

# Core Service Report

## Family Violence Prevention

Consumer Category:  
**Family Issues**

Primary Consumer Group:  
**Families and Individuals  
Experiencing Violence / Abuse**



February 2007

# TABLE OF CONTENTS

|   |            |
|---|------------|
| <b>Companion Reports .....</b>  | <b>ii</b>  |
| <b>Acknowledgements .....</b>   | <b>ii</b>  |
| <b>Snapshot.....</b>  | <b>iii</b> |
| <b>I. Foreword.....</b>   | <b>1</b>   |
| Introduction.....   | 1          |
| Methodology .....   | 1          |
| <b>II. The Core Service Environment.....</b>  | <b>3</b>   |
| Core Service Environment.....   | 3          |
| Public Policy Issues.....   | 5          |
| <b>III. The Core Service Consumers .....</b>  | <b>8</b>   |
| Definition Of Target Population.....  | 8          |
| Demographic Characteristics .....   | 8          |
| Realized Access To Service .....  | 14         |
| <b>IV. Core Service Delivery .....</b>  | <b>16</b>  |
| Core Service Definition .....   | 16         |
| Background On Core Service.....   | 16         |
| Funding Of Core Services.....   | 23         |
| Identified Revenues.....  | 25         |
| Reimbursement/Cost .....  | 26         |
| <b>V. What Works; What Doesn't.....</b>   | <b>27</b>  |
| Impact On Individuals/Families .....  | 27         |
| Impact On Community .....   | 30         |
| Accreditations/Standards/Certifications .....   | 31         |
| <b>VI. Gap Analysis .....</b>   | <b>32</b>  |
| <b>VII. Summary .....</b>   | <b>35</b>  |
| <b>References.....</b>  | <b>36</b>  |
| <b>Attachments .....</b>  | <b>40</b>  |
| Attachment 1: Researcher Team .....   | 40         |
| Attachment 2: Technical Notes .....   | 41         |
| Attachment 3: Actual Consumer Demographics.....                                       | 49         |
| Attachment 4: Actual Consumer Zip Codes.....  | 51         |
| Attachment 5: Profile Of Core Service Providers – 2005.....                           | 53         |
| Attachment 6: Providers And Functions – 2005.....                                     | 55         |
| Attachment 7: United Way - First Call For Help Requests – 2000-2004.....              | 56         |
| Attachment 8: United Way - First Call For Help Requests – 2000-2004: Unmet Need ..... | 57         |
| Attachment 9: Service Site Index.....   | 58         |
| Attachment 10: Map .....  | 59         |

## COMPANION REPORTS

In addition to the information included in this report, a report of the other core services (80 in total), community leader key informant interviews, United Way - First Call for Help staff focus groups, consumer snapshots, and e-survey of United Way funded executive directors, board presidents, and United Way Community Investment staff are available at <http://www.uws.org>.

## ACKNOWLEDGEMENTS

We are grateful to the multiple public and private funders, provider agencies, experts in the various fields of interest, and staff of United Way of Greater Cleveland for their assistance, support, information, insight.

This report was written by a team under contract with MCS Consulting Service, LLC, including the following in alphabetical order:

- Renée Aten, Aten Enterprises
- Jennifer Forshey, IntelliSolve, Inc.
- Carey Wiant Nyberg
- Marlene C. Stoiber, MCS Consulting Service, LLC.
- Jacqueline Kirby Wilkins, IntelliSolve, Inc.

This report reflects the comments from reviewers and United Way Community Investment Committee cluster volunteers.

Suggested Citation: MCS Consulting Service. (2007). Core service report: Family violence prevention. United Way of Greater Cleveland. Available at <http://uws.org>

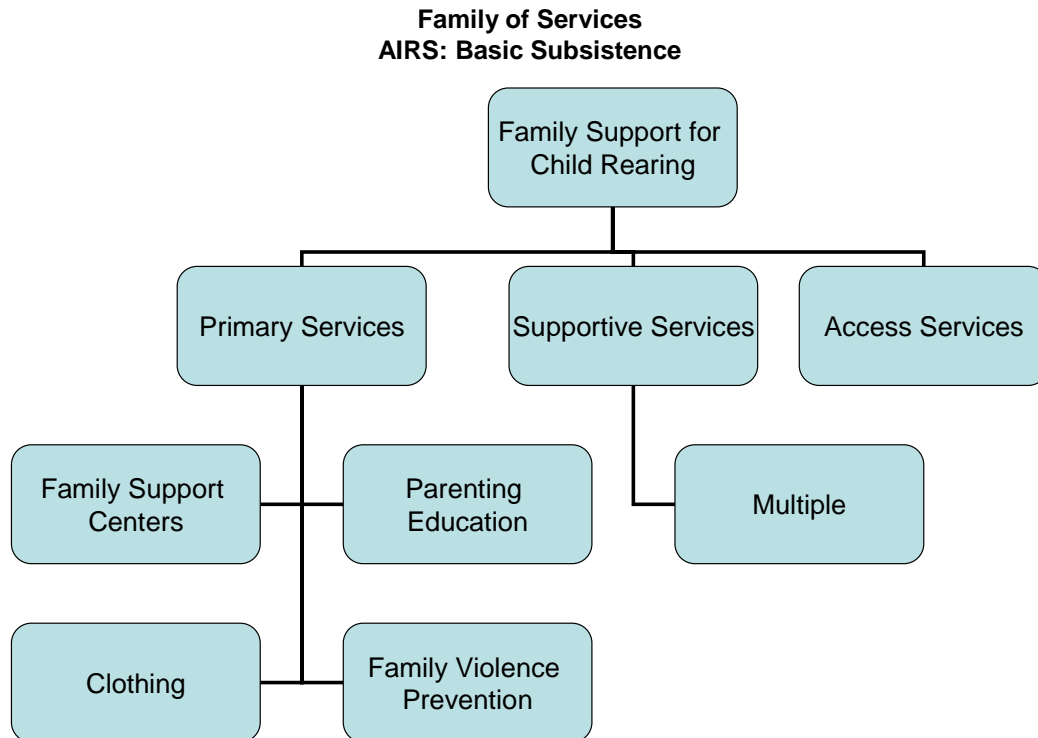
# SNAPSHOT

**AIRS Code Level I: Criminal Justice & Legal Services**  
**AIRS Code Level II: Law Enforcement Services**  
**Core Service: Family Violence Prevention FN-150.190**

**Investment Committee: Strong Families = Successful Children**  
**Cluster: Child & Family Services**

**AIRS Definition:** Programs that attempt to reduce the incidence of child abuse, elder abuse, and spouse abuse in family settings through a variety of educational interventions that may focus on children of various ages, parents, people who work with families, and/or the community at large.

Family Violence Prevention is part of a family of services for families who need support in child rearing. It is one of four services targeting this consumer group. (See figure below.)



### *Core Service Environment*

Consistent with the decline of violent crime in the United States, violence between and among family members is also declining. Family violence prevention efforts remain vital to continue the decline in family violence cases, stem the vicious cycle of the abused becoming abusers, and reach cases of unreported violence and abuse.

The consequences of family violence vary. Children or adults can be physically or emotionally abused, neglected, maltreated, assaulted, or murdered. Furthermore, considerable evidence suggests that family violence experienced as a child results in the child's own violent behavior or other adverse outcomes such as drug abuse, early pregnancy, school failure, mental illness, and suicidal behavior (Kelley, Thornberry & Smith, 1997).

The Violence Against Women Act (VAWA) of 2000, established a number of discretionary grant programs for state, local, and Indian tribal governments within the U.S. Department of Justice and the U.S. Department Health and Human Services. The Department of Justice administers VAWA grants designed to aid law enforcement officers and prosecutors, encourage arrest policies, stem domestic violence and child abuse, establish and operate training programs for victim advocates and counselors, and train probation and parole officers who work with released sex offenders (Laney, 2005).

A 2003 bulletin, issued jointly by the Supreme Court of Ohio and the Ohio Department of Job and Family Services, confirmed that the systems for protecting children from abuse and women from domestic violence have developed along separate tracks over the last three decades. Throughout the state, counties are attempting to address these issues jointly as a "family violence" problem that requires legal and social interventions. At the state level, the Supreme Court of Ohio and the Ohio Department of Job and Family Services have shared funds to document the case overlap between child protection and domestic violence.

Ohio laws require county departments of job and family services to receive and investigate reports of elder abuse of persons 60 years of age and older (some offices may investigate reports of abuse of vulnerable adults under 60).

### *Core Service Consumers*

The target populations addressed in this core service report is men, women, or children living in familial settings that may become dangerous to their mental or physical health. This target population includes women at risk of abuse from domestic partners; children at risk of abuse from parents or other adults in the home; and the elderly at risk of abuse from their children or care providers.

In June 2005, the U.S. Department of Justice released the following statistics in its Family Violence Statistics report (Durose et al., 2005):

- Of the roughly 3.5 million crimes committed against family members, 49 percent were crimes against spouses; 11 percent were children victimized by a parent; and 41 percent were crimes against other family members such as grandparents or in-laws.
- Family violence victims are predominantly female (73 percent), white (74 percent) and between the ages of 25 and 54 (65.7 percent).

The Ohio Domestic Violence Network collects domestic violence service statistics from the Office of the Ohio Attorney General.<sup>1</sup> In 2005, there were 72,929 total calls, 37,137 arrests, and 157 fatalities. Service statistics were not yet available. (Ohio Domestic Violence Network, n.d.). Note that these numbers do not include data from all municipalities.

In Cuyahoga County in 2004, for most police departments in the county but excluding the City of Cleveland, law enforcement agencies received 2,908 calls for domestic violence incidents. Of these reported assaults, 1,142 individuals were arrested (42 percent of cases resulted in an arrest assuming one individual arrested per case.)

In 2004, there were 5,934 domestic violence assaults reported to the Cleveland Police Department. Of these reported assaults, 1,409 individuals were arrested (approximately 24 percent of cases resulted in an arrest assuming one individual arrested per case). Note that Cleveland had almost double the number of reported domestic violence incidents than all other Cuyahoga County municipalities combined; however, Cleveland's arrest rate (24 percent) was almost half compared to the remainder of the county (42 percent) .

Elder abuse nationally, and in Ohio, is largely hidden because it often involves isolation, embarrassment, and protection of a family member. In 2004, the Cuyahoga County Adult Protective Services staff investigated over 2,200 allegations of adult abuse. Fewer than half of the cases involved self-neglect (45.3 percent), followed by neglect (27.7 percent), exploitation (15.3 percent), and verbal and physical abuse (12 percent) (Cuyahoga County Department of Senior and Adult Services, 2004).

Defined as intentional intimidation or abuse of children, adults, or elders by a family member, intimate partner, or caretaker to gain power and control over the victim, the American Academy of Family Physicians (2005) estimates that violence occurs in one in four American families. This translates into 89,055 Cuyahoga County families in 2000. This number is projected to fall to 83,310 by 2015 because of population shifts.

#### *Core Service Delivery*

The definition of the core service for this report is: programs that attempt to reduce the incidence of child abuse, elder abuse, and spouse abuse in family settings through a variety of educational interventions.

Across the country, communities are involved in several family violence prevention activities. Public awareness campaigns promote healthy parenting practices and child safety skills to prevent family violence and education about protocols for reporting suspected maltreatment if it does occur. Skills-based curricula for children typically focus on preventing sexual abuse and teaching children the difference between appropriate and inappropriate touching. Parent education programs and parent support groups are often the most prominent prevention activities, which aim to decrease parenting practices or behaviors associated with child neglect or abuse. Family resource centers work collaboratively with the community to develop services specific to the community's needs (Thomas et al., 2003).

---

<sup>1</sup> Limitations of the data are described in Section III of this report.

By way of background on this service from the National Clearinghouse on Child Abuse and Neglect Information (2007)...

Child abuse and neglect prevention activities generally occur at three basic levels that reflect the audience targeted to receive the service:

- Primary prevention activities are directed at the general population with the goal of stopping the occurrence of maltreatment before it starts.
- Secondary prevention activities target families at high risk of maltreatment to alleviate conditions associated with the problem.
- Tertiary prevention directs services to families where maltreatment has occurred to reduce the negative consequences of the maltreatment and to prevent its recurrence.

This framework can be applied to family violence and elder abuse also.

Based on United Way - First Call for Help's (FCFH) database, there are 21 family violence prevention program providers operating from 23 different sites, 8 of which are nonprofit and 13 are government. In FY 2004 (July 2003 to June 2004), United Way of Greater Cleveland funded 1 provider. FCFH data shows a decrease in the total number of requests for family violence prevention programs in the county: from 46 in 2003 to 29 in 2004 (37%). Over the same five-year period, FCFH had 173 requests for information about family violence prevention. Of these requests, they were able to make referrals to 100 percent of callers.

In general, most government funding goes to families that have already experienced violence rather than to programs to prevent the abuse in the first place. The Ohio Attorney General's Crime Victims Assistance unit is responsible for the administration of the Victims of Crime Act (VOCA), which funds eligible crime victims' assistance programs operating in public and nonprofit agencies located throughout Ohio. Children Who Witness Violence programs are eligible for this funding. Funded partially through Ohio general revenue funds and through the Ohio Attorney General's office, Cuyahoga County received \$87,039 in FY 2006 from this funding source. The majority of federal funding for family violence prevention programs originates from the U.S. Department of Justice Affairs and the U.S. Department of Health and Human Services. Funding through Justice Affairs for violence prevention fell from \$713,364 in 2002 to only \$562,833 in 2004.

As of May 11, 2006, nearly \$1.4 million in revenues for family violence prevention has been identified countywide. Seventy-three percent of the revenues are from contracts or grants from government organizations. United Way of Greater Cleveland's funds account for 5.5 percent of the total reported funding for this service countywide.

*What Works; What Doesn't*

Wolfe and Jafee (2003) cited a school-based program implemented by the Minnesota Coalition for Battered Women as an effective effort to prevent domestic violence. The program's success is tied to identifying relationship violence as a form of societal violence, acknowledging that domestic violence and sexual abuse are an abuse of power and control, creating sufficient trust levels that children can disclose their exposure to domestic violence so teachers can make appropriate referrals, teaching safety skills about what to do when domestic violence occurs, and encouraging social skills development like conflict resolution as alternatives to violence.

In 2004, with assistance from the Children’s Bureau, the National Clearinghouse on Child Abuse and Neglect Information published a synthesis of lessons learned from child neglect demonstration programs. Six programs reported reductions in child behavior problems and foster care placement, as well as reductions in parent or caregiver depressive symptoms, drug use, and social isolation. In addition, programs saw improvements in child health, parenting skills, parental teaching, child development, and positive behavior management (USDHHS, 2004).

Research has also concluded that early childhood home visitation is effective for preventing child abuse and neglect in families at risk for child maltreatment, including disadvantaged populations and families with low-birth-weight infants (Thacker, 2003).

The economic costs of family violence are staggering and likely underestimated due to the number of victims who do not report the crimes. Current estimates suggest the economic cost of partner violence against women exceeds an estimated \$5.8 billion, including \$4.1 billion in the direct costs of medical and mental health care and nearly \$1.8 billion in the indirect costs of lost productivity (CDC, 2003). In addition, the U.S. Government Accountability Office estimated that treatment services for child maltreatment (such as child protective services, child mental health services, and court expenses) cost in the range of \$500 million annually (Chalk & King, 1998).

*Gap Analysis*

The estimated universe of possible consumers is 89,055, including both realized (2,727) and unrealized (86,328) access.

# I. FOREWORD

## INTRODUCTION

United Way of Greater Cleveland (UW), in partnership with the Cuyahoga County Board of Commissioners, has initiated a large scale core service planning process to generate data and engage in community-wide dialogue about the community’s safety net of core service and consumer needs in the Greater Cleveland area. In addition, UW envisions this process as an opportunity to better understand its role in the community and its long term capacity to improve the lives of Greater Clevelanders.

The primary goal of the Cuyahoga County core service research is to identify consumer needs and assess whether there are service gaps/duplications on a community-wide level. The findings from this research will guide future funding decisions at UW, and they will also be used to stimulate dialogue with other funders and groups in the community. United Way intends to continue to fund a broad array of “safety net” services that are important to the Greater Cleveland area. But it is hoped that the research findings will inform how UW dollars may be dispersed to have the greatest impact on current realities, needs, and priorities in the Greater Cleveland community.

## METHODOLOGY

United Way contracted with MCS Consulting Service, LLC, to conduct the core service research, which focuses on both the consumers served and services provided. (See Attachment 1 for list of members of the research team.) The research team has obtained information about each core service from multiple data sources. At the end of the research process there will be substantial information available for some services and less for others, which will provide a clearer picture of what information *is* available and where there are *significant gaps*.

The questions addressed are:

- Including public policies, what are the environmental influences that are impacting both service consumers and the capacity for service delivery?
- Who are the service consumers? What are the factors that lead to a need for services? How many consumers are there? How many have there been in the past several years and what factors influenced the historic trend line? What are the projected numbers for the future? What is their demographic profile? Where do they reside? How many are receiving services funded by government and/or United Way?
- What is the philosophy that drives service delivery? Has it changed? What does the service consist of? Who provides the service?
- What are the funding sources? What are the annual revenues from government sources, federated fund raising organizations, foundations, and United Way of Greater Cleveland? What are the historic government funding trends and what is projected for the future? What is the reimbursement amount?
- What works and what doesn’t work in service delivery?
- Are there service gaps, duplication, under-utilization?

The primary information sources used for this report are:

- Results of 20 focus groups with 159 direct service staff of United Way member agencies and non-members, and key informant interviews with 93 experts in the respective service areas (February 2005). Participants were asked about consumer populations that are increasing and those with unmet needs; they provided insight about specific service gaps and duplication, as well as services they perceive to be outdated or under-utilized.
- United Way Program Report data for FY 2004 (July 2003 to June 2004). Each year United Way member agencies submit information to their respective investment committees on each funded core service they provide. Among other things, this information includes a demographic profile of the consumers served, the zip codes where the consumers reside, and all revenue sources that support the service. The research team has aggregated this information for each core service.
- United Way - First Call for Help call data (2000 to 2004) - United Way - First Call for Help provides a 24/7 information and referral service through its 211 telephone line. The research team analyzed data from its large database, which includes the names of service providers for most core services, the activities they provide and the zip codes in which they and those they serve are located, the number of calls received, and whether the need was met or unmet. Unmet needs are those for which there was no resource to reference.
- Literature reviews on service trends and issues as well as best practices (i.e., what works/ what doesn't work in service delivery), including impact on the individual/family and on the community.
- Searches for information on public policies that are currently impacting consumers or service delivery.
- U.S. Census and American Community Survey data for various time periods.
- Data from funders on actual consumer populations and funding levels.

(See Attachment 2 for technical notes on the research methodology as well as limitations of the data.)

## II. THE CORE SERVICE ENVIRONMENT

### CORE SERVICE ENVIRONMENT

Consistent with the decline of violent crime in the United States, violence between and among family members is also declining. Family violence prevention efforts remain vital to continue the decline in family violence cases, stem the vicious cycle of the abused becoming abusers, and reach cases of unreported violence and abuse.

With records dating back to the 1950s, child abuse has been the most documented form of family violence. However, the definition of family violence does not stop with children; it also includes spousal abuse, intimate partner violence, and elder abuse (Reiss & Roth, 1994).

Family violence has a number of features that set it apart from other forms of abuse or crimes: 1) the victim and offender most often know each other due to frequent contact; 2) due to this continuing relationship, the abuse is often repeated; 3) the victim can often be dependent on the abuser; 4) victims are often forced into silence to avoid stigmatization, denigration, or further abuse; and 5) the abuse often occurs in private places like the home and, therefore, can go undetected or unreported (Reiss & Roth, 1994).

