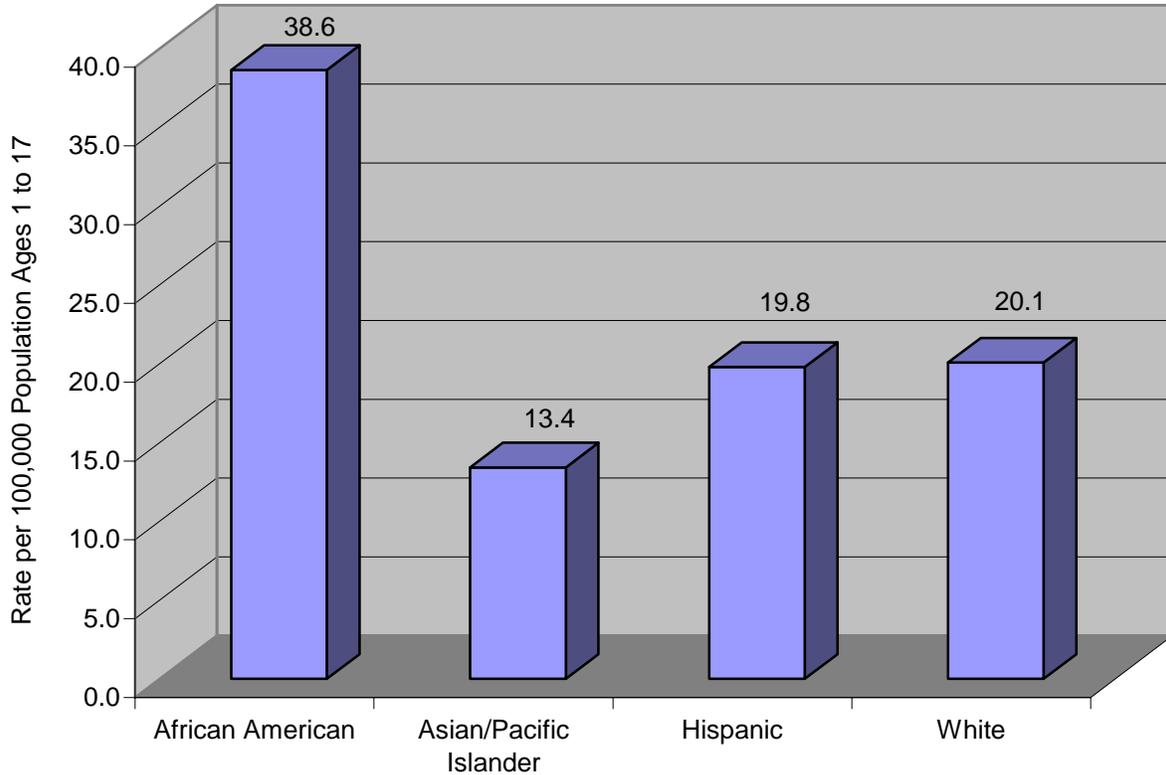
*Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics, 1998-2002*

*State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details. 1970-2050, Sacramento, California, May, 2004*



Figure 6

**DEPARTMENT OF HEALTH SERVICES  
Child Death Rates among Children Aged 1 to 17 by  
Race/Ethnicity, Los Angeles County, 2002**



*Note: Child death rates is defined as the number of deaths occurring in children aged 1 to 17 per 100,000 population ages 1 to 17.*

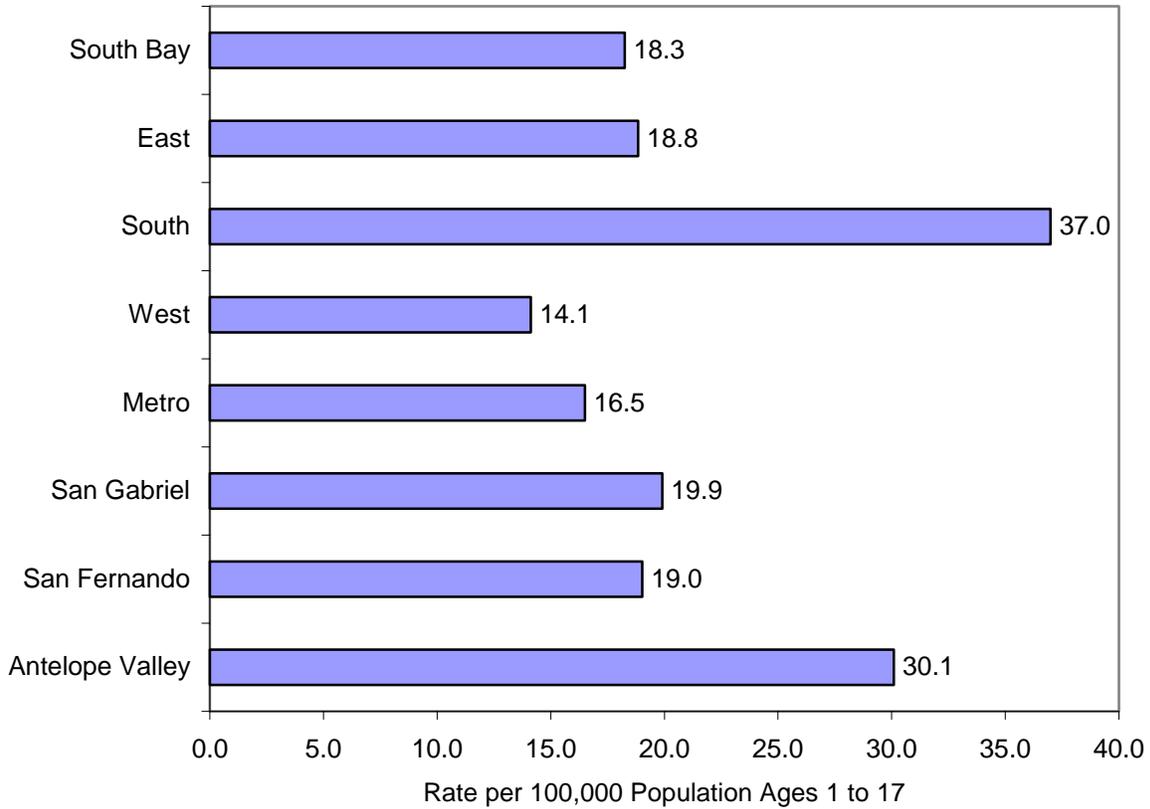
*Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2002*

*Los Angeles County, Department of Health Services, Data Collections & Analysis Unit, 2002 Population Estimate Projections, August 2003 Release*



Figure 7

**DEPARTMENT OF HEALTH SERVICES**  
**Child Death Rates among Children Aged 1 to 17**  
**by Service Planning Area, Los Angeles County, 2002**



*Note: Child death rates is defined as the number of deaths occurring in children aged 1 to 17 per 100,000 population ages 1 to 17.*

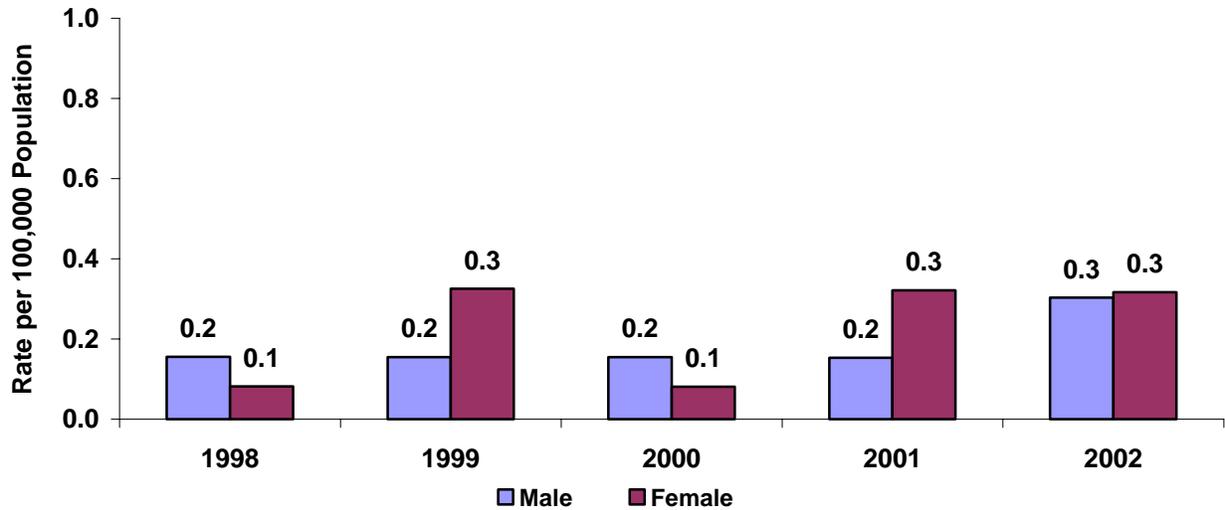
*Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2002*

*Los Angeles County, Department of Health Services, Data Collections & Analysis Unit, 2002 Population Estimate Projections, August 2003 Release*



Figure 8

**DEPARTMENT OF HEALTH SERVICES**  
**Child Abuse Related Death Rates among Children**  
**Aged 1 to 17 by Gender, Los Angeles County, 1998-2002**



	Male			Female			Total		
	Number of Deaths	Population	Death Rate	Number of Deaths	Population	Death Rate	Number of Deaths	Population	Death Rate
<b>1998</b>	2	1,287,818	0.2	1	1,226,780	0.1	3	2,514,598	0.1
<b>1999</b>	2	1,291,627	0.2	4	1,229,225	0.3	6	2,520,852	0.2
<b>2000</b>	2	1,295,238	0.2	1	1,233,687	0.1	3	2,528,925	0.1
<b>2001</b>	2	1,305,747	0.2	4	1,245,687	0.3	6	2,551,434	0.2
<b>2002</b>	4	1,320,940	0.3	4	1,262,549	0.3	8	2,583,489	0.3

*Note: Diagnoses for child abuse injury include International Classification of Diseases 9<sup>th</sup> Revision (ICD 9) codes E967 and E968.4 for data prior to 1999, and ICD 10 codes Y06-Y07 for data after 1999.*

*Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics, 1998-2002*

*State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details. 1970-2050, Sacramento, California, May, 2004*

*Due to the updated population estimates, rates calculated in previous ICAH DHS reports may not be comparable*

*Table 1*

**DEPARTMENT OF HEALTH SERVICES**  
**Leading Causes of Death for Infants, Los Angeles County, 2002**

**Children Less Than 1 Year Old**

Congenital Malformations, Deformations & Chromosomal Abnormalities  
 Disorders Related to Short Gestation & Low Birthweight, Not Elsewhere Classified  
 Neonatal Cardiac Failure  
 Ill-Defined & Unknown Causes of Mortality (Excluding SIDS)  
 Diseases of Respiratory System

*Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2002*

*Table 2*

**DEPARTMENT OF HEALTH SERVICES**  
**Leading Causes of Death for Children by Age Categories, Los Angeles County, 2002**

**Children Ages 1 to 4**

Congenital Malformations, Deformations & Chromosomal Abnormalities  
 Transport Accidents  
 Malignant Neoplasms  
 Assault (Homicide)  
 Diseases of Respiratory System

**Children Ages 5 to 12**

Malignant Neoplasms  
 Transport Accidents  
 Congenital Malformations, Deformations & Chromosomal Abnormalities  
 Assault (Homicide)  
 Diseases of the Circulatory System, Nervous System, Respiratory System, Endocrine System and Metabolism

**Youth Ages 13 to 19**

Assault (Homicide)  
 Transport Accidents  
 Malignant Neoplasms  
 Intentional Self-Harm (Suicide)  
 Diseases of the Circulatory System

*Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2002*



Table 3

**DEPARTMENT OF HEALTH SERVICES**  
**Child Abuse Related Hospitalizations among Children**  
**aged 14 and under Los Angeles County, 2000**

Age	Male			Female			Total		
	Number	Population	Rate	Number	Population	Rate	Number	Population	Rate
Less Than 1	16	74,402	21.5	11	70,790	15.5	27	145,192	18.6
1 to 4	7	302,979	2.3	1	288,755	0.3	8	591,734	1.4
5 to 9	3	409,503	0.7	4	392,147	1.0	7	801,650	0.9
10 to 14	1	373,674	0.3	3	357,376	0.8	4	731,050	0.5
<b>Total</b>	<b>27</b>	<b>1,160,558</b>	<b>2.3</b>	<b>19</b>	<b>1,109,068</b>	<b>1.7</b>	<b>46</b>	<b>2,269,626</b>	<b>2.0</b>

*Note: Child abuse diagnoses include International Classification of Diseases 9<sup>th</sup> Revision (ICD 9) codes E967 and E968.4. Rates are calculated as the number of child abuse related hospitalizations occurring at the specific*

*Age interval per 100,000 age-specific population.*

*Sources: California Office of Statewide Health Planning and Development, Hospital Discharge Records 2000*

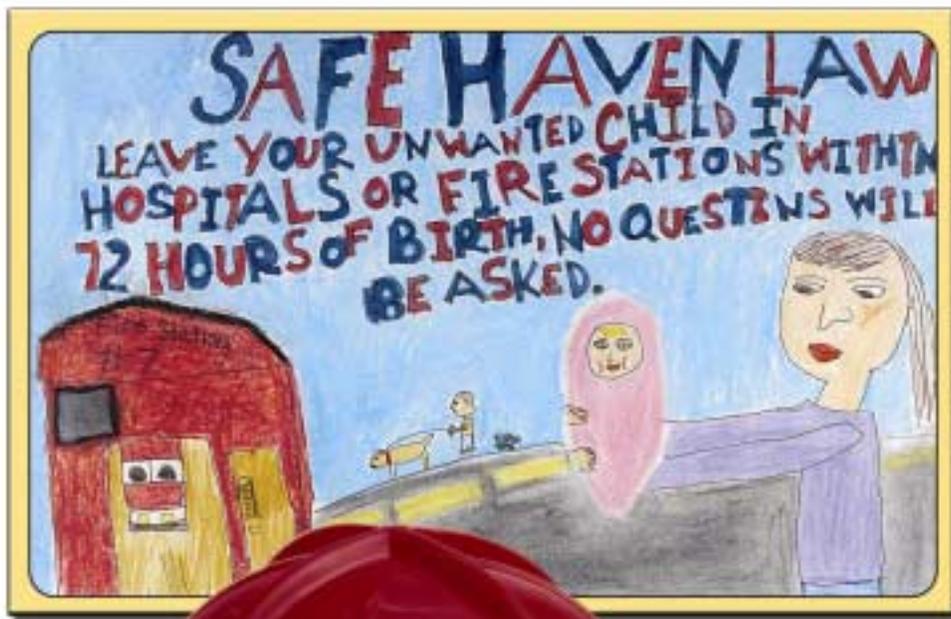
*State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details, 1970-2050, Sacramento, California, May, 2004*

*Due to the updated population estimates, rates calculated in previous ICAH DHS reports may not be comparable.*

# DEPARTMENT OF CHILDREN AND FAMILY SERVICES

---

## AGENCY REPORT







The Los Angeles County Department of Children and Family Services (DCFS) began operations on December 1, 1984. The formation of this department consolidated the Department of Adoptions and the Children's Services functions of the Department of Public Social Services into one County department devoted exclusively to serving children and their families.

### **OUR VISION**

Children grow up safe, physically and emotionally healthy, educated, and in permanent homes.

### **OUR MISSION**

The Department of Children and Family Services will, with our community partners, provide a comprehensive child protective system of prevention, preservation, and permanency to ensure that children grow up safe, physically and emotionally healthy, educated, and in permanent homes.

### **CURRENT GOALS**

The Department of Children and Family Services has been under the guidance of David B. Sanders, P.h.D., during Calendar Year (CY) 2003, who became the Department's Director on March 24, 2003. Dr. Sanders previously served as Senior Human Services Director of the Hennepin County Children, Family and Adult Services Department in Minneapolis, Minnesota for 10 years. Dr. Sanders has identified three primary outcome goals for the Department:

- **Improved Permanence**

Shorten the timelines for permanency for children removed from their families with a particular emphasis on reunification, kinship and adoption. Reductions in the emancipation population will also be critical.

- **Improved Safety**

Significantly reduce the recurrence rate of abuse or neglect for children investigated and reduce the rate of abuse in foster care.

- **Reduced Reliance on Detention**

Reduce reliance on detention through expansion of alternative community-based strategies.

## **CHILD WELFARE SERVICES**

### **Emergency Response Services**

The Emergency Response (ER) services system includes immediate, in-person response, 24 hours a day and seven days a week, to reports of abuse, neglect, or exploitation, for the purpose of providing initial intake services and crisis intervention to maintain the child safely in his or her home or to protect the safety of the child.

### **Family Maintenance Services**

Family Maintenance (FM) involves time-limited, protective services to prevent or remedy neglect, abuse, or exploitation, for the purpose of preventing separation of children from their families.



### Family Reunification Services

Family Reunification (FR) provides time-limited foster care services to prevent or remedy neglect, abuse, or exploitation, when the child cannot safely remain at home and needs temporary foster care while services are provided to reunite the family.

### Permanent Placement Services

Permanent Placement (PP) services provide an alternate, permanent family structure for children who, because of abuse, neglect, or exploitation, cannot safely remain at home, and who are unlikely to be reunified with their parent(s) or primary caretaker(s).

### PROTECTIVE SERVICES – EMERGENCY RESPONSE

During CY 2003, DCFS received an average of 13,530 ER Referrals per month. Of these, an average of 11,970 referrals (88.5%) required an in-person investigation. As shown in Figure 1, there were 162,361 ER Referrals received during CY 2003 compared to 161,638 in CY 2002; thus, the volume of total ER Referrals received during CY 2003 did not reflect a significant increase over CY 2002.

### Emergency Response Referrals Received – Allegation Type

ER Referrals received are categorized by seven reporting reasons (Figure 2 and Figure 3) and are ranked by order of severity of abuse, as defined by the California Department of Social Services (CDSS). Please refer to the Glossary in this Agency report or in the Definitions of Abuse. Figure 2 and Figure 3 also include categories “At Risk, Sibling Abuse” and “Substantial Risk”, which were added with the implementation of Child Welfare Services/Case Management System (CWS/CMS) for siblings who may be at risk but were not identified as victims in the referral.

Figure 1

### TOTAL EMERGENCY RESPONSE REFERRALS RECEIVED Calendar Years 1984 Through 2003

Year	Children
1984	74,992
1985	79,655
1986	103,116
1987	104,886
1988	114,597
1989	111,799
1990	108,088
1991	120,358
1992	139,106
1993	171,922
1994	169,638
1995	185,550
1996	197,784
1997	179,436
1998	157,062
1999	146,583
2000	151,108
2001	147,352
2002	161,638
2003	162,361



Figure 2

**EMERGENCY RESPONSE REFERRALS  
RECEIVED – Allegation type  
Calendar Year 2003**

Allegation Type	Children	Percentage
Sexual Abuse	9,036	5.6
Physical Abuse	21,464	13.2
Severe Neglect	1,807	1.1
General Neglect	44,075	27.1
Emotional Abuse	24,892	15.3
Exploitation	418	0.3
Caretaker Absence/ Incapacity	11,658	7.2
At Risk, Sibling Abuse	29,692	18.3
Substantial Risk	19,319	11.9
<b>TOTAL</b>	<b>162,361</b>	<b>100.0</b>

- General Neglect continues to be the leading reported allegation for child protective services. This allegation category remains at 27.1% of the total referrals received by DCFS during CY 2003. The number of referrals received alleging general neglect (44,075) shows no significant increase over CY 2002.
- Emotional Abuse remains as the second most common allegation and accounts for 15.3% of total referrals received. The number of referrals received for emotional abuse (24,892) reflects a 3.4% decrease from 25,768 in CY 2002.
- Physical Abuse, accounting for 13.2%, continues to be the third most common reported allegation for child protective services. The number of referrals received for this allegation category (21,464) reflects a 4.8% decrease from 22,547 in CY 2002.

- Referrals alleging Caretaker Absence/Incapacity account for 7.2% of total referrals received, and the number of these referrals (11,658) reflects a 7.5% decrease from 12,600 in CY 2002.
- Referrals alleging Sexual Abuse and Severe Neglect show significant decreases from CY 2002. The number of referrals alleging Sexual Abuse (9,036), which accounts for 5.6% of the total referrals received, reflects a 13.6% decrease from 10,453 in CY 2002. Referrals for Severe Neglect account for 1.1% of total referrals received, and the number of referrals received for this allegation (1,807) reflects a 23.9% decrease from 2,374 Severe Neglect referrals received in CY 2002.
- Exploitation, the least reported allegation, accounts for 0.3% of total referrals received. The number of referrals received for this allegation reflects an increase of 2.5% over CY 2002, from 408 to 418.
- When Severe Neglect, General Neglect and Caretaker Absence/Incapacity are combined into a single category of Neglect, they represent 35.4% of the total ER referrals received by DCFS during CY 2003.
- Children in categories At Risk, Sibling Abuse and Substantial Risk, who were at risk of any of the seven defined types of abuse and neglect, account for 30.2% of the total referrals received. An analysis of referrals, categorized as At Risk, Sibling Abuse, shows an increase over CY 2002. The number of At Risk, Sibling Abuse referrals, accounting for 18.3% of all referrals received, reflects a 32.5% increase from 22,406 to 29,692. Substantial Risk referrals (19,319), accounting for 11.9% of the total referrals received, reflect a 9.4% decrease, from 21,332 in CY 2002.



**EMERGENCY RESPONSE DISPOSITIONS - TERMINATIONS AND TRANSFERS**

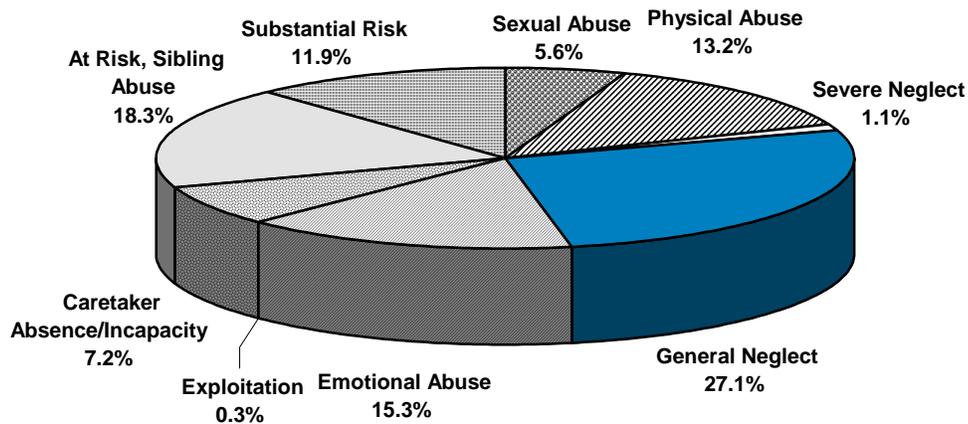
ER Dispositions (168,103) in Figure 4 include children whose protective services referrals or cases were assessed, investigated and closed, or transferred to FM, FR, or PP services for these services, or whose cases were transferred to other jurisdictions.

- ER services provided to 156,377 children resulted in referral or case termination, accounting for 93.0% of the total ER Dispositions. This count includes 18,863 children for whom an in-person response by a Children’s Social Worker was not necessary. It also includes 78,925 children for whom an in-person investigation was made by a Children’s Social Worker and no further services were required; and 58,589 children for whom a case was closed after ER services were provided.

- 6,737 (4.0%) children were transferred to FM for ongoing services.
- Of the above ER Disposition categories, a total of 163,114 (97.0%) children remained in the home of their parent(s) or primary caretaker(s).
- 4,842 (2.9%) children were placed in out-of-home care, receiving FR services to reunite them with their families, or PP services through Adoption, Guardianship or Long-Term Foster Care.
- Cases for 147 children were transferred to other counties or jurisdictions, accounting for 0.1% of total ER Dispositions during CY 2003.

Figure 3

**EMERGENCY RESPONSE REFERRALS RECEIVED – Allegation type  
Calendar Year 2003**





**Figure 4**  
**EMERGENCY RESPONSE DISPOSITIONS - CHILD PROTECTIVE SERVICES**  
Calendar Year 2003

Disposition Type	Children	Percentage	Remarks
Emergency Response Assessed Referrals Closed (No in-person response)	18,863	11.2	Evaluated-Out Referrals - Referrals were evaluated by the Child Protection Hotline (CPH) and determined not to require an in-person response. Evaluated-Out Referrals also include referrals evaluated out by the regions.
Emergency Response Referrals In-person Response Closed (No further services required)	78,925	47.0	Unfounded or Inconclusive Referrals - Referrals that required in-person investigations, and were determined to be unfounded or inconclusive and closed.
Emergency Response In-person Response Cases Closed, Emergency Response Services Provided	58,589	34.9	Substantiated Referrals - Referrals were determined to be substantiated. Emergency Response Services were provided and closed.
Transferred to Family Maintenance	6,737	4.0	Emergency Response Cases were transferred to receive ongoing Family Maintenance Services.
Transferred to Family Reunification/Permanent Placement	4,842	2.9	Emergency Response Cases were transferred to receive ongoing Family Reunification or Permanent Placement Services.
Transferred to Other Jurisdictions	147	0.1	Emergency Response Cases were transferred to Other Counties/Jurisdictions for continuing Child Welfare Services.
<b>TOTAL</b>	<b>168,103</b>	<b>100</b>	

*Note: Total Percentages may not equal 100% due to rounding.  
Source: 12-month summary of data from SOC 291 Program Management Report, a CDSS report.  
Data include dispositions of pending referrals carried over from CY 2002.*



## IN-HOME AND OUT-OF-HOME SERVICES CASELOAD

Figure 5 and Figure 6 exhibit the total DCFS In-Home and Out-of-Home Services Caseload at the end of CY 2003 (i.e., as of December 31, 2003). These data represent a caseload breakdown by the four child welfare service components: Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement. The Adoptions caseload is shown separately. The total DCFS caseload has been on a decreasing trend since the end of CY 1996. Between the end of CY 2002 and the end of CY 2003, the total DCFS In-Home and Out-of-Home Services Caseload shows a 5.3% decrease, from 42,375 to 40,135.

Figure 5

### IN-HOME AND OUT-OF-HOME SERVICES CASELOAD As of December 31, 2003

Services Type	Children	Percentage
Emergency Response	1,100 *	2.7
Family Maintenance	8,915	22.2
Family Reunification	8,670	21.6
Permanent Placement	18,968	47.3
Adoptions	2,482	6.2
<b>TOTAL</b>	<b>40,135 *</b>	<b>100.0</b>

\* Year-end caseload excludes 5,498 children in Emergency Response Referrals Pending Disposition/Still Under Investigation.

NOTE: CY 2003 Total Caseload includes 1,097 children in adoptive homes pending Final Decree of Adoption.

## CHILD CHARACTERISTICS

Figure 7, Figure 8, Figure 9, and Figure 10 exhibit demographic data on children in the total DCFS In-Home and Out-of-Home Services Caseload at the end of CY 2003 by age group, ethnicity and gender. Due to a decrease in the DCFS total child caseload, most characteristic categories show decreases from the data at the end of CY 2002.

### AGE

- The number of children in the most vulnerable age group, Birth - 2 Years (5,549), reflects a 3.5% decrease from 5,749 at the end of CY 2002. This population accounts for 13.8% of the total caseload at the end of CY 2003.
- The number of children in the age group 3 - 4 Years (3,701), accounting for 9.2% of the total caseload, reflects a 5.8% decrease from 3,927 at the end of CY 2002.
- Children in the age group 5 - 9 Years (24.2%) represent the largest DCFS child population among all age groups. The number for this child population (9,724) reflects a 10.9% decrease from 10,915 at the end of CY 2002. The child population 10 - 13 Years represents the second largest, which accounts for 23.7% of the total caseload, and the number of children in this child population (9,517) reflects an 8.3% decrease from 10,373. In total, children 5 - 13 Years of age account for almost half of the total DCFS child population.
- Children in the age group 14 - 15 Years (5,120) represent 12.8% of the total DCFS caseload. The number of children in this population reflects an insignificant decrease from CY 2002.



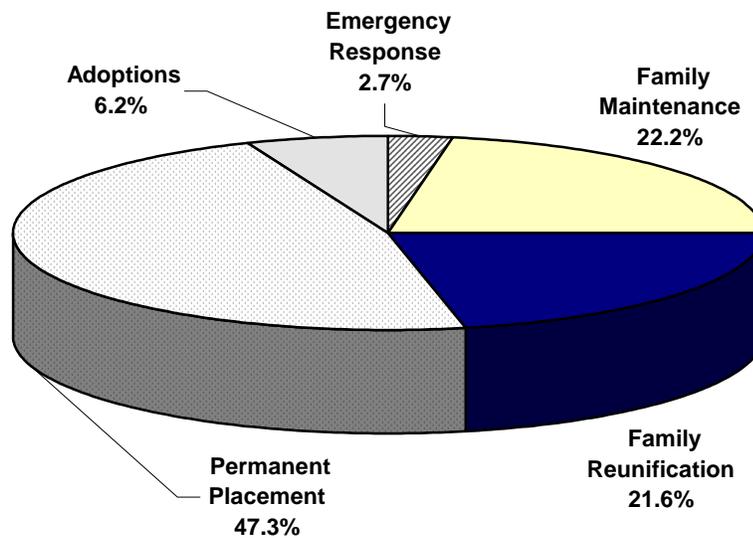
- The number of children in the age group 16 – 17 Years, accounting for 11.8% of total DCFS children at the end of CY 2003, shows a 3.2% increase over CY 2002, an increase from 4,603 to 4,752.
- There is also an increase of youth in the age group 18 & Older, and the number of youth in this population, which accounts for 4.4% of DCFS children at the end of CY 2003, reflects a 5.7% increase from 1,677 to 1,772.
- Overall, children 13 years and under account for 71.0%, and children 14 years and older account for 29.0% of the total DCFS caseload.

### ETHNICITY

- The number of White children (5,931), accounting for 14.8% of the total DCFS caseload at the end of CY 2003, reflects a 3.9% decrease from 6,169 at the end of CY 2002.
- The number of Hispanic children (17,334) reflects a 2.3% decrease from 17,736 at the end of CY 2002. This population remains the largest of all ethnic populations among DCFS children and accounts for 43.2% of the total DCFS caseload at the end of CY 2003.

Figure 6

### IN-HOME AND OUT-OF-HOME SERVICES CASELOAD As of December 31, 2003



\* Year-end caseload excludes 5,498 children in Emergency Response Referrals Pending Disposition/Still under Investigation.

NOTE: CY 2003 Total Caseload includes 1,097 children in adoptive homes pending Final Decree of Adoption.



**Figure 7**  
**IN-HOME AND OUT-OF-HOME SERVICES**  
**CASELOAD –CHILD CHARACTERISTICS**  
As of December 31, 2003

Age Group	Children	Percentage
Birth - 2 Years	5,549	13.8
3 - 4 Years	3,701	9.2
5 - 9 Years	9,724	24.2
10 - 13 Years	9,517	23.7
14 - 15 Years	5,120	12.8
16 - 17 Years	4,752	11.8
18 Years & Older	1,772	4.4
<b>TOTAL</b>	<b>40,135</b>	<b>100.0</b>

Ethnicity	Children	Percentage
White	5,931	14.8
Hispanic	17,334	43.2
African American	15,271	38.0
Asian/Pacific Islander	990	2.5
American Indian/ Alaskan Native	261	0.7
Filipino	197	0.5
Other	151	0.4
<b>TOTAL</b>	<b>40,135</b>	<b>100.0</b>

Gender	Children	Percentage
Male	20,170	50.3
Female	19,965	49.7
<b>TOTAL</b>	<b>40,135</b>	<b>100.0</b>

- The African American child population (15,271) reflects an 8.8% decrease from 16,740 at the end of CY 2002. It continues to represent the second largest ethnic population among DCFS children and accounts for 38.0% of the total DCFS caseload at the end of CY 2003.
- The Asian/Pacific Islander population remains at 2.5% of the total DCFS caseload. The number of these children (990) reflects an 8.1% decrease from 1,077 at the end of CY 2002.
- Despite decreases in children among all other ethnic groups due to the overall decrease in the total DCFS caseload, the number of American Indian/Alaskan Native children reflect an increase by 23.7%, from 211 at the end of CY 2002 to 261 at the end of CY 2003. This population accounts for 0.7% of the total DCFS caseload at the end of CY 2003.
- Filipino (197), and Other (151) ethnic categories account for 0.5% and 0.4% of the total DCFS children, respectively.

#### GENDER

- Distributions of the total DCFS children by gender are almost equal.



Figure 8

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD – BY AGE GROUP

As of December 31, 2003

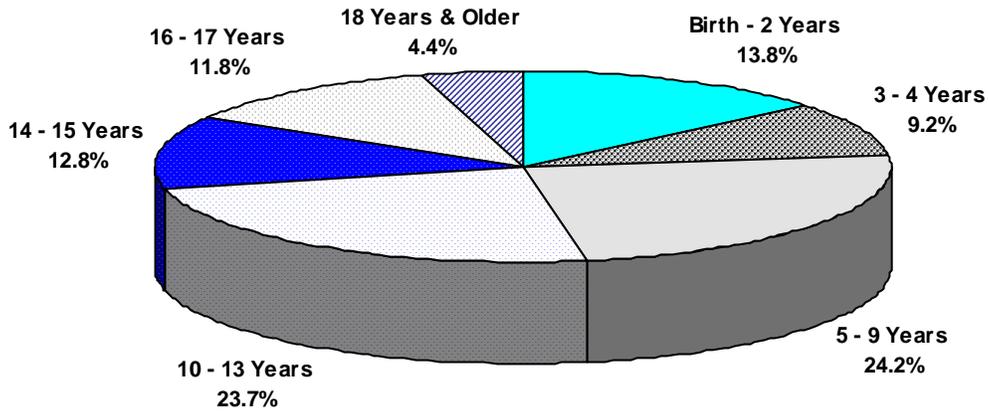


Figure 9

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD – BY ETHNICITY

As of December 31, 2003

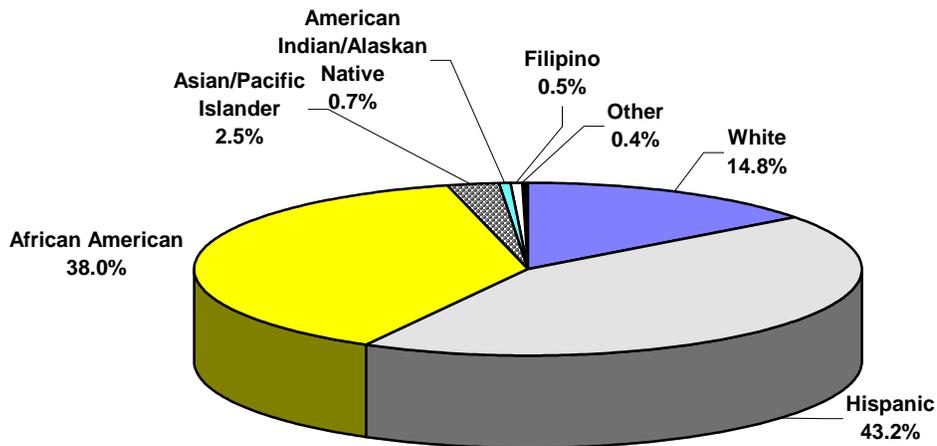




Figure 10

**IN-HOME AND OUT-OF-HOME SERVICES CASELOAD – BY GENDER**  
As of December 31, 2003

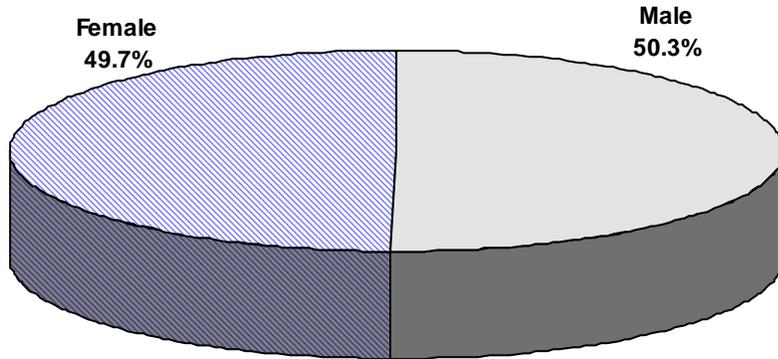


Figure 11

**OUT-OF-HOME PLACEMENT CASELOAD**  
As of December 31, 2003

Facility Type	Children	Percentage
Relatives	11,644	40.6
Foster Homes	4,053	14.1
Foster Family Agency Homes	6,754	23.5
Small Family Homes	220	0.8
Group Homes	2,490	8.7
Non-Related Legal Guardians	2,204	7.7
Adoptions Children Placed Not Finalized	1,097	3.8
Other	224	0.8
<b>TOTAL</b>	<b>28,686</b>	<b>100.0</b>

**CHILDREN IN  
OUT-OF-HOME PLACEMENT**

Figure 11 and Figure 12 identify children who are in out-of-home placement, by facility type, as of December 31, 2003. A caseload comparison between the end of CY 2002 and CY 2003 shows a 6.8% decrease in the number of children in out-of-home placement, from 30,785 to 28,686.

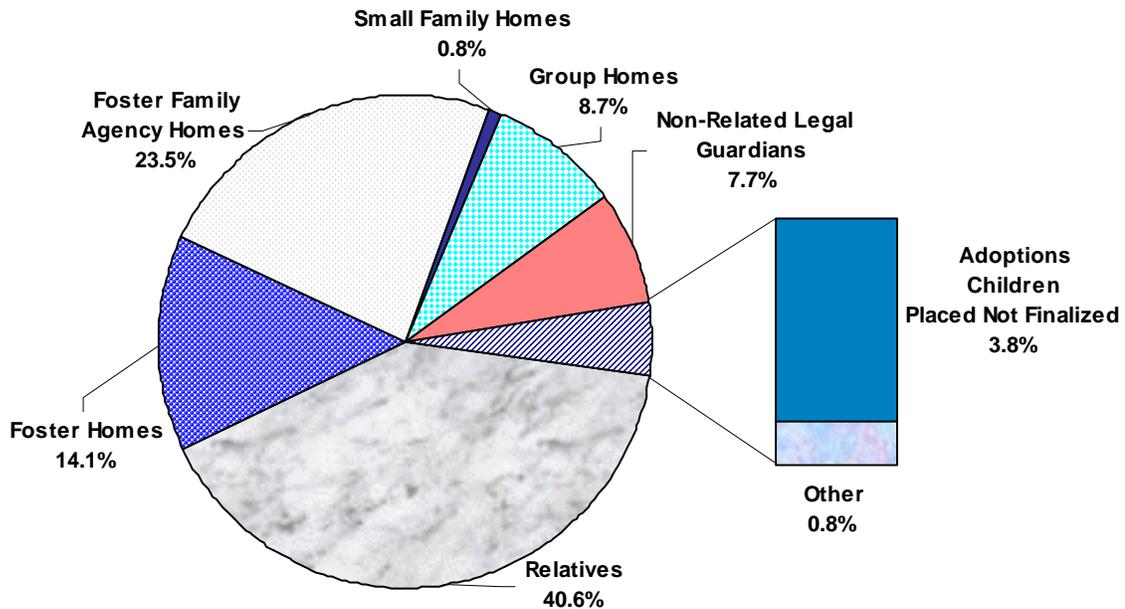
- Children in placements with Relatives continue to represent the largest child population in the DCFS Out-of-Home Placement caseload. This child population accounts for 40.6% of the total children in out-of-home placements. The number of children in this placement category (11,644) reflects an 8.9% decrease from 12,777 at the end of CY 2002.



Figure 12

OUT-OF-HOME PLACEMENT CASELOAD

As of December 31, 2003



- Children in Foster Family Homes account for 14.1% of the total out-of-home placements. An increase of 22.6% in these children over CY 2002 is observed. However, this apparent increase is a result of changes in the designation of the placements previously coded as Court Specified Homes, which were previously included under the facility type “Other”.
- Foster Family Agency Home children represent 23.5% of the total out-of-home child population. The number of children in this placement category (6,754) reflects a 12.4% decrease from 7,710 at the end of CY 2002.

- The number of children in Small Family Homes (220) reflects a 12.7% decrease from 252 at the end of CY 2002.
- Children in Group Homes and the homes of Non-Related Legal Guardians show increases in volume over CY 2002. The number of children in Group Homes, who represent 8.7% of the total out-of-home population, reflects a 14.5% increase, from 2,174 at the end of CY 2002 to 2,490. The number of children in the homes of Non-Related Legal Guardians reflects a 2.8% increase, from 2,145 to 2,204, and this child population accounts for 7.7% of the total out-of-home population.



Figure 13

**ADOPTIONS PERMANENCY  
PLANNING CASELOAD  
Calendar Years 1984 through 2003**

Year	Total Adoption Cases*	Children Placed In Adoptive Homes**
1984	1,198	558
1985	1,674	524
1986	1,606	617
1987	1,815	541
1988	1,576	698
1989	1,484	696
1990	1,340	824
1991	1,186	1,000
1992	1,110	985
1993	1,134	1,049
1994	1,511	1,027
1995	1,709	1,035
1996	1,659	1,087
1997	3,518	1,346
1998	6,410	1,728
1999	1,951	2,532
2000	1,888	2,874
2001	1,852	2,871
2002	1,929	1,911
2003	1,400	1,777

\* Total Adoption Cases opened during the year

\*\* Children placed in adoptive homes during the year.

- The number of children who live in homes with their adoptive parents pending a Final Adoptions Decree (Adoptions Children Placed Not Finalized) reflects an 18.7% decrease, from 1,349 at the end of CY 2002 to 1,097.
- Placement type “Other” consists of Court Specified Homes and Non-Foster Care Medical Facility. The number of children in the placement category “Other” reflects a drastic decrease, from 1,040 at the end of CY 2002 to 224 or 78.5%. This is due to changes in the designation of the placement type previously coded as Court Specified Homes to Relatives, Foster Family Homes, or Group Homes.

**ADOPTION PLANNING**

Figure 13, Figure 14, and Figure 15 reflect comparative data on children referred for adoption permanency planning. Referrals of children for permanency planning through adoption are referred from DCFS child protective services caseloads or directly from the community to the DCFS Adoptions Division.

The number of children placed in adoptive homes during CY 2003 (1,777) reflects a 7.0% decrease from placements (1,911) made during CY 2002. A five-year comparison of children placed in adoptive homes during CY 1998 to CY 2003 shows a 2.8% increase, from 1,728 to 1,777.

**ICAN PUBLIC WEB SITE**

The public may access the DCFS Data Statement as part of the CY 2003 ICAN report at the following Web Site address:

**<http://ICAN.CO.LA.CA.US>**

Questions regarding the DCFS Data Statement may be directed to Thomas Nguyen at (562) 345-6712.



Figure 14

**ADOPTIONS CASES OPENED**  
Calendar Years 1984 through 2003

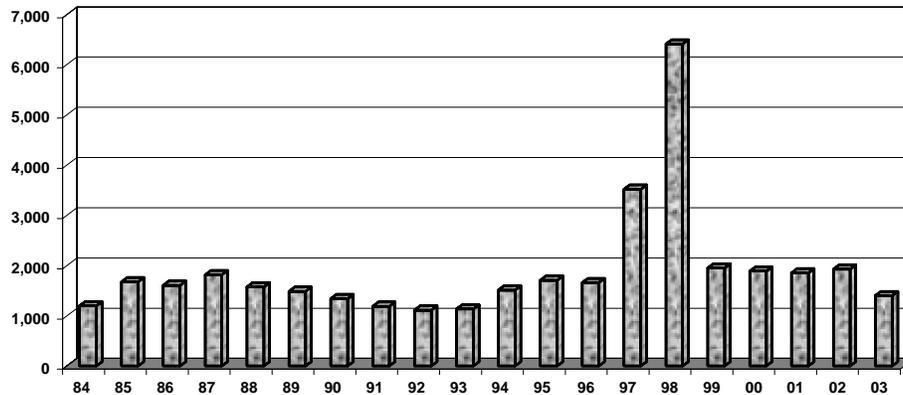
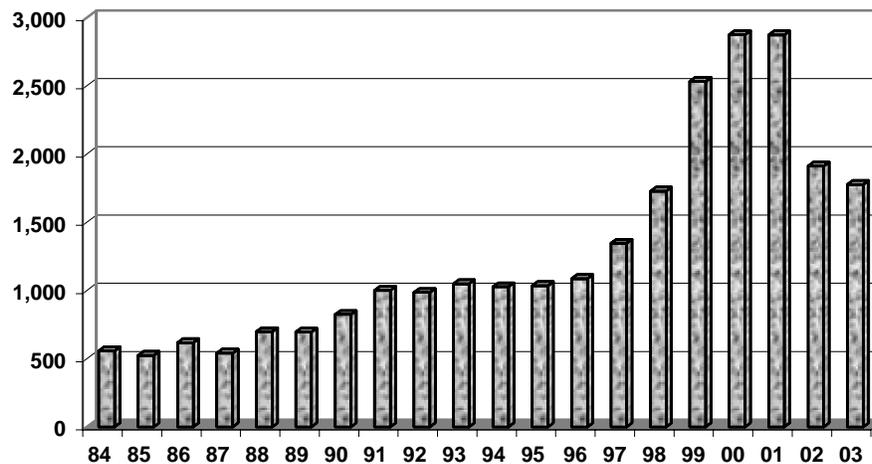


Figure 15

**CHILDREN PLACED IN ADOPTIVE HOMES**  
Calendar Years 1984 through 2003





## SELECTED FINDINGS

- General Neglect, following Sexual Abuse, Physical Abuse and Severe Neglect in level of severity, continues to be the leading reason for child protective services. This allegation category remains at 27.1% of the total ER referrals received during CY 2003.
- The number of DCFS children in the total caseload has been on a decreasing trend since the end of CY 1996. Due to a change in caseload reporting methodology, effective with the ending December 2002 reporting period, the percentage change in the year-end total caseload between CY 1996 and CY 2003 is not presented. Between the end of CY 2002 and the end of CY 2003, the total DCFS caseload shows a 5.3% decrease, from 42,375 to 40,135.
- The Hispanic child population continues to represent the largest of all ethnic populations among DCFS children. At the end of CY 2003, Hispanic children account for 43.2% of the total DCFS children, up by 1.3% from 41.9% at the end of CY 2002.
- Despite decreases in children among all other ethnic groups due to the overall decrease in the total DCFS children, the number of American Indian/Alaskan Native children reflect an increase by 23.7%, from 211 at the end of CY 2002 to 261 at the end of CY 2003.
- The number of DCFS children in the out-of-home caseload has been on a decreasing trend since CY 1998. Between CY 1998 and CY 2003, the year-end out-of-home placement caseload reflects a 45.6% decrease, from 52,777 to 28,686. While the total DCFS caseload shows a 5.3% decrease between CY 2002 and CY 2003, the total children in out-of-home placement caseload shows a 6.8% decrease.

## RESPONSE TO RECOMMENDATIONS FROM 2003 REPORT

### RECOMMENDATION ONE:

#### Juvenile Offender Data Collection

The Department of Children and Family Services will evaluate and identify any data elements available from WIC 241.1 cases that would be of value in future reports.

### RECOMMENDATION TWO:

#### Agency Multi-Trend Data

The Data Report submitted by the Department of Children and Family Services does include multi-trend data.

### RECOMMENDATION THREE:

#### Agency Participation

The Department of Children and Family Services' Representative to the ICAN Data and Information Sharing Committee has been fully and actively participating in this committee's meetings.

# LOS ANGELES COUNTY SUPERIOR COURTS

---

## AGENCY REPORT







## LOS ANGELES SUPERIOR COURT Juvenile Dependency Court 2003

### COURT OVERVIEW

Juvenile Court proceedings are governed by the Welfare and Institutions Code (WIC), hereinafter, the Code. Through the Code, the legislative branch of government sets the parameters for the Court and other public agencies to establish programs and services which are designed to provide protection, support or care of children; provide protective services to the fullest extent deemed necessary by the Juvenile Court, probation department or other public agencies designated by the Board of Supervisors to perform the duties prescribed by the Code; and insure that the rights and the physical, mental or moral welfare of children are not violated or threatened by their present circumstances or environment (WIC §19).

The Juvenile Court has the authority to interpret, administer and assure compliance with the laws enumerated in the Code such that the protection and safety of the public and each child under the jurisdiction of the Juvenile Court is assured and the child's family ties are preserved and strengthened whenever possible. Children are removed from parental custody only when necessary for the child's welfare or for the safety and protection of the public. The child and his family are provided reunification services whenever the Juvenile Court determines removal must be necessary.

The Los Angeles County Juvenile Division encompasses Courts which adjudicate three types of proceedings: Delinquency, Informal Juvenile and Traffic, and Dependency, and is headed by the Presiding Judge of the Juvenile Court. Delinquency proceedings involve children under the age of 18 who are alleged to have committed a delinquent act (conduct that would be criminal if committed by an adult) or who are habitually disobedient, truant or beyond the control of the parent or guardian (engaging in non-criminal

behavior that may be harmful to themselves) (WIC §§ 602, 601).

There are two specialized Delinquency Courts, the Juvenile Mental Health Court and the Juvenile Drug Court. The Juvenile Mental Health Court treats juvenile offenders who suffer from diagnosed mental disorders and mental disabilities. The Juvenile Drug Court provides voluntary comprehensive treatment programs for non-violent minors who have committed drug or alcohol related offenses or delinquent behavior and a history of drug use.

Informal Juvenile and Traffic Courts hear and dispose of cases involving children under the age of 18 who have been charged with offenses delineated in WIC § 256. These offenses include traffic offenses, loitering, curfew violations, evading fares, defacing property, etc.

Dependency proceedings exist to protect children who have been seriously abused, neglected or abandoned, or who are at substantial risk of abuse or neglect (WIC §§ 202, 300.2).

The Department of Children and Family Services (DCFS) investigates allegations of abuse and is the petitioner on all new cases filed in the Dependency Court. DCFS bears the burden of proof and must make a prima facie showing at the initial hearing (the arraignment/detention hearing) that the child requires the protection of the Court.

There are twenty-one Dependency Courts in the Los Angeles Court system. Twenty are located in the Edmund D. Edelman Children's Court in Monterey Park; one is in the Lancaster Courthouse serving families and children residing in the Antelope Valley. One courtroom at the Edelman Children's Court has been designated for private and agency adoptions. Two Courts hear matters involving the hearing impaired and another hears matters that fall within the Indian Child Welfare Act (25 U.S.C. § 1901 et. seq., CRC 439).



## THE COURT PROCESS

The fundamental goal of the Juvenile Dependency system is to assure the safety and protection of the child while acting in the child's best interest. The best interest of the child is achieved when a child is protected from abuse and feels secure and nurtured within a stable, permanent home.

To act in the best interest of the child, the Court must safeguard the parents' fundamental right to raise their child and the child's right to remain a part of the family of origin by preserving the family as long as the child's safety can be assured. All parents who appear in the Court and all children are represented by legal counsel. The Court will appoint legal counsel for a parent unless the parent has retained private counsel. Legal counsel for children are appointed by the Court and are statutorily mandated to inform the Court of the child's wishes. Legal counsel act in the best interest of the child by informing the Court of any conflict between what the child seeks and what may be in the child's best interest. DCFS is represented by County Counsel. All parties who appear in the Dependency Court are entitled to be represented by counsel. Children are appointed counsel regardless of their appearance in Court (WIC §317).

Preservation of the family can be facilitated through family maintenance and family reunification services. Family maintenance services are provided to a parent who has custody of the child. Family reunification services are provided to a parent whose child has been removed from their care and custody by the Court and placed in foster care. Prior to filing a petition in the Court, DCFS must make reasonable efforts to provide services that might eliminate the need for the intervention of the Court.

Before a parent can be required to participate in these services, the Court must find that facts have been presented which prove the assertion of parental abuse, neglect or the risk of

abuse or neglect as stated in the petition filed by the DCFS.

Findings of abuse or neglect are made at the Jurisdiction/Disposition hearing and result in the Court declaring the child dependent and the parents and child subject to the jurisdiction of the Court. Reunification services for the family are delineated in the disposition case plan, which is tailored by the Court to the requirements of each family and provided to them under the auspices of the DCFS.

**Reunification services** facilitate the safe return of the child to the family and may include drug and alcohol rehabilitation, the development of parenting skills, therapeutic intervention to address mental health issues, education and social skills, in-home modeling to develop homemaking and/or budgeting skills. The disposition case plan must delineate all the services deemed reasonable and necessary to assure a child's safe return to his/her family. When a family fully and successfully participates in reunification services that have been appropriately tailored, the family unit is preserved and the child may remain with the birth family.

Stability and permanence are also assured when a child is able to safely remain within the family unit without placement in foster care while parents receive **family maintenance services** from DCFS under the supervision of the Court. If the Court has ordered that the child may reside with a parent, the case will be reviewed every six (6) months until such time the Court determines that the conditions which brought the child within the court's jurisdiction no longer exist, at which time the court may terminate jurisdiction (WIC §364).

Preserving the family unit through family maintenance and reunification services is one aspect of what is called Permanency Planning. Permanency Planning also involves the identification and implementation of a plan for the child when he/she cannot be safely returned to a parent or guardian (WIC §366.26). Concurrent planning occurs when the Court orders reunification



services simultaneous with planning for permanency outside of the parents' home. In the Dependency system, concurrent planning begins the moment a child has been removed from the parents' care.

Children require stability, a sense of security and belonging. To assure that concurrent planning occurs in a manner that will provide stability for the child, periodic reviews of each case are set by the Court. When a child is removed from the care of a parent and suitably placed in foster care under the custody of the DCFS, the Court will order six (6) months of reunification services for children under the age of three (3), including sibling groups with a child under that age. For all other children, the reunification period is twelve (12) months. If the Court finds compliance with the service plan at each and every six-month Judicial Review hearing, the Court may continue services to a date eighteen months from the date of the filing of the original WIC §300 petition. To extend reunification services to the twelfth (12<sup>th</sup>) or eighteenth (18<sup>th</sup>) month date, the Court, based upon its evaluation of the history of the case, must find a substantial likelihood of the child's return to the parent or guardian on or before the permanency planning 18<sup>th</sup> month hearing (WIC § 366.21, et. seq.).

When children are returned to parents or guardians, the family is provided six months of family maintenance services to assure the stability of the family and the well-being of the child. If reunification services are terminated without return to the parent or guardian, the Court must establish a Permanent Plan for the child. Termination of reunification services without return of the child to the parent is tantamount to finding the parent to be unfit to parent that child or children. A parent who has failed to reunify with a child may be prevented from parenting later born children if the Court sustains petitions involving the later born children. The Court may deny reunification services to the parent. In that case, the Court will set a Permanency Planning Hearing to consider the most appropriate

plan for the child. The Code provides circumstances where the Court may in the exercise of its discretion order no reunification services for a parent (WIC § 361.5). Examples are when a parent has inflicted serious abuse upon a child; has a period of incarceration that exceeds the time period set for reunification; has inflicted serious sex abuse upon a child, etc.

If it is consistent with the best interest of the child, concurrent planning will take place during the reunification period. In the event the parents do not reunify with the child the Court and DCFS are prepared to secure a stable and permanent home under one of three Permanent Plans set out in the Code (WIC §366.26):

1. Adoption of the child following a hearing where Dependency Court has terminated parental rights. Adoption is the preferred plan as it provides the most stability and permanence for the child.
2. Appointment of a Legal Guardian for the child. Legal guardians have the same responsibilities as a parent to care for and control a child. However, legal guardianship provides less permanence, as a guardianship may be terminated by Court order or by operation of law when the child reaches the age of 18.
3. Planned Permanent Living Arrangement (formerly Long-Term Foster-Care). This plan is the least stable for the child because the child has not been provided a home that will commit to parent him or her into adulthood while providing the legal relationship of parent and child.

When a Permanent Plan is implemented, the Court reviews it every six months until the child is adopted, guardianship is granted, or the child reaches age eighteen (18). Court jurisdiction for children under a Planned Permanent Living Arrangement cannot be terminated until the child reaches age eighteen. Jurisdiction may terminate



for children under a plan of legal guardianship or when a child's adoption has been finalized.

### **SUBSEQUENT AND SUPPLEMENTAL PETITIONS**

Subsequent and supplemental petitions may be filed within existing cases by DCFS, the parents, and persons not a party to the original action. These petitions are filed to protect and/or assert the rights of parties, including the rights and interest of the child. Due Process issues may exist whenever a petition is filed in the Dependency Court. The Court may, therefore, be compelled to appoint counsel (if appropriate), set these matters for contested hearings, and, if the parents are receiving reunification services, the Court must resolve the new petitions while maintaining compliance within the statutory time lines.

**Subsequent Petitions** may be filed by DCFS anytime after the original petition has been adjudicated. They allege new facts or circumstances other than those under which the original petition was sustained (WIC § 342). A subsequent petition is subject to all of the procedures and hearings required for the original petition.

**Supplemental Petitions** may be filed by DCFS to change or modify a prior Court order placing a child in the care of a parent, guardian, relative or friend, if DCFS believes there are sufficient facts to show that the child will be better served by placement in a foster home, group home or in a more restrictive institution (WIC § 387). A supplemental petition is subject to all of the procedural requirements for the original petition.

