Needs and Resources Assessment *Respect-O-Rama* Prevention Project Perrysburg/Cascone/Vassell Region

Community Profile

Description of the Region/population/major influences

The City of Perrysburg and the counties of Cascone and Vassell cover 610 square miles and represent a population of just over 100,000 people. Traditionally, the area was rural with farmlands and small industry. The region hosts a significant migrant population of Latinos, Jamaicans, and Haitians in the growing and harvesting seasons. In the past 10 years the area has experienced significant change due to the outgrowth from the Washington, DC metropolitan area and the explosion of the immigrant population. The Perrysburg/Cascone/Vassell region had the second fastest population growth of all metropolitan areas in the state during the past five years. Perrysburg is the central city of the Standard Metropolitan Statistical area which includes Cascone and Vassell Counties and Leftwich County, Maryland.

The population of the Perrysburg/Cascone/Vassell community is predominately white. Perrysburg city has the largest representation of minorties at 20.9%. Quick Facts from the 2010 Census reports the majority of the minority population in the city is represented by African Americans (10.6%) and Latinos (10.3%). The Latino population is fast becoming the dominant minority in the city. The Latino population increased 600% in the 10 year period from 2000-2010. While only 10% of the adult population is Latino, Latino children represent 25% of the city school system population. The demand for English as a Second Language exceeds the resources for both adults and children who desire to speak English. The local adult literacy program reports that a Latino client who waited hours in line to sign up for an ESL class said, "English is like air, I need it to live." The need for ESL classes underscores some of the barriers that Latinos have faced while trying to integrate into the community. Observations from an environmental scan indicate that the community is adjusting to meet the needs of the changing face of Perrysburg. Signs at retail establishments and want ads are printed in Spanish to offer opportunity for the newest members of the community. While the community is attempting to adjust at many levels, there is still resistance to change. Handwritten signs demanding that immigrants "go home" are displayed in the same neighborhoods where flags representing countries such as Mexico, Guatemala and the Dominican Republic are found.

The majority of the population in Perrysburg/Cascone/Vassell is within the 35-44 year age bracket. Perrysburg hosts the highest percentage of senior citizens (18%). Statistics from the 2000 census indicate that 41% of the Perrysburg senior citizen population is living with a disability. Perrysburg also has the highest number of adolescents and young adults (17%). Research indicates that there are more females than males in each of the three communities. Marriage is popular throughout the region. More people report to be

married than those who report to be single, widowed, separated and divorced combined. Perrysburg city has the highest population of single adults at 31%. Limited statistics compiled from the 2010 census and reported on gaydemographics.org suggest that less than 3% of the county's population represents the Lesbian, Bi-Sexual, Gay, Transgender and Queer communities (LBGTQ). Perrysburg city has the largest LBGTQ population of the three localities. Just over 2% of Perrysburg city residents report to be part of a samesex couple.

Rapid growth in the Perrysburg/Cascone/Vassell region is having a huge impact on the local economy. The three largest industries in the area include health care, public education and printing/manufacturing. Over the past 10 years Perrysburg has metamorphosed from a largely agricultural and manufacturing economy to a service-based economy. In calendar year 2008, Perrysburg added 1,000 jobs to its 57,000 non-farm employment base. The Perrysburg/Cascone/Vassell areas have a lower unemployment rate than the state (2.9%) and the nation (4.8%). The three-year average median household income for Virginians from 2008-2010 is \$54,301. Residents in both counties report a median household income above the state average at \$55,448 and 78% own their own home. The average price for a home in the counties is \$350,253.

Conversely, the situation in Perrysburg city is different. Although the city's unemployment rate is only 1.8%, Kidscount data indicates that 42% of children are living below the poverty level. Twenty four percent of city families earn less than \$25,000 per year and the median city income is well below the statewide average at only \$37,143 annually. In contrast to both counties, only 46% of city residents own their own home, and the average cost for a home in the city is just under \$300,000. Single mothers represent 19% of the family units in Perrysburg and earn an average of \$6,000 per year less than families led by males. Also, while 10% of the Perrysburg city population has earned a post graduate degree, 25% never graduated from high school or earned their GED. In comparing the respective census information from the counties and the city, data indicates a huge disparity within Perrysburg city limits regarding levels of education and socioeconomic status.

The population explosion in the community has led to a need for new schools. Each locality has struggled with cuts in school funding during the same time the government is mandating new programs. Rural Vassell County is in desperate need of a new high school, and is currently utilizing trailers to hold classes due to overcrowding. The Cascone County School Board recently requested additional funding from the Board of Supervisors, but was able to obtain only a portion of the funding requested which will inevitably lead to larger class sizes and more stress for both students and teachers. In the City of Perrysburg there is only one high school, one middle school and four elementary schools. Perrysburg city is investing several million dollars in its endowed public high school to keep up with the demand for space. This led to a substantial increase in property taxes which will have a negative impact on the city's working poor.