The consequences of family violence vary. Children or adults can be physically or emotionally abused, neglected, maltreated, assaulted, or murdered. Furthermore, considerable evidence suggests that family violence experienced as a child results in the child's own violent behavior or other adverse outcomes such as drug abuse, early pregnancy, school failure, mental illness, and suicidal behavior (Kelley, Thornberry & Smith, 1997). Additionally, abused or neglected children are more likely to become entwined in an abusive adult relationship as a victim or an offender (USDHHS, 2001; Singer, Miller, Slovak, & Frierson, 1998; Spaccarelli, Coatsworth, & Bowden, 1995; U.S. Advisory Board on Child Abuse and Neglect 1995). These consequences underscore the need for effective family violence prevention that targets families before children reach adolescence. Several factors in a person's life may combine to cause them to abuse a child:

- Stress, depression, or anxiety; includes the stress of caring for children, or the stress of caring for a child with a disability, special needs, or difficult behaviors;
- Lack of the nurturing qualities necessary for caring for a child;
- Difficulty controlling anger;
- A personal history of being abused;
- Isolation from the family or community;
- Physical or mental health problems (in the abuser);
- Alcohol or drug abuse;
- Personal problems, such as marital conflict; and
- Financial difficulties, such as unemployment or housing problems (Helpguide Mental Health Issues, 2006).

Intimate partner violence most commonly victimizes women—85 percent of intimate partner victims in 2001 were female (Rennison, 2003). Partner violence includes acts of murder, rape, sexual assault, robbery, aggravated assault, and simple assault (Rennison & Welchans, 2000). Simple

assault is the most common form of partner violence: 65 percent of all partner violence against women and 68 percent of partner violence against men can be classified as simple assault (Rennison & Welchans, 2000). The rate of intimate partner violence against women declined from 1993 to 2001 from 1.1 million nonfatal violent crimes in 1993 to over 588,000 such crimes in 2001. Over this same time period, the number of men who were victims of violent crimes dropped from almost 163,000 in 1993 to just over 103,000 in 2001 (Rennison, 2003). Often cited causes of domestic violence include the following:

- History of aggressive behavior;
- History of abuse as a child or witnessing parental abuse;
- Large power or status differential;
- Isolation and lack of resources;
- Controlling relationships;
- Poorly defined masculinity and identity; and
- Mental illness such as alcoholism or other drug abuse (Riggs et al., 2000).

There are several distinguishing characteristics of women associated with higher rates of partner violence including being young, divorced or separated, urban dwellers, low-income earners, and rental housing residents. For men and women experiencing partner violence, approximately 60 percent report the crime to the police (Durose et al., 2005). Non-reported incidents are often the result of the victim believing the issue is a personal or private matter, making an effort to protect the offender, or fearing reprisal from the offender (Durose et al., 2005; Rennison & Welchans, 2000).

Children who witness any sort of violence are at risk. There is a range of risks that children experience as a consequence of their exposure to domestic violence including acute disruptions of sleep; problems with attention; problems with bodily functions; emotional and behavioral difficulties, including both internalizing and externalizing problems and longer lasting disruptions of school functioning, emotional regulation, and relationships. Also, retrospective studies show evidence that children exposed to domestic violence are at heightened risk for aggressive behavior as adolescents and adults. An important issue with children is that while adults often tend to predict children's responses based on the details of the event itself, the way children process their experience is developmental, including their cognitive and emotional capacities for understanding and assimilating the experience and the resonance of the events with specific anxieties common to their developmental phase (Berkman and Esserman, 2004).

The National Center on Elder Abuse (NCEA) reports that there are no official national statistics on the incidence of elder abuse because of the variance in definitions and statistics and because comprehensive national data is not collected. However, there are prevalence and incidence estimates cited by NCEA that provide some insight (NCEA, 2005):

- Between one and two million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for protection or care.
- Between one and 14 incidents, excluding incidents of self-neglect, come to the attention of authorities.
- For every case of elder abuse, neglect, exploitation, or self-neglect that is reported, roughly five go unreported.

- In 2000, states were asked to indicate the number of elder/adult reports received in the most recent year for which there was data; based on these figures, over 470,000 reports were made.

Dominant theories for reasons elder abuse and neglect occur include retaliation, violence as a way of life, unresolved conflict from childhood to midlife, lack of close family ties, lack of financial resources, resentment of dependency, increased life expectancy, history of mental problems, unemployment, history of alcohol and drug abuse, and environmental conditions (Frazier and Hayes, 1991).

## PUBLIC POLICY ISSUES

### *NATIONAL*

#### *Federal Laws and Regulations*

##### Violence Against Women Act (VAWA)

The Violence Against Women Act (VAWA) of 2000, signed into law by President Clinton, established a number of discretionary grant programs for state, local, and Indian tribal governments within the U.S. Department of Justice and the U.S. Department Health and Human Services. The Department of Justice administers VAWA grants designed to aid law enforcement officers and prosecutors, encourage arrest policies, stem domestic violence and child abuse, establish and operate training programs for victim advocates and counselors, and train probation and parole officers who work with released sex offenders (Laney, 2005).

The Department of Health and Human Services provides grants to fund battered women's shelters, rape prevention and education, reduction of sexual abuse of runaway and homeless street youth, and community programs on domestic violence (Laney, 2005).

VAWA 2000 created new grant programs to prevent sexual assaults on campuses, assist victims of violence with civil legal concerns, create transitional housing for victims of domestic abuse, and protect elderly and disabled victims of domestic violence. VAWA 2000 also created a program for safe custody exchange for families of domestic violence. Most recently, Congress passed the Keeping Children and Families Safe Act of 2003 (P.L. 108-36) and the PROTECT Act (P.L. 108-21) that, among other provisions, authorized funding for transitional housing assistance programs for victims of domestic violence, respectively (Laney, 2005).

##### Keeping Children and Families Safe Act of 2003

Additionally, the Keeping Children and Families Safe Act of 2003, which reauthorized and modifies the Child Abuse Prevention and Treatment Act (CAPTA), outlines and provides funding for community-based and prevention focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. CAPTA, which helps states improve practices in preventing and treating child abuse and neglect, includes a basic state grant program for improving the child protective services (CPS) system infrastructure, a discretionary grant program for research, program demonstrations, training, and other innovative activities, and a grant program focused on community-based prevention efforts.

### Family Violence Prevention and Services Act (FVPAP)

The Family Violence Prevention and Services Act (FVPA) was also reauthorized by CAPTA, and is the largest funding source for domestic violence victims and their children. The grant program of FVPA serves as the primary federal mechanism for encouraging state and local support for implementing, maintaining, and expanding programs and projects to prevent family violence and increase awareness of domestic violence issues.

#### **STATE**

#### *Ohio Initiatives and Policies*

#### Family Violence Prevention Center

In 1999, Ohio Governor Robert Taft established the Family Violence Prevention Center, which acts as an information clearinghouse for public and private organizations that provide assistance to victims. In 2003, the center published a practical guide to assist judges, magistrates, and other law enforcement professionals with family violence issues. It also disseminates media materials to raise family violence public awareness and provide helpful contact information.

#### Study of Ohio's Family Violence Prevention Providers

In 2002, the Ohio Office of Criminal Justice Services (OCJS) released its survey findings of the needs of Ohio's Family Violence Prevention providers. While the report found that while most counties have some service capacity such as hotlines, crisis counseling, and emergency shelters, further capacity is desirable. Specifically, counties need specialized law enforcement units to respond to family violence. Housing, transportation, financial assistance, and employment are all areas of higher need. The survey also found needs for services for mentally ill persons and for juveniles. In addition, training on sensitivity issues and legal issues are high priorities for many Ohio counties (OCJS, 2002).

#### Coordination of State Agencies to Protect Children and Women from Family Violence

A 2003 bulletin, issued jointly by the Supreme Court of Ohio and the Ohio Department of Job and Family Services, confirmed that the systems for protecting children from abuse and women from domestic violence have developed along separate tracks over the last three decades. This disconnect is problematic given the close relationship between child maltreatment and domestic violence. Throughout the state, counties are attempting to address these issues jointly as a "family violence" problem that requires legal and social interventions. Communities are following the National Council of Juvenile and Family Court Judges' 1998 blueprint for change entitled "Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice," which is often referred to as the "Greenbook" (Hurst, 2003).

At the state level, the Supreme Court of Ohio and the Ohio Department of Job and Family Services have shared funds to document the case overlap between child protection and domestic violence. Once juvenile and family court judges are able to successfully identify overlaps in their courts, a collaborative effort can begin among the courts and the community networks and provider agencies for child protection and domestic violence services (Hurst, 2003).

#### The Ohio Elder Abuse Task Force

Ohio laws require county job and family services departments to receive and investigate reports of elder abuse against persons 60 years of age and older (some offices may investigate reports of abuse of vulnerable adults under 60). Elder abuse may include physical, sexual, emotional, or financial abuse or neglect of an elder. As earlier referenced, in 2003, Ohio Attorney General Jim

Petro and former Department of Aging Director Joan W. Lawrence convened the Ohio Elder Abuse Task Force to study and make recommendations regarding Ohio's elder abuse, neglect and exploitation programs and systems. The result was that Ohio became one of the first states in the nation to initiate an elder abuse plan (Ohio Department of Aging, 2005).

The task force focused on three priorities: 1) raise awareness of, and increase education about, elder abuse; 2) provide statewide coordination to elder abuse identification, prevention and treatment activities; and 3) recommend policy, funding, and programming to address elder abuse more effectively.

Recommendations proposed by the task force's policy committee include:

- Amending the guardianship law to permit probate courts to appoint a nonprofit agency to serve as a guardian;
- Expanding injunctive authority to the state long-term care ombudsman (SLTCO) to include violations of rights in licensed adult care facilities;
- Convening a task force to research the desirability and feasibility of developing and maintaining a perpetrators' registry for abusers and exploiters of the elderly; and
- Amending the APS law to add abandonment to the definition of neglect of an impaired older person by their caregiver.

### III. THE CORE SERVICE CONSUMERS

#### DEFINITION OF TARGET POPULATION

The target populations addressed in this core service report are men, women, or children living in familial settings that may become dangerous to their mental or physical health. This target population includes women at risk of abuse from domestic partners, children at risk of abuse from parents or other adults in the home, and the elderly at risk of abuse from their children or care providers.

#### DEMOGRAPHIC CHARACTERISTICS

*National*

There are numerous challenges in tracking family violence trends. First, the definition of what comprises a family differs from state to state. Second, since much family violence goes unreported, it is difficult to accurately estimate the incidence of family violence (Reiss & Roth, 1994). Third, the definitions of abuse and neglect have changed and broadened over time due to heightened public awareness and the increased likelihood that professionals will recognize abuse (USDHHS, 1988). Lastly, there is a lack of accurate and detailed data on family violence caseloads (National Center for State Courts, 1999).

In June 2005, the U.S. Department of Justice released the following statistics in its Family Violence Statistics report (Durose et al., 2005):

- Mirroring the overall downward trend of all violent crime, the rate of family violence declined between 1993 and 2002 from an estimated 5.4 victims to 2.1 victims per 1,000 U.S. residents age 12 or older. Family violence accounted for one in ten violent victimizations during this period.
- Of the roughly 3.5 million crimes committed against family members, 49 percent were crimes against spouses, 11 percent were children victimized by a parent, and 41 percent were crimes against other family members such as grandparents or in-laws.
- Family violence victims are predominantly female (73 percent), white (74 percent) and between the ages of 25 and 54 (65.7 percent).
- Roughly 22 percent of murders in 2002 were family members.

Research has also found the following (Centers for Disease Control and Prevention, 2003):

- Women of all races are about equally vulnerable to violence by an intimate (USDJO, 1995).
- On average, more than three women are murdered by their husbands or boyfriends in this country every day. In 2000, 1,247 women were killed by an intimate partner. The same year, 440 men were killed by an intimate partner (Rennison, 2003).
- Slightly more than half of female victims of intimate violence live in households with children under age 12 (USDHHS, 1998).
- In a national survey of more than 6,000 American families, 50 percent of the men who frequently assaulted their wives also frequently abused their children (Strauss, Gelles, & Smith, 1990).

- Studies suggest that between 3.3 and 10 million children witness some form of domestic violence annually (Carlson, 1992).
- The health-related costs of rape, physical assault, stalking, and homicide committed by intimate partners exceed \$5.8 billion each year. Of that amount, nearly \$4.1 billion are for direct medical and mental health care services, and nearly \$1.8 billion are for the indirect costs of lost productivity or wages (Centers for Disease Control and Prevention, 2003).

*Domestic Violence: State and Local*

The Ohio Domestic Violence Network collects domestic violence service statistics from the Office of the Ohio Attorney General.<sup>2</sup> In 2005, there were 72,929 total calls, 37,137 arrests, and 157 fatalities. Service statistics were not yet available. In 2004, there were 101,580 total calls, 49,441 arrests, and 129 fatalities. In 2004, 118,647 people received services. Of this total, 23,072 were children. Over 9,900 people were sheltered due to domestic violence—half of whom were adults and half were children (Ohio Domestic Violence Network, n.d.). Note that these numbers do not include data from all municipalities.

In Cuyahoga County in 2004, for most police departments in the county but excluding the City of Cleveland, law enforcement agencies received 2,908 calls for domestic violence incidents. Of these reported assaults, 1,142 individuals were arrested (42 percent of cases resulted in an arrest assuming one individual arrested per case.) See Table 1. Demographics are not available.

<sup>2</sup> Tracking of domestic violence incidents and comparing the findings among municipalities is difficult. Local police departments in Ohio are not required to track domestic violence incidents in a single, consistent format. The Ohio Attorney General’s Office in cooperation with the Ohio Domestic Violence Network collects domestic violence arrest data; however, reporting is not required, and not all municipalities, including the City of Cleveland, submit this data. Additionally, many calls and arrests are not classified as domestic violence. This often results in the underreporting of incidents (personal communication, Tana Carpenter, Ohio Domestic Violence Network, February 21, 2007). Though the City of Cleveland does not report domestic violence incidents to the Ohio Attorney General, it does have its own reporting system which is available through Case’s Northeast Ohio Community and Neighborhood Data for Organizing (NEO CANDO) Social and Economic Data reports. Cleveland Police provide data on age and gender of both victim and offender. Other police departments do not always track this data, and this data was not found for the remainder of county municipalities. For these reasons, City of Cleveland domestic violence incidents and the remainder of Cuyahoga County incidents are separated out.

**Table 1: Select Law Enforcement Agencies in Cuyahoga County exclusive of City of Cleveland, Responses to Reported Domestic Violence Offenses, 2004**

| Reported domestic violence incidents            | 2,908 |  |     |
|---|-------|--|-----|
| Arrests made under O.R.C. §2919.25 <sup>3</sup> | 1,110 |  | 38% |
| Arrests Made under O.R.C. §2919.27 <sup>4</sup> | 32    |  | 1%  |
| Arrests made under Other                        | 86    |  | 3%  |
| No domestic violence incidence charge           | 1,680 |  | 58% |

Source: Ohio Domestic Violence Network, Columbus, Ohio

In 2004, there were 5,934 domestic violence assaults reported to the Cleveland Police Department. Of these reported assaults, 1,409 individuals were arrested<sup>5</sup> (approximately 24 percent of cases resulted in an arrest assuming one individual arrested per case). For those crimes (reported in Cleveland only) approximately 31 percent of assaults victims were between the ages of 25-34 and another 31 percent were between the ages of 35-54. Eighty-five percent of victims were reported to be female. Note that Cleveland had almost double the number of reported domestic violence incidents than all other Cuyahoga County municipalities combined; however, Cleveland’s arrest rate (24 percent) was almost half compared to the remainder of the county (42 percent) . (See Table 2).

<sup>3</sup> O.R.C. §2919.25 prohibits any person from doing any of the following: (1) knowingly causing or attempting to cause physical harm to a family or household member, (2) recklessly causing serious physical harm to a family or household member, or (3) by threat of force, knowingly causing a family or household member to believe that the person will cause imminent physical harm to the family or household member.

<sup>4</sup> O.R.C. §2919.27 is the Ohio law prohibiting violation of a protection order.

<sup>5</sup> All City of Cleveland arrests are assumed to be made under O.R.C. §2919.25 or O.R.C. §2919.27.

**Table 2: Domestic Violence Assaults Reported to Cleveland Police Department, 2004, by Victim And Arrestee Demographics**

| <b>Total</b>           |              |       |  |
|------------------------|--------------|-------|--|
| <b>Victim age</b>      | <b>5,934</b> |       |  |
| 0-14 years             | 185          | 3.1%  |  |
| 15-17 years            | 193          | 3.3%  |  |
| 18-19 years            | 367          | 6.2%  |  |
| 20-24 years            | 1,230        | 20.7% |  |
| 25-34 years            | 1,830        | 30.8% |  |
| 35-54 years            | 1,868        | 31.5% |  |
| 55-64 years            | 120          | 2.0%  |  |
| 65+ years              | 79           | 1.3%  |  |
| Unknown age            | 62           | 1.0%  |  |
| <b>Victim gender</b>   | <b>5,934</b> |       |  |
| Male                   | 881          | 14.6% |  |
| Female                 | 5016         | 84.5% |  |
| Unknown Gender         | 37           | 0.6%  |  |
| <b>Arrestee age</b>    | <b>1,409</b> |       |  |
| 0-14 years             | 96           | 6.8%  |  |
| 15-17 years            | 115          | 8.2%  |  |
| 18-19 years            | 58           | 4.1%  |  |
| 20-24 years            | 205          | 14.5% |  |
| 25-34 years            | 374          | 26.5% |  |
| 35-54 years            | 529          | 37.5% |  |
| 55-64 years            | 28           | 2.0%  |  |
| 65+ years              | 4            | 0.3%  |  |
| <b>Arrestee gender</b> | <b>1,409</b> |       |  |
| Male                   | 1,157        | 82.1% |  |
| Female                 | 252          | 17.9% |  |

Source: NEO CANDO system, Center on Urban Poverty and Community Development, MSASS, Case Western Reserve University (<http://neocando.case.edu>).

Battered women’s shelters in Cuyahoga County served nearly 4,000 people with over 860 adults and children sheltered in 2003. (See Table 3.)

**Table 3: Battered Women's Shelters in Cuyahoga County, Reported Activity, 2003\***

|  |              |       |        |
|--|--------------|-------|--------|
| <b>Number served</b>                                       | <b>3,962</b> |       |        |
| Adults   |              | 2,444 | 61.69% |
| Children   |              | 1,518 | 38.31% |
| <b>Number sheltered</b>                                    | <b>862</b>   |       |        |
| Adults   |              | 463   | 53.71% |
| Children   |              | 399   | 46.29% |
| <b>Relationship to abuser</b>                              | <b>538</b>   |       |        |
| Spouse   |              | 93    | 17.29% |
| Divorced/separated   |              | 31    | 5.76%  |
| Living as spouse (cohabitation; includes same-sex couples) |              | 217   | 40.33% |
| Parent   |              | 7     | 1.30%  |
| Child  |              | 104   | 19.33% |
| Blood relative   |              | 17    | 3.16%  |
| Other  |              | 63    | 11.71% |
| Unknown  |              | 6     | 1.12%  |

\*Data compiled by ODVN for three (3) battered women's shelters in Cuyahoga County

Source: Ohio Domestic Violence Network, Columbus, Ohio

*Child Abuse: State and Local*

During calendar year 2003, over 47,000 Ohio children were abused or neglected. In Ohio, 16.9 per 1,000 children were abuse victims, exceeding the national average of 12.4 per 1,000 children. Over half of Ohio's child victims (53.6 percent) were neglected, 22.9 percent were physically abused, 15.5 percent were sexually abused, and 13.9 percent were psychologically maltreated. For the majority of these children, both nationally and in Ohio, the children's own parents perpetrated the abuse. The national rate of child abuse or neglect leading to a fatality is 2 per 100,000 children. Ohio's fatality rate is 2.42 per 100,000 children (National Clearinghouse on Child Abuse and Neglect Information, 2003).

