

CRIME

The juvenile justice system has become a major topic of discussion nationally, fueled by a daily barrage of news reports of increasingly serious crimes committed by younger and younger persons. While there is a natural inclination to simply call for harsher punishments for juvenile offenders, experience has shown that there are no

simple solutions to this complex problem. The root causes of juvenile crime must be examined to properly address the problem.

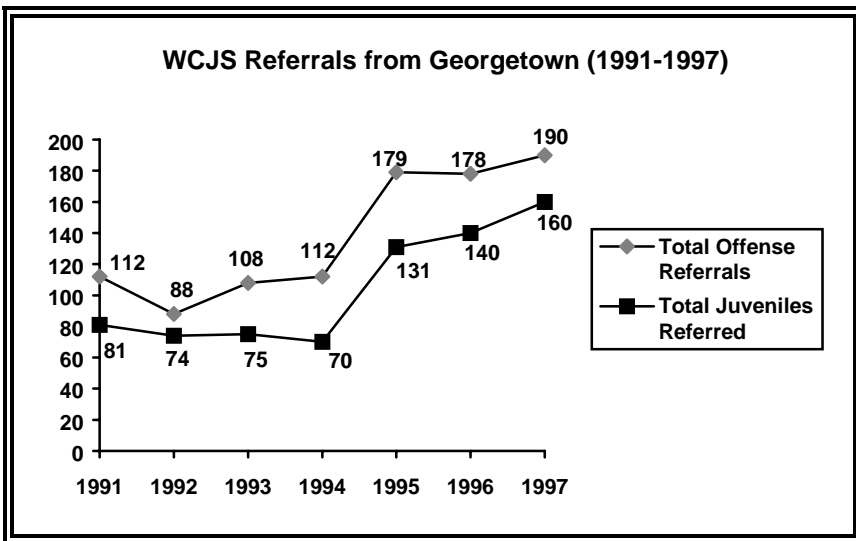
Truancy, family dysfunction, increased substance abuse and negative peer pressure all contribute to delinquency. Many youth in the juvenile justice system lack respect for adults and others, come from families with inadequate knowledge of appropriate disciplinary techniques, and lack a nurturing environment.

In 1997, 36 out of every 1,000 Georgetown juveniles (ages 10-17) were referred to Juvenile Services. Statewide, this rate is 39 out of every 1,000

All juveniles between the ages of ten and seventeen who commit any offense greater than a class C misdemeanor in Georgetown are referred to Williamson County Juvenile Services (WCJS). The two measures shown here, total referrals and total juveniles referred, illustrate the scope of the juvenile crime problem in Georgetown. The first measure gives a rough indication of the total number of juvenile offenses committed

each year, while the latter reflects the total number of juvenile offenders processed through Juvenile Services for a given year. By comparing these two measures, we can better understand the propensity of juvenile offenders to re-offend within the same year, keeping in mind that a child can commit multiple offenses during one criminal incident. Total referrals increased 70 percent between 1991 and 1997 while the number of children referred increased by 97 percent. It must be noted, however, that the largest growth in both total referrals and total children referred occurred between 1994 and 1996; the same period of time in which the school district

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Source: Williamson County Juvenile Services, Special Data Run by Craig Kotz

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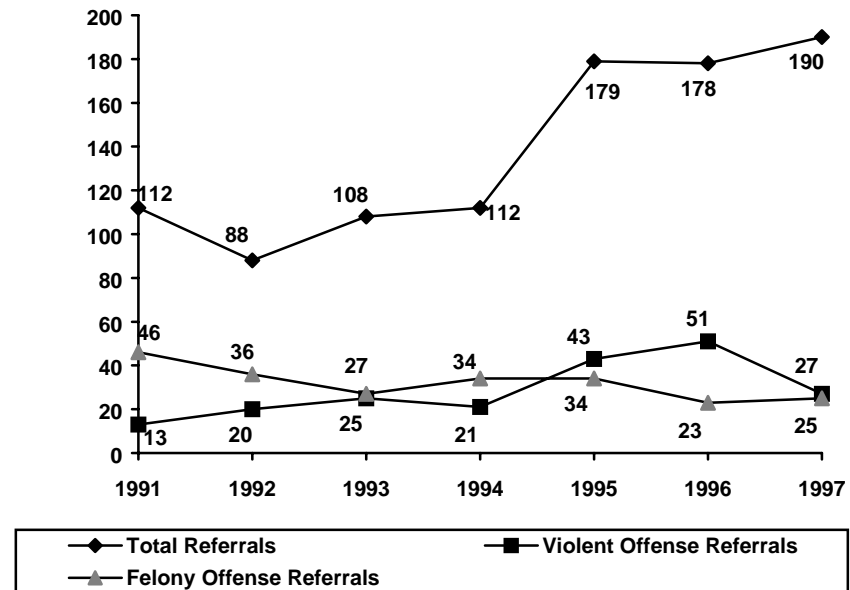
recorded its highest levels of growth in student enrollment. So, in fact, these increases may have resulted merely from growth in the youth population rather than from increased criminal tendencies among Georgetown's youth. The fact that average referrals per child have declined steadily since 1994 is also noteworthy, as it illustrates the fact that more youth are committing offenses, though less often.