As the population continues to increase, the region is at risk for becoming a "bedroom community" for people commuting to high-paying jobs in Metropolitan Washington, DC.

More people travel into Perrysburg to work than travel out, but half of the region's new residents commute outside Perrysburg to work. In response, the Economic Development Commission has pushed a campaign to show commuters the financial and quality-of-life costs of long commutes. However, as the community grows so does the opportunity for financial support and prevention allies from non-traditional sources such as new businesses.

Community assets

It should be noted that volunteerism is highly regarded in the Perrysburg/Cascone/Vassell area. Agencies such as the Community Services Council are spearheaded by individual community members who have a history of seeing a need in the community and creating a solution. The development of many outstanding agencies such as the women's shelter and the Free Medical Clinic were developed by members of the Community Services Council. This spirit of compassion and volunteerism is an asset that is both immeasurable and priceless.

Many of the following assets are projects that rely on grant funding. During times of funding cuts, many assets become either temporarily or permanently unavailable leaving gaps in the system.

• CCR:

- ^o The local Council against Domestic Violence and Sexual Assault has over 40 members representing over 25 different agencies in the region. The Council has been an active participant in a primary intimate partner violence (IPV) prevention project "Respect-O-Rama" since the inception of the program, and voted early in the process to add a prevention initiative to its traditional intervention focus. Annually, the Council hosts a workshop for the community offering information on IPV prevention and intervention. This council is generically known as a "coordinated community response, or "CCR."
- Rural Vassell County has recently established a sub-committee of the region's Council against Domestic Violence and Sexual Assault. Through this committee, the small county will begin to promote programs that serve to prevent IPV and identify assets within that community.

• Medical

^o Forensic Nurse Examiners from the local medical center serve as individual allies to end IPV. The nurses serve on the CCR and participate fully in prevention activities. Activities include the RESPECT-O-RAMA Project and Project RADAR, which is an initiative that was developed to enable health care providers to effectively recognize and respond to IPV.

• Colleges/Universities:

- A representative from the local university participates in the CCR and actively initiates primary prevention activities on campus. Activities include educational programs in fraternities and sororities, the campus chapel committing to be a "Healthy Relationship Church," and resident advisors delivering multi-session relationship building courses to their residents called Relationship 101.
- [°] The local community college and university lead the effort to coordinate the annual Respect Rally encouraging respectful relationships between peers.

• Faith Community:

^o More than 20 faith communities or 130 churches are represented in the region. In addition to religious services, many operate weekday pre-school programs, camps, and sports leagues which focus on healthy child development. Five churches in the area have committed to be "Healthy Relationship Churches" and are purposefully addressing the prevention of IPV at all societal levels within their respective congregations. In addition, the local Unitarian Church offers a comprehensive sex education program and sensitivity training for LGBTQ issues.

• Prevention Programs:

- [°] The local pregnancy care center offers multi-session courses on how to protect yourself from becoming a victim of IPV and how to protect your children from sexual predators.
- ^o The local Boys & Girls Club offers several life skills programs that help youth to achieve and maintain healthy and active lifestyles. The SMART Girls program is designed to encourage healthy attitudes and lifestyles that will enable adolescent girls to develop to their full potential. In addition, a Passport to Manhood group is offered to males ages 11-14 to promote and teach responsibility while reinforcing positive behaviors.
- ^o The local women's shelter participates in the both the CCR and the Respect-O-Rama IPV prevention project, and provides leadership to the subcommittees of both. Shelter staff also offers Teen Intervention Project presentations in the local middle and high school and colleges. They also encourage poster campaigns and community awareness vigils. Teen Relationship Workbook activities are offered to "at risk" youth in the local detention centers and alternative schools. Staff has also coordinated a "Mentors in Violence Prevention" volunteer program for adult males to mentor male youth on IPV. College faculty and student leaders have been

trained to implement (and have implemented) *The Red Flag Campaign* at the local university. All of these projects are designed to prevent IPV.

• Media:

^o The local newspaper, radio stations and, most recently, the local television station are available to assist in promoting community awareness on IPV activities. Activities in and around Domestic Violence Awareness Month and Sexual Assault Awareness Month are heavily covered through all media venues. Additional articles and news coverage are provided throughout the year as needed.