The Cuyahoga Department of Children and Family Services collects data on child maltreatment cases, including physical, emotional, and sexual abuse as well as neglect. In 2003, over 18,000 children were investigated for child maltreatment in Cuyahoga County, with over 12,000 of these children residing in the City of Cleveland. In 2003, the county confirmed that over 3,500 children were maltreated, with the majority of maltreated children living in the City of Cleveland (2,249). There are also several thousand children in Cuyahoga County who are thought to be maltreated, but there is a lack of evidence to confirm it (Center on Urban Poverty and Social Change, n.d.).

In its 2003 annual report, Cuyahoga County reported eight child homicides within the county, including two children who were beaten to death, an infant who was suffocated, a toddler who died in an intentionally set house fire, and a toddler who died from the long-term effects of shaken impact syndrome. The county identified several risk factors associated with these homicides, including inadequate parenting skills, prior reports of child abuse, inadequate supervision, and parental drug use (Cuyahoga County Family and Children First Council, 2003).

*Elder Abuse: State and Local*

Elder abuse is largely hidden because it often involves isolation, embarrassment, and protection of a family member. This was noted in the 2005 Ohio Elder Abuse Task Force report. Using national estimates for both domestic and institutional settings, the 2005 report suggests that approximately 60,000 Ohioans age 65 and older have been mistreated by someone on whom they relied for protection or care. When self-neglect is added, the number of abuse cases increases to 90,000. During fiscal year 2003, 60 percent of Ohio's 88 counties submitted elder abuse incidence data. This data suggests there were over 10,300 elder abuse reports to Adult Protective Services (Ohio Office of Attorney General, 2005).

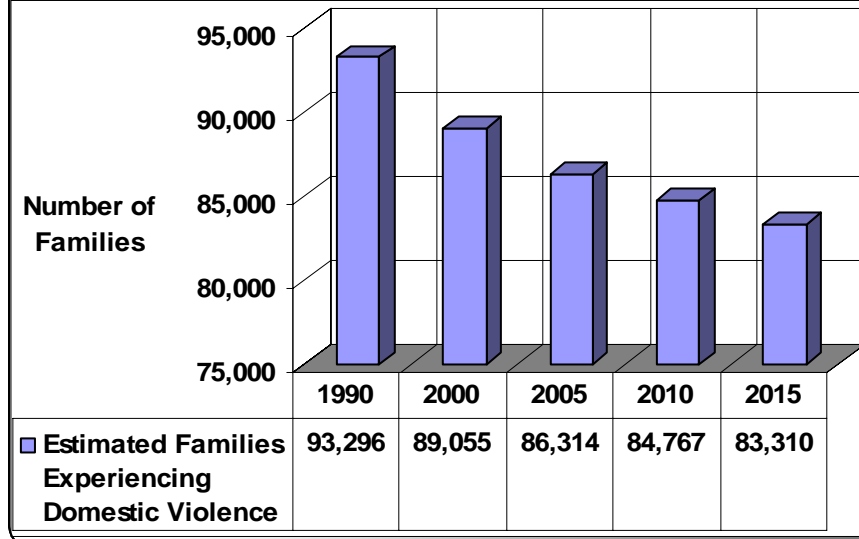
In Cuyahoga County, the Department of Senior and Adult Services (DSAS) Intake Unit staffs and maintains a 24-hour elder abuse hotline to respond to elder abuse calls. In addition to elder abuse, DSAS also investigates allegations of abuse of impaired adults age 18 or older. Cuyahoga County estimates that over 2,300 elders were abused in 2004. Fewer than half of the cases involved self-neglect (45.3 percent), followed by neglect (27.7 percent), exploitation (15.3 percent), and verbal and physical abuse (12 percent) (Cuyahoga County Department of Senior and Adult Services, 2004).

According to the county's data, the typical elderly victim is over age 75. Victims are typically women who are either single or widowed and are experiencing progressive physical and/or mental impairments. Usually elderly victims are socially isolated and unable to care for themselves. The typical abuser of the elderly is middle aged; a family member or caregiver experiencing stress, financial problems, medical expenses, marital conflict, substance abuse, or unemployment; and experiencing increasing demands of the care-giving role (Cuyahoga County Adult Protective Services, 2003).

*Estimated Need*

Defined as intentional intimidation or abuse of children, adults, or elders by a family member, intimate partner, or caretaker to gain power and control over the victim, the American Academy of Family Physicians (2005) estimates that violence occurs in one in four American families. This translates into 89,055 Cuyahoga County families in 2000. This number is projected to fall to 83,310 by 2015 because of population shifts. (See Figure 1.) Note that while all families could benefit from violence prevention services, this assumes a targeted approach.

**Figure 1: Family Violence Prevention  
Estimated Families in Need  
Cuyahoga County, 1990-2015**



Sources:

\* U.S. Census: 1990 STF3 (P123); 2000, SF3 (PCT61); 2005-2015 estimated from each year's total population [Ohio Department of Development, (July, 2003) and 2000 rate of 3.93 persons per family.

\*\*American Academy of Family Physicians. (2005). Violence. (Position Paper). Domestic violence occurs in one in four American families (25 percent). Council on Scientific Affairs, American Medical Association. Violence against women: Relevance for medical practitioners. *JAMA* 1992; 267:3184-9. It is defined as the intentional intimidation or abuse of children, adults or elders by a family member, intimate partner or caretaker to gain power and control over the victim. Knapp J.F., Dowd M.D. Family violence: Implications for the pediatrician. *Pediatric Review* 1998; 19:316-21. Assumes same percent across periods.

**REALIZED ACCESS TO SERVICE**

Realized access to service is represented by the number of consumers actually served. It includes the actual number of consumers reported by agencies funded by United Way and by government funders from which it was possible to obtain data. Thus, it is an underestimate of actual numbers of consumers receiving service.

In addition to the 202 United Way-funded consumers for family violence prevention, the Cuyahoga County Department of Justice Affairs reports serving 550 persons and Children Who Witness Violence served 1,975 persons, both in FY 2004.

The only demographic data offering insight into the characteristics of typical program users came from United Way. Most of these women were African American (55 percent), with the remainder comprised of white (25 percent) and Hispanic women (5 percent).

The majority of the women were between the ages of 20 and 34 (67 percent) and had household incomes below \$10,000 (45 percent). (See Attachment 3.)

Sixty-seven percent of consumers funded by United Way reside in Cleveland and 30 percent in suburbs. This is the reverse pattern of Cuyahoga County families with 28 percent in Cleveland and 72 percent in suburbs. (See Attachment 4.) The largest percentage of UW-funded consumers resides in Cleveland zip code 44115.

## IV. CORE SERVICE DELIVERY

### CORE SERVICE DEFINITION

The definition of the core service for this report is: programs that attempt to reduce the incidence of child abuse, elder abuse, and spouse abuse in family settings through a variety of educational interventions.

Services can include shelter programs, respite care, parenting education, housing assistance, substance abuse treatment, daycare, home visits, and individual and family counseling.

### BACKGROUND ON CORE SERVICE

Research into the policies governing responses to family violence reveals two noteworthy developments: 1) an increased focus on prevention efforts to ensure that parents are equipped with knowledge about how their children will develop in an effort to improve their childrearing abilities and the skills to cope with challenging children; and 2) recognition by the legal and social support system serving domestic abuse victims and child abuse victims that a more integrated and collaborative approach is both more efficient and effective. Additionally, the aging of the population brings attention to the problems and challenges of elder abuse. Nationally and locally, task forces and committees are studying the issue and more resources are being targeted to its prevention and investigation.

By way of background on this service from the National Clearinghouse on Child Abuse and Neglect Information (2007)...

Child abuse and neglect prevention activities generally occur at three basic levels that reflect the audience targeted to receive the service:

- Primary prevention activities are directed at the general population with the goal of stopping the occurrence of maltreatment before it starts.
- Secondary prevention activities target families at high risk of maltreatment to alleviate conditions associated with the problem.
- Tertiary prevention directs services to families where maltreatment has occurred to reduce the negative consequences of the maltreatment and to prevent its recurrence.

Examples of each type of prevention activity are described below.

#### **Primary Prevention**

Primary prevention activities raise the awareness of the general public, service providers, and decision makers about the scope and problems associated with child maltreatment. Primary prevention activities may include:

- Public service announcements on the radio or television encouraging parents to use nonviolent forms of discipline;
- Parent education programs teaching parents age-appropriate expectations;
- Public awareness campaigns informing citizens how and where to report suspected child abuse and neglect.

Primary prevention programs are particularly popular during April, which is designated as Child Abuse Prevention Month.

### **Secondary Prevention**

Secondary prevention activities focus efforts and resources on children and families known to be at higher risk for maltreatment. Several risk factors such as substance abuse, young maternal age, developmental disabilities, and poverty are associated with child maltreatment. Programs may direct services to communities or neighborhoods that have a high incidence of any or all of these risk factors. Examples of secondary prevention programs include:

- Parent education programs located in high schools for teen mothers;
- Substance abuse treatment programs for mothers and families with young children;
- Respite care for families who have children with special needs; and
- Family resource centers offering information and referral services to families living in low-income neighborhoods.

Full-service schools, or schools that offer a variety of social services in highly stressed neighborhoods, also provide secondary prevention activities.

### **Tertiary Prevention**

Tertiary prevention activities focus efforts on families where abuse and/or neglect has already occurred. The goal of these programs is to prevent maltreatment from recurring and to reduce the negative consequences associated with maltreatment (e.g., social-emotional problems in children, lower academic achievement, decreased family functioning). These prevention programs may include services such as:

- Intensive family preservation services with trained mental health counselors available to families 24 hours per day for a short period of time (e.g., 6-8 weeks);
- Parent mentor programs with stable, non-abusive families acting as "role models" and providing support to families in crisis ;
- Mental health services for children and families affected by maltreatment to improve family communication and functioning.

Primary, secondary, and tertiary prevention services are necessary for any community to provide a full continuum of services that decrease the devastating effects of child maltreatment.

This framework can be applied to family violence and elder abuse also.

### Domestic Violence

While most domestic violence programs for adults include prevention efforts as a part of their mission, little attention has been paid to the area of primary prevention of adult domestic violence. Primary prevention activities are efforts to reduce violence within a population before it occurs by introducing new values, thinking processes, and relationship skills that are incompatible with violence. Prevention initiatives have not been fully evaluated so there are no definitive directions for the field, but there are promising directions and trends (Wolfe & Jafee 2003).

### Child Maltreatment

Communities have traditionally focused on reporting and intervening in the cases of child maltreatment rather than the development and implementation of prevention programs (Kelley, Thornberry, & Smith 1997). States have considerable flexibility in determining who will receive preventive services, what the services will be, and how they will be provided. During 2003, over 1.8 million children received preventive services at a rate of 25.3 per 1,000 children. Preventive services for parents are defined as services designed to increase parents' and other caregivers' understanding of the developmental stages of childhood and to improve their child-rearing competencies. Examples include respite care, parenting education, housing assistance, substance abuse treatment, daycare, home visits, individual and family counseling, and homemaker help (USDHHS, 2003).

Generally, prevention programs are patterned after one of four models according to the National Clearinghouse on Child Abuse and Neglect Information (2007:

- Public awareness activities;
- Parent education programs;
- Skills-based curricula for children; and
- Home visitation programs.

#### **Public Awareness Activities**

Public awareness activities are an important part of an overall approach to addressing child abuse and neglect. Such activities have the potential to reach diverse community audiences: parents and prospective parents; children; and community members, especially professionals, who are critical to the identification and reporting of abuse.

In designing prevention education and public information activities, national, state, and local organizations use a variety of media to promote these activities, including:

- Public service announcements;
- Press releases;
- Posters;
- Information kits and brochures; and
- Television or video documentaries and dramas.

Through these media, communities are able to promote support for healthy parenting practices, child safety skills, and protocols for reporting suspected maltreatment.

One of the largest public awareness initiatives focuses on the prevention of Shaken Baby Syndrome. A national network of *Don't Shake the Baby* State contacts was established to ensure that all professionals involved in the care of children (e.g., teachers, physicians, nurses, home visitors, parent educators) would become aware of the dangers associated with shaking infants. In addition to professionals, this campaign targets parents to alert them to the dangers of shaking their baby as well as playing with the baby in certain ways (e.g., throwing the baby in the air, bouncing the baby on a knee, twisting the baby in the air).

Another organization engaged in public awareness activities is the National Committee to Prevent Child Abuse (NCPCA). NCPCA, together with Marvel Comics, developed Spider-Man comic books that address child sexual abuse and child safety issues. NCPCA also distributes an information packet each year to assist community groups planning Child Abuse Prevention Month activities. Both the national office and over 100 NCPCA State chapters throughout the country provide public awareness and other activities to prevent child abuse and neglect.

Additionally, State Children's Trust Funds (CTFs) exist in all 50 States and the District of Columbia with the specific goal of preventing child maltreatment. CTFs coordinate prevention activities throughout their state by promoting and funding a variety of community-based programs including public awareness campaigns, home visitation programs, skills-based curricula for children, and parent education and support activities. In addition, many CTFs develop and distribute posters for community groups, schools, and many other professionals working with children. The poster may encourage parents to use positive discipline techniques or encourage children to say "no" to touching that makes them uncomfortable.

### **Parent Education Programs**

Parent education programs focus on decreasing parental practices and behaviors associated with child abuse and neglect, and typically target teen parents and highly stressed parents as well as their children. These programs address issues such as:

- Developing and practicing positive discipline techniques;
- Learning age-appropriate child development skills and milestones;
- Promoting positive play interaction between parents and children; and
- Locating and accessing community services and supports.

Parent education programs are designed and structured differently, usually depending on the curriculum being used and the target audience. Programs may be short-term, offering classes once a week for 6 to 12 weeks. Or programs may be more intensive, offering services more than once a week

and for up to a year. Popular parent education programs include Parents as Teachers, Effective Parenting Information for Children (EPIC), and the Nurturing Program.

In addition to parent education programs, parent support groups may also strengthen families and prevent child maltreatment. Parents Anonymous State affiliates work within their communities and States to provide support and resources to overwhelmed families struggling to meet everyday stresses and strains.

### **Skills-Based Curricula For Children**

Many schools and local community social service organizations offer skills-based curricula to teach children safety and protection skills. Most of these programs focus efforts on preventing child sexual abuse and teaching children to distinguish appropriate touching from inappropriate touching. Many curricula have a parent education component to give parents and other caregivers the knowledge and skills necessary to recognize and discuss sexual abuse with their children. Curricula may use various methods to teach children skills including:

- Workshops and school lessons;
- Puppet shows and role-playing activities;
- Films and videos; and
- Workbooks, storybooks, and comics.

Examples of skills-based curricula include programs such as Talk About Touching, Safe Child, Reach, Recovery, Challenge, Good Touch/Bad Touch, Kids on the Block, and Illusion Theater.

### **Home Visitation Programs**

Home visitation programs that emphasize the health and well-being of children and families have existed in this country since the late 19th century. Rather than a specific activity, home visitation is a strategy for service delivery. Organizations and agencies in fields as varied as education, maternal and child health, and health and human services use home visitation programs to accomplish their goals related to strengthening families.

In 1991, the U.S. Advisory Board on Child Abuse and Neglect recommended universal implementation of home visitation programs to reduce the incidence of child maltreatment. Following this recommendation, an increasing number of communities have turned towards home visitation programs.

Home visitation programs offer a variety of family-focused services to pregnant mothers and/or families with new babies. Activities encompass structured visits in the family's home, informal visits, and telephone calls. Topics covered through these programs may include:

- Positive parenting practices and nonviolent discipline techniques;
- Child development;
- Availability and accessibility of social services;
- Establishment of social supports and networks;
- Advocacy for self (parent), child, and family;
- Maternal and child health issues; and
- Prevention of accidental childhood injuries through the development of safe home environments.

Many home visitation programs exist throughout the country. Large and small organizations are establishing programs and providing community-based services to a wide-ranging population.

The Cuyahoga County Department of Children and Family Services is responsible for responding to allegations of violence perpetrated against children ages 18 and under. Details related to the procedure for responding to these allegations is provided in detail in the foster home placement core service report.

#### Elder Abuse

Locally, Cuyahoga County’s Adult Protective Services (APS) is responsible for responding to allegations of elder abuse. An APS social worker will make a face-to-face home visit following an allegation of abuse. APS social workers will assist families and caregivers to reduce the danger and assist the victim. If the adult victim is capable, he or she will be encouraged to make decisions regarding the needed care or services. Some adults may refuse help and services cannot legally be forced on someone who has rejected assistance, with a few specific exceptions (Cuyahoga County Adult Protective Services, 2003).

Under the auspices of the Western Reserve Area on Aging, the Consortium Against Adult Abuse (CAAA) is a network of over 80 concerned individuals and organizations whose mission is to facilitate the identification, prevention, and treatment of abuse, neglect, and exploitation of elderly and vulnerable adults in Cuyahoga, Geauga, Lake, Lorain, and Medina Counties. The consortium has been an important asset in the fight against senior and adult abuse since 1979. There have been many notable achievements in the areas of community education, advocacy, policy development, and programming.

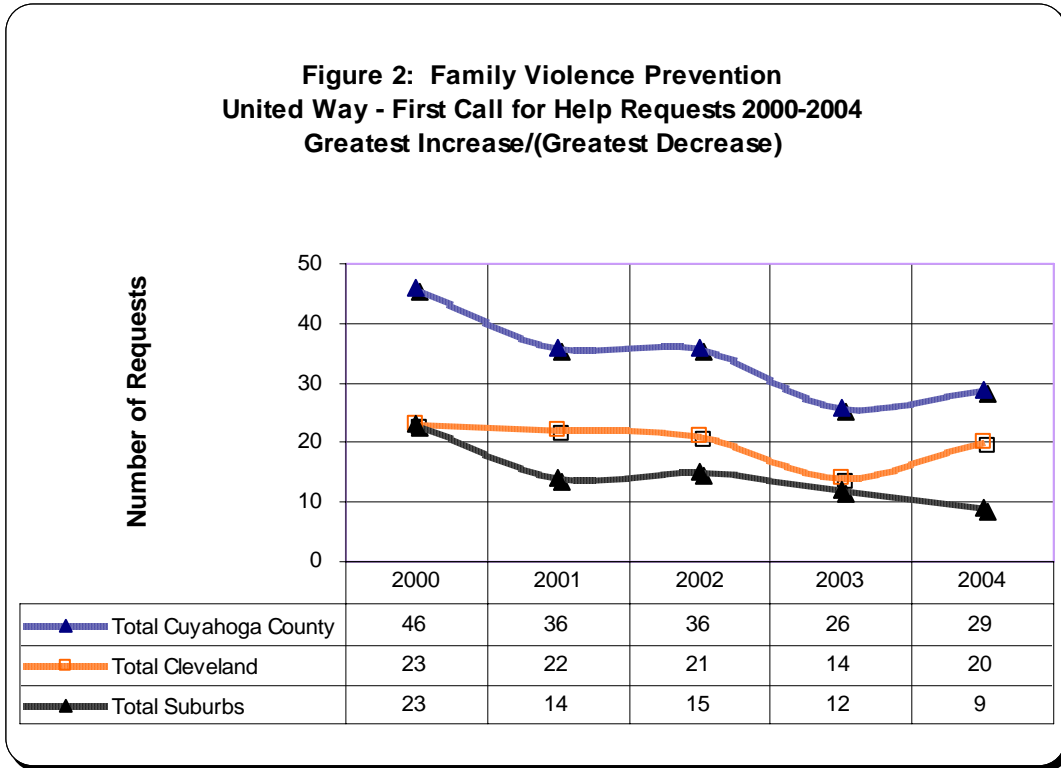
An executive board of 19 members representing all 5 counties governs the consortium. There are five active committees, including a social policy committee that monitors, evaluates, develops positions on and initiates legislation and proposed administrative changes as appropriate; fosters linkages with other advocacy organizations; and educates legislators. This committee focuses specifically on APS laws, exploitation legislation, and proposals to administratively move APS to the Ohio Department of Aging.