Between 1991 and 1997, Georgetown referrals to the Williamson County Juvenile Services (WCJS) increased by an average rate of 10.2 percent annually. Although the graph below indicates that the number of juvenile offenses in Georgetown is increasing, the number of both felony and violent offense referrals has remained relatively steady from 1991 to 1997. This implies the rise in juvenile offenses is due to a significant increase in non-violent misdemeanor crime (i.e., possession of marijuana, criminal trespass and mischief, and disorderly conduct). This trend is corroborated by data from the Georgetown Municipal Court which indicates a doubling in class C misdemeanor disorderly conduct citations between 1996 and 1997. The most frequently committed felony offense by Georgetown youth in 1997 was unauthorized use of a motor vehicle (motor vehicle theft).

Scientific research now clearly shows that quality educational child care, parenting, coaching and after-school programs can have a dramatic anti-crime impact because they help kids learn right from wrong and to learn the skills and values they need to become good neighbors instead of criminals.² Research also shows that investments in early childhood and youth development programs today

The average age of a violent juvenile offender from Georgetown increased from 13.4 to 14.6 years between 1991 and 1997.

Violent Offense and Felony Offense Referrals relative to Total Referrals



will reap dramatic cost savings tomorrow.

GANGS

Although juvenile gangs have long plagued many of Texas's larger cities, their more recent appearance in rural communities has shocked many small towns. While Georgetown is no exception to this, the gang problem has not yet become unmanageable. Georgetown gang activity on the whole is generally less organized and less

WCJS identified close to 80 active gangs in Williamson County through July of 1998. However, gang members accounted for only one of Georgetown's 25 juvenile felony referrals to WCJS and for only four of 27 violent offense referrals.

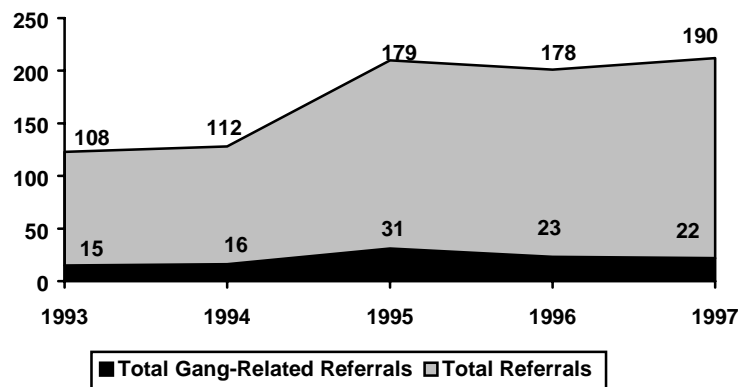
violent than in other communities, better characterized by drug-related offenses and petty crimes such as graffiti. Nevertheless, our location along one of the heaviest drug corridors in Texas (IH-35) makes Georgetown a prime candidate for more serious gang activity. A gang is defined as a group of three or more persons having a common identifying sign or symbol, or an identifiable leadership, who continuously or regularly associate in the commission of criminal activities.

Looking at the total number of Georgetown gang-related referrals to WCJS, as well as the percentage of total referrals which are gang-related, gives a reasonable indication of the gang problem in Georgetown. Both of these measures suggest that gang-related crime in Georgetown has been declining for the last two years. During 1997 in Georgetown, gang members accounted for 11.6 percent of total referrals to WCJS. In 1997, gang members accounted for 16 of 27 (59 percent) of Williamson county juveniles committed to the Texas Youth

Commission (TYC), an agency which protects the public from and provides rehabilitation for the 2-3 percent of the state's most chronically disruptive and violent delinquents. During fiscal year 1997, a total of six juveniles were committed to TYC from Georgetown. Of those, 3 were gang members.