**Petitions for Modification, (Pre and Post Disposition)** may be filed to change or set aside any order made by the Court (WIC § 385). Any person subject to the jurisdiction of the Court may make a motion pursuant to WIC § 385 at any time. Orders may be modified as the Court deems proper, subject to notice to the counsel of record.

**Petitions for Modification (Post Disposition)** may be filed by a parent or any person having an interest in a child who is a dependent child, including the child him or herself. These petitions allege a change of circumstances, or new evidence such that it is in the best interest of the child that the Court modify or change its prior orders (WIC § 388).

### **CASELOAD OVERVIEW**

The data collected at this time does not fully reflect the workload of the Dependency Courts. In addition to the statutorily mandated hearings (Detention/Arraignment Hearing, Jurisdictional Hearing, Disposition Hearing, six, twelve and eighteen month review hearings, Selection and Implementation Hearing) the Court, acting in the best interest of the child, must often schedule hearings to receive progress reports if it is determined that Court ordered services may be lacking. Interim hearings may be scheduled to handle matters that have not been or cannot be resolved without Court intervention. Cases that are transferred from other counties must be immediately set on the Court's calendar; and recently all of the Courts began hearing adoption hearings once or twice a month, so that permanency occurs without delay. All Dependency courts have a significant number of children who are prescribed psychotropic medication, which cannot be given to dependent children without court authorization. Regular review hearings are often continued because children are not brought to court for hearing, incarcerated parents are not transported to court, notice of hearing has not been found proper by the Court, or reports needed for the hearing are not available. The Court will often make interim orders to address issues before it even though the case must be continued for hearing. These additional hearings impact the child, particularly when the case is in reunification.



## ANALYSIS

In 2003, new, subsequent and supplemental petitions were filed involving 16,169 children: 7,501 children were before the Court with new

WIC §300 petitions; 7,499 supplemental and/or subsequent petitions were filed in 2003. New petitions were filed in 1,169 previously dismissed or terminated cases (Figure 1).

Figure 1

### DEPENDENCY PETITIONS FILED

Year	New 300	Subseq. 300	Subseq. 342	Suppl. 387	Suppl. 388	Reactivated	Total
1992	12,121	2,364	236	1,461	178		16,360
1993	13,747	1,889	345	1,649	340		17,970
1994	13,200	2,519	489	1,918	635	Not Available	18,761
1995	13,123	3,621	520	2,261	913		20,438
1996	14,824	3,847	634	2,502	616		22,423
1997	13,465	4,765	860	2,540	1,015		22,645
1998	9,807	4,245	870	2,503	1,095		18,520
1999	8,918	4,748	628	2,541	1,461		18,296
2000	8,015	3,896	429	2,412	1,367		16,119
2001	8,285	2,873	580	2,148	2,236	16,122	
2002	8,803	3,011	526	1,843	2,812		16,995
2003	7,501	2,244	716	1,598	2,941	1,169	16,169

Figure 2

### JUVENILE DEPENDENCY COURT Dependency Court Workload

Year	Petitions Filed	Judicial Reviews	Total Petitions and Reviews
1993	17,970	51,415	69,385
1994	18,761	55,322	74,083
1995	20,438	56,749	77,187
1996	22,423	76,691	99,114
1997	22,645	94,289	116,934
1998	18,522	105,291	123,813
1999	18,296	158,715	177,011
2000	16,119	165,187	181,306
2001	16,122	157,369	173,491
2002	16,995	140,436	157,431
2003	16,169	127,368	143,537



Matters involving 127,368 children were the subject of contested and uncontested Review Hearings. Statutorily mandated hearings in 2003 involved 143,537 children (Figure 2). These numbers reflect the total number of children whose cases were brought into the Court in 2003 and not the number of children who are dependents of the Court. (Many cases require judicial oversight multiple times in a calendar year.)

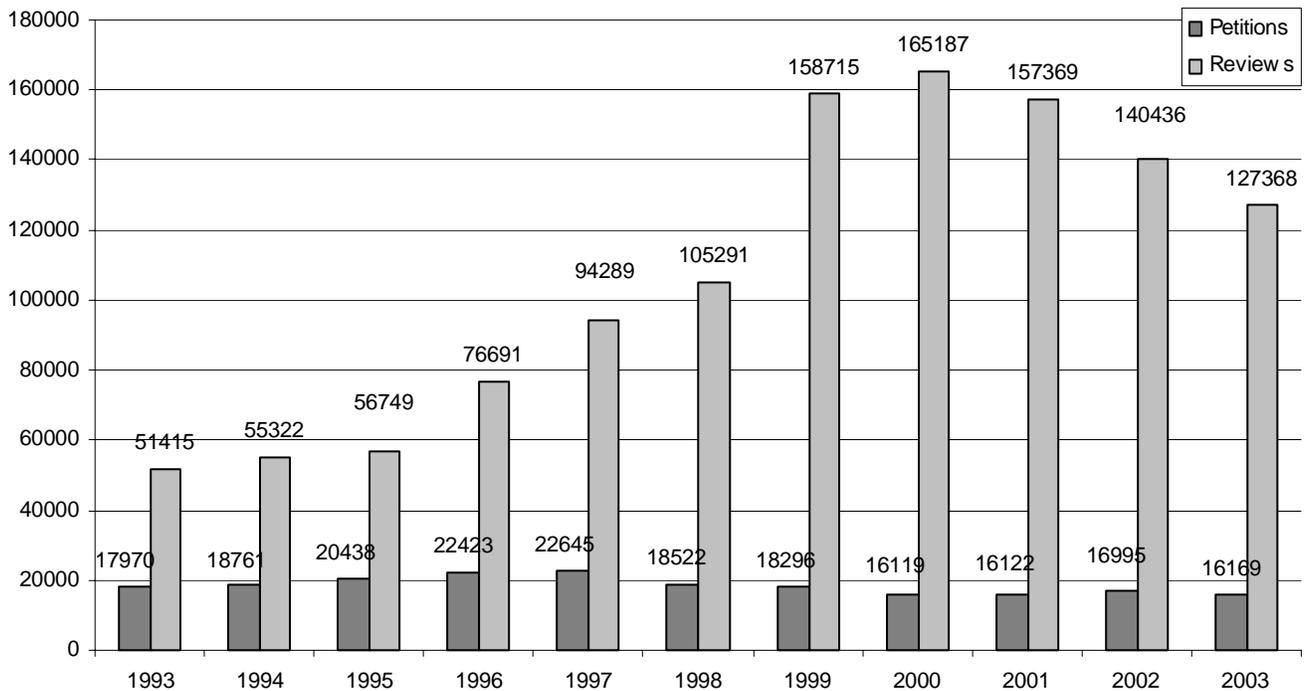
The data indicates a substantial decline in the number of filings since the peak year, 1997 when 22,645 petitions were filed in the Dependency

Court. Filings in 2002 increased modestly over 2001 filings. This increase was not maintained in 2003. Total filings in 2003 declined slightly to the levels of 2000 and 2001. The number of review hearings rose consistently between 1992 and 2000, but have gradually declined since then to 127,368 in 2003 (Figure 3).

Of the 7,501 new WIC §300 petitions, out of home placement was ordered for 4,296 children in 2003. This latter number represents the foster care placement of sixty-five percent (65%) of the 6,549 children whose cases went to disposition in

Figure 3

**JUVENILE DEPENDENCY COURT**  
**Dependency Filings and Judicial Reviews**





2003(Figure 4)). The data indicates a slight decrease in the filing of all petitions from 2002 to 2003. Analysis of the ten-year period 1993 to 2003 shows a dramatic filings increase peaking in 1997, and then a strong decline in filings until 2001, when a modest upward trend began. 2003, however, did not maintain the upward trend, registering 826 fewer filings than in 2002. The composition of filings has changed over this decade. New petitions comprised approximately 75% of total petition filings in 1992, but by 2003, new filings comprised slightly less than half of total petition filings.

From 2002 to 2003 the filing of new petitions decreased by 826 (4.8%); subsequent petitions decreased by 577 (16.3 %), petitions and

supplemental petitions by 116 (2.4%). New filings decreased from 8,803 in 2002 to 7,501 in 2003 suggesting a reversal of the increasing numbers that began in 2001 when new filings increased 3.3 % from 8,015 in 2000 to 8,285 in 2001(Figure 1).

There was a 10.0% decrease in filings from 1993 (17,970) to 2003 (16,169) and a substantial decrease in filings from the 1997 high of 22,645 (Figure 5).

Figure 4

### JUVENILE DEPENDENCY COURT

#### Disposition Hearing Results By Category With % of Total Dispositions

Year	Total Dispo	Home Of Parent	Suitable Placement	Other
1993	9,593	2,941 (31%)	6,540 (68%)	112 (0.1%)
1994	11,736	3,492 (30%)	8,188 (70%)	56 (0.5%)
1995	13,689	3,750 (27%)	9,857 (72%)	82 (0.6%)
1996	14,374	4,312 (30%)	9,976 (69%)	86 (0.5%)
1997	8,224	2,399 (29%)	5,723 (70%)	102 (0.7%)
1998	7,550	2,445 (32%)	5,066 (67%)	39 (0.5%)
1999	6,964	2,164 (31%)	4,618 (66%)	182 (2.6%)
2000	6,964	2,088 (30%)	4,640 (67%)	236 (3.5%)
2001	7,197	1,942 (27%)	5,010 (69.9%)	245 (3.4%)
2002	8,175	2,124 (26%)	5,748 (70.3%)	303 (3.7%)
2003	6,549	2,015 (31%)	4,296 (65%)	238 (4.0%)



**Exiting the Dependency Court System**

The data indicates that on average 69% of the disposition hearings end with the removal of children from their parents or guardian. In 2003, 7,501 children were the subject of new Dependency Court petitions and 11,790 children had their cases dismissed or jurisdiction terminated. Since 1997, more children have exited the system than entered it (Figure 6).

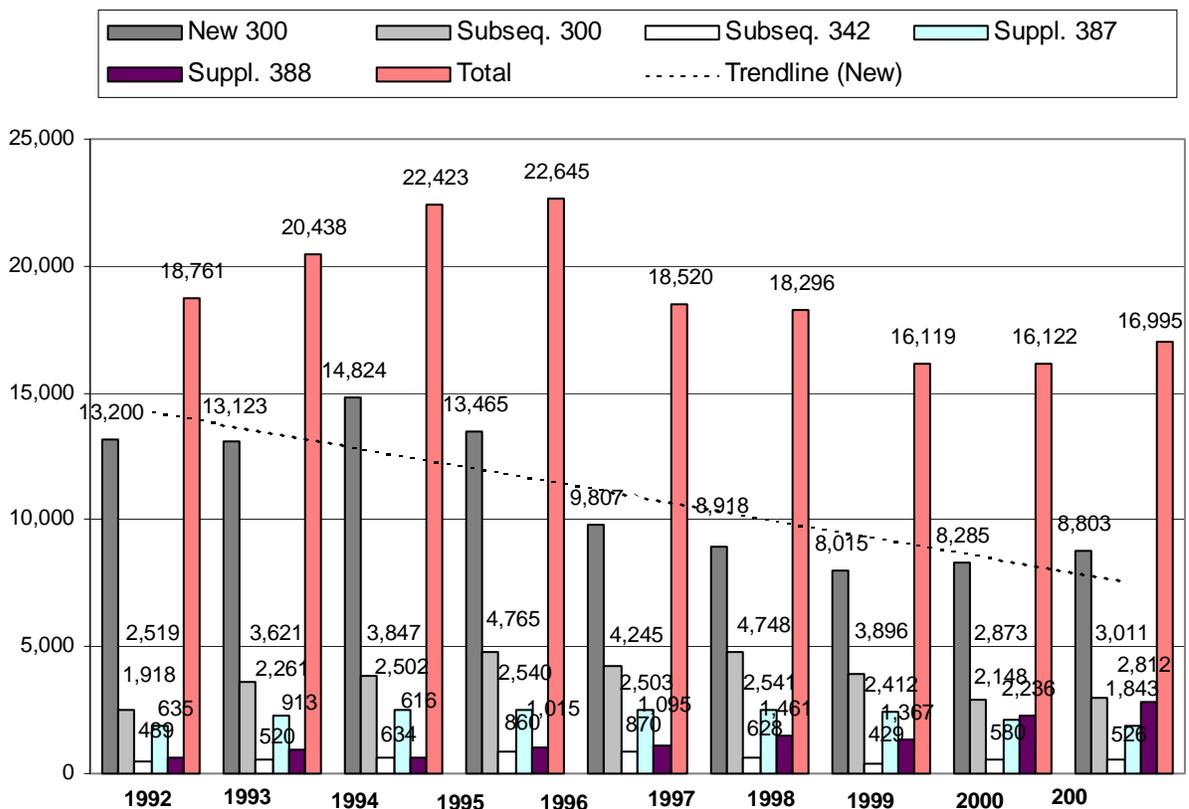
This is directly related to the growth in petition filings from 1992 to 1997. The increase in

new petitions filed during this period caused an increase in the Juvenile Dependency population who, due to post-disposition review hearings, remain in the system for many years subsequent to their entry. Thus, children exiting the Dependency system do not show up in the statistics until several years after they have been identified as having entered it.

The greater number of children exiting the Dependency system than entering it may be the result of several factors including the following: changes in the Code authorized the Court to

Figure 5

**DEPENDENCY PETITIONS FILED:  
New, Subseq., Supplemental and Reactivated**





terminate jurisdiction for children placed in a permanent plan of legal guardianship; DCFS developed new approaches to prevention and treatment (family preservation, family group decision making, etc) resulting in fewer new petitions; the Code mandated concurrent planning, shorter periods for parents to reunify, and adoption as the preferred plan when parents failed to respond to reunification services; the Code made reunification discretionary in certain cases resulting in more children being made available for permanency planning.

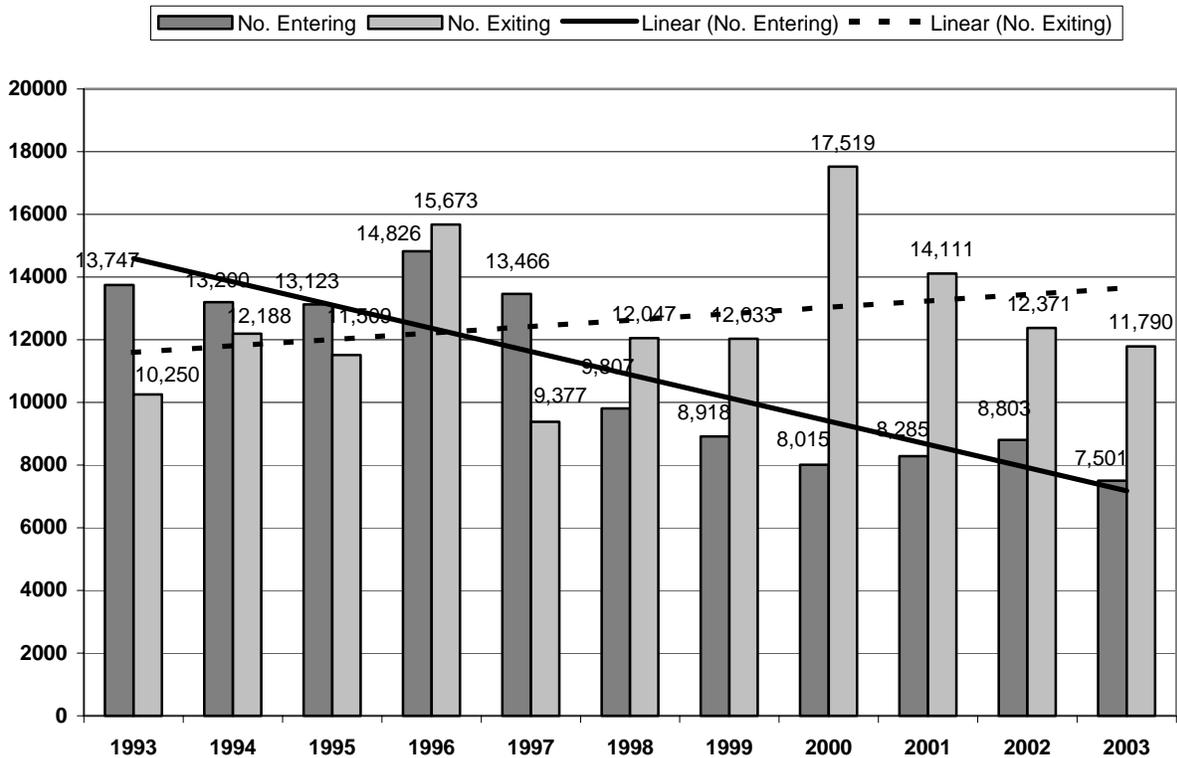
These substantive changes in law, policy and practice may signify a Dependency Court with fewer filings.

The dramatic rise in filings from 1992 to 1997 was, in large part, due to the increasing availability and usage of “crack” cocaine in the late 1980’s and mid 1990’s, resulting in an explosion of children born drug exposed and parents whose addiction negated their ability to parent.

The Courts are now witnessing a rise in drug related filings involving the drug methamphetamine. If the availability of this drug proliferates, the Dependency Court will again be mired in a high number of new cases. The damage posed to babies born with a positive toxicology for this drug is ominous. This is a natural result of the impact that the larger social order has on the functioning of parents and, therefore, on the operation of the Dependency Court.

Figure 6

**NEW CHILDREN ENTERING VS. EXISTING CHILDREN  
Exiting The Dependency System**





**SELECTED FINDINGS**

- A slight decrease in filings occurred in 2003, reversing a trend of modest increases the previous two years.
- New WIC § 300 petitions continue to decrease in relation to total petition filings, constituting 46% of those filings in 2003.
- 7, 501 new WIC § 300 petitions were filed in 2003, while 11,790 children exited the Dependency system.



## GLOSSARY

**Adjudication-** A hearing to determine if the allegations of a petition are true.

**Detention Hearing-** The initial hearing which must be held within 72 hours after the child is removed from the parents. If the parents are present, they may be arraigned.

**Disposition-**The hearing in which the Court assumes jurisdiction of the child. The Court will order family maintenance or family reunification services. The Court may also calendar a Permanency Planning Hearing.

**Permanency Planning Hearing (PPH)-** A post-disposition hearing to determine the permanent plan of the child. May be held at the six, twelve or eighteen month date.

**Prima Facie Showing** – A minimum standard of proof asserting that the facts, if true, are indicative of abuse or neglect.

**Review of Permanent Plan-** A hearing subsequent to the Permanency Planning Hearing to review orders made at the PPH and monitor the status of the case.

**Selection and Implementation Hearing-** A Permanency Planning Hearing pursuant to WIC §366.26 to determine whether adoption, legal guardianship or a planned permanent living arrangement is the appropriate plan for the child.

**WIC§300 Petition-** The initial petition filed by the Department of Children and Family Services that subjects a child to Dependency Court supervision. If sustained, the child may be adjudged a dependent of the court under subdivisions (a) through (j).

**WIC§342 Petition** – A subsequent petition filed after the WIC§300 petition has been adjudicated alleging new facts or circumstances.

**WIC§387 Petition** – A petition filed by DCFS to change the placement of the child.

**WIC§388** – A petition filed by any party to change, modify or set aside a previous Court order.



**LOS ANGELES COUNTY COUNSEL**

**AGENCY REPORT**







## LOS ANGELES COUNTY COUNSEL

### **Litigation and Training Division; Advice And Litigation Division; Appellate Division**

The mission of the Office of the Los Angeles County Counsel is to provide timely and effective legal representation, advice, and counsel to the County, the Board of Supervisors, and public officers and agencies.

The Children's Service Division of County Counsel, located at the Edmund D. Edelman Children's Court in Monterey Park, is comprised of three divisions: the Litigation and Training Division, the Advice and Litigation Division, and the Appellate Division. There are 118 attorneys in the Children's Services Division.

The attorneys provide legal services and advice to the Los Angeles County Department of Children and Family Services (DCFS) and represent DCFS in dependency proceedings filed under section 300 of the Welfare and Institutions Code (WIC).

The practice of dependency law provides an opportunity for members of the Children's Services Division to be part of the County team with DCFS to protect abused, neglected, or abandoned children, to preserve and strengthen family ties, and to provide permanency for children.

The purpose of Dependency Court as embodied in the statutes that govern it is to provide for the safety and protection of each child under its jurisdiction and to preserve and strengthen the child's family ties whenever possible. Parenting is a fundamental right which may not be disturbed unless a parent is acting in a way that is contrary to the safety and welfare of the child. A child is removed from parental custody only if it is necessary to protect the child from harm. When the court determines that removal of a child is necessary, reunification of the child with his or her family becomes the primary objective.

The proceedings in Dependency Court differ significantly from civil actions and affect the

fundamental rights of both parents and children. Knowledge of the law and the case, combined with insight and judgment enable County Counsel to work cases with opposing counsel in a spirit of cooperation to achieve realistic and reasonable results for the family and child while assuring the child is protected.

The Dependency Mediation Program encourages non-adversarial case resolution. Two County Counsels work with the mediators and children's social workers (CSW) to assist the trial attorneys in resolving legal issues, assuring appropriate case resolutions, reviewing case plans, and reaching meaningful agreements with the parents and children through their respective counsel and with DCFS. In 2003, 1,473 cases were referred to mediation, and of that number, over 60% reached a settlement.

A child abuse investigation is initiated through a call to the Child Abuse Hot line. DCFS is invested with the responsibility of investigating allegations of child abuse and neglect and determining whether a petition should be filed alleging that the child comes within the jurisdiction of the Dependency Court. The CSW submits the petition request to the Intake and Detention Control Section of DCFS. County Counsel staffs Intake and Detention Control with an attorney who reviews the petition to assure it is legally sufficient. In addition, the Intake and Detention Control attorney gives legal advice on detention and filing issues and provides summaries of child death cases. In 2003, 10,414 new petitions were filed.

Once a petition has been filed, the petitioner (DCFS) through its attorney has the burden of proof at the initial hearing subsequent jurisdiction, disposition, review, and selection and Implementation hearings held in Dependency Court. There is a direct calendaring system in Dependency Court and vertical representation throughout the proceedings which provide necessary continuity and familiarity on a case.



## INITIAL HEARING

The purpose of the initial petition hearing is to advise parents of the allegations in the petition and to determine detention issues. Based on prima facie evidence submitted in the CSW's report, the Court makes a determination whether (1) the child should remain detained and (2) if the child comes within the description of WIC Section 300 (a) - (j). County Counsel advocates for continued detention if it appears necessary for the safety and protection of the child because

- There is a substantial danger to the physical health of the child or the child is suffering severe emotional damage, and there are no reasonable means by which the child's emotional or physical health can be protected without removing the child from the custody of the parents or guardian;
- There is substantial evidence that a parent, guardian, or custodian of the child is likely to flee the jurisdiction of the court;
- The child has left a placement in which he or she was placed by the Dependency Court; or
- The child indicates an unwillingness to return home and has been physically or sexually abused by a person residing in the home.

If a child is detained, the court must make a finding that there is substantial danger to the physical and/or emotional health and safety of the child, and there are no reasonable means to protect the child without removing the child from the home. The court also must make a finding that reasonable efforts were made to prevent or eliminate the need to remove the child from the home.

## JURISDICTION

At the Jurisdiction hearing, County Counsel has the burden of proof to establish by a preponderance of the evidence that the allegations

in the petition are true and that the child has suffered or there is a substantial risk that the child will suffer serious physical or emotional harm or injury.

The parties may set a matter for Mediation or for a Pretrial Resolution Conference prior to the adjudication during which County Counsel participates in informal settlement negotiations.

Alternatively, the matter may be set for an Adjudication. If the child is detained from the parent's home, the matter must be calendared within 15 days. If the child is released to a parent, the time for trial is 30 days. At the Adjudication, County Counsel litigates the counts set forth in the petition to establish the legal basis for the court's assumption of jurisdiction. If it is necessary to call a child as a witness, County Counsel may request that the court permit the child to testify out of the presence of the parents. The court will permit chambers testimony if the child either is (1) intimidated by the courtroom setting, (2) afraid to testify in front of his or her parents, or (3) it is necessary to assure that the child tell the truth.

The social study report prepared by the CSW, attachments to the report, and hearsay statements in the report may be used as substantive evidence subject to specific objections. The CSW as the preparer of the report and other hearsay declarants must be available for cross-examination. Statements made by a child under twelve years of age who is the subject of the petition also are admissible as evidence if they were not procured by fraud, deceit, or undue influence.

At the conclusion of testimony, the court may find the allegations true and sustain the petition; or, find some of the allegations true, amend the petition, and sustain an amended petition; or, find the minor is not a person described by WIC Section 300 and dismiss the petition.



## DISPOSITION

If the child is found by the court to be a person described by WIC Section(s) 300 (a) - (j), a disposition hearing is held to determine the proper plan for the child. The Disposition hearing is held 10 days after the Adjudication if the minor is detained, or 30 days if DCFS is recommending the court order no reunification services for the parents, or if DCFS seeks to release the child to the custody of a parent.

If DCFS recommends that the child be removed from parental custody, County Counsel must establish by clear and convincing evidence that return of the child to his or her parents would create a substantial risk of detriment to the safety, protection, or physical or emotional well-being of the child, and there are no reasonable means by which to protect the child.

If a child is removed from parental custody, the court may order family reunification services. There must be a reunification plan that is designed to meet the needs of the family and may include counseling and other treatment modalities which will alleviate the problems which led to dependency court involvement. If the child is three years of age or older, the period of reunification is twelve months and may not exceed 18 months. If the child is under three years of age, a parent has six months to successfully reunify, and the court has the discretion to limit the time frame of reunification for older siblings when one of the siblings is under three. If DCFS has determined that it would not be in the best interests of the child to reunify with his or her parent(s), County Counsel must demonstrate to the court that the specific statutory criteria have been met on which the court may base a non-reunification order. The court must make a finding that it would not be in the best interests of the child when denying reunification services. If a parent is in custody, the court, if it is going to deny reunification, is required to make a finding that it would be detrimental to the child to order reunification services. There are 15 statutory

grounds under which a court may deny reunification services to the parent:

- The whereabouts of the parent is unknown;
- A child or sibling has been physically or sexually abused as determined on two separate dependency petitions;
- The parent has caused the death of a child through abuse or neglect;
- The child is under 3 years old and has been severely physically abused;
- The child or the child's sibling has been severely sexually abused or severely physically harmed;
- The child has been willfully abandoned which has caused serious danger to the child or the child has been voluntarily surrendered;
- The parent has been convicted of a violent felony as defined in Penal Code Section 667.5;
- The child has been conceived under Penal Code Sections 288 or 288.5 (rape);
- The parent has abducted the child's sibling or half-sibling;
- The parent is suffering from a mental illness and is incapable of benefiting from reunification services;
- Reunification services have been terminated for a sibling after the sibling was removed from the home;
- Parental rights were terminated on a sibling, and the parent has not made an effort to treat the problems that led to the removal of the sibling;
- The parent is a chronic abuser of drugs or alcohol;



If the court has not ordered reunification services for the family, a hearing to select and implement a permanent plan must be calendared within 120 days. If the parent's whereabouts is unknown, the selection and implementation hearing is not scheduled until after the initial six-month review.

A non-custodial parent is entitled to custody of his or her child unless it can be shown that custody would be detrimental to the safety, protection, or physical or emotional well-being of the child.

When the court is making a placement decision for a child, it first must consider placement with the custodial parent followed by the non-custodial parent, relative, foster home, community care facility, foster family agency, or group home.

In addition, the court is required to develop and/or maintain sibling relationships whenever possible.

## REVIEW HEARINGS

**(WIC Section 364)** If the court has ordered that the child reside with a parent, the case will be reviewed every six months until such time the court determines that conditions no longer exist which brought the child within the court's jurisdiction, the child is safe in the home, and jurisdiction may be terminated.

**(WIC Section 366.21(e))** If the court has ordered family reunification services, the subsequent review hearings are held every six months. At each of the review hearings, the court reviews the status of the child and the progress the parents have made with their case plan. The court is mandated to return the child to the custody of his or her parents unless it finds by a preponderance of the evidence that return would create a substantial risk of detriment to the safety, protection, or physical or emotional well-being of the child. Failure of a parent to participate regularly and make

substantive progress in court-ordered treatment programs is prima facie evidence that return of the child would be detrimental.

If the child was under the age of 3 at the time he entered foster care, the first six-month review hearing is a permanency hearing.

**(WIC Section 366.21(f))** The twelve-month review is the permanency hearing for children over the age of 3 upon entering foster care. If the child is not returned to the custody of his or her parents, the court must terminate reunification efforts and set the matter for a hearing at which a permanent plan of adoption, guardianship, or long term foster care is selected. In rare instances, the court may continue the case for an additional 6 months if it is able to make a finding that there is a substantial probability that the child will be safely returned and maintained in the home by the time of the next hearing.

**(WIC Section 366.22)** The final permanency hearing must occur within eighteen months of the original detention of the child, and if the child is not returned home at this hearing, the court must set a selection and implementation hearing within 120 days.

**(WIC Section 366.26)** The selection and implementation hearing is the hearing at which the court selects the permanent plan for the child. The preferred plan is adoption followed by legal guardianship and a planned permanent living arrangement. If the court selects adoption as the plan, before terminating parental rights, the court must find by clear and convincing evidence that the child is adoptable. There are 5 statutory defenses to a finding of adoptability:

1. A parent has maintained regular contact with the child, the child will benefit from continuing the relationship, and the benefit will outweigh the benefit derived



from the permanence of an adoptive home.

2. A child 12 years of age or older does not wish to be adopted.
3. The child requires residential treatment, and adoption is unlikely or undesirable.
4. The caretaker is unwilling or unable to adopt because of exceptional reasons.
5. There would be substantial interference with a child's sibling relationship.

### **APPELLATE DIVISION**

Parties have a right to seek appellate relief throughout each stage of the dependency process, either by writ petition or by appeal. The Children's Services Appellate Division is staffed by 12 attorneys.

The appellate attorneys file the following briefs: Appellant's Opening Briefs, Respondent's Briefs, Affirmative Writs (including Emergency Child Safety Writs), Responsive Writs (39.1B), Petitions for Review, Petitions for Rehearing, Reply Briefs, and Amicus Briefs. In order to write Appellant's Opening Briefs, Writs, or Respondent's Briefs, the attorneys review the appellate record averaging 800–1,000 pages and sometimes exceeding 4,000 pages, and read and distinguish pertinent case law on the issues presented.

Appellate attorneys also prepare concession letters or stipulated reversals where the opposing party has filed an Opening Brief, and the appellate attorney, in consultation with DCFS and the trial attorney, determines that the appeal requires reversal or remand. A typical example of such a case is one involving improper notice under the Indian Child Welfare Act.

Additionally, appellate attorneys file appellate motions and/or miscellaneous appellate documents such as supplemental briefing, requests for publication or depublication, requests for or waivers of oral argument, conflict letters, abandonments, applications for extension, notices

of appeal, motions to dismiss, and requests for judicial notice.

Appellate attorneys also prepare for and attend oral argument in appropriate cases before the Court of Appeal and the Supreme Court. Presentation for oral argument includes a review of the entire record, briefs filed, and relevant case law, in addition to follow up with the CSW regarding the present status of the case. They also provide advice on difficult cases when requested by the trial attorneys or DCFS and attend certain dependency hearings that may require future appellate action. The appellate attorneys also consult with CSWs on appellate issues.

Currently, the Appellate Division on a yearly basis files approximately 400 appellate briefs and 250 concession letters, stipulations, motions, and miscellaneous appellate documents.

### **LITIGATION AND TRAINING DIVISION**

The Litigation and Training Division oversees outside litigation relating to foster care licensing, administrative law, and civil procedures relating to juvenile court policies and procedures. The Division analyzes proposed legislation, oversees dependency/delinquency cross-over cases, and offers many training programs to County Counsel and DCFS staff. Approximately 2500 attorney hours were spent during the year on social worker training programs. At the Children's Social Worker Training Academy, County Counsel presented a Dependency Overview, Reasonable Efforts, and a Testifying-in-Court training. For the County-wide Five Day Investigator's Academy, County Counsel presented 3 programs: Social Workers' Legal Authority, Report Writing, and Search Warrants. County Counsel facilitated programs to train supervisors in each DCFS region. The daylong trainings covered legal sufficiency, reasonable efforts, case review, permanency issues, legal liability, and search warrants. An interactive social worker testifying program was continued using a Children's Court courtroom as a classroom



where CSW's were cross-examined by County Counsel in a mock trial setting. Ongoing training has been provided to children's social workers by both County Counsel and children's attorneys to assist them in carrying out their responsibility to notify the child's attorney of significant events affecting a child. In addition, County Counsel staffed "office hours" in different regional offices. The time with an attorney provides the children's social worker an opportunity to ask questions and seek advice and input on non-case specific issues.

Training programs offered to County Counsel attorneys are coordinated through a County Counsel Training Committee. The training subjects reflect a consensus and comprehensive approach to the planning and delivery of the training at all levels of County Counsel legal staff. It includes individual mentoring and a specific program to acquaint new attorneys with Dependency Court law and procedures, MCLE presentations by recognized experts in dependency-related matters, trial and legal writing skills programs designed particularly for County Counsel, in addition to monthly "round table" discussions updating staff on new case decisions and legislation. DCFS, judicial officers, and children's attorneys are welcome to attend County Counsel trainings. As part of County Counsel's commitment to on-going legal education and trial skills development, County Counsel staff has authored a Dependency Trial Manual and a Dependency Trial Notebook, both of which contain highly specialized reference materials utilized by County Counsel attorneys at every stage of the dependency proceedings.

County Counsel attorneys are active participants in various ICAN, court, and other committees. They work with groups such as Find the Children to facilitate the return of abducted children and the Juvenile Justice Task Force, and provide advice to DCFS legislative forums.

## ADVICE AND LITIGATION DIVISION

The Advice and Litigation Division has developed and implemented a program to staff a County Counsel in 13 DCFS regional offices. The attorney provides legal advice and training to CSW's and assists the workers by reviewing:

- The legal sufficiency of court reports,
- Group home placement policies,
- Warrant requests for an "AWOL" child,
- Cases not filed in dependency court - i.e. voluntary maintenance contracts and/or voluntary placement contracts,
- Confidentiality issues, and notices

Out-station attorneys also hold office hours to answer social worker questions on an individual basis and provide training in all areas of Dependency practice.

The Advice and Litigation Division reviews DCFS contracts, issues legal opinions, conducts legal research, handles issues of confidentiality, and provides legal advice to the Children's Consortium and the Los Angeles County Commission on Children and Families.

**LOS ANGELES COUNTY SHERIFF'S DEPARTMENT**

---

**AGENCY REPORT**







## LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

### Family Crimes Bureau (FCB)

The Los Angeles County Sheriff's Department serves approximately 2.7 million people in contract cities and unincorporated area. The Family Crimes Bureau has the responsibility of conducting the special investigations involving child victims. FCB investigates the physical or sexual abuse of children. Sheriff's Detectives assigned to the station detective units are separate from the FCB and investigate endangerment and neglect in which no physical harm occurs, as well as emotional abuse. These types of cases are not tabulated in this report.

In 1972, the Youth Services Bureau (YSB) was formed and was comprised of units handling juvenile diversions and petition control. In 1975, the Child Abuse Detail became a separate unit apart from the other juvenile units. Previously, station detectives handled child abuse cases but it was realized that these investigations were very specialized. This made it very clear that personnel with special abilities should be grouped to utilize their expertise in these cases. YSB gave way to the Juvenile Operations Bureau, which investigated both child abuse and juvenile gang activity. In 1986, the Juvenile Investigations Bureau was formed and separated child abuse from gang investigations, and in October 1999, the Bureau was renamed Family Crimes Bureau.

Detectives selected for the Bureau go through a process that includes an application, written product exemplar, an oral interview and background investigation. Detectives are not rotated in various assignments, therefore they gain expertise in this specialized field. Upon acceptance, a new detective receives training in forty-hour courses on child abuse and sexual assault investigations, interview techniques and homicide investigations, in addition to various seminars in associated fields of study. New detectives are initially paired with experienced training detectives

to continue learning the techniques involved in child abuse investigations. Investigators are also in contact, often daily, with members of the Department of Children and Family Services (DCFS), the District Attorney's Office and other agencies and professionals offering additional insight and training.

The Bureau also provides training in child abuse laws and investigations to Sheriff's Academy Recruits, Advanced Officer Training to more experienced Department members and participating law enforcement agencies, social service and foster family agencies, schools and many civic groups. During the year, several members of the Bureau participated as presenters for the third year of the DCFS Inter-Agency Investigators Academy. The classes were comprised of Emergency Response social workers, Dependency Investigators, supervisors and administrators, and utilized detectives to provide a look into the role of law enforcement and collaboration with DCFS in child abuse investigations. Evaluations by the students have been very positive.

The Child Abuse Detail, previously divided into four teams of investigators, was realigned into five teams based on the caseload generated by each station. This design has proven to be very efficient. The Family Crimes Bureau consists of a captain, two lieutenants, seven sergeants and thirty-seven detectives.

The Department is also represented by an FCB detective on the Southern California Regional Sexual Assault Felony Enforcement (SAFE) Team, a federal task force comprised of the FBI, Los Angeles Police Department, United States Postal Service postal inspectors and several other local law enforcement agencies. The team mainly investigates Internet Child pornography and sexual exploitation of children that is Internet related.



## LAW ENFORCEMENT PROCEDURES IN CHILD ABUSE INVESTIGATIONS

Once law enforcement becomes involved in a reported child abuse, the primary goals are to protect the child victim from any further abuse and to seek prosecution of the offender. Whether abuse is reported to the DCFS or a law enforcement agency, both are mandated to cross-report to each other in an effort to capture the incident(s). Many criminal reports generated by the Sheriff's Department are as a result of suspected abuse reports from the DCFS; however, many of these reports do not become investigations because some allegations are not criminal and others do not require law enforcement intervention.

When a criminal report is necessary, a Deputy Sheriff assigned to a patrol station usually is assigned to complete a report, which is then forwarded to a supervisor who reviews and approves the report. The patrol deputy is also responsible for cross reporting, both by phone and in written form, at the time the report is generated. The approved report is forwarded to the Family Crimes Bureau for assignment to a detective, usually within 24 hours. A copy of the incident report completed by the patrol deputy is faxed to the DCFS Child Protection Hotline within 48 hours to ensure that notification has been made. The assigned detective is responsible for completing a timely investigation and presenting the case, if sufficient evidence exists, to the District Attorney's Office for review for prosecution.

Beginning in the fall, the FCB began the daily receipt of Suspected Child Abuse Reports (SCARs) from the DCFS via a computer fax system, allowing the Bureau to place the SCARs into electronic "folders" for each Sheriff Station. Deputy personnel at the stations with access to the confidential system are able to open each SCAR and have field deputies respond more quickly to cases of suspected abuse. Nearly 4,000 SCARs were handled in this manner between September and the end of the year, resulting in a slightly

increased caseload, but more importantly law enforcement services were rendered more expeditiously.

## SIGNIFICANT FINDINGS

In 2003 the caseload in the Bureau decreased nearly 9% from the previous year. The previous increase in 2002 was partially attributed to more cases generated by seventeen of the Department's 23 stations. Also due to the decrease in cases, the number of victims declined nearly 14%. However, in the suspect categories, while the number of male suspects dropped almost 16%, the percentage of female suspects (perpetrators of physical and sexual abuse) rose nearly 14%.



Figure 1

## CASES REPORTED BY STATION AND TYPE OF ABUSE- 2003

Station	Physical	Sexual	Total
Altadena	36	28	64
Avalon	1	2	3
Carson	73	64	137
Century	100	183	283
Cerritos	15	22	37
Compton	59	116	175
Crescenta Valley	7	11	18
East Los Angeles	49	149	198
Family Crimes Bureau	1	21	22
Industry	80	140	220
Lakewood	162	191	353
Lancaster	82	192	274
Lennox	69	128	197
Lomita	30	25	55
Lost Hills/ Malibu	15	35	50
Marina del Rey	6	11	17
Norwalk	94	197	291
Palmdale	108	186	294
Pico Rivera	42	70	112
San Dimas	26	54	80
Santa Clarita Valley	77	117	194
Temple	50	95	145
Transit Services Bureau (TSB)	0	4	4
Walnut/ Diamond Bar	39	50	89
West Hollywood	13	8	21
<b>TOTAL</b>	<b>1,234</b>	<b>2,099</b>	<b>3,333</b>



Figure 2

CASES REPORTED BY STATION COMPARISON OF CASES FROM 1996-2003

	1996	1997	1998	1999	2000	2001	2002	2003
Altadena <sup>1</sup>	NA	NA	NA	NA	NA	40	64	64
Avalon	5	5	7	9	8	17	7	3
Carson	162	146	158	143	143	134	149	137
Century	289	250	280	297	270	240	327	283
Cerritos <sup>2</sup>	NA	NA	NA	NA	20	33	41	37
Compton <sup>3</sup>	NA	NA	NA	NA	66	214	245	175
Court Services <sup>4</sup>	NA	NA	0	0	0	1	0	0
Crescenta Valley	97	86	67	67	82	31	27	18
East Los Angeles	248	226	185	192	222	192	248	198
Family Crimes Bureau	NA	NA	NA	14	20	17	15	22
Homicide Bureau <sup>5</sup>	NA	NA	NA	0	0	1	0	0
Industry	199	179	162	169	228	230	244	220
Lakewood	327	367	356	312	278	340	383	353
Lancaster	640	656	603	356	349	321	284	274
Lennox	186	168	169	160	159	179	243	197
Lomita	80	51	53	52	41	44	61	55
Lost Hills/ Malibu	48	62	43	41	62	49	54	50
Marina del Rey	27	22	27	26	21	29	22	17
NCCF <sup>6</sup>	0	0	0	0	1	0	0	0
Norwalk	231	286	241	213	245	271	288	291
Palmdale <sup>7</sup>	NA	NA	NA	274	284	274	302	294
Pico Rivera	125	116	87	82	105	103	103	112
San Dimas <sup>8</sup>	NA	NA	NA	NA	101	92	110	80
Santa Clarita Valley	191	182	171	194	195	214	181	194
Temple	177	166	159	170	148	168	211	145
Transit Services	0	0	0	3	3	3	0	4
Walnut/ Diamond Bar	198	213	175	165	76	84	102	89
West Hollywood	24	19	21	18	9	8	23	21
<b>TOTAL</b>	<b>3,254</b>	<b>3,213</b>	<b>2,964</b>	<b>2,957</b>	<b>3,136</b>	<b>3,329</b>	<b>3,734</b>	<b>3,333</b>

These statistics show the reported cases of child abuse assigned to the Family Crimes Bureau for the past eight years.

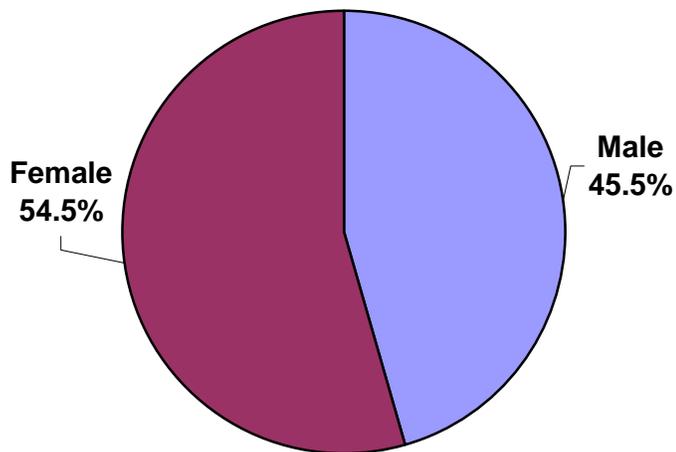
- 1) Altadena Station was a satellite station of Crescenta Valley until July 2001. 2) Cerritos Station became operational in January 2000.
- 3) The City of Compton contracted with the Department in September 2000. 4) Court Services Bureau had not submitted any child abuse cases until 2001. 5) Homicide Bureau had not submitted any child abuse cases until 2001. 6) NCCF (Custody Division) submitted a report of a child visitor injured by a family member. 7) Palmdale Station separated from Lancaster Station in 2000; until that time Lancaster (Antelope Valley Station) had responsibility for the Palmdale area. 8) San Dimas Station separated from the Walnut/Diamond Bar Station in 2000.



Figure 3a

**VICTIMS BY GENDER AND TYPE OF ABUSE- 2003**

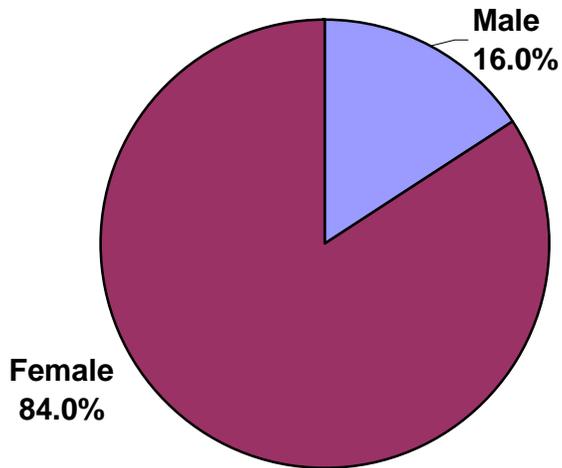
Total number of victims: 3,754



		Physical Abuse	
Male		653	(45.5%)
Female		783	(54.5%)
<b>TOTAL</b>		<b>1,436</b>	<b>(38.3% of all victims)</b>

Figure 3b

**VICTIMS BY GENDER AND TYPE OF ABUSE- 2003**

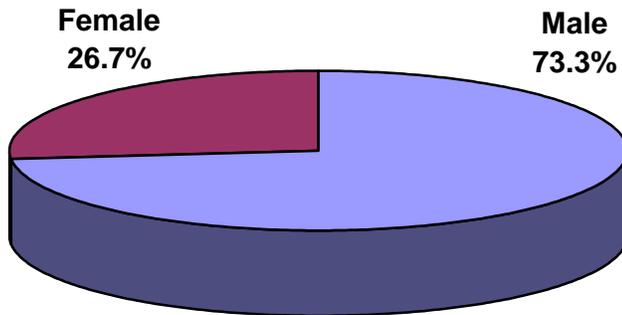


		Sexual Abuse	
Male		370	(16%)
Female		1,948	(84%)
<b>TOTAL</b>		<b>2,318</b>	<b>(61.7% of all victims)</b>



Figure 4a

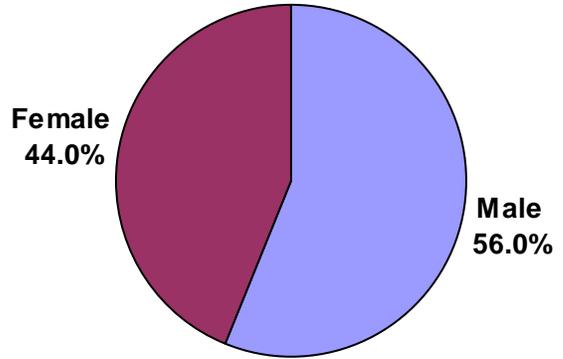
**SUSPECT BY GENDER AND TYPE OF ABUSE- 2003**



Male	2,994	(73.3%)
Female	1,090	(26.7%)
<b>TOTAL</b>	<b>4,084</b>	

Figure 4b

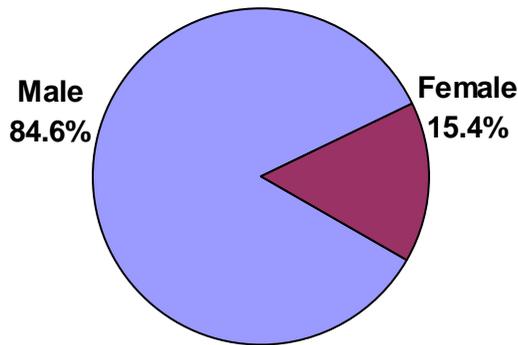
**SUSPECT BY GENDER AND TYPE OF ABUSE- 2003**  
**Physical Abuse**



Male	905	(56%)
Female	710	(44%)
<b>TOTAL</b>	<b>1,615</b>	<b>(39.5% of all suspects)</b>

Figure 4c

**SUSPECT BY GENDER AND TYPE OF ABUSE- 2003**  
**Sexual Abuse**

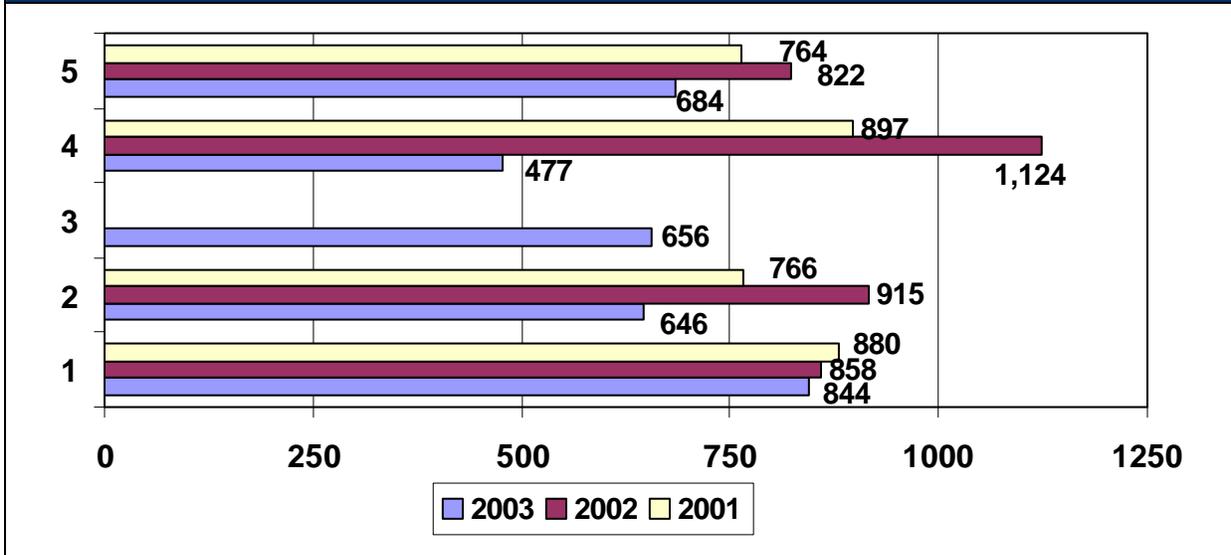


Male	2,089	(84.6%)
Female	380	(15.4%)
<b>TOTAL</b>	<b>2,469</b>	<b>(60.5% of all suspects)</b>



Figure 5

CASES INVESTIGATED BY TEAM ASSIGNMENT- 2003



CASES INVESTIGATED: 3,333

<b>North Team</b>	<b>844</b>	<b>West Team</b>	<b>477</b>
Altadena		Carson	
Crescenta Valley		Lennox	
Lancaster		Lomita	
Palmdale		Lost Hills/ Malibu	
Santa Clarita Valley		Marina del Rey	
		West Hollywood	
<b>East Team</b>	<b>646</b>	<b>South Team</b>	<b>684</b>
Industry		Avalon	
San Dimas		Cerritos	
Temple		Lakewood	
Walnut/ Diamond Bar		Norwalk	
		Pico Rivera	
<b>Central Team</b>	<b>656</b>		
Century			
Compton			
East Los Angeles			

The number of cases investigated, if added by team assignment (3,307), differs from the total number of cases investigated (3,333) due to cases generated by the FCB and the TSB and not included in the team totals.



## GLOSSARY OF LAW ENFORCEMENT TERMS AND CHILD ABUSE RELATED CRIMES

**Battery-** An unlawful touching of another person, including spitting upon or an item thrown. Misdemeanor physical abuse is sometimes filed as a battery by the District Attorney's Office when there is insufficient evidence to prove a willful act.

**Case-** Upon completion and receipt of an "incident report" initiated by a patrol deputy, a case is developed by a detective. The case may be presented to the District Attorney or, if insufficient evidence, receive an alternate disposition. *A case may involve one or multiple victims.*

**Child abuse-** Any intentional act which constitutes physical harm or places a child at risk of endangerment, or any sexual act, or general or severe neglect or emotional trauma.

**Endangerment-** Any situation in which a child is at risk of possible harm, but not actually assaulted or injured.

**Exigent circumstances-** For law enforcement, this includes "fresh pursuit" (following or chasing a suspect of a crime just committed), or in a case where a person is in immediate danger of injury or death.

**Incident report-** A report of an incident, whether criminal or not, usually generated by a uniformed patrol Deputy Sheriff. Also called a "complaint report" or "first report."

**Mandated reporter-** A person required by state law to report any known or suspected child abuse or neglect. Peace officers, social workers, teachers and school administrators and health practitioners are but a few.

**Neglect-** A failure to provide the basic necessities, i.e. food, clothing, shelter and medical attention; poor sanitation in the living environment; poor hygiene. Usually broken down as general or severe.

**Physical abuse-** Any physical assault upon a child. Any unjustifiable pain or suffering, or injury willfully inflicted upon a child, may constitute a physical assault.

**Physical abuse (felony)-** Any cruel or inhuman suffering (endangering), or physical assault causing such an injury that would possibly lead to or does cause *great bodily injury or death.*

**Physical abuse (misdemeanor)-** Any cruel or inhuman suffering (endangering), or physical assault causing such an injury that would not be likely to cause *great bodily injury or death.*

**Sexual abuse-** Any lewd or lascivious act involving a child. Fondling, oral copulation, penetration, intercourse are considered lewd acts.

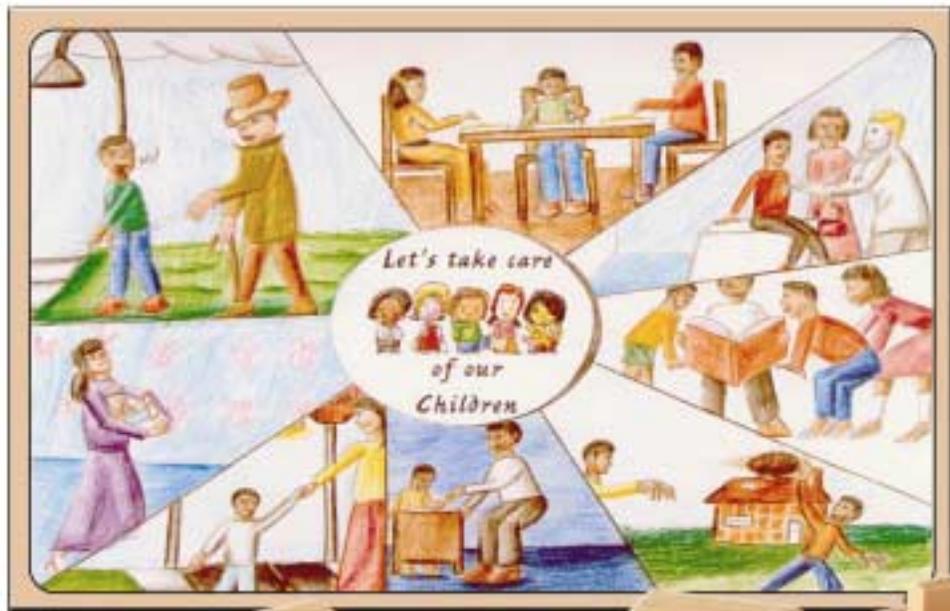
**Sexual abuse (felony)-** Any lewd or lascivious act wherein the punishment includes a state prison sentence. This includes oral copulation, rape and unlawful intercourse.

**Sexual abuse (misdemeanor)-** An act lacking a certain element required for a felony or, in many cases, involving a child that is older, usually sixteen or seventeen years old.

# LOS ANGELES POLICE DEPARTMENT

---

## AGENCY REPORT







## ABUSED CHILD UNIT

The Abused Child Unit (ACU), Juvenile Division, was created to provide a high level of expertise to the investigation of child abuse cases. The ACU, established in 1974, investigates child abuse cases wherein the parent, stepparent, legal guardian, or common-law spouse appears to be responsible for any of the following:

- Depriving the child of the necessities of life to the extent of physical impairment;
- Physical or sexual abuse of a child, including Suspected Child Abuse Reports (SCARs);
- Homicide, when the victim is under 11 years of age;
- Conducting follow-up investigations of undetermined deaths of juveniles under 11 years of age;
- Assisting Department personnel and outside organizations by providing information, training, and evaluation of child abuse policies and procedures;
- Implementing modifications of child abuse policies and procedures as needed;
- Reviewing selected child abuse cases to ensure that Department policies are being followed;
- Reviewing, evaluating, and recommending Department positions relative to proposed legislation affecting child abuse issues; and,
- Acting as the Department's representative to, and maintaining liaison with, various public and private organizations concerned with the prevention, investigation, and treatment of child abuse.

## SEXUALLY EXPLOITED CHILD UNIT

The Sexually Exploited Child Unit, Juvenile Division, is responsible for seeking out and investigating violations of state and federal laws pertaining to the sexual exploitation of children when:

- Children under 16 years of age are exploited for commercial purposes;
- The exploitation activities are of an organized nature, e.g., a child prostitution ring;
- The suspect is a recidivist and multiple victims may be involved;
- The suspect is identified as a person in a "position of trust;"
- The suspect is an Internet predator of children; and,
- The suspect is involved in the production, distribution, or possession of child pornography.