#### *United Way First Call for Help Call Data*

Based on United Way - First Call for Help’s (FCFH) database, Cuyahoga County has 21 family violence prevention organizations at 23 service sites. Eight of the providers are nonprofit organizations and 13 are local government agencies. (See Attachments 5 and 6.)

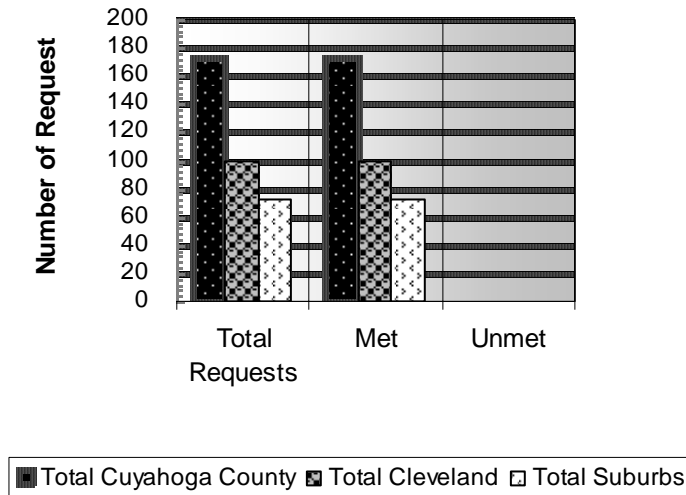
United Way - First Call for Help call data shows a decrease in requests for information about family violence prevention programs from 46 requests countywide in 2002 to 29 requests in 2004, a 37

percent decrease. Calls from the City of Cleveland decreased 13 percent and from the suburbs 61 percent. However, the numbers are small and thus inflate percentages. (See Figure 2 and Attachment 7.)



Of the 173 requests received for family violence prevention programs, FCFH was able to provide an appropriate referral for 100 percent countywide as well as in the City of Cleveland and suburbs. (See Figure 3 and Attachment 8.)

**Figure 3: Family Violence Prevention  
United Way - First Call for Help Requests 2000-2004  
(TOTAL REQUESTS: n=173, TOTAL UNMET NEED: n=0)**



**FUNDING OF CORE SERVICES**

*Major Government Funders*

The major government funders are:

- Child Abuse and Neglect State Grants;
- Community-Based Family Resource and Support Grants;
- Promoting Safe and Stable Families Grants;
- Violence Against Women Act of 2000 Grants;
- Social Services Block Grants (SSBG);
- Family Violence Prevention Fund Grants;
- Ohio Children’s Trust Fund (OCTF); and
- Victims of Crime Act.

These are described below.

**FEDERAL**

- Child Abuse and Neglect State Grants fund improvements to child protection services systems.
- Community-Based Family Resource and Support Grants assist states in preventing child abuse and neglect and in promoting healthy parent-child relationships by developing, operating, expanding, and enhancing a network of community-based, prevention-focused resource and support programs that coordinate resources among a broad range of human services organizations.
- Promoting Safe and Stable Families assists children who do not have to be removed from their homes, offers services to develop alternative placements if children cannot remain

safely in the home, and provides reunification services to enable children to return to their homes, if appropriate.

- Violence Against Women Act of 2000 funds grants to aid law enforcement officers and prosecutors, encourages arrest policies, stems domestic violence and child abuse, establishes and operates training programs for victim advocates and counselors, and trains probation and parole officers who work with released sex offender.
- Social Services Block Grants fund preventive services such as child day care, child protective services, information and referral, counseling, and employment, as well as other services that meet the goal of preventing or remedying neglect, abuse, or exploitation of children (USDHHS, 2003).

## STATE

### Family Violence Prevention Fund

Ohio's main appropriations act covering fiscal years 2006 and 2007 abolished the Office of Criminal Justice Services and generally transferred its personnel and functions to the Division of Criminal Justice Services in the Department of Public Safety. Family Violence Prevention was formerly funded through a general revenue fund line item, and was subsequently discontinued and funding for its purpose was replaced in the Department of Public Safety's biennial operating budget with a non-general revenue fund stream consisting of new fees for each certified copy of a birth certificate, certification of birth, or death certificate, and on the filing for a divorce or dissolution of marriage. The revenues collected as result of these new fees are deposited in the newly created Family Violence Prevention Fund to be used by the Director of Public Safety to provide grants to family violence shelters.

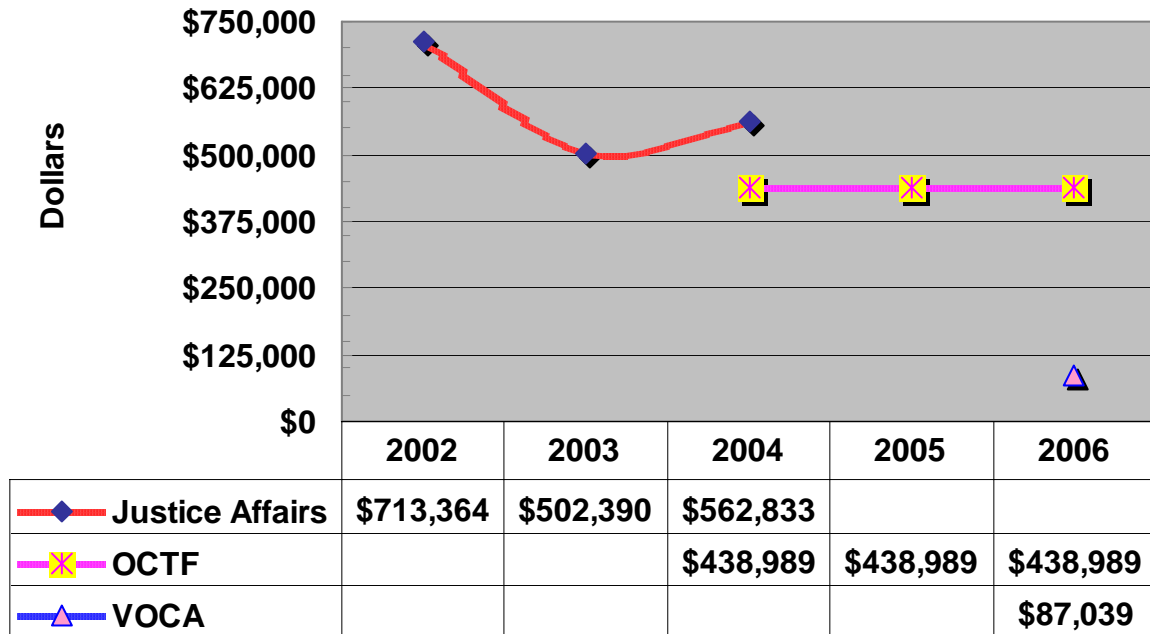
### Ohio Children's Trust Fund (OCTF)

The Ohio Children's Trust Fund (OCTF) is an important state source of funds for child abuse prevention. It was established by legislative action in 1984 to provide a dedicated source of funding to prevent child abuse and neglect. Trust fund revenues are derived from a \$3 surcharge on birth and death certificates and an \$11 fee on divorce and dissolution filings; this has proven to be a very stable funding stream for prevention services in Ohio. In SFY 2004, the OCTF had a \$9.9 million balance, and in SFY 2005 it had a \$10.1 million balance. In each of Ohio's eighty-eight counties, the commissioners appoint either a five member local prevention advisory board or the Family & Children First Council as the administrator for OCTF prevention funds at the local level. In Cuyahoga County, there is a Children's Trust Fund Advisory Board within the Department of Justice Affairs. Cuyahoga County received a total of \$438,989 in OCTF funds in 2004 and 2005.

### Victims of Crime Act (VOCA)

The Ohio Attorney General's Crime Victims Assistance unit is responsible for the administration of the Victims of Crime Act (VOCA), which funds eligible crime victims' assistance programs operating in public and nonprofit agencies located throughout Ohio. Children Who Witness Violence programs are eligible for this funding. Funded partially through Ohio general revenue funds and through the Ohio Attorney General's office, Cuyahoga County received \$87,039 in FY 2006 from this funding source. Funding information for other years was unavailable. (See Figure 4.)

**Figure 4: Identified Government Funding for Family Violence Prevention Cuyahoga County, CY 2002-2006**



Source: Cuyahoga County Justice Affairs Dept, Ohio Children’s Trust Fund, & Ohio Attorney General

*Trends of Identified Government Funders in Cuyahoga County*

The majority of federal funding for family violence prevention programs originates from the U.S. Department of Justice Affairs and the U.S. Department of Health and Human Services. Funding through Justice Affairs for violence prevention fell from \$713,364 in 2002 to only \$562,833 in 2004.

**IDENTIFIED REVENUES**

As of May 11, 2006, nearly \$1.4 million in revenues for family violence prevention has been identified countywide. (See Table 4.) This includes information from foundations, federated fundraising organizations, government, and United Way of Greater Cleveland.

Seventy-three percent of the revenues are from contracts or grants from government organizations. The Cuyahoga County Justice Affairs Department and the Ohio Children’s Trust Fund are the primary funders of this service. United Way of Greater Cleveland’s funds account for 5.5 percent of the total reported funding for this service countywide.

Many private local foundations have funded family violence prevention within the past few years. In 2002, donations in the amount of \$75,164 were reported. Since then, local core service providers have experienced a substantial increase in donations, with contributions reaching nearly \$250,000 in FY 2003 and well over \$286,000 reported in 2004. The Cleveland and Gund Foundations were the primary non-government funders.

**Table 4: Annual Revenue for Core Services: Countywide and United Way of Greater Cleveland Family Violence Prevention Programs, 2003/2004.**

| Funder  | Period | A                                     |                | B  |                |
|---|--------|---------------------------------------|----------------|--|----------------|
|   |        | Identifiable Total Dollars Countywide |                | Total Dollars UW-Funded Agencies (Actual FY2004) |                |
|   |        | Amount                                | % of Total (A) | Amount   | % of Total (B) |
| Bruening Foundation, Eva L. and Joseph M.                     |        | 27,300                                |                |  |                |
| Cleveland Foundation, The                                     |        | 75,330                                |                |  |                |
| Gund Foundation, The George                                   |        | 140,000                               |                |  |                |
| Reuter Foundation, The  |        | 10,000                                |                |  |                |
| Wean Foundation, The Raymond John                             |        | 10,000                                |                |  |                |
| Other Private Foundations - Not Elsewhere Classified          |        | 6,430                                 |                | 15,481   |                |
| Ellie   |        | 15,500                                |                |  |                |
| Other Corporate Foundations - Not Elsewhere Classified        |        | 1,500                                 |                |  |                |
| <b>Total - Foundations &amp; Trusts</b>                       |        | <b>286,060</b>                        | <b>20.69%</b>  | <b>15,481</b>                                    | <b>16.97%</b>  |
| United Black Fund of Greater Cleveland                        |        | 18,000                                |                |  |                |
| <b>Total - Federated Fundraising Organizations</b>            |        | <b>18,000</b>                         | <b>1.30%</b>   | <b>0</b>   | <b>0.00%</b>   |
| Children's Trust Fund   | 2004   | 438,989                               |                |  |                |
| <b>Subtotal State of Ohio</b>                                 |        | <b>438,989</b>                        | <b>31.75%</b>  | <b>0</b>   | <b>0.00%</b>   |
| Justice Affairs   | 2004   | 563,833                               |                |  |                |
| <b>Subtotal Cuyahoga County Funding Sources</b>               |        | <b>563,833</b>                        | <b>40.78%</b>  | <b>0</b>   | <b>0.00%</b>   |
| <b>Total - Contracts/grants from government organizations</b> |        | <b>1,002,822</b>                      | <b>72.53%</b>  | <b>0</b>   | <b>0.00%</b>   |
| <b>Total - All Other Revenue</b>                              |        |                                       | <b>0.00%</b>   | <b>104</b>                                       | <b>0.11%</b>   |
| <b>Subtotal Non - UWGrCle Support</b>                         |        | <b>1,306,882</b>                      | <b>94.53%</b>  | <b>15,585</b>                                    | <b>17.08%</b>  |
| <b>Total - UWGrCle investment committee allocation</b>        |        | <b>75,658</b>                         | <b>5.47%</b>   | <b>75,658</b>                                    | <b>82.92%</b>  |
| <b>Subtotal UWGrCle Support - 4001, 4701 &amp; 4703</b>       |        | <b>75,658</b>                         | <b>5.47%</b>   | <b>75,658</b>                                    | <b>82.92%</b>  |
| <b>Total Support/Revenue</b>                                  |        | <b>1,382,540</b>                      | <b>100%</b>    | <b>91,243</b>                                    | <b>100%</b>    |

**REIMBURSEMENT/COST**

While the financial and social costs of not providing family violence prevention have been well documented (see Return on Investment section of this report), the amount of reimbursement for family violence prevention is difficult to determine due to the wide variety of programs and audiences.

## V. WHAT WORKS; WHAT DOESN'T

### IMPACT ON INDIVIDUALS/FAMILIES

#### *What Works*

##### Domestic Violence

Public awareness campaigns and public service announcements are often the vehicles that educate the adult population about domestic violence. These campaigns highlight the warning signs of violence and provide resources for victims. To study the effect of a recent campaign by the Family Violence Prevention Fund, telephone surveys were conducted over a two year period. Findings from a recent telephone survey indicated decreases in: 1) the number of people ignorant about what to do in the event of domestic violence, 2) the number of people who do not believe it is necessary to report domestic violence, feel it is no one else's business, and believe that the problem of domestic violence is exaggerated by the media (Wolfe & Jafee, 2003)

Wolfe and Jafee (2003) cited a school-based program implemented by the Minnesota Coalition for Battered Women as an effective effort to prevent domestic violence. This program addresses the root causes of violence, including racism, classism, sexism, etc. Preliminary evaluations concluded that the program's success is tied to identifying relationship violence as a form of societal violence, acknowledging that domestic violence and sexual abuse are an abuse of power and control, creating sufficient trust levels that children can disclose their exposure to domestic violence so teachers can make appropriate referrals, teaching safety skills about what to do when domestic violence occurs, and encouraging social skills development like conflict resolution as alternatives to violence.

##### Child Maltreatment

In 2004, with assistance from the Children's Bureau, the National Clearinghouse on Child Abuse and Neglect Information published a synthesis of lessons learned from child neglect demonstration programs. While not all ten programs had evaluation designs, six did and reported reductions in child behavior problems and foster care placement as well as reductions in parent or caregiver depressive symptoms, drug use, and social isolation. In addition, programs saw improvements in child health, parenting skills, parental teaching, child development, and positive behavior management (USDHHS, 2004). The following findings were common to many of the programs studied:

- Ten to 12 weeks is effective for reassessing a family's needs to revise service plans.
- Case management and documentation is recommended to keep all disciplines and multiple providers working with the same family aware of the same information.
- Working with the whole family to improve communication and understanding was found especially effective for older youth.
- Intensive services lasting for six months to a year were found to be more effective in engaging families and effecting change at individual and family levels.
- Make families active participants and focus on the relationship between staff and caregivers.

The Task Force on Community Preventive Services, a nonfederal task force comprised of researchers and scientists from academia and the federal government, looked at 21 studies that evaluated the effects of early childhood home visitation on child maltreatment. These visits, conducted by professionals, were made in the child’s first two years of life and could focus on any of the following components: prenatal and infant care training, developmental interaction with infants or toddlers, problem-solving skills, family planning assistance, etc. Based on strong evidence, the task force concluded that early childhood home visitation is effective for preventing child abuse and neglect in families at risk for child maltreatment, including disadvantaged populations and families with low-birth-weight infants. The task force found a reduction of almost 40 percent in child abuse or neglect when compared to the control groups. Furthermore, the task force concluded that programs delivered by professional visitors such as nurses or mental health workers might yield more consistent effects. Paraprofessionals were found to have beneficial effects in programs that last longer than two years (Thacker, 2003).

Elder Abuse

In 2005, a mini-conference sponsored by the National Committee for the Prevention of Elder Abuse was held during the White House Conference on Aging. The principal result of the mini-conference was the production of a proposed resolution to promote elder justice and protect against elder abuse, neglect and exploitation for consideration and adoption by the delegates at the 2005 White House Conference on Aging. The proposed resolution reflected input from members of the Elder Justice Coalition (200 organizations and 169 individuals), the Board of Directors of the National Committee for the Prevention of Elder Abuse, and participants at the mini-conference.

The resolution identified three priority issues, the barriers, and proposed solutions for preventing elder abuse. The first priority issue was to promote elder justice and protect against elder abuse, neglect and exploitation. Promoting elder justice and protecting older Americans against elder abuse requires enactment of new comprehensive federal elder justice legislation, enhanced implementation of existing laws, and improved commitment by all levels of government and all professional disciplines. The barriers to promoting elder justice include inadequate public awareness, federal commitment, and coordination in and among health care, social service and justice systems related to elder abuse. “Only 2 percent of federal funds spent on abuse and neglect go to elder abuse, and less than 1 percent of research funds for aging issues are expended on elder abuse research.”

Proposed solutions to promote elder justice include: 1) elevating elder justice issues to the national agenda; 2) increasing the knowledge base through expanded elder abuse research; 3) improving detection by creating forensic centers, developing “forensic markers,” and training of professionals to improve detection of elder abuse; 4) enhancing intervention; 5) promoting prosecution and victim assistance; 6) providing training and resources across disciplines to promote a multi-disciplinary approach to elder abuse prevention, detection and enforcement; and 7) increasing public awareness.

The second priority issue was to strengthen federal laws and programs that address elder abuse. Elder abuse sometimes overlaps with other issues that are the subjects of sweeping federal laws that include a few isolated provisions addressing elder abuse. Historically, these provisions have been inadequately funded and implemented and do not alleviate the need for a comprehensive elder justice law. The primary barriers to strengthening elder abuse related federal laws and programs include pressure to reduce domestic spending and difficulty in changing laws. The resolution recommends strengthening elder abuse provisions in the Older Americans Act, including

adequate funding for Title VII, Chapter 3 (Elder Abuse Prevention) and Chapter 2 (Long-Term Care Ombudsman Program).

The final issue, identified as critical for preventing elder abuse, was to support research to update elder abuse policy, programs and practices. According to the proposed resolution:

The first studies of elder abuse emerged in 1978. Since then, only a few studies have advanced the field. Most elder abuse research has been methodologically deficient or otherwise problematic. As a result, we know virtually nothing about elder abuse with certainty. Absent a sound understanding of its characteristics, causes and consequences, we cannot identify or develop effective policies and programs to address the problem. We cannot prevent elder abuse without knowing its risk factors. We cannot provide effective interventions without knowing its clinical course and which treatments work. We cannot know the nature and scope of the problem or what measures we need to address it without incidence and prevalence data. And until we evaluate current efforts, we will not know which ones to replicate and expand, and which ones to abandon.