• Law Enforcement/Legal Systems:

^o The local regional police academy utilizes the expertise of domestic and sexual violence advocates as well as seasoned police officers to train new recruits on appropriate intervention during domestic violence calls. Recruits are trained in victim empathy, appropriate response, crisis intervention, and the interpretation of laws surrounding sexual and domestic violence. Law enforcement from each locality serves as members of the CCR. Officers from rural Vassell County and Perrysburg city actively participate in IP work through CCR sub-committees, but have not been engaged in the Respect-O-Rama project. Perrysburg city has a V-Stop investigator who is eager to outreach in the community utilizing special materials such as the "Cut it Out" campaign for hairdressers.

• Other:

^o There are many individuals and agencies in the community that address broader issues related to IPV such as child welfare, bullying prevention, and drug prevention. Some of these agencies include but are not limited to: fire and rescue departments, libraries, parks and recreation departments, youth centers, after school programs, mentoring projects, pre-schools, parent centers, and literacy programs.

What is the magnitude of IPV among universal populations?

National statistics indicate that a woman is victimized by an intimate partner every 1.4 minutes and a man is victimized every 6.7 minutes. Over five million intimate partner victimizations occur each year among U.S. women. Between one-third and one-half of all battered women are raped by their partners at least once during their relationship. One in four (25%) women will experience domestic violence during their lifetime.

Approximately 85% of domestic violence victims are women. National trends indicate than only 54% of intimate partner violence is reported to the police. A recent study on teen relationship abuse indicates that 35% of teens in a relationship have been hit, slapped, or pushed by a dating partner.

State medical examiner reports indicate that in Virginia a woman is murdered every five days by someone who once claimed to love her. Services for domestic violence victims in Virginia include: crisis services, shelter, and at least10 specific types of advocacy. In Virginia the impact of domestic violence on children is grave. An astounding 60% of children served by Virginia domestic violence programs directly witnessed violence in their families. Physical abuse occurred 17% of the time and sexual abuse occurred 10% of the time. A recent survey of Virginia health care providers indicated that although 1 in 4 providers report that either they or someone close to them had been a victim of IPV, most estimated IPV in their practice to be rare or very rare. Most had never been trained in IPV, did not know how to safety plan with patients, and felt an overall inability to appropriately respond to IPV in their practices.

Likewise, IPV is a significant problem in the Perrysburg/Cascone/Vassell region. A comparison of state data sources indicate during 2004 and 2005, there was a statewide reduction in emergency shelter services for women and children, as well as fewer calls to the statewide crisis hotline. However, during the same time locally, requests for emergency shelter and hotline calls increased. During fiscal year 2006, 140 women and 67 children received emergency shelter and staff responded to 1,119 hotline calls. Furthermore, The Shelter's Criminal Justice Services Coordinator provided services to almost 800 victims. Nine hundred and twenty nine domestic violence cases were tried in the region; 38% of cases resulted in a guilty verdict. Victims sought 333 protective orders, of which 258 were granted.

What is the magnitude of IPV among selected populations?

Research was conducted to gather information about IPV in the Perryburg/Cascone/Vassell region using surveys, key informant interviews, and focus groups. Surveys were distributed to 70 community members in the region, conducted 8 focus groups, and collected 12 key informant interviews. Those interviewed represent law enforcement, health care workers, court officers, and public and school officials. The participants in the focus groups were all teenagers, aged 13-17. Those surveyed represented sub-groups with our population. Surveys, focus groups, and interviews all indicated that IPV is reported to be more prevalent among certain sub-groups within our region. Although the data collected is minimal compared to the regional population, the findings were of interest.

The demographic data on the LGBTQ community was limited from all sources. However, it is nationally known that LGBTQ youth represent 30% of youth suicides and that 40% of gay and bi-sexual men will experience abuse at the hands of a partner. We

desired more information on this community and the impact of IPV in the local area. Surveys were distributed during a local Parents and Friends of Lesbians and Gays (PFLAG) meeting. Survey results indicated that 75% of the participants personally knew someone affected by IPV. Of those surveyed, 83% report that the population is less likely to access services due to fear of judgment. Key informant interviews revealed that there are no services specifically designed to meet the needs of the LGTBQ community regarding IPV. One key informant interview from a school official reported IPV amongst same-sex couples in the school setting is a "definite problem" in his school system.

Due to the population explosion of the Latino community, a survey was distributed to a group of interpreters who live in and serve the Perrysburg/Fredrick/Vassell region. Seventy five percent of those surveyed report that IPV is more prevalent in the Latino community. The majority of participants report that Latino clients are less likely to reach out for help from local agencies. A staggering 89% of those surveyed report that they personally know someone who is affected by IPV. Participants also report that most Latinos would not seek services due to the language barrier, fear, and an overall mistrust of agencies.