## GEOGRAPHIC AREAS

The Los Angeles Police Department maintains 18 community police stations, known as geographic Areas. Each Area is responsible for the following juvenile investigations relating to child abuse and endangering cases:

- Unfit homes, endangering, and dependent child cases;
- Child abuse cases in which the perpetrator is not a parent, stepparent, legal guardian, or common-law spouse;
- Cases in which the child receives an injury, but is not the primary object of the attack; and,
- Child Abductions.



Figure 1

**LOS ANGELES POLICE DEPARTMENT  
JUVENILE DIVISION  
2003 Crimes Investigated**

TYPE	NUMBER	% of TOTAL
Physical Abuse (Includes ADW and battery)	1,272	54.03%
Sexual Abuse	583	24.77%
Endangering	416	17.67%
Homicide	11	0.47%
Others	72	3.06%
<b>TOTALS</b>	<b>2,354</b>	<b>100%</b>

Indicates the number of **crimes** investigated by Juvenile Division in 2003.

Figure 2

**LOS ANGELES POLICE DEPARTMENT  
GEOGRAPHIC AREAS  
2003 Crimes Investigated**

TYPE	NUMBER	% of TOTAL
Physical Abuse	225	11.38%
Sexual Abuse (Includes Child Annoying)	1,209	61.15%
Endangering (Includes Child Abandonment)	543	27.47%
Homicide	0	0%
<b>TOTALS</b>	<b>1,977</b>	<b>100%</b>

Indicates the number of **crimes** investigated by the geographic Areas in 2003.

Figure 3

**LOS ANGELES POLICE DEPARTMENT  
JUVENILE DIVISION  
2003 Other Investigation**

TYPE	NUMBER	% of TOTAL
Injury/SCARs	932	88.43%
Death	66	6.26%
Exploitation	56	5.31%
<b>TOTALS</b>	<b>1,054</b>	<b>100%</b>

Indicates the number of **other investigations**, of a child abuse nature, conducted by Juvenile Division in 2003.

Figure 4

**LOS ANGELES POLICE DEPARTMENT  
JUVENILE DIVISION  
2003 Arrests**

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	5	2.24%
Child Molest (288 PC)	110	49.33%
Child Endangering (273a PC)	0	0.00%
Child Abuse (273d PC)	97	43.50%
Others	11	4.93%
<b>TOTALS</b>	<b>223</b>	<b>100%</b>

Indicates the number of **arrests** processed by Juvenile Division in 2003.



Figure 5

**LOS ANGELES POLICE DEPARTMENT  
GEOGRAPHIC AREAS  
2003 Arrests**

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	0	0.00%
Child Molest (288 PC)	315	88.48%
Child Endangering (273a PC)	9	2.53%
Child Abuse (273d PC)	5	1.41%
Others	27	7.58%
<b>TOTAL</b>	<b>356</b>	<b>100%</b>

Indicates the number of **arrests** processed by geographic Areas in 2003.

Figure 6

**LOS ANGELES POLICE DEPARTMENT  
JUVENILE DIVISION  
2003 Children Processed**

TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	507	32.56%
300 WIC (Sexual Abuse)	283	18.18%
300 WIC (Endangered)	767	49.26%
<b>TOTAL</b>	<b>1,557</b>	<b>100%</b>

Indicates the number of dependent children processed by Juvenile Division in 2003.

Figure 7

**LOS ANGELES POLICE DEPARTMENT  
GEOGRAPHIC AREAS  
2003 Children Processed**

TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	121	11.75%
300 WIC (Sexual Abuse)	441	42.81%
300 WIC (Endangered/Neglect)	468	45.44%
<b>TOTAL</b>	<b>1,030</b>	<b>100%</b>

Indicates the number of dependent children processed by geographic Areas in 2003.

Figure 8

**LOS ANGELES POLICE DEPARTMENT  
JUVENILE DIVISION  
2003 Crimes Investigated**

TYPE	0-4 yrs	5-9 yrs	10-14 yrs	15-17 yrs	TOTAL
Physical Abuse	281	496	496	223	1,496
Sexual Abuse	188	402	505	111	1,206
Endangering	658	483	348	102	1,591
<b>TOTAL</b>	<b>1,127</b>	<b>1,381</b>	<b>1,349</b>	<b>436</b>	<b>4,293</b>

Indicates the age categories of children who were victims of child abuse in 2003.

**NOTE:** The data in **Figure 1** and **Figure 2** shows a different number of victims than indicated in **Figure 8**, a difference of five cases. This is due to a minor administrative anomaly. Additionally, the above data for "sexual abuse" does not include cases of child annoying, since those victims are not physically molested.



**LOS ANGELES POLICE DEPARTMENT –  
2003 CHILD ABUSE FINDINGS**

**Juvenile Division –  
Child Protection Section (CPS)**

1. The total investigations (crime and non-crime) conducted by the CPS in 2003 (3,408) showed a decrease of 9.53 percent over the number of investigations in 2002 (3,767).
2. Adult arrests by the CPS in 2003 (223) showed a decrease of 18.61 percent in the number of arrests made in 2002 (274).
3. The number of dependent children handled by the CPS in 2003 (1,557) showed an increase of 29.21 percent from the number handled in 2002 (1,205).

**GEOGRAPHIC AREAS**

1. The total investigations conducted by the Areas in 2003 (1,977) showed a decrease of 4.68 percent from 2002 (2,074).
2. Adult arrests made by the Areas in 2003 (356) showed a decrease of 12.10 percent from 2002 (405).
3. The number of dependent children handled by the Areas in 2003 (1,030) was a decrease of 14.52 percent from the number handled in 2002 (1,205).

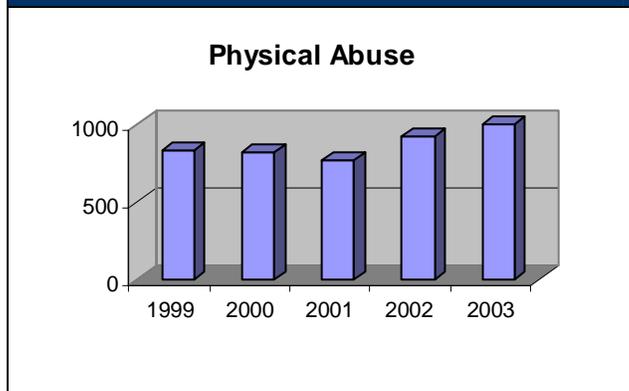
*Figure 9*  
**LOS ANGELES POLICE DEPARTMENT  
2003 Crimes Investigated**

TYPE	2002	2003	% of CHANGE
Total Investigations	5,841	5,385	-7.81%
Total Adult Arrests	679	579	-14.73%
Dependent Children	2,764	2,587	-6.40%

*Indicates a comparison of 2002 and 2003 total figures from Juvenile Division and the Geographic Areas, and the percentage of change between the two years.*

The following charts represent the Abused Child Unit’s five-year trends in the respective areas.

*Figure 10*  
**ABUSED CHILD UNIT  
FIVE-YEAR TRENDS  
Crimes Investigated**





The following charts represent the Abused Child Unit's five-year trends in the respective areas.

Figure 11

**ABUSED CHILD UNIT  
FIVE-YEAR TRENDS  
Crimes Investigated**

**Sexual Abuse**

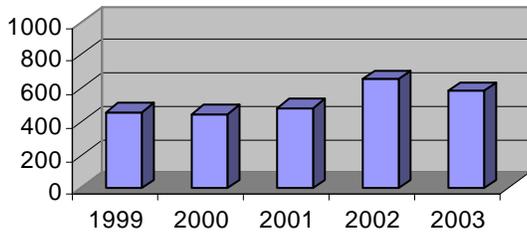


Figure 13

**ABUSED CHILD UNIT  
FIVE-YEAR TRENDS  
Crimes Investigations**

**Homicide**

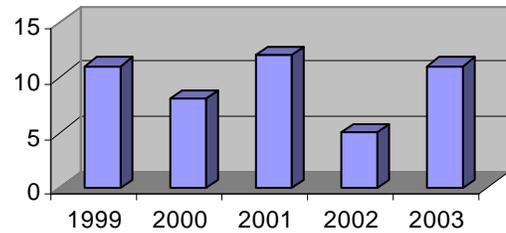


Figure 12

**ABUSED CHILD UNIT  
FIVE-YEAR TRENDS  
Crimes Investigated**

**Endangered**

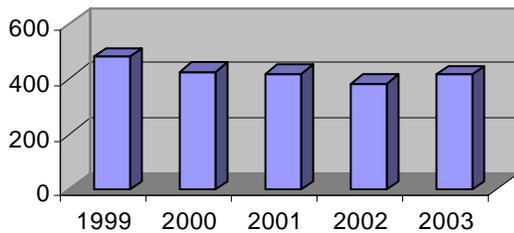
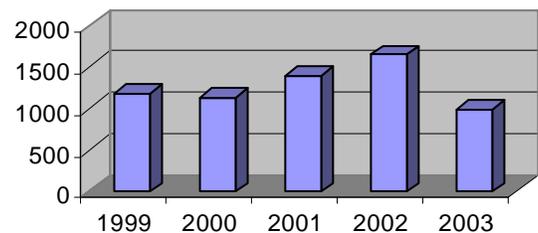


Figure 14

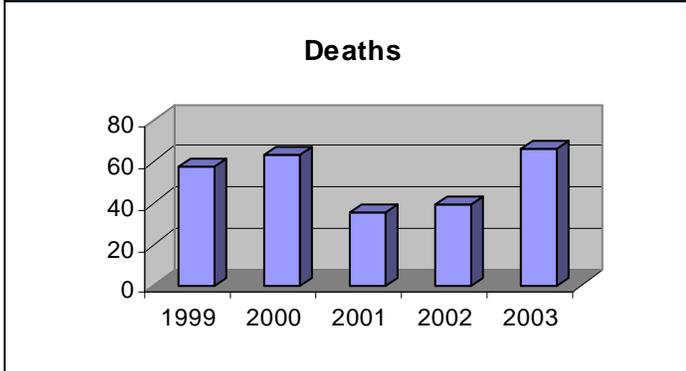
**ABUSED CHILD UNIT  
FIVE-YEAR TRENDS  
Other Investigations**

**Injury/SCARs/Exploitation**

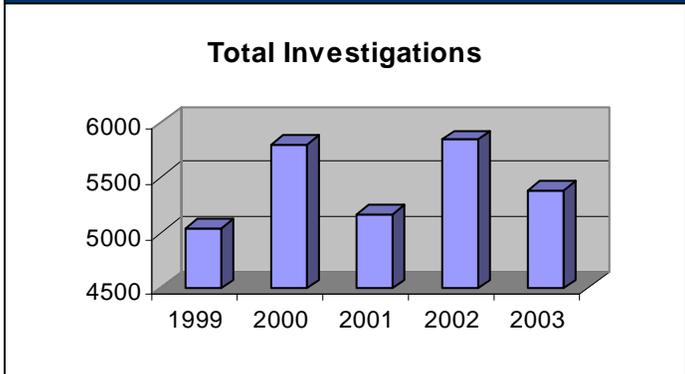




**Figure 15**  
**ABUSED CHILD UNIT FIVE-YEAR TRENDS**  
**Other Investigations**



**Figure 16**  
**ABUSED CHILD UNIT FIVE-YEAR TRENDS**  
**Total Investigations**



**GLOSSARY**

**Child** – A person under the age of 18 years.

**Physical Abuse** – Any inflicted trauma through non-accidental means.

**SCAR (Suspected Child Abuse Report)** – Department of Justice Form SS 8572 is used by mandated reporters to report a suspected child abuse incident to a child protection agency (i.e., local law enforcement, county probation, or a county welfare department). These include child care custodians, health practitioners, employees of child protective agencies, film print processors, child visitation monitor, firefighter, animal control officer or humane society officer and clergy member.

**Sexual Abuse** – Any touching with a sexual context.

**Sexual Exploitation** – As defined by Penal Code Section 11165, subdivision (b) (2), sexual exploitation includes conduct in violation of the following sections of the Penal Code: Penal Code Section 311.2 (pornography), Penal Code Section 311.3 (minors and pornography), Penal Code Section 288 (lewd and lascivious acts with a child), and Penal Code Section 288a (oral copulation).

# LOS ANGELES COUNTY DISTRICT ATTORNEY

---

## AGENCY REPORT







## INTRODUCTION

Every year in Los Angeles County, thousands of children are reported to law enforcement and child protective service agencies as victims of abuse and neglect. Dedicated professionals investigate allegations of sexual abuse, physical abuse and severe neglect involving our most vulnerable citizens, our children. All too often, the perpetrators of these offenses are those in whom children place the greatest trust—parents, grandparents, teachers, clergy members, coaches, trusted family friends. The child victim is the number one concern of the Los Angeles County District Attorney's Office throughout the prosecution process. Skilled prosecutors are assigned to handle these cases. They have the best interests of the child victim or witness in mind at all times. Protection of our children is, and will continue to be, one of the top priorities of the District Attorney's Office.

The District Attorney's Office becomes involved in child abuse cases after the cases are reported to and investigated by the police. Special units have been created in the office to handle child abuse cases. Highly skilled prosecutors with special training in working with children and issues of abuse and neglect are assigned to these units. These prosecutors attempt to make the judicial process easier and less traumatic for the child victim and witness.

The District Attorney's Office prosecutes all felony crimes committed in Los Angeles County. Felonies are serious crimes for which the maximum punishment under the law is either state prison or death; misdemeanors are crimes for which the maximum punishment is county jail. The District Attorney's office also prosecutes misdemeanor crimes in the unincorporated areas of the county and in jurisdictions where cities have contracted for such service. Cases are referred by law enforcement agencies or the Grand Jury. The office is the largest local prosecuting agency in the nation: 3,000

employees including over 700 attorneys; over 65,000 felony filings; and over 280,000 misdemeanor cases.

## THE DISTRICT ATTORNEY AND CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

Because children are among the most defenseless victims of crime, the law provides special protection for them. Recognizing the special vulnerability and needs of child victims, the Los Angeles County District Attorney's Office has mandated that all felony cases involving physical or sexual abuse of a child, child abduction, drug endangered children, are vertically prosecuted. Vertical prosecution involves assigning specially trained, experienced prosecutors to handle all aspects of a case from filing to sentencing. In some instances, these deputy district attorneys are assigned to special units (Sex Crimes Division, Family Violence Division, Child Abduction Section, Drug Endangered Child Project, or Abolish Chronic Truancy); in other instances, the deputies are designated as special prosecutors assigned to the Victim Impact Program (VIP) in the Branch Offices (Airport/Stuart House, Antelope Valley, Compton, Long Beach, Norwalk, Pasadena, San Fernando, Torrance/South Bay Child Crisis Center, and Van Nuys).

The vast majority of cases are initially presented to the District Attorney by a local law enforcement agency. When these cases are subject to vertical prosecution under the above criteria, the detective presenting the case is directed to the appropriate deputy district attorney for initial review of the investigative reports. In cases where the child victim is available and it is anticipated that the child's testimony will be utilized at trial, it is essential that rapport is established between the child and the deputy assigned to evaluate and prosecute the case. It is strongly encouraged that a pre-filing interview is conducted involving the child, the assigned deputy and the investigating officer. In cases alleging sexual abuse of a child, the interview is required absent unusual circumstances. The interview provides the



child with an opportunity to get to know the prosecutor and enables the prosecutor to assess the child's competency to testify. The court will only allow the testimony of witnesses who can establish that they understand and appreciate the importance of relating only the truth while on the witness stand. Ordinarily, this is established by taking an oath administered by the clerk of the court. The law recognizes that a child may not understand the language employed in the formal oath and thus provides that a child under the age of 10 may be required only to promise to tell the truth {Section 710 of the Evidence Code (EC)}. The pre-filing interview affords the deputy an opportunity to determine if the child is sufficiently developed to understand the difference between the truth and a lie and that there are consequences for telling a lie while in court.

The pre-filing interview will also assist in establishing whether or not the child will cooperate with the criminal process and, if necessary, testify in court. The victim of a sexual assault cannot be forced to testify under threat of contempt {Section 1219 of the Code of Civil Procedure (CCP)}. If the children do not wish to speak with the deputy or commit themselves to testifying in court and his or her testimony is required for a successful prosecution, then the child's decision will be respected and no case will be filed. In all cases involving a child victim, every effort will be made to offer support to the child through the presence of an advocate provided through the District Attorney's Victim-Witness Assistance Program. The advocate will work closely with the child, and the child's family (if appropriate) to insure that they are informed of the options and services available to them (such as counseling or medical assistance).

After reviewing the evidence presented by the investigating officer from the law enforcement agency, the deputy must determine that four basic requirements are met before a case can be filed:

1. After a thorough consideration of all pertinent facts presented following a complete

investigation, the prosecutor is satisfied that the evidence proves that the accused is guilty of the crime to be charged;

2. there is legally sufficient, admissible evidence of the basic elements of the crime to be charged;
3. there is legally sufficient, admissible evidence of the accused's identity as the perpetrator of the crime charged;

4. the prosecutor has considered the probability of conviction by an objective fact finder and has determined that the admissible evidence is of such convincing force that it would warrant conviction of the crime charged by a reasonable and objective fact finder after hearing all the evidence available to the prosecutor at the time of charging and after considering the most plausible, reasonably foreseeable defense inherent in the prosecution evidence.

If a case does not meet the above criteria, the deputy will decline to prosecute the case and record the reasons for the declination on a designated form spelling out the reasons for not proceeding with the case. The reasons can include: a lack of proof regarding an element of the offense, a lack of sufficient evidence establishing that a crime occurred or that the accused is the perpetrator of the offense alleged, the victim is unavailable or declines to testify, or the facts of the case do not rise to the level of felony conduct. When the assessment determines that at most misdemeanor conduct has occurred, the case is either referred to the appropriate City Attorney or City Prosecutor's office or- in jurisdictions where the District Attorney prosecutes misdemeanor crimes- the case is filed as a misdemeanor.

Once a determination has been made that sufficient facts exist to file a case, special provisions exist that are designed to reduce the stress imposed upon a child during the court process. When a child under the age of 11 is testifying in a criminal proceeding in which the defendant is charged with



certain specified crimes, the court, in its discretion may:

- allow for reasonable breaks and relief from examination during which the child witness may leave the courtroom {Section 868.8(a) of the Penal Code (PC)};
- the judge may remove their robe if it is believed that such formal attire may intimidate the child {Section 868.8(b) PC};
- the judge may relocate the parties and the courtroom furniture to facilitate a more comfortable and personal environment for the child witness {868.8(c)PC}; and
- the judge may provide for testimony to be taken during the hours that the child would normally be attending school {868.8(d)PC}.

These provisions come under the general directive that the court “ . . . shall take special precautions to provide for the comfort and support of the minor and to protect the minor from coercion, intimidation, or undue influence as a witness. . . ” provided in the Penal Code (868.8PC).

There are additional legal provisions available to better enable children to speak freely and accurately of the experiences that are the subject of judicial inquiry:

- the court may designate up to two persons of the child's own choosing for support, one of whom may accompany the child to the witness stand while the second remains in the courtroom {Section 868.5(a) PC};
- each county is encouraged to provide a room, located within, or within a reasonable distance from, the courthouse, for the use of children under the age of 16 whose appearance has been subpoenaed by the court {868.6(b)PC};
- the court may, upon a motion by the prosecution and under limited circumstances, permit a hearing closed to the public {Section 868.7(a) and 859.1PC} or testimony on closed-circuit television or via videotape {Section 1347PC};
- the child must only be asked questions that are

worded appropriately for his or her age and cognitive development {Section 765(b) of the Evidence Code (EC)};

- the child must have his or her age and level of cognitive development considered in the evaluation of credibility {Section 1127f PC}; and the prosecutor may ask leading questions of the child witness on direct examination {Section 767(b)EC}.

### **SPECIALLY TRAINED PROSECUTORS WORKING WITH CHILDREN IN THE CRIMINAL JUSTICE SYSTEM**

Deputy District Attorneys who are assigned the challenge of prosecuting cases in which children are victimized receive special training routinely through out their assignment to enhance their ability to effectively prosecute these cases. These deputies work very closely with victim advocates from the Los Angeles District Attorney's Victim Witness Assistance Program to diminish the potential for additional stress and trauma caused by the experience of the child's participation in the criminal justice system.

### **SPECIAL UNITS**

The Los Angeles County District Attorney's Office has formed a system of Special Units and programs designed, either specifically for the purpose of or as part of their overall mandate, to recognize the special nature of prosecutions in which children are involved in the trial process as either a victim or a witness:

### **ABOLISH CHRONIC TRUANCY (ACT)**

Prosecutors assigned to this unit are placed in the schools to work with administrators, teachers, parents and students to intervene at the very beginning of the truancy cycle. The first step in the ACT Program is meeting with parents and students at which a deputy district attorney explains the



importance of parents making sure that their children are attending school. The deputy also explains the legal steps that may be taken if a child does not attend school, up to and including the prosecution of the parents. If a student's truancy continues to be a problem, a one-on-one meeting is held with the parents and the student.

### **CHILD ABDUCTION SECTION**

Child abduction cases involve cross-jurisdictional issues covering dependency, criminal, probate and family law courts. Often, the victim of the crime is the lawful custodian of the child but it is essential for the child who is the victim of abduction to be treated with sensitivity and understanding during the prosecution of these cases. The Child Abduction Section handles any parental, relative or close friend abduction case under Penal Code Section 277 278 or 178.5 as well as any case arising under the Hague Convention by which children must be returned to their country of habitual residence. California law has granted District Attorneys the authority to take all actions necessary, using criminal and civil procedures, to locate and return the child and the person violating the custody order to the court of proper jurisdiction.

On July 17, 2000 the Child Abduction Section began a program to insure full compliance with the mandate contained in Section 3130 of the Family Code. Previously, in order for the District Attorney's Office to open an investigation into an alleged abduction of a child the custodial parent was required to provide a specific court order from a Family Court judge directing the opening of such an investigation. Under the terms of the new program, custodial parents can request an investigation be opened directly to the District Attorney Investigators assigned to the Section. This change has greatly eased the burden on custodial parents and has led to an increase in investigations under the Family Code. This process was greatly enhanced in 2002 by the complete revision of the Child Abduction Section

portion of the District Attorney website (<http://da.co.la.ca.us>). Services available to the public are now explained more clearly and the questionnaire that needs to be completed to obtain services can now be downloaded and printed directly. A total of 251 new criminal investigations were initiated during 2002 resulting in 88 felony prosecutions. This reflects a 28% increase in the number of felony prosecutions. A total of 205 cases were closed during 2002. At the end of the year, the Section was pursuing abductors in 177 open cases. In 2003, 219 cases were evaluated for criminal filing resulting in 57 additional felony prosecutions. At the conclusion of 2003, the Section had 271 open felony cases, most of these are cases filed for warrant and awaiting the arrest of the abductor. In Family Code cases, Child Abduction Investigators assigned to the Section initiated 306 new cases. These cases are presented to the Section either directly by citizens or referred by the Dependency Court. The cases presented in 2003 represent a 22% increase in similar cases from 2002. Investigators were able to close 277 cases during 2003 and continued to pursue the abductors of children in 105 open cases.

Under the terms of the Hague Convention, the Section assisted in the location and recovery of children abducted from other countries and brought to Los Angeles County in 29 cases in 2003, precisely mirroring the number of cases in which assistance was provided in 2002. The Section also assisted 14 county residents in recovering their children from other countries through the use of the treaty in 2003, two less than the number recovered in 2002.

The Section continues to conduct numerous training sessions throughout Los Angeles County for various law enforcement agencies. The purpose of the sessions is to overcome the misconception that one parent can legally take a child from another parent without criminal consequences. The training is designed to provide the necessary information to first responders and investigating officers in order to properly investigate and file these potentially serious, felony cases with the Section. A more active role



has also been assumed by the Section in working with the Office of Criminal Justice Planning Child Abduction Task Force and the ICAN Child Abduction and Reunification Task Force. Presentations are also made to local legal aid organizations at various Family Law Coalition meetings in order to ensure that the citizens of our community fully benefit from the services offered through the Section by the Los Angeles County District Attorney's Office.

### **DRUG ENDANGERED CHILD TASKFORCE (DEC)**

In November of 1997, the Los Angeles County District Attorney's Office was awarded the Drug Endangered Children Grant from the Office of Criminal Justice Planning. A multi-disciplinary team consisting of a prosecutor, law enforcement officer, a Clinical Social Worker representing the Department of Children and Family Services (DCFS), a victim/witness advocate and an evaluator was established. The team operates out of the LA IMPACT office in Commerce. The District Attorney's Office did not receive funding for DEC during the 2001 calendar year. As a result, there is no data for 2001. The program received renewed funding for 2002 and was once again fully operational with some significant changes in format and procedure.

The mission of the team is to investigate and prosecute individuals who manufacture illicit drugs (in most instances methamphetamine) in the presence of children (Level 1 cases) or who sell or ingest drugs in the presence of children (Level 2 cases). The prosecutor, DCFS CSW and law enforcement officer are available on-call 24 hours a day to visit known or suspected methamphetamine laboratories. Once at the location, DCFS takes the child/children into protective custody. The DEC prosecutor handles all cases vertically. Formerly, the target area was the San Gabriel Valley. Beginning in 2002, the team mobilizes for cases all over Los Angeles County.

In 1997, 36 cases were filed by DEC. In 1998 the number increased to 54 cases while in 1999 the number of cases filed increased significantly to 154 cases. In 2000, 94 additional cases were filed under the DEC guidelines. As previously indicated, in 2001 there were no cases processed by DEC due to the loss of the grant. In 2002, thanks to renewed funding there were 78 Level 1 cases investigated and 16 Level 2 cases investigated. The total number of children present in Level 1 cases was 126; the total number of children present in Level 2 cases was 26. Of these children, 126 were provided medical assistance and 105 were taken into protective custody by DCFS. DEC seized a total of 143 clandestine laboratories in 2002. A total of 69 individuals were prosecuted by DEC in 2002. In 2003, a total of 30 clandestine laboratories were closed down by DEC with 70 children taken into protective custody.

### **FAMILY VIOLENCE DIVISION**

The Family Violence Division (FVD) was established in July of 1994. The Division is responsible for the vertical prosecution of felony domestic violence and child physical abuse cases in the Central Judicial District. Allocating special resources to abate serious spousal abuse in Los Angeles County was prompted by the 1993 Department of Justice report which found that one-third of the domestic violence calls in the State of California came from Los Angeles County. Children living in homes in which domestic violence occurs are often subjected to physical, as well as the inherent emotional, abuse which results from an environment of violence in the home. FVD's staff includes deputy district attorneys, district attorney investigators, two victim advocates, a witness coordinator and clerical support staff. All of the staff are specially trained to deal sensitively with family violence victims. The goal is to make certain that the victims are protected and that their abusers are held fairly accountable in a court of law for the crimes they commit. FVD specializes in domestic and child



homicides and attempted homicides and serious and recidivist offenders. The staff of FVD is actively involved in legislative advocacy and many interagency prevention, intervention, and educational efforts throughout the county. Consistent with its mission, FVD continues to bring a seriousness and respect to the prosecution of family violence that was very much needed by the criminal justice system to do its part in stopping the cycle of violence bred from domestic violence and child abuse.

A significant portion of the work done by FVD staff involves the prosecution of felony child physical abuse cases. Injuries inflicted upon the children include bruises, scarring, burns, broken bones, brain damage and death. In many instances, the abuse was long-term; there are instances, however, wherein a single incident of abuse may result in a felony filing. At the conclusion of 2002, FVD was in the process of prosecuting 10 murder cases involving child victims. When a murder charge under Section 187 of the Penal Code is filed involving a child victim under the age of 8 alleging abuse leading to the death of the child, a second charge alleging a violation of Section 273ab of the Penal Code is also filed in most instances. It is extremely difficult to convict a parent of murdering their child because jurors must find that the parent acted with malice and intended to kill their child. In cases alleging the abuse of a child under 8 leading to death, the jury need not find that the parent intended to kill the child. It is sufficient for the jury to find that the parent intended or permitted the abuse which led to the death of the child to obtain a conviction. The punishment for violating Section 273ab is a sentence of 25 years to life in state prison- the same punishment for a conviction of first degree murder.

### **SEX CRIMES DIVISION**

The Sex Crimes Division is comprised of two separate units: Sex Crimes and the Sexually Violent Predator Unit (SVP). Formerly, the Statutory Rape Vertical Prosecution Unit (SRVP) was housed under Sex Crimes Division as a grant funded unit

specifically designed to vertically prosecute statutory rape cases. The grant lost state funding and was not renewed thereby resulting in disbanding of the unit during 2003. The cases formerly prosecuted by SRVP are now submitted to line operations and no longer uniformly receive the benefits of vertical prosecution.

Sex Crimes – The deputies assigned to the Sex Crimes Unit are charged with the duty of vertically prosecuting all instances of felony sexual assaults occurring in the Central Judicial District. Deputies handle cases involving both adult and child victims. The deputies work closely with a victim advocate assigned to the unit who has received specialized training in this difficult work. As previously indicated, in cases alleging sexual abuse of a child, a pre-filing interview is conducted with the child victim, the deputy district attorney assigned to the case, the detective assigned to the case from the law enforcement agency, and (frequently) the victim advocate. It is essential that all personnel involved in the interview take special care to place the child at ease while avoiding the risk of tainting the child's testimony through creating an environment of inadvertent suggestibility.

The deputy district attorney working the case will be responsible for making the filing decision, insuring that the case is properly filed and arraigned, conducting the preliminary hearing, formulating an offer which fairly resolves the case short of trial, appearing at all stages of the case in Superior Court and preparing for and conducting the jury trial. Contact with the victim and the victim's family is essential throughout this process. Prior to resolving the case without benefit of a jury trial, the deputy district attorney will advise the child and the child's parents of the pending disposition and seek their input before formalizing the disposition before the court. At the time of sentencing, the child and/or the child's parents will have an opportunity to address the court regarding the impact the defendant's crime has had on the child.



The statutory presumption for sentencing of individuals convicted of lewd and lascivious acts with children under the age of 14 is that they will be sentenced to state prison (288PC). A probationary sentence may not be imposed unless and until the court obtains a report from a reputable psychiatrist or from a recognized treatment program which details the mental condition of defendant (288.1PC). If, in evaluating the report, the court and/or the district attorney finds that the interests of justice are served by imposing a probationary sentence then the defendant will receive a suspended sentence which will include, but not be limited to, the following terms and conditions of probation for a five year period: confinement of up to a year in county jail, counseling to address the mental health condition of the defendant, an order from the court to stay away from the victim, a separate order to not be in the presence of minor children without the supervision of an adult, and restitution to the victim. If the defendant violates any of the terms and conditions of probation, a state prison sentence may then be imposed. A part of any sentence, whether state prison or probation is initially imposed, the defendant is ordered to register as a sex offender with the local law enforcement agency covering his area of residence upon release from custody. This is a lifetime obligation placed upon the offender.

### **Sexually Violent Predator (SVP)**

This is a state mandated program. The staff is committed to working toward protecting the community from renewed victimization by individuals who have committed prior criminal acts against adult and child victims and who also have a current mental health condition which makes it likely that they will continue to commit crimes against their target group if they are released from custody. Approximately 60% of the offenders filed upon by the unit present an existing diagnosis of pedophilia. A true finding by a jury under the SVP law will result in the offender receiving a 2 year commitment to a state hospital at which they will be

given the opportunity to participate in a mental health program designed to confront and treat the condition which makes it unsafe to return them to the community. At the conclusion of the 2-year commitment, an evaluation of the offender will be conducted to determine if the offender continues to present a danger to the community or if there has been sufficient progress to warrant a release. If the offender is determined to present a continued threat to the safety of the community, SVP proceedings will continue with a renewed filing and trial. The SVP law makes it possible to conduct these proceedings without renewed testimony from the victims previously traumatized by the offender's prior predatory behavior.

### **BRANCH AND AREA OPERATIONS –**

#### **Victim Impact Program (VIP)**

A majority of the deputies assigned to vertically prosecute cases in which children are victimized are assigned directly to Branch Offices with a caseload that covers both adult and child victims. VIP obtains justice for victims through vertical prosecution of cases involving domestic violence, sex crimes, stalking, elder abuse, hate crimes and child physical abuse. The program represents a firm commitment of trained and qualified deputies to prosecute crimes against individuals often targeted as a result of their vulnerability. The goal of the program is to obtain justice for victims while holding offenders justly accountable for their criminal acts. Each of the eleven Branches designates an experienced deputy to act as the VIP Coordinator. The Coordinator works closely with the assigned deputies to insure that all cases are appropriately prepared and prosecuted. All VIP deputies receive enhanced training designed to cover updated legal issues, potential defenses and trial tactics.

In two areas of the county, the Airport and Torrance, there are deputies given the specific assignment of specializing in the prosecution of



cases involving child victims as part of a Multi-Disciplinary Interview Team (MDIT).

### **STUART HOUSE/SOUTHBAY CHILD CRISIS CENTER**

Multi-Disciplinary Centers provide a place and a process that involves a coordinated child sensitive investigation of child sexual abuse cases by professionals from multiple disciplines and multiple agencies. Emphasis is placed on the child interview, within the context of a team approach for the purpose of reducing system related trauma to the child, improving agency coordination and ultimately aiding in the prosecution of the suspect.

### **DOMESTIC VIOLENCE COURTS**

In certain judicial districts, the presiding judge has mandated that courts designated as Domestic Violence Courts be instituted. These courtrooms are dedicated to handling strictly domestic violence related cases from arraignment through sentencing. It is strongly encouraged that the deputy district attorneys assigned to these courts are experienced prosecutors with special training in the area of family violence.

### **JUVENILE DIVISION**

The District Attorney's Office is also charged with the responsibility of petitioning the court for action concerning juvenile offenders who perpetrate crimes in Los Angeles County. The Probation Department, law enforcement, the Office of the Public Defender and the Superior Court Juvenile Division are also involved in the process of combating juvenile delinquency. In the juvenile justice system, the schools, law enforcement, and probation all work actively to monitor and mentor youths that appear on the threshold of involvement in serious criminal activity.

In most instances involving juvenile violators, informal means of addressing criminal

activity are employed without intervention from the Office of the District Attorney or the Juvenile Court. Minors can be counseled and released, placed in informal programs through the school, law enforcement agency or probation department, referred to the Probation Department for more formal processing, or referred to the District Attorney for filing consideration [Section 626 of the Welfare and Institutions Code (WIC)]. In many instances, a Probation Officer assigned to review a referral from law enforcement will decide to continue to handle the matter informally and reserve sending the referral for review to the District Attorney. If the minor complies with terms of informal supervision, the case does not come to the attention of the District Attorney or the Court; if the minor fails to comply, the Probation Officer could then decide to refer the case for filing consideration.

If law enforcement submits a request to Probation for a petition to be submitted for filing regarding allegations involving serious felony criminal activity (under Section 707 WIC), a second felony referral for a minor under the age of 14, a felony referral for a minor 14 years of age or older, an offense involving sale or possession for sale of a controlled substance, possession of narcotics on school grounds, assault with a deadly weapon upon a school employee, possession of a firearm or a knife at school, certain instances of gang activity, car theft by a minor 14 years or older at the time of the offense, an offense involving over \$1,000 of restitution to the victim or if the minor has previously been placed on informal probation and has committed a new offense, the petition must be submitted to the District Attorney immediately and cannot be handled informally by Probation (Sections 652 and 653.5 WIC).

The Juvenile Division of the District Attorney's Office is under the auspices of the Bureau of Specialized Prosecutions. The Division is divided into two sections along geographical lines, North and South. North offices include Eastlake Juvenile, Pasadena Juvenile, Pomona Juvenile, and Sylmar



Juvenile. South offices include Compton Juvenile, Inglewood Juvenile, Juvenile Justice Center, Long Beach Juvenile, and Los Padrinos Juvenile.

There are three Juvenile Halls in Los Angeles County. They are located in Sylmar (Sylmar Juvenile Hall), East Los Angeles (Eastlake Juvenile Hall), and Downey (Los Padrinos Juvenile Hall). They are all under the supervision of the Probation Department. Minors (individuals under the age of 18 alleged to have violated Section 601 or Section 602 WIC) cannot be detained in custody with adults.

If a minor is delivered by law enforcement to Probation personnel at a juvenile hall facility, the probation officer to whom the minor is presented determines whether the minor remains detained. If a minor 14 years of age or older is accused of personally using a firearm or having committed a serious or violent felony as listed under Section 707(b) WIC, detention must continue until the minor is brought before a judicial officer. In all other instances, the probation officer can only continue to detain the minor if one or more of the following is true: the minor lacks proper and effective parental care; the minor is destitute and lacking the necessities of home; the minor's home is unfit; it is a matter of immediate and urgent necessity for the protection of the minor or a reasonable necessity for the protection of the person or property of another; the minor is likely to flee; the minor has violated a court order; or the minor is physically dangerous to the public because of a mental or physical deficiency, disorder or abnormality (if the minor is in need of mental health treatment the court must notify the Department of Mental Health).

If one or more of the above factors are present but the probation officer deems that a 24-hour secure detention facility is not necessary, the minor may be placed on home supervision (Section 628.1 WIC). Under this program, the minor is released to a parent, guardian, or responsible relative pursuant to a written agreement that sets forth terms and conditions relating to standards of behavior to be adhered to during the period of release. Conditions

of release could include curfew, school attendance requirements, behavioral standards in the home, and any other term deemed to be in the best interest of the minor for his own protection or the protection of the person or property of another. Any violation of a term of home supervision may result in placement in a secure detention facility subject to a review by the court at a detention hearing.

If the minor is detained, the district attorney must make a decision on whether or not to file a petition within 48 hours of arrest (excluding weekends and holidays). A detention hearing must be held before a judicial officer within 24 hours of filing (Section 631(a) and 632 WIC). When a minor appears before a judicial officer for a detention hearing, the court must consider the same criteria as previously weighed by the probation officer in making the initial decision to detain the minor. There is a statutory preference for release if reasonably appropriate (Sections 202 and 635 WIC). At the conclusion of the detention hearing, the court may release the minor to a parent or guardian; place the minor on home supervision; detention in a non-secure facility (foster home); or detain the minor in a secure facility.

A minor may be found an unfit subject for consideration under juvenile court law and may have his case remanded to adult court to face trial as an adult. Under Section 707 WIC, the court must consider each of the following factors in determining whether or not the minor's case remains in juvenile court: the degree of criminal sophistication exhibited by the minor; whether the minor can be rehabilitated prior to the expiration of the juvenile court's jurisdiction; the minor's previous delinquent history; the success of previous attempts by the juvenile court to rehabilitate the minor; and the circumstances and gravity of the offense alleged to have been committed by the minor. Minors age 14 years and over who personally commit murder are presumed to be unfit. Minors age 16 years and over are presumed unfit if they commit a serious or violent offense as listed in Section 707(b) WIC (such as arson, robbery,



rape with force or violence, sodomy by force or violence, forcible lewd and lascivious acts on a child under the age of 14, oral copulation by force and violence, kidnapping for ransom, attempted murder, etc.). Minors age 14 or 15 years who commit an offense listed in Section 707(b) WIC are also subject to a fitness petition alleging that they should not receive the protections of the juvenile court but during the course of the hearing they are presumed to be fit. The importance of the presumption is that at the beginning of the hearing, the party with the presumption has the advantage when the court begins the weighing process. In instances in which the minor has the presumption of fitness, the burden is on the district attorney to present substantial evidence that the minor is unfit and should be remanded to adult court.

On March 7, 2000, the California electorate passed Proposition 21, the Gang Violence and Juvenile Crime Prevention Initiative. This initiative became effective on March 8, 2000 and applies to prosecutions of crimes committed on or after March 8, 2000. It significantly amended California law regarding the means by which a minor could be prosecuted in adult court. Section 26 of Proposition 21 amended Section 707(d) WIC. The primary impact under this section is to permit the prosecuting authority, in its discretion, to file against minors directly in adult court when certain crimes are alleged. In such instances, it is the policy of the Los Angeles County District Attorney's Office to continue to initiate such proceedings in Juvenile Court absent unusual circumstances and with the approval of a designated Head Deputy of the Juvenile Division. Section 602(b) WIC was also amended by the initiative to require that the prosecuting agency is **mandated** to file cases involving a minor age 14 years or older who is alleged to have committed certain crimes directly in adult court bypassing the fitness process ordinarily required.

Under the discretionary direct file mechanism for trying minors in adult court, if a minor is age 16

or older and commits an offense listed in Section 707(b) WIC the prosecutor **may** file directly in adult court. Under the mandatory direct file mechanism, if a minor age 14 or older is charged with one or more of the following offenses, the case **must** be filed in adult court:

- A first degree murder (187PC) with special circumstances, if it is alleged that the minor personally killed the victim; or,
- Forcible sexual assaults alleged pursuant to 667.61PC, if it is alleged that the minor personally committed the offense.

In cases where direct filing against a minor in adult court is discretionary, the policy of the District Attorney's Office is to use this power selectively and only after review by a designated Head Deputy from Juvenile Division. If a minor is believed to be an unfit subject to remain in juvenile court, reliance upon the use of the traditional fitness hearing conducted under the provisions of 707(a)-(c)WIC is the preferred means of achieving this result. In those rare instances when a direct filing in adult court is deemed necessary for reasons of judicial economy or to ensure a successful prosecution of the case, the discretionary powers provided under 707(d)WIC will be employed.

If a minor's case remains in juvenile court, the minor has a right to a trial referred to as adjudication. The adjudication is similar to a court trial. Minors do not have a right to a jury trial. The minor does have a right to counsel, to confront and cross-examine the witnesses against him or her and the privilege against self-incrimination. The court must be convinced beyond a reasonable doubt that the minor committed the offense alleged in the petition. The district attorney has the burden of proof in presenting evidence to the court. If the court has been convinced beyond a reasonable doubt of the allegations in the petition, the petition is found true; if the court is not convinced, the petition is found not true. There is no finding of guilty or not guilty. If the minor is age 13 or younger, proof that the minor had the capacity to commit the crime must be



presented by the district attorney as such individuals are not presumed to know right from wrong. For example, if a 12-year-old is accused of a theft offense, it is not presumed that the minor knew it was wrong to steal. The district attorney must present evidence that the minor knew the conduct committed was wrong. This burden can be met by calling a witness to establish that this minor knew that it was wrong to steal. The witness can be the minor's parent or a police officer or school official who can testify that the minor appreciated that it was wrong to steal.

If the petition is found true by the court, a disposition hearing is then held to determine “. . .in conformity with the interests of public safety and protection, receive care, treatment and guidance which is consistent with their best interest, which holds them accountable for their behavior, and which is appropriate for their circumstances. This guidance may include punishment that is consistent with the rehabilitative objectives of this chapter” (Section 202(b) of the Welfare and Institutions Code). Disposition alternatives available to the court include: home on probation (HOP); restitution; a brief period of incarceration in juvenile hall as an alternative to a more serious commitment (Ricardo M. time); drug testing; restrictions on the minor's driving privilege; suitable placements; placement in a camp supervised by the Probation Department; placement in the California Youth Authority (CYA); and the Border Project (available only to a minor who is a Mexican national).

Proposition 21 provided the possibility of deferred entry of judgment for minors 14 years of age or older who appear before the court as accused felons for the first time. Under the provisions established in Section 790 WIC and subsequent sections, a minor who has not previously been declared a ward of the court for commission of a felony, is not charged with a 707(b) WIC offense, has never had probation revoked previously and is at least 14 years of age at the time of the hearing is

eligible for deferred entry of judgment. In order to enter the program, the minor must admit all allegations presented in the petition filed with the court. There are strict rules imposed by the court. The minor must participate in the program for no less than 12 months and must successfully complete the program within 36 months. If the program is successfully completed, the charges are dismissed against the minor, the arrest is deemed never to have occurred and the record of the case is sealed.

If the minor is accused of a listed misdemeanor, violation of certain ordinances or infractions the matter may be referred to a Traffic Hearing Officer for resolution under Section 256 WIC. Sanctions which can be imposed upon minors by a hearing officer include: a reprimand with no further action; direct probation supervision for up to six months; a fine; suspension of the minor's drivers license; community service, or request a judge to issue a warrant for any failures to appear. The minor has the right to an attorney for any misdemeanor violation referred to the hearing officer.

## OFFICE WIDE UNITS

### Victim Witness Assistance Program

The victim advocate's primary responsibility is to provide support to the victim. Their function is considered essential in cases with a child victim. Often the victim advocate will be the first person associated with the District Attorney's Office whom the child will meet. The advocate will explain each person's role in the criminal justice process while working to establish a rapport with the child. The advocate is available to participate in the pre-filing interview. The advocate provides court accompaniment to the victim and the victim's family and assists in explaining the court process. Two very essential tools relied upon by the advocate to assist children through the court process are a coloring book and a video. Both help the children to become more familiar and comfortable



with the court setting. Whenever possible, the advocate will attempt to take the child and the child's family into an accessible courtroom in order for the child to walk around a courtroom setting and sit in the witness chair to ease tensions and fears involved in being present in an unfamiliar setting. Other services offered by the advocate include: crisis intervention and emergency assistance, referrals for counseling, assistance in filing for State Victim Compensation, information and referrals to appropriate community agencies and resources.

### **DISTRICT ATTORNEY CRIME PREVENTION FOUNDATION**

This is a nonprofit organization created to support the crime prevention efforts of the District Attorney's Office. They pursue this goal through the development and implementation of law-based prevention education, mentoring and diversion programs for young people. Programs include Special Assistance for Victims in Emergency (SAVE), Environmental Scholarship Programs, RESCUE, and Project LEAD (Legal Enrichment and Decision-making).

### **KID'S COURT**

The District Attorney's Office actively participates in this Los Angeles County Bar Association program. Children who are either victims or witnesses in criminal cases are invited to come to court on a Saturday. A Superior Court judge volunteers to open up the courtroom and give these children an opportunity become more familiar with the court process. The facts of the child's case are not discussed on this date. Instead, the child is able to explore a courtroom, learn about the court system, meet a judge, and ask questions about what happens in court. The children and their parent or guardian receive age appropriate written materials that provide answers to frequently asked questions concerning participation in the court process.

### **DATA GATHERING AND ANALYSIS**

In order to maximize accuracy in representing the work done by the District Attorney's Office in prosecuting cases involving child abuse and neglect, data was gathered based upon a case filing. When a case is filed, the case number represents one unit for data purposes. A case may, however, represent more than one defendant and more than one count; in cases where there is more than one count, more than one victim may be represented. This method was adopted to ensure that a single incident of criminal activity was not double counted. When a case is presented for filing to a prosecutor, it is submitted based upon the conduct of the perpetrator. If a single perpetrator has victimized more than one victim, all of the alleged criminal conduct is contained under one case number. If a victim has been victimized on more than one occasion by a single perpetrator, the separate incidents will be represented by multiple counts contained under a single case number. A single incident, however, also may be represented by multiple counts; such counts might be filed in the alternative for a variety of reasons but could not result in a separate sentence for the defendant due to statutory double jeopardy prohibitions. If multiple defendants were involved in victimizing either a single victim or multiple victims, this is represented by a single case number.

A priority list was established based upon seriousness of the offense (Figure 1) from which the data sought would be reflected under the most serious charge filed. In other words, if the most serious charge presented against the perpetrator was a homicide charge reflecting a child death but additional charges were also presented and filed alleging child physical abuse or endangerment, then the conduct would be reflected only under the statistics gathered using Section 187 of the Penal Code in the category of total filings (Figure 2). If, at the conclusion of the case, the Murder (187PC) charge was dismissed for some reason but the case resulted in a conviction on lesser charges (such as



Assault Resulting in Death of a Child Under Age 8, 273abPC), that statistic would be reflected as a conviction under the statistics compiled for the lesser charge (Figure 6 and Figure 7).

In assessing cases that were either dismissed or declined for filing (Figure 3 and Figure 4), it is important to keep in mind that among the reasons for declining to file a case (lack of corpus, lack of sufficient evidence, inadmissible search and seizure, interest of justice, deferral for revocation of parole, a probation violation was filed in lieu of a new filing, and a referral for misdemeanor consideration to another agency) is the very important consideration of the victim being unavailable to testify (either unable to locate the victim or the victim being unable to qualify as a witness) or unwilling to testify. In cases involving allegations of sexual assault against children, the child or the parents/guardians acting in behalf of the child may decline to participate in a prosecution and not face the prospect of being held in contempt of court for failing to testify (1219CCP). As a general principle, it is considered essential to protect the child victim from additional harm; forcing a child to participate in the criminal justice process against their will would not meet these criteria. This deference to the greater goal of protection of the victim results in some cases which would ordinarily meet the filing criteria to be declined and others which had already been filed to be dismissed or settled for a compromise disposition.

A synopsis of the charges used to compile this report is included as an addendum to this narrative. The statistics for 1998 also included reporting some statutes that were no longer valid for crimes committed during the 1998 calendar year. This was due to either filing error or the fact that the case was filed in 1998 but alleged conduct which occurred in prior years.

Sentencing data is broken down to cover cases in which a defendant has received a life sentence, a state prison sentence, or a probationary sentence (Figure 7 and Figure 8). A probationary sentence includes, in a vast majority of cases, a

sentence to county jail up to 1 year as a term and condition of probation under a 5-year grant of supervised probation.

Statistics reflecting the work of two special units, the Child Abduction Section and the Drug Endangered Child Taskforce, are reflected in two charts (Figure 9 and Figure 10). It is important to note that the raw data contained in these Figures are also reflected in the overall numbers reported in Figures 2, 3 and 4. These charts are provided as samples of the types of cases handled by a special unit and the numbers of cases prosecuted by specially trained, grant funded deputies.

As it is not uncommon for minor's to commit acts of abuse against children, Juvenile Delinquency statistics detailing the number of felony and misdemeanor petitions filed, dismissed and declined are included (Figures 13, 14, 15, 16 and 17). It is important to note that the fact that the perpetrator of the offense is under the age of 18 is not the sole determinative factor in making a decision as to whether the minor perpetrated a criminal act against a child. A schoolyard fight between peers would not be categorized as an incident of child abuse nor would consensual sexual conduct between underage peers be categorized as child molestation; but an incident involving a 17 year old babysitter intentionally scalding a 6 year old child with hot water would be investigated as a child abuse and an incident in which a 16 year old cousin fondled the genitals of an 8 year old family member would be investigated as a child molestation.

Statistics regarding the gender of defendants are also included. It is important when comparing the years of available statistics covering Juvenile offenses to remember that Proposition 21 was in effect beginning in March of 2000. This factor may make any meaningful comparison between the statistics prior to the passage to those subsequent to the passage of Proposition 21 difficult. Adult and Juvenile comparisons are provided as are comparisons among both groups for total cases filed by the District Attorney's Office compared to a



gender breakdown for child abuse related offenses (Figures 19, 20, 21 and 22).

Information contained under Zip Code is provided as a means of determining how children in different areas of the county are impacted by these crimes (Figure 11 and Figure 18).

For the first year, the report contains data regarding the number of child abuse cases filed during 2003 that also included the filing of a count of Spousal Abuse within the meaning of section 273.5 of the Penal Code (Figure 23).

## SELECTED FINDINGS

A comparison of total child abuse crimes submitted for filing to the District Attorney's Office between 1998, 1999 and 2000 reflect that the total number of cases filed remained fairly consistent. There was a significant difference, however, in the number of cases filed as felonies as compared to misdemeanors. In 1998 and 1999, the percentage of cases filed as felonies were very similar (75% in 1998; 74% in 1999). In 2000, however, there was a 10% drop in the number of felony case filings (65%). This stabilized in 2001 when the percentage of felony case filings remained at 65%. This stability continued to be reflected in the 2002 cases when the percentage of felony filings rose slightly to 67%. In 2003, the percentage of felony filings dropped slightly to 66%.

A more focused look was taken at two specific charges filed in the five year period. The two charges selected reflected the highest raw numbers of filed cases. They were 273a(a)PC, Child Abuse (physical abuse), and 288(a)PC, Lewd Conduct with a Child under 14 years of age (sexual abuse). These charges did not reflect the same drop in felony filings over the first four years of the comparison. Covering the period of available statistics, an increase from the number of cases filed in 1998 was documented in 1999, 2000 and 2001. In the child abuse cases, 19% of the total cases filed in 1998 were 273a(a)PC cases; the percentage

increased to 23% in 1999, remained relatively unchanged at 22% in 2000 and rose slightly to 24% in 2001. In 2002, the percentage remained at 24% of the filed cases. In 2003, the percentage of felony cases filed including as the lead charge a violation of 273a(a)PC increased slightly to 27%. In sexual abuse cases, 22% of the total cases filed in 1998 were 288(a) PC cases; the percentage increased to 25% in 1999, decreased to 21% in 2000 rose slightly to 23% in 2001. This decline continued in 2002 when 17% of the total number of cases filed were for 288(a)PC charges. In 2003, 26% of the felony child abuse cases filed were for charges of 288(a)PC representing a nearly 10% increase. The total number of cases filed in 2000, when broken down into two general categories of physical abuse/endorment and sexual abuse/exploitation incorporating a broader spectrum of charges, showed that 59% of the total filings were for charges under the general physical abuse/endorment category while 41% involved allegations of sexual abuse/exploitation. In 2001 and 2002, 54% of the cases were physical abuse/endorment cases while 46% involved allegations of sexual abuse/exploitation. This percentage remained relatively stable in 2003 with 55% of the cases filed coming generally within the physical abuse/endorment category while 45% involved allegations of sexual abuse/exploitation.

In 1998, looking at the total number of cases submitted by law enforcement agencies for filing (this would include both cases filed and declined), 59% of the cases submitted for filing that alleged a violation of 273a(a) PC were filed. Felonies were filed in 48% of the total number of cases submitted that alleged a violation of Section 273a(a) PC, 11% were filed as misdemeanors and 41% were declined. In 1999, 73% of the total number of cases submitted for filing that alleged a violation of 273a(a) PC were filed; while in 2000, 68% of the submitted cases with this charge were filed. In 1999, 63% of the cases filed alleging 273a(a) PC as the primary count were filed as felonies; 11% misdemeanors and 44% were declined. In 2000, 57% of the cases filed alleging



273a(a) PC as the primary count were felonies; 12% misdemeanors and 31% were declined. In 2001, a total of 59% of the cases submitted for filing alleging a violation of 273a(a) PC were filed; 41% were declined. Of the cases submitted for filing, 45% were filed as felonies while 14% were filed as misdemeanors. In 2002, 57% of the cases submitted for filing with 273a(a)PC as the primary charge were filed. Of these, 48% were filed as felonies while 10% were filed as misdemeanors and 42% were declined. In 2003, 57% of the cases submitted for filing with 273a(a)PC as the primary charge were filed. Of these, 46% were filed as felonies while 11% were filed as misdemeanors and 42% were declined.

The percentages related to allegations of 288(a)PC filings do not include a felony/misdemeanor breakdown because as a matter of law all filings with this charge are felony filings. In 1998, 41% of the cases submitted by law enforcement for filing consideration alleging a violation of Section 288(a)PC as the primary charge were filed; 59% were declined. In 1999, 45% were filed and 55% were declined. In 2000, 57% were filed and 43% declined. In 2001, 33% were filed and 67% were declined. In 2002, 32% were filed while 68% were declined. In 2003, 31% were filed while 69% were declined. The percentage of cases submitted that were filed in 2000 increased 12% over 1999 and 16% over 1998. In 2001, the percentage sharply decreased by 17% from 2000 to 2001 with an additional 7% decrease from 2001 to 2002. In 2003, the percentage of filed cases remained relatively the same. For these charges the raw data reflects that the cases submitted for filing in this category dropped from 1370 in 1998 to 1344 in 1999, 938 in 2000, increased to 1017 in 2001 and significantly increased to 1548 in 2002 before dropping to 1419 in 2003.

Overall in 2002, 54% of the cases submitted by law enforcement agencies for filing were filed as either a felony or a misdemeanor; 46% of submitted cases were declined. This reflects precisely the same percentages in the number of submitted cases which

were filed as either a felony or a misdemeanor as reflected in 2001. In 2003, 50% of the cases submitted were filed (2499) while 50% were declined (2469).

In the area of sentencing, a comparison over the five year period demonstrates relative consistency in the types of sentences meted out for child abuse cases with a trend towards probation being granted in more cases and a corresponding decline in state prison sentences. In 1998, 34% of the defendants sentenced received a sentence to state prison; in 1999, 30% received a prison sentence; in 2000, 29% of convicted offenders were sentenced to state prison; in 2001, 25% of convicted offenders were sentenced to state prison; in 2002, 26% of convicted offenders were sentenced to state prison; and in 2003, 26% of convicted offenders were sentenced to state prison. Sixty-five percent (65%) of the cases resulted in a probationary sentence in 1998 while the number increased to 69% in 1999 and increased further to 71% in 2000 and increased again in 2001 to 74% and remained relatively stable at 74.5% in 2002 and 73% in 2003. In all six years, approximately 1% of the defendants sentenced received a life sentence as a result of their criminal acts. The number of life sentences received in 1998 was 10; in 1999, the number was 9; in 2000, the number fell to a total of 4; in 2001, the number rose to a total of 12 individuals convicted of child abuse related offenses receiving a life sentence. In 2002, this number doubled to 24. In 2003, the total number of defendants sentenced to life in prison for a child abuse related crime was 23.