The National Academy of Sciences (NAS) Panel to Review Risk and Prevalence of Elder Abuse and Neglect has identified reasons for elder abuse research deficiencies. Barriers that impede elder abuse research and our understanding of this problem include:

- Modest federal funding (less than 1% of aging research dollars go to elder abuse);
- Few researchers attracted to the field;
- Inadequate theory base;
- Varying (and sometimes contradictory) definitions used in research and laws;
- Challenging methodology;
- Insufficient links between researchers and service agencies; and
- Difficulties in navigating human subject protection issues.

According to the authors of this resolution, to address existing elder abuse research deficits, the federal government must:

- Create centers of excellence to focus and coordinate research.
- Provide funding to implement recommendations of the NAS Panel to Review Risk and Prevalence of Elder Abuse and Neglect, including those to:
  - Develop widely accepted operational definitions of elder abuse;
  - Conduct national incidence and prevalence studies of elder abuse;
  - Undertake longitudinal studies of the nature of elder abuse, identify the risk and protective factors for various types of elder abuse, and evaluate the effectiveness of elder abuse interventions;
  - Establish mechanisms to collect and analyze data from federal, state and local health care, social service and justice sectors;
  - Provide guidance to researchers on navigating human subject protection issues; and
  - Disseminate the results of research and data collection to policy makers, researchers, advocates, educators, law enforcement, practitioners and the public (White House Conference on Aging, 2005).

According to the National Committee for the Prevention of Elder Abuse (NCPEA) (n.d.), interagency coordination and cross-disciplinary training are necessary to stop elder abuse. Victims have diverse and multiple needs and require the coordinated resources of multiple services across agencies. Well-coordinated services increase the likelihood that clients will be able to negotiate complex service networks. Interagency coordination can reduce unnecessary delays, frustration, trauma, and personal intrusion. Well-coordinated services can reduce the need for multiple interviews, decrease client inconvenience, and reduce overlap and duplication (NCPEA).

According to NCPEA, the following tools and techniques can help agencies work together:

- Interagency protocols define the roles and relationships among agencies. They typically include guidelines for referring cases to one another, clarify each agency's responsibilities for assessing and investigating reports, define the circumstances in which joint investigations should be initiated, establish timelines, and provide for the sharing of information and client confidentiality.
- Memoranda of understanding (MOUs) are informal contracts that commit agencies to following established protocols or agreements. They ensure that the agreed upon protocols are fully understood, endorsed by the agencies' leadership, and that they will be passed on to new staff.
- Collaborative investigations are conducted when it is likely that a client may need to be assessed or receive services from more than one agency or program. Joint investigations may reduce delays and reduce the need for multiple interviews.
- Creating *coalitions* and *multi-disciplinary teams*.

The National Committee for the Prevention of Elder Abuse (n.d.) asserts that cross-disciplinary training is necessary for optimal elder abuse prevention because the field is multidisciplinary by nature. Professionals ranging from physicians to police officers are likely to encounter abuse cases and are in key positions to offer help. Professionals, including those from multiple disciplines (e.g., law enforcement, social work, domestic violence, medicine, mental health, substance abuse and adult protection) possess skills, tools, resources, authority, and knowledge. Cross-training increases each agency's understanding of available resources, barriers, and assets that impact their ability to prevent elder abuse. Cross-training can facilitate interagency coordination, resulting in a more comprehensive range of services, reducing the likelihood that clients will "fall between the cracks" of service networks, and can reduce potential overlap in services.

#### *What Doesn't Work*

Not utilizing program models that have been proven to be effective. In the past 20 years, prevention researchers have developed and tested a number of effective parenting and family interventions; however, only about 10 percent of practitioners are implementing these family-strengthening programs and only about 25 percent are implementing these with fidelity (Fox, Duffy, and Keller, 2006).

## IMPACT ON COMMUNITY

The economic costs of family violence are staggering and likely underestimated due to the number of victims who do not report the crimes. Current estimates suggest:

- The economic cost of partner violence against women exceeds an estimated \$5.8 billion, including \$4.1 billion in the direct costs of medical and mental health care and nearly \$1.8 billion in the indirect costs of lost productivity (CDC, 2003).
- The U.S. Government Accountability Office estimated that treatment services for child maltreatment (such as child protective services, child mental health services, and court expenses) cost in the range of \$500 million annually (Chalk & King, 1998).
- Victims of partner violence can suffer physical, psychological, social, and economic consequences, including:
  - Women with a history of partner violence report 60 percent higher rates of all health problems when compared to women with no history of abuse (Campbell et al 2002).
  - These women are more likely to exhibit behaviors that present future risks, such as substance abuse, alcoholism, and increased risk of suicide attempts (Coker et al., 2000).

### ACCREDITATIONS/STANDARDS/CERTIFICATIONS

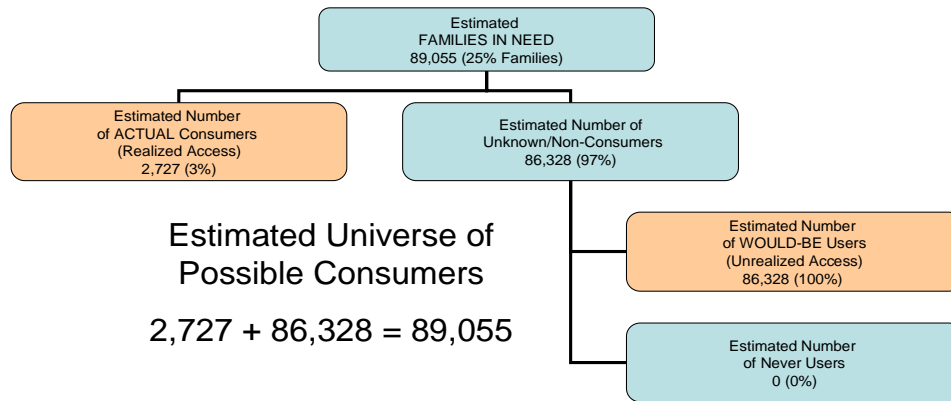
Most non-medical mental health services for victims of family violence are provided by members of three professions: psychology, social work, and counseling. There are 3,765 licensed clinical and school psychologists in the state of Ohio. Based on Cuyahoga County's proportion of Ohio's population and its higher concentrations of mental health professionals in urban and suburban areas, it is estimated that there are approximately 1,000 licensed psychologists in Cuyahoga County. Ohio has 14,905 licensed social workers (LSWs), who practice under supervision, and 6,472 licensed independent social workers (LISWs), who have accumulated sufficient supervised work experience to practice without supervision. Based on these numbers, it is estimated there are approximately 4,000 LSWs and 2,000 LISWs in Cuyahoga County. Ohio has 3,115 licensed professional counselors (LPCs), who practice under supervision, and 3,447 licensed professional clinical counselors (LPCCs), who have enough supervised experience to practice independently. It is estimated that there are approximately 900 LPCs and 1,000 LPCCs in Cuyahoga County. In addition, there are small numbers of licensed psychiatrists, marriage and family therapists, registered nurses, music therapists, art therapists, and pastoral counselors who provide psychotherapy to clients.

## VI. GAP ANALYSIS

The following is the formula for arriving at the estimated universe of possible consumers for Family Violence Prevention:

- An estimated 89,055 families need family violence prevention in Cuyahoga County.
- Based on available information about actual consumers, approximately 2,727 families have realized access to these services. This represents the sum of those funded by United Way (202), Justice Affairs (550), and Children Who Witness Violence (1,975).
- This leaves a net estimate of 86,328 families who are in need of family violence prevention services. (89,055 – 2,727 = 86,328)
- The estimated universe of possible consumers is 89,055, and the “never users” of family violence prevention services is 0. (See Figure 5.)

### Figure 5 - Consumer Estimates: Family Violence Prevention



#### *Service Site Index*

Countywide, there are 23 service sites for family violence prevention programs. This is a ratio of 3,872 possible consumers (estimated 89,055 total) to one service site countywide. Service providers report to United Way - First Call for Help which zip codes are included in their respective service areas. The Service Site Index in Attachment 9 lists the number of sites per zip code and provides a ratio of consumers to service sites for each zip code. This is a measure of potential service accessibility by possible universe of service consumers per zip code area. Note that this measure does not include the capacity of providers to offer the service, for example, the number of hours of family violence prevention that can be provided on a daily basis. It is only capturing

whether there is a possibility of being served. The lower the ratio, the greater is the chance of receiving family violence prevention services.

The ratios on the Service Site Index range from a high of 335:1 in zip code 44130 (Parma/Cleveland), to a low of 15:1 in zip code 44114 (Cleveland). In addition to 44130, two other zip codes have ratios greater than 300 consumers to one service site:

- 44107 (Lakewood/Cleveland - 314:1); and
- 44105 (Cleveland/NewburghHts/GarfieldHts (75%) - 312:1), a high minority area.

(See Map in Attachment 10.)

### *Service Capacity*

In Ohio, the average number of abused children exceeds the national average. The Family Violence Prevention Center, created in 1999 by Governor Bob Taft, is charged with providing leadership for a coordinated effort to reduce and prevent family violence in Ohio. However, three years after its establishment, the state acknowledges that there are many gaps in service delivery, especially for the mentally ill and juveniles.

The report, "Ohio Family Violence Needs Assessment: Report to Family Violence Prevention Advisory Council," published in 2002, details gaps in the types of services offered within Ohio counties, as well as gaps in services for special types of victims. The gaps noted in the report were identified through a survey of system professionals. A follow-up study is needed to determine gaps in services from the victims' perspectives.

While survey respondents indicated that Ohio counties have priority services, many noted that the services are insufficient to meet the demand. Basic service components, such as shelter facilities, crisis counseling, and hotlines are in place, but counties lack specialized law enforcement or prosecution units for family violence.

Large counties need more housing, legal advocacy, and special law enforcement services. Medium-sized counties also require more housing services, along with financial assistance and transportation services. Rural Appalachian counties need more special law enforcement services, as well as help with housing and financial assistance. Rural non-Appalachian services require housing, transportation, and special law enforcement services.

The following service gaps were identified:

- Rural counties reported housing is unavailable, but needed.
- The need for transportation services cut across all county types.
- All counties indicated a need for financial assistance for victims of family violence.
- Surprisingly, a higher percentage of large counties indicated insufficient legal advocacy for victims of family violence compared to rural non-Appalachian counties, which indicated sufficient legal advocacy services.
- Respondents from large counties indicated a much higher need for emergency shelters than respondents from other counties. While emergency shelters exist in large counties, the demand exceeds the supply.

- The greatest need for rape crisis counseling was found in large counties and in the rural Appalachian counties. While large counties have the services but need more, rural Appalachian counties indicate their counties do not even have the rape crisis counseling services.

Survey respondents also indicated gaps in services for victim groups by the size of the county. Large counties need assistance with the following populations: non-English speakers, ethnic/cultural minorities, juveniles, and gay/lesbian, bi-sexual, and transgender clients. Medium-sized counties need help with juveniles, persons with mental illnesses, and ethnic/cultural minorities. Rural Appalachian counties need more assistance to serve persons with mental illnesses, juveniles, and victims over age 60. Lastly, rural non-Appalachian counties note service gaps in caring for persons with mental illnesses, non-English speakers, and juveniles.

## VII. SUMMARY

In summary, there are several major findings from the research on family violence prevention:

- Considerable evidence suggests that family violence experienced as a child results in the child's own violent behavior or other adverse outcomes, such as drug abuse, early pregnancy, school failure, mental illness, and suicidal behavior.
- The U.S. Department of Justice administers VAWA grants designed to aid law enforcement officers and prosecutors, encourage arrest policies, stem domestic violence and child abuse, establish and operate training programs for victim advocates and counselors, and train probation and parole officers who work with released sex offenders.
- At the state level, the Supreme Court of Ohio and the Ohio Department of Job and Family Services have shared funds to document the case overlap between child protection and domestic violence.
- Ohio laws require county departments of job and family services to receive and investigate reports of elder abuse of persons 60 years of age and older (some offices may investigate reports of abuse of vulnerable adults under 60).
- The majority of federal funding for family violence prevention programs originates from the U.S. Department of Justice Affairs and the U.S. Department of Health and Human Services. Funding through Justice Affairs for violence prevention fell from \$713,364 in 2002 to only \$562,833 in 2004. This will leave a dramatic gap in funding for this core service program.
- As of May 11, 2006, nearly \$1.4 million in revenues for family violence prevention has been identified countywide.
- Success is tied to identifying relationship violence as a form of societal violence, acknowledging that domestic violence and sexual abuse are an abuse of power and control, creating sufficient trust levels that children can their disclose exposure to domestic violence so teachers can make appropriate referrals, and teaching safety skills about what to do when domestic violence occurs.
- Research has concluded that early childhood home visitation is effective for preventing child abuse and neglect in families at risk for child maltreatment, including disadvantaged populations and families with low-birth-weight infants.
- The estimated universe of possible consumers is 89,055, including both realized (2,727) and unrealized (86,328) access.
- Countywide, there are 23 service sites for family violence prevention programs. This is a ratio of 3,872 possible consumers (estimated 89,055 total) to one service site countywide.

## REFERENCES

- Anderson, R.M. (1995). Revisiting the behavioral model and access to medical care: Does it matter? *Journal of Health and Social Behavior*, 36(1): 1-10
- Berkman, M. and Esserman, D. (2004). Young children exposed to domestic violence. Retrieved October 25, 2006 from [http://www.nccev.org/pdfs/series\\_paper4.pdf](http://www.nccev.org/pdfs/series_paper4.pdf)
- Campbell, J., Jones, A.S., Dienemann, J., Kub, J., Schollenberger, J., O'Campo, P. et al. (2002). Intimate partner violence and physical health consequences. *Archives of Internal Medicine*, 162(10): 1157-63.
- Carlson, B.E. (1984). Children's observations of interpersonal violence. In A.R. Roberts (Ed.) *Battered women and their families*, 147-167. NY: Springer. Straus, M.A. (1992). Children as witnesses to marital violence: A risk factor for lifelong problems among a nationally representative sample of American men and women. Report of the Twenty-Third Ross Roundtable. Columbus, OH: Ross Laboratories.
- Centers for Disease Control and Prevention. (2003). Cost of intimate partner violence against women in the United States. Atlanta, GA: U.S. Department of Health and Human Services. Available at: [http://www.cdc.gov/ncipc/pub-res/ipv\\_cost/ipv.htm](http://www.cdc.gov/ncipc/pub-res/ipv_cost/ipv.htm)
- The Center on Urban Poverty and Social Change (n.d.). NEO CANDO. MSASS, Case Western Reserve University. Available from: <http://neocando.case.edu>
- Center on Urban Policy and Social Change. (n.d.). Website. Available at <http://povertycenter.cwru.edu/>
- Chalk, R. & P.A. King (Eds.) (1998). *Violence in families: Assessing prevention and treatment programs*. Washington, DC: National Academy Press.
- Coker, A.L., Amith, P.H., Bethea, L., King, M.R., McKeown, R.E., (2000). Physical health consequence of physical and psychological intimate partner violence. *Archives of Family Medicine*, 9:451.
- Cuyahoga County Adult Protective Services. (2003). Website. Retrieved on November 3, 2005 from <http://www.cuyahogacounty.us/dsas/adultprotective.htm>
- Cuyahoga County Family and Children First Council. (2003). 2003 annual report. Found on November 3, 2005 from <http://www.cuyahogacounty.us/protectingourfuture/2003/childdeaths/intentional.htm>
- Cuyahoga County Department of Senior and Adult Services. (2004). 2004 annual report. Found on October 25, 2005 from <http://www.cuyahogacounty.us/dsas/PDF/2004annual%20report.pdf>
- Durose, M.R., Wolf-Harlow, C, Langan, P., Motivans, M., Rantala, R.R., & E.L. Smith. (2005). *Family violence statistics*. Washington, D.C.: U.S. Department of Justice.

- Flannery, D., Singer, M., Williams, L. & Castro, P. (1998). Adolescent violence exposure and victimization at home: Coping and psychological trauma symptoms. *International Review of Victimology*, 6:29-48.
- Fox, R.A., Duffy, K.M., and Keller, K.M. (2006). Training community based professionals to implement an empirically supported parenting program. Retrieved October 25, 2006 from [http://taylorandfrancis.metapress.com/\(wbasbw55lryf4u451b4sql55\)/app/home/contribution.asp?referrer=parent&backto=issue,2,8;journal,8,33;linkingpublicationresults,1:300227,1](http://taylorandfrancis.metapress.com/(wbasbw55lryf4u451b4sql55)/app/home/contribution.asp?referrer=parent&backto=issue,2,8;journal,8,33;linkingpublicationresults,1:300227,1)
- Frazier, B., and Hayes, K.H. (1991). Selected resources on elder abuse. Retrieved October 25, 2006 from <http://www.cyfernet.org/research/elderabuse.html>
- Gullotta, T.P., (2003). Encyclopedia of primary prevention and health promotion. Child & Family Agency of Southeastern Connecticut, Inc. University of Connecticut.
- Helpguide Mental Health Issues. (2006). Child abuse: Types, signs, symptoms, causes, and help. Retrieved October 25, 2006 from [http://www.helpguide.org/mental/child\\_abuse\\_physical\\_emotional\\_sexual\\_neglect.htm#causes](http://www.helpguide.org/mental/child_abuse_physical_emotional_sexual_neglect.htm#causes)
- Hurst, H. (2003). Families in court for child protection and domestic violence. *Ohio Bulletin: Children, Families and the Courts*, 1(2). Retrieved on June 16, 2006 from [http://www.sconet.state.oh.us/Judicial\\_and\\_Court\\_Services/family\\_court/summer2003.pdf](http://www.sconet.state.oh.us/Judicial_and_Court_Services/family_court/summer2003.pdf)
- Keilitz, S., Jones, A. & Ostrom, B. (1999). *Tracking and understanding family violence caseloads. caseload highlights – examining the work of state courts 5, No. 2*. Williamsburg, VA: National Center for State Courts.
- Kelley, B.T., Thornberry, T.P. & Smith, C.A. (1997). In the wake of child maltreatment. *Juvenile Justice Bulletin*. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Laney, G. (2005). Violence Against Women Act: History and federal funding. Congressional Research Service Report for Congress. Washington, DC: Library of Congress.
- Miller, D.B., GUO, S., Slovak, K.& T. Frierson. (1998). The mental health consequences of children exposed to violence. Cuyahoga County Community Mental Health Research.
- National Center on Elder Abuse. (2005). Elder abuse prevalence and incidence. Washington. DC: National Center on Elder Abuse. Found on October 25, 2005 at: <http://www.elderabusecenter.org/pdf/publication/FinalStatistics050331.pdf>
- National Clearinghouse on Child Abuse and Neglect Information. (2005). Child maltreatment 2003. Washington, D.C.: U.S. Department of Health and Human Services.
- National Clearinghouse on Child Abuse and Neglect Information. (2007). Child abuse prevention fundamentals. Washington, D.C.: U.S. Department of Health and Human Services. Retrieved on February 19, 2007 from <http://www.athealth.com/Consumer/issues/abuseprev.html>

- National Committee for the Prevention of Elder Abuse. (n.d.). What communities can do. Retrieved on June 5, 2006 from: <http://www.preventelderabuse.org/index.html>
- Ohio Bureau of Criminal Identification and Investigation. (2007). Domestic violence report; Domestic violence incidence by county and agency. Retrieved on February 19, 2007 from <http://www.ag.state.oh.us/victim/pubs/05dvp/05DVI.pdf>
- Ohio Department of Aging. (2005). About the area agencies on aging. Found on November 3, 2005 at: <http://goldenbuckeye.com/aaafacts.html>
- Ohio Domestic Violence Network Resource Center. (n.d.). Website. Available at [http://www.odvn.org/php/ohio\\_data\\_sheet.php](http://www.odvn.org/php/ohio_data_sheet.php)
- Ohio Office of Attorney General. (2005). Ohio Elder Abuse Task Force report. Found on October 25, 2005 from [http://www.ag.state.oh.us/online\\_publications/child\\_elder\\_protection/pdf/04elder\\_abuse\\_task\\_force\\_rpt.pdf](http://www.ag.state.oh.us/online_publications/child_elder_protection/pdf/04elder_abuse_task_force_rpt.pdf)
- Ohio Office of Criminal Justice Services. (2002). Ohio family violence needs assessment: Report to Family Violence Prevention Advisory Council. Retrieved on November 20, 2006 from <http://www.ocjs.ohio.gov/research/Family%20Violence%20Needs%20Assessment.pdf>
- Reiss, A.J. & J.A. Roth (Eds). (1994) *Understanding and preventing violence*. Washington D.C.: National Academy Press
- Rennison, C.M. (2003). Intimate partner violence: 1993-2001. Bureau of Justice Statistics Crime Data Brief. Washington, DC: U.S. Department of Justice.
- Rennison, C.M & S. Welchans. (2000). Intimate partner violence. Bureau of Justice Statistics Special Report. Washington, DC: U.S. Department of Justice.
- Singer, M.I., Miller, D.B., Guo, S. et. al., (1998). The mental health consequences of children's exposure to violence. Cleveland, Ohio: Cuyahoga County Community Mental Health Research Institute, Mandel School of Applied Social Sciences, Case Western Reserve University as quoted in Rosewater, A., *Promoting prevention, targeting teens: An emerging agenda to prevent domestic violence*, Family Violence Prevention Fund (2003).
- Spaccarelli, S., Coatsworth, J.D., & Bowden, B. S. (1995). Exposure to serious family violence among incarcerated boys: Its association with violent offending and potential mediating variables. *Violence and Victims*, 10: 163-182.
- Strauss, M.A, Gelles, R.J., and Smith, C. (1990). Physical violence in American families; risk factors and adaptations to violence. Retrieved on June 16, 2006 from <http://www.endabuse.org/resources/facts/Children.pdf>
- Thacker, S. & Dixon, R. (2003). First reports evaluating the effectiveness of strategies for preventing violence: Early childhood home visitation. *Morbidity and Mortality Weekly Report*, 52/RR-14.