Demographic data for the city showed that the Southside neighborhood of Perrysburg exhibits a variety of stressors that make IPV more likely to occur, specifically poverty, elevated rates of substance abuse, and less educational achievement amongst its population. Surveys were distributed at a local Southside Citizen's group meeting. While not historically trusting of community organizations based outside of their neighborhood, the Respect-O-Rama project was given special access because of an IPV awareness project that became popular in the neighborhood, and with which our parent organization was closely affiliated. Also, the community was recently witness to a teen on teen shooting regarding a dispute over a female companion, and the Southside Citizens group was actively interested in partnering with us to address IPV amongst the youth of their neighborhood. Surveys indicated that two out of three (66%) of survey participants reported they personally know someone who is affected by IPV. Sixty percent of this group reported the victims in their community were less likely to access services such as legal protections and emergency shelter. This is due, in part, to the fact that the demographic make-up of Southside is largely African-American and Latino, and these communities frequently report widespread mistrust of police, courts, and a variety of social services including the women's shelter. Results from the focus groups conducted with teens from this neighborhood indicate that none of the teen participants could identify a characteristic of a healthy relationship.

What risk factors are identified?

It should be made clear that battering affects women of all classes, races, religions, nationalities and ages, married or not, straight and lesbian. A combination of individual, relationship, community and societal factors contribute to the risk of being a victim or perpetrator of IPV. Just because a particular demographic group experiences known

incidences of IPV at a higher level, does not mean that group is "naturally" more violent. The manner in which a higher level risk factor like poverty makes a person more likely to experience or perpetrate has to do with the lack of preventive resources in those communities, such as jobs that pay a living wage, access to quality education, and the presence of community resources that seem relevant, trustworthy, and helpful (versus irrelevant, abusive, and scary).

Members of the "Respect-O-Rama" planning group maintain that the greatest risk factor for perpetration of IPV is the presence of a desire for power and control within a relationship. Nationally, the Health and Human Services division of the Center for Disease Control and Prevention (CDC) determined that anger, hostility and the desire for power and control put individuals at greater risk for perpetration. Newly developed data from the Virginia Sexual and Domestic Violence Action Alliance (VSDVAA) suggests that a lack of empathy and an acceptance of violence are both factors that contribute to IPV. The review of the limited data collected locally – and presented in this report – suggests that there are several risk factors of these kinds present in our community.

Key informant interviews, focus groups, and surveys suggest that on an *Individual Level*, victims are displaying a tolerance for IPV. Female victims demonstrate a willingness to tolerate IPV to maintain the social status associated with having a boyfriend or partner. Known perpetrators in the community seem to think that IPV is an acceptable way to deal with conflict in relationships, and male respondents overall indicate that "being in charge" of a relationship is important to their identity.

The CDC reports that unhealthy family interactions can contribute to the risk of IPV. Similarly, data from a 2008 national study of IPV risk factors indicates that having family and peers who model and/or encourage negative, adversarial relationship behaviors makes perpetration of IPV more likely. The response from our focus groups and interviews supports the significance of these *Relationship Level* risk factors for IPV in our local communities in that new generations of victims and perpetrators reveal that they are mimicking the violence they see at home. In general, both victims and perpetrators may lack positive role models.

Statewide data regarding IPV at the *Community Level*, as well as our own key informant interviews revealed that lack of accountability in systems and within social networks is a consequential risk factor for IPV. Data gathered from key informant interviews suggest that rigid moral/religious beliefs often serve to condone abuse, and make it difficult to recognize or prevent IPV. The community appears to hold strong to the traditional mindset that IPV is a private family issue as opposed to a crime. Rigid family values such as staying a marriage "no matter what" and an obligation to "suffer in silence" are still espoused. In the local community these are potential contributing factors for increased IPV.

The CDC also notes that poverty puts communities at risk for both perpetration and victimization with regards to IPV. For IPV victims in our community, the lack of affordable housing aggravates this particular risk factor. Anecdotally, the abuse

experienced by victims often leads to poor employment, credit and /or rental histories. In the region, fair market rent increased an average of 31.5% from 2000-2007. For a single person earning minimum wage in the City of Perrysburg, they must work 101 hours per week, 52 weeks per year to afford the \$673 fair market rent for a two bedroom apartment. A scan of the local newspaper showed no apartments are available at fair market rent. For a many victims of IPV, the lack of affordable housing and possibility of homelessness deters them from leaving an abusive or potentially abusive situation.

Data on *Societal Level* risk factors was not considered since prevention project is locallybased and does not have the resources necessary to mount an effective strategy at the societal level.

The limited data collected suggests that the local community has risk factors across multiple levels of the social ecology. Due to the placement of all three previously identified sub-groups (i.*e. African-American, Latino, and LGBTQ)* in the Southside of Perrysburg City, the higher self-reported instances of IPV amongst these populations, and the growing assets that are emerging in that section of town, it was determined that the Southside holds a population at greater risk for IPV and is a positive environment to develop prevention programming.