Literature in this field suggests that certain, severe, and swift punishment combined with rehabilitation, provide the best deterrent to criminal behavior. The literature also suggests that comprehensive measures at a very early age may be the key to prevent at-

Total Gang-Related Referrals Vs. Total Referrals (Georgetown)



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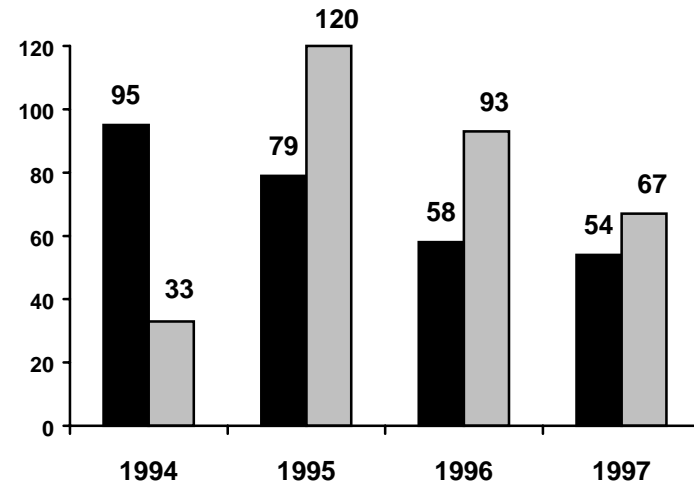
risk populations from coming into contact with the criminal justice system.³

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RUNAWAYS

Running away from home is a youth's cry for help and is often only a symptom of the depth of troubles beneath the surface. However, the legal definition of a 'runaway' in Georgetown (and Williamson County) is that the child or youth is reported missing. While running away can indicate that the youth may be in a high-risk situation, it can also signal a simple breakdown in family communication. The data presented in this report reflects only the reports of children and youth missing, not the number of those leaving home without the intention of returning. For this reason, Craig Kotz, Director of Quality Control for Williamson County Juvenile Services, suggests that these reports may be more aptly termed "Family Crisis Referrals". WCJS provides services in only the most serious cases of runaway children. However, a low percentage of even these cases actually involve a child leaving home permanently.

Runaway Reports, 1994-1998



■ Runaway Reports to GPD, Georgetown only
□ Runaways Referred to WCJS, Williamson County

Source: Georgetown Police Department and Williamson County Juvenile Services

DOMESTIC VIOLENCE

Domestic violence provides another indication of families in crisis. However, the presence of children in homes of domestic violence compounds the severity of the problem. Research has shown that male children who experience domestic violence are more prone to become batterers in later life, while females who live in households where domestic violence is common are more likely to become future victims of this violence. In 1996, the Georgetown Police Department (GPD) responded to 346 domestic disturbance calls that resulted in 166 confirmed cases of domestic violence. In 1997, GPD responded to 345 calls resulting in 132 confirmed cases.

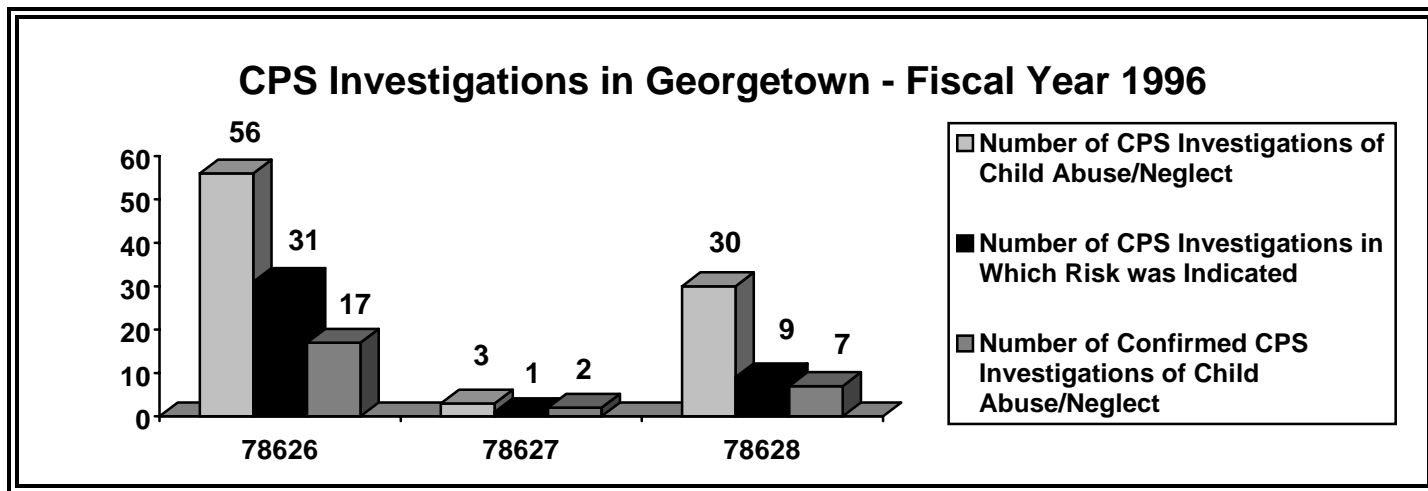
"But the child's sob in the silence curses deeper than the strong man in his wrath."