U.S. Advisory Board on Child Abuse and Neglect. (1995). A nation' shame: Fatal child abuse and neglect in the United States: A report of the U.S. Advisory Board on Child Abuse and Neglect. National Clearinghouse on Child Abuse and Neglect Information. Retrieved on June 16, 2006 from <http://www.ems-c.org/cfusion/ResourceDetailNew.cfm?id=-1388226222>

U.S. Census. (n.d.). Website. Available from <http://www.census.gov>

U.S. Department of Health and Human Services (USDHHS). (2004). Child neglect demonstration projects: A synthesis of lessons learned. Washington, DC: National Clearinghouse of Child Abuse and Neglect Information.

U.S. Department of Health and Human Services (2003). How does the child welfare system work? National Clearinghouse on Child Abuse and Neglect Information. Available at <http://www.acf.dhhs.gov/>

U.S. Department of Health and Human Services. (2001). Youth violence: a report of the surgeon general. Washington, D.C.: U.S. Available at: <http://www.surgeongeneral.gov/library/youthviolence/youvioreport.htm>;

U.S. Department of Health and Human Services. (1988). Study findings: Student of national incidence and prevalence of child abuse and neglect. National Center on Child Abuse and Neglect. Washington, D.C.

U.S. Department of Justice, Bureau of Justice Statistics (USDJO) (1995). Violence against women: Estimates from the redesigned survey. Retrieved on June 16, 2006 from <http://www.ojp.usdoj.gov/bjs/pub/ascii/femvied.txt>

Wan, T.H., Odell, B.G., & Lewis, D.T. (1982). *Promoting the well-being of the elderly: A community diagnosis*, New York: The Halworth Press.

White House Conference on Aging. (2005). White House Conference on Aging mini-conference on elder abuse, neglect and exploitation. Conference of the American Society on Aging and The National Council on the Aging, Philadelphia, PA. Retrieved on November 3, 2006 from <http://www.preventelderabuse.org/whcoaging2005.html>

Wolfe, D.A., & Jafee, P.G. (2003). Prevention of domestic violence and sexual assault. National Electronic Network of Violence Against Women. Retrieved on November 3, 2006 from [http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR\\_Prevention.pdf](http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_Prevention.pdf)

## ATTACHMENTS

### Attachment 1: Researcher List

# MCS CONSULTING SERVICE

### CORE SERVICE RESEARCH TEAM

#### Co-Lead Consultants

Marlene C. Stoiber, Ph.D. President, MCS Consulting Service, LLC  
Bette S. Meyer, M.A.

#### Research Team

Renee Aten, CFRE, Aten Enterprises, Associate, MCS Consulting Service, LLC  
Edwin A. Balcerzak, Ph.D., Associate, MCS Consulting Service, LLC  
Louis B. Burroughs, M.S.U.S., Associate, MCS Consulting Service, LLC  
Elsie Day, J.D., Associate, MCS Consulting Service, LLC  
Jennifer M. Forshey, M.P.P., IntelliSolve, Inc.

Karen Gillooly, M.Ed., IntelliSolve, Inc.  
Sue E. Grant, Ella & Associates, IntelliSolve, Inc.  
Gary Harris, B.A., M.B.A., IntelliSolve, Inc.  
Jeffry D. Harris, M.P.A., J.D., IntelliSolve, Inc.  
Kristen Haskell, M.A., Associate, MCS Consulting Service, LLC

Dion Lau, B.A., Associate, MCS Consulting Service, LLC  
Kitty Leung, M.S.S.A., Associate, MCS Consulting Service, LLC  
Marcy Hunt- Morse Ph.D., Ella & Associates, IntelliSolve, Inc.  
Carey Wiant Nyberg, M.U.P., Associate, MCS Consulting Service, LLC  
RNR Consulting, Inc.

Jeremy Shapiro, Ph.D., IntelliSolve, Inc.  
Jennifer Slusser, J.D., IntelliSolve, Inc.  
Sarah Stilgenbauer, M.N.O., Associate, MCS Consulting Service, LLC  
Kola Sunmonu, Ph.D., Associate, MCS Consulting Service, LLC  
Jamie Watkins, B.A., IntelliSolve, Inc.

Jacqueline Kirby Wilkins, Ph.D., CFLE - President/Director, IntelliSolve, Inc.  
Debra Zanglin, Ella & Associates, IntelliSolve, Inc.

Thanks to *The Center for Community Solutions* for providing multiple sources of information.

## Attachment 2: Technical Notes

### Technical Notes: Methodology, Caveats, Limitations of Data

The following provides descriptions, definitions, methodologies, caveats, or limitations of data for the following components of the core service reports:

- Unit of Analysis
- First Call for Help Data
- Funding Information for Core Services
- Consumer and Financial Data: Caveats
- Gap Analysis Methodology & Limitations
- Service Site Index

#### Unit of Analysis

The core service is the unit of analysis. United Way of Greater Cleveland either funds or could fund 80 core services. These are the object and subject of the research, specific to Cuyahoga County. A separate report has been developed for each service. It must be noted that the aggregate of any quantifiable data across all of the reports does not comprise a picture of the totality of health and human services in Cuyahoga County because there are many more than 80 services that comprise the community's safety net.

The unit of analysis for estimates of service consumers is the individual, the family, or the household.

#### United Way - First Call for Help Data

For most core services, United Way First Call for Help (FCFH), the community's resource and referral service data, was used in tables that show the number of service providers and service sites, the geographic location of service providers by zip code, the service area by zip code as reported by providers of the respective services, and to show unmet need and greatest increase/decrease in calls received by FCFH for a particular core service.

It is important to remember that FCFH receives calls from a variety of sources that include people calling on behalf of a prospective consumer such as social workers, provider agencies, relatives, etc. Not all calls come directly from a prospective consumer, so some of the zip codes are for hospitals and business addresses, although the numbers for these zip codes are relatively small.

Calls also may be from people who are not interested in receiving a service, but wish instead to make a contribution to a program such as clothing, household items, food, books, crafts supplies, etc.

Because, in many instances, FCFH codes its data with a different level of core services than the 80 core services identified by the United Way Community Investment staff as fundable services, it was necessary to develop a crosswalk. This crosswalk was used for a number of services, however,

seven services did not have a match in the FCFH database. The staff of United Way - First Call for Help gave explanations which follow each core service):

- Adolescent/Youth Counseling: A caller asking about help with their troubled teenager would be referred by the type of counseling rather than age. (Example: counseling for drugs, family, sexual abuse, etc.)
- Advocacy: FCFH does not receive calls from people about advocacy.
- Child Care: Calls are directed to Starting Point.
- Condition Specific Rehabilitation Services: FCFH would refer caller back to their primary care physician for a referral.
- Early Intervention for Mental Illness: FCFH does not receive calls for this, but if they did, they would refer to the county's Help Me Grow program.
- Family Support Centers: FCFH defines data by specific service rather than type of agency. Depending on the call, the caller may be referred to General Counseling or Early Intervention for Infants and Toddlers with Disabilities, and so on.
- Preschools: Calls are directed to Starting Point.

A different match was used for other services that had no crosswalk.

- Medical Transportation and Senior Ride: FCFH uses "Paratransit" as they do not differentiate between senior transportation, medical transportation, and transportation for the disabled.
- Outpatient Mental Health Facilities: FCFH uses "Mental Health Drop-in Centers."

It must also be noted that, for the most part, the FCFH database does not include for-profit agencies. In the case of home health care providers, we contacted the Long Term Care Ombudsman for a more complete list of provider agencies which includes for-profit organizations.

There were several instances where the FCFH database did not code a United Way-funded agency with the core service for which they were receiving funding. In these instances, the agency was added manually to the Service Provider Table along with their site locations. The core services with the respective United Way of Greater Cleveland agencies that were added are:

- Case/Care Management – Care Alliance, Cystic Fibrosis, Epilepsy Foundation, Golden Age Centers
- Comprehensive Outpatient Substance Abuse Treatment – The Covenant
- Disease/Disability Information – The Muscular Disease Society of Northeastern Ohio
- Early Intervention for Infants and Toddlers with Disabilities – United Cerebral Palsy
- Medical Expense Assistance – North Coast Health Ministry
- Medical Transportation (Paratransit in FCFH) – Kidney Foundation of Ohio
- Senior Centers – Catholic Charities Services Corporation, Jewish Community Center of Cleveland, Jewish Family Service Association of Cleveland, University Settlement House.
- Volunteer Development – Neighborhood Leadership Institute

It must also be noted that when numbers are low for trend data reported, the high percentages are slightly exaggerated.

## Funding Information for Core Services

We collected financial information for each core service on a countywide level from multiple sources including major government funders, foundations, federated fund raising organizations, and United Way of Greater Cleveland. While we were successful in gathering a substantial amount of data, there is much that has not been collected. It must also be noted that even if we had all major public and private funding gathered, this would not create a total picture of health and human service funding in Cuyahoga County because there are more than 80 core services provided. The following provide highlights of data collected and some of the limitations for each source. It is important to note that funding in each source is changing and represents point in time amounts. The typical period for trend data, when available, is 2002, 2003, and 2004. Note: some services are funded by private insurance or other self-pay arrangements.

### *Foundation Funding*

We attempted to obtain foundation funding amounts for each core service from the latest annual report or 990 PF (foundation tax return to the IRS) of each major foundation that funds social services in Greater Cleveland. Wherever a description of the grant purpose was given, we used our best judgment to match the grant to the appropriate core service. If the grant fell within more than one core service area, it was not listed. When no description was given, the grant was treated like a general operating grant and assigned to a core service only when the mission of the grant recipient fell mainly within one particular core service. In-kind donations, grants for capital and equipment expenses and administrative salaries were not used. When grants were \$10,000 or greater, they were listed by name of the foundation. All others were placed under Other Foundations and not listed. Typically, we did not attempt to provide trend financial data for foundation funding of core services because of the changing nature of funded programs from year to year.

### *Federated Funding Sources*

We approached the major federated funders of core services in Greater Cleveland for funding and consumer information. Some data provided was for a single point in time; others provided three years of trend data. We often had to do a cross walk of United Way of Greater Cleveland funded core services against those funded by federated agencies to agree on the services.

### *Government Funding*

We approached every major government funder for funding amounts for each core service and also did Internet searches for some federal government sources. Due to the constant state of change in government funding, it is important to note that the data provided is a snapshot in time and that many of the programs funded in 2004 have changed definition, are funded through different revenue sources, or no longer exist at all due to a lack of funding. This is particularly true of Community Development Block Grant dollars which have decreased due to shifting federal priorities.

Every effort was made to appropriately match government funding data to the correct core service area; however, this was not always possible as frequently the service definitions were not a one-to-one match. It was necessary, in some instances, to take the closest match or use the sore service which represented a majority of the services being provided.

In other cases, it was not possible to select a specific core service. An example is Medicaid in which Medicaid-defined services crossed over more than four core services in some instances. In cases

where Medicaid is a significant source of revenue, the data was entered as an aggregate total at the appropriate AIRS level. These aggregates are footnoted under the appropriate funding table.

Every effort was made to include data from municipalities. However, many did not respond after repeated requests for information. We would like to thank those who took the time to help with this project.

### *Medicaid Funding*

A significant portion of Medicaid funding was NOT entered under the countywide total in the core service reports for two reasons: first, because many of the Medicaid services are not a one-to-one match with United Way core services, and second because some Medicaid services fall into more than one AIRS Level 1 categories. In the first instance, Medicaid funding was entered as an aggregate total at the AIRS 1 level, and in the second instance Medicaid funding was entered as an aggregate total under Third Party Payee/Direct Bill in the combined Master Revenue file of funding across all nine AIRS Levels. They are as follows:

#### **Entered as Aggregate Total Under Appropriate AIRS Level**

- Medicaid Service - Home Care (\$17,787,703 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: daily living aids and home health care.
- Medicaid Service - CADAS (\$8,522,183 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: comprehensive outpatient substance abuse treatment, residential substance abuse treatment programs, substance abuse education and prevention.
- Medicaid Service - Therapy (\$2,257,394 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: condition specific rehabilitation, and speech & hearing.
- Medicaid Service - CMH (\$67,773,487 in 2004) - Falls into AIRS 1 Mental Health Care & Counseling and includes the following core services: supportive therapies, adolescent/youth counseling, children's residential treatment facilities, early intervention for mental illness, general counseling services (outpatient mental health facilities), and psychiatric day treatment.

#### **Entered as Aggregate Total Under Third Party Payee/Direct Bill**

- Medicaid Service - Inpatient Hospital (\$188,329,269 in 2004) - Falls into two different AIRS 1 categories: Basic needs and health care. It includes the following core services: condition specific rehabilitation and medical expense assistance.
- Medicaid Service - Waiver (\$128,921,354 in 2004) – This category included all PASSPORT services. Since we reported PASSPORT separately, in order to avoid duplication, we deducted the PASSPORT total of \$52,676,048 from this number and reported the remaining \$76,245,306. This total falls into AIRS 1 Basic Needs, Health Care and Individual & Family Life and includes the following core services: adult day care, home-delivered meals, home health care and in-home assistance.
- Medicaid Service - Habilitation (\$55,550,307 in 2004) - Falls into AIRS 1 Health Care and Individual & Family Life and includes the following core services: condition specific rehabilitation services, early intervention for infants and toddlers with disabilities/delays, and residential living options for people with disabilities.

*United Way of Greater Cleveland Funding*

Financial data for core services funded by United Way of Greater Cleveland was for FY 2004 (July 2003 to June 2004). It included allocations through the community investment committees and donor designations that United Way funded agencies applied to the respective core services. It is important to note that not all United Way funded agencies applied donor designated gifts, which are unrestricted, to the core service for which they receive United Way funding. It did not include donor designations that non-United Way funded agencies used for any of the 80 core services.

*United Way Agency Revenues*

Annually United Way-funded agencies submit revenue budgets to United Way for each funded core service. This information for FY 2004 is reported. However, all of the agency data may not be included in the countywide data as agencies may have assigned dollars from unrestricted grants to a specific core service, or allocated a portion of grant monies that fell within two or more core service areas. It was not always possible to match countywide government or foundation funding with that reported by the agencies and that gathered from other funding sources.

**Consumer and Financial Data: Caveats**

The following applies to revenue sources on tables and graphs and their corresponding consumer data used in the consumer demographics and zip code tables.

*All Core Services*

Data was self-verified by the funder/provider. Whenever data provided by a funder appeared to be inconsistent or incorrect, an attempt was made to contact the funder. If the funder responded, the data was either adjusted according to their instructions, or the reason for discrepancies footnoted. If they did not respond, or if they said it was correct, the data was left as submitted.

Demographic and zip code data provided by the funder/provider is frequently taken from consumer intake forms which may have missing or incomplete data, or from provider agency databases which contain data entry errors or incomplete consumer intake forms. Whenever possible, the funder was asked for corrected data. In cases where a correction was not possible, the data was counted as either unknown or missing. The usage of these terms is footnoted at the bottom of each table and is explained more fully in the Gap Analysis section of this attachment.

It was not always possible to get information in the format requested as each funder tracks data differently, using different service definitions, terminology and variables. Wherever possible, data was matched to a consistent report format.

When a funder could not provide consumer demographics, but could provide an estimated percentage of consumers by category, we took the total number of consumers and applied the percentages to come up with estimated numbers for the consumer tables. For example, Medicaid tracks individual recipients throughout the year, entering new data if there is a change, each time a claim occurs. Thus, a consumer who has a birthday between claims will appear in the system for that year with two different ages.

To resolve this, the percentage of consumers in each age range was determined for the total number of duplicated consumer ages. Those percentages were then applied to the total number of unduplicated consumers for the year in order to reach a total number of unduplicated consumers for each age range.

The time periods for both revenue and consumers vary by funder/provider. United Way Program Report data is for FY 2004 (July 2003 to June 2004). Other funder/provider data is for either a January to December or July to June fiscal year.

### Gap Analysis Methodology & Limitations

Based on Anderson’s (1964) seminal needs assessment model, realized access is defined as the number of consumers who receive service while unrealized access is the estimated number of consumers who need and would utilize a service, but are not currently receiving it. This could be considered the service gap. Unrealized consumer access to services drives the need for change in the social service delivery system. Ensuring unrealized consumer access to services requires new models of service delivery related to access, effective use of resources, data management, and funding. There were multiple steps used to conduct a gap analysis:

- *Estimate of persons in need of the service:* Unless local research was conducted to determine need for a given service, this estimate was obtained by either using U.S. Census data for Cuyahoga County or applying percentages from national studies and reports to the census data. All references and percentages are footnoted in the respective graphs or tables. In most cases this percentage was also applied to actual 1990 Census figures and population projections 2005 through 2015 that were done by the Ohio Department of Development.
- *Estimate of number of ACTUAL consumers in the public systems (realized access):* Data submitted to United Way by funded agencies was aggregated to determine the number of consumers for each core service. The period was FY 2004, which is July 2003 through July 2004.
  - In some cases data was “unknown,” defined as data not collected by agency because no tracking system was available or the type of service delivered made it difficult (i.e., group presentations, telephone information and referral, and drop-ins). This also represents data not completed by consumers either deliberately or inadvertently on intake forms.
  - In other cases, data was missing that, for United Way data, represented computational errors or incorrect completion of online reports. For all other data, “missing” represents data funders/providers were unable to provide.
  - There was no check of the accuracy of data submitted by agencies.
  - Major government funders were asked to provide information about the number of consumers for the respective core services that they funded. In most cases, services were not defined in the same way as the United Way core services which are based on the Alliance for Information and Referral Systems (AIRS) taxonomy. To accommodate these differences, customized crosswalks were developed.
  - We assumed that the numbers of consumers across funding sources were not unduplicated and thus made a judgment about which numbers would be the best estimate of an unduplicated number.
  - The estimate of consumers is not inclusive since it does not include numbers of consumers who use their personal resources to pay for services, nor for other private resources such as insurance or agency fundraising. In addition, it was not always possible to obtain information from some government funders.

- *Estimate of number of “unknown/non-consumers”*: This is the difference between the estimated number of actual consumers and the estimate of persons in need.
- *Estimate of number of “would-be users” (unrealized access)*: This is the estimate of persons who would use a service if it were available, typically based on research.
- *Estimate of number of “never users”*: This is the difference between the estimated number of unknown/non-consumers and would-be users.
- *Estimate of “universe of possible consumers”*: This is the total of those actually receiving the service (realized access) and those would-be users (unrealized access).

We recognize that this is not a perfect method for assessing either realized or unrealized access to core services. However, we opted to use an imperfect method rather than no method to demonstrate both the complexity and the usefulness of quantifying realized and unrealized access to services as a first step toward a more rigorous methodology. In the business sector this would be a form of market analysis. We also recognize that actual consumer numbers are not unduplicated across funders, or across core services. Thus, there is much work yet to be done to gain realistic estimates of needs.

The numbers we provided are on a countywide level. We recognize that there could be, and often are, differences by demographics and geographical area. In the Actual Consumer Demographics attachment, we have identified the profile of the base consumer group from census, but have little on the estimated persons in need. Occasionally, there is information from other research that describes differences among different racial, ethnic, gender, age, or income groups that is discussed in the narrative. There is also inconsistent information for consumers funded by various governmental bodies. In other words, some funders provided demographic data and others did not. In the Actual Consumer Zip Codes attachment, we have also attempted to identify the geographic profile of the estimated persons in need and actual consumers. However, this information has the same limitations as the demographics.

### Service Site Index

For many services a service site index was developed. It provides a ratio of estimated consumers per service site on a countywide level and for each zip code within the county. The ratio is based on the number derived from the gap analysis described in the previous section and on the number of providers who reported to United Way – First Call for Help whether a specific service site includes a given zip code in its service area. A provider site is located in a single zip code, but could serve multiple zip codes. The ratio is a measure of potential service accessibility by estimated universe of service consumers per zip code area. This measure does not include the capacity of providers to offer the service, for example, the number of consumers that can be served on a daily basis. It is only capturing whether there is a possibility of being a consumer. The lower the ratio, the greater is the chance of receiving service. The index also gives an indication of which zip codes have higher ratios which means that consumers have a lower probability of receiving a service as well as any patterns in zip codes that have high percentages of African Americans, Asians, or Hispanics. A map is also attached which provides a graphic picture of the estimated consumers by zip code.

Based on the numbers of providers that report to FCFH whether they serve a given zip code, we had assumed that there would be greater variability across zip codes. In reality, many report that they serve the entire county. Thus the variability across zip codes is often primarily because of

differences in the population numbers rather than in service sites that offer service in a given zip code.

### Specific Service Issues

#### *Senior Services*

“Senior Centers” was used as a catch-all category when the funder-defined service covered more than one senior success core service and could not be accurately allocated among the separate core services. Often, funding for transportation and home-delivered meals was not broken out from senior activities and supportive services at the municipal level, so it was placed under Senior Centers. Because the core services for congregate and home-delivered meals and senior ride were tracked separately, funding for these core services was not included under Senior Centers to avoid duplication of resources, even though senior center activities can and do include congregate meals.

Senior Ride includes disabled individuals of all ages as well as seniors for most funders with the notable exception of Western Reserve Area Agency on Aging (WRAAA) that requires an individual to be 60 years of age or older in order to receive services. If the transportation service was not provided by a senior center, the number of consumers reflects the number of riders using the system and contains duplicates (e.g. paratransit).

Home improvement/accessibility data includes programs for low-income families and people of all ages with disabilities, as well as seniors.

### References

- Anderson, Ronald M. (1995, March). Revisiting the behavioral model and access to medical care: Does it matter? *Journal of Health and Social Behavior*, 36(1): 1-10.
- Wan, Thomas T. H., Odell, Barbara Gill, & Lewis, David T. (1982). *Promoting the well-being of the elderly: A community diagnosis*. New York: The Halworth Press.

### Attachment 3: Actual Consumer Demographics

| Core Service: Family Violence Prevention FN-150.190          |                     |   |  |                                |                     |
|--|---------------------|---|--|--------------------------------|---------------------|
|  |                     | Estimated Families in Need                              | Actual Number/Percent of Consumers by Funding Source *** |                                |                     |
|  | Total Families (%)* | Estimated Families Experiencing Domestic Violence (%)** | UW Program Report Data Cuy Cnty Only 97.6 (%)            | Ohio Children's Trust Fund (%) | Justice Affairs (%) |
| PERIOD   | 1/1/2000-12/31/2000 | 1/1/2000-12/31/2000                                     | 7/1/2003-6/30/2004                                       | 7/1/2003-6/30/2004             | 7/1/2003-6/30/2004  |
| <b>TOTAL</b>   | 356,221             | 89,055  | 202  | Missing                        | 550                 |
| <b>Percent</b>   |                     | 25.0%   |  |                                |                     |
| <b>GENDER</b>  |                     |   |  |                                |                     |
| Male   | N/A                 | N/A   | 0.0%   | 0.0%                           | 0.0%                |
| Female   | N/A                 | N/A   | 100.0%   | 0.0%                           | 0.0%                |
| Unknown Data****   |                     |   | 0.0%   | 0.0%                           | 0.0%                |
| Missing Data*****  |                     |   | 0.0%   | 100.0%                         | 100.0%              |
| <b>RACE*****</b>   |                     |   |  |                                |                     |
| White alone  | 68.7%               | N/A   | 24.6%  | 0.0%                           | 0.0%                |
| Black or African American alone/combination                  | 26.8%               | N/A   | 54.6%  | 0.0%                           | 0.0%                |
| Asian alone/combination                                      | 2.0%                | N/A   | 0.0%   | 0.0%                           | 0.0%                |
| American Indian and Alaska Native alone/combination          | 0.6%                | N/A   | 2.4%   | 0.0%                           | 0.0%                |
| Native Hawaiian and Other Pacific Islander alone/combination | 0.0%                | N/A   | 0.0%   | 0.0%                           | 0.0%                |
| Some other race alone/combination                            | 1.8%                | N/A   | 1.9%   | 0.0%                           | 0.0%                |
| Unknown Data****   |                     |   | 16.4%  | 0.0%                           | 0.0%                |
| Missing Data*****  |                     |   | 0.0%   | 100.0%                         | 100.0%              |
| <b>HISPANIC*****</b>   | 2.9%                | N/A   | 5.3%   | 0.0%                           | 0.0%                |
| <b>AGE</b>   |                     |   |  |                                |                     |
| 0-4  | N/A                 | N/A   | 0.0%   | 0.0%                           | 0.0%                |
| 5-9  | N/A                 | N/A   | 0.0%   | 0.0%                           | 0.0%                |
| 10-14  | N/A                 | N/A   | 0.0%   | 0.0%                           | 0.0%                |
| 15-19  | N/A                 | N/A   | 6.8%   | 0.0%                           | 0.0%                |
| 20-34  | N/A                 | N/A   | 66.7%  | 0.0%                           | 0.0%                |
| 35-54  | N/A                 | N/A   | 25.1%  | 0.0%                           | 0.0%                |
| 55-64  | N/A                 | N/A   | 1.0%   | 0.0%                           | 0.0%                |
| 65-74  | N/A                 | N/A   | 0.0%   | 0.0%                           | 0.0%                |
| 75+  | N/A                 | N/A   | 0.0%   | 0.0%                           | 0.0%                |
| Unknown Data****   |                     |   | 0.5%   | 0.0%                           | 0.0%                |
| Missing Data*****  |                     |   | 0.0%   | 100.0%                         | 100.0%              |
| <b>INCOME*****</b>   |                     |   |  |                                |                     |
| <b>Average Family Size</b>                                   | N/A                 | N/A   |  |                                |                     |
| \$0-\$9,999  | 7.1%                | 7.1%  | 44.9%  | 0.0%                           | 0.0%                |
| \$10,000-\$14,999  | 4.2%                | 4.2%  | 5.8%   | 0.0%                           | 0.0%                |
| \$15,000-\$19,999  | 5.1%                | 5.1%  | 5.3%   | 0.0%                           | 0.0%                |
| \$20,000-\$29,999  | 11.4%               | 11.4%   | 3.9%   | 0.0%                           | 0.0%                |
| \$30,000 and above   | 72.2%               | 72.2%   | 6.8%   | 0.0%                           | 0.0%                |
| Unknown Data****   |                     |   | 33.3%  | 0.0%                           | 0.0%                |
| Missing Data*****  |                     |   | 0.0%   | 100.0%                         | 100.0%              |
| <b>Total Population/Families</b>                             | <b>100.0%</b>       | <b>100.0%</b>   | <b>100.0%</b>  | <b>100.0%</b>                  | <b>100.0%</b>       |

### Attachment 3: Actual Consumer Demographics (continued)

|  |
|--|
| <p>* U.S. Census 2000, SF3 (PCT61)</p> <p>**American Academy of Family Physicians. (2005). Violence. (Position Paper). Domestic violence occurs in one in four American families (25 percent). Council on Scientific Affairs, American Medical Association. Violence against women: Relevance for medical practitioners. <i>JAMA</i> 1992; 267:3184-9. It is defined as the intentional intimidation or abuse of children, adults or elders by a family member, intimate partner or caretaker to gain power and control over the victim. Knapp J.F., Dowd M.D. Family violence: Implications for the pediatrician. <i>Pediatric Review</i> 1998; 19:316-21.</p> <p>*** Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.</p> <p>****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms.</p> <p>*****Hispanic - Amount in this field is from data provided by clients on intake forms and may not be accurate as clients may either deliberately or inadvertently provide incomplete data, or data may not be collected by the agency.</p> <p>*****Missing Data - For United Way Data - represents computational errors or incorrect completion of online report. For all other data - represents data funder was unable to provide.</p> <p>***** The race categories and data utilize US Census SF4 "Race Iterations," which allow for multiple races to be selected by census respondents. As a result, totals will add to &gt; 100% of population. Universe is "Total Races Tallied." Except "White Alone", all racial categories are "... alone or in combination with some other race". This method isolates and minimizes the non-minority population ("White alone").</p> <p>*****The U.S. Census reports income by household or family, not individuals. Estimates by income category were derived by applying the ratio of total county population (1,393,978) to total households (571,606) = 2.4. The number of households in each income category was multiplied by 2.4 to arrive at an estimate of individuals by income category. The assumption is that the average household size applies to each income category, which may result in more conservative estimates for children, and the "old old," which may actually have larger proportions of persons in the lower income categories.</p> |
|--|

### Attachment 4: Actual Consumer Zip Codes

| Core Service: Family Violence Prevention FN-150.190 |   |                            |   |  |                                |                     |
|---|---|----------------------------|---|--|--------------------------------|---------------------|
|   |   | Estimated Families in Need |   | Actual Number/Percent of Consumers by Funding Source *** |                                |                     |
|   | City/Town (% Cleveland)                 | Total Families (%) *       | Estimated Families Experiencing Domestic Violence (%)** | UW Program Report Data (%)                               | Ohio Children's Trust Fund (%) | Justice Affairs (%) |
| Period  |   | 1/1/2000-12/31/2000        | 1/1/2000-12/31/2000                                     | 7/1/2003-6/30/2004                                       | 2004                           | 2004                |
| <b>TOTAL</b>  |   | 356,221                    | 89,055  | 202  | Missing                        | 550                 |
| <b>Percent</b>                                      |   |                            | 25.0%   |  |                                |                     |
| 44017   | Berea                                   | 1.3%                       | 1.3%  | 0.5%   | 0.0%                           | 0.0%                |
| 44022   | Bentleyville                            | 0.9%                       | 0.9%  | 0.5%   | 0.0%                           | 0.0%                |
| 44040   | Gates Mills/Mayfield Village            | 0.2%                       | 0.2%  | 0.0%   | 0.0%                           | 0.0%                |
| 44070   | North Olmsted                           | 2.7%                       | 2.7%  | 0.5%   | 0.0%                           | 0.0%                |
| 44101   | Cleveland (100%)                        | 0.0%                       | 0.0%  | 0.0%   | 0.0%                           | 0.0%                |
| 44102   | Cleveland/Brooklyn (95%)                | 3.3%                       | 3.3%  | 5.4%   | 0.0%                           | 0.0%                |
| 44103   | Cleveland (100%)                        | 1.6%                       | 1.6%  | 1.0%   | 0.0%                           | 0.0%                |
| 44104   | Cleveland (100%)                        | 2.0%                       | 2.0%  | 5.0%   | 0.0%                           | 0.0%                |
| 44105   | Cleveland/NewburghHts/GarfieldHts (75%) | 3.9%                       | 3.9%  | 2.5%   | 0.0%                           | 0.0%                |
| 44106   | Cleveland/Cleveland Hts (60%)           | 1.6%                       | 1.6%  | 2.5%   | 0.0%                           | 0.0%                |
| 44107   | Lakewood/Cleveland                      | 3.5%                       | 3.5%  | 5.0%   | 0.0%                           | 0.0%                |
| 44108   | Cleveland/Bratenahl (90%)               | 2.6%                       | 2.6%  | 2.0%   | 0.0%                           | 0.0%                |
| 44109   | Cleveland/Brooklyn Hts (98%)            | 3.1%                       | 3.1%  | 5.4%   | 0.0%                           | 0.0%                |
| 44110   | Cleveland/East Cleveland (98%)          | 1.8%                       | 1.8%  | 1.0%   | 0.0%                           | 0.0%                |
| 44111   | Cleveland (100%)                        | 3.0%                       | 3.0%  | 4.0%   | 0.0%                           | 0.0%                |
| 44112   | East Cleveland/Cleveland                | 2.3%                       | 2.3%  | 2.5%   | 0.0%                           | 0.0%                |
| 44113   | Cleveland (100%)                        | 0.9%                       | 0.9%  | 1.0%   | 0.0%                           | 0.0%                |
| 44114   | Cleveland (100%)                        | 0.2%                       | 0.2%  | 0.0%   | 0.0%                           | 0.0%                |
| 44115   | Cleveland (100%)                        | 0.5%                       | 0.5%  | 34.2%  | 0.0%                           | 0.1%                |
| 44116   | Rocky River                             | 1.6%                       | 1.6%  | 1.5%   | 0.0%                           | 0.0%                |
| 44117   | Euclid/Cleveland                        | 0.8%                       | 0.8%  | 0.0%   | 0.0%                           | 0.0%                |
| 44118   | ClevelandHts/UniversityHts/ShakerHts    | 3.1%                       | 3.1%  | 2.0%   | 0.0%                           | 0.0%                |
| 44119   | Cleveland/Euclid (50%)                  | 0.9%                       | 0.9%  | 0.0%   | 0.0%                           | 0.0%                |
| 44120   | Shaker Hts/Cleveland                    | 3.4%                       | 3.4%  | 1.5%   | 0.0%                           | 0.0%                |
| 44121   | University Hts/South Euclid             | 2.7%                       | 2.7%  | 0.5%   | 0.0%                           | 0.0%                |
| 44122   | Beachwood/Highland Hills/ShakerHts      | 2.7%                       | 2.7%  | 1.5%   | 0.0%                           | 0.0%                |
| 44123   | Euclid                                  | 1.3%                       | 1.3%  | 0.5%   | 0.0%                           | 0.0%                |
| 44124   | Pepper Pike/MayfieldHts/Lyndhurst       | 3.1%                       | 3.1%  | 0.0%   | 0.0%                           | 0.0%                |
| 44125   | Valley View/Garfield Hts                | 2.3%                       | 2.3%  | 0.0%   | 0.0%                           | 0.0%                |
| 44126   | Fairview Park/Cleveland                 | 1.3%                       | 1.3%  | 1.5%   | 0.0%                           | 0.0%                |
| 44127   | Cleveland (100%)                        | 0.5%                       | 0.5%  | 1.0%   | 0.0%                           | 0.0%                |
| 44128   | Warrensville Hts/Cleveland              | 2.5%                       | 2.5%  | 3.0%   | 0.0%                           | 0.0%                |
| 44129   | Brooklyn/Parma/Cleveland                | 2.2%                       | 2.2%  | 1.0%   | 0.0%                           | 0.0%                |
| 44130   | Parma/Cleveland                         | 4.1%                       | 4.1%  | 0.0%   | 0.0%                           | 0.0%                |
| 44131   | Independence/Seven Hills/BrooklynHts    | 1.7%                       | 1.7%  | 0.5%   | 0.0%                           | 0.0%                |
| 44132   | Euclid                                  | 1.1%                       | 1.1%  | 0.5%   | 0.0%                           | 0.0%                |
| 44133   | North Royalton                          | 2.2%                       | 2.2%  | 0.5%   | 0.0%                           | 0.0%                |
| 44134   | Parma/Cleveland                         | 3.1%                       | 3.1%  | 2.5%   | 0.0%                           | 0.0%                |
| 44135   | Cleveland/Linddale (90%)                | 2.0%                       | 2.0%  | 2.5%   | 0.0%                           | 0.0%                |
| 44136   | Strongsville                            | 3.5%                       | 3.5%  | 0.0%   | 0.0%                           | 0.0%                |
| 44137   | Maple Hts/Cleveland                     | 2.0%                       | 2.0%  | 1.0%   | 0.0%                           | 0.0%                |
| 44138   | Olmsted Twp/Olmsted Falls               | 1.4%                       | 1.4%  | 0.0%   | 0.0%                           | 0.0%                |
| 44139   | Bentleyville/Glenwillow/Solon           | 1.8%                       | 1.8%  | 0.0%   | 0.0%                           | 0.0%                |
| 44140   | Bay Village                             | 1.3%                       | 1.3%  | 0.0%   | 0.0%                           | 0.0%                |
| 44141   | Brecksville                             | 1.1%                       | 1.1%  | 0.5%   | 0.0%                           | 0.0%                |
| 44142   | Brookpark/Cleveland                     | 1.7%                       | 1.7%  | 0.5%   | 0.0%                           | 0.0%                |
| 44143   | Highland Hts/Richmond Heights           | 1.9%                       | 1.9%  | 0.0%   | 0.0%                           | 0.0%                |
| 44144   | Brooklyn/Cleveland                      | 1.7%                       | 1.7%  | 0.5%   | 0.0%                           | 0.0%                |
| 44145   | Westlake                                | 2.3%                       | 2.3%  | 1.0%   | 0.0%                           | 0.0%                |
| 44146   | Walton Hills/Oakwood/Bedford            | 2.3%                       | 2.3%  | 0.5%   | 0.0%                           | 0.0%                |
| 44147   | Broadview Hts                           | 1.2%                       | 1.2%  | 0.0%   | 0.0%                           | 0.0%                |
|   | Unknown Cuyahoga County Zip Codes****   |                            |   | 3.0%   | 0.0%                           | 0.0%                |
|   | Missing*****                            |                            |   | 0.0%   | 100.0%                         | 100.0%              |
|   | Unknown ****                            |                            |   | 2.5%   | 0.0%                           | 0.0%                |
|   | <b>Total Cuyahoga County</b> ****       | <b>100.0%</b>              | <b>100.0%</b>   | <b>100.0%</b>  | <b>0.0%</b>                    | <b>0.0%</b>         |
|   | <b>Total Known Cleveland</b>            | <b>27.8%</b>               | <b>27.8%</b>  | <b>67.3%</b>   | <b>0.0%</b>                    | <b>0.0%</b>         |
|   | <b>Total Known Suburbs</b>              | <b>72.2%</b>               | <b>72.2%</b>  | <b>29.7%</b>   | <b>0.0%</b>                    | <b>0.0%</b>         |
|   | <b>Unknown &amp; Missing</b>            |                            |   | <b>2.5%</b>  | <b>100.0%</b>                  | <b>100.0%</b>       |

Attachment 4: Actual Consumer Zip Codes (continued)

|  |
|--|
| <p>* U.S. Census 2000, SF1 (PCT31)</p>   |
| <p>**American Academy of Family Physicians. (2005). Violence. (Position Paper). Domestic violence occurs in one in four American families (25 percent). Council on Scientific Affairs, American Medical Association. Violence against women: Relevance for medical practitioners. <i>JAMA</i> 1992; 267:3184-9. It is defined as the intentional intimidation or abuse of children, adults or elders by a family member, intimate partner or caretaker to gain power and control over the victim. Knapp J.F., Dowd M.D. Family violence: Implications for the pediatrician. <i>Pediatric Review</i> 1998; 19:316-21.</p> |
| <p>*** Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.</p>   |
| <p>****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms. This data may contain zip codes outside of Cuyahoga County so it is not included in the total number served for Cuyahoga County.</p>  |
| <p>*****Missing Data - For United Way - represents computational errors or incorrect completion of online report. This data may contain zip codes outside of Cuyahoga County so it is not included in the total number served for Cuyahoga County. For all other data - represents data funder was unable to provide.</p>  |
| <p>***** Totals vary because of rounding. County total population 1,393,978 does not correspond to the total of zip codes because some zip codes include data from adjacent counties</p>   |

**Attachment 5: Profile of Core Service Providers – 2005**

| <b>PROFILE OF CORE SERVICE PROVIDERS - 2005</b>                              |       |                             |
|--|-------|-----------------------------|
| <b>Source: United Way - First Call for Help Refer Database February 2005</b> |       |                             |
|  | Count | Sub-Count:<br>UW-Affiliated |
| Total Number of Organizations  | 21    | 1                           |
| Number of Organizations by Type  |       |                             |
| Nonprofit  | 8     | -                           |
| For-profit   | -     | -                           |
| Government   | 13    | -                           |
| Other  | -     | -                           |
| Total Number of Service Sites  | 23    | -                           |
| Number of Service Sites per Organization                                     |       |                             |
| 1  | 19    | -                           |
| 2 – 5  | 2     | -                           |
| 6 – 10   | -     | -                           |
| 11+  | -     | -                           |
| Geographical Location of Service Sites, by ZIP Code                          |       |                             |
| 44017 – Berea  |       |                             |
| 44022 – Bentleyville   | -     | -                           |
| 44040 – Gates Mills/Mayfield Village   | 1     | -                           |
| 44070 – North Olmsted  | -     | -                           |
| 44101 – Cleveland  | -     | -                           |
| 44102 – Brooklyn/Cleveland   | -     | -                           |
| 44103 – Cleveland  | 1     | -                           |
| 44104 – Cleveland  | 1     | -                           |
| 44105 – Newburgh Hts/Garfield Hts  | -     | -                           |
| 44106 – Cleveland Hts/Cleveland  | -     | -                           |
| 44107 – Cleveland/Lakewood   | 1     | -                           |
| 44108 – Cleveland/East Cleveland   | -     | -                           |
| 44109 – Cleveland/Brooklyn Hts   | -     | -                           |
| 44110 – Cleveland/Bratenahl  | 1     | -                           |
| 44111 – Cleveland  | -     | -                           |
| 44112 – Cleveland/East Cleveland   | -     | -                           |
| 44113 – Cleveland  | -     | -                           |
| 44114 – Cleveland  | -     | -                           |
| 44115 – Cleveland  | -     | -                           |
| 44116 – Rocky River  | 3     | -                           |
| 44117 – Cleveland/Euclid   | -     | -                           |
| 44118 – Euclid/University Hts  | -     | -                           |
| 44119 – Cleveland/Euclid   | 1     | -                           |
| 44120 – Cleveland/Shaker Hts   | -     | -                           |
| 44121 – University Hts/South Euclid  | 4     | -                           |
| 44122 – Orange/Warrensville Hts  | -     | -                           |
| 44123 – Euclid   | 2     | -                           |
| 44124 – Pepper Pike/Mayfield Village   | -     | -                           |
| 44125 – Valley View/Garfield Hts   | 2     | -                           |
| 44126 – Cleveland/Fairview Park  | 1     | -                           |
| 44127 – Cleveland  | -     | -                           |
| 44128 – Cleveland/Warrensville Hts   | -     | -                           |
| 44129 – Cleveland/Brooklyn/Parma   | -     | -                           |
| 44130 – Cleveland/Parma  | 1     | -                           |
| 44131 – Seven Hills/Brooklyn Hts   | -     | -                           |

Attachment 5: Profile of Core Service Providers – 2005 (continued)

| <b>PROFILE OF CORE SERVICE PROVIDERS - 2005</b>                              |       |                             |
|--|-------|-----------------------------|
| <b>Source: United Way - First Call for Help Refer Database February 2005</b> |       |                             |
|  | Count | Sub-Count:<br>UW-Affiliated |
| 44132 – Euclid   | 1     | -                           |
| 44133 – North Royalton   | -     | -                           |
| 44134 – Parma/Cleveland  | -     | -                           |
| 44135 – Cleveland/Linndale   | -     | -                           |
| 44136 – Strongsville   | -     | -                           |
| 44137 – Maple Hts/Cleveland  | 1     | -                           |
| 44138 – Olmsted Twp/Olmsted Falls  | -     | -                           |
| 44139 – Bentleyville/Glenwillow/Solon  | -     | -                           |
| 44140 – Bay Village  | 1     | -                           |
| 44141 – Brecksville  | -     | -                           |
| 44142 – Cleveland/Brookpark  | -     | -                           |
| 44143 – Highland Hts/South Euclid  | -     | -                           |
| 44144 – Brooklyn/Cleveland   | 1     | -                           |
| 44145 – Westlake   | -     | -                           |
| 44146 – Walton Hills/Oakwood/Bedford   | -     | -                           |
| 44147 – Broadview Hts  | -     | -                           |
| 44149 – Strongsville   | -     | -                           |

**Attachment 6: Providers and Functions – 2005**

| <b>Service Providers &amp; Functions</b>                                     |  |
|--|--|
| <b>Source: United Way - First Call for Help Refer Database February 2005</b> |  |
| <b>Agency</b>  | <b>Services</b>  |
| American Red Cross Greater Cleveland Chapter                                 | Health Education - Child Abuse/Childhood Illness Prevention              |
| Beachwood City Of - Dept. Of Public Safety                                   | Police - Education And Prevention Activities                             |
| Beech Brook  | Human Growth And Development For Pre-Teens                               |
| Bellflower Center For Prevention Of Child Abuse                              | Child Development/Child Abuse Education, Parenting Education/Information |
| Brooklyn Heights Village Of -  | Police - Education And Prevention Activities                             |
| Chagrin Falls Village Of -   | Police - Education And Prevention Activities                             |
| Cudell Improvement   | Abuse Prevention - Children  |
| Cuyahoga County Dept. Of Children And Family Services                        | Speakers Bureau / Public Information                                     |
| Cuyahoga Heights Village Of -  | Police - Education And Prevention Activities                             |
| Jewish Family Service Assn. Of Cleveland                                     | Family Violence Services - Education - Community                         |
| Lyndhurst City Of -  | Police - Education And Prevention Activities                             |
| Metrohealth Medical Center   | Child Abuse / Neglect Prevention   |
| Olivet Institutional Baptist Church  | Community Education - Personal Enrichment - Christian                    |
| Parma City Of - Dept. Of Public Safety                                       | Police - Education And Prevention Activities                             |
| Richmond Heights City Of -   | Police - Education And Prevention Activities                             |
| Shaker Heights City Of -   | Police - Education And Prevention Activities                             |
| Solon City Of -  | Police Prevention And Education - Seniors                                |
| Strongsville City Of -   | Police - Education And Prevention Activities                             |
| University Heights City Of -   | Police - Education And Prevention Activities                             |
| Western Reserve Area Agency On Aging   | Forum To Understand And Prevent Elder Abuse                              |
| <b>YWCA Of Greater Cleveland</b>   | Services To End Family Violence - Victims                                |

**Bold** represents agencies funded by United Way for this service.

**Attachment 7: United Way - First Call for Help Family Violence Prevention Requests – 2000-2004: Greatest Increase/Greatest Decrease**

| <b>FN-150.190 Family Violence Prevention</b>  |                                      |                       |             |             |             |             |                  |                    |
|---|--------------------------------------|-----------------------|-------------|-------------|-------------|-------------|------------------|--------------------|
| <b>United Way - First Call for Help Requests 2000-2004</b>  |                                      |                       |             |             |             |             |                  |                    |
| <b>Greatest Increase/(Greatest Decrease)</b>  |                                      |                       |             |             |             |             |                  |                    |
| <b>Zip Code</b>   |                                      | <b>TOTAL REQUESTS</b> |             |             |             |             | <b>%Change*</b>  | <b>Avg. #</b>      |
|   |                                      | <b>2000</b>           | <b>2001</b> | <b>2002</b> | <b>2003</b> | <b>2004</b> | <b>00&amp;04</b> | <b>Calls 00-04</b> |
| 44114   | Cleveland                            | 1                     | 2           | 0           | 1           | 3           | 200%             | 1                  |
| 44105   | Cleveland/Newburgh Hts/Garfield Hts  | 1                     | 4           | 3           | 2           | 3           | 200%             | 3                  |
| 44118   | ClevelandHts/UniversityHts/ShakerHts | 1                     | 0           | 0           | 1           | 2           | 100%             | 1                  |
| 44125   | Valley View/Garfield Hts             | 0                     | 0           | 1           | 1           | 2           | N/A              | 1                  |
| 44127   | Cleveland                            | 0                     | 2           | 1           | 0           | 1           | N/A              | 1                  |
| 44137   | Maple Hts/Cleveland                  | 0                     | 0           | 1           | 1           | 1           | N/A              | 1                  |
| 44106   | Cleveland/Cleveland Hts              | 0                     | 0           | 1           | 0           | 1           | N/A              | N/A                |
| 44123   | Euclid                               | 0                     | 0           | 1           | 0           | 1           | N/A              | N/A                |
| 44126   | Fairview Park/Cleveland              | 0                     | 1           | 0           | 0           | 1           | N/A              | N/A                |
| 44122   | Beachwood/Highland Hills/Shaker Hts. | 1                     | 0           | 1           | 0           | 0           | (100%)           | N/A                |
| 44141   | Brecksville                          | 1                     | 0           | 0           | 0           | 0           | (100%)           | N/A                |
| 44142   | Brookpark/Cleveland                  | 1                     | 1           | 0           | 0           | 0           | (100%)           | N/A                |
| 44103   | Cleveland                            | 2                     | 1           | 2           | 2           | 0           | (100%)           | 1                  |
| 44111   | Cleveland                            | 2                     | 1           | 1           | 1           | 0           | (100%)           | 1                  |
| 44115   | Cleveland                            | 2                     | 1           | 1           | 1           | 0           | (100%)           | 1                  |
| 44110   | Cleveland/East Cleveland             | 1                     | 0           | 1           | 2           | 0           | (100%)           | 1                  |
| 44119   | Cleveland/Euclid                     | 1                     | 0           | 1           | 0           | 0           | (100%)           | N/A                |
| 44112   | East Cleveland/Cleveland             | 1                     | 0           | 2           | 5           | 0           | (100%)           | 2                  |
| 44117   | Euclid/Cleveland                     | 1                     | 0           | 0           | 0           | 0           | (100%)           | N/A                |
| 44107   | Lakewood/Cleveland                   | 4                     | 1           | 1           | 0           | 0           | (100%)           | 1                  |
| 44070   | North Olmsted                        | 2                     | 0           | 0           | 0           | 0           | (100%)           | N/A                |
| 44138   | Olmsted Twp/Olmsted Falls            | 1                     | 0           | 0           | 0           | 0           | (100%)           | N/A                |
| 44134   | Parma/Cleveland                      | 1                     | 2           | 2           | 0           | 0           | (100%)           | 1                  |
| 44124   | Pepper Pike/Mayfield Hts./Lyndhurst  | 1                     | 2           | 0           | 0           | 0           | (100%)           | 1                  |
| 44120   | Shaker Hts/Cleveland                 | 2                     | 1           | 0           | 2           | 0           | (100%)           | 1                  |
| 44121   | University Hts/South Euclid          | 1                     | 1           | 0           | 0           | 0           | (100%)           | N/A                |
| 44128   | Warrensville Hts/Cleveland           | 2                     | 2           | 2           | 0           | 0           | (100%)           | 1                  |
| 44109   | Cleveland/Brooklyn Hts               | 4                     | 3           | 2           | 1           | 2           | (50%)            | 2                  |
| 44130   | Parma/Cleveland                      | 2                     | 0           | 0           | 0           | 1           | (50%)            | 1                  |
| <b>**Total Cuyahoga County</b>  |                                      | <b>46</b>             | <b>36</b>   | <b>36</b>   | <b>26</b>   | <b>29</b>   | <b>(37%)</b>     | <b>35</b>          |
| <b>**Total Cleveland</b>  |                                      | <b>23</b>             | <b>22</b>   | <b>21</b>   | <b>14</b>   | <b>20</b>   | <b>(13%)</b>     | <b>20</b>          |
| <b>**Total Suburbs</b>  |                                      | <b>23</b>             | <b>14</b>   | <b>15</b>   | <b>12</b>   | <b>9</b>    | <b>(61%)</b>     | <b>15</b>          |
| * Extremely high percentages are due to low numbers.  |                                      |                       |             |             |             |             |                  |                    |
| ** These totals do not reflect the sum of the numbers above which are the zip codes reflecting the greatest increase or decrease. Rather, they are the total of calls from ALL zip codes many of which do not appear on this table. |                                      |                       |             |             |             |             |                  |                    |

**Attachment 8: United Way - First Call for Help 2000-2004: Unmet Need**

| <b>FN-150.190 Family Violence Prevention</b>  |                     |            |              |              |
|---|---------------------|------------|--------------|--------------|
| <b>United Way - First Call for Help Requests 2000-2004</b>  |                     |            |              |              |
| <b>Unmet Need</b>   |                     |            |              |              |
| <b>Zip Code</b>   | <b>TOTALS 00-04</b> |            |              | <b>%</b>     |
|   | <b>Requests</b>     | <b>Met</b> | <b>Unmet</b> | <b>Unmet</b> |
|   |                     |            |              |              |
| <b>* Total Cuyahoga County</b>  | <b>173</b>          | <b>173</b> | <b>0</b>     | <b>0%</b>    |
| <b>* Total Cleveland</b>  | <b>100</b>          | <b>100</b> | <b>0</b>     | <b>0%</b>    |
| <b>* Total Suburbs</b>  | <b>73</b>           | <b>73</b>  | <b>0</b>     | <b>0%</b>    |
| <b>FCFH DATA NOTES</b>  |                     |            |              |              |
| <p><b>Met</b> = service request resulting in referral to an organization. (Does not mean agency was able to provide the service.)</p> <p><b>Unmet</b> = service request for which there was no referral.</p> <p><b>Note:</b> Zip Codes shared by Cleveland and surrounding suburbs whose boundaries fall 50% and greater within the city of Cleveland are highlighted and totaled as Cleveland. Others are totaled as Suburbs.</p> <p>* These totals do not reflect the sum of the numbers above which are the zip codes reflecting unmet need in 2004. Rather, they are the total of calls from ALL zip codes some of which do not appear on this table.</p> |                     |            |              |              |

### Attachment 9: Service Site Index

| Core Service: Family Violence Prevention FN-150.190 |                 |   |   |                      |  |  |   |
|---|-----------------|---|---|----------------------|--|--|---|
| Service Site Index                                  |                 |   |   |                      |  |  |   |
| Zip   | Number of Sites | City/Town (% Cleveland)                 | Proportion of Minorities in Geographical Area | Total Families (#) * | Estimated Universe of Possible Consumers - Estimated Families Experiencing Domestic Violence (#)** | Number of Service SITES Serving Geographical Area (Per Agencies Reported Intended Service Area to First Call for Help)** | Potential Service ACCESSIBILITY by Service Consumers per Geographical Area<br><br>Ratio of CONSUMERS to Service SITES |
| Period  |                 |   |   | 1/1/2000-12/31/2000  | 1/1/2000-12/31/2000  | 1/2005   |   |
| <b>TOTAL</b>  | 23              |   |   | 356,221              | 89,055   | 23   | 3,872:1   |
| <b>Percent</b>                                      |                 |   |   |                      | 25.0%  |  |   |
| 44117   |                 | Euclid/Cleveland                        | African Am 53.1%                              | 2,882                | 728  | 10   | 73:1  |
| 44105   |                 | Cleveland/HewburghHts/GarfieldHts (75%) | African Am 61.9%                              | 13,871               | 3,429  | 11   | 312:1   |
| 44106   | 1               | Cleveland/Cleveland Hts (60%)           | African Am 62.2%                              | 5,684                | 1,427  | 10   | 143:1   |
| 44110   |                 | Cleveland/East Cleveland (98%)          | African Am 74.7%                              | 6,318                | 1,561  | 10   | 156:1   |
| 44120   | 4               | Shaker Hts/Cleveland                    | African Am 76.7%                              | 11,990               | 2,988  | 11   | 272:1   |
| 44103   | 1               | Cleveland (100%)                        | African Am 80.2%                              | 5,779                | 1,413  | 10   | 141:1   |
| 44108   |                 | Cleveland/Bratenahl (90%)               | African Am 94.9%                              | 9,171                | 2,266  | 10   | 227:1   |
| 44112   |                 | East Cleveland/Cleveland                | African Am 95.2%                              | 8,043                | 2,024  | 10   | 202:1   |
| 44128   |                 | Warrensville Hts/Cleveland              | African Am 95.8%                              | 8,796                | 2,198  | 10   | 220:1   |
| 44104   |                 | Cleveland (100%)                        | African Am 97.5%                              | 7,038                | 1,733  | 10   | 173:1   |
| 44115   | 3               | Cleveland (100%)                        | African Am 98.4%                              | 1,652                | 411  | 10   | 41:1  |
| 44114   |                 | Cleveland (100%)                        | Asian 20.3%                                   | 577                  | 152  | 10   | 15:1  |
| 44109   | 1               | Cleveland/Brooklyn Hts (98%)            | Hispanic 20.3%                                | 10,910               | 2,739  | 11   | 249:1   |
| 44102   | 1               | Cleveland/Brooklyn (95%)                | Hispanic 20.4%                                | 11,615               | 2,855  | 11   | 260:1   |
| 44113   |                 | Cleveland (100%)                        | Hispanic 23.5%                                | 3,316                | 817  | 10   | 82:1  |
| 44