A total of 2,262 adult child abuse and neglect cases were completed in 2002. Convictions were obtained in 90% of the cases. A total of 9% of the cases were dismissed by either the court or the prosecution. Approximately 1% of the cases resulted in an acquittal following a jury trial. A total of 1,933 child abuse and neglect cases were completed in 2003. Once again, convictions were obtained in 90% of the cases, in 9% of the cases all charges were



dismissed and in 1% of the cases the defendant was acquitted of all charges following trial.

Juvenile data comparisons over the five year history must take into consideration the fact that Proposition 21 had an unknown impact upon the Juvenile system in several areas after March 8, 2000. In 1999, 66% of the cases submitted for filing were filed by the District Attorney's Office. In 2000, this percentage fell to 45% of the cases submitted being filed. In 2001, 58% of the cases submitted were filed. In 2002, the increase continued with 62% of the submitted cases resulting in a filing. In 2003, 57% of the submitted cases resulted in a filing. The number of cases submitted for filing alleging violations of the child abuse statutes contained in Figure 1 in 1999 was 497; 658 were submitted for filing in 2000; 607 were submitted in 2001; 505 were submitted in 2002; and, in 2003, a total of 537 cases were submitted for filing consideration. The statute reflecting the largest difference over a four-year period was 288(a) PC. The number of cases filed alleging a violation of this section remained fairly stable for the first three years- 250 in 1999; 234 in 2000; and 234 in 2001 but decreased to 185 in 2002. In 2003, the number fell further to 177 cases submitted to Juvenile Division for filing under 288(a)PC. The number of cases declined under this section, however, more than doubled from 120 in 1999 to 265 in 2000 before falling again in 2001 to 167 and continuing the fall in 2002 to 145. In 2003, the number again rose to 177 cases presented for a filing of 288(a)PC that were declined. In 2002, 65% of the child abuse cases submitted for a juvenile filing involved allegations of 288(a) PC; in 2003, 66% of the cases submitted for filing were for the designated charge. A total of 56% of the cases submitted under this section were filed while 44% were declined in 2002. In 2003, 50% of the cases submitted for a filing of charges alleging 288(a)PC were filed. The overwhelming percentage of child abuse charges submitted for filing of allegations in juvenile court were for allegations of sexual abuse (96% or 511 out of 537). Case dispositions reflect that 85% of the petitions submitted to the court were

sustained while 15% were dismissed by either the court or the district attorney. Of the cases dismissed, 53% (18 of 34) were cases alleging 288(a)PC as the primary charge in the petition.

In child abuse filings in juvenile cases, 6% of the perpetrators were female with 94% being male in 1999; a significant increase to 9% of the perpetrators being female was reflected in 2000 (91% were male). In 2001, the percentage of females decreased to 8%. In 2002, the percentage of females showed another slight decrease to 7%. In 2003, 6% of the offenders were female while 78% were male. This compares to child abuse cases with adult offenders where in 1999, 19% were female and 81% were male with very little variance in the 2000, 2001, and 2002 statistics- 20% female and 80% male. In 2003, 22% of defendants accused of child abuse related crimes were female and 78% were male.

Increasingly, the nexus between domestic violence and child abuse is becoming a focus of concern. In recognition of this, for the first time data concerning the percentage of cases in which both a designated child abuse charge and a charge of 273.5PC, Spousal Abuse, was filed is included in this report. It is important to note that this is not a comprehensive data collection of all cases in which child abuse charges and domestic violence charges were filed. Domestic violence related charges can include allegations from numerous Penal Code sections that are not easily extracted from the data base. For example, a charge of Criminal Threats in violation of section 422PC is often charged in a domestic violence case. The charge itself, however, is not limited to threats made to an intimate partner. A threat of violence made to a neighbor or a stranger also comes within the section. An attempt to extract the data in which a charge alleging child abuse and a domestic violence related criminal threat are filed in the same case is not presently possible. A spousal abuse charge, however, by its very definition involves an allegation of domestic violence. In 2003, 9% of the cases filed alleging a count of child abuse



against an adult in Los Angeles County also alleged a violation of spousal abuse.

## CONCLUSION

The Los Angeles County District Attorney's Office is dedicated to providing justice to the children of this community. Efforts to enhance their safety through the vigorous prosecution of individuals who prey upon children are tempered with care and compassion for the needs of the children who have been victimized. This process is important to a prosecuting entity that has been sensitized to the special nature of these cases and assisted by active partnerships with other public and private entities in crime prevention efforts designed to enrich the lives of all children. Through these efforts, the Los Angeles County District Attorney's Office has established a leadership role in community efforts to battle child abuse and neglect.

## RESPONSE TO RECOMMENDATIONS

### FROM 2003 REPORT

#### RECOMMENDATION ONE: Juvenile offender data collection

The Data Report submitted by the District Attorney's Office includes data on juvenile offenders.

#### RECOMMENDATION TWO: Agency Multi-Trend Data

The Data Report submitted by the District Attorney's Office includes data covering at least five years for most of the data collected and reported.

#### RECOMMENDATION THREE:

##### Agency Participation

The District Attorney's Office has designated the Head Deputy of the Family Violence Division as the representative on the Data and Information Sharing Committee. Full and active participation of this representative is expected and has been achieved.



Figure 1

## LIST OF PRIORITIZED STATUTES

Code	Statute	Order
PC	187(A)	1
PC	273AB	2
PC	273A(2)	3
PC	269(A)(1)	4
PC	269(A)(2)	5
PC	269(A)(3)	6
PC	269(A)(4)	7
PC	269(A)(5)	8
PC	664/187(A)	9
PC	207(B)	10
PC	207(A)	11
PC	208(B)	12
PC	288.5(A)	13
PC	288.5	14
PC	286(C)(1)	15
PC	286(C)	16
PC	288(B)(1)	17
PC	288(B)	18
PC	288(A)	19
PC	288A(C)(1)	20
PC	288A(C)	21
PC	289(J)	22
PC	289(I)	23
PC	289(H)	24
PC	273A(A)	25
PC	273A	26
PC	273A(1)	27
PC	273A(A)(1)	28
PC	273D(A)	29
PC	278	30
PC	278.5	31
PC	278.5(A)	32

Figure 1 (Continued)

## LIST OF PRIORITIZED STATUTES

Code	Statute	Order
PC	288(C)(1)	33
PC	288(C)	34
PC	286(B)(2)	35
PC	286(B)(1)	36
PC	288A(B)(1)	37
PC	266J	38
PC	266H(B)	39
PC	266I(B)	40
PC	288A(B)(2)	41
PC	12035(B)(1)	42
PC	311.4(B)	43
PC	311.2(B)	44
PC	311.10	45
PC	311.11(B)	46
PC	261.5(D)	47
PC	261.5(C)	48
PC	311.1(A)	49
PC	311.4(C)	50
PC	271A	51
PC	12035(B)(2)	52
PC	12036(B)	53
PC	12036(C)	54
PC	267	55
PC	647.6(B)	56
PC	647.6(A)	57
PC	261.5(A)	58
PC	261.5(B)	59
PC	273A(B)	60
PC	273G	61
PC	311.4(A)	62
PC	311.11(A)	63



Figure 2

**TOTAL ADULT FILINGS**  
By Charge For 1998 through 2003

Charge	1998		1999		2000		2001		2002		2003	
	F	M	F	M	F	M	F	M	F	M	F	M
PC12035(b)(1)	0	0	0	0	0	0	1	0	0	0	3	0
PC12035(b)(2)	0	0	0	0	0	0	0	0	0	0	0	0
PC12036(b)	0	0	0	0	0	0	0	1	0	2	0	1
PC187(a)	27	0	38	0	33	0	25	0	25	0	31	0
PC207(a)	5	0	11	0	1	0	9	0	26	0	20	0
PC207(b)	0	0	0	0	9	0	6	0	7	0	3	0
PC208(b)	19	0	13	0	22	0	11	0	13	0	3	0
PC261.5(a)	0	0	0	0	0	0	0	0	0	0	0	0
PC261.5(b)	0	0	3	23	0	27	0	38	0	28	0	17
PC261.5(c)	141	49	202	0	138	22	121	52	112	70	101	48
PC261.5(d)	141	49	82	5	69	8	41	13	39	12	38	6
PC266h(b)	0	0	0	0	0	0	2	0	1	0	0	0
PC266i(b)	88	8	0	0	0	0	0	0	0	0	0	0
PC266j	5	0	7	0	2	0	3	0	5	0	4	0
PC269	0	0	0	0	1	0	0	0	0	0	0	0
PC269(a)(1)	8	0	14	0	17	0	18	0	22	0	26	0
PC269(a)(2)	0	0	0	0	0	0	0	0	1	0	0	0
PC269(a)(3)	3	0	4	0	3	0	8	0	13	0	8	0
PC269(a)(4)	3	0	1	0	5	0	0	0	3	0	6	0
PC269(a)(5)	0	0	2	0	9	0	3	0	4	0	7	0
PC271a	1	4	0	6	0	4	2	7	1	7	6	6
PC273a(1)	1	1	0	0	0	0	0	0	0	0	0	0
PC273a(2)	0	1	0	0	0	0	0	0	0	0	0	0
PC273a(a)	385	91	479	76	452	94	436	128	587	119	446	108
PC273a(a)(1)	2	6	0	1	0	0	0	0	0	0	0	0
PC273a(b)	128	401	70	423	0	606	2	601	4	578	1	550
PC273ab	2	1	1	0	1	0	0	0	0	0	1	0
PC273d(a)	79	82	77	82	66	85	58	88	25	87	31	75
PC273g	0	0	0	0	0	0	0	5	0	2	0	1
PC278	18	1	18	4	1	3	24	3	27	6	25	2
PC278.5	6	3	13	2	4	1	47	7	9	5	15	0
PC12035(b)(1)	0	0	0	0	0	0	1	0	0	0	3	0

\*F=Felony, M=Misdemeanor



Figure 2 (continued)

**TOTAL ADULT FILINGS**  
By Charge For 1998 through 2003

Charge	1998		1999		2000		2001		2002		2003	
	F	M	F	M	F	M	F	M	F	M	F	M
PC278.5(a)	14	2	15	1	34	3	0	0	39	10	24	3
PC286(b)(1)	10	0	3	1	6	0	8	0	6	1	8	1
PC286(b)(2)	6	0	9	0	8	0	4	0	2	0	3	0
PC286(c)	11	0	1	0	1	0	1	0	2	0	2	0
PC286(c)(1)	0	0	0	0	0	0	13	0	9	0	8	0
PC288(a)	557	0	606	0	538	0	714	0	498	1	437	0
PC288(b)	6	0	6	0	7	0	1	0	2	0	2	0
PC288(b)(1)	0	0	0	0	0	0	98	0	47	1	60	0
PC288(c)	4	0	6	0	2	0	1	0	1	0	0	0
PC288(c)(1)	0	0	0	0	0	0	106	1	120	3	96	2
PC288.5	79	0	15	0	28	0	13	0	6	0	12	0
PC288.5(a)	0	0	0	0	0	0	0	0	206	0	132	0
PC288.5(b)	0	0	0	0	0	0	216	0	0	0	0	0
PC288a(b)(1)	26	0	23	3	32	0	19	0	26	10	31	6
PC288a(b)(2)	0	0	0	0	22	0	16	0	9	0	17	0
PC288a(c)	6	0	2	0	0	0	0	0	2	0	0	0
PC288a(c)(1)	0	0	0	0	0	0	4	0	4	0	0	0
PC289(h)	17	1	16	1	25	0	30	0	11	5	15	2
PC289(i)	10	0	16	0	15	0	12	0	19	0	16	0
PC289(j)	4	0	2	0	1	0	0	0	0	0	0	0
PC311.10	0	0	0	0	1	0	1	0	0	0	1	0
PC311.1(a)	4	0	7	0	3	0	1	0	2	1	2	0
PC311.11(a)	8	6	6	7	0	18	0	10	0	14	0	11
PC311.11(b)	1	0	1	0	1	0	0	0	2	0	0	0
PC311.2(b)	0	0	0	0	1	0	2	0	0	0	0	0
PC311.4(b)	1	0	0	0	0	0	1	0	0	0	0	0
PC311.4(c)	2	0	5	0	3	0	1	0	4	0	1	0
PC647.6(a)	2	0	21	0	0	5	9	0	8	0	6	0
PC647.6(b)	4	1	3	0	4	3	2	2	3	0	0	0
PC664/187(a)	0	0	0	0	43	0	11	0	20	0	12	0

\*F=Felony, M=Misdemeanor



Figure 3

**TOTAL ADULT DISMISSALS  
By Charge For 1998 through 2003**

Charge	1998		1999		2000		2001		2002		2003	
	F	M	F	M	F	M	F	M	F	M	F	M
PC187(a)	0	0	0	0	0	0	0	0	1	0	0	0
PC207	5	0	1	0	0	0	0	0	0	0	2	0
PC207(a)	0	0	0	0	0	0	1	0	5	0	0	0
PC207(b)	0	0	0	0	0	0	1	0	0	0	0	0
PC208	2	0	3	0	1	0	0	0	0	0	0	0
PC208(b)	0	0	0	0	0	0	0	0	1	0	0	0
PC261.5(b)	4	0	0	3	0	1	0	1	0	5	0	1
PC261.5(c)	6	5	5	3	8	0	12	5	10	2	5	9
PC261.5(d)	7	0	4	0	3	0	2	1	0	0	0	1
PC266h(b)	0	0	0	0	0	0	1	0	1	0	0	0
PC266i(b)	1	0	0	0	0	0	0	0	0	0	0	0
PC266j	0	0	2	0	0	0	0	0	3	0	0	0
PC269(a)(1)	0	0	1	0	0	0	2	0	0	0	1	0
PC269(a)(3)	1	0	0	0	0	0	0	0	0	0	0	0
PC269(a)(4)	0	0	0	0	1	0	0	0	0	0	0	0
PC269(a)(5)	0	0	0	0	0	0	0	0	1	0	0	0
PC271a	0	1	0	0	0	0	0	0	0	0	2	1
PC273a(1)	0	1	0	0	0	0	0	0	0	0	0	0
PC273a(a)	35	16	24	6	39	6	19	9	46	8	26	17
PC273a(b)	5	68	6	37	4	60	0	57	0	42	0	46
PC273ab	1	0	0	0	0	0	0	0	0	0	0	0
PC273d(a)	6	10	6	18	1	14	7	10	5	10	3	10
PC278	0	0	0	0	3	0	0	0	2	2	5	2
PC278.5	0	1	1	0	3	0	6	0	1	0	3	0
PC278.5(a)	0	1	2	0	0	0	0	0	5	0	3	2
PC286(b)(1)	0	0	1	0	1	0	0	0	1	0	0	0
PC286(c)	2	0	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	0	0	1	0	0	0
PC288(a)	42	0	23	0	40	0	0	0	23	0	37	0
PC288(b)	1	0	0	0	0	0	0	0	0	0	0	0

\*F=Felony, M=Misdemeanor



Figure 3 (continued)

**TOTAL ADULT DISMISSALS  
By Charge for 1998 through 2003**

Charge	1998		1999		2000		2001		2002		2003	
	F	M	F	M	F	M	F	M	F	M	F	M
PC288(b)(1)	0	0	0	0	0	0	2	0	3	0	5	0
PC288(c)	0	0	0	0	1	0	0	0	0	0	0	0
PC288(c)(1)	0	0	0	0	0	0	4	0	6	0	5	0
PC288.5	3	0	1	0	1	0	0	0	0	0	1	0
PC288.5(a)	0	0	0	0	0	0	0	0	10	0	7	0
PC288.5(b)	0	0	0	0	0	0	8	0	0	0	0	0
PC288a(b)(1)	2	1	2	0	2	0	1	0	4	0	2	1
PC288a(b)(2)	0	0	0	0	1	0	1	0	1	0	1	0
PC288a(c)	0	0	0	0	2	0	0	0	1	0	0	0
PC289(h)	1	1	0	0	1	1	0	0	2	0	1	0
PC289(i)	1	0	0	0	0	0	1	0	0	0	0	0
PC289(j)	0	0	1	0	0	0	0	0	0	0	0	0
PC311.11(a)	0	1	0	1	0	1	0	0	0	2	0	0
PC311.11(b)	0	0	0	1	0	0	0	0	0	0	0	0
PC311.2	0	0	0	0	1	0	0	0	0	0	0	0
PC311.4(b)	0	0	0	0	1	0	0	0	0	0	0	0
PC647.6(a)	0	0	0	0	0	0	1	0	3	0	0	0
PC647.6(b)	1	0	0	0	0	0	0	0	0	0	0	0
664/187(a)	0	0	0	0	0	0	0	0	0	0	1	0

\*F=Felony, M=Misdemeanor



Figure 4

**TOTAL ADULT CASES DECLINED  
for Filing for 1998 through 2003**

Charge	1998	1999	2000	2001	2002	2003
	Count	Count	Count	Count	Count	Count
PC12035(b)(1)	0	0	0	4	4	1
PC12035(b)(2)	0	0	0	2	0	0
PC187(a)	0	0	0	4	3	1
PC207	1	6	5	0	0	0
PC207(a)	0	0	0	4	3	0
PC207(b)	0	0	0	2	4	0
PC208	1	1	1	0	0	0
PC208(b)	0	0	0	1	0	0
PC261.5(a)	0	0	0	3	0	0
PC261.5(b)	34	29	0	60	36	80
PC261.5(c)	146	214	224	268	170	145
PC261.5(d)	60	82	0	94	99	92
PC266h(b)	0	0	0	1	0	1
PC266j	5	0	1	2	2	3
PC267	0	0	1	0	0	0
PC269(a)(1)	0	0	2	0	1	0
PC269(a)(5)	0	0	1	0	0	0
PC271a	2	2	2	7	10	8
PC273a	0	0	0	0	1	1
PC273a(1)	4	0	0	0	0	0
PC273a(a)	333	208	251	388	523	421
PC273a(a)(1)	0	1	0	0	0	0
PC273a(b)	43	42	69	88	164	162
PC273ab	6	2	1	0	4	1
PC273d(a)	72	57	62	69	83	139
PC273g	0	0	0	1	0	0
PC278	31	47	43	30	32	50
PC278.5	46	89	100	65	41	40
PC278.5(a)	87	68	43	0	99	115
PC286(b)(1)	7	9	11	10	10	11
PC286(b)(2)	1	3	4	4	1	0



Figure 4 (continued)

**TOTAL ADULT CASES DECLINED  
for Filing for 1998 through 2003**

Charge	1998	1999	2000	2001	2002	2003
	Count	Count	Count	Count	Count	Count
PC286(c)	7	2	0	0	0	0
PC286(c)(1)	0	0	0	2	1	5
PC288(a)	813	783	400	1,136	1,050	986
PC288(b)	0	5	1	1	2	0
PC288(b)(1)	0	0	0	26	14	9
PC288(c)	2	2	9	0	2	1
PC288(c)(1)	0	0	0	63	63	88
PC288.5	20	13	8	13	3	1
PC288.5(a)	0	0	0	0	46	34
PC288.5(b)	0	0	0	27	0	0
PC288a(b)(1)	15	9	27	30	17	31
PC288a(b)(2)	0	0	3	10	3	2
PC288a(c)	12	1	1	0	0	0
PC288a(c)(1)	0	0	0	8	9	6
PC289(h)	3	3	5	3	7	5
PC289(i)	0	1	2	1	0	0
PC289(j)	0	0	7	3	0	0
PC311.10	0	0	1	0	1	0
PC311.11(a)	1	3	0	1	5	3
PC311.11(b)	0	2	0	1	0	1
PC311.2(b)	0	0	0	1	0	0
PC311.4(b)	2	0	0	1	2	0
PC311.4(c)	1	0	2	0	1	0
PC647.6(a)	7	10	11	12	12	17
PC647.6(b)	6	9	8	9	12	6
PC664/187(a)	0	0	0	1	0	3



Figure 5

**FILED/DECLINED (ADULT)**  
Adult Presented in 2003

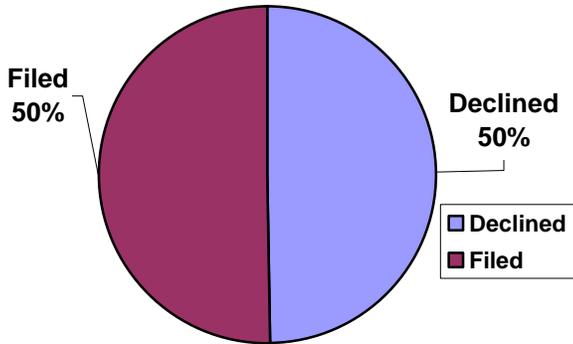


Figure 6

**CONVICTED/ACQUITTED/DISMISSED**  
Total Adult Dispositions in 2003

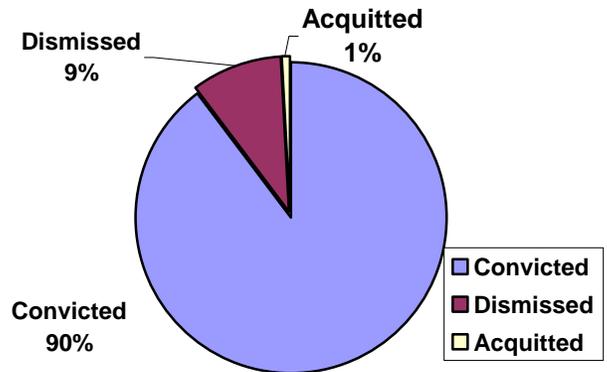


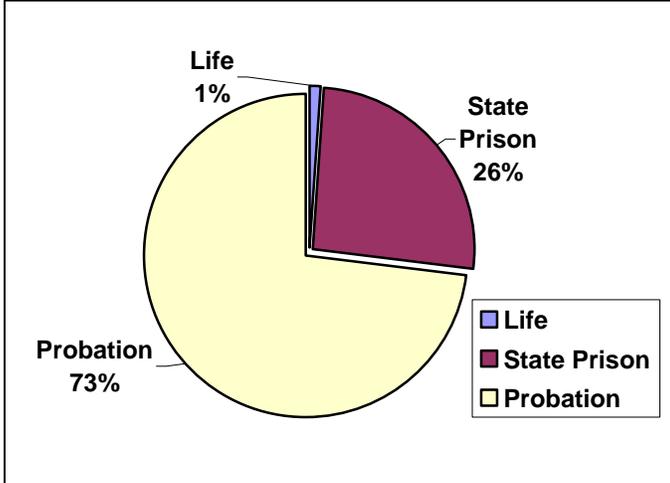
Figure 7

**TOTAL ADULT CASES**  
Sentenced 1998 Through 2003

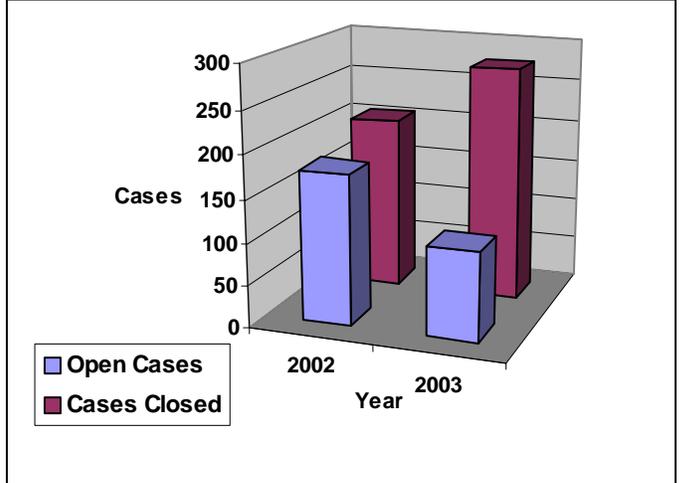
Sentence Type	1998	1999	2000	2001	2002	2003
	Count	Count	Count	Count	Count	Count
Life	10	9	4	12	24	23
State Prison	714	605	503	525	533	499
Probation	1,359	1,388	1,244	1,552	1,624	1,411



**Figure 8**  
**PIE CHART -- SENTENCING (ADULT)**  
 Sentence Type in 2003



**Figure 9**  
**CHILD ABDUCTION CASES**  
 Sentence Type in 2003



**Figure 10**  
**DRUG ENDANGERED CHILD FILINGS**  
 from 1997 through 2003

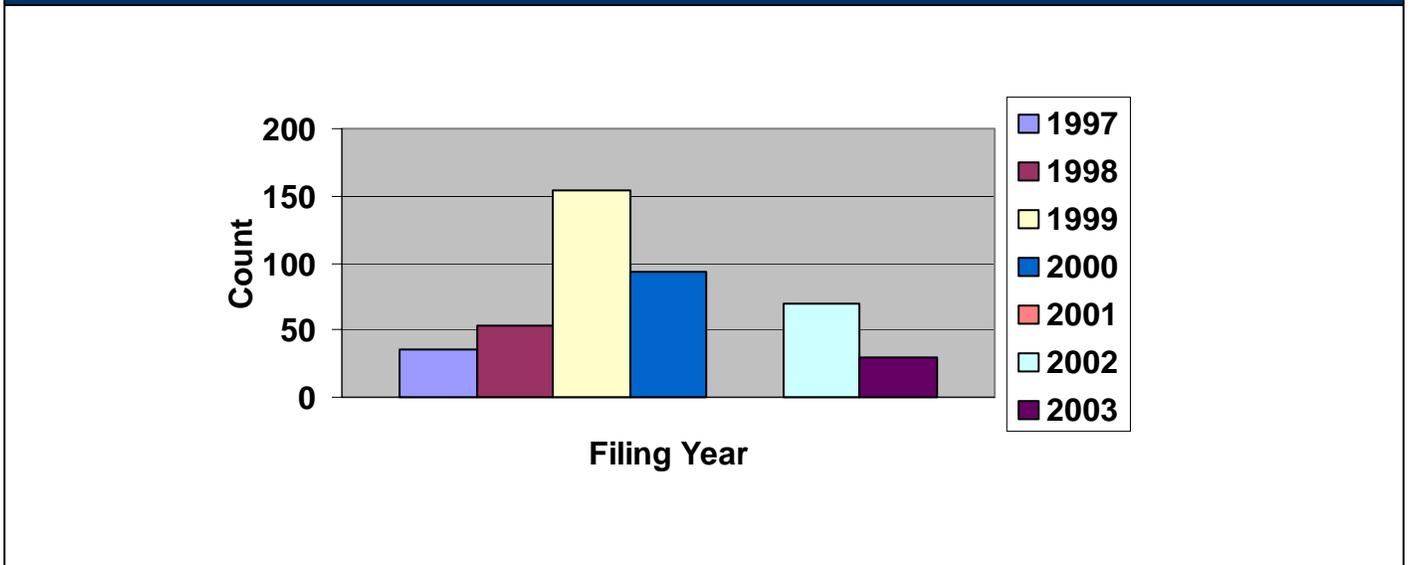




Figure 11

**TOTAL ADULT CASES FILED BY ZIP CODE**  
for 1998 through 2003

Zip Code	1998	1999	2000	2001	2002	2003
90007	27	56	16	18	24	18
90012	533	627	587	546	613	437
90022	39	41	60	50	58	39
90025	61	66	0	0	0	0
90045	0	4	46	99	121	84
90066	0	0	1	0	0	0
90210	22	14	17	7	9	8
90220	107	109	119	199	232	222
90231	11	13	10	0	0	0
90242	99	55	107	72	54	57
90255	108	111	84	53	58	58
90262	83	80	58	17	7	0
90265	11	15	19	16	16	14
90301	50	39	60	37	64	49
90401	14	9	14	8	7	0
90503	116	101	120	133	124	86
90602	53	54	58	55	48	58
90650	61	50	47	177	201	200
90706	61	43	43	28	33	30
90802	130	118	150	118	152	141
91016	8	1	0	0	0	0
91101	88	100	93	100	74	88
91205	48	76	60	59	76	48
91331	0	1	2	0	0	0
91340	65	75	74	73	75	91
91355	34	61	53	44	28	28
91401	128	84	79	82	105	74
91731	109	116	122	128	128	88
91766	78	84	133	157	282	268
91790	123	111	112	159	116	90
91801	56	39	47	48	39	53
93534	232	246	223	210	190	170



Figure 12

TOTAL ADULT PRESENTED FOR 1998 THROUGH 2003

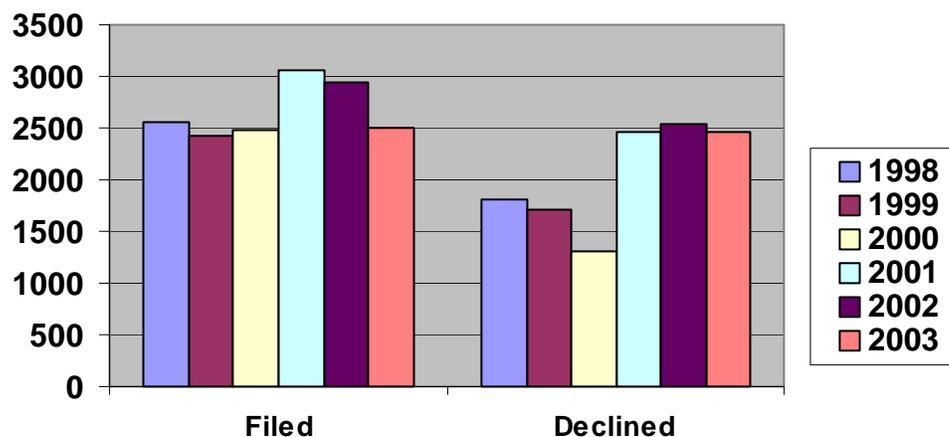


Figure 13 (Continued)

TOTAL JUVENILE FILINGS BY CHARGE FOR 1999 THROUGH 2003

Charge	1999		2000		2001		2002		2003	
	F	M	F	M	F	M	F	M	F	M
PC278	3	0	5	0	1	0	3	0	2	0
PC278.5	0	0	1	0	0	0	0	0	0	0
PC286(b)(1)	1	0	1	0	1	0	0	0	0	0
PC286(b)(2)	1	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	6	0	0	0	2	0
PC288(a)	250	0	234	0	234	0	185	0	177	0
PC288(b)	4	0	2	0	0	0	1	0	0	0
PC288(b)(1)	0	0	0	0	38	0	39	0	55	0
PC288(c)	0	0	2	0	0	0	0	0	0	0
PC288.5(a)	0	0	0	0	0	0	39	0	24	0
PC288.5(b)	0	0	0	0	42	0	0	0	0	0
PC288a(b)(1)	6	0	1	0	3	0	2	0	4	0
PC289(h)	3	0	6	0	6	0	0	0	6	0
PC289(i)	1	0	0	0	0	0	0	0	0	0
PC311.1(a)	1	0	0	0	0	0	0	0	0	0
PC311.11(a)	0	1	0	0	0	0	0	2	0	0
PC311.2(b)	0	0	0	0	2	0	0	0	0	0
PC311.4(c)	1	0	1	0	0	0	1	0	0	0
PC647.6(a)	0	0	0	1	0	0	0	0	0	0
PC647.6(b)	1	0	1	0	0	0	0	0	2	0
PC664/187(a)	0	0	0	0	0	0	1	0	0	0

\* F = Felony

\* M = Misdemeanor



Figure 14

## TOTAL JUVENILE DISMISSALS BY CHARGE FOR 2002 AND 2003

Charge	2002		2003	
	Felony	Misdemeanor	Felony	Misdemeanor
PC207(a)	0	0	1	0
PC261.5(b)	0	1	0	4
PC261.5(c)	1	0	2	0
PC273a(a)	1	0	1	0
PC288(a)	18	0	18	0
PC288(b)	1	0	0	0
PC288(b)(1)	3	0	7	0
PC288.5(a)	3	0	3	0
PC288a(b)(1)	0	0	1	0
PC289(h)	0	0	1	0

Figure 15

## TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 1999 THROUGH 2003

Charge	1999		2000		2001		2002		2003	
	F	M	F	M	F	M	F	M	F	M
PC207(b)	0	0	1	0	0	0	0	0	0	0
PC261.5(a)	0	0	0	0	0	2	0	0	0	0
PC261.5(b)	0	23	0	32	0	25	0	14	0	23
PC261.5(c)	1	3	2	5	4	0	0	0	5	3
PC261.5(d)	7	0	9	0	11	0	5	0	1	0
PC266h(b)	0	0	1	0	0	0	0	0	0	0
PC273a(a)	6	0	4	0	2	0	6	0	3	0
PC273a(b)	0	0	0	4	0	3	0	2	0	0
PC273d(a)	0	0	0	0	0	0	1	0	0	0
PC278	3	0	10	0	1	0	3	0	2	0
PC286(b)(1)	0	0	4	0	3	0	0	0	4	0
PC286(b)(2)	2	0	1	0	1	0	0	0	1	0
PC286(c)(1)	0	0	0	0	2	0	0	0	0	0
PC288(a)	120	0	265	0	167	0	145	0	177	0
PC288(b)(1)	0	0	0	0	5	0	7	0	10	0
PC288(c)(1)	0	0	0	0	0	0	2	0	0	0
PC288a(b)(1)	2	0	11	0	4	0	2	0	1	0
PC288a(b)(2)	0	0	1	0	1	0	1	0	1	0
PC288a(c)(1)	0	0	0	0	1	0	2	0	1	0
PC289(h)	3	0	3	0	0	0	2	0	0	0
PC289(i)	0	0	1	0	0	0	0	0	0	0
PC289(j)	0	0	0	0	1	0	0	0	0	0
PC311.11(a)	0	0	0	1	0	0	0	0	0	0
PC647.6(a)	0	0	2	0	0	0	1	0	0	0
PC647.6(b)	0	0	1	0	0	0	0	0	0	0

\* F = Felony

\* M = Misdemeanor



Figure 16

**FILED/DECLINED  
(Juvenile) - Pie Chart**

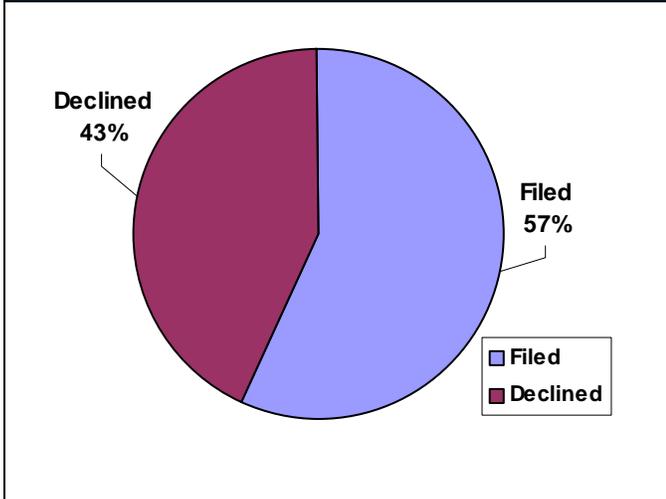


Figure 17

**SUSTAINED/DISMISSED/  
Not Sustained (Juvenile) - Pie Chart**

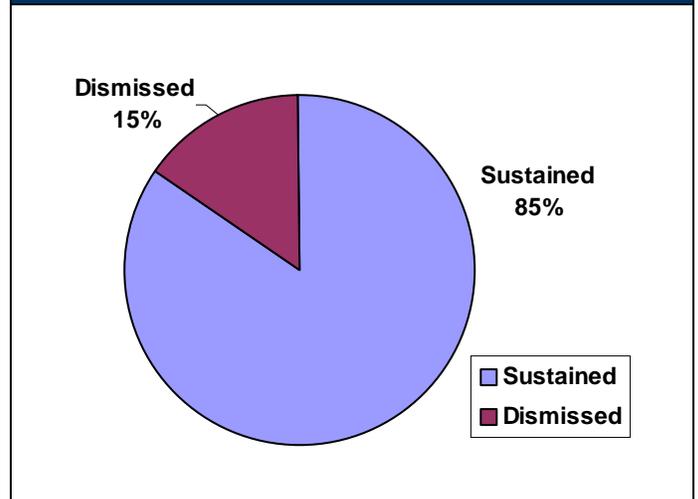


Figure 18

**TOTAL JUVENILE CASES FILED BY ZIP  
Code for 2002 and 2003**

Zip Code	2002	2003
90001	14	23
90033	66	51
90220	24	27
90242	43	29
90301	24	23
90802	33	40
91101	22	21
91342	43	50
91766	43	41



Figure 19

**TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 1999 THROUGH 2000**

Gender	1999				2000			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%
<b>Female</b>	4,063	16%	31,211	17%	3,549	17%	30,504	17%
<b>Male</b>	21,732	84%	151,598	83%	17,750	83%	150,580	83%
<b>TOTAL</b>	<b>25,795</b>		<b>182,809</b>		<b>21,299</b>		<b>181,084</b>	

Figure 19

**TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 2001 THROUGH 2002**

Gender	2001				2002			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%
<b>Female</b>	3,992	18%	30,852	17%	3,950	19%	31,497	18%
<b>Male</b>	17,736	82%	146,463	83%	17,036	81%	148,018	82%
<b>TOTAL</b>	<b>21,728</b>		<b>177,315</b>		<b>20,986</b>		<b>179,515</b>	



Figure 19

**TOTAL FILINGS BY GENDER  
(All Charges) for 2003**

Gender	2003			
	Juvenile	%	Adult	%
Female	3,720	18%	33,289	18%
Male	16,795	82%	150,343	82%
<b>TOTAL</b>	<b>20,515</b>		<b>183,632</b>	

Figure 20

**CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER FOR 1999 THROUGH 2000**

Gender	1999				2000			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	21	6%	483	19%	26	9%	522	20%
Male	333	94%	2,052	81%	275	91%	2,108	80%
<b>TOTAL</b>	<b>354</b>		<b>2,535</b>		<b>301</b>		<b>2,630</b>	

Figure 20

**CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER FOR 2001 THROUGH 2002**

Gender	2001				2002			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	30	8%	539	20%	23	7%	581	20%
Male	343	92%	2,154	80%	289	93%	2,353	80%
<b>TOTAL</b>	<b>373</b>		<b>2,693</b>		<b>312</b>		<b>2,934</b>	

Figure 20

**CHILD ABUSE AND NEGLECT STATUTES  
Filings by Gender for 2003**

Gender	2003			
	Juvenile	%	Adult	%
Female	19	6%	544	22%
Male	286	94%	1,955	78%
<b>TOTAL</b>	<b>305</b>		<b>2,499</b>	

Figure 21

**TOTAL JUVENILE FILINGS BY GENDER FOR 1999 THROUGH 2000**

Gender	1999				2000			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	21	6%	4,063		26	9%	3,549	16%
Male	333	94%	21,732		275	91%	17,750	84%
<b>TOTAL</b>	<b>354</b>		<b>25,795</b>		<b>301</b>		<b>21,299</b>	



Figure 21

**TOTAL JUVENILE FILINGS BY GENDER (ALL CHARGES) FOR 2001 THROUGH 2002**

Gender	2001				2002			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	30	8%	3,992	18%	23	7%	3,950	19%
Male	343	92%	17,736	82%	289	93%	17,036	81%
<b>TOTAL</b>	<b>373</b>		<b>21,728</b>		<b>312</b>		<b>20,986</b>	

Figure 21

**TOTAL JUVENILE FILINGS BY GENDER  
(All Charges) for 2003**

Gender	2003			
	Child Abuse	%	All Charges	%
Female	19	6%	3,720	18%
Male	286	94%	16,795	82%
<b>TOTAL</b>	<b>305</b>		<b>20,515</b>	

Figure 22

**TOTAL ADULT FILINGS BY GENDER FOR 1999 THROUGH 2000**

Gender	1999				2000			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	483	19%	31,211	17%	522	20%	30,504	17%
Male	2,052	81%	151,598	83%	2,108	80%	150,580	83%
<b>TOTAL</b>	<b>2,535</b>		<b>182,809</b>		<b>2,630</b>		<b>181,084</b>	

Figure 22

**TOTAL ADULT FILINGS BY GENDER FOR 2001 THROUGH 2002**

Gender	2001				2002			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	539	20%	30,852	17%	581	20%	31,497	18%
Male	2,154	80%	146,463	83%	2,353	80%	148,018	82%
<b>TOTAL</b>	<b>2,693</b>		<b>177,315</b>		<b>2,934</b>		<b>179,515</b>	



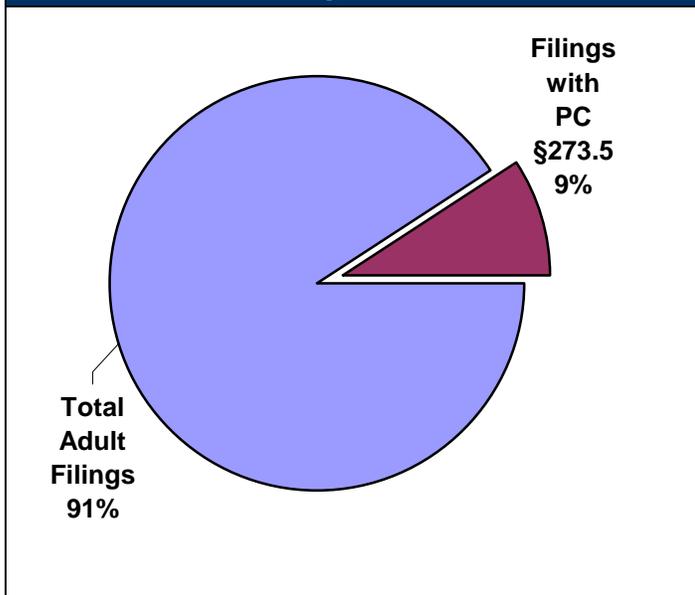
Figure 22

**TOTAL ADULT FILINGS  
by Gender for 2003**

Gender	2003			
	Child Abuse	%	All Charges	%
Female	544	22%	33,289	18%
Male	1,955	78%	150,343	82%
<b>TOTAL</b>	<b>2,499</b>		<b>183,632</b>	

Figure 23

**FILINGS WITH PC §273.5 CHARGE  
Versus Total Filings for 2003 - Pie Chart**



**STATUTES SYNOPSIS OF STATUTES**

**187 PC - Murder Defined**

(a) Murder is the unlawful killing of a human being, or a fetus, with malice aforethought.

(b) This section does not apply to any person who commits an act that results in the death of a fetus if any of the following apply:

1) The act complied with the Therapeutic Abortion Act, Article 2 (commencing with Section 123400) of Chapter 2 of part 2 of Division 106 of the Health and Safety code.

2) The act was committed by a holder of a physician's and surgeon's certificate, as defined in the Business and professions Code, in a case where, to a medical certainty, the result of childbirth would be death of the mother of the fetus or where her death from childbirth, although not medically certain, would be substantially certain or more likely than not.

3) The act was solicited, aided, and abetted, or consented to by the mother of the fetus.

(c) Subdivision (b) shall not be construed to prohibit the prosecution of any person under any other provision of law.

**273ab PC - Assault resulting in death of child under 8**

Any person who, having the care of custody of a child who is under eight years of age, assaults the child by means of force that to a reasonable person would be likely to produce great bodily injury, resulting in the child's death, shall be punished by imprisonment in the state prison for 25 years to life.

Nothing in this section shall be construed as affecting the applicability of subdivision (a) of Section 187 or Section 189.

**269(a)(1) PC - Aggravated sexual assault of a child**

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(1) A violation of paragraph (2) of subdivision (a) of Section 261 - Rape:

An act of sexual intercourse accomplished with a person not the spouse of the perpetrator, where it is accomplished against a person's will by means of force, violence duress, menace, or fear of immediate and unlawful bodily injury on the person or another.

**269(a)(2) PC - Aggravated sexual assault of a child**

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(2) A violation of Section 264.1 - Rape of penetration of genital or anal openings by foreign object, etc.; acting in concert by force or violence:

The provisions of Section 264 notwithstanding, in any case in which the defendant, voluntarily acting in concert with another person, by force or violence and against the will of the victim, committed an act described in Section 261, 262, or 289, either personally or by aiding and abetting the other person, that fact shall be charged in the indictment or information, and if found to be true by the jury, or by the court, or if admitted by the defendant, the defendant shall suffer confinement in the state prison for five, seven, or nine years.

**269(a)(3) PC - Aggravated sexual assault of a child**

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or

more years younger than the person is guilty of aggravated sexual assault of a child:

(3) Sodomy, in violation of Section 286, when committed by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

**269(a)(4) PC - Aggravated sexual assault of a child**

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(4) Oral copulation, in violation of Section 288a, when committed by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

**269(a)(5) PC - Aggravated sexual assault of a child**

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(5) A violation of subdivision (a) of Section 289 - Forcible acts of sexual penetration:

(a)(1) Act of sexual penetration when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

**664/187 PC - Attempted Murder**

When a person attempts to commit [murder], but fails, or is prevented or intercepted in its perpetration.

**207(b) PC - Kidnapping**

Every person, who for the purpose of committing any act defined in Section 288 (lewd and lascivious acts) hires, persuades, entices,



decoys, or seduces by false promises, misrepresentations, or the like, any child under the age of 14 years to go out of this country, state, or county, or into another part of the same county, is guilty of kidnapping.

#### **207(a) PC - Kidnapping**

Every person who forcibly, or by any other means of instilling fear, steals or takes, or holds, detains or arrests any person in this state, and carries the person into another country, state, or county, or into another part of the same county, is guilty of kidnapping.

#### **208(b) PC - Punishment for kidnapping; victim under 14 years of age**

If the person kidnapped is under 14 years of age at the time of the commission of the crime, the kidnapping is punishable by imprisonment in the state prison for 5, 8, or 11 years. This subdivision is not applicable to the taking, detaining, or concealing, of a minor child by a biological parent, a natural father, as specified in Section 7611 of the Family Code, an adoptive parent, or a person who has been granted access to the minor child by a court order.

#### **288.5(a) PC - Continuous sexual abuse of a child**

Any person who either resides in the same home with the minor child or has recurring access to the child, who over a period of time, not less than three months in duration, engages in three or more acts of substantial sexual conduct with a child under the age of 14 years at the time of the commission of the offense, as defined in subdivision (b) of Section 1203.066, or three or more acts of lewd or lascivious conduct under Section 288, with a child under the age of 14 years at the time of the commission of the offense is guilty of the offense of continuous sexual abuse of a child and shall be punished by imprisonment in the state prison for a term of 6, 12, or 16 years.

#### **288.5 PC - Continuous sexual abuse of a child**

(a) Any person who either resides in the same home with the minor child or has recurring access to the child, who over a period of time, not less than three months in duration, engages in three or more acts of substantial sexual conduct with a child under the age of 14 years at the time of the commission of the offense, as defined in subdivision (b) of Section 1203.066, or three or more acts of lewd or lascivious conduct under Section 288, with a child under the age of 14 years at the time of the commission of the offense is guilty of the offense of continuous sexual abuse of a child and shall be punished by imprisonment in the state prison for a term of 6, 12, or 16 years.

(b) To convict under this section the trier of fact, if a jury, need unanimously agree only that the requisite number of acts occurred not on which acts constitute the requisite number.

(c) No other felony sex offense involving the same victim may be charged in the same proceeding with a charge under this section unless the other charged offense occurred outside the time period charged under this section or the other offense is charged in the alternative. A defendant may be charged with only one count under this section unless more than one victim is involved in which case a separate count may be charged for each victim.

#### **286(c)(1) PC - Sodomy**

Any person who participates in an act of sodomy with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

#### **286(c) PC - Sodomy**

(1) Any person who participates in an act of sodomy with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.



(2) Any person who commits an act of sodomy when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person shall be punished by imprisonment in the state prison for three, six, or eight years.

(3) Any person who commits an act of sodomy where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat, shall be punished in the state prison for three, six, or eight years.

#### **288(b)(1) PC - Lewd or lascivious acts**

Any person who commits an act described in subdivision (a) (see below) by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

#### **288(b) PC - Lewd or lascivious acts**

(1) Any person who commits an act described in subdivision (a) (see below) by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

(2) Any person who is a caretaker and commits an act described in subdivision (a) (see below) upon a dependent adult by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, with the intent described in subdivision (a), is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

#### **288(a) PC - Lewd or lascivious acts**

Any person who willfully and lewdly commits any lewd or lascivious act, including any of the acts constituting other crimes provided for in Part 1, upon or with the body, or any part or member thereof, of a child who is under the age of 14 years, with the intent of arousing, appealing to, or gratifying the lust, passions, or sexual desires of that person or the child, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

#### **288a(c)(1) PC - Oral copulation**

Any person who participates in an act of oral copulation with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

#### **289(j) PC - Forcible acts of sexual penetration**

Any person who participates in an act of sexual penetration with another person who is under 14 years of age and who is more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

#### **289(i) PC - Forcible acts of sexual penetration**

Except as provided in Section 288, any person over the age of 21 years who participates in an act of sexual penetration with another person who is under 16 years of age shall be guilty of a felony.

#### **289(h) PC - Forcible acts of sexual penetration**

Except as provided in Section 288, any person who participates in an act of sexual penetration with another person who is under 18 years of age shall be punished by imprisonment in the state prison or in the county jail for a period of not more than one year.

**273a(a) PC - Willful harm or injury to child; endangering person or health (w/ 12022.95 allegation)**

Any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health is endangered, shall be punished by imprisonment in a county jail not exceeding one year, or in the state prison for two, four, or six years.

**12022.95 PC - Willful harm or injury resulting in death of child; sentence enhancement; procedural requirements**

Any person convicted of a violation of Section 273a, who under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or injury that results in death, or having the care or custody of any child, under circumstances likely to produce great bodily harm or death, willfully causes or permits that child to be injured or harmed, and that injury or harm results in death, shall receive a four-year enhancement for each violation, in addition to the sentence provided for that conviction.

Nothing in this paragraph shall be construed as affecting the applicability of subdivision (a) of Section 187 or Section 192. This section shall not apply unless the allegation is included within an accusatory pleading and admitted by the defendant or found to be true by the trier of fact.

**273a(a) PC - Willful harm or injury to child; endangering person or health**

Any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health is endangered, shall be punished by imprisonment in a county jail not exceeding one year, or in the state prison for two, four, or six years.

**273d(a) PC - Corporal punishment or injury of child**

Any person who willfully inflicts upon a child any cruel or inhuman corporal punishment or an injury resulting in a traumatic condition is guilty of a felony and shall be punished by imprisonment in the state prison for two, four, or six years, or in a county jail for not more than one year, by a fine of up to six thousand dollars, or by both that imprisonment and fine.

**278 PC - Noncustodial persons; detainment or concealment of child from legal custodian**

Every person, not having a right to custody, who maliciously takes, entices away, keeps, withholds, or conceals any child with the intent to detain or conceal that child from a lawful custodian, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both that fine and imprisonment, or by imprisonment in the state prison for two, three, or four years, a fine not exceeding ten thousand dollars, or both that fine and imprisonment.

**278.5 PC - Deprivation of custody of child or right to visitation**

(a) Every person who takes, entices away, keeps, withholds, or conceals a child and maliciously deprives a lawful custodian of a right to custody, or a person of a right to visitation, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both that fine and imprisonment, or by imprisonment in the state prison for 16 months, or two or three years, a fine not exceeding ten thousand dollars, or both that fine and imprisonment.

(b) Nothing contained in this section limits the court's contempt power.

(c) A custody order obtained after the taking, enticing away, keeping, withholding, or concealing of a child does not constitute a defense to a crime charged under this section.

**278.5(a) PC - Deprivation of custody of child or right to visitation**

Every person who takes, entices away, keeps, withholds, or conceals a child and maliciously deprives a lawful custodian of a right to custody, or a person of a right to visitation, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both that fine and imprisonment, or by imprisonment in the state prison for 16 months, or two or three years, a fine not exceeding ten thousand dollars, or both that fine and imprisonment.

**288(c)(1) PC - Lewd or lascivious acts**

Any person who commits an act described in subdivision (a) with the intent described in that subdivision, and the victim is a child of 14 or 15 years, and that person is at least 10 years older than the child, is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a

county jail for not more than one year. In determining whether the person is at least 10 years older than the child, the difference in age shall be measured from the birth date of the person to the birth date of the child.

**288(c) PC - Lewd or lascivious acts**

(1) Any person who commits an act described in subdivision (a) with the intent described in that subdivision, and the victim is a child of 14 or 15 years, and that person is at least 10 years older than the child, is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year. In determining whether the person is at least 10 years older than the child, the difference in age shall be measured from the birth date of the person to the birth date of the child.

(2) Any person who is a caretaker and commits an act described in subdivision (a) upon a dependent adult, with the intent described in subdivision (a), is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year.

**288a(c)(1) PC - Oral copulation**

Any person who participates in an act of oral copulation with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

**288a(c) PC - Oral copulation**

(1) Any person who participates in an act of oral copulation with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.



(2) Any person who commits an act of oral copulation when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, shall be punished by imprisonment in the state prison for three, six, or eight years.

(3) Any person who commits an act of oral copulation where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat shall be punished by imprisonment in the state prison for three, six, or eight years.

#### **286(b)(2) PC - Sodomy**

Except as provided in Section 288, any person over the age of 21 years who participates in an act of sodomy with another person who is under 16 years of age shall be guilty of a felony.

#### **286(b)(1) PC - Sodomy**

Except as provided in Section 288, any person who participates in an act of sodomy with another person who is under 18 years of age shall be punished by imprisonment in the state prison, or in a county jail for not more than one year.

#### **288a(b)(1) PC - Oral copulation**

Except as provided in Section 288, any person who participates in an act of oral copulation with another person who is under 18 years of age shall be punished by imprisonment in the state prison, or in a county jail for a period of not more than one year.

#### **266j PC - Procurement of child under age 16 for lewd and lascivious acts; punishment**

Any person who intentionally gives, transports, provides, or makes available, or who offers to give, transport, provide, or make available

to another person, a child under the age of 16 for the purpose of any lewd or lascivious act as defined in Section 288, or who causes, induces, or persuades a child under the age of 16 to engage in such an act with another person, is guilty of a felony and shall be imprisoned in the state prison for a term of three, six, or eight years, and by a fine not to exceed fifteen thousand dollars.

#### **266h(b) PC - Pimping**

[266h(a) - Except as provided in subdivision (b), any person who, knowing another person is a prostitute, lives or derives support or maintenance in whole or in part from the earnings or proceeds of the person's prostitution, or from money loaned or advanced to or charged against that person by any keeper or manager or inmate of a house or other place where prostitution is practiced or allowed, or who solicits or receives compensation for soliciting for the person, is guilty of pimping, a felony, and shall be punished by imprisonment in the state prison for three, four, or six years.]

(b) If the person engaged in prostitution is a minor over the age of 16 years, the offense is punishable by imprisonment in the state prison for three, four, or six years. If the person engaged in prostitution is under 16 years of age, the offense is punishable by imprisonment in the state prison for three, six, or eight years.

#### **266i(b) PC - Pandering**

266i(a) - Except as provided in subdivision (b), any person who does any of the following is guilty of pandering, a felony, and shall be punished by imprisonment in the state prison for three, four, or six years: (1) procures another person for the purpose of prostitution; (2) by promises, threats, violence, or by any device or scheme, causes, induces, persuades or encourages another person to become a prostitute; (3) procures for another person a place as an inmate in a house of prostitution or as an inmate of any place in which prostitution is encouraged or allowed within this state; (4) by



promises, threats, violence or by any device or scheme, causes, induces, persuades or encourages an inmate of a house of prostitution, or any other place in which prostitution is encouraged or allowed, to remain therein as an inmate; (5) by fraud or artifice, or by duress of person or goods, or by abuse of any position of confidence or authority, procures another person for the purpose of prostitution, or to enter any place in which prostitution is encouraged or allowed within this state, or to come into this state or leave this state for the purpose of prostitution; (6) receives or gives, or agrees to receive or give, any money or thing of value for procuring, or attempting to procure, another person for the purpose of prostitution, or to come into this state or leave this state for the purpose of prostitution.

(b) If the other person is a minor over the age of 16 years, the offense is punishable by imprisonment in the state prison for three, four, or six years. Where the other person is under 16 years of age, the offense is punishable by imprisonment in the state prison for three, six, or eight years.

#### **288a(b)(2) PC - Oral copulation**

Except as provided in section 288, any person over the age of 21 years who participates in an act of oral copulation with another person who is under 16 years of age is guilty of a felony.

#### **311.4(b) PC - Employment or use of a minor to perform prohibited acts**

Every person who, with knowledge that a person is a minor under the age of 18 years, or who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor under the age of 18 years, knowingly promotes, employs, uses, persuades, induces, or coerces a minor under the age of 18 years, or any parent or guardian of a minor under the age of 18 years under his or her control who knowingly permits the minor, to engage in or assist

others to engage in either posing or modeling alone or with others for purposes of preparing any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer generated image that contains or incorporates in any manner, any film, filmstrip, or a live performance involving, sexual conduct by a minor under the age of 18 years alone or with other persons or animals, for commercial purposes, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

#### **311.2(b) PC - Sending or bringing into state for sale or distribution; printing, exhibiting, distributing, exchanging or possessing within state; matter depicting sexual conduct by minor; transaction with minor**

Every person who knowingly sends or causes to be sent, or brings or causes to be brought, into this state for sale or distribution, or in this state possesses, prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer-generated image that contains or incorporates in any manner, any film or filmstrip, with intent to distribute or to exhibit to, or to exchange with, others for commercial consideration, or who offers to distribute, distributes, or exhibits to, or exchanges with, others for commercial consideration, any obscene matter, knowing that the matter depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section



311.4, is guilty of a felony and shall be punished by imprisonment in the state prison for two, three, or six years, or by a fine not exceeding \$100,000, in the absence of a finding that the defendant would be incapable of paying such a fine, or by both that fine and imprisonment.

**311.10 PC - Advertising for sale or distribution obscene matter depicting a person under the age of 18 years engaging in or simulating sexual conduct; felony; punishment**

(a) Any person who advertises for sale or distribution any obscene matter knowing that it depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section 311.4, is guilty of a felony and is punishable by imprisonment in the state prison for two, three, or four years, or in a county jail not exceeding one year, or by a fine not exceeding \$50,000, or by both such fine and imprisonment.

(b) Subdivision (a) shall not apply to the activities of law enforcement and prosecution agencies in the investigation and prosecution of criminal offenses.

**311.11(b) PC - Possession or control of matter depicting minor engaging or simulating sexual conduct**

If a person has been previously convicted of a violation of this section, he or she is guilty of a felony and shall be punished by imprisonment for two, four, or six years.

**261.5(d) PC - Unlawful sexual intercourse with person under 18**

Any person 21 years of age or older who engages in an act of unlawful sexual intercourse with a minor who is under 16 years of age is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment in the state prison for two, three, or four years.

**261.5(c) PC - Unlawful sexual intercourse with a person under 18**

Any person who engages in an act of unlawful sexual intercourse with a minor who is more than three years younger than the perpetrator is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment in the state prison.

**311.1(a) PC - Sent or brought into state for sale or distribution; possessing, preparing, publishing, producing, developing, duplicating, or printing within state; matter depicting sexual conduct by minor**

Every person who knowingly sends or causes to be sent, or brings or causes to be brought, into this state for sale or distribution, or in this state possesses, prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer-generated image that contains or incorporates in any manner, any film or filmstrip, with intent to distribute or to exhibit to, or to exchange with, others, or who offers to distribute, distributes, or exhibits to, or exchanges with, others any obscene matter, knowing that the matter depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section 311.4, shall be punished either by imprisonment in the county jail for up to one year, by a fine not to exceed \$1,000, or by both the fine and imprisonment, or by imprisonment in the state prison, by a fine not to exceed \$10,000, or by the fine and imprisonment.

**311.4(c) PC - Employment or use of a minor to perform prohibited acts**

Every person who, with knowledge that a person is a minor under the age of 18 years, or who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor under the age of 18 years, knowingly promotes, employs, uses, persuades, induces, or coerces a minor under the age of 18 years, or any parent or guardian of a minor under the age of 18 years under his or her control who knowingly permits the minor, to engage in or assist others to engage in either posing or modeling alone or with others for purposes of preparing any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer generated image that contains or incorporates in any manner, any film, filmstrip, or a live performance involving, sexual conduct by a minor under the age of 18 years alone or with other persons or animals, is guilty of a felony. It is not necessary to prove commercial purposes in order to establish a violation of this subdivision.

**271a PC - Abandonment or failure to maintain child under 14; false representation that child is orphan; punishment**

Every person who knowingly and willfully abandons, or who, having ability so to do, fails or refuses to maintain his or her minor child under the age of 14 years, or who falsely, knowing the same to be false, represents to any manager, officer or agent of any orphan asylum or charitable institution for the care of orphans, that any child for whose admission into such asylum or institution application has been made is an orphan, is punishable by imprisonment in the state prison, or in the county jail not exceeding one year, or by fine not exceeding \$1,000, or by both.

**267 PC - Abduction; person under 18 for purpose of prostitution; punishment**

Every person who takes away any other person under the age of 18 years from the father, mother, guardian, or other person having the legal charge of the other person, without their consent, for the purpose of prostitution, is punishable by imprisonment in the state prison, and a fine not exceeding \$2,000.

**647.6(b) PC - Annoying or molesting child under 18**

Every person who violates this section after having entered, without consent, an inhabited dwelling house, or trailer coach as defined in Section 635 of the Vehicle Code, or the inhabited portion of any other building, shall be punished by imprisonment in the state prison, or in a county jail not exceeding one year.

**647.6(a) PC - Annoying or molesting child under 18**

Every person who annoys or molests any child under the age of 18 shall be punished by a fine not exceeding \$1,000, by imprisonment in a county jail not exceeding one year, or by both the fine and imprisonment.

**261.5(a) PC - Unlawful sexual intercourse with person under 18**

Unlawful sexual intercourse is an act of sexual intercourse accomplished with a person who is not the spouse of the perpetrator, if the person is a minor. For the purposes of this section, a "minor" is a person under the age of 18 years and an "adult" is a person who is at least 18 years of age.

**261.5(b) PC - Unlawful sexual intercourse with person under 18**

Any person who engages in an act of unlawful sexual intercourse with a minor who is not



more than three years older or three years younger than the perpetrator, is guilty of a misdemeanor.

**273a(b) PC - Willful harm or injury to child; endangering person or health**

Any person who, under circumstances or conditions other than those likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health may be endangered, is guilty of a misdemeanor.

**273g PC - Degrading, immoral, or vicious practices or habitual drunkenness in presence of children**

Any person who in the presence of any child indulges in any degrading, lewd, immoral or vicious habits or practices, or who is habitually drunk in the presence of any child in his care, custody or control, is guilty of a misdemeanor.

**311.4(a) PC - Employment or use of a minor to perform prohibited acts**

Every person who, with knowledge that a person is a minor, or who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor, hires, employs, or uses the minor to do or assist in doing any of the acts described in Section 311.2, is, for a first offense, guilty of a misdemeanor. If the person has previously been convicted of any violation of this section, the court may, in addition to the punishment authorized in Section 311.9, impose a fine not exceeding \$50,000.

**311.11(a) PC - Possession or control of matter depicting minor engaging or simulating sexual conduct**

Every person who knowingly possesses or controls any matter, representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, data storage media, CD-ROM, or computer-generated equipment or any other computer generated image that contains or incorporates in any manner, any film or filmstrip, the production of which involves the use of a person under the age of 18 years, knowing that the matter depicts a person under the age of 18 years personally engaging in or simulating sexual conduct, as defined subdivision (d) of Section 311.4, is guilty of a public offense and shall be punished by imprisonment in the county jail for up to one year, or by a fine not exceeding \$2,500, or by both the fine and imprisonment.

**12035 PC – Storage of firearms accessible to children**

Every person who keeps any loaded firearm within any premises under their custody or control who knows or reasonably should know that a child is likely to gain access to the firearm without the permission of the child's parent or guardian and the child obtains access to the firearm and thereby causes injury to to himself, herself or any other person is guilty of a crime. If the injury causes death or great bodily injury, the person is guilty of criminal storage of a firearm in the first degree. If the injury is other than death or great bodily injury, the individual is guilty of criminal storage of a firearm in the second degree.

**12036(b) PC – Firearms accessed by children and carried off the premises**

A person who keeps a pistol, revolver or other firearm capable of being concealed upon the person, loaded or unloaded, within any premises



that are under the person's custody and control and the person knows or reasonably should know that a child is likely to have access to that firearm without the permission of the child's parent or guardian and the child obtains access to the firearm and thereafter carries that firearm off-premises is guilty of a misdemeanor.



## GLOSSARY OF TERMS

**Accusatory Pleading** - Any type of charging document filed (usually by the DAO against a defendant/respondent or minor) in Court, i.e., Complaint, Information, Petition, etc.

**Acknowledgment of Discovery** - A form signed by the defense attorney acknowledging the receipt or inspection of specified documents relating to the court case.

**Adjudication** - The determination of guilt or innocence; a judgment concerning criminal charges. Trial by jury is a method of adjudication. Some cases are also adjudicated by a judge without a jury and others are dismissed. In juvenile court proceedings, it is referred to as "the adjudication hearing," which is the counterpart to the trial in adult court proceedings.

**Adult** - Age when a person is considered legally responsible for his or her actions. For criminal actions, all persons 18 years of age and over in California are considered adults. In some cases, juveniles may be tried as adults.

**Alias** - Name under which a person is known or by which he identifies himself but that is not his legal name.

**Amend a Complaint or Information** - One amends a complaint or information by adding or deleting from it. This must be approved by the court. It can be done either by interlineation or by submitting a new document containing the charges.

**Appeal** - Resort to a higher court for the purpose of obtaining a review of the lower court rulings. The appellate court will typically refuse to hear the case, affirm the lower court's ruling, or overturn the lower court ruling on the issue(s) being appealed.

**Appellate Court** - A court of review which determines whether or not the ruling and judgments of the lower court were correct.

**Arraignment** - The court hearing wherein the defendant or minor is formally charged with the charges against him, i.e., given a copy of the complaint, petition, or other accusatory instrument, and informed of his constitutional rights.

**Arrest** - The physical taking of a person into custody for violating the law, the purpose of which is to restrain the accused until he can be held accountable for the offense at court proceedings. The legal requirement for an arrest is probable cause

**Bail** - A monetary or other form of security given to ensure the appearance of the defendant at every stage of the proceedings in lieu of actual physical confinement in jail.

**Bail Bondsman** - A business person who agrees to post bail for some defendants to allow them to go free prior to trial in return for a fee.

**Bench Warrant** - A court order authorizing the proper legal authorities to arrest a person so that he might be brought physically before the court.

**Booking** - An administrative record of an arrest made in police stations listing the offender's name, address, physical description, date of birth, employer, time of arrest, offense, and the name of arresting officer. Photographing and fingerprinting the offender are also part of the booking.

**Calendar** - Court personnel often refer to the act of adding an appointment to the court calendar as "calendarizing a defendant". They reference one who is on the calendar as one who "is calendared". They've also been known to say such things as "we need to calendar this defendant".



**Case Docket** - (a.k.a. Case History, Case Document) Document on which the chronological events of a court case are recorded. Court case events occur both in and out of the court room.

**Case Law** - Law derived from the decisions of previous court decisions, as opposed to statutory law which is passed by legislature.

**Certified Plea** - Occurs when a defendant pleads guilty or no contest to a felony charge in Court thereby foregoing a preliminary hearing.

**Chain of Custody** - A term referring to all the people who were in possession of an item of physical evidence from the time it was seized until it was received into evidence in a court proceeding.

**Change of Venue** - Moving the trial away from the responsible judicial jurisdiction to another to obtain an impartial jury (usually done when pretrial publicity prevents the selection of an impartial jury in the court of original jurisdiction).

**Charge** - A formal allegation that a person has committed a crime and is identified by an offense code and section.

**Charging Document** - Generic term used in place of complaint, information, or grand jury indictment.

**City Attorney** - Prosecutor for a city. City Attorneys represent the people of a city and prosecute infractions and misdemeanors occurring within that city.

**Complaint** - A sworn allegation made in writing to a court or judge that an individual has committed one or more public offenses.

**Concurrent** - One of two means for serving sentences of imprisonment for multiple charges. When an accused is convicted of two or more charges, he must be sentenced on each charge and the sentence will include

whether the charge is to be served concurrently with or consecutively to another charge. If the sentences are concurrent, they begin the same day and sentence is completed after the longest term has been served. Within one court case, sentences for individual charges can be concurrent. If an accused has more than one court case, sentences for individual court cases can be concurrent.

**Consecutive** - One of two means for serving sentences of imprisonment for multiple charges. When an accused is convicted of two or more charges, he must be sentenced on each charge and the sentence will include whether the charge is to be served concurrently with or consecutive to another charge. Upon completion of one sentence, the other term of incarceration begins. Within one court case, sentences for charges can be consecutive and if the defendant has more than one court case, sentences for each court case can be consecutive.

**Consolidation** - The combination of 2 or more charging documents into one. The charging documents can be for one or more defendants.

**Continuance** - The postponement of a court proceeding to a subsequent date.

**Conviction** - A judgment of guilt; this occurs as a result of a verdict by a jury, a plea by a defendant, or a judgment by a court that the accused is guilty as charged.

**Count** - In law enforcement, this is the number of counts of violation for one offense with which a suspect has been charged. For instance, 1 count of PC 211 and 2 counts of PC 244. In other criminal justice agencies (district attorney's office, courts) this is the sequence number identifying a charge on the accusatory pleading document. For instance, count 1 is for PC 211, count 2 is for PC 244, and count 3 is for PC 244.



**Court Calendar** - Log of court appointments or proceedings for which defendant appearances have been scheduled. Calendars are often referred to by court personnel by the type of hearings that will take place in the court session, for instance, "Arraignment Calendar" and "Pretrial Calendar".

**Court Case** - A case that has been identified, numbered, and is recognized by the court system. Not to be confused with DA Case (see below).

**Court Session** - A preset period of time in which a judge hears cases. Most of the hearings set for a court session are of the same or similar type. For instance, one court session may be for arraignments only. A judge holds regular sessions on specific days at specific times.

**Credit** - Time in days that reduces an inmate's sentence term. Credits are typically issued for "good time and work time" or time in custody already served by a defendant.

**Crime** - Any act that lawmakers designated as forbidden and subject to punishment imposed by the courts.

**DA Case** - A unit of work within PIMS that identifies all "cases" being processed by the prosecutorial arm of the DAO. These include Adult and Juvenile cases as well as cases in Appeals, Mediation, and Psychiatric. Not to be confused with Court Case (see above).

**De Novo Hearing** - A juvenile rehearing where the judgment in the initial hearing is set aside and the new hearing takes place before a judge as if the first hearing never occurred. The rehearing or De Novo Hearing may occur when the first hearing was held before a referee.

**Defendant** - The accused in criminal proceedings.

**Definite Sentence** - This involves fixed terms of incarceration for each specific crime.

**Demurrer** - A written document filed (or plea entered) by a defendant that attacks the accusatory pleading for failing to state sufficient facts to constitute a public offense.

**Dennis H. Hearing** - An optional juvenile detention hearing requested by the defense to attack the sufficiency of the evidence presented by the DAO that the minor has committed a crime or crimes which require the continued detention of the minor.

**Deposition** - The taking of a statement from a witness under oath, in question and answer form as it would be in court, with opportunity given to the adversary to be present and cross-examine; the session is reported and transcribed stenographically. Depositions are not used in criminal proceedings and are usually limited to civil or non-criminal proceedings.

**Detention Hearing** - A juvenile hearing when the court determines whether the minor will remain in custody pending the outcome of the court proceedings.

**Diagnostic** - In appropriate juvenile cases, the court has the power to order a diagnostic report from the California Youth Authority regarding whether or not the juvenile would benefit from any of the programs offered by the CYA. In adult cases, the court can refer a convicted defendant to the California Department of Corrections pursuant to Penal Code Section 1203.03 for a 90-day period and a diagnostic report recommending whether or not the defendant should be committed to state prison.

**Discovery** - Procedure whereby one party to an action gains information held by another party.

**Dismiss a Case** - To terminate a case without a trial or conviction.



**Disposition** - For juvenile offenders the equivalent of sentencing for adult offenders. Possible dispositions may dismiss the case, release the youth to the custody of his parents, place the offender on probation, send him to a county institution or to a state correctional institution.

**Diversions** - A policy in which adults that are accused of certain criminal offenses have their criminal proceedings suspended for a period of time based on a negotiated agreement to participate in community-based conflict resolution, counseling, or treatment programs. If the program is successfully completed, charges are dismissed.

**Docket** - A formal record of the events that have occurred in a case, maintained by the court clerk.

**Double Jeopardy** - Prevents the prosecution of a person for the same charge if jeopardy has been attached unless there has been an appeal from a conviction.

**Edsel P. Hearing** - A juvenile court hearing to determine if there is sufficient "prima facie" evidence to substantiate that a WIC 707b offense (which gives rise to the presumption that the juvenile is not fit to be tried as a juvenile) has been committed.

**Enhancement/Allegation** - Statutes that increase the punishment for a crime, i.e., used a firearm in the commission of a felony.

**Evidence** - Something that furnishes proof. Evidence includes the testimony of witnesses, records, documents, exhibits, objects, etc.

**Expert Witness** - A witness having special knowledge of the subject about which he is to testify. An expert witness must be qualified by the court to testify as such.

**Expungement** - A procedure whereby a court orders the destruction of records.

**Felony** - A more serious criminal offense which carries a penalty of incarceration in a state prison, usually for one year or more, as opposed to county jail.

**Fitness Hearing** - A hearing to determine if a juvenile should be tried as an adult rather than remain in the juvenile system.

**Fixed Term (a.k.a. Determinate Sentencing)** - A system of sentencing that specifies sentences or punishments for various crimes, and that does not allow a judge to change them. Usually the judge has the option of three sentences (low, mid, and high terms).

**Found to be True** - The charges alleged on a petition in a juvenile case are found to be true (functionally equivalent to guilty) or not true (functionally equivalent to not guilty).

**Grand Jury** - A group of citizens (usually 23 in number) that investigates wrongdoing and that, after hearing evidence submitted by the prosecutor, decide by majority vote whether to indict defendants. Their proceedings are conducted in secret and without the presence of the accused or his attorney.

**Habeas Corpus Proceeding** - A hearing to determine the legality of a person's confinement.

**Hearing** - Proceedings before a magistrate without jury.

**Held to Answer** - A Municipal Court judge decides at the preliminary hearing whether or not there is sufficient cause to believe the defendant is guilty of felony charges. The defendant is "held to answer" to those charges in Superior Court. This procedure only applies to felony cases.

**Home Supervision Program (HSP)** - A program in which persons who would otherwise be detained in the juvenile hall are permitted to remain in their homes pending court



disposition of their cases, under the supervision of a probation officer.

**Hung Jury** - A jury that is unable to reach agreement about whether a defendant is guilty or innocent. This allows prosecutors to retry the case if they choose unless the trial judge decides otherwise and dismisses the case.

**In Lieu of Filing** - A procedure where a probation violation petition is filed pertaining to the facts of a new crime in lieu of filing a new criminal complaint on those same facts.

**In Propria Persona (In Pro Per)** - Refers to the defendant's right to and the court's allowance of a party in a legal action (usually a defendant in a criminal proceedings) representing him or herself in a legal action. Since the defendant has a constitutional right to legal counsel, the bench officer must confirm that the defendant is making an intelligent waiver of that right when he or she elects to proceed on his or her own behalf. For Capital (death penalty) cases in California the court is statutorily obligated to appoint defense counsel even if the defendant asks to act as his or her own attorney.

**Indeterminate Sentence** - An open-ended sentence, such as from one to five years, that gives correctional authorities the right to determine the amount of time actually served within the prescribed limits.

**Indictment** - A written accusation returned by a grand jury charging an individual with a specified crime after determining probable cause.

**Informal Probation** - Supervised probation of a juvenile offender. This status may be granted by a probation officer (in lieu of requesting the filing of a petition) or by the court (suspending the delinquency proceedings) prior to adjudication. Similar to diversion in the adult system.

**Information** - Like the indictment, a formal charging document. The prosecuting attorney prepares the information and files it in court. Probable cause is determined at the preliminary proceeding, which unlike grand jury proceedings, is public and attended by the accused and his attorney.

**Infraction** - A crime that is not punishable by imprisonment.

**Interlineation** - The changing of a charging document, with court approval, by all parties writing the change on their copy of the charging document.

**Jeopardy is Attached** - Jeopardy is attached after the jury has been sworn in a jury trial or after the first witness is sworn in a court trial.

**Joinder** - The joining of several offenses into one charging document which either arise from the same factual incident or are offenses of the same nature.

**Jurisdiction** - The type (e.g., territorial, subject matter, appellate, personal, etc.) or range of a court's or law enforcement agency's authority.

**Jury (Petit Jury)** - A group of citizens, twelve or less, chosen to hear evidence and decide questions of fact in a trial.

**Law Enforcement Agency** - LEA - Also known as arresting agency

**Minute Order** - A record of events for one day occurring in a court proceeding. It is prepared by the court clerk.

**Misdemeanor** - A minor crime that carries a penalty of one year or less of incarceration.

**Mistrial** - A trial terminated and declared void prior to the return of a verdict. A mistrial most commonly arises due to a hung jury that fails to reach a unanimous verdict.

**Motion** - An application to the court requesting an order or ruling in favor of the moving



party. Motions may be made verbally or in writing.

**Municipal Court** - Municipal courts have jurisdiction over infraction and misdemeanor criminal offenses committed in the county where the court is located except for juvenile offenses. Municipal courts also preside over felony cases through the preliminary hearing.

**Nine Nine Five** - A motion made in Superior Court to dismiss a case on one or more counts based on insufficient evidence produced at the preliminary hearing. Such a motion is authorized by Penal Code Section 995.

**Office Hearing** - A program established in the DAO to handle certain criminal situations in a non-courtroom setting with the objective of solving problems before they become more serious. These criminal matters are minor in nature. The result of the hearing will be to either file or not to file a complaint.

**PC 17(b)(4)** - The statute whereby the prosecuting attorney designates an offense to be a misdemeanor that is punishable as either a felony or a misdemeanor.

**PC 17(b)(5)** - The statute whereby the court designates an offense to be a misdemeanor that is punishable as either a felony or a misdemeanor.

**Petition Request** - A document completed by the probation department requesting the DAO to file a petition for a juvenile. A petition request is analogous to a prosecution request for an adult.

**Petition (601)** - Juvenile charging document prepared by the DAO (and occasionally the probation officer) for those offenses that are not violations of the law if committed by an adult.

**Petition (602)** - Juvenile charging document prepared by the DAO for those offenses that

are violations of the law if committed by an adult.

**Petition (777)** - Juvenile charging document prepared by the DAO for those offenses that constitute a violation of probation (making it necessary to modify the previous orders of the court).

**Plea** - An answer to formal charges by an accused. Possible pleas include guilty, nolo contendere, not guilty, and not guilty by reason of insanity.

**Plea Bargaining** - The process whereby the accused and the prosecutor negotiate a mutually satisfactory disposition of the case. Also known as a case settlement.

**Preliminary Hearing** - The step at which criminal charges initiated by a complaint are tested for probable cause. At the hearing, the prosecution presents evidence to establish that a felony occurred and to raise strong suspicion that the defendant committed it, i.e., a prima facie case.

**Preponderance of Evidence** - The standard of proof in a civil trial. It is less than required in a criminal trial (i.e., beyond a reasonable doubt). Specifically, the weight of evidence for guilt is deemed greater than the weight of evidence for innocence.

**Pre-Sentence Report** - A report by a probation officer made prior to sentencing that diagnoses offenders, predicts their chance of being rehabilitated, recommends to the court that specific sentence elements be imposed upon the defendant, and addresses the danger they pose to society.

**Pretrial Hearing** - The pretrial hearing is held to facilitate case settlement prior to the trial. Various motions may also be heard at the pretrial.



**Prima Facie** - A term that usually refers to the strength of evidence of a criminal charge. Prima facie evidence is sufficient to establish a fact or a presumption of fact unless rebutted.

**Pro Per** - A term identifying cases in which the defendant represents himself rather than being represented by counsel.

**Probable Cause** - The evidentiary criterion necessary to sustain an arrest or the issuance of an arrest or search warrant; less than an absolute certainty or "beyond a reasonable doubt" but greater than mere suspicion or "hunch".

**Probation** - A procedure whereby a convicted defendant is not punished by incarceration alone but is released for a designated period of time subject to conditions imposed by the court. One of the conditions of probation can be a period of incarceration in local (county) institutions.

**Probation Violation** - When a person violates one or more of the conditions of his probation.

**Probation/Sentencing Hearing** - A hearing after a defendant has been found guilty or pled guilty where the sentence is imposed.

**Register of Action** - A formal record of the events that have occurred in a Superior Court case maintained by the court clerk.

**Seal a Case** - To make the case only available for examination by court order.

**Search Warrant** - An order in writing, signed by a magistrate and directed to a peace officer, commanding him to search a specified location for personal property, seize it, and bring it before the magistrate.

**Sentence** - The criminal sanction imposed by the court upon a convicted defendant.

**Severance** - Can involve the separating of two or more defendants named in the same charging document. Also, can involve the separating of

two or more charges against a defendant into multiple cases.

**Stay** - A judicial order whereby some action is forbidden or held in abeyance until some event occurs or the court rescinds its order.

**Submitted on Transcript (SOT)** - If the defendant waives his right to a jury trial and the right to confront and cross-examine witnesses, and the DDA concurs, the case may be submitted to the judge on the preliminary hearing transcript (this procedure is referred to as "submitted on the transcript").

**Subpoena** - A court order directing a person to attend a court proceeding or directing the production of documents in court.

**Subpoena Duces Tecum** - A court order directing a witness to bring to court documents that are under the witness' control.

**Sustain the Petition** - See Found to be True.

**Trial Brief** - A written document prepared by the prosecution or the defense that outlines the facts of the case and legal issues (with supporting points and authorities) that are likely to arise during the trial. Rarely used in criminal trials.

**Venue** - The place designated for trial.

**Vertical Prosecution** - The prosecution of a defendant whereby a specific prosecutor is assigned for the duration of the case.

**Warrant of Arrest** - An order of a court directing a peace officer to seize a particular person to answer a complaint or otherwise appear before the Court. Usually originated by the district attorney.

**William M. Hearing** - Optional hearing that the defense may request in order to attack the continued detention of a juvenile.



**Witness** - One who gives evidence in a cause before a court and who attests or swears to facts or gives or bears testimony under oath.

**Wobbler** - A criminal offense that is punishable as either a felony or a misdemeanor.

**Writ** - An appellate remedy seeking an order from a higher court either to mandate or prohibit action in the lower court where the criminal case is pending.



# LOS ANGELES COUNTY PROBATION DEPARTMENT

---

## AGENCY REPORT







## **THE LOS ANGELES COUNTY PROBATION DEPARTMENT**

This report is written in response to the goals set by the Data/Information Sharing Committee to address the unique needs of child abuse caseloads. The Probation Department has focused its efforts on detailed and complete investigation reports, lower caseloads for probation officers, increased supervision of the individual probationer, and a higher level of coordination with other criminal justice and child protective agencies.

### **INVESTIGATION SERVICES**

Both adults (age 18 and older) and juveniles (under age 18 at the time of commission of the crime) may be referred to the Department for investigation. Adults are referred by the criminal courts while juveniles are referred by law enforcement agencies, schools, parents, or other interested community sources. The Deputy Probation Officer (DPO) provides a court report outlining the offender's social history, prior record, statement from the victim and other interested parties, and an analysis of the current living arrangements or changes.

If the court grants probation, the DPO enforces the terms and conditions ordered by the court, monitors the probationer's progress in treatment, and initiates appropriate corrective action if the conditions are violated.

The DPO works cooperatively with the children's social worker (CSW) assigned to the case to ensure the child's safety and welfare. The DPO's assessment of the offender's response to treatment may have a significant influence in determining the outcome of a child's placement.

## **SPECIALIZED SUPERVISION PROGRAM: CHILD THREAT**

Specialized child abuse services consist of 18 Child Threat caseloads located in 15 area offices throughout Los Angeles County. Child Threat DPOs supervise adults on formal probation for child abuse offenses.

Any case in which there is a reason to believe that the defendant's behavior poses a threat to a child by reason of violence, drug abuse history, sexual molestation, or cruel treatment, regardless of official charges or condition of probation, may be assigned to a Child Threat caseload to promote the safety of the child and the family. In the event that the number of Child Threat defendants exceeds the total that can be accommodated by the Child Threat DPOs, probationers posing the highest risk to victims and potential victims are given priority for specialized supervision. Department policy mandates service standards and caseload size for the Child Threat program. Each case requires a supervision plan, approved by the DPO's supervisor, that provides close monitoring of the probationer's compliance with the orders of the court. The plan is intended to ensure the safety of victims and potential victims. Child Threat cases may require coordination with the Department of Children and Family Services, (DCFS) the court, and/or treatment providers.

The DPO conducts at least one home visit per month in every case in which the victim or other child under the age of 18 resides in the probationer's home. To provide ongoing assessments, all children in the home are routinely seen and may also be interviewed. Probationers report to the DPO face-to-face unless instructed to report by mail, Kiosk, or telephone with the advance approval of the DPO's supervisor. Any indications of mistreatment to the victim or other child results in referral to the court for further investigation or other appropriate action.



### **SPECIALIZED SUPERVISION PROGRAM: PRE-NATAL/POST-NATAL SUBSTANCE RECOGNITION**

The Probation Department created a specialized anti-narcotic testing caseload in 1990 to address increasing community concerns regarding substance abuse by pregnant and parenting women. The caseload is comprised of pre-natal and recent post-partum substance-abusing women. The program provides intense supervision by enforcing court orders that include narcotics testing and referrals to appropriate community resource programs. Goals of the program include reducing substance abuse, improving the health of pregnant women and their infants, and changing lifestyles that contribute to drug problems.

The Program serves a specific geographical area where a network of treatment programs serves the needs of these probationers and their children. In 2003, 22 pregnant women were supervised by a Peri-natal caseload DPO. During this reporting period, there were no miscarriages and no abortions. Four bench warrants were issued for non-reporting. Also during this reporting period, 10 women gave birth; 10 newborns were drug free, 10 were non-drug free, and no had a trace of a controlled substance in their blood. A trace is defined as an amount of a substance that is insufficient to cause the individual to return to court on a probation violation, but is enough of a substance to authorize removal from parental control.

In 2003, the Post-natal caseload DPO supervised 22 parenting women. During this reporting period, four completed the program, one returned to court and was ordered into a residential treatment program, and none were terminated from probation for non-compliance, with the program.

### **SIGNIFICANT FINDINGS**

A comparative analysis was conducted between the reporting year (2003) and previous year (2002) to determine significant trends using data collected on Juvenile Caseload Management System (JCMS) and Adult Probation System (APS).

#### **ADULT CASES**

##### **Child Abuse Referrals**

- 55.6% decrease (9 to 4) in Caretaker Absence referrals
- 14.3% increase (21 to 24) in Sexual Exploitation referrals
- 6.9% decrease (29 to 27) in General Neglect referrals
- 33.3% decrease (3 to 2) in Physical Abuse referrals
- 16.7% decrease (24 to 20) in Severe Neglect referrals
- 6.8% decrease (798 to 744) in Sexual Abuse referrals
- Sexual Abuse represented (was 744 of 816 91.2%) referrals in 2002
- 5.5% decrease overall (869 to 821) from 2002 to 2003

##### **CHILD ABUSE REFERRALS OF OFFENDERS BY AGE**

- 20.4% decrease (49 to 39) in adults under age 20
- 18.6% increase (118 to 140) in adults, ages 20-24
- 19.2% decrease (125 to 101) in adults, ages 25-29
- 6.5% increase (123 to 131) in adults, ages 30-34
- 20.4% decrease (147 to 1117) in adults, ages 35-39



- 15.8% decrease (120 to 101) in adults, ages 40-44
- 1.5% increase (68 to 69) in adults, ages 45-49
- 8.2% decrease (134 to 123) in adults over 49

**CHILD ABUSE CASELOADS  
BY AREA OFFICE (AO)**

- 0.9% increase (140 to 143) at Antelope Valley
- 5.5% increase (201 to 212) at Centinela
- 0.9% decrease (316 to 313) at Crenshaw
- 9.4% increase (139 to 152) at East Los Angeles
- 4.3% increase (230 to 240) at East San Fernando Valley
- 17.8% increase (174 to 205) at Firestone
- 2.4% decrease (125 to 122) at Foothill
- 2.8% decrease (107 to 104) at Harbor
- 0.0% no change (218 to 218) at Long Beach
- 5.1% increase (137 to 144) at Rio Hondo
- 3.5% decrease (229 to 221) at Pomona Valley
- 6.5% decrease (138 to 129) at San Gabriel Valley
- 5.3% decrease (131 to 124) at Santa Monica
- 7.1% decrease (154 to 143) at South Central
- 10.8% decrease (65 to 58) at Valencia

**ADULT CASES (CONTINUED)**

**Child Abuse Referrals of Offenders By Ethnicity**

- 28.3% decrease (159 to 114) involving adult African Americans
- 200% increase (0 to 2) involving adult American Indians
- 55.6% increase (9 to 14) involving adult Asian/Pacific Islanders
- 3.3% decrease (542 to 524) involving adult Latinos
- 7.2% decrease (153 to 142) involving adult Whites
- 19% increase (21 to 25) involving adults of Other ethnicity
- Latinos represent 56.7% (524 of 821) of all adult referrals in 2003



Figure 1

**ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2003**

**By Age and Ethnicity**

	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	Over 49	Total
African American	8	14	17	20	18	10	15	12	114
American Indian	0	1	0	0	0	0	0	1	2
Asian/ Pacific Islander	0	3	1	3	2	1	1	3	14
Latino	24	104	76	87	71	64	34	64	524
White	6	17	7	17	17	21	18	39	142
Other	1	1	0	4	9	5	1	4	25
<b>TOTAL</b>	<b>39</b>	<b>140</b>	<b>101</b>	<b>131</b>	<b>117</b>	<b>101</b>	<b>69</b>	<b>123</b>	<b>821</b>
<b>PERCENT</b>	<b>4.8</b>	<b>17.1</b>	<b>12.3</b>	<b>16.0</b>	<b>14.3</b>	<b>12.3</b>	<b>8.4</b>	<b>15.0</b>	<b>100.0</b>

Figure 1 reflects the number of adult referrals, by age and ethnicity, received by the Probation Department for child abuse offenses in 2003.

Figure 2

**ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2003**

**By Area Office and Gender**

Area Office	Male	Female	Total
Antelope Valley	35	0	35
Central Adult Investigation	199	25	224
County Parole	1	0	1
East Los Angeles	0	0	0
East San Fernando Valley <sup>1</sup>	85	2	87
Firestone	0	0	0
Foothill	35	1	36
Harbor	44	0	44
Long Beach	61	1	62
Pomona Valley	55	0	55
Rio Hondo	103	6	109
San Gabriel Valley	48	4	52
Santa Monica	48	0	48
South Central	65	3	68
Valencia	0	0	0
<b>TOTAL</b>	<b>779</b>	<b>42</b>	<b>821</b>
<b>PERCENT</b>	<b>94.9%</b>	<b>5.1%</b>	<b>100.0%</b>

<sup>1</sup> East San Fernando Valley Area Office covers Santa Clarita. Figure 2 reflects the number of adult defendants, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2003.



Figure 3

**ADULT & JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2003**

**Adult & Juvenile**

Offense Type	Adult	Percent	Juvenile	Percent	Total
Caretaker Absence	4	.5	0	0.0	4
Exploitation	24	3.0	2	0.4	26
General Neglect	27	3.3	1	0.2	28
Physical Abuse	2	.2	97	16.5	99
Severe Neglect	20	2.4	17	2.9	37
Sexual Abuse	744	90.6	469	80.0	1,213
<b>TOTAL</b>	<b>821</b>	<b>100.0</b>	<b>586</b>	<b>100.0</b>	<b>1,407</b>
<b>PERCENT</b>	<b>58.4%</b>		<b>41.6%</b>		<b>100.0%</b>

Figure 4

**ADULT CHILD ABUSE OFFENSE SUPERVISION CASES ACTIVE AS OF DECEMBER 2003**

**By Age and Ethnicity**

	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	Over 49	Total
African American	5	88	94	92	70	67	63	80	559
American Indian	0	2	0	1	1	0	0	0	4
Asian/Pacific Islander	0	5	9	8	10	8	5	8	53
Latino	12	241	255	182	195	140	94	141	1,260
White	2	73	61	68	91	125	62	126	608
Other	0	10	13	14	17	10	11	12	87
<b>TOTAL</b>	<b>19</b>	<b>419</b>	<b>432</b>	<b>365</b>	<b>384</b>	<b>350</b>	<b>235</b>	<b>367</b>	<b>2,571</b>
<b>PERCENT</b>	<b>0.7</b>	<b>16.3</b>	<b>16.8</b>	<b>14.2</b>	<b>14.9</b>	<b>13.6</b>	<b>9.1</b>	<b>14.3</b>	<b>100.0</b>

Figure 4 reflects the number of adult cases, by age and ethnicity, supervised by the Probation Department for child abuse offenses in 2003.



Figure 5

**ADULT CHILD ABUSE OFFENSE SUPERVISION CASES  
ACTIVE AS OF DECEMBER 2003  
By Age and Ethnicity**

Ethnicity	Total	Percent
African American	559	21.7
American Indian	4	0.2
Asian/Pacific Islander	53	2.1
Latino	1,260	49.0
White	608	23.6
Others	87	3.4
<b>TOTAL</b>	<b>2,571</b>	<b>100.0</b>

Figure 6

**ADULT CHILD THREAT (C/T) WORKLOAD PER AREA OFFICE  
As Of December 2003**

Area Office	Number of Defendants	Defendants on C/T Caseloads	Number of C/T DPO's
Alhambra	28	0	0
Antelope Valley	143	143	2
Centinel	212	212	3
Crenshaw	313	313	5
East Los Angeles	154	152	2
East San Fernando Valley	240	240	3
Firestone	205	205	3
Foothill	122	122	2
Harbor	104	104	2
Long Beach	218	218	3
Pomona Valley	221	221	3
Rio Hondo	149	144	2
San Gabriel Valley	134	129	2
Santa Monica	124	124	2
South Central	146	143	2
Valencia	58	58	1
<b>TOTAL</b>	<b>2,571</b>	<b>2,528</b>	<b>37</b>



Figure 7

**ADULT & JUVENILE 2003 CHILD ABUSE OFFENSE GRANTS  
OF PROBATION BY AREA OFFICE**

**Adult and Juvenile**

Area Office	Adults	Juveniles	Total
Transition to Area Office	0	17	17
Alhambra	48	0	48
Central Adult Investigation	16	0	16
Centinela	16	16	32
Crenshaw	16	14	30
East Los Angeles	11	12	23
East San Fernando Valley	21	0	21
East San Fernando Valley AV	6	3	9
East San Fernando Valley VL	2	3	5
Eastlake Intake Detention Control	0	0	0
Firestone	17	2	19
Foothill	8	4	12
Harbor	4	10	14
Kenyon JJC	0	7	7
Long Beach	12	9	21
Northeast Juvenile Justice Center	0	1	1
Pomona Valley	17	3	20
Rio Hondo	16	3	19
Riverview	8	0	8
San Gabriel Valley	16	20	36
Santa Monica	11	4	15
South Central	10	13	23
Sylmar	0	1	1
Van Nuys	0	37	37
<b>TOTAL</b>	<b>255</b>	<b>179</b>	<b>434</b>
<b>PERCENT</b>	<b>58.8</b>	<b>41.2</b>	<b>100.0</b>

*Of the 821 Child Abuse referrals received by the Adult Bureau in 2003, 255 (58.8%) resulted in a Court ordered grant of formal probation. The adult defendants not placed on formal probation may have been sentenced to state prison, county jail, placed on informal probation to the court, found not guilty or had their cases dismissed.*



## **JUVENILE CASES**

### **Child Abuse Referrals**

- No Change (0 to 0) in Caretaker Absence referrals
- No Change (2 to 2) in Exploitation referrals
- No Change (1 to 1) in General Neglect referrals
- 41.9% decrease (167 to 97) in Physical Abuse referrals
- No Change (17 to 17) in Severe Neglect referrals
- 21.0% decrease (594 to 469) in Sexual Abuse referrals
- 25.0% decrease overall (781 to 586) from 2002 to 2003

### **Child Abuse Referrals By Age**

- 57.8% decrease (83 to 35) in juveniles under age 11
- 39.0% decrease (41 to 25) in juveniles age 11
- 13.0% increase (69 to 78) in juveniles age 12
- 26.7% decrease (86 to 63) in juveniles age 13
- 28.9% decrease (142 to 101) in juveniles age 14
- 31.7% decrease (120 to 82) in juveniles age 15
- 13.3% decrease (98 to 85) in juveniles age 16
- 27.1% decrease (118 to 86) in juveniles age 17
- 29.2% increase (24 to 31) in juveniles over age 17

### **Child Abuse Referrals By Ethnicity**

- 41.0% decrease (244 to 144) involving juvenile African Americans
- 100.0% decrease from (1 to 0) involving juvenile American Indians
- 12.5% decrease (8 to 7) involving juvenile Asian/Pacific Islanders
- 17.2% decrease (430 to 356) involving juvenile Latinos
- 18.8% decrease (85 to 69) involving juvenile Whites
- 16.7% decrease (12 to 10) involving juveniles of Other ethnicity
- 100.0% decrease (1 to 0) involving juveniles of Unknown ethnicity



Figure 8

**JUVENILE CHILD ABUSE REFERRALS RECEIVED IN 2003**  
**By Area Office and Gender**

Area Office	Male	Female	Total
Transition to Area Office	30	1	31
Antelope Valley	20	1	21
Centinela	44	1	45
Crenshaw	34	3	37
East Los Angeles	31	4	35
Firestone	31	1	32
Foothill	20	1	21
Harbor	13	1	14
Intake Detention Control	0	0	0
Kenyon Juvenile Justice Ctr	30	2	32
Long Beach	28	4	32
N. East Juvenile Justice Ctr	25	3	28
Pomona Valley	15	1	16
Rio Hondo	35	2	37
San Gabriel Valley	52	2	54
Santa Monica	8	0	8
South Central	60	4	64
Sylmar	18	2	20
Valencia	4	0	4
Van Nuys	53	2	55
<b>TOTAL</b>	<b>551</b>	<b>35</b>	<b>586</b>

Figure 8 reflects the number of juveniles, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2003.



Figure 9

**JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2003**  
**By Age and Ethnicity**

	Under 11	11	12	13	14	15	16	17	Over 17	Total
African American	10	5	18	20	23	25	14	22	7	144
American Indian	0	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	1	1	1	0	1	0	0	2	1	7
Latino	20	17	51	32	62	50	60	49	15	356
White	4	2	7	9	13	6	9	11	8	69
Other	0	0	1	2	2	1	1	3	0	10
<b>TOTAL</b>	<b>35</b>	<b>25</b>	<b>78</b>	<b>63</b>	<b>101</b>	<b>82</b>	<b>85</b>	<b>86</b>	<b>31</b>	<b>586</b>
<b>PERCENT</b>	<b>6.0</b>	<b>4.2</b>	<b>13.3</b>	<b>10.8</b>	<b>17.2</b>	<b>14.0</b>	<b>14.5</b>	<b>14.7</b>	<b>5.3</b>	<b>100.0</b>

Figure 9 reflects the number of juvenile referrals by age and ethnicity received by the Probation Department for child abuse offenses in 2003.

Figure 10

**CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2003**

Offense Type	Adult	Percent	Juvenile	Percent	Total
Caretaker Abuse	4	0.5	0	0.0	4
Exploitation	24	2.9	2	0.4	26
General Neglect	27	3.3	1	0.2	28
Physical Abuse	2	0.3	97	16.5	99
Severe Neglect	20	2.4	17	2.9	37
Sexual Abuse	744	90.6	469	80.0	1,213
<b>TOTAL</b>	<b>821</b>	<b>100.0</b>	<b>586</b>	<b>100.0</b>	<b>1,407</b>
<b>PERCENT</b>	<b>58.4%</b>		<b>41.6%</b>		<b>100.0%</b>



Figure 11

JUVENILE CHILD ABUSE OFFENSE SUPERVISION CASES AS OF DECEMBER 2003

By Age and Ethnicity

	Under 11	11	12	13	14	15	16	17	Over 17	Total
African American	0	0	3	4	6	10	8	3	4	38
American Indian	0	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	0	0	1	0	0	0	1	1	0	3
Latino	0	1	5	26	13	26	27	9	1	108
White	0	0	1	5	2	4	2	11	1	26
Other	0	0	0	0	3	0	0	0	1	4
<b>TOTAL</b>	<b>0</b>	<b>1</b>	<b>10</b>	<b>35</b>	<b>24</b>	<b>40</b>	<b>38</b>	<b>24</b>	<b>7</b>	<b>179</b>
<b>PERCENT</b>	<b>.0%</b>	<b>.6%</b>	<b>5.6%</b>	<b>19.6%</b>	<b>13.4%</b>	<b>22.3%</b>	<b>21.2%</b>	<b>13.4%</b>	<b>3.9%</b>	<b>100.0%</b>

Figure 12

ETHNICITY OF JUVENILES UNDER SUPERVISION FOR CHILD ABUSE OFFENSES 2003

Ethnicity	Total	Percent
African American	38	21.3
American Indian	0	0.0
Asian/Pacific Islander	2	1.1
Latino	108	60.3
White	26	14.5
Others	5	2.8
Unknown	0	.0
<b>TOTAL</b>	<b>179</b>	<b>100.0</b>



Figure 13

**2003 CHILD ABUSE OFFENSE GRANTS OF PROBATION BY AREA OFFICE**  
**Adult and Juvenile**

Area Office	Adults	Juveniles	Total
Transition to Area Office	0	17	17
Alhambra	48	0	48
Central Adult Investigation	16	0	16
Centinela	16	16	32
Crenshaw	16	14	30
East Los Angeles	11	12	23
East San Fernando Valley	21	0	21
East San Fernando Valley AV	6	3	9
East San Fernando Valley VL	2	3	5
Eastlake Intake Detention Control	0	0	0
Firestone	17	2	19
Foothill	8	4	12
Harbor	4	10	14
Kenyon JJC	0	7	7
Long Beach	12	9	21
Northeast Juvenile Justice Center	0	1	1
Pomona Valley	17	3	20
Rio Hondo	16	3	19
Riverview (La Madera)	8	0	8
San Gabriel Valley	16	20	36
Santa Monica	11	4	15
South Central	10	13	23
Sylmar	0	1	1
Van Nuys	1	37	37
<b>TOTAL</b>	<b>255</b>	<b>179</b>	<b>434</b>
<b>PERCENT</b>	<b>58.8%</b>	<b>41.2%</b>	<b>100.0%</b>

*Of the 586 Juvenile Child Abuse offense referrals received by the Juvenile Bureau in 2003, 179 (30.5%) offenses resulted in a disposition of probation supervision. Juveniles not placed on probation may have been sentenced to the California Youth Authority, found Unfit (referred to adult criminal court), sentenced to Camp Community Placement, had their cases rejected by the District Attorney, transferred out of county, or closed.*



## GLOSSARY OF TERMS

**Adjudication** - that part of the juvenile court process focused on whether the allegations or charges facing a juvenile are true; similar to trial in adult court

**Adult** - a person 18 years of age or older

**Bench Officer** - a judge, commissioner, or referee, presiding in a court of law and authorized by law to hear and decide.

**California Youth Authority (CYA)** - the most severe sanction available to the juvenile court among a range of dispositional outcomes; it is a state run confinement facility for juveniles who have committed extremely serious or repeat offenses and/or have failed county-level programs, and require settings at the state level; CYA facilities are maintained as correctional schools and are scattered throughout the state

**Camp Community Placement** - available to the juvenile court at a disposition hearing; a minor is placed in one of 19 secure or non-secure structured residential camp settings run by the Probation Department throughout the County (see Residential Treatment Program)

**Case Closing /Dismissal** - the court's declaration that good cause for any jurisdiction over a particular case does not, or no longer exists

**Caseload** - the total number of adult/juvenile clients or cases on probation assigned to an adult or juvenile Deputy Probation Officer; caseload size and level of service is determined by Department policy

**Child Abuse (or Neglect)** - physical injury inflicted by other than accidental means upon a child by another person; includes sexual abuse, willful cruelty or unjustifiable punishment or injury.

**Child Threat (CT) Caseload** - a specialized caseload supervised by a CT Deputy Probation Officer consisting of adults on formal probation for child abuse offenses or where there is reason to believe that defendant's (violent, drug abusing or child molesting) behavior may pose a threat to a child; Department service standards require close monitoring of a defendant's compliance with court orders to ensure both the child's and parents' safety

**Compliance** - refers to the offender following, abiding by, and acting in accordance with the orders and instructions of the court as part of his/her effort to cooperate in his/her own rehabilitation while on probation (qualified liberty) given as a statutory act of clemency

**Conditions of Probation** - the portion of the court ordered sentencing option which imposes obligations on the offender; may include restitution, fines, community service, restrictions on association, etc.

**Controlled Substance** - a drug, substance, or immediate precursor, which is listed in any schedule in Health and Safety Code Sections 11054, 11055, 11057, or 11058

**Court Orders** - list of terms and conditions to be followed by the probationer, or any instructions given by the court [Crime an act or omission in violation of local, state or federal law forbidding or commanding it, and made punishable in a legal proceeding brought by a state or the US government]

**DA Case Reject** - a District Attorney dispositional decision to reject the juvenile petition request (to file a formal complaint for court intervention) from the referral source (usually an arresting agency) by way of Probation due to lack of legal sufficiency (i.e., insufficient evidence)



**Defendant** – an Adult subject of a case accused/convicted of a crime before a criminal court of law

**Deferred Entry of Judgment** - refers to a sentencing option that allows the court to place an “eligible” offender on probation for a specified period (12 to 36 months for juveniles without allegations sustained at adjudication; 18 to 36 months for adults who plead guilty to the charge or charges); successful completion of supervision program requirements dismissing the charges, and failure may resume court proceedings to make a motion to enter judgment

**Delinquent** - a minor who violates a law or ordinance defining a crime, or violates a court order of the juvenile court order, and comes under the jurisdiction of the juvenile court per section 602 of the Welfare and Institutions Code

**Disposition** - the resolution of a case by the court including the dismissal of a case, the acquittal of a defendant, the granting of probation or deferred entry of judgment, or overturning of a convicted defendant

**Diversions** - the suspension of prosecution of “eligible” (youthful, first time offenders in which a criminal court determines the offender suitable for diverting out of further criminal proceedings and directs the defendant to seek and participate in community-based education, treatment or rehabilitation programs prior to and without being convicted, while under the supervision of the Probation Department; program success dismisses the complaint, while failure causes resumption of criminal proceedings

**DPO** - Deputy Probation Officer - a peace officer who performs full case investigation functions and monitors probationer’s compliance with court orders, keeping the courts apprised of

probationer’s progress by providing reports as mandated

**Drug Abuse** - the excessive use of substances (pharmaceutical drugs, alcohol, narcotics, cocaine, generally opiates, stimulants, depressants, hallucinogens) having an addictive-sustaining liability without medical justification

**Formal Probation** - the suspension of the imposition of a sentence by the court and the conditional and revocable release of an offender into the community, in lieu of incarceration, under the formal supervision of a DPO to ensure compliance with conditions and instructions of the court; non-compliance may result in formal probation being revoked

**High Risk** - a classification referring to potentially dangerous, recidivist probationers who are very likely to violate conditions of probation and pose a potentially high level of peril to victims, witnesses and their families or close relatives; usually requires in-person contacts and monitoring participation in treatment programs

**Informal Probation -**

- **Juvenile** -a six-month probation supervision program for minors opted by the DPO following case intake investigation of a referral, or ordered by the juvenile court without adjudication or declaration of wardship; it is a lesser sanction and avoids formal hearings, conserving the time of the DPO, court staff and parents and is seen as less damaging to a minor’s record
- **Adult** - a period of probation wherein an individual is under the supervision of the Court as opposed to the Probation Officer. The period of probation may vary.



**Investigation** - the process of investigating the factors of the offense(s) committed by a minor/adult, his/her social and criminal history, gathering offender, victim and other interested party input, and analyzing the relevant circumstances, culminating in the submission of recommendations to the court regarding sanctions and rehabilitative treatment options

**Judgment** – law given by court or other competent tribunal and entered in it's dockets, minutes or record

**Juvenile** - has not attained his 18<sup>th</sup> birthday

**Juvenile Court** - Superior Court which has jurisdiction over delinquent and dependent children

**Minor** - a person under the age of 18

**Narcotic Testing** - the process whereby a probationer must submit, by court order, to a drug test as directed, to detect and deter controlled substance abuse

**Pre-Sentence Report** - a written report made to the adult court by the DPO and used as a vehicle to communicate a defendant's situation and the DPO's recommendations regarding sentencing and treatment options to the judge prior to sentencing; becomes the official position of the court.

**Probation Department Probation Grant** - the act of bestowing and placing offenders (adults convicted of a crime and juveniles with allegations sustained at adjudication) on formal probation by a court of law and charging Probation with their supervisory care to ensure the fulfillment of certain conditions of behavior

**Probation Violation** – when the orders of the court are not followed or the probationer is re-arrested and charged with a new offense.

**Probationer** - minor or adult under the direct supervision of a Deputy Probation Officer,

usually with instructions to periodically report in as directed

**Referral** - the complaint against the juvenile from law enforcement, parents or school requesting Probation intervention into the case, or a criminal court order directing Probation to perform a thorough investigation of a defendant's case following conviction, and present findings and recommendations in the form of a pre-sentence report

**Residential Treatment Program** – this program is also referred to as the Camp Community Placement program. It provides intensive intervention in a residential setting over an average stay of 20 weeks. The Camp Community Placement program is an intermediate sanction alternative to probation in the community and incarceration in the California Youth Authority.

**Sanction** - that part of law which is designed to secure enforcement by imposing a penalty for its violation

**Sentence** - the penalty imposed by the court upon a convicted defendant in a criminal judicial proceeding or upon a delinquent juvenile with allegations found true in juvenile court; penalties imposed may be county jail or prison for the defendant, or residential camp placement or CYA commitment for a juvenile

**Substance Abuse** – see Drug Abuse - the non-medical use of a substance for any of the following reasons: psychic effect, dependence, or suicide attempt/gesture. For purposes of this glossary, non-medical use means:

- use of prescription drugs in a manner inconsistent with accepted medical practice
- use of over-the-counter drugs contrary to approved labeling; or



- use of any substance (heroin/morphine, marijuana/hashish, peyote, glue, aerosols, etc.) for psychic effect, dependence, or suicide

**Trace** - an amount of substance found in a newborn or parent that is insufficient to cause a parent to return to court on a probation violation, but is enough to authorize removal of a child from parental control

**Unfit** - a finding by a juvenile fitness hearing court that a minor was found to be unfit for juvenile court proceedings, and that the case will be transferred to adult court for the filing of a complaint; juvenile in effect will be treated as an adult

**Victim** - an entity or person injured or threatened with physical injury, or who directly suffers a measurable loss as a consequence of the criminal activities of an offender, or a “derivative” victim, such as the parent/guardian, who suffers some loss as a consequence of injury to the closely related primary victim, by reason of a crime committed by an offender

# DEPARTMENT OF JUSTICE

---

## AGENCY REPORT







## FACT SHEET FOR CHILD PROTECTION PROGRAM

Each year in California, approximately 35,000 child abuse investigation reports are submitted to the Child Abuse Central Index (CACI). CACI is a statewide, multi-jurisdictional, centralized index of child abuse reports submitted by investigating agencies (police or sheriff's departments, county welfare and county probation departments). These reports pertain to incidents in which physical abuse, sexual abuse, emotional abuse, and/or severe neglect is alleged. Each investigating agency is required by law to forward a report of every child abuse incident it investigates to the Department of Justice (DOJ), unless an incident is determined to be unfounded or involves general neglect only.

### Information On File

Information on file includes:

- The date of report.
- The agency that investigated the incident.
- The number or name assigned to the case by the agency investigating the reported incident.
- The victim's name and age
- The names and physical descriptors of suspect(s) listed on reports.
- The type of abuse investigated.
- The investigator findings for the incident.

### Service Provided By Program

- Provides information on an expedited basis to investigators on suspects involved in current child abuse investigations who were involved in prior incidents of suspected child abuse.
- Cross-checks all child abuse investigation reports submitted to the DOJ against the CACI to identify prior reports of child abuse involving listed suspects.

- Searches the names of applicants for child care service licenses, employment, adoption and the TrustLine Registry submitted to the DOJ against the CACI to identify prior reports of child abuse which might result in disqualification from licensing, adoption or listing in the TrustLine Registry
- Contacts licensing agencies when the DOJ receives CACI Reports involving licensees
- Searches the names of individuals in the CACI for the placement of children and potential guardians.
- Conducts statewide training sessions of child abuse reporting requirements for child protective agencies.

### Access To Files

Information from the CACI may be provided to agencies defined in Penal Code (PC) Section 11170.

### Date Program Established

Child Abuse Central Index – 1965

### Legal Authority

Child Abuse and Neglect Reporting Act, PC Sections 11164 through 11174.3. Sections 11169 PC and 11174.4 PC pertain to investigating agencies reporting to DOJ and the dissemination of information from CACI to authorized agencies.

### For Inquiries

**CALIFORNIA DEPARTMENT OF JUSTICE**  
**Bureau of Criminal Information and Analysis**

**ATTN: Child Protection Program**

P.O. Box 903387

Sacramento, CA 94203-3870

(916) 227-4116



Figure 1

**CALIFORNIA DEPARTMENT OF JUSTICE CHILD PROTECTION PROGRAM 2003**  
**Child Abuse Investigation Reports Entered in the Automated Child Abuse System**

County	Total	Physical	Mental	Neglect	Sexual
Alameda	760	436	34	30	260
Alpine	2	1	1	0	0
Amador	2	0	0	1	1
Butte	301	159	71	15	56
Calaveras	39	23	13	0	3
Colusa	6	6	0	0	0
Contra Costa	302	227	32	8	35
Del Norte	32	8	15	6	3
El Dorado	66	39	13	0	14
Fresno	264	125	45	10	84
Glenn	28	14	4	1	9
Humboldt	221	111	53	4	53
Imperial	88	44	27	4	13
Inyo	74	29	35	0	10
Kern	614	307	119	43	145
Kings	242	143	17	8	74
Lake	82	58	8	4	12
Lassen	19	15	1	1	2
Los Angeles	5,212	2,819	799	98	1,496
Madera	143	86	12	7	38
Marin	12	8	1	0	3
Mariposa	19	8	6	4	1
Mendocino	183	82	58	12	31
Merced	199	76	43	23	57
Modoc	25	17	4	0	4
Mono	3	2	1	0	0
Monterey	253	135	60	8	50
Napa	68	41	3	1	23
Nevada	40	30	3	3	4



Figure 1 (Continued)

**CALIFORNIA DEPARTMENT OF JUSTICE CHILD PROTECTION PROGRAM 2003**  
**Child Abuse Investigation Reports Entered in the Automated Child Abuse System**

County	Total	Physical	Mental	Neglect	Sexual
Orange	4,008	2,243	503	168	1,094
Placer	476	119	265	30	62
Plumas	49	19	7	4	19
Riverside	1,091	547	228	84	232
Sacramento	1,899	1,021	393	111	374
San Benito	51	27	12	4	8
San Bernardino	1,411	669	112	123	507
San Diego	3,579	1,272	1,669	39	599
San Francisco	402	301	27	14	60
San Joaquin	255	134	38	12	71
San Luis Obispo	276	83	164	2	27
San Mateo	223	134	28	5	56
Santa Barbara	197	110	16	42	29
Santa Clara	570	209	26	11	324
Shasta	28	16	2	8	2
Sierra	0	0	0	0	0
Siskiyou	12	6	2	0	4
Solano	168	93	13	3	59
Sonoma	318	174	23	16	105
Stanislaus	320	137	3	15	165
Sutter	36	20	13	0	3
Tehama	6	5	0	0	1
Trinity	3	0	0	0	3
Tulare	130	75	7	9	39
Tuolumne	133	51	50	3	29
Ventura	455	211	119	16	109
Yolo	21	6	0	0	15
Yuba	48	31	0	2	15
<b>TOTALS*</b>	<b>25,674</b>	<b>12,827</b>	<b>5,321</b>	<b>1,013</b>	<b>6,513</b>

\*2003 reports (by Date of Report) entered as of 5/18/2004



Figure 2

**CHILD ABUSE INVESTIGATION REPORTS**  
Entered in the Automated Child Abuse System (ACAS)

Types Of Abuse	1995	1996	1997	1998	1999	2000	2001	2002	2003
Physical	27,085	26,709	24,113	21,318	21,963	19,751	17,264	15,485	12,827
Sexual	15,487	14,491	12,217	9,851	10,552	9,404	8,896	8,397	6,513
Neglect/Mental	5,744	6,619	6,501	9,490	11,394	11,573	10,853	8,365	6,334
Other	0	0	0	0	0	0	0	0	0
Not Indicated	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>48,316</b>	<b>47,819</b>	<b>42,831</b>	<b>40,659</b>	<b>43,639</b>	<b>40,728</b>	<b>37,013</b>	<b>32,247</b>	<b>25,674</b>

**SELECTED FINDINGS**

**CALIFORNIA DEPARTMENT OF JUSTICE -  
Child Protection Program**

- In 2003, a total of 5,212 Los Angeles County reports of child abuse and neglect investigations were entered in the CACI, compared with 5,406 reports entered in CACI in 2002, a slight decrease.
- Los Angeles County reports accounted for 13.38% of the State total of 25,674 during 2003.
- 54.09 of Los Angeles County's 2002 CACI entries were for physical abuse, 28.70 were for sexual abuse, and the rest 17.21 were for neglect and mental abuse. Two child deaths from Los Angeles County were entered into the CACI in 2003; down 75% from 8 deaths reported in 2003.
- Overall, the reports of Child Abuse submitted to the DOJ for the categories of physical, sexual, mental and severe neglect have decreased during the last three years.

**HIGHLIGHT ACTIVITY FOR 2003**

During 2003, the Child Abuse and Neglect Reporting Act (CANRA) Task Force was created under the authority of PC Section 11174.4 and was mandated to review the Child Abuse and Neglect Reporting Act and to address the value of the CACI in protecting children. A report of the Task Force is available at [www.ag.ca.gov/publications/childabuse.pdf](http://www.ag.ca.gov/publications/childabuse.pdf) or by contacting the Child Protection Program at the noted address or phone number.



## GLOSSARY OF TERMS

**ACAS- Automated Child Abuse System.**

The mainframe database that contains the Child Abuse Investigation Reports submitted by child protection agencies from California.

**CACI- Child Abuse Central Index.**

The common name for the ACAS.

**CANRA- Child Abuse Neglect Reporting Act** as specified in Penal Code 11164 et seq.

**Investigating Agency-** Defined by Penal Code section 11165.9 as a police or sheriff's departments, a county probation department (if designated by the county to receive mandated reports), or a county welfare department.



# DEPARTMENT OF CORONER

---

## AGENCY REPORT







The Department of Coroner is mandated by law to inquire and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths occurring within Los Angeles County, including all homicides, suicides, accidental deaths, and natural deaths where the decedent has not seen a physician within 20 days prior to death.

#### **FORENSIC MEDICINE DIVISION:**

The Forensic Medicine Division's full-time permanent staff consists of board certified forensic pathologists who are responsible for medical investigation and determination of the cause and mode of each death handled by the department. Our physicians are experts in the evaluation of sudden unexpected natural deaths, unnatural deaths such as deaths from firearms, sharp and blunt force trauma, etc. Physicians are frequently called to court to testify on the cause of death and their medical findings and interpretations, particularly in homicide cases. In addition, the division has consultants in forensic neuropathology, archeology, odontology, anthropology, anesthesiology, pediatrics, surgery, ophthalmologic pathology, pulmonary pathology, pediatric forensic pathology, cardiac pathology, emergency room medicine, psychiatry, psychology and radiology to assist the deputy medical examiners in evaluating their cases.

#### **FORENSIC LABORATORIES BUREAU:**

The Forensic Science Laboratories Bureau is responsible for the identification, collection, preservation and analysis of physical and medical evidence associated with Coroner's cases. The mission is to conduct a comprehensive scientific investigation into the cause and manner of any death within the Coroner's jurisdiction. The Forensic Science Laboratories is fully accredited by the American Society of Crime Laboratory Directors.

The Toxicology Laboratory conducts chemical and instrumental analysis on post-mortem specimens to determine the extent that drugs may have contributed to the cause and manner of death. The Scanning Electron Microscopy Laboratory conducts gunshot residue analysis to determine whether an individual may have fired a weapon. Tool mark analysis involves the evaluation of trauma to biological material, especially bone and cartilage, as to the type of instrument that might have produced the trauma. This not only helps our pathologists understand the circumstances of a death, but also aids the law enforcement agency in their criminal investigation.

#### **OPERATIONS DIVISION/INVESTIGATIONS:**

In accordance with state mandate, all law enforcement, health facilities and funeral directors are required to report deaths that may fall under the jurisdiction of the Coroner. The report initiates an investigation that may require dispatching an investigator to the scene of a homicide, accident, or suicide or to a hospital or mortuary. Investigators will interview witnesses, follow up on leads, collect evidence, make identification, notify the next of kin and interface with law enforcement agencies. The division participates in a state-mandated program to examine dental records of known missing persons to aid in the identification of John and Jane Does.

#### **ADMINISTRATIVE SERVICES DIVISION:**

The Administrative Services Division is responsible for public services, financial operations, personnel, payroll, litigation, procurement, accounting, revenue collection, marketing, volunteer services, affirmative action, contracts and grants, internal control certification, workfare program, facilities management, and information technology.

**STATISTICAL SUMMARY:**

In calendar year 2003, a total of 19,745 deaths were reported to the Los Angeles County Coroner. Of these cases, 10,033 were fully investigated and autopsied. Of the 10,033 cases, 600, or 5.98% of those deaths were child deaths where the decedent's age was 17 years or less.

After a review of the cases based on the ICAN established criteria, of the total child deaths reported, 308 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up.

**SELECTED FINDINGS:**

In 2003, the total deaths reported to the Department of Coroner increased by 490 cases.

Other notable findings were:

<b>DEPARTMENT OF CORONER Total Reportable ICAN Cases</b>	
<b>Total Reportable ICAN Cases</b>	Increased by 1 case
<b>Accident Cases</b>	Increased by 10 cases
<b>Homicide Cases</b>	Increased by 3 cases
<b>Suicide Cases</b>	Decreased by 1 case
<b>Undetermined Cases</b>	Decreased by 5 cases

In 2003, in comparing deaths by age, the following notable findings were found:

<b>DEPARTMENT OF CORONER Deaths by Age</b>	
<b>6 months to 1 year</b>	Decreased by 14 cases
<b>4 years</b>	Increased by 3 cases
<b>14 years</b>	Increased by 7 cases
<b>17 years</b>	Decreased by 11 cases

*Figure 1*

**DEPARTMENT OF CORONER**  
**Case Comparison by Mode of Death and Gender**

By Mode of Death	Total Cases	% of Total
Accident	184	60.00
Homicide	35	11.36
Suicide	18	5.59
Undetermined	71	23.05
<b>TOTAL</b>	<b>308</b>	<b>100%</b>

By Gender	Total Cases	% of Total
Female	115	37.34
Male	190	61.69
Undetermined	3	.97
<b>TOTAL</b>	<b>308</b>	<b>100%</b>

*Figure 2*

**DEPARTMENT OF CORONER**  
**Case Comparison by Ethnicity and Age**

By Ethnicity	Total Cases	% of Total
Unknown	6	1.95
Asian	5	1.62
Black	69	22.40
Caucasian	60	19.48
Chinese	3	.97
Filipino	4	1.30
Hispanic/Latin American	156	50.65
Japanese	1	.32
Korean	3	.97
Pacific Islander	1	.32
<b>TOTAL</b>	<b>308</b>	<b>100%</b>



Deaths by Age	Total Cases	% of Total
Stillborn	39	12.66
1 day – 30 days	14	4.55
1 – 5 months	49	15.90
6 months – 1 year	39	12.66
2 years	17	5.52
3	17	5.52
4	11	3.57
5	9	2.92
6	7	2.27
7	8	2.60
8	5	1.62
9	2	.65
10	7	2.27
11	4	1.30
12	5	1.62
13	6	1.94
14	13	4.22
15	14	4.54
16	19	6.00
17	23	7.77
<b>TOTAL</b>	<b>308</b>	<b>100%</b>



Figure 3

**MODE OF DEATH: ACCIDENT**  
By Gender, by Ethnicity, by Age

Deaths by Gender	Total Cases	% of Total
Female	62	20.13
Male	120	38.96
Undetermined	2	.65
<b>TOTAL</b>	<b>184</b>	<b>100%</b>

Deaths by Ethnicity	Total Cases	% of Total
Asian	3	.97
Black	35	11.36
Caucasian	43	13.96
Chinese	1	.32
Filipino	1	.32
Hispanic/Latin American	96	31.17
Korean	1	.32
Pacific Islander	1	.32
Unknown	3	.97
<b>TOTAL</b>	<b>184</b>	<b>100%</b>

Deaths by Age	Total Cases	% of Total
Stillborn	28	9.09
1 day – 29 days	8	2.60
1 – 5 months	7	2.27
6 months – 1 year	17	5.52
2 years	10	3.24
3	12	3.89
4	10	3.24
5	8	2.60
6	7	2.27
7	6	1.94
8	4	1.29
9	2	.65
10	5	1.62
11	3	.97



Deaths by Age	Total Cases	% of Total
12	5	1.62
13	5	1.62
14	10	3.24
15	8	2.60
16	14	4.55
17	15	4.87
<b>TOTAL</b>	<b>184</b>	<b>100%</b>

*This section details the manner of death by the final mode of death; by Gender, by Ethnicity, by Age and by Cause of Death.*

*Figure 4*

**MODE OF DEATH: ACCIDENT**  
By Cause of Death

By Cause of Death	Total Cases	% of Total
Annular Pancreas	1	.32
Asphyxiation	2	.65
Aspirin – Accidental	1	.32
Auto Driver In Collision with Fixed Object	1	.32
Auto Driver in non-collision Accident	1	.32
Auto Driver Injured In Unspecified Traffic Accident	3	.97
Auto Passenger Injured in Traffic Accident	16	5.19
Auto vs Pedestrian	1	.32
Auto vs Pedestrian Traffic	31	10.06
Bacterial Sepsis of Newborn, Unspecified	1	.32
Barbiturates	4	1.30
Bicycle vs Auto	1	.32
Burns	2	.65
Car Driver Injured in Collision with Car, Truck	11	3.57
Car Driver Injured In Collision with Pickup Truck, Van	24	7.29
Caught, Crushed, Jammed or Pinched In Or Between Objects	2	.65
Congenital Anomalies	1	.32
Drowning Accidental	3	.97
Electric Current	2	.65
Extreme Prematurity	1	.32
Fall From High Place	1	.32



By Cause of Death	Total Cases	% of Total
Fall From Roof, Window	1	.32
Fall While Being Carried By Other Person	1	.32
Fell Off Boat	1	.32
Foreign Body Alimentary	1	.32
Foreign Body in Respiratory Tract	1	.32
Gases, Fumes & Vapors	1	.32
Hanging – Accident	2	.65
Jacuzzi Drowning	5	1.62
Malformation of Urachus	1	.32
Mechanical Complications of Gastrointestinal Prosthetic Devices	1	.32
Methadone – Accidental	22	7.14
Motorcycle Overturn	1	.32
Motorcycle Rider Injured In Collision	1	.32
Motorcycle vs Auto	1	.32
Occupant of Special Vehicle Mainly Used on Industrial Premises Injured in Transport Accident	1	.32
Other Preterm Infants	1	.32
Pedal Cyclist Injured Collision with Auto	1	.32
Pedal Cyclist Injured with Other Non-motor Vehicle	1	.32
Pedestrian Injured in Other Unspecified Accident	1	.32
Person Injured Between Car & Three Wheel Motor Vehicle, Non-traffic	3	.97
Person Outside Vehicle Injured In Traffic Accident	1	.32
Subdural Hematoma	1	.32
Swimming Pool Drowning	13	4.22
Cocaine	1	.32
Unspecified Drugs – Accidental	4	1.30
Misadventure To Patient During Surgical and Medical Care	1	.32
Unintentional Cut, Puncture, Perforation or Hemorrhage during Surgical and Medical Care	2	.65
Other Specified Misadventure During Surgical and Medical Care	1	.32
Other Medical Procedure	1	.32
<b>TOTAL</b>	<b>184</b>	<b>100%</b>



Figure 5

**MODE OF DEATH: HOMICIDE**  
By Gender, by Ethnicity, by Age

Death By Gender	Total Cases	% of Total
Female	16	5.19
Male	18	5.84
Undetermined	1	.32
<b>TOTAL</b>	<b>35</b>	<b>100%</b>
Death By Ethnicity	Total Cases	% of Total
Black	7	2.27
Caucasian	3	.97
Chinese	2	.65
Filipino	2	.65
Hispanic/Latin American	18	5.84
Korean	1	.32
Unknown	2	5.71
<b>TOTAL</b>	<b>35</b>	<b>100%</b>
Death By Age	Total Cases	% of Total
Stillborn	6	1.95
1 day – 29 days	1	.32
1 month – 5 months	4	1.28
6 months – 1 year	10	3.22
2	4	1.30
3	4	1.30
4	1	.32
5	1	.32
7	1	.32
10	1	.32
17	2	.65
<b>TOTAL</b>	<b>35</b>	<b>100%</b>



Figure 6

**MODE OF DEATH: HOMICIDE**  
**By Causes of Death**

By Cause of Death	Total Cases	% of Total
Abuse By Parent Neglect	3	.97
Assault	4	1.29
Assault By Blunt Object	2	.65
Assault By Drowning	1	.32
Assault By Strangulation	5	1.62
Auto vs Pedestrian	1	.32
Battered Child	1	.32
Child Abuse	7	2.27
Driver Injured in Non-collision Accident	1	.32
Neglect By Foster Parent	2	.65
Neglect By Other Specified Person	2	.65
Neglect By Parent	1	.32
Neglect By Unspecified Person	1	.32
Peripartum Fetal Demise	1	.32
Poisoning – Analgesics	1	.32
Swimming Pool	1	.32
Unspecified Event – Undetermined Intent	1	.32
<b>TOTAL</b>	<b>35</b>	<b>100%</b>



Figure 7

**MODE OF DEATH: SUICIDES**  
**By Gender, By Ethnicity, by Cause of Death**

Death By Gender	Total Cases	% of Total
Female	6	1.95
Male	12	3.90
<b>TOTAL</b>	<b>18</b>	<b>100%</b>
Death By Ethnicity	Total Cases	% of Total
Asian	2	.65
Black	1	.32
Caucasian	8	2.60
Hispanic/Latin American	6	1.95
Japanese	1	.32
<b>TOTAL</b>	<b>18</b>	<b>100%</b>
Death By Age	Total Cases	% of Total
11	1	.32
13	1	.32
14	2	11.11
15	5	1.62
16	3	.97
17	6	1.95
<b>TOTAL</b>	<b>18</b>	<b>100%</b>
By Cause of Death	Total Cases	% of Total
Craniocerebral Trauma	1	.32
Handgun	7	2.27
Hanging	5	1.62
Intentional Self Harm	2	.65
Multiple Traumatic Injuries	1	.32
Unspecified Drugs – Accidental	2	.65
<b>TOTAL</b>	<b>18</b>	<b>100%</b>



Figure 8

**MODE OF DEATH: UNDETERMINED**  
**By Gender, By Ethnicity, by Cause of Death**

Deaths By Gender	Total Cases	% of Total
Female	31	10.06
Male	40	12.99
<b>TOTAL</b>	<b>71</b>	<b>100%</b>
Death By Ethnicity	Total Cases	% of Total
Black	26	8.44
Caucasian	6	1.95
Filipino	1	.32
Hispanic/Latin American	36	11.69
Korean	1	.32
Unknown	1	.32
<b>TOTAL</b>	<b>71</b>	<b>100%</b>
Death By Age	Total Cases	% of Total
Stillborn	5	1.62
1 day – 29 days	5	1.62
1 – 5 months	38	12.33
6 months – 1 year	12	3.90
2	3	.97
3	1	.32
7	1	.32
8	1	.32
10	1	.32
14	1	.32
15	1	.32
16	2	.65
<b>TOTAL</b>	<b>71</b>	<b>100%</b>



Figure 9

**MODE OF DEATH: UNDETERMINED  
By Cause of Death**

By Cause of Death	Total Cases	% of Total
Asthma	1	.32
Bronchiolitis	2	.65
Drowning Accidental	1	.32
Other Undetermined Factors	1	.32
Pneumonia	1	.32
Prematurity	1	.32
Undetermined	64	20.78
<b>TOTAL</b>	<b>71</b>	<b>100%</b>



## GLOSSARY OF TERMS

**Mission:** The Department of Coroner is mandated by law to inquire and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths occurring within Los Angeles County, including all homicides, suicides, accidental deaths, and natural deaths where the decedent has not seen a physician within 20 days prior to death.

**Death:** For legal and medical purposes: a person is dead who has sustained either:

- a. Irreversible cessation of circulatory and respiratory functions, or
- b. Irreversible cessation of all functions of the entire brain.

**Decedent:** A person who is dead.

**Manner of Death:** Is a classification of death based on the conditions that cause death and the circumstances under which the conditions occur.

**Natural:** Death due solely to disease and/or aging process.

**Accident:** Unforeseen injury. In children, lapse in the usual protection would apply.

**Suicide:** The intentional taking of one's own life.

**Homicide:** Death at the hands of another. The legal system rather than the Coroner determines whether a homicide is legal, justified, intentional, or malicious. In children and the elderly, neglect (failure to protect) is classified as homicide.

**Undetermined:** For cases in which the Coroner is unable to assign a specific manner of death (natural, accident, suicide, homicide).

These cases often involve either insufficient information or conflicting information that affects the Coroner's ability to make a final determination. The Coroner may designate a death as undetermined as a signal to law enforcement that the case warrants a more in-depth investigation to try to answer some of the questions surrounding the death.

The Coroner also modes a death undetermined when the autopsy findings do not establish any cause of death and one of the following is present:

1. Unsafe sleep surface
2. Co-sleeping with adult
3. Absent or inadequate scene investigation
4. Non-prescribed sedative drugs detected
5. Injuries present
6. Poor nutrition/abnormal development
7. Prior unexplained sibling death
8. History of domestic violence
9. Definite blood in the nose or airway

**Autopsy:** Post mortem (after death) examination of a body including the internal organs and structures, including dissection to determine cause of death or the nature of the pathologic change.



# LOS ANGELES COUNTY PUBLIC LIBRARY

---

## AGENCY REPORT







## COUNTY OF LOS ANGELES PUBLIC LIBRARY

### Library Cards for Foster Children

The County of Los Angeles Public Library is committed to reaching out to children in underserved populations. One large group of children which has traditionally fallen through the cracks is foster children. While some of the approximately 28,000 foster children in Los Angeles County have foster parents who take on the financial responsibility necessary in securing a library card for their foster children, the vast majority of foster parents are reluctant to take on that responsibility. Their concern is that if the child changes placement in the future, he/she may use the card irresponsibly resulting in the original foster parent being responsible for extensive library fines or replacement charges for lost library materials.

A collaboration between the Public Library and the Department of Children and Family Services (DCFS) to provide fine-free library cards for foster children had been a topic of discussion for a number of years; however, issues of fiscal responsibility and confidentiality proved to create barriers to implementation. The Board of Supervisors indicated its desire for a one year pilot program to provide no-cost library cards be developed. The program was implemented in October, 2002 and has become a permanent service provided by the County of Los Angeles Public Library.

### Challenges/Solution

A Public Library/DCFS workgroup worked jointly to develop the implementation plan and procedures which would work within the functionality of the Library's existing automated circulation system and would comply with the strict confidentiality requirements required by law when working with foster children and their foster caretakers.

The key questions were:

- How to develop and implement a program for children who by law could not be singled out or even identified as foster children?
- How to adapt the Library's circulation system to maintain accurate records, yet assure that fines or fees accrued by this group of children would not automatically be sent to the foster caretaker?
- How to assure that the children and families participating in the program would be treated with the utmost courtesy and respect?

With guidance from the DCFS, County Counsel, and the County Public Library's Automated Circulation staff, a solution was achieved to develop a procedure that allowed for confidentiality of the foster child, yet enabled the Library to divert any fine and fee notices for those children to a single library address, thus enabling the Library to monitor the loss rate of materials borrowed by children in the program.

The Library/DCFS workgroup prepared procedures so that library staff who would be implementing the program in the 84 libraries and 4 bookmobiles would understand the sensitive nature of the initiative including the confidentiality issues and necessary procedural steps needed to make it work. Careful guidelines were written to allow for self-identified caregivers to register their children for library cards as part of the special program; technical procedures were written so that registration information would be entered into the Library's automated circulation system correctly; Frequently Asked Question (FAQ) sheets were developed to provide library staff with answers to anticipated questions; handouts were prepared so that the caregivers and the children themselves were welcomed into the library community. A team of front line library staff reviewed all materials to assure ease of understanding and clarity.



A team of DCFS staffers reviewed the guidelines and procedures to assure that they were workable from the foster child and caretaker perspective.

Community Library managers were trained through system wide presentations which focused on issues of confidentiality and on customer service. Regionally, training included registering borrowers.

The program evolved slowly and deliberately to assure that the technical solutions effectively eliminated fine and fee notices being inadvertently sent to care-givers. During the first full year of the collaboration, 126 foster children have registered for the program.

The Foster Child Library Card Program has become a permanent service provided by the County of Los Angeles Public Library. During the second year, it is anticipated that there will be enhanced promotion of the program through joint DCFS, Children's Court, and Public Library efforts.

# DEPARTMENT OF MENTAL HEALTH

---

## AGENCY REPORT







## DEPARTMENT OF MENTAL HEALTH

### Children's System of Care

The Department of Mental Health (DMH) administers, develops, coordinates, monitors and evaluates a continuum of mental health services for children within the Children's System of Care (CSOC).

### THE MISSION OF THE CSOC

To enable children with emotional disorders to develop their ability to function.

To enable children with emotional and behavioral disorders, Department of Children and Family Services-involved children and children at risk of out of home placement to remain at home, succeed in school, and avoid involvement with the juvenile justice system.

### How the CSOC Fulfills Its Mission

Maintains a planning structure regarding the direction of service development. Follows a system of care plan for Children and Families, established through the DMH planning process, as a guide for system of care development.

Manages a diverse continuum of programs that provide mental health care for children and families.

Promotes the expansion of services through innovative projects, inter-agency agreements, blended funding, and grant proposals to support new programs.

Collaborates with the other public agencies, particularly the Department of Health Services (DHS), the Department of Children and Family Services (DCFS), the Probation Department, the Los Angeles County Office of Education (LACOE), and school districts, e.g., the Los Angeles Unified School District (LAUSD).

Promotes the development of county and statewide mental health policy and legislation to advance the well-being of children and families.

### Whom the CSOC Serves

The CSOC serves children who have a DSM-IV Axis I diagnosis and have symptoms or behaviors that cause impairment in functioning that can be ameliorated with treatment.

The priority target population that the Rehabilitation Option Short-Doyle/Medi-Cal community mental health providers serve are children with a DSM-IV Axis I diagnosis that has or will, without treatment, manifest in psychotic, suicidal or violent behavior, or long-term impairment of functioning in home, community or school.

### The CSOC Treatment Network

The CSOC provides mental health services through 20% directly-operated and 80% contracted service providers. The CSOC network links a range of programs, including long-term and acute psychiatric hospitals, outpatient clinics, specialized outpatient services, day treatment, case management and outreach programs throughout the County.

### Clients and Programs Related To Child Abuse and Neglect

This chapter reports on the characteristics of child and adolescent clients who are victims of, or are at risk of child abuse and neglect, and are receiving psychological services in relevant programs provided by DMH.

The programs to be presented include those that provide psychological care for abused or neglected children and adolescents and their families. In addition, the chapter covers treatment programs for children and adolescents who are at risk for abuse or neglect.



The chapter will review the following programs: Family Preservation; Family Reunification; Level 14 Group Homes; Community Treatment Facilities; Child Abuse Prevention Program; D-Rate Foster Care; START; Juvenile Court Mental Health Services; Juvenile Halls; Dorothy Kirby Center; and Challenger Memorial Youth Center and its associated Juvenile Justice Camps.

### Family Preservation Program

Family Preservation (FP) is a collaborative effort between DMH, DCFS, Probation and the community to reduce out-of-home placement for children at risk of abuse, neglect and delinquent behavior. The program's model is a community-based approach that focuses on preserving families in their own communities by providing a range of services that promote empowerment and self-sufficiency. These support services are designed to keep children and their families together. DCFS allocates funds to DMH for the FP mental health services and DMH, in turn, contracts for services from local private mental health agencies. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) funds also support this program. Blended funding, equally distributed between DCFS and DMH, supports an innovative program offering both mental health and substance abuse services at SHIELDS for Families for up to sixty FP families residing in South Central Los Angeles.

Mental health services are one of many services offered by the FP program. The mental health goal is to provide therapeutic interventions that improve child and family functioning by developing effective parental coping skills that reduce the risk of child abuse, neglect and delinquent behaviors. Mental health services, including psychological testing, individual, group and family therapy, and medication support are provided in the child's community, school and home.

When a family is referred to FP, a Multi-Agency Case Planning Conference (MCPC) is convened at the appropriate Community Family Preservation Network (CFPN). The Family Preservation Specialist (FPS) represents DMH at the MCPC and assists in evaluating a family's suitability for Family Preservation. Where appropriate, the FPS assists with the preparation of a referral for mental health services. The FPS reports to a DMH District Chief or geographic area manager of a specific community so that the FP mental health component is integrated with other mental health services.

During FY 02-03, there were 971 clients served by 21 DMH service providers. Figures 1, 2, and 3 describe the gender, age and ethnicity of the FP clients. The largest percentage of the FP clients were referred by DCFS, with smaller proportions of clients and Special Education Pupils (SEP) referred by Probation and School Districts (Figure 4).

*Figure 1*

#### FAMILY PRESERVATION PROGRAM

##### Gender

Gender	Count	Percent
Male	511	52.6%
Female	460	47.4%
<b>TOTAL</b>	<b>971</b>	<b>100.0%</b>

*Figure 2*

#### FAMILY PRESERVATION PROGRAM

##### Age (Group)

Age	Count	Percent
0-5	47	4.8%
6-11	373	38.4%
12-17	499	51.4%
18-20	52	5.4%
<b>TOTAL</b>	<b>971</b>	<b>100.0%</b>



Figure 3

FAMILY PRESERVATION PROGRAM Ethnicity		
Ethnicity	Count	Percent
Caucasian	95	9.8%
African American	300	30.9%
Hispanic	505	52.0%
American Native	4	0.4%
Asian/ Pacific Islander	12	1.2%
Other	7	0.7%
Unknown	48	4.9%
<b>TOTAL</b>	<b>971</b>	<b>100.0%</b>

Figure 4

FAMILY PRESERVATION PROGRAM Responsible Agency		
Agency	Count	Percent
DCFS	300	30.9%
Probation	53	5.5%
DCFS and School Dist	16	1.6%
Probation and School District	1	0.1%
School District (SEP Eligible)	36	3.7%
School District (Non-SEP Eligible)	23	2.4%
No Data	542	55.8%
<b>TOTAL</b>	<b>971</b>	<b>100.0%</b>

The diagnoses for FP child and adolescent clients are presented in Figures 5 and 6. Their most frequent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD and Major Depression. A primary or secondary diagnosis of Child Abuse and Neglect was given to 66 clients (6.8%). Figure 7 indicates that 46 clients were identified as substance users. Marijuana was the most frequently reported substance, followed by alcohol and polysubstance use.

Figure 5

FAMILY PRESERVATION PROGRAM Primary DSM Diagnosis		
Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	2	0.2%
Disorders Due to Medical Condition	3	0.3%
Schizophrenia/Psychosis	5	0.5%
Bipolar Disorders	30	3.1%
Major Depression	214	22.0%
Anxiety Disorders	175	18.0%
Other Diagnoses	262	27.0%
Adjustment/Conduct Disorder/ADHD	254	26.2%
Child Abuse and Neglect	17	1.8%
No Diagnosis or Diagnosis Deferred	9	0.9%
<b>TOTAL</b>	<b>971</b>	<b>100.0%</b>

Figure 6

FAMILY PRESERVATION PROGRAM Secondary DSM Diagnosis		
Secondary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	16	1.6%
Disorders Due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	1	0.1%
Bipolar Disorders	6	0.6%
Major Depression	41	4.2%
Anxiety Disorders	36	3.7%
Other Diagnoses	67	6.9%
Adjustment/Conduct Disorder/ADHD	74	7.6%
Child Abuse and Neglect	49	5.0%
No Diagnosis or Diagnosis Deferred	680	70.0%
<b>TOTAL</b>	<b>971</b>	<b>100.0%</b>



Figure 7

### FAMILY PRESERVATION PROGRAM Admit Substance Abuse

Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	11	1.1%
Amphetamines (30XAM, 30UAM)	3	0.3%
Marijuana (30XMJ, 30UMJ)	20	2.1%
Cocaine (30XCO, 30UCO)	1	0.1%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	1	0.1%
Polysubstance Abuse (30XPS, 30UPS)	10	1.0%
No Substance Abuse (30XNO, 30UNO)	638	65.7%
Undetermined	287	29.6%
<b>TOTAL</b>	<b>971</b>	<b>100.0%</b>

#### Rate Certification Level (RCL) 14 Group Homes

DMH funds day treatment for severely emotionally disturbed children placed in RCL 14 Group Homes by DCFS, Probation and Mental Health. Criteria for placement at the RCL 14 level of care include substantial functional impairment resulting from a mental disorder; past or anticipated persistent symptomatology or out of home placement; severe behavioral/treatment history including psychotropic medication or substance abuse, DSM Axis I diagnosis during the past year; plus a Suitable Placement Order or an Individualized Education Plan (IEP). DCFS contracts with and funds the group homes. DMH certifies that the RCL 14 group homes and the children placed there meet the State-defined RCL 14 mental health criteria. There are 148 RCL 14 beds, 125 of which are designated for males and 23 for females. The following service providers offer RCL 14 facilities: Aviva Diagnostic Center, Harbor

View Group Home, Olive Crest, Pennacle Foundation, RTI. and The Sycamores. DMH provided services to 226 minors in RCL 14 group homes during FY 02-03. In FY 02-03, 36 males and 13 females were certified at RCL 14. The sources of referral for these new RCL 14 certifications were: 60% from DCFS, 21% from DMH, and 19% from Probation. The purpose of these treatment programs is to provide stability for children in a group home setting in order to nurture their growth and development and to allow them to succeed in an educational setting.

#### Community Treatment Facility (CTF)

The CTF is a relatively new State licensing category for residential placement of minors developed during the past two years. It is a higher level than RCL 14 and was created as an alternative to the State Hospital. There are two CTFs with a total of 64 beds. Star View offers 20 male designated CTF beds and 20 beds for females. Vista del Mar has 24 CTF beds for males. The criteria for placement at the CTF level of care include all of the criteria for RCL 14 placement plus an inability to be served in a less restrictive setting, as evidenced by: unsuccessful placements in open settings, denials of admission from RCL 14 Group Homes; high-risk aggressive, self-destructive or substance use behaviors; as well as the motivation to benefit from treatment in a more restrictive treatment setting. DMH provided services to 113 CTF clients during FY 02-03. Of these, 52 males and 26 females were newly certified. The sources of referral for new CTF certifications were: 51% from DCFS, 37% from Probation, and 12% from DMH.

#### Reunification of Missing Children Project

Two of the Department's contracted mental health providers, Didi Hirsch Community Mental Health Center (CMHC) and The Los Angeles Center for Therapy and Education (The H.E.L.P. Group), provide crisis-oriented consultation,



assessment and treatment immediately following the recovery of a child who has been abducted, often by a non-custodial parent. The program's goal is to assist in the process of reunification with the left-behind parent(s), to help determine appropriate placement, and to address any related trauma. At Didi Hirsch, The Child Alert Program, (part of the Reunification of Missing Children Task Force), offers specialized mental health services for children and families affected by physical, sexual or emotional abuse or neglect. The latter program seeks to prevent further abuse through family support and community education. The Reunification of Missing Children programs are part of the Reunification of Missing Children Task Force group that is chaired by Find the Children and the Inter-Agency Council on Child Abuse and Neglect (ICAN). Task force members include LAPD, LASD, DCFS, County Counsel, FBI, US Secret Service, Mexican Consulate, and the District Attorney's Office.

Community outreach is used by the Family Reunification program to provide services to families with reunification issues. Outreach clients in need of mental health treatment and their families are provided with information about mental health resources near their residence. Families referred to the Family Reunification program receive family therapy, child therapy or group therapy and combinations of these interventions, as well as parenting classes. Outreach families who are not referred for mental health treatment do not present an Axis I diagnosis nor meet the medical necessity criteria for admission into DMH. They do, nonetheless, receive interventions such as social skills training and parenting classes.

During FY 02-03, 25 clients were served by the Family Reunification programs of Didi Hirsch CMHC and The H.E.L.P. Group. Of the 20 clients served at Didi Hirsch, thirteen were community outreach clients and seven were clinic clients. An additional five clinic clients were served by The H.E.L.P. Group. Figures 8-14 present relevant

characteristics for those program clients who were served in these two clinic settings. The community outreach clients served by the Family Reunification Program are not tracked in the DMH Management Information System and are, therefore, not included in Figures 8-14.

Figures 8, 9, 10 and 11 show the gender, age, race/ethnicity, and agency of primary responsibility of the 12 Family Reunification clinic clients. DCFS provided the largest number of identified referrals.

*Figure 8*

**FAMILY REUNIFICATION PROGRAM**  
**Gender**

Gender	Count	Percent
Male	4	33.3%
Female	8	66.7%
<b>TOTAL</b>	<b>12</b>	<b>100.0%</b>

*Figure 9*

**FAMILY REUNIFICATION PROGRAM**  
**Age (Group)**

Age (Group)	Count	Percent
0-5	3	25.0%
6-11	7	58.3%
12-17	2	16.7%
18-20	0	0.0%
<b>TOTAL</b>	<b>12</b>	<b>100.0%</b>



Figure 10

FAMILY REUNIFICATION PROGRAM		
Ethnicity		
Ethnicity	Count	Percent
Caucasian	5	41.7%
African American	2	16.7%
Hispanic	3	25.0%
American Native	0	0.0%
Asian/ Pacific Islander	0	0.0%
Other	0	0.0%
Unknown	2	16.7%
<b>TOTAL</b>	<b>12</b>	<b>100.0%</b>

Figure 11

FAMILY REUNIFICATION PROGRAM		
Responsible Agency		
Agency	Count	Percent
DCFS	1	8.3%
Probation	0	0.0%
DCFS and School Dist	0	0.0%
Probation and School District	0	0.0%
School District (SEP Eligible)	0	0.0%
School District (Non-SEP Eligible)	0	0.0%
No Data	11	91.7%
<b>TOTAL</b>	<b>12</b>	<b>100.0%</b>

Diagnostic information is presented in Figures 12 and 13. Anxiety Disorders were the most common primary admission diagnoses for Family Reunification clients. Three clients received a secondary admission diagnosis of child abuse and neglect. Figure 14 documents the apparent absence of substance use in this population.

Figure 12

FAMILY REUNIFICATION PROGRAM		
Primary DSM Diagnosis		
Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	0	0.0%
Major Depression	0	0.0%
Anxiety Disorders	11	91.7%
Other Diagnoses	0	0.0%
Adjustment/Conduct Disorder/ADHD	1	8.3%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	0	0.0%
<b>TOTAL</b>	<b>12</b>	<b>100.0%</b>

Figure 13

FAMILY REUNIFICATION PROGRAM		
Secondary DSM Diagnosis		
Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	0	0.0%
Major Depression	0	0.0%
Anxiety Disorders	1	8.3%
Other Diagnoses	0	0.0%
Adjustment/Conduct Disorder/ADHD	1	8.3%
Child Abuse and Neglect	3	25.0%
No Diagnosis or Diagnosis Deferred	7	58.3%
<b>TOTAL</b>	<b>12</b>	<b>100.0%</b>



Figure 14

### FAMILY REUNIFICATION PROGRAM

#### Admit Substance Abuse

Substance	Count	Percent
Alcohol (30UAL, 30XAL)	0	0.0%
Amphetamines (30XAM, 30UAM)	0	0.0%
Marijuana (30XMJ, 30UMJ)	0	0.0%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	0	0.0%
No Substance Abuse (30XNO, 30UNO)	12	100.0%
<b>TOTAL</b>	<b>12</b>	<b>100.0%</b>

#### Child Abuse Prevention, Intervention and Treatment (CAPIT) Program (AB 1733/2994)

Since 1984, the CAPIT Program has been providing early intervention/prevention services to victims of child abuse and/or neglect, their families, and those who are at high risk for abuse and/or neglect. The population that it serves includes both children who still reside with their parents/caregivers, as well as those who have been removed from their home. The CAPIT program derives from two legislative initiatives: Assembly Bill (AB) 1733 and AB 2994 (Statutes of 1982). The program is codified in the California Welfare and Institutions Code Section 18960.

AB 2994 establishes a County Children's Trust Fund for the purpose of funding child abuse and neglect prevention, intervention and treatment programs operated by private, non-profit organizations, which requires that \$4.00 of any \$7.00 fee for a certified copy of a birth certificate be

used for prevention services. Most recent legislation (SB 750) enables counties to add \$3.00 to this surcharge.

AB 1733 authorizes state funding for child abuse prevention and intervention services offered by public and private nonprofit agencies. AB 1733 requires a multidisciplinary council to provide recommendations to the Board of Supervisors on funding priorities and processes.

In Los Angeles County, the designated council is the Inter-Agency Council on Child Abuse and Neglect (ICAN). To develop funding guidelines, ICAN convened an ad hoc AB 1733/AB 2994 Planning Committee with representatives from DCFS, DMH, DPSS, DHS, Dependency Court Legal Services and Probation to conduct a needs assessment for each funding cycle. The committee evaluates information gathered by the needs assessment survey to determine high need geographic areas for developing the funding guidelines and priorities. On October 16, 2001, the Board of Supervisors approved ICAN's funding guidelines and recommendations. DCFS monitors the agencies providing CAPIT services and their contracts. ICAN acts as the liaison to the Board of Supervisors to reach decisions on distributing funds among the programs. ICAN also acts as an information resource for agencies during the contract period.

CAPIT seeks to identify and provide services to isolated families, particularly those with children five years and younger. These services are delivered to children who are victims of crime or abuse and to at-risk children. The target population also consists of families with substance abuse problems, infants and preschool age children at risk of abuse, children exposed to domestic violence, children with serious emotional problems who are not eligible for Medi-Cal, and pregnant and parenting adolescents and their children.

The CAPIT program provides high-quality in-home services, including counseling and crisis response, as well as individual/family/group counseling in the clinic, case management services,



parenting education, support groups and 24-hour telephone availability for its clients. Since the children served are often suffering from unresolved loss, play therapy and family therapy are used to address attachment problems. Parent-Child Interaction Therapy (PCIT) is a structured behavioral technique used to enhance attachment while assisting the caregiver in managing their children. Therapies that facilitate communication about memories linked to traumatic events are used to alleviate Post-traumatic Stress Disorder (PTSD) symptoms often characteristic of abused clients. Group therapy is particularly helpful in addressing shame, guilt, and stigma experienced by abused children and is often helpful in reducing delinquent or sexually reactive behaviors in these children.

CAPIT services are provided on a short-term basis with the goal, where possible, of encouraging family maintenance and preventing the need for out-of-home placement. Additionally, services are targeted to facilitate early family reunification, when appropriate, after out-of-home placement has occurred. Another goal of the CAPIT Program is the prevention of child abuse at the earliest possible stage by improving the family's ability to cope with daily stressors through education and support. The program objective is to increase child abuse services to existing non-Medi-Cal-eligible child abuse clients, and to maximize revenue for child abuse services through Federal Title XIX Medi-Cal funds. Therefore, DCFS has allocated funding to DMH to draw down Medi-Cal funds, thus expanding the availability of these specific services to county residents.

During FY 02-03, there were seven CAPIT providers specializing in treating child victims of abuse or neglect who have converted their DCFS contracts to DMH contracts. This enables these providers to expand their child abuse intervention/prevention services by a minimum of 25%. These are non-profit agencies with demonstrated effectiveness in providing child abuse prevention and intervention services. The agencies were: Pacific Clinics, Children's Bureau, Child and

Family Guidance, St. John's, Didi Hirsch, Community Family Guidance, and Santa Clarita Child and Family Development Center. The majority of families served by CAPIT are referred by CSW's from DCFS. Other families are referred by community organizations or are self-referred.

The CAPIT providers treated 1,439 children in FY 02-03. Figures 15, 16 and 17 present gender, age and ethnicity for the CAPIT participants. Figure 18 shows that the largest number of clients with an identified Agency of Primary Responsibility (APR) were referred by DCFS.

*Figure 15*

**CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM**

**Gender**

Gender	Count	Percent
Male	777	54.0%
Female	662	46.0%
<b>TOTAL</b>	<b>1,439</b>	<b>100.0%</b>

*Figure 16*

**CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM**

**Age (Group)**

Age (Group)	Count	Percent
0-5	81	5.6%
6-11	700	48.6%
12-17	595	41.3%
18-20	63	4.4%
<b>TOTAL</b>	<b>1,439</b>	<b>100.0%</b>



Figure 17

**CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM**

**Ethnicity**

Ethnicity	Count	Percent
Caucasian	216	15.0%
African American	194	13.5%
Hispanic	647	45.0%
American Native	3	0.2%
Asian/ Pacific Islander	232	16.1%
Other	9	0.6%
Unknown	138	9.6%
<b>TOTAL</b>	<b>1,439</b>	<b>100.0%</b>

Figure 18

**CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM**

**Responsible Agency**

Agency	Count	Percent
DCFS	322	22.4%
Probation	20	1.4%
DCFS and School Dist	14	1.0%
Probation and School District	0	0.0%
School District (SEP Eligible)	46	3.2%
School District (Non-SEP Eligible)	20	1.4%
No Data	1,017	70.7%
<b>TOTAL</b>	<b>1,439</b>	<b>100.0%</b>

Diagnostic information is displayed in Figures 19 and 20. The most prevalent primary admission diagnoses for CAPIT were Adjustment/Conduct Disorder/ADHD, Anxiety Disorders, and Major Depression. Also, 148 clients received a primary admission DSM IV diagnosis of Child Abuse and Neglect, and 211 clients received this as their secondary admission diagnosis. Figure 21 shows that about half of the reported substance-using clients were involved with marijuana.

Figure 19

**CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM**

**Primary DSM Diagnosis**

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	3	0.2%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	3	0.2%
Bipolar Disorders	19	1.3%
Major Depression	372	25.9%
Anxiety Disorders	357	24.8%
Other Diagnoses	59	4.1%
Adjustment/Conduct Disorder/ADHD	452	31.4%
Child Abuse and Neglect	148	10.3%
No Diagnosis or Diagnosis Deferred	26	1.8%
<b>TOTAL</b>	<b>1,439</b>	<b>100.0%</b>



Figure 20

**CHILD ABUSE EARLY  
INTERVENTION/PREVENTION PROGRAM**  
Secondary DSM Diagnosis

Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	3	0.2%
Disorders Due to Medical Condition	3	0.2%
Schizophrenia/Psychosis	2	0.1%
Bipolar Disorders	7	0.5%
Major Depression	108	7.5%
Anxiety Disorders	145	10.1%
Other Diagnoses	132	9.2%
Adjustment/Conduct Disorder/ADHD	137	9.5%
Child Abuse and Neglect	211	14.7%
No Diagnosis or Diagnosis Deferred	691	48.0%
<b>TOTAL</b>	<b>1,439</b>	<b>100.0%</b>

### D-Rate Foster Families

DCFS "Schedule D" Foster Care provides family environments for children with serious psychological dysfunction who are at high risk of requiring more restrictive and higher-cost placements. D-Rate foster parents receive specialized training for parenting a psychologically dysfunctional child and their home must satisfy D-Rate certification requirements. The D-Rate foster parents receive supplemental compensation because of the additional responsibilities involved in caring for emotionally disturbed children. The D-Rate Assessment Program is a collaborative effort between DCFS and DMH. DMH supervises clinical assessors who evaluate D-Rate children in foster homes at admission and annually. These assessments help to determine the appropriateness of the placement of these children in D-Rate-approved foster homes.

Figure 21

**CHILD ABUSE EARLY  
INTERVENTION/PREVENTION PROGRAM**  
Admit Substance Abuse

Substance	Count	Percent
Alcohol (30UAL, 30XAL)	2	0.1%
Amphetamines (30XAM, 30UAM)	3	0.2%
Marijuana (30XMJ, 30UMJ)	12	0.8%
Cocaine (30XCO, 30UCO)	1	0.1%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	7	0.5%
No Substance Abuse (30XNO, 30UNO)	1,342	93.3%
Undetermined	72	5.0%
<b>TOTAL</b>	<b>1,439</b>	<b>100.0%</b>

When a child is placed in a D-Rate foster home, a DCFS caseworker evaluates the child and then refers the foster family to the D-Rate Assessment Unit of DMH. Approximately 60-100 D-Rate families are evaluated in this manner each month. A DMH clinical Assessor is then assigned to the D-Rate foster family and carries out an in-depth assessment of the placed child and interviews the foster family. The Assessor completes and summarizes the evaluation within a three-week period and submits it to the DMH Unit. Within a month, the Unit suggests mental health treatment referral options to the foster parent for the D-Rate foster child. If, after completing the assessment, the Assessor has questions about the appropriateness of the placement, the matter is referred to a DCFS/DMH Review Committee. DCFS makes the final determination of the suitability of D-Rate placements.



During FY 02-03, 996 D-Rate assessments were carried out by DMH contract Assessors for new D-Rate placements and annually for ongoing D-Rate foster children. Approximately 60% of the D-Rate children were receiving mental health services even before their D-Rate assessment. Another 20% were referred to DMH for treatment as a result of their initial or annual D-Rate assessment. After each assessment is completed, services may be recommended by the D-Rate assessor. These suggestions were then evaluated by a Reviewer who then recommends services as needed. Additional services were also frequently recommended for D-Rate children who were already receiving mental health care.

Figure 22

D-RATE ASSESSMENT UNIT		
Gender		
Gender	Count	Percent
Male	585	58.7%
Female	411	41.3%
<b>TOTAL</b>	<b>996</b>	<b>100.0%</b>

Figure 23

D-RATE ASSESSMENT UNIT		
Age (Group)		
Age (Group)	Count	Percent
0-5	52	5.2%
6-11	476	47.8%
12-17	443	44.5%
18-20	25	2.5%
<b>TOTAL</b>	<b>996</b>	<b>100.0%</b>

DMH also provides the Family Community Treatment Program (FCTP), that supplies a list of service-area-specific service provider referrals to the foster parents of more severely emotionally disturbed D-Rate children, who meet FCTP referral criteria and for whom sufficient services are not immediately available.

Figures 22, 23 and 24 present gender, age and ethnicity for D-Rate children assessed by DMH. Figure 25 indicates that most were referred by DCFS.

Figure 24

D-RATE ASSESSMENT UNIT		
Ethnicity		
Ethnicity	Count	Percent
Caucasian	102	10.2%
African American	639	64.2%
Hispanic	233	23.4%
American Native	2	0.2%
Asian/ Pacific Islander	11	1.1%
Other	3	0.3%
Unknown	6	0.6%
<b>TOTAL</b>	<b>996</b>	<b>100.0%</b>

Figure 25

D-RATE ASSESSMENT UNIT		
Responsible Agency		
Responsible Agency	Count	Percent
DCFS	865	86.8%
Probation	18	1.8%
DCFS and School Dist	9	0.9%
Probation and School District	1	0.1%
School District (SEP Eligible)	4	0.4%
School District (Non-SEP Eligible)	6	0.6%
No Data	93	9.3%
<b>TOTAL</b>	<b>996</b>	<b>100.0%</b>



Diagnoses for the assessed D-Rate clients are contained in Figures 26 and 27. Adjustment/Conduct Disorder/ADHD, Major Depression, and Anxiety Disorders were the most common admission diagnoses for these D-Rate foster children. There were 27 D-Rate children who received a primary or secondary diagnosis of Child Abuse and Neglect. Thirty-five of the D-Rate foster children exhibited a substance use issue at admission (Figure 28). Marijuana was the most frequently reported substance used.

Figure 26

D-RATE ASSESSMENT UNIT Primary DSM Diagnosis		
Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	1	0.1%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	16	1.6%
Bipolar Disorders	19	1.9%
Major Depression	205	20.6%
Anxiety Disorders	88	8.8%
Other Diagnoses	34	3.4%
Adjustment/Conduct Disorder/ADHD	589	59.1%
Child Abuse and Neglect	2	0.2%
No Diagnosis or Diagnosis Deferred	42	4.2%
<b>TOTAL</b>	<b>996</b>	<b>100.0%</b>

Figure 27

D-RATE ASSESSMENT UNIT Secondary DSM Diagnosis		
Diagnosis	Count	Percent
Drug induced Disorders or Dependence	6	0.6%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	11	1.1%
Bipolar Disorders	8	0.8%
Major Depression	82	8.2%
Anxiety Disorders	38	3.8%
Other Diagnoses	105	10.5%
Adjustment/Conduct Disorder/ADHD	252	25.3%
Child Abuse and Neglect	25	2.5%
No Diagnosis or Diagnosis Deferred	469	47.1%
<b>TOTAL</b>	<b>996</b>	<b>100.0%</b>

Figure 28

D-RATE ASSESSMENT UNIT Admit Substance Abuse		
Substance	Count	Percent
Alcohol (30UAL, 30XAL)	5	0.5%
Amphetamines (30XAM, 30UAM)	1	0.1%
Marijuana (30XMJ, 30UMJ)	19	1.9%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	10	1.0%
No Substance Abuse (30XNO, 30UNO)	852	85.5%
Undetermined	109	10.9%
<b>TOTAL</b>	<b>996</b>	<b>100.0%</b>



## **START TAKING ACTION RESPONSIBLY TODAY (START) PROGRAM**

The START Program was implemented in March 1998 as a result of recommendations from the Children's Commission 300/600 Task Force convened by the Los Angeles County Board of Supervisors to address the growing concern regarding dependent youth who exhibit pre-delinquent and/or delinquent behaviors. The START Program is staffed by professionals from DCFS, DMH, Probation, LACOE and LAUSD. DCFS is the lead agency, though START is managed as an interagency coalition. The Program also collaborates with community groups and service providers, child advocates, and other agencies such as the District Attorney (D.A.), Dependency and Delinquency Courts, and local law enforcement.

The START Program is a service delivery model and partnership approach for providing intense and specialized assessment and case management services to prevent dependent youth from entering the juvenile justice system and/or reduce further escalation of delinquent behavior. The vision of the Program is to identify and address the unique needs of dependent/delinquent youth through a multi-disciplinary, multi-agency team and a supportive community environment that will guide and empower these youth to reach their potential and become productive adults.

There are three START units, one in Pasadena (START-East), the second in Los Angeles (START-West/Metro North), and the third in Torrance (START-South). These sites are open to any Los Angeles County youth at risk of entry into the criminal justice system. START primarily serves youth who are Dependents of the Court (WIC 300) but also serves children under the supervision of the probation system (WIC 600), as well as children supervised by both systems (WIC 300/600). The program provides a multidisciplinary assessment by Unit staff, followed by intensive case management to implement a case plan. Most

referrals come from DCFS Social Workers. Other referrals originate from clients' lawyers or may be Court-ordered referrals. Clients referred to START were either on informal probation or had been on probation in the past, and were experiencing increases in behavior problems and/or delinquency. Although not the specific referral criteria, school and psychological problems were usually concurrent issues.

During FY 02-03, START-East staff consisted of 6 DCFS CSWs, 3 Clinical Psychologists, 2 educational liaisons and a Probation Officer. START-West/Metro North staff included 5 DCFS CSWs, 2 Clinical Psychologists, an educational liaison, and a Probation Officer. Start-South had 1 Senior Community Mental Health Psychologist, 2 Clinical Psychologists, an educational liaison, a Supervising Children's Social Worker, 5 DCFS CSWs, and a Probation Officer. The psychologists provide case management, consultation, assessment, and some direct therapy. The educational liaisons visit the schools, guide the choice of school/program, obtain attendance records, and grade reports; ensure that IEPs are established when children require special education services, request tutoring and assist in designing behavioral plans and after-school activities. For children who were on informal probation, the Probation Officer monitors compliance with conditions of probation, and maintains contact with the Probation Officer of record and assists the START team during crises when the minor is arrested, detained in Juvenile Hall, or experiences increased behavioral/delinquency problems. The START referral form outlines criteria for admission to the program and the documentation that must accompany the referral – court reports, status reports, psychological evaluations, etc. After the initial assessment and development of the case plan, the START Unit staff provides ongoing consultation and services and direct follow-up with the youth as needed to prevent movement into the juvenile justice system. Psychological services for



START clients are provided in collaboration with DMH.

During FY 02-03, the START program served 262 clients. Figures 29, 30, 31, and 32 reflect their gender, age, race/ethnicity and Agency of Primary Responsibility. DCFS was the main referring agency for this program, followed by Probation.

Figure 29

START PROGRAM Gender		
Age (Group)	Count	Percent
Male	178	67.9%
Female	84	32.1%
<b>TOTAL</b>	<b>262</b>	<b>100.0%</b>

Figure 30

START PROGRAM Age (Group)		
Age (Group)	Count	Percent
0-5	0	0.0%
6-11	2	0.8%
12-17	220	84.0%
18-20	40	15.3%
<b>TOTAL</b>	<b>262</b>	<b>100.0%</b>

Figure 31

START PROGRAM Ethnicity		
Ethnicity	Count	Percent
Caucasian	13	5.0%
African American	147	56.1%
Hispanic	70	26.7%
American Native	1	0.4%
Asian/ Pacific Islander	2	0.8%
Other	1	0.4%
Unknown	28	10.7%
<b>TOTAL</b>	<b>262</b>	<b>100.0%</b>

Figure 32

START PROGRAM Responsible Agency		
Responsible Agency	Count	Percent
DCFS	136	51.9%
Probation	59	22.5%
DCFS and School Dist	37	14.1%
Probation and School District	0	0.0%
School District (SEP Eligible)	2	0.8%
School District (Non-SEP Eligible)	1	0.4%
No Data	27	10.3%
<b>TOTAL</b>	<b>262</b>	<b>100.0%</b>

Figure 33

START PROGRAM Primary DSM Diagnosis		
Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	1	0.4%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	3	1.1%
Bipolar Disorders	10	3.8%
Major Depression	60	22.9%
Anxiety Disorders	15	5.7%
Other Diagnoses	13	5.0%
Adjustment/Conduct Disorder/ADHD	140	53.4%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	20	7.6%
<b>TOTAL</b>	<b>262</b>	<b>100.0%</b>

The psychiatric diagnoses for the START clients are displayed in Figures 33 and 34. The most prevalent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD, Major



Depression and Anxiety Disorders. A secondary diagnosis of Child Abuse and Neglect characterized 7 clients.

Substance use was reported for 30% of the START clients (Figure 35). Marijuana use was identified for two thirds of the substance using clients.

Figure 33

START PROGRAM Primary DSM Diagnosis		
Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	1	0.4%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	3	1.1%
Bipolar Disorders	10	3.8%
Major Depression	60	22.9%
Anxiety Disorders	15	5.7%
Other Diagnoses	13	5.0%
Adjustment/Conduct Disorder/ADHD	140	53.4%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	20	7.6%
<b>TOTAL</b>	<b>262</b>	<b>100.0%</b>

Figure 34

START PROGRAM Secondary DSM Diagnosis		
Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	18	6.9%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	1	0.4%
Bipolar Disorders	2	0.8%
Major Depression	15	5.7%
Anxiety Disorders	5	1.9%
Other Diagnoses	9	3.4%

Adjustment/Conduct Disorder/ADHD	31	11.8%
Child Abuse and Neglect	7	2.7%
No Diagnosis or Diagnosis Deferred	174	66.4%
<b>TOTAL</b>	<b>262</b>	<b>100.0%</b>

Figure 35

START PROGRAM Admit Substance Abuse		
Admit Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	6	2.3%
Amphetamines (30XAM, 30UAM)	1	0.4%
Marijuana (30XMJ, 30UMJ)	52	19.8%
Cocaine (30XCO, 30UCO)	2	0.8%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	17	6.5%
No Substance Abuse (30XNO, 30UNO)	136	51.9%
Undetermined	48	18.3%
<b>TOTAL</b>	<b>262</b>	<b>100.0%</b>

### Juvenile Court Mental Health Services (JCMHS)

JCMHS expanded during FY 02-03, adding two psychologists to the team who are assigned to the new Juvenile Mental Health Court. Opened in October 2001, this specialized court, located in Department 206 in the Eastlake Juvenile Court, has a calendar of juvenile delinquency cases in which mental health issues are a significant factor. Cases are referred from other courts in the system, and are handled in a vertical fashion, with a special team comprised of mental health, education, defense



counsel, and probation specialists. The court is led by Judge Klein. The psychologists provide enhanced assessment and case management for each of the juveniles, and arrange follow-up services for them in the community. The functions of the nursing staff are to follow up on cases in which psychotropic medication authorization has been denied because of questions raised in the client review, as well as to perform medication evaluations.

An area of special focus for JCMHS continues to be the disposition of delinquency cases for children who are charged with an offense while under the supervision of DCFS and the Dependency Court. Under WIC 241.1 and the applicable Juvenile Court protocol, a joint report is prepared for the court by DCFS and Probation, with help from JCMHS in those cases where there is a significant mental health history. In FY 02-03, JCMHS screened about 100 WIC 241.1 referrals per month and wrote reports on approximately 40 per month. Funding for this service is through EPSDT. JCMHS continues to provide mental health liaison services to all of the juvenile courts, responding to requests and referrals from the bench officers, attorneys and child advocates on a broad range of topics related to public mental health services for children and families.

### **Mental Health Review of Psychotropic Medication for Court Wards and Dependents**

JCMHS continues to monitor the authorizations for the administration of psychotropic medication to children under court jurisdiction. JCMHS reviews all requests for such authorization in order to facilitate and optimize communication of relevant clinical information between physicians and judges. During FY 02-03, approximately 14,000 requests for authorization were reviewed. Of these, about 70% were received from DCFS for dependent children and 30% for delinquents under the jurisdiction of Juvenile Court. More than 90% percent of these requests were

approved. JCMHS continues to participate in the court-sponsored Psychotropic Medication Committee and is involved in the ongoing effort to update and improve the authorization form and protocol. JCMHS also regularly participates in the training and orientation of newly appointed bench officers, with a special emphasis on the psychotropic medication area.

### **Clinical Forensic Psychiatry Training**

JCMHS continues its program of clinical forensic psychiatry training for second-year UCLA child psychiatry fellows. Each of the fellows spend two months with the program during which time they complete at least one formal psychiatric evaluation and report, as well as other activities which familiarize them with Juvenile Court operations and public sector child psychiatry.

## **JUVENILE JUSTICE MENTAL HEALTH SERVICES (JCMHS)**

### **Juvenile Hall Mental Health Units:**

Each year, approximately 18,000 children and adolescents enter the Los Angeles County juvenile justice system through the county's three juvenile halls. Many of these youth exhibit a variety of mental health and substance abuse problems that require treatment. A study conducted jointly by DMH and the UCLA Health Services Research Program in 2000 found that over 40% of the newly admitted youth in the county's juvenile halls were in need of mental health services.

Children in need of treatment in the juvenile halls are admitted to an in-house program designed and implemented by an interagency collaboration of DMH, Probation, DHS and LACOE. The Mental Health Unit (MHU) at each of the three juvenile halls (Barry J. Nidorf, Central and Los Padrinos) is similar in its setting, approach to screening and treatment, and in the structure of its professional staff. Each MHU provides screening and assessment, crisis evaluation and intervention,



psychiatric evaluation and treatment, short-term psychotherapy, and specialty services for transitional age youth, gay/lesbian youth, developmentally disabled youth and youth requiring assistance with independent living skills.

The mental health staff of each juvenile hall consists of Psychiatrists, Senior Community Mental Health Psychologists, Clinical Psychologists, Supervising PSWs, PSWs, MHCRN's, Medical Case Workers, Recreation Therapists, Mental Health Coordinators, Community Workers and LPTs. There are collectively 80-90 mental health staff in the MHUs. There are also 12 community-based contract agencies providing care at satellite clinics the halls and assisting in linking the youth to services in the community.

In order to identify youth in need of mental health services who are entering the county juvenile halls, DMH staff screen all newly admitted children and adolescents. The Massachusetts Youth Screening Inventory (MAYSI-2), developed specifically for this population, was used to conduct the screening. Those minors screening above pre-selected cut-off points on this instrument receive a structured interview, the DMH Short-Form Assessment, to determine their need for further assessment and service. Youth who are not identified by the MAYSI-2 as needing mental health intervention may nonetheless be evaluated further and/or be referred for treatment based on the clinical judgement of the mental health professional. Further assessment using more in-depth clinical interviewing, psychological testing, consultation, and review of available records are provided to those youth with more complex or enduring problems to assist in planning treatment.

JJMHS uses the Brief Symptom Inventory (BSI) to track changes in clients' subjective distress over time in order to measure stabilization of a youth's mental health symptoms. This assessment is re-administered at a three-week interval for youth who continue to be detained. During FY 02-03, 56% of youth showed a decrease in emotional

distress on the BSI, after receiving services from a MHU.

**Attributes of Clients of the Juvenile Hall Mental Health Units**

The average length of stay for youth in the juvenile hall MHUs is 21 days. Length of stay has a bimodal distribution, with many youth staying less than a week and others with more serious problems staying longer. Client's ages range from 8 to 19. The average age is 16.

In FY 02-03, mental health treatment was provided to 645 Barry Nidorf Juvenile Hall clients, 1,798 Los Padrinos Juvenile Hall clients, and 1,041 Central Juvenile Hall clients.

For the three juvenile halls combined, there were 12,671 unduplicated MHU clients who received mental health screening, assessment or treatment during FY 02-03. Figures 36, 37 and 38 summarize their gender, age and ethnicity. The large majority of the clients were Probation referrals, with smaller proportions referred by DCFS and Education (Figure 39).

*Figure 36*

**JUVENILE HALL CLUSTER  
(Barry Nidorf, Central, Los Padrinos)**

**Gender**

Gender	Count	Percent
Male	10,410	82.2%
Female	2,261	17.8%
<b>TOTAL</b>	<b>12,671</b>	<b>100.0%</b>



Figure 37

**JUVENILE HALL CLUSTER**  
(Barry Nidorf, Central, Los Padrinos)  
Age (Group)

Age (Group)	Count	Percent
0-5	0	0.0%
6-11	53	0.4%
12-17	9,888	78.0%
18-20	2,730	21.5%
<b>TOTAL</b>	<b>12,671</b>	<b>100.0%</b>

Figure 38

**JUVENILE HALL CLUSTER**  
(Barry Nidorf, Central, Los Padrinos)  
Ethnicity

Ethnicity	Count	Percent
Caucasian	977	7.7%
African American	3,149	24.8%
Hispanic	4,911	38.8%
American Native	46	0.4%
Asian/ Pacific Islander	203	1.6%
Other	87	0.7%
Unknown	3,298	26.0%
<b>TOTAL</b>	<b>12,671</b>	<b>100.0%</b>

Figure 39

**JUVENILE HALL CLUSTER**  
(Barry Nidorf, Central, Los Padrinos)  
Responsible Agency

Responsible Agency	Count	Percent
DCFS	585	4.6%
Probation	10,540	83.2%
DCFS and School Dist	33	0.3%
Probation and School District	135	1.1%
School District (SEP Eligible)	158	1.2%
School District(Non-SEP Eligible)	40	0.3%
No Data	1,180	9.3%
<b>TOTAL</b>	<b>12,671</b>	<b>100.0%</b>

Figure 40 indicates that, for the Juvenile Hall cluster, the most prevalent primary diagnoses were Adjustment/Conduct Disorder/ADHD, Major Depression, and Anxiety Disorders, with smaller frequencies of Bipolar Disorders, Drug Induced Disorders or Dependence, and Schizophrenia/Psychosis. Combining primary and secondary admission diagnoses revealed that there were 61 clients diagnosed with Child Abuse and Neglect (Figure 41).

Substance use, was an issue for at least 16% of the clients served at the three Juvenile Hall MHUs (Figure 42). Marijuana and polysubstance use were most frequently reported, with smaller percentages reported using alcohol, amphetamines, cocaine, hallucinogens or sedatives/opioids.

Figure 40

**JUVENILE HALL CLUSTER**  
(Barry Nidorf, Central, Los Padrinos)  
Primary DSM Diagnosis

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	346	2.7%
Disorders Due to Medical Condition	8	0.1%
Schizophrenia/Psychosis	148	1.2%
Bipolar Disorders	443	3.5%
Major Depression	2,332	18.4%
Anxiety Disorders	1,342	10.6%
Other Diagnoses	1,603	12.7%
Adjustment/Conduct Disorder/ADHD	5,121	40.4%
Child Abuse and Neglect	22	0.2%
No Diagnosis or Diagnosis Deferred	1,306	10.3%
<b>TOTAL</b>	<b>12,671</b>	<b>100.0%</b>



Figure 41

**JUVENILE HALL CLUSTER  
(Barry Nidorf, Central, Los Padrinos)  
Secondary DSM Diagnosis**

Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	775	6.1%
Disorders Due to Medical Condition	1	0.0%
Schizophrenia/Psychosis	20	0.2%
Bipolar Disorders	42	0.3%
Major Depression	291	2.3%
Anxiety Disorders	155	1.2%
Other Diagnoses	194	1.5%
Adjustment/Conduct Disorder/ADHD	592	4.7%
Child Abuse and Neglect	39	0.3%
No Diagnosis or Diagnosis Deferred	10,562	83.4%
<b>TOTAL</b>	<b>12,671</b>	<b>100.0%</b>

### DOROTHY KIRBY CENTER

Dorothy Kirby Center (DKC) is a Probation residential treatment facility located in Los Angeles. Its Mental Health Unit consists of an intensive day treatment program within the boundaries of a secure residential placement facility directly operated by the Probation Department. The MHU functions under a MOU between DMH and Probation. It is staffed by a psychiatrist, two licensed psychologists, one LCSW and one recreational therapist.

Kirby's MHU is a secure (locked) residential treatment center serving 100 adolescents between the ages of 14-17. The MHU serves up to 60 boys and 40 girls and receives an average of 25-30 referrals a month. Its clients ages ranged from 12-17 years, with an average age of sixteen. All clients are wards of the Juvenile Court, having had criminal petitions brought against them and sustained, and most have extensive criminal arrest records. All have DSM IV diagnoses and

Figure 42

**JUVENILE HALL CLUSTER  
(Barry Nidorf, Central, Los Padrinos)  
Admit Substance Abuse**

Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	150	1.2%
Amphetamines (30XAM, 30UAM)	169	1.3%
Marijuana (30XMJ, 30UMJ)	1,188	9.4%
Cocaine (30XCO, 30UCO)	29	0.2%
Hallucinogens (30XHA, 30UHA)	12	0.1%
Inhalants (30XIN, 30UIN)	7	0.1%
Sedatives and Opioids (30UXSO, 30USO)	4	0.0%
Polysubstance Abuse (30XPS, 30UPS)	520	4.1%
No Substance Abuse (30XNO, 30UNO)	4,396	34.7%
Undetermined	6,196	48.9%
<b>TOTAL</b>	<b>12,671</b>	<b>100.0%</b>

functional impairment that qualify them for Medi-Cal reimbursement. At least 80% are deeply gang-involved and the overwhelming majority originate from severely dysfunctional homes. Approximately 45% have had prior involvement with DCFS.

During FY 02-03, the Kirby MHU served 321 adolescents. The average treatment duration was 8 months. The intensive day treatment program at DKC consists of a daily four and one-half hour program comprised of four portions:

1. A special focus group: Themes dealt with in this group range from anger management, substance abuse, sexual abuse survivors, self-esteem, self-soothing and self-expression, according to the particular needs of the clients.



2. Recreation therapy: This group is run by a certified recreation therapist and teaches teamwork, impulse control, skill acquisition methods, and goal-oriented behavior.
3. Process group: This group uses traditional group therapy techniques to deal with interpersonal and intrapsychic issues within the group context.
4. Social skills training: This group teaches basic social living skills and interpersonal communication skills.

In addition, clients receive weekly individual treatment and bi-weekly family treatment.

Figures 43, 44, and 45 present gender, age and ethnicity for the 321 FY 02-03 clients at the Kirby MHU. Most clients were Probation referrals, followed by referrals from DCFS and Education (Figure 46).

*Figure 43*

DOROTHY KIRBY CENTER		
Gender		
Gender	Count	Percent
Male	190	59.2%
Female	131	40.8%
<b>TOTAL</b>	<b>321</b>	<b>100.0%</b>

*Figure 44*

DOROTHY KIRBY CENTER		
Age (Group)		
Age (Group)	Count	Percent
0-5	0	0.0%
6-11	0	0.0%
12-17	243	75.7%
18-20	78	24.3%
<b>TOTAL</b>	<b>321</b>	<b>100.0%</b>

*Figure 45*

DOROTHY KIRBY CENTER		
Ethnicity		
Ethnicity	Count	Percent
Caucasian	41	12.8%
African American	121	37.7%
Hispanic	127	39.6%
American Native	1	0.3%
Asian/ Pacific Islander	3	0.9%
Other	0	0.0%
Unknown	28	8.7%
<b>TOTAL</b>	<b>321</b>	<b>100.0%</b>

*Figure 46*

DOROTHY KIRBY CENTER		
Responsible Agency		
Responsible Agency	Count	Percent
DCFS	25	7.8%
Probation	265	82.6%
DCFS and School Dist	0	0.0%
Probation and School District	3	0.9%
School District (SEP Eligible)	2	0.6%
School District (Non-SEP Eligible)	1	0.3%
No Data	25	7.8%
<b>TOTAL</b>	<b>321</b>	<b>100.0%</b>

Figure 47 shows that the most common primary admission diagnoses at the Kirby MHU were Major Depression, Adjustment/Conduct Disorder/ADHD, Anxiety Disorders and Bipolar Disorders, and a smaller proportion with Schizophrenia/Psychosis. One client received a secondary admission diagnosis of Child Abuse and Neglect (Figure 48).

Substance use was an issue for nearly half of the Kirby mental health clients, with marijuana reported most frequently, followed by amphetamines, polysubstances, alcohol, and hallucinogens (Figure 49).



Figure 47

**DOROTHY KIRBY CENTER****Primary DSM Diagnosis**

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	5	1.6%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	8	2.5%
Bipolar Disorders	33	10.3%
Major Depression	133	41.4%
Anxiety Disorders	36	11.2%
Other Diagnoses	7	2.2%
Adjustment/Conduct Disorder/ADHD	88	27.4%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	11	3.4%
<b>TOTAL</b>	<b>321</b>	<b>100.0%</b>

Figure 48

**DOROTHY KIRBY CENTER****Secondary DSM Diagnosis**

Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	35	10.9%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	3	0.9%
Major Depression	29	9.0%
Anxiety Disorders	8	2.5%
Other Diagnoses	9	2.8%
Adjustment/Conduct Disorders including ADHD	88	27.4%
Child Abuse and Neglect	1	0.3%
No Diagnosis or Diagnosis Deferred	148	46.1%
<b>TOTAL</b>	<b>321</b>	<b>100.0%</b>

Figure 49

**DOROTHY KIRBY CENTER****Admit Substance Abuse**

Admit Substance Abuse	Count	Percent
Alcohol	15	4.7%
Amphetamines (30XAM, 30UAM)	28	8.7%
Marijuana (30XMJ, 30UMJ)	74	23.1%
Cocaine (30XCO, 30UCO)	9	2.8%
Hallucinogens (30XHA, 30UHA)	3	0.9%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	21	6.5%
No Substance Abuse (30XNO, 30UNO)	109	34.0%
Undetermined	62	19.3%
<b>TOTAL</b>	<b>321</b>	<b>100.0%</b>

**Juvenile Justice Camps**

DMH operates a MHU at Challenger Memorial Youth Center which provides treatment services to six juvenile probation camps (Smith, McNair, Scobee, Resnick, Onizuka, and Jarvis) in Lancaster. These are the only juvenile camps in the county where psychotropic medications are administered, and they are also unique in having a psychiatrist on duty in conjunction with 24-hour nursing. Challenger's camps also provide psychotherapy to minors with psychological problems. Mental health services for the Challenger camp minors include individual, group, collateral, and case management services. The Challenger MHU multidisciplinary treatment team consists of two clinical psychologists, two social workers, and four support personnel. These staff coordinated service delivery, provide treatment interventions, and also link the minor to services in the community upon the minor's release from Challenger's camps. At any given time, there are at



least 100 unduplicated clients receiving psychotropic medications and about 300 unduplicated clients receiving psychotherapy through the camp mental health programs. The six Challenger camps have a capacity for 800 residents.

Throughout the county, there are an additional 12 Probation camps that also provide mental health services. Each of these has a capacity for 110-120 residents. Camps Scott and Scudder are in the Santa Clarita area (SA 1), staffed by an LCSW and a Doctor of Psychiatric Social Work. Munz and Mendenhall are in the Castaic area (SA 2), staffed by an LCSW from Challenger. Camps Holton and Routh are in the San Fernando area (SA 2), staffed by two part-time clinical psychologists. Camps Rockey, Paige, and Afferbaugh are in the San Dimas area (SA 3), staffed by a psychiatric technician who serves as lead clinician. Camps Camps Gonzales, Miller, and Kilpatrick are in the Malibu area (SA 5), staffed by a clinical psychologist. At these other juvenile justice camps where the minors do not require psychotropic medications, the staff provide therapeutic interventions on-site. The two clinicians, who are assigned to Challenger, travel to the outlying camps, as needed. MIS Information collected on clients at any of these Mental Health Services are reported with Challenger as the DMH provider.

Several of the camps have specialized programs for children with suitable abilities and interest. Camp Rockey has an Arts Care program. Miller and Kilpatrick offer a sports program for boys and Scott includes a girl's sports program. Scott also provides intensive assessment of its clients during their first 72 hours to a week, collecting client information from all relevant public agencies.

At the Challenger camps, and at Gonzales, Rockey, Holton and Scott, a Special Handling Unit (SHU) provides safe, temporary housing for a child in crisis who may be a danger to self or others. The SHUs are structured to allow continuous monitoring by Probation staff to avoid possible injury of the

youth. Camp Routh also focuses on children in crisis.

A mental health Aftercare unit for the entire camp system is staffed by a mental health coordinator and a community worker. This unit is dedicated to providing aftercare/follow-up services and to developing resources to assist clients after the completion of treatment.

The average number of monthly referrals received at the camps by mental health is 125. The average number of children treated each month is 350, not including single service contacts. In FY 02-03, 1,616 children/adolescents received mental health services at the Challenger camps and the other camps. This is slightly more than one third of the 4500 children and youth at the camps. Figures 50, 51 and 52 describe their gender, age and ethnicity. Most had Probation as their APR, with additional referrals from DCFS and Education (Figure 53).

Figure 50

**CHALLENGER YOUTH CENTER/  
JUVENILE JUSTICE CAMPS**  
Gender

Gender	Count	Percent
Male	1,241	76.8%
Female	375	23.2%
<b>TOTAL</b>	<b>1,616</b>	<b>100.0%</b>

Figure 51

**CHALLENGER YOUTH CENTER/  
JUVENILE JUSTICE CAMPS**  
Age (Group)

Age (Group)	Count	Percent
0-5	0	0.0%
6-11	1	0.1%
12-17	1,189	73.6%
18-20	426	26.4%
<b>TOTAL</b>	<b>1,616</b>	<b>100.0%</b>



Figure 52

**CHALLENGER YOUTH CENTER/  
JUVENILE JUSTICE CAMPS**

**Ethnicity**

Ethnicity	Count	Percent
Caucasian	143	8.8%
African American	562	34.8%
Hispanic	570	35.3%
American Native	7	0.4%
Asian/ Pacific Islander	27	1.7%
Other	8	0.5%
Unknown	299	18.5%
<b>TOTAL</b>	<b>1,616</b>	<b>100.0%</b>

The most common primary admission diagnoses were Adjustment/Conduct Disorder/ADHD and Major Depression, with smaller proportions diagnosed with Anxiety Disorders, Bipolar Disorders, Drug Induced Disorders or Dependence, and Schizophrenia/Psychosis (Figure 54). Four clients received a primary or secondary DSM diagnosis of Child Abuse and Neglect (Figure 55).

For clients with reported substance use, marijuana was most common, followed by polysubstance use, amphetamines, alcohol, cocaine and hallucinogens (Figure 56).

Figure 53

**CHALLENGER YOUTH CENTER/  
JUVENILE JUSTICE CAMPS**

**Responsible Agency**

Responsible Agency	Count	Percent
DCFS	61	3.8%
Probation	1,452	89.9%
DCFS and School Dist	2	0.1%
Probation and School District	9	0.6%
School District (SEP Eligible)	5	0.3%
School District (Non-SEP Eligible)	0	0.0%
No Data	87	5.4%
<b>TOTAL</b>	<b>1,616</b>	<b>100.0%</b>

Figure 54

**CHALLENGER YOUTH CENTER/  
JUVENILE JUSTICE CAMPS**

**Primary DSM Diagnosis**

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	35	2.2%
Disorders Due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	33	2.0%
Bipolar Disorders	95	5.9%
Major Depression	538	33.3%
Anxiety Disorders	178	11.0%
Other Diagnoses	110	6.8%
Adjustment/Conduct Disorder/ADHD	584	36.1%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	42	2.6%
<b>TOTAL</b>	<b>1,616</b>	<b>100.0%</b>



Figure 55

**CHALLENGER YOUTH CENTER/  
JUVENILE JUSTICE CAMPS**  
Secondary DSM Diagnosis

Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	236	14.6%
Disorders Due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	6	0.4%
Bipolar Disorders	8	0.5%
Major Depression	77	4.8%
Anxiety Disorders	23	1.4%
Other Diagnoses	33	2.0%
Adjustment/Conduct Disorder/ADHD	213	13.2%
Child Abuse and Neglect	4	0.2%
No Diagnosis or Diagnosis Deferred	1,015	62.8%
<b>TOTAL</b>	<b>1,616</b>	<b>100.0%</b>

Figure 56

**CHALLENGER YOUTH CENTER/  
JUVENILE JUSTICE CAMPS**  
Admit Substance Abuse

Admit Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	40	2.5%
Amphetamines (30XAM, 30UAM)	41	2.5%
Marijuana (30XMJ, 30UMJ)	279	17.3%
Cocaine (30XCO, 30UCO)	6	0.4%
Hallucinogens (30XHA, 30UHA)	2	0.1%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	128	7.9%
No Substance Abuse (30XNO, 30UNO)	358	22.2%
Undetermined	762	47.2%
<b>TOTAL</b>	<b>1,616</b>	<b>100.0%</b>

## SELECTED FINDINGS

### Department of Mental Health

- During FY 2002-03, The Family Preservation Program treated 971 clients. Family Reunification served 12 outpatient clients. Rate Classification Level-14 (RCL-14) facilities treated 226 and Community Treatment Facilities (CTF) treated 113. The Child Abuse Prevention, Intervention and Treatment (CAPIT) program was offered to 1,439 individuals. DMH D-Rate foster child assessments were completed for 996. Start Taking Action Responsibly Today (START) services were given to 262. The three Juvenile Hall Mental Health Units (JMHU) served 12,671. Dorothy Kirby Center provided mental health services to 321. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 1,616 children/youth received mental health services. A total of 18,627 children and adolescents were served by these programs.
- Clients receiving mental health services in the START, CAPIT, Family Preservation, and Family Reunification programs were 14% of the clients at the programs considered. Of these, 31% were identified as DCFS referrals.
- Clients being treated in RCL-14 or Community Treatment Facilities were 2% of the clients considered. DCFS referrals constituted 60% of the RCL-14 referrals and 51% of the CTF referrals.
- Children in D-Rate foster homes assessed and referred to mental health services by the DMH D-Rate Unit made up 5% of the clients considered. Of these, 87% were identified as DCFS referrals.
- Clients in the Mental Health Units of the three juvenile halls made up 68% of the clients considered. Of these, 5% were identified as DCFS referrals.



- Clients in the Mental Health Units at the Challenger Youth Center/ Juvenile Justice Camps and Dorothy Kirby Youth Center made up 10% of at-risk clients considered. Of these, 5% were identified as DCFs referred.
- Clients in Mental Health Units of the Youth Centers were distributed as follows: 83% in Challenger Youth Center/Juvenile Justice Camps, and 17% in Dorothy Kirby Center.
- In the mental health programs reviewed for FY 02-03, there were 539 children/youth who received a primary or secondary admission DSM diagnosis of Child Abuse and Neglect (CAN). This is an overall increase of 63 clients (12%) with this diagnosis compared with clients diagnosed with CAN at the same programs during FY 01-02.
- The Family Preservation Program served 66 clients diagnosed with CAN. This is 12% of all clients receiving this diagnosis in the programs reviewed and an increase of 41 clients (62%) diagnosed with CAN compared with FY 01-02, as well as an increase of 52% compared with FY 00-01.
- The Child Abuse Early Intervention and Prevention Program (CAPIT) served 359 clients diagnosed with CAN. This is the largest number, or two thirds of all clients with this diagnosis in the programs reviewed. CAPIT had a small decrease of 24 clients (6%) diagnosed with CAN compared with FY 01-02, as well as an increase of 20% compared with FY 00-01.
- The Family Reunification Program served 3 clients diagnosed with CAN. This is less than 1% of all clients receiving this diagnosis in the programs reviewed. There was no change in the number of clients diagnosed with CAN compared with FY 01-02 or FY 00-01.
- The Juvenile Hall Mental Health Units served 61 clients diagnosed with CAN. This is 11% of all clients with this diagnosis in the programs reviewed and an increase of 22 clients (36%) diagnosed with CAN compared with FY 01-02, as well as an increase of 74% compared with FY 00-01.
- Dorothy Kirby Center served 12 clients diagnosed with CAN. This is 4% of clients with this diagnosis in the programs reviewed and an increase of 8 clients (66%) diagnosed with CAN compared with FY 01-02, as well as an increase of 58% compared with FY 00-01.
- The DMH D-Rate unit assessed 27 clients diagnosed with CAN. This is 5% of clients with this diagnosis in the programs reviewed and an increase of 10 D-Rate clients (37%) diagnosed with CAN compared with FY 01-02.
- The START program served 7 clients diagnosed with CAN. This is 3% of clients with this diagnosis in the programs reviewed and an increase of 4 clients (57%) diagnosed with CAN compared with FY 01-02, as well as an increase of 29% compared with FY 00-01.
- The Mental Health units at Challenger Youth Center and its associated Juvenile Justice Camps served 4 clients diagnosed with CAN. This is less than 1% of clients given this diagnosis in the programs reviewed. It is an increase of 2 clients (50%) diagnosed with CAN compared with FY 01-02, as well as an increase of 100% compared with FY 00-01.



## GLOSSARY OF CHILDREN'S MENTAL HEALTH TERMS

This glossary contains terms used frequently when dealing with the mental health needs of children. The list is alphabetical. Words highlighted by *italics* have their own separate definitions. The term *service* or *services* is used frequently in this glossary. The reader may wish to look up *service* before reading the other definitions.

**Assessment-** A professional review of a child's and family's needs that is done when they first seek services. The assessment of the child includes a review of physical and mental health, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the treatment provider and family decide what kind of treatment and supports, if any, are needed.

**Case Manager-** An individual who organizes and coordinates services and supports for children with mental health problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)

**Case Management-** A service that helps people arrange appropriate and available services and supports. As needed, a *case manager* coordinates mental health, social work, education, health, vocational, transportation, advocacy, *respite*, and recreational services. The *case manager* makes sure that the child's and family's changing needs are met. (This definition does not apply to *managed care*.)

**Children and Adolescents at Risk for Mental Health Problems-** Children at higher risk for developing mental health problems when certain factors occur in their lives or environment. Some of these factors are physical abuse, emotional abuse or neglect,

harmful stress, discrimination, poverty, loss of loved one, frequent moving, alcohol and other drug use, trauma, and exposure to violence.

**Continuum of Care-** A term that implies a progression of services that a child would move through, probably one at a time. The more up-to-date idea is one of comprehensive services. See *system of care* and *wraparound services*.

**Coordinated Services-** Child-serving organizations, along with the family, talk with each other and agree upon a *plan of care* that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. *Case management* is necessary to coordinate services. (Also see *wraparound services*.)

**Cultural Competence-** Help that is sensitive and responsive to cultural differences. Service providers are aware of the impact of their own culture and possess skills that help them provide services that are culturally appropriate in responding to people's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They adapt their skills to fit a family's values and customs.

**Day Treatment-** A non-residential, intensive and structured clinical program provided for children and adolescents who are at imminent risk of failing in the public school setting as a result of their behavior related to a mental illness and who have impaired family functioning. The primary foci of Day Treatment are to address academic and behavioral needs of the individual, family and/or foster family.

**DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*)-** An official manual of mental health problems developed by the American Psychiatric



Association. This reference book is used by psychiatrists, psychologists, social workers, and other health and mental health care providers to understand and diagnose a mental health problem. Insurance companies and health care providers also use the terms and explanations in this book when they discuss mental health problems.

**Emergency and Crisis Services-** A group of services that are available 24 hours a day, 7 days a week, to help during a mental health emergency. When a child is thinking about suicide, these services could save his or her life. Examples: telephone crisis hotlines, crisis counseling, *crisis residential treatment services*, crisis outreach teams, and crisis respite care.

**Family Support Services-** Help designed to keep the family together and to cope with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parent training, and *respite care*.

**Inpatient Hospitalization-** Mental health treatment in a hospital setting 24 hours a day. The purpose of inpatient hospitalization is: (1) short-term treatment in cases where a child is in crisis and possibly a danger to self or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

**Managed Care-** A way to supervise the delivery of health care services. Managed care may specify the providers that the insured family can see. It may also limit the number of visits and kinds of services that will be covered.

**Mental Health-** Mental health refers to how a person thinks, feels, and acts when faced with life's situations. It is how people look at themselves, their lives, and the other people in their lives; evaluate the challenges and the problems; and explore choices. This includes

handling stress, relating to other people, and making decisions.

**Mental Health Problems-** Mental health problems are real. These problems affect one's thoughts, body, feelings, and behavior. They can be severe. They can seriously interfere with a person's life. They're not just a passing phase. They can cause a person to become disabled. Some of these disorders are known as depression, bipolar disorder (manic-depressive illness), attention deficit hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia and conduct disorder.

**Plan of Care-** A treatment plan designed for each child or family. The treatment provider develops the plan with the family. The plan identifies the child's and family's strengths and needs. It establishes goals and details appropriate treatment and services to meet his or her special needs.

**Residential Treatment Centers-** Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Children with *serious emotional disturbances* receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than *inpatient hospitalization*. Centers are also known as *therapeutic group homes*.

**Respite Care-** A service that provides a break for parents who have a child with a serious *emotional disturbance*. Some parents may need this help every week. It can be provided in the home or in another location. Trained parents or counselors take care of the child for a brief period of time. This gives families relief from the strain of taking care of a child with a serious emotional disturbance.



**Serious Emotional Disturbance-** Diagnosable disorders in children and adolescents that severely disrupt daily functioning in the home, school, or community. Some of these disorders are depression, attention-deficit/hyperactivity, anxiety, conduct, and eating disorders. Serious emotional disturbances affect 1 in 20 young people.

**Service-** A type of support or clinical intervention designed to address the specific mental health needs of a child and his or her family. A service could be received once or repeated over a course of time as determined by the child, family, and service provider.

**Short-Doyle Medi-Cal-** State-funded program that provides reimbursement for county mental health services to Medi-Cal eligible and indigent individuals.

**System of Care-** A method of delivering mental health services that helps children and adolescents with mental health problems and their families get the full range of services in or near their homes and communities. These services must be tailored to each individual child's physical, emotional, social, and educational needs. In systems of care, local organizations work in teams to provide these services.

**Therapeutic Foster Care-** A home where a child with a *serious emotional disturbance* lives with trained foster parents with access to other support services. These foster parents receive special support from organizations that provide crisis intervention, psychiatric, psychological, and social work services. The intended length of this care is usually from 6 to 12 months.

**Therapeutic Group Homes-** Community-based, home-like settings that provide intensive treatment services to a small number of young people (usually 5 to 10 persons). These young people work on issues that require 24-hour-

per-day supervision. The home should have many connections within an interagency *system of care*. Psychiatric services offered in this setting try to avoid hospital placement and to help the young person move toward a less restrictive living situation.

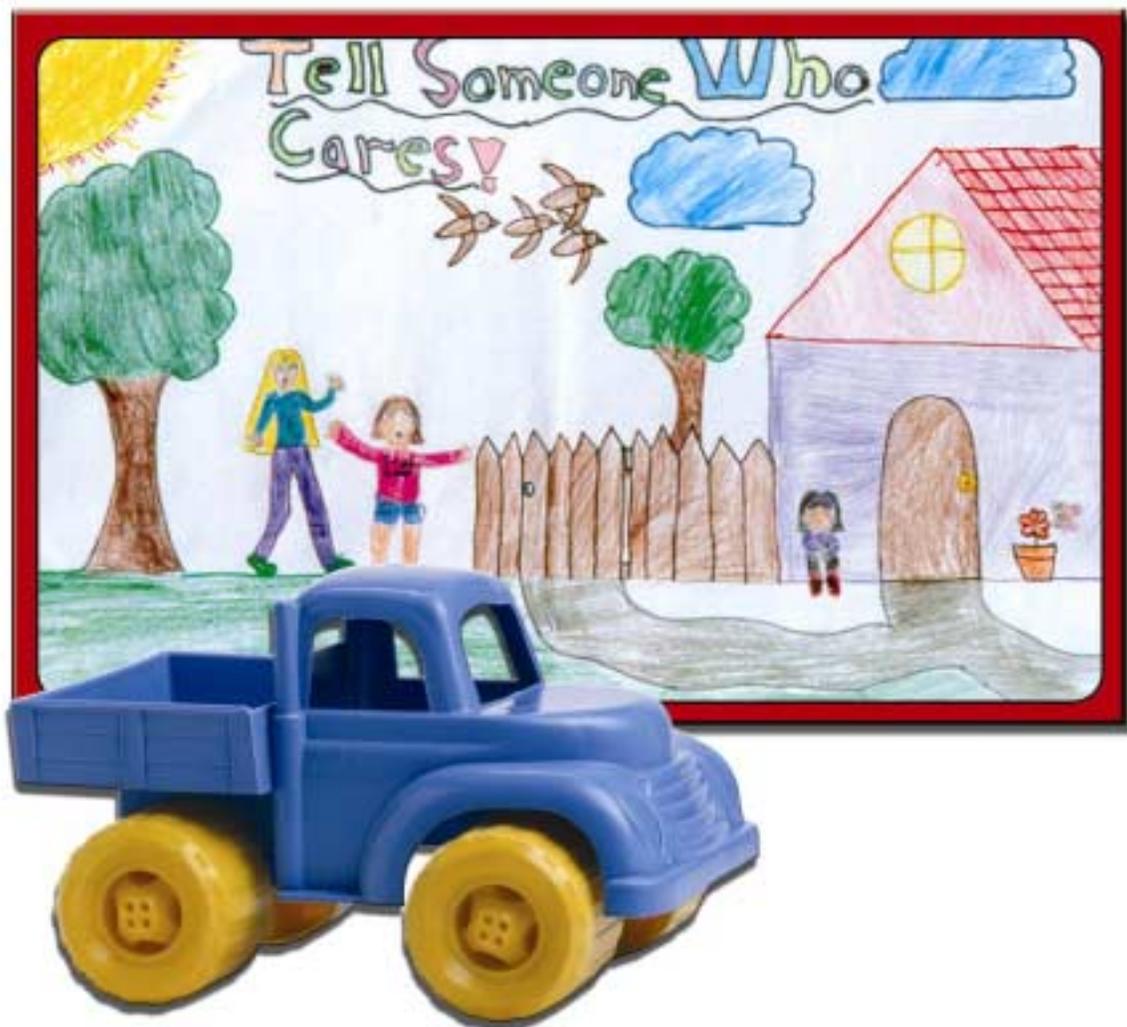
**Transitional Services-** Services that help children leave the system that provides help for children and move into adulthood and the adult service system. Help includes mental health care, independent living services, supported housing, vocational services, and a range of other support services.

**Wraparound Services-** A "full-service" approach to developing help that meets the mental health needs of individual children and their families. Children and families may need a range of community support services to fully benefit from traditional mental health services such as family therapy and special education.

# LOS ANGELES CITY ATTORNEY'S OFFICE

---

## AGENCY REPORT







**ICAN DATA REPORT FOR 2003 -  
LOS ANGELES CITY ATTORNEY'S OFFICE**

**PART ONE: INTRODUCTION**

**A. City Attorney Overview**

The Los Angeles City Attorney's Office is responsible for prosecuting misdemeanor offenses in the City of Los Angeles. The initial step in this process consists of a filing decision by a deputy city attorney who reviews police reports received for filing consideration. These reports are received either directly from a police or administrative agency, or from a referral from the District Attorney's Office. The deputy city attorney decides whether a criminal complaint should be filed against a defendant and prosecuted through the court system, whether the case should be referred to the City Attorney Hearing Program, or whether the case should be rejected and no prosecution conducted. Cases are prosecuted by City Attorney staff at eight branch locations citywide or are vertically prosecuted by specialized units within the Office.

Once a defendant's case is filed and prosecuted through the court system, the case is considered completed or finished once the defendant is convicted (by either pleading or being found guilty) of the charges, is acquitted, or has his or her case dismissed. There were 50,237 total case prosecutions completed during Calendar Year 2003 by the Los Angeles City Attorney's Office. Of this number, 1,250 defendants (or 2.5% of the total caseload) had ICAN category offenses of child abuse, neglect or exploitation alleged against them. The great majority of these cases were handled by the Child Abuse Prosecution Section (CAPS). This specialized section is described below along with other programs, related to children, which are sponsored by the Los Angeles City Attorney's Office.

**B. CHILD ABUSE PROSECUTION SECTION  
(CAPS)**

The Child Abuse Prosecution Section (CAPS) handles all child abuse cases submitted to the City Attorney's Office for prosecution where child abuse offenses are alleged as the primary charges. The section is comprised of a team of five specially trained prosecutors, in addition to investigators and victim advocates, who are assigned to each case of child physical abuse, sexual abuse, or neglect filed by the City Attorney's Office. Cases are handled by the section from the time of filing until completion. This assignment structure, called "vertical prosecution," is designed to provide the most effective prosecution and support for the victim. In addition to prosecuting cases, CAPS also reviews all reports of suspected child abuse occurring in the City received by the Department of Children and Family Services Child Abuse Hotline. CAPS then works with the Los Angeles Police Department to make sure that all criminal matters are investigated and presented to a prosecuting agency for a possible criminal filing.

The misdemeanor prosecution of child abuse cases is an essential tool in the fight against child abuse. Like other forms of family violence, child abuse is a cycle of violence, which increases over time. Early detection and intervention help prevent the cycle from continuing and escalating. Early prosecution also adds a needed incentive to abusive parents and caretakers to complete parenting classes, substance abuse programs, and other forms of counseling to strengthen their parenting skills, and, when appropriate, help families remain intact.



### **C. OTHER CHILDREN'S PROGRAMS SPONSORED BY THE CITY ATTORNEY'S OFFICE**

#### **OPERATION BRIGHT FUTURE**

In September 2002, the City Attorney launched Operation Bright Future (OBF), a sixth grade truancy prevention program. OBF closely monitors student attendance and addresses the problems of truant students. Through letters, brochures, general assemblies and hearings, the program teaches parents of their legal responsibility to ensure that their children attend school. As a last resort, after all other efforts have failed, OBF will prosecute parents who do not send their children to school. Prosecution will only be used when the efforts made to educate and assist the family have failed. Our analysis shows that 90% of truancy problems are resolved once a truancy prevention program makes contact with the parents and informs them of their legal responsibilities. OBF is currently present in 20 Los Angeles Unified School District (LAUSD) middle schools.

#### **"NO SECRETS" PROGRAM**

The Los Angeles City Attorney's "No Secrets" Program is an intervention and prevention program to help parents combat child sexual exploitation and abuse. The program is a collaboration between the Los Angeles City Attorney's Office and retired Los Angeles Police Department Detective Bill Dworin. Mr. Dworin is a nationally recognized expert in this field and has conducted training for local, state, and federal law enforcement offices throughout the United States. The program consists of both a lecture and written materials explaining the ways to prevent sexual abuse and exploitation. In the lecture, Mr. Dworin explains the four main types of sexual predators: the stranger, the intra-familial abuser, the pedophile, and the Internet predator. This 50-minute lecture can be modified for presentation to parents,

children, or both. Real life examples are provided for each group, in an age-appropriate manner, to educate and empower the audience.

#### **PROJECT PARENT**

Project P.A.R.E.N.T. is a child abuse prevention program created by the Office of the City Attorney, in cooperation with the LAUSD, to educate parents and guardians of young children about child physical, sexual, and emotional abuse and neglect. Research shows that effective preventative parenting programs decrease the incidence of child abuse in families. Project P.A.R.E.N.T. targets the parents and caregivers of preschool children through traditional community channels such as schools, community centers, and churches. The City Attorney's Office, along with a child abuse expert and curriculum writer, drafted a curriculum to teach parents about child abuse prevention.

The Project P.A.R.E.N.T. curriculum consists of five 1½ hour sessions targeting small groups of parents and/or caregivers (8 to 15 people). A teacher's guide accompanies the curriculum, complete with handouts and group discussion exercises. The curriculum is currently being presented in over 500 participating classes for parents of pre-school students attending LAUSD pre-schools.

#### **KIDWATCH L.A.**

Kidwatch L.A. is a program designed to help keep elementary school children safe when they walk to and from school. The program recruits and trains citizen volunteers who look after children during the times they come and go to school. Kidwatch coordinators work with local school administrators to conduct outreach to parents and other volunteers, arrange fingerprinting sessions for volunteers, train volunteers on how to access emergency and non-emergency services, provide teachers with an appropriate curriculum to introduce



the program to students, and conduct ongoing administrative support.

## LA LITERACY CORPS

The LA Literacy Corps is sponsored by the City Attorney's Office. It partners private businesses with Los Angeles Unified School District elementary schools located in the City of Los Angeles to increase literacy and support academic excellence of students in kindergarten through third grade. Businesses participate in the program by identifying an elementary school to adopt, committing a minimum of \$5,000 a year to the adopted schools, and allowing their employees to volunteer as reading mentors for one hour per week. The Department of Water and Power, as a partner in the program, matches the financial contribution of the business by installing a "Green LA Reading Garden" in the designated school.

## TASK FORCE ON BEST PRACTICES FOR CHILD ABUSE INVESTIGATIONS

On April 10, 2003 the Los Angeles City Attorney's Office and the Los Angeles Unified School District joined together with thirteen law enforcement jurisdictions and the Department of Children and Family Services for the common goal of identifying *Best Practices: Child Abuse Investigations*. The aim was to ensure that the respective agencies: 1) protect the child victim from further instances of physical, sexual, and emotional abuse and neglect; 2) prevent the abuser from committing future maltreatment through timely, effective criminal investigations; and 3) successfully prosecute the abuser. Participants discussed the problems they face when working together on suspected child abuse cases and identified the best practices for resolving these issues.

Following the Summit, a task force was assembled to develop a best practices protocol for investigating child abuse reported by Los Angeles

schools. The first task force meeting was held on May 28, 2003. In addition to the Los Angeles City Attorney's Office, participants include the Los Angeles District Attorney's Office, Los Angeles County Counsel, Los Angeles Sheriff's Department, Los Angeles Police Department, Hawthorne Police Department, Vernon Police Department, Monterey Park Police Department, LAUSD School Police, Department of Children and Family Services, LAUSD administrators and the Office of General Counsel for the LAUSD.

The task force is currently finalizing its report on best practices for child abuse investigations and expects to release it in early 2005.

## PART TWO: PROSECUTION DATA

The information which follows includes data on completed prosecutions (where the case has been filed, and the defendant has either pled guilty, been found guilty, been found not guilty, or their case has been dismissed), cases referred to the Los Angeles City Attorney Office's Hearing Program, and the total number of child abuse victims assisted by the Victim Witness Assistance Program. Multi-year prosecution data and graphs for Calendar Years 2001-2003 are presented along with the ICAN category statistics.

### A. PROSECUTIONS

The 1,250 total child abuse/endangerment prosecution statistics, which are presented for the City Attorney's Office for 2003, are described and subtotaled below. They are presented according to the State reporting categories of abuse whenever child abuse/endangerment offenses are charged against the defendant.



**TOTAL ICAN OFFENSES**

**1,250 Case Prosecutions were completed in Calendar Year 2003.**

The 1,250 case prosecutions represented in this report for 2003 is an increase of 28 cases (or 2.29% more than the 1,222 case prosecutions which took place during 2002).

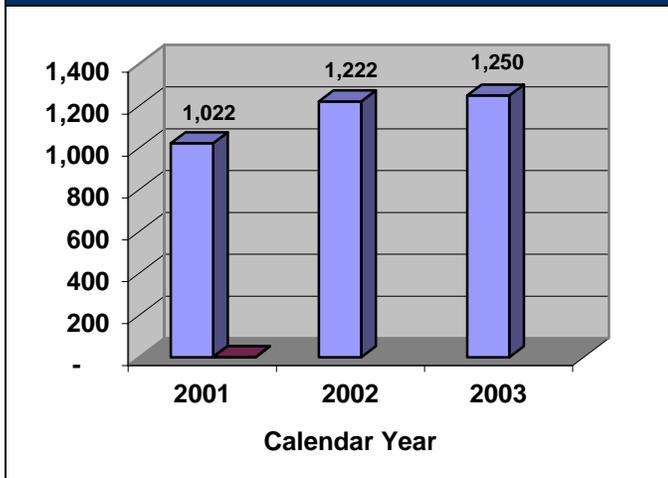
*Figure 1*

**TOTAL ICAN OFFENSE CASE DISPOSITIONS  
Calendar Years 2001 - 2003-**

Year	Total ICAN Offenses	% Increase Over Prior Year
2003	1,250	2.29%
2002	1,222	19.57%
2001	1,022	

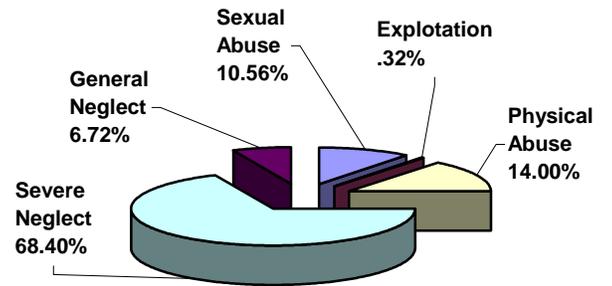
*Figure 2*

**GRAPH OF TOTAL ICAN CASE PROSECUTIONS COMPLETED BY LOS ANGELES CITY ATTORNEY'S OFFICE-  
Calendar Years 2001-2003**



*Figure 3*

**PIE CHART OF TOTAL CHILD ABUSE/ Neglect Cases for Calendar Year 2003 – Percent Breakdown by ICAN Category**



**SEXUAL ABUSE –**

**132 Case Prosecutions were completed in Calendar Year 2003.**

The cases in this category include prosecutions of the following Penal Code offenses:

- P.C. Section 261.5 Unlawful sexual intercourse - minor
- P.C. Section 288a(b) Oral copulation of a child under 18
- P.C. Section 288.2 Providing harmful material to child
- P.C. Section 647.6 Annoying or molesting children



## **EXPLOITATION -**

### **4 Case Prosecutions were completed in Calendar Year 2003.**

The cases in this category include prosecutions of the following Penal Code offense:

- P.C. Section 311.11 Exploitation of child victims by depiction of child in sexual conduct.

## **SEVERE NEGLECT -**

### **855 Case Prosecutions were completed in Calendar Year 2003.**

The cases in this category include prosecutions of the following Penal Code offenses:

- P.C. Section 273a(a) Willful harm or injury to child; endangering person or health under circumstances or conditions likely to produce great bodily harm.
- P.C. Section 273a(b) Willful harm or injury to child; under circumstances or conditions other than those likely to produce great bodily harm.
- P.C. Section 278 Detainment or concealment of child from legal custodian.

## **GENERAL NEGLECT -**

### **84 Case Prosecutions were completed in Calendar Year 2003.**

The cases in this category include prosecutions of the following Penal Code offense:

- P.C. Section 272 Contributing to the delinquency of a minor

## **B. HEARINGS**

The City Attorney Hearings Program offers an innovative approach intended to intervene in cases which the filing deputy has determined do not meet filing guidelines, but nonetheless require resolution other than rejection. In child abuse and

neglect matters, cases are assigned to hearing officers who review the facts, educate participants as to what constitutes child abuse, admonish where appropriate and make referrals to a variety of services including parenting programs, drug and alcohol treatment and anger management. A successful hearing may prevent subsequent offenses and end the potential for escalation of crimes against children.

There were 1,101 child abuse/endangerment cases referred to the Los Angeles City Attorney Office Hearing Program in 2003 after review by an attorney for filing consideration. This represents an increase of 513 cases (or 87.24% more than the 588 cases referred to the hearing program during 2002).

The increase in hearings appears to be due in large part to a change in interagency protocols which accompanied the City Attorney's Office recent receipt of suspected child abuse reports from the Child Protection Hotline. In the coming year, as new protocols become fully operational, the City Attorney's Office anticipates continued increases both in this area and in filings.

## **C. VICTIM WITNESS ASSISTANCE PROGRAM**

There were 463 child victims of crime who received services from the City Attorney Victim Assistance Program Service Coordinators during 2003. This is 302 fewer victims (or 39.48% less) than the 765 child victims who received assistance during 2001. This decrease reflects the decrease in the case referrals received from the Los Angeles County University of Southern California (LAC+USC) Violence Intervention Project and other social services agencies. To increase community awareness of these services, the program staff people have recently developed a working relationship with and have conducted numerous presentations for the LAUSD and local medical facilities like LAC/USC Hospital.



**PART THREE:  
GLOSSARY OF TERMS**

**Case** - A case handled by the Los Angeles City Attorney's Office represents a defendant who has been charged with any of the ICAN offenses.

**Completed Prosecution** - The completed prosecution data presented in this report includes cases where a criminal case against a defendant has been filed, processed through the criminal courts and has resulted in a final case disposition. These case dispositions can include guilty or no contest pleas, guilty verdicts, dismissals, or not guilty verdicts.

**Office Hearing** - City Attorney office hearings are used to intervene in cases which the filing deputy has determined do not meet filing guidelines, but nonetheless require resolution other than rejection. In child abuse and neglect matters, cases are assigned to hearing officers who review the facts, educate participants as to what constitutes child abuse, admonish where appropriate, and make referrals to a variety of services including parenting programs, drug and alcohol treatment and anger management.

**Victim Witness Assistance Program** - The Los Angeles City Attorney Victim Witness Assistance Program provides state mandated services to victims of crime. Types of services provided include: Crisis Counseling, Resource & Referral Information, Orientation to the Criminal Justice System, Court Support, and assistance in filing for the State Victims of Crime Compensation Program for incurred losses such as mental health counseling expenses.

**PART FOUR:  
SELECTED FINDINGS**

The 1,250 completed case prosecutions represented in this report for 2003 is an increase of 28 cases (or 2.29% more than the 1,222 case prosecutions which took place during 2002).

**PART FIVE:  
STATUS REPORT ON PROGRESS IN  
IMPLEMENTING ICAN POLICY  
COMMITTEE RECOMMENDATION:**

**Recommendation One (Nov. 2001):  
Child Abuse and Domestic Violence**

In order to better assess the nexus between domestic violence and child abuse, this report includes data on domestic violence cases, which are filed in combination with any child abuse count, including child endangerment cases, based on the fact that children were present and impacted during the commission of a criminal act of domestic violence. Domestic violence offenses queried for this data include Penal Code Sections 273.5, 273.6 and 243e if they are alleged as any count in the complaint filed.

Statistics for Calendar Year 2003 indicate the following with regard to child abuse counts filed along with domestic violence cases:

Of the 460 domestic violence cases reviewed which included child abuse counts, 453 cases were filed. This would show that 12.71% of the 3,565 domestic violence cases filed during 2003 included child abuse counts. The 453 case filings represent a 9.4% decrease over the 500 cases, which were filed last year with both domestic violence and child abuse counts.

**CHILD ADVOCATES OFFICE/  
CASA OF LOS ANGELES**

---

**AGENCY REPORT**







## **CHILD ADVOCATES OFFICE/ CASA OF LOS ANGELES**

The Child Advocates Office, also known as CASA of Los Angeles, is a special volunteer program of the Superior Court. CASA stands for Court Appointed Special Advocates. The mission of the program is to improve the lives of children in the foster care system. CASA volunteers do this, one child at a time, by making sure these children receive the support and help they are entitled to by law and by humanity. Toward this end, CASA of Los Angeles recruits, trains, and supervises community volunteers who are appointed by Dependency Court judges to the cases of specific children to independently investigate the circumstances of the child's life, monitor compliance with Court orders, facilitate the provision of Court-ordered services, and advocate for the best interests of the child in the Court and in the community.

## **ABOUT THE CASA PROGRAM**

CASA of Los Angeles is a member of the National Court Appointed Special Advocate Association, which sets basic standards for all CASA programs. There are CASA programs in all 50 states, Washington, D.C., and the U.S. Virgin Islands. Each state also sets standards for its programs. In California, the legal rights and responsibilities of CASA programs and CASA volunteers are outlined primarily in Welfare & Institutions Code Sections 100 through 109, but can also be found in other sections of the Welfare & Institutions Code and in Rule 1424 of the California Rules of Court. The Judicial Council has oversight responsibility for monitoring California CASA programs for compliance with state standards. There are currently 40 CASA programs statewide, all of which are members of the California CASA Association. CASA of Los Angeles was founded in 1978 by the Superior Court of Los Angeles County and is one of the oldest CASA programs in the United States.

CASA volunteers are supported in their work by qualified professional staff that includes the Executive Director, the Assistant Director, ten Program Supervisors, one Case Referral File Reviewer, one Recruitment/Training Coordinator, and five full-time and one part-time Program Assistants. The program's main office is located at Edelman Children's Court in Monterey Park; a satellite office is located at McCourtney Juvenile Justice Center in Lancaster.

CASA of Los Angeles is a program designed to bring to the court a community perspective about the needs of children. It is also a program dedicated from its inception to permanence for children. Welfare and Institutions Code Section 104 specifically charges the CASA volunteer with:

- Making an independent investigation of the circumstances surrounding a case, including interviewing and observing the child and other appropriate individuals, and reviewing appropriate records and reports.
- Reporting the results of the investigation to the court.
- Following the directions and orders of the court and providing any other information specifically requested by the court.

Welfare & Institutions Code Section 107 authorizes a CASA volunteer, upon presentation of his or her Court Appointment Order, to inspect and copy any records related to the child held by any agency, hospital, school, organization, division or department of the state, or any physician, surgeon, nurse, other health care provider, psychologist, psychiatrist, police department or mental health clinic, without the consent of the child or the child's parents.



While CASA volunteers work closely with other advocates for the children, such as attorneys and social workers, a CASA's investigation and reports to the Court are independent and separate. CASA volunteers gather information from many sources, but they are required to take an oath of confidentiality and may share information only with the Court and parties to the case.

CASA volunteers are not permitted to provide direct services to the children to whom they are appointed, without authorization from the Court. While it is not the role of a CASA volunteer to provide services that the Department of Children and Family Services is charged with providing, exceptions may be made when a child's situation sorely needs immediate action. A CASA volunteer may, therefore, request authorization from the Court when a task involves such services as assessing a potential placement, taking a child for an evaluation, or taking a child for Court ordered sibling visits, etc.

Cases of specific children are referred directly to the CASA program by Dependency Court judicial officers, often at the request of a child's attorney. Social workers can and do request the Court to refer a child for appointment of a CASA volunteer either by making the recommendation in a report to the Court or by calling the CASA office to discuss the case with a Program Supervisor. Ultimately, however, all referrals for a CASA volunteer must be formally submitted on a referral form signed by the judicial officer hearing the case.

CASA volunteers are not assigned to be mentors for children, although, depending on the age and situation of the child, a CASA volunteer may fill such a role in the course of performing his or her advocacy duties. Children served by CASA volunteers range in age from birth to 18 years old, some of whom may have emotional, medical or developmental disabilities. CASA volunteers are not appointed for a child when the program determines that appropriate services are being

provided for the child, nor are they appointed to children in the Delinquency Court.

A CASA volunteer remains on a case until the advocacy issues have been resolved for the child. Cases may last from a few months to several years. For this reason, prospective volunteers are asked to make an initial commitment of one year to the program. Approximately 95% of volunteers keep the one-year commitment, and many remain with the program for five years or longer.

### **TRAINING AND SUPERVISION**

Prospective CASA volunteers are screened by means of a written application, criminal records background check, in-depth personal interviews by supervisory staff, and, if accepted for training, by observation of their participation throughout the training sessions. Those accepted for training are required to successfully complete 36 hours of in-class training before being sworn in as officers of the Court by the Presiding Judge of Juvenile Court. The training curriculum includes: the effects of trauma on the developing child; the dynamics of abusive families; the Dependency Court process and laws; the social services and child welfare systems; mental health and educational advocacy; cultural awareness; roles and responsibilities of a CASA; and CASA court report writing. CASA volunteers are also required to complete 12 hours of continuing education annually.

After completing training, the CASA volunteer is assigned to a case of a child or sibling group by a qualified, professional Program Supervisor, who provides guidance, support and expertise to the CASA volunteer throughout the tenure of the CASA volunteer's appointment on the case. Program Supervisors maintain frequent contact with CASA volunteers under their supervision, and review and approve all Court reports and any case related correspondence prepared by the CASA volunteer.



## PROGRAM COMPONENT

While the major focus of the Child Advocates Office is its CASA program, wherein volunteers are appointed to the cases of specific children and have legal responsibility for carrying out the duties described previously, some Child Advocates Office volunteers also help many additional children involved in Dependency Court proceedings by volunteering one day a week on the Children's Court Assistants component.

**Children's Court Assistants (CCA)** volunteers explain the court process, in age-appropriate language, to children waiting to go to court for the first time. They speak with children in the Shelter Care Activity Area at Edelman Children's Court prior to their hearings, escort them to and from the courtrooms, and are available to assist any child who may need emotional support before or after a hearing. Their overall goal is to ease children's anxieties and be responsive to their needs when they attend Court hearings. **In CY 2003, CCA volunteers assisted a total of 10,753 children attending hearings at the Children's Court.**

## FUNDING

Child Advocates Office/CASA of Los Angeles is funded by a public/private partnership. It is a special program of the Juvenile Division of the California Superior Court of Los Angeles County and also receives funding from a private sector partner, Friends of Child Advocates, a 501(c)(3) non-profit charitable organization. This partnership has been in effect since 1983. Over the years, contributions to Friends of Child Advocates have allowed the CASA program to grow in order to meet the increasing number of children in foster care who need a CASA. Friends of Child Advocates is located in the CASA office at Edelman Children's Court in Monterey Park.

## ABOUT THE CHILDREN

CASA of Los Angeles collects demographic information only on children specifically assigned a CASA volunteer by the Court. **CASA volunteers served 871 children in this capacity in CY 2003.** (This number does not include the number of children served monthly by Children's Court Assistant volunteers who assist groups of children on a day to day basis at the Children's Court.)

Figure 1

### CHILDREN APPOINTED A CASA VOLUNTEER DURING 2003

Ethnicity

Ethnicity	Total	Percentage
African American	346	40%
Asian	12	1%
Caucasian	156	18%
Latino	270	31%
Native American	6	0.7%
Other non-Caucasian	2	0.3%
Biracial	79	9%
<b>TOTAL</b>	<b>871</b>	<b>100%</b>

Figure 2

### CHILDREN APPOINTED A CASA VOLUNTEER DURING 2003

Gender

Gender	Total	Percentage
Male	463	53%
Female	408	47%
<b>TOTAL</b>	<b>871</b>	<b>100%</b>



Figure 3

**CHILDREN APPOINTED A CASA VOLUNTEER DURING 2003**

Age		
Age	Total	Percentage
0-5	118	14%
6-11	282	32%
12-17	375	43%
18+	96	11%
<b>TOTAL</b>	<b>871</b>	<b>100%</b>

Figure 5

**CASA PROGRAM VOLUNTEERS DURING 2003**

Gender		
Gender	Total	Percentage
Male	75	19%
Female	310	81%
<b>TOTAL</b>	<b>385</b>	<b>100%</b>

**ABOUT THE VOLUNTEERS**

During CY 2003, 385 volunteers served with the CASA program. The volunteers are responsible adults who must be at least 21 years of age, have the time flexibility to attend training, court hearings, case conferences, treatment team meetings and school conferences, and be able to maintain frequent face-to-face visits with the children to whom they are appointed. Prospective volunteers are fingerprinted and must clear a criminal records background check. They must also be willing to drive, show proof of auto insurance coverage, and have a valid California driver's license.

Figure 6

**CASA PROGRAM VOLUNTEERS DURING 2003**

Age		
Age	Total	Percentage
21-29	14	4%
30-39	35	9%
40-49	70	18%
50-59	88	23%
60 and Over	127	33%
Age Unknown	51	13%
<b>TOTAL</b>	<b>385</b>	<b>100%</b>

Figure 4

**CASA PROGRAM VOLUNTEERS DURING 2003**

Ethnicity		
Ethnicity	Total	Percentage
African American	49	13%
Asian	6	1.6%
Caucasian	215	56%
Latino	31	8%
Other non-Caucasian	5	1.4%
Biracial	79	20%
<b>TOTAL</b>	<b>385</b>	<b>100%</b>

Figure 7

**CASA PROGRAM VOLUNTEERS DURING 2003**

Employment		
Employment	Total	Percentage
Full time	124	32%
Part time	40	10%
Retired	93	24%
Self-Employed	13	4%
Student	2	0.5%
Not Employed	40	10.5%
Other	73	19%
<b>TOTAL</b>	<b>385</b>	<b>100%</b>

# LOS ANGELES UNIFIED SCHOOL DISTRICT

## AGENCY REPORT







## **LOS ANGELES UNIFIED SCHOOL DISTRICT ICAN Data Analysis Report For 2004**

The Los Angeles Unified School District maintains as a support service the Child Abuse Prevention Office which is under the direction of the Office of the General Counsel. This office provides support to the entire district with respect to policy decisions, legislation, reporting and follow up of suspected child abuse reports made by schools and/or other District employees.

### **DATA MAINTENANCE**

Data are collected and recorded from all suspected child abuse reports made as follows:

1. Total number of reports by gender
2. Total number of reports by gender and type of abuse - physical, sexual, neglect, emotional
3. Total number of reports by type of abuse and ethnicity - Hispanic, Black, Caucasian, Asian
4. Total number of reports by type of abuse and school level/category - elementary, middle, high school, children's centers, special education

### **CURRENT YEAR FINDINGS**

In the 2003-2004 school year (7-1-03 through 6-30-04), 3,590 reports of suspected child abuse were filed on behalf of District students. Of this total, approximately 64% were for physical maltreatment, about 10% were for neglect and about 19% were for suspected sexual abuse. There were slightly more reports made for girls than boys.

The breakdown by the aforementioned categories shows that boys were reported more often for suspected physical abuse, whereas reports of sexual abuse were made more often for girls. Emotional abuse increased across the board. An examination of reports by ethnicity continue to show totals that are proportional to the ethnic make-

up of the District at-large with Hispanics predominating, followed by Blacks (see Figure 1).

School level or category was known for 99% of the reports with 59% filed for children enrolled in elementary schools, 20% middle school students and about 16% for high school enrollees. By comparison, fewer reports were noted for special education and/or children attending children's centers (see Figure 2).

### **COMPARISON TO PRIOR YEARS**

Comparison with prior year data show continue decreases with the total number of reports decreased by 954 fewer reports. By gender, there were 21% fewer reports for males as well as females. By category of abuse, there was a decrease of 1% in suspected sexual abuse reports. All categories of suspected maltreatment showed decreases. A decrease of 6% was noted in the area of emotional abuse while the category of "other" declined by 46% (see Figure 3). Reports in the category of neglect decreased by 52% (see Figure 3).

A review of reports by ethnicity shows decreases for all groups with the highest percentage occurring for Asians (-50 %) and Caucasians (-27 %). Additionally, reports of maltreatment for Black students as well as Hispanics decreased by 15 %.

Analysis of the incidence of suspected abuse at various school levels indicated that fewer reports were filed at the elementary and middle schools, -28% and -19% respectively, whereas at the high school level, reports increased by 10%. There was a decrease in reports at children's centers, -82%, with the numbers of reports decreasing from 79 to 14.

There were decreases at each school level in the number of neglect reports filed with the exception of the high school level and the special education level, where these particular reports increased by 130% and 280%, respectively.



Reports at the middle school level decreased by 10% (see Figure 5).

Reports of physical abuse for all ethnicities continued to decrease. The greatest percentage decreases occurred for Asians (55%) and Caucasians (37%). There were respective decreases of 27% and 25% at elementary and middle school levels with special education schools showing a marked increase of 575% in the numbers of reports.

Sexual abuse data noted decreases for all ethnicities and all school levels with the exception of the special education level which showed an increase by 600% (see Figure 6). There continues to be a mixed picture across grade levels in terms of comparisons with previous years with respect to reports of emotional abuse and “other”.

The largest increase in the category of emotional abuse was at the middle school level showing an increase of 705%. However, the most sizeable decrease in the category of “other” was at the middle school level with 90% fewer reports. (see Figure 7).

## **TRENDS**

Trend analysis continues to show that distribution of reports across maltreatment types and school levels is for the most part, consistent with trends noted in prior years. Over the last 13 years, physical abuse reports have generally accounted for 60% of all reports made, while sexual abuse and general neglect combined for approximately 29%.

Changes which occurred in the 2002-03 school year also continued this school year (2003-2004). The total number of reports filed for suspected maltreatment decreased by 20% from 4,544 in 2002-03 to 3,590 and reports of suspected sexual abuse continued to decline with 6 fewer reports filed or -.99%. General neglect declined this school year by 52%. The majority of reports for all types of maltreatment continue to emanate from elementary schools.



Figure 1

**FREQUENCIES FOR TYPE OF ABUSE**  
**By Gender and Ethnicity, LAUSD Academic Year 2003-04**

Gender	Physical	Neglect	Sexual	Emotional	Other	Total
Male	1,266	213	125	73	75	1,752
Female	1,039	147	540	46	66	1,838
<b>TOTAL</b>	<b>2,305</b>	<b>360</b>	<b>665</b>	<b>119</b>	<b>141</b>	<b>3,590</b>

Ethnicity	Physical	Neglect	Sexual	Emotional	Other	Total
Hispanic	1,403	416	272	329	160	2,580
Black	315	98	35	83	36	567
Caucasian	129	50	24	36	18	257
Asian	24	9	0	6	3	42
<b>TOTAL</b>	<b>1,871</b>	<b>573</b>	<b>331</b>	<b>454</b>	<b>217</b>	<b>3,446</b>

*\*Note: Missing data for Ethnicity= 144*

Figure 2

**FREQUENCIES FOR TYPE OF ABUSE**  
**By School Level/Category, LAUSD Academic Year 2003-04**

School Level/Category**	Physical	Neglect	Sexual	Emotional	Other	Total
Elementary	1,222	379	175	201	114	2,091
Middle	407	103	74	120	4	708
High School	257	74	75	119	45	570
Child Center	9	1	2	2	0	14
Special Ed.	69	28	18	23	9	147
<b>TOTAL</b>	<b>1,964</b>	<b>585</b>	<b>344</b>	<b>465</b>	<b>172</b>	<b>3,530</b>

*\*\*Note: Missing data for schools category = 60*



Figure 3

**TOTAL LAUSD SUSPECTED ABUSE REPORTS**  
By Type of Abuse, Gender, Ethnicity and School Level/Category

Type	FY 2001-02	%	FY 2002-03	%	FY 2003-04	%	% DIF.* 2002-03 vs.2003-04
Physical	3,174	61%	2,738	60%	2,305	64%	-15%
Neglect	805	15%	750	17%	360	10%	-52%
Sexual	926	18%	671	15%	665	19%	-.99%**
Emotional	112	2%	126	3%	119	3%	-6%
Other	207	4%	259	6%	141	4%	-46%
<b>TOTAL</b>	<b>5,244</b>	<b>100%</b>	<b>4,544</b>	<b>100%</b>	<b>3,590</b>	<b>100%</b>	<b>-20%</b>

Gender	2001-02	%	2002-03	%	2003-04	%	2002-03 vs.2003-04
Male	2,513	48%	2,222	49%	1,752	49%	-21%
Female	2,711	52%	2,322	51%	1,838	51%	-21%
<b>TOTAL</b>	<b>5,244</b>	<b>100%</b>	<b>4,544</b>	<b>100%</b>	<b>3,590</b>	<b>100%</b>	<b>-21%</b>

Ethnicity	2001-02	%	2002-03	%	2003-04	%	2002-03 vs.2003-04
Hispanic	3,368	67%	3,034	73%	2,580	75%	-15%
Black	954	19%	669	16%	567	16%	-15%
Caucasian	604	12%	355	9%	257	7%	-27%
Asian	120	2%	84	2%	42	1%	-50%
<b>TOTAL</b>	<b>5,046</b>	<b>100%</b>	<b>4,142</b>	<b>100%</b>	<b>3,446</b>	<b>100%</b>	<b>-17%</b>

School Level/Category	2001-02	%	2002-03	%	2003-04	%	2002-03 vs.2003-04
Elementary	3,370	65%	2,894	66%	2,091	59%	-28%
Middle	953	18%	875	20%	708	20%	-19%
High School	678	13%	518	12%	570	16%	+10%
Child Center	98	2%	79	2%	14	** .4%	-82%
Special Ed	114	2%	30	** .68%	147	4%	+390%
<b>TOTAL</b>	<b>5,213</b>	<b>100%</b>	<b>4,396</b>	<b>100%</b>	<b>3,530</b>	<b>100%</b>	<b>-20%</b>

Note: \* = percentage of increase/decrease; \*\*=less than one percent.



Figure 4

**GENDER FREQUENCIES**  
By Type of Abuse, LAUSD Suspected Abuse Reports

Type of Abuse	Males			%Dif.* 02-03vs.03-04	Females			%Dif.* 02-03vs.03-04
	2001-02	2002-03	2003-04		2001-02	2002-03	2003-04	
Neglect	415	391	213	-46%	390	359	147	-59%
Sexual	225	183	125	-32%	701	488	540	+11%
Emotional	52	62	73	+118%	60	64	46	-28%
Other	95	128	75	-41%	112	131	66	-50%

Note: \* = percentage of increase/decrease

Figure 5

**PHYSICAL ABUSE AND NEGLECT FREQUENCIES**  
By Ethnicity and School Level/Category LAUSD: Suspected Abuse Reports

Ethnicity	Physical			%Dif.* 02-03vs.03-04	Neglect			%Dif.* 02-03vs.03-04
	2001-02	2002-03	2003-04		2001-02	2002-03	2003-04	
Hispanic	2,089	1,785	1,403	-218%	496	474	416	-12%
Black	576	391	315	-19%	160	133	98	-26%
Caucasian	327	205	129	-37%	102	82	50	-39%
Asian	76	53	24	-55%	16	18	9	-50%

School Level/ Category	Physical			%Dif.* 02-03vs.03-04	Neglect			%Dif.* 02-03vs.03-04
	2001-02	2002-03	2003-04		2001-02	2002-03	2003-04	
Elementary	2,099	1,672	1,222	-27%	685	599	379	-37%
Middle	605	543	407	-25%	117	114	103	-10%
High School	221	286	257	-10%	61	57	74	+130%
Child Center	74	51	9	-82%	9	7	1	-86%
Special Ed.	67	12	69	+575%	28	10	28	+280%

Note: \* = percentage of increase/decrease



Figure 6

**SEXUAL ABUSE FREQUENCIES**  
By Ethnicity and School Level/Category LAUSD: Suspected Abuse Reports

Ethnicity	Sexual Abuse			%Dif.* 2002-03vs.2003-04
	2001-2002	2002-2003	2003-2004	
Hispanic	587	494	272	-45%
Black	170	97	35	-64%
Caucasian	122	46	24	-48%
Asian	14	3	0	0%

School Level/Category	2001-2002	2002-2003	2003-2004	2002-03vs.2003-04
Elementary	484	399	175	-56%
Middle	182	128	74	-42%
High School	227	124	75	-39%
Child Center	15	17	2	-88%
Special Ed.	17	3	18	+600%

Note: \* = percentage of increase/decrease;

Figure 7

**MENTAL ABUSE AND "OTHER" FREQUENCIES**  
By Ethnicity and School Level/Category LAUSD: Suspected Abuse Reports

Ethnicity	Emotional Abuse			%Dif.* 02-03vs.03-04	Other			%Dif.* 02-03vs.03-04
	2001-02	2002-03	2003-04		2001-02	2002-03	2003-04	
Hispanic	70	86	329	+383%	126	204	160	-22%
Black	13	24	83	+346%	35	33	36	+9%
Caucasian	19	12	36	+300%	34	11	18	+64%
Asian	6	5	6	+20%	8	5	3	-40%

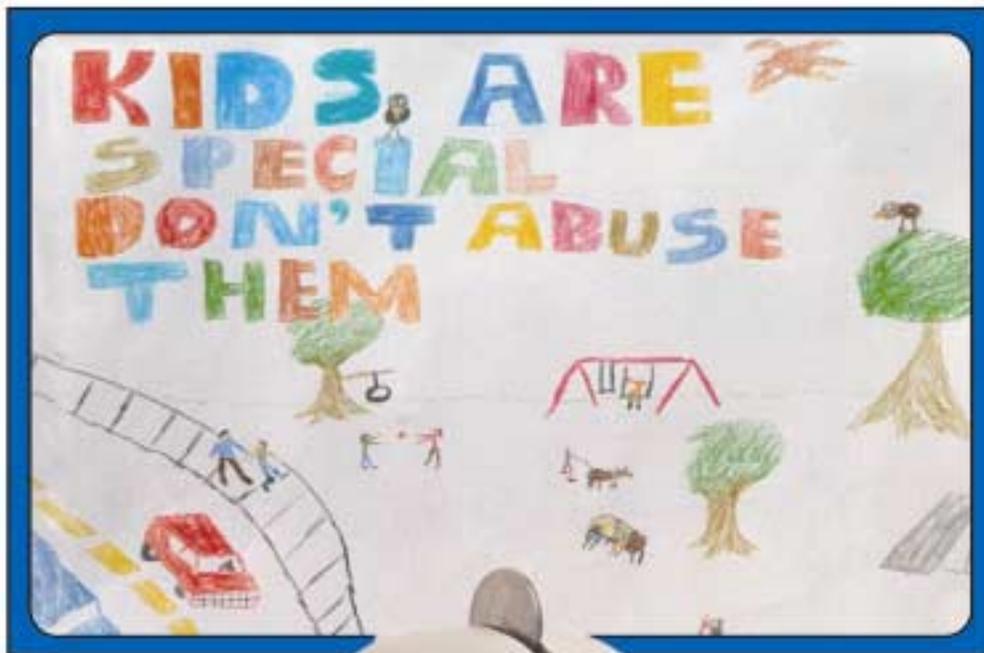
School Level/ Category	Emotional Abuse			%Dif.* 02-03vs.03-04	Other			%Dif.* 02-03vs.03-04
	2001-02	2002-03	2003-04		2001-02	2002-03	2003-04	
Elementary	69	79	201	+254%	122	185	114	-38%
Middle	27	17	120	+705%	48	40	4	-90%
High School	15	29	119	+410%	28	23	45	-96%
Child Center	2	1	2	+200%	2	3	0	0%
Special Ed.	0	2	23	+1,150%	0	3	9	+300%

Note: \* = percentage of increase/decrease

**LOS ANGELES COUNTY  
PUBLIC DEFENDER'S OFFICE**

---

**AGENCY REPORT**







## **THE LOS ANGELES COUNTY PUBLIC DEFENDER'S OFFICE**

The Office of the Public Defender provides legal representation in the courts of Los Angeles County to indigent persons charged with criminal offenses. Established in 1914, the Los Angeles County Public Defender's Office is both the oldest and the largest full service governmental defender in the United States, with offices in 41 separate locations throughout the County. The Public Defender employs over 1,000 staff members, comprised of over 685 attorneys, supported by paralegals, psychiatric social workers, investigators, secretaries and clerical staff. The Public Defender represents adults charged with felony and misdemeanor offenses, children charged in juvenile delinquency cases, clients charged in sexually violent predator cases, mental health commitment cases, civil contempt matters, pre-judgment appeals and writs as well as post-conviction relief including the areas of police misconduct and domestic violence. In Fiscal Year 2003-2004, the Public Defender represented 99,695 clients in felony-related proceedings, 422,859 clients in misdemeanor-related proceedings, and 40,971 clients in juvenile delinquency proceedings in Los Angeles County.

While continuing to provide the highest quality legal representation to clients in a cost effective manner, the Office of the Public Defender also continues to devote its resources to facilitate broad justice system improvements for all of its clients, including programs and initiatives designed to produce positive lifestyle outcomes for children and their families and the communities in which they reside. The Public Defender actively participates, often in a leadership role, in numerous criminal justice inter-agency committees and projects designed to focus on the issues faced by communities at risk, and collaborates with other agencies to craft creative solutions to effectively resolve those issues in a manner that addresses the root causes of criminal behavior. Accordingly, the

Public Defender and his representatives are actively involved in Drug Treatment Courts and Proposition 36 Courts, Mental Health Treatment Court, and Domestic Violence Courts, and participate on committees which collaborate regarding issues in these areas.

## **THE JUVENILE JUSTICE SYSTEM**

Within the Juvenile Justice system, the Office of the Public Defender continues to be proactive and successful not only in providing quality representation addressing the liberty interests of children charged in juvenile delinquency proceedings, but also by accomplishing a broader agenda to better the lives of the children and their families who become subject to the juvenile court system. The Public Defender recognizes that effective advocacy can only occur in the context of understanding the unique needs of the individual child appearing before the court. This approach requires an appreciation of the developmental, educational, psychological, and sociological history of each child represented in delinquency court.

The Los Angeles County Public Defender's Juvenile Division now handles over 40,000 cases involving children in delinquency courts each year. Many children enter the juvenile justice system with serious, long standing and unaddressed educational and psychosocial problems that significantly contribute to their troublesome behavior. The underlying issues are mental health and substance abuse problems, cognitive learning disabilities, developmental disabilities, sexual abuse, physical abuse and neglect. A 2001 study published by the United States General Accounting Office revealed that in fiscal year 2001 child welfare directors in nineteen states and juvenile justice officials in 30 counties surveyed reported that parents placed over 12,700 children into the child welfare or juvenile justice systems solely to obtain mental health services.



Some studies suggest the rate of such disabling conditions among incarcerated children might be as high as 70 percent. According to the Juvenile Court Judges of California, 50% of all children in the juvenile delinquency system have undetected learning disabilities. Learning disabilities affect cognitive systems related to perception, attention, language and the symbolization abilities required to learn to read and/or carry out mathematical calculations in an automatic manner. Clearly, youth with disabilities are over represented in the juvenile justice system. One study from the National Center on Education, Disability and Juvenile Justice noted that the prevalence of youth with disabilities is three to five times greater in juvenile corrections than in public school populations.

Accordingly, many children in the juvenile justice system, including many of those detained in juvenile halls and camps, suffer from significant learning, developmental, emotional and behavioral disabilities that impede their ability to fully benefit from mainstream educational services. Many of these children are covered by state and federal special education laws that mandate a continuum of educational program options for special education students. For example, AB 490 became effective January 1, 2004, seeking to ensure educational rights and stability for foster youth. Similar to the approach already utilized by the Public Defender, AB 490 places high emphasis on promoting educational advancement and stability by holding specific agencies accountable for providing and maintaining a high and constant level of educational services to those children placed in foster care.

Unfortunately, many of these disabilities are not diagnosed until these children appear in the juvenile justice system, and even then, all too often the juvenile delinquency system focuses only on the specific behavior or circumstances that bring delinquent children to the attention of law enforcement and the courts. For any number of reasons, until recently, the system failed to pay

sufficient attention to the serious underlying issues that often lead children into juvenile court charged with criminal or status offenses. In March 2000, as part of a directive issued by the Los Angeles County Board of Supervisors, the Department of Mental Health and other county agencies conducted a juvenile justice mental health pilot project, which was designed to screen youth entering the delinquency system for mental health issues. The project found that of those youth screened, forty percent (40%) were referred for more comprehensive assessment based upon information obtained from the initial screening. Of this forty percent (40%) subsection, the vast majority of youth (97%) who completed the more detailed assessment were found to be in need of mental health services. Almost seventy percent (70%) of those completing the assessment showed evidence of such poor functioning as to require intensive services, and multiple diagnoses were found in eighty-one (81%) of the youths assessed. The youth were found to need mental health services for emotional disorders, dual diagnosis, special education and developmental disabilities.

### **JUVENILE ALTERNATIVE DEFENSE EFFORT**

Beginning in 1999, pursuant to the direction of Public Defender Michael P. Judge, the Public Defender's office initiated an innovative and comprehensive plan known as the Juvenile Alternative Defense Effort ("JADE"), designed to bring critically needed services to the children in juvenile delinquency courts. JADE consists of two components: the Client Assessment Recommendation Evaluation ("CARE") Project and the Post Disposition Project.

The holistic advocacy approach already embodied by and practiced in the Public Defender's Office was recognized through the adoption of Rule 1479 of the California Rules of Court on July 1, 2004. Rule 1479 suggests guidelines for all



juvenile court defense attorneys to follow for effective advocacy that acknowledges the dual role which the Public Defender's Office has consistently utilized: one of defending against charges filed in the petition and determining whether the child is appropriately in the juvenile delinquency court, as well as advocating on behalf of the child to ensure that the child receives appropriate care, treatment and guidance especially in the areas of education and mental health.

### **CARE PROJECT- PRE DISPOSITION COMPONENT**

Since its inception in 1999, the Juvenile Division of the Public Defender's Office has implemented its CARE Project, which focuses on early intervention with children in delinquency court by addressing the cluster of underlying causes of delinquent behavior such as mental illness, mental retardation, developmental disabilities, learning disabilities, emotional disturbances and trauma, and is a child advocacy model that is non-traditional in its vision and approach. The CARE Project provides a model continuum of legal representation that incorporates attention to the unaddressed psychosocial and educational needs of children in the juvenile justice system, while also emphasizing early intervention and accountability of both the child involved and the agencies collectively responsible for safeguarding the child's interests.

Currently through the CARE Project, Los Angeles County Deputy Public Defenders collaborate with a multi-disciplinary team of psychiatric social workers, mental health professionals, resource attorneys and other clinicians, from the earliest stage of the juvenile delinquency proceedings through disposition. Currently the CARE Project employs twelve psychiatric social workers and four resource attorneys. The psychiatric social workers prepare an assessment of a juvenile client to determine the child's special needs, whether developmental,

emotional or psychological. Based on the assessment, an effective and individualized treatment plan is created to address the issues that put youth at risk for delinquent behavior and which aims to significantly reduce the likelihood of recidivism. The psychiatric social workers also provide consultation services which include early intervention to identify needed services, as well as client support during the court process, advocacy with school systems and recommendations for dispositions plans in difficult cases.

The resource attorneys advocate on behalf of juvenile clients to assure accountability by various outside agencies that are obligated to provide services to address the child's educational and mental health needs. In reviewing school and mental health records and appearing at administrative hearings before schools and the regional centers, the attorneys work to ensure that children receive appropriate special education services in the school districts, and that the Regional Center system accepts eligible clients and provides needed services to the children. The success rate in obtaining services previously denied, both by schools and the Regional Center system, has been very successful. In Fiscal Year 2003-2004, the Public Defender's Office assisted 133 children to obtain Regional Center services.

The Public Defender's office recognizes that traditional representation for these clients, similar to that normally provided to adult clients, is no safeguard against recidivism if other resources are not channeled toward those children that will assist them in dealing with the many other challenges and obstacles they face outside of the courtroom; hence the advocacy of Public Defender staff on behalf of children in the juvenile justice system is not viewed purely in a legal context. Rather, the Public Defender adheres to the philosophy that effective child advocacy must encompass a holistic approach individually tailored to the particular needs of each unique client.



Under the pre-disposition component of the CARE Project, with funding from the Juvenile Accountability Incentive Block Grant (“JAIBG”), one supervising psychiatric social worker, twelve psychiatric social workers and four resource attorneys staff the ten juvenile branch offices of the Public Defender. Deputy Public Defenders refer cases to the CARE Project. Referrals are for either Extended Services (services that require more than 90 minutes or extend past the request date) or Brief Services (services that can be performed in 90 minutes or less on the day of the request). The referrals involve a variety of consultation services including: psychosocial and educational assessments; early intervention to identify requisite services; referrals to community resources which include substance abuse services (such as Alcoholics Anonymous-AA, Narcotics Anonymous-NA, after school activities such as the YMCA and parenting classes); interagency advocacy that triggers Department of Mental Health, Regional Center, and special education assistance; client and family support during the court process; and recommendations to the court for disposition plans and conditions of probation in difficult cases.

Psychosocial assessments often help to determine whether the child represents a risk to the community and constitute the basis for effective treatment plans likely to reduce re-offending by addressing the issues that otherwise would put the child at risk for further delinquent behavior. The psychiatric social workers interview the juvenile clients along with their family members and other involved parties, such as school counselors, team coaches, dependency court social workers, foster parents and therapists. At the discretion of the Deputy Public Defenders, CARE Project psychiatric social workers prepare reports for the Deputy Public Defenders to present to the court. The information developed by the psychiatric social workers plays a key role in assisting the Deputy Public Defenders to individualize and humanize the perception of each child by busy bench officers, who otherwise would not have the advantage of in-depth evaluations and

insight about each child and awareness of services available to implement an effective treatment plan. Consequently, more appropriate services are rendered to children and families to reduce recidivism while continuing to hold minors accountable.

Additionally, four Deputy Public Defenders serve as resource attorneys. These attorneys enhance the CARE Project’s advocacy in the areas of special education and mental health for children who otherwise would not receive necessary mental health and educational services mandated by state and federal law. CARE Project resource attorneys ensure that children with educational difficulties have current Individual Education Plans (“IEPs”) which identify special education needs and define specific services to be provided. They also facilitate special program referrals such as those to the Regional Center system, which serves children with developmental disabilities. Resource attorneys also garner Department of Mental Health entitlements for their juvenile clients, and the also consult with other Deputy Public Defenders on complicated cases involving children coming from the dependency court system.

By referring clients for evaluation, identification, and intervention at the pre-trial stage, the Public Defender’s Office focuses on abating the behaviors that prompted the filing of the juvenile petition in these cases. By beginning to design disposition plans at an early stage, members of the CARE Project team are able to provide the court with a better assessment of the minor’s needs, present reasonable recommendations for appropriate conditions of probation, and identify resources that will assist the minor and his/her family to responsibly satisfy the conditions of probation. This approach enables the court to make orders that will foster accountability by both the minor and the system.



Since the inception of the pre-adjudication component through June 2004, 7,145 children have received project services; in Fiscal Year 2003-2004 alone, 5,222 services were provided to 1,505 new clients. The referrals involved a variety of consultation services including psychosocial and educational assessments, early intervention to identify services, referrals to community resources (such as Alcoholics Anonymous, Narcotics Anonymous, after school activities such as the YMCA and parenting classes), crisis intervention referrals during the court process, and recommendations for disposition plans and conditions of probation in difficult cases. A significant number of these dispositions were for placements that provided treatment for a problem identified in the assessment process or the minor was permitted to remain in the home while receiving treatment services in the community. Many of these children are wards of both the delinquency and dependency court systems and are themselves victims of abuse and neglect.

The current beneficiaries of the integrated components of these programs are the children, together with their families and communities, who receive the services from attorneys, psychiatric social workers, project resource attorneys, and others. For example, children with special education needs are represented by Public Defender resource attorneys and psychiatric social workers at school district hearings, including IEP meetings. Advocacy by the Public Defender's Office on behalf of children entering the juvenile justice system has reaped tremendous benefits for children with disabilities and provided them with a necessary continuum of educational program options in the school system that are mandated by state and federal law. Children and their families also benefit from referrals to appropriate mental health residential and outpatient treatment programs, Regional Center services for children with developmental and cognitive disabilities and

referrals to other public and private service agencies.

Overall, for Fiscal Year 2003-2004, the Los Angeles County Juvenile Courts have followed the program's recommendations in approximately 87 % of the cases in which extended services were provided in the pre-adjudication component of the program. Judicial officers have stated that the evaluations are invaluable in making the courts better equipped to identify those youth with emotional or developmental issues.

### **POST DISPOSITION PROJECT**

The Public Defender's Office also provides assistance to children through the Post Disposition Project. The Post Disposition Project serves children who were sent to camp by court order. It targets those children whose needs for services are not being met by juvenile camp programs, but could be more fully and properly addressed in a suitable placement setting or other structured program in the community. The target camp population for the Post Disposition Project includes, but is not limited to: (1) children with apparent or suspected learning or developmental disabilities whose special needs cannot be accommodated in a juvenile camp program; (2) children with mental health issues including the need for psychotropic medication; (3) children whose age and level of maturity are not compatible with the camp population or programming; (4) children with physical disabilities that prevent full participation in camp programs; and (5) children about to emancipate from the camp program.

In this component, psychiatric social workers employed by the Public Defender work in cooperation with the Los Angeles County Probation Department ("Probation Department") to identify and reevaluate children who were committed to juvenile probation camp, but whose educational and mental health needs would be better met through a less restrictive alternative. The psychiatric social workers assess the child and make an alternative



recommendation for placement. Deputy Public Defenders then present the alternative plan to the Juvenile Court.

The Post Disposition Project likewise continues to maintain a consistent rate of success in convincing juvenile court judges throughout the ten Los Angeles County Juvenile Court locations that, in appropriate cases, children in juvenile camps should be removed and placed in an environment more conducive to receiving necessary treatment and services otherwise not available in juvenile camps. When returned to court for presentation of the alternative plan by the Deputy Public Defender and the psychiatric social worker, the juvenile courts granted 95% of these motions, finding a change of circumstance in the discovery of otherwise unnoticed mental, emotional or educational needs. Consequently the overwhelming majority of proposed alternative dispositions have been granted to remove the child from camp and place the child in an alternative setting that better addresses the child's individual needs. From its inception through June 2004, the Post Disposition Project has enjoyed a ninety-five percent (95%) success rate in convincing the court to pursue an alternative disposition. Of the 638 total cases handled by the Post Disposition Project since the program's inception in 1999, ninety-six percent (96%) of cases have resulted in an alternative disposition, and judges continued camp placement for less than five percent (5%) of the referrals.

Alternative dispositions involved one of the following situations:

A less restrictive setting whereby the minor was either suitably placed in a Girls' or Boy's Home or the minor was sent home to their family with specific conditions of probation including counseling;

- The camp order remained in full force and effect; however, the minor was released home on a Court Furlough with specific conditions of probation;

- The minor was released from Camp and was placed in the Regional Center system for mental health/educational issues;
- The minor was placed in a mental health facility.

Of the 638 cases referred to the Post Disposition Project from the date of inception in November, 1999 through June 2004, 512 cases were completed, and 491 resulted in a more appropriate/less restrictive setting for the child. Moreover, the rate of referrals into the Post Disposition Project has seen a steady and consistent increase: from January 2003 through June 2004, there were a total of 254 new referrals of children into the program.

Recent evaluation of success/recidivism rates for cases from June 2000 when the Post Disposition Project was fully implemented through the end of May 2004 show promising results. Forty-one percent (41%) of clients whom the Public Defender assisted in the Post Disposition Project were successful, meaning that those minors had either remained at the placement or home or did not have a subsequent petition filed against that person or was not returned to camp. An additional eighteen percent (18%) of clients assisted in the Post Disposition Project successfully completed probation and placement following the granting of the Section 778 petitions resulting in the termination of jurisdiction in their cases.

## **JUVENILE MENTAL HEALTH COURT**

The Office of the Public Defender also continues to be actively involved in Juvenile Mental Health Court ("JMHC"). JMHC, which began operating in October, 2001, is a comprehensive, judicially monitored program for juvenile offenders with diagnosed mental health disorders or learning disabilities and whose crimes demonstrate a link to the disorder or disability. A collaborative interagency team, consisting of a judge, prosecutor, defense attorney, Department of Mental Health psy-



chologist and a Los Angeles County Office of Education liaison, develops an individualized case plan for each eligible child referred to JMHC. The plan includes home, family, therapeutic, educational, and adult transition services. A Deputy Public Defender, with the assistance of psychiatric social workers, advocates on behalf of the child to secure mental health services from all available community resources.

The attorney works with the family, local mental health organizations, school districts, the Regional Center system, the Probation Department, and the Department of Children and Family Services to obtain for the child every benefit to which he or she is legally entitled. Implementation of the plan is monitored intensively on an ongoing basis for two years or as long as the minor remains on probation. One goal of JMHC is to reduce recidivism in the mentally ill population. Since its inception in October of 2001, through December 2002, a total of 77 children have been accepted into the Mental Health court, with 33 new children being accepted into the program in Fiscal Year 2003-2004. JMHC also acts as a referral court for all minors found to be incompetent in Los Angeles County.

### **JUVENILE DRUG TREATMENT COURT**

Juvenile Drug Treatment Court attempts to resolve underlying problems of drug and alcohol abuse and is built upon a unique partnership between the juvenile justice community and drug treatment advocates. The courtroom atmosphere is non-adversarial, with a dedicated team of court officers and staff including Deputy Public Defenders, who strive together to break the cycle of drug abuse. The Los Angeles County Juvenile Court Drug Treatment Court Programs are supervised, comprehensive treatment programs for non-violent children. The programs are comprised of children in both pre-adjudication and post-adjudication stages as well as high risk probationers

who are sometimes placed in a 26-week residential facility.

Minors participate voluntarily, and in the pre-adjudication program, charges are suspended during the minors' participation, while minors in the post-adjudication program admit charges in the petition prior to participation. Most minors participating in the pre-adjudication program are charged with committing offenses involving possession of narcotics, or being under the influence of drugs and/or alcohol. Minors are generally eligible to participate in the post-adjudication program so long as they have no prior sustained or current petitions for sex offenses, crimes of violence or possession or use of a firearm. The requirements are waived on occasion to allow some otherwise ineligible minors to participate in Juvenile Drug Treatment Court when the interests of justice are served.

Upon a finding of eligibility and suitability, the Juvenile Drug Treatment Court judge provisionally accepts the minor into the Juvenile Drug Court Treatment Program. After the child is accepted into the Program, Deputy Public Defenders continue to represent the minor throughout his or her participation in Drug Court. Successful completion and graduation from the program will result in the charges being dismissed. Failure or dismissal from the program will result in the reinstatement of criminal (delinquency) charges and subsequent prosecution on the pre-adjudicated charges or continuation on probation on the post-adjudication charges. Success in the Juvenile Drug Court Treatment programs are not solely measured by the number of graduates from the program, but rather whether the Drug Treatment Court curriculum favorably impacted the children to the extent that they are now considered drug-free.

Juvenile Drug Court Treatment providers direct participating minors through a 52-week curriculum which includes drug treatment, drug testing, frequent court appearances and individual as well as group counseling.



The programs are divided into three phases: phase one focuses on stabilization, orientation and assessment; while phase two emphasizes intensive treatment; and phase three focuses on transition back to the community.

A counselor or probation officer also assists with obtaining education and skills assessments, and referrals for vocational training or job placement services are also provided. Participants are required to attend school on a regular basis, with enrollment in Independent Studies allowed only with the court's approval. The child's parents and family members are encouraged to participate in appropriate treatment sessions. Deputy Public Defenders receive training regarding addictive diseases; treatment and related issues which constitute an ongoing part of the therapeutic environment fostered in the Juvenile Drug Treatment Court.

There are currently three Juvenile Drug Treatment Courts operating in three juvenile court locations: Sylmar, in operation since 1998; Eastlake, which began operations in 2001; and Inglewood, which began operations in April, 2004. For Fiscal Year 2003-2004, the Juvenile Drug Treatment Courts in Eastlake admitted approximately 75 new participants, and 18 minors graduated from the programs. Similarly, there were approximately 25 new participants for years 2003-2004 and 40 graduates in the Juvenile Drug Treatment Court in Sylmar. The Inglewood Drug Treatment Court admitted approximately 21 new participants in 2004.

# APPENDICES

---

## CATEGORIES OF ABUSE





## CATEGORIES OF ABUSE

A significant accomplishment of the Los Angeles Inter-Agency Council on Child Abuse and Neglect Data/Information Sharing Subcommittee in the 1980's was to provide Los Angeles area agencies with a common definition of child abuse to serve as a reporting guideline. One purpose of this effort was to achieve compatibility with reporting guidelines used by the State of California. Additionally, it was hoped that a common definition would enhance our ability to better measure the extent of our progress and our problems, independent of the boundaries of particular organizations. As you read the reports in this document you will see that this hope is certainly being realized.

Since their inception, the definitions have increasingly been applied by ICAN agencies with each annual report that has been published. This year's Data Analysis Report is no exception. This year, more than half of the reporting agencies have been able to apply them to their reports in one way or another.

The Data/Information Sharing Subcommittee hopes that as operational automated systems are implemented and enhanced by ICAN agencies, these classifications will be considered and more fully institutionalized. We believe that over time, their use will enable the agencies to achieve a more unified and effective focus on the issues.

The seven reporting categories are defined as follows:

### PHYSICAL ABUSE

A physical injury which is inflicted by other than accidental means on a child by another person. Physical abuse includes deliberate acts of cruelty, unjustifiable punishment, and violence towards the child such as striking, throwing, biting, burning, cutting, twisting limbs.

### SEXUAL ABUSE

Any sexual activity between a child and an adult or person five years older than the child. This includes exhibitionism, lewd and threatening talk, fondling, and any form of intercourse.

### SEVERE NEGLECT

The child's welfare has been risked or endangered or has been ignored to the degree that the child has failed to thrive, has been physically harmed or there is a very high probability that acts or omissions by the caregiver would lead to physical harm. This includes children who are malnourished, medically diagnosed nonorganic failure to thrive, or prenatally exposed to alcohol or other drugs.

### GENERAL NEGLECT

The person responsible for the child's welfare has failed to provide adequate food, shelter, clothing, supervision, and/or medical or dental care. This category includes latchkey children when they are unable to properly care for themselves due to their age or level of maturity.

### EMOTIONAL ABUSE

Emotional abuse means willful cruelty or unjustifiable inappropriate punishment of a child to the extent that the child suffers physical trauma and intense personal/public humiliation.



# **DATA/INFORMATION SHARING COMMITTEE**

---

## **BIOGRAPHIES**





## BIOGRAPHIES

### **Judith H. Bayer, Committee Chairperson**

Judy currently is a supervising attorney for the Litigation and Training Division of the Office of the Los Angeles County Counsel. She is responsible for coordinating the attorney training program and for the supervision of ten dependency courts. She also serves as the County Counsel ICAN representative, and supervises dependency/delinquency cross-over cases and mediation. During the sixteen years she has been with County Counsel, Judy has been a trial attorney, lead attorney, and courtroom supervisor. She has conducted training programs for new attorneys, social workers, the district attorney's office, and various other public agencies. Prior to becoming an attorney, Judy was a teacher and a pre-school director.

### **Nora J. Baladerian, Ph.D**

Nora is a clinical psychologist and is the Director of the Counseling Center of West Los Angeles. She is also the Director of the Disability, Abuse and Personal Rights Project. She is the Project Coordinator for the CAN DO! Project, Child Abuse & Neglect Disability Outreach Project, under ARC Riverside. She has been involved in issues related to child abuse in general since 1972, and for children with disabilities since 1975. She conducts research and training programs for disability and protective services personnel, and coordinates the annual National Conference on the abuse of children and adults with disabilities. She is

the author of several guidebooks and articles on this issue.

### **Pamela Booth, JD**

Pam is currently the Head Deputy of the Family Violence Division for the Los Angeles County District Attorney's Office. The Division prosecutes felony domestic violence, spousal sex offenders, felony child abuse and other crimes of violence committed by one family member against another. Prior to this assignment, she was the Head Deputy of the Sex Crimes Division. Pam is the Chair of the Los Angeles County Domestic Violence Council, a co-chair of the ICAN Child Death Review Team, a co-chair of the Los Angeles County Domestic Violence Death Review Team and a co-chair of the ICAN/Domestic Violence Task Force on Children in Homes with Domestic Violence.

### **Sarita Carden**

Sarita is a Program Supervisor at the Child Advocates Office/CASA of Los Angeles. During her 12 years as a child advocate, she served as a CASA volunteer before joining the staff of CASA of Los Angeles in 2000. As Supervisor she provides guidance, support and expertise to CASA volunteers appointed by a dependency court judge to advocate for the best interests of abused, neglected, and abandoned children. She has a B.A. in Human Development and is currently working on an M.A. in Human Development, with a specialization in Social Change, from Pacific Oaks College.

### **Olivia Carrera**

Olivia is a Field Representative for the State of California Department of Justice Child Protection Program (CPP). The CPP is responsible for maintaining the Child Abuse Central Index, California's registry of child abuse investigation reports. Olivia has been employed by the Department of Justice since 1982 having represented various programs such as the Violent



Crime Information Center and the California Anti-Terrorism Information Center.. Olivia provides outreach training and is involved with legislative review and special projects for the Child Protection Program. She is a coordinator for the State Child Death Review Board and support staff to the Attorney General Child Abuse Neglect and Reporting Act Task Force. Olivia obtained her Bachelor of Arts degree in Criminal Justice from California State University, Sacramento.

**Christopher D. Chapman, MA**

Chris is a Programmer Analyst with the Los Angeles County Internal Services Department, Information Technology Service. Christopher has been with the County's Internal Services Department since January 1999, where he supports the ICAN Office and other County Departments with over 15 years of experience in Desktop Publishing, Graphic Design and Internet Development. Chris received a Masters Degree in Organizational Management along with two other degrees, one in Visual Design and the other in Business Management.

**Robert M. Cuen**

Robert is currently a staff attorney for the Los Angeles Unified School District. His service with the District began in 1996. Since that time, he has represented the District and school personnel in all school law related matters in both state and federal courts and administrative hearings. Also, Robert responds to the day-to-day legal needs of district staff. Prior to L.A.U.S.D., Robert was an associate at a private law firm representing municipalities and other public entities in employment related matters.

**Jeanne Di Conti**

Jeanne is a Deputy City Attorney with the Los Angeles City Attorney's Office, Ethics, Legislation & Trial Support Section. Since starting with the Office in 1975, she has worked with a variety of databases related to the Criminal Branch.

She has been a member of the ICAN Data/Information Sharing Committee since 1989.

**Irene Frizzell**

Irene is a detective with the Los Angeles Police Department. She has been a police officer for 21 years and is currently assigned to Juvenile Division as a Juvenile Consultant. She previously worked for 13 years in the Abused Child Unit.

**Kary L. Golden**

Kary works for the Department of Public Social Services in the Research, Statistics & Data Services Section. He has been with the County's Department of Public Social Services since April 1990 and has been involved with the ICAN Data/Information Sharing Committee since 2001. Mr. Golden graduated from Howard University in 1988 with a Bachelor of Science degree in Psychology and a minor in Chemistry.

**Eileen Gomez**

Eileen Gomez is the Information Technology Manager of the Forensic Data Information Systems Division (FDIS). She is responsible to ensure that the Coroner is in alignment with the Countywide Strategic Plan for E-government. Ms. Gomez is an employee of the Internal Services Department, Information Technology Service, Information Systems Support Division. She has 23 years of I/T experience, including technical lead, front-line supervision, and project management. Eileen has been a member of the ICAN Data/Information Sharing Committee since 2000.

**Douglas Harvey**

Doug has been a Supervising Special Investigator with State Community Care Licensing since 1993, when he began serving on the ICAN Child Death Review Team. He is also a Licensed Clinical Social Worker with over 23 years experience working with children and adults.



**Howard E. Herl, Ph.D.**

Dr. Herl is an Assessment Consultant with the Division of Research, Evaluation, and Assessment at Los Angeles County Office of Education. Dr. Herl's responsibilities include design and development of technology-based systems and directing the division's measurement and analysis work. Dr. Herl brings a range of skills in the areas of computer science, research design, and statistical analysis, and manages a group of research analysts and technical specialists. Dr. Herl previously worked at the National Center for Research on Evaluation, Standards, and Student Testing (CRESST) at UCLA. While at CRESST, he designed and developed on-line performance assessment systems, technology-based learning environments, published frequently in the areas of reliability and validity of online performance assessment systems, managed large-scale federal technology evaluation efforts (e.g., Computer-Assisted Educational Technology Initiatives—CAETI), and presented annually at educational conferences, including American Educational Research Association (AERA) and California Educational Research Association (CERA).

**John E. Langstaff, M.S.**

John is currently the Head of the Department of Children and Family Services (DCFS) Bureau of Information Services Statistics Section. In his 18 years with Los Angeles County, John has been a Children's Social Worker, worked for the DCFS Policy and Public Inquiry sections, and was a developer and manager of the DCFS Out-Stationed Training Program. In addition, John was a Program Analyst at ICAN for almost three years, working on the Data/Information Sharing Subcommittee, the Child Death Review Team, The National Center on Child Fatality Review, and various other projects. John earned a Bachelor's Degree in psychology from Whittier College and a Master of Science Degree in psychology from California State University, Los Angeles.

**Diana Liu, MPH**

Diana is an epidemiologist for the Epidemiology and Assessment Unit (formerly known as the MCAH Assessment and Planning Unit), Family Health Program, Los Angeles County Department of Health Services. She has recently been involved in the development and dissemination of maternal, child and adolescent health (MCAH) related statistics to internal and external programs, other county departments, and community organizations. She is also involved in the production of Family Health Outcomes Project Indicator report. Her hope is that with accurate and meaningful data/information, we can assist in facilitating collaboration, planning, and policy development within MCAH community. Diana received her Master of Public Health in Epidemiology from San Diego State University.

**Dionne Lyman-Chapman**

Dionne is a Programmer Analyst II with the Los Angeles County Internal Services Department, Information Technology Service. Dionne Lyman has been with the County's Internal Services Department since September 2001. She supports ICAN and various County Departments with over 15 years of experience in Desktop Publishing, Graphic Design and Web Development. She obtained a Bachelor of Arts in Illustration with a minor in Graphic Design from California State University, Long Beach.

**Penny Markey**

Penny is the Coordinator of Youth Services for the County of Los Angeles Public Library. She is responsible for developing library collections, programs and services for children from birth to age 18 and their parents and caregivers. In that capacity she has developed numerous programs for children and families including: Begin at the Beginning With Books, an early childhood literacy program targeting pre-natal moms and their new babies; Home run readers, a reading motivation for school-age children in partnership with the Los Angeles



Dodgers and Pacific Bell and a community service volunteer program to provide teens with workforce readiness skills. Penny has served as adjunct professor in the School of Education and Information Science at UCLA.

#### **Chris Minor**

Detective Chris Minor is with the Los Angeles County Sheriff's Department assigned to the Family Crimes Bureau (FCB). He has been a deputy sheriff for twenty-four years and has worked as a child abuse investigator for the past fourteen years. Chris currently is the Operations Deputy for the FCB. He also acts a liaison between the Bureau and the Los Angeles County Department of Children and Family Services and other law enforcement agencies; responds to requests for advice from field patrol deputies conducting child abuse investigations; and conducts lectures in the field of child abuse investigation and mandated reporting to the Sheriff's Department Academy Recruits, newly assigned patrol deputies, Department of Children and Family Services Children's Social Workers, school and hospital personnel, parents and other civic groups. Chris is a member of the Inter-Agency Council on Child Abuse and Neglect (ICAN) Data Sharing Committee and also represents the Sheriff's Department on the Los Angeles City Attorney's Office- LAUSD Task Force on Best Practices for Child Abuse Investigations Reported by Schools

#### **Becki Nadybal**

Becki is the Data Manager at the Los Angeles County Children's Planning Council. Her areas of specialization are in data and mapping. Prior to her employment at CPC, Becki worked as a consultant on numerous child-related projects and reports throughout Los Angeles County. She also worked in the Research Department at United Way of Greater Los Angeles. Becki graduated from California State University, Northridge with a B.A. in Geography. She is currently completing her M.A. in Geography with a specialization in urban studies.

#### **Thomas Nguyen**

Thomas is a Children's Services Administrator I in the Statistics Section of the Department of Children and Family Services. He has been with the department since 1988 and has been involved with the ICAN Data/Information Sharing statistical report since 1991. Mr. Nguyen graduated from Hope College, Holland, Michigan with a Bachelor of Arts degree in Business Administration and minor in Computer Science and Spanish.

#### **Julio Ortega**

Julio is currently Division Manager for Internal Services Department, Information Technology Service responsible for managing information technology for the County's social services systems and other programs. These systems and programs are administered by the Department of Public Social Services (DPSS), Department of Family and Children's Services (DCFS), Child Support Services Department (CSSD) and Department of Community and Senior Services (DCSS). He has over 33 years County systems experience, including workflow analysis, front-line supervision and project management of internal and contracted major system development. He joined the ICAN Data/Information sharing committee in 2003.

#### **Loren Solem-Kuehl, M.A., MFT**

Loren is a Program Administrator for ICAN. He has primary responsibility for the Data/Information Sharing Committee and the Grief and Mourning Committee. He also provides staff assistance for the Cross-reporting subcommittee, Safe Haven Speakers Bureau, Mentoring Task Force, and the Annual "Nexus" Domestic Violence Conference. Prior to joining ICAN, Loren worked for the Los Angeles County Department of Children and Family Services (DCFS) for a period of eight years. The last several years while at DCFS, Loren was the South County Resource Coordinator responsible for the coordination of special events



and services for DCFS children. He also supervised regional fundraising and managed the Regional Children's Trust Fund. Prior to this position Loren supervised the Special Services Section at MacLaren Children's Center. Loren has also worked in the Bureau of Resources where he provided support services, training and advocacy to foster parents of Los Angeles County. Loren is a licensed Marriage and Family Therapist.

### **Edie Shulman**

Edie is the Assistant Director for ICAN. Her primary responsibilities are to manage the ICAN Multi-Agency Child Death Review Team, which includes maintaining the data base of suspicious child deaths, providing analyses of child deaths for County agencies, coordinating team meetings, and data collection. Ms. Shulman also provides staff assistance for several other ICAN committees, including the ICAN Data/Information Sharing Committee, Child Abuse Evaluation Regionalization Committee and the Child Abduction Task Force. Ms. Shulman has both a JD and an MSW from the University of Southern California. Prior to joining ICAN in 1997, she had 5 years experience within the Adoptions Division of the Los Angeles County Department of Children and Family Services.

### **Cathy Walsh**

Cathy is a Program Administrator for ICAN. She has primary responsibility for the 2004 Multi-Agency Child Death Review Team report, the Child and Adolescent Suicide Review Team, the Child Abduction Task Force, and the Domestic Violence Task Force Literature Review Sub-committee. Prior to joining ICAN, Cathy worked for the Los Angeles County Department of Children and Family Services (DCFS) for a period of fifteen years. The last several years while at DCFS, Cathy was an Assistant Regional Administrator responsible for the management of various children service programs. Cathy obtained a Bachelor of Arts in Psychology and a Business minor from

Loyola Marymount University in Westchester, CA. She graduated cum laude in 1982. She received her Masters Degree in Social Work from UCLA in 1985.

### **Kimberly Wong**

Kimberly Wong is the legislative and criminal justice policy advisor for the Los Angeles County Public Defender's Office. As a deputy public defender of 10 years, she has conducted numerous felony and misdemeanor trials as well as juvenile adjudications. Through the Public Defender's Public Integrity Assurance Section, Ms. Wong drafted motions and writs for clients in post-conviction cases involving police misconduct. Ms. Wong also assists incarcerated domestic violence survivors in seeking post-conviction relief. In the Public Defender's office, Kimberly was actively involved in developing in-house seminars for about 1000 employees on topics of race bias and gender bias. She is a member of the Habeas Project Advisory Committee, whose goal is to expand access to justice for survivors of domestic violence.

### **David Zippin, Ph.D.**

David Zippin is Chief Research Analyst with the Child and Family Programs Administration of the Los Angeles County Department of Mental Health. He is involved with the development, implementation and analysis of children's treatment outcome instruments, as well as tracking clients in intensive treatment programs. He received his Ph.D. from University of Iowa specializing in Social Psychology and Research Methods. He also completed a two-year NIMH postdoctoral training program in mental health program evaluation in the School of Public Health at UCLA, and a one-year USPHS postdoctoral fellowship in pediatrics at Harbor/UCLA Medical Center.