Elizabeth Barrett Browning

CHILD ABUSE AND NEGLECT

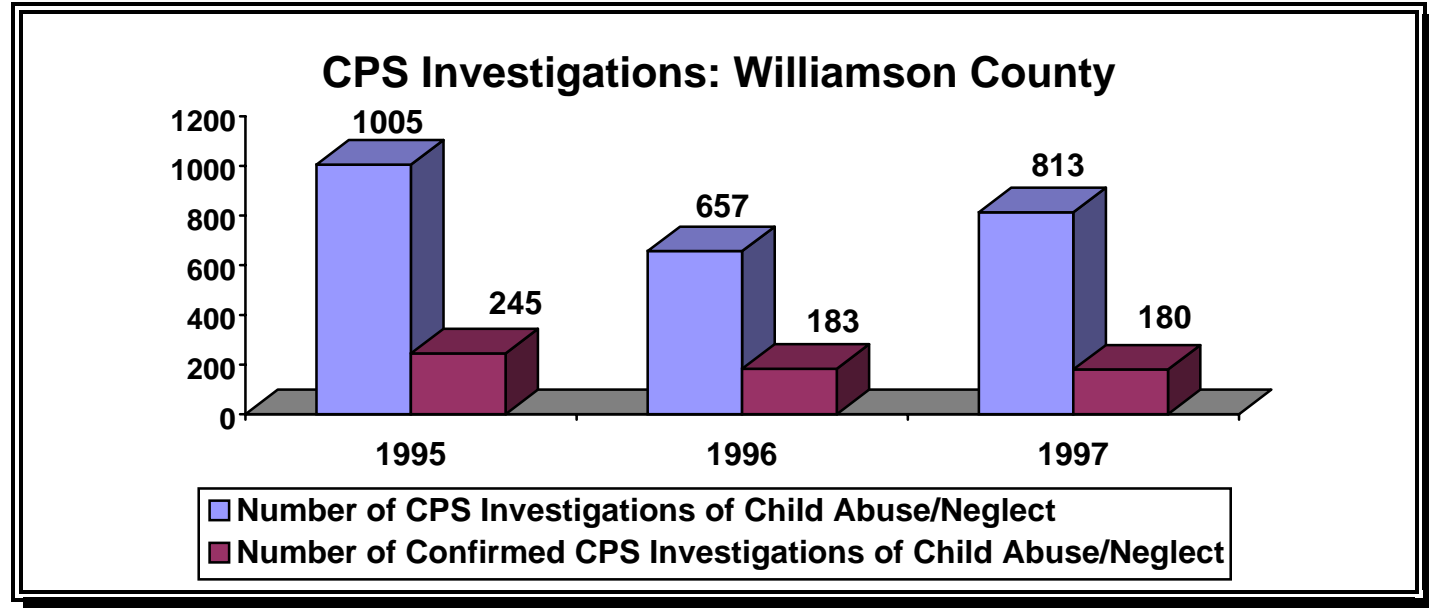
The Texas Department of Protective and Regulatory Services (PRS) - Child Protective Services (CPS) serves a population of children who are, as a result of abuse and neglect, at-risk for being unable to learn in school, to work in the marketplace, to positively contribute to their communities, and to be responsible parents.

During fiscal year 1996, there were 89 investigations, resulting in 26 (29.2%) confirmed cases of child abuse and neglect in Georgetown. During the same year in Williamson County, 657 investigation resulted in 183 (27.9%) confirmed cases of child abuse and neglect. In fiscal year 1997, 813 investigations resulted in 180 (22.1%) confirmed cases. In Texas during fiscal year 1996, CPS conducted 99,780 investigations, finding 28,489 (28.6%) confirmed cases of child abuse and neglect throughout the state. In fiscal year 1997 in Texas, 75,725 investigations resulted in 22,582 (29.8%) confirmed cases of child abuse and neglect.



Source: Texas Department of Protective and Regulatory Services, Division of Forecasting and Program Statistics, special data run, August, 1998. PRS converted abuse and neglect data to a new automated system in 1996. Data conversion difficulties prevent publishing zip code data for fiscal year 1997 and 1998 at this time, however, county data is available for all years and gives a fairly accurate picture of current child abuse and neglect statistics for Georgetown.

The agency's first priority is the immediate safety of children. PRS administers a toll-free, 24-hour hotline for reporting suspected abuse (1-800-252-5400). All reports that meet the statutory definitions of abuse and neglect are assigned a priority based on the level of risk to the child, so that the most urgent cases receive immediate attention. Law enforcement agencies are also notified of reports, which come from many sources. About 35 percent of all investigated cases are reported by professionals such as teachers, doctors, nurses, clergy, and child-care staff, who come into contact with children. Other frequent sources include parents (9.4 percent), relatives (10.4 percent), and friends and neighbors (7.5 percent).



Source: Texas Department of Protective and Regulatory Services, Division of Forecasting and program Statistics, Special Data Run, August, 1998. PRS converted abuse and neglect data to a new automated system in 1996. Data conversion difficulties prevent publishing zip code data for fiscal year 1997 and 1998 at this time, however, county data is available for all years and gives a fairly accurate picture of current child abuse and neglect statistics for Georgetown.

Once a report is received, CPS workers may interview the children, parents, and witnesses to determine if child abuse or neglect has occurred and to assess the continued risk to the child. The agency determines what civil court action to take, if any. If criminal conduct is involved, law enforcement will investigate at the same time to determine if criminal charges should be filed.

In many communities, interviews and examinations of children in abuse and neglect cases may be conducted at a children's advocacy center. The centers provide a non-threatening, child-friendly setting where professionals from child protective services, law enforcement, the prosecutor's office, and others work collaboratively. Williamson County's Child Advocacy Center opened in Georgetown in the Spring of 1998.

When the need for continuing protective services has been identified and it appears that a child's safety can be maintained in their own home, services plans are developed with the families with the goal of preventing further abuse or neglect. In a situation where children must be temporarily placed in foster care to ensure their safety, services are also provided to the parent to enable the return of children as soon as safety is ensured.

Out of home care may involve placement with relatives, foster families, emergency shelters or assessment centers, as well as group homes, residential treatment facilities, or other facilities. Care for children outside their home can be temporary or long-term and depends on the 'permanency plan' for the child. In some cases, parental rights are terminated and adoption is planned. Long-term substitute care is provided when the plan for the child is other than reunification or adoption. Temporary out of home care is usually provided when efforts are being made to reunify the family.

Protective And Regulatory Services in Williamson County Fiscal Year 1997

Families Receiving Monthly In-Home Services per month	Children in PRS Legal Custody	Children in PRS Substitute Care	Children in PRS Foster Care
39	240	220	201

Source: Texas Department of Protective and Regulatory Services, *1997 Annual Report*, p. 48.

In 1997 the state legislature, recognizing the trauma that children suffer when they are removed from home to often endure a lengthy period of uncertainty in foster care, passed several laws regarding the protection of children in Texas. One of the major modifications to the law amends the Texas Family Code and requires courts to issue a final order within 12 months after a child comes into the care of PRS, with the possibility of one six-month extension. Unless the court grants a final order or renders an extension, the court must dismiss the suit. This law does, however, include some provisions to ensure *safety* to the child. The final order may include return home, placement with a relative, transfer conservatorship to a relative or other person, or PRS being appointed as managing conservator with or without termination of parental rights.

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HEALTH AND WELFARE

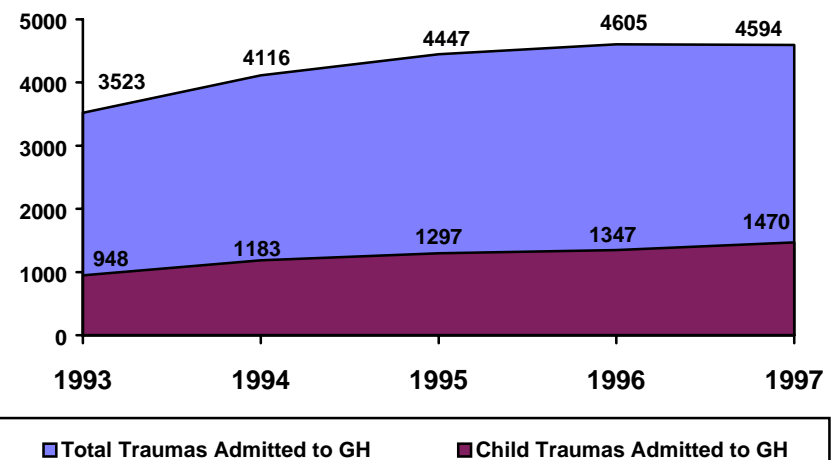
CHILD TRAUMA

Injury is the leading cause of death in children and young adults and is responsible for more childhood deaths than all other causes combined. Injuries are usually categorized as either unintentional or intentional. Unintentional injuries, usually referred to as accidents, are not necessarily random events beyond our control. Some injuries are preventable, occur more often in high risk groups, and are frequently related to reckless behavior. Intentional injuries, the result of violent and abusive behavior, exact a large toll on the physical and mental health of our community. Trauma is the fourth leading cause of death in Texas and the leading cause of death for Texans ranging from birth to age 44.⁴ In terms of cost – both the direct costs of care and the indirect costs to individuals, families, and communities – injuries are among the most expensive of all health and societal problems. Annually, pediatric injuries account for approximately 25,000 deaths, 600,000 hospital admissions, and 16 million emergency department visits, with direct costs exceeding \$7.5 billion.⁵ The causes of injuries, as well as effective strategies for prevention, involve a complex mixture of behavioral, societal, cultural, economic, and educational factors.

Child trauma cases recorded by the emergency department of the Georgetown Hospital give some idea of the likelihood of injury among the city's youth. While the total number of visits to the emergency department gives an indication of the problem's magnitude, child traumas as a percentage of total traumas speak to the size of the problem in relation to that of the adult population. Since 1993, child traumas

Between 1993 and 1997, child traumas in Georgetown increased by an annual average rate of 11.6 percent per year. During these same years, annual enrollment in the school district grew by only 5.8 percent.

Trauma Cases Seen in Georgetown Emergency Department, 1993-1997



Source: Georgetown Health Care System

in Georgetown have shown a higher rate of increase than adult traumas. In 1993, child traumas accounted for
27

"If a disease were killing our children in the proportions that injuries are, people would be outraged and demand that this killer be stopped."

-C. Everett Koop, M.D.

percent of total traumas seen; in 1997 they accounted for 32 percent. This year (1998) Georgetown has already seen a case of a 15-month-old with shaken baby syndrome and the murder of a 3-year-old during a domestic violence dispute.

The predominant *causes* of the traumas shown here are not yet categorized. Additionally, the fact that the Georgetown Hospital serves a geographic area that extends well beyond the city limits makes it difficult to form a context for the data represented here.

SUICIDE

Suicide is the ninth leading cause of death in the US and the third leading cause of death among teenagers aged 15-19. Nationally, rates are increasing, particularly for those under 14 and those over 65.⁶

Suicidal behavior is often referred to as a "cry for help" because it appears that most people who commit suicide do not want to die, but rather want to end their pain and fail to see any way to do so other than suicide.

There is not one cause of suicide and no one commits suicide because of any one event or happening in their life. Rather, suicide comes about through the gradual wearing away of a person's ability to cope with various stresses and pain. A troubled childhood, often with multiple and changing parent figures, substance abuse, problems in school or with the law, and losses of loved ones are among the things that may contribute to growing feelings of helplessness and hopelessness. Clinical depression is often a factor. Self-medicating the bad feelings with alcohol or other drugs may also contribute to the downward spiral.⁷ The graph to the left indicates the number of juvenile attempted suicide cases seen by the Georgetown hospital emergency room. While these cases may be only a fraction of all attempted suicides, they represent the most serious attempts as they resulted in a need for emergency care.

Juvenile Attempted Suicides Admitted to Georgetown Hospital 1993-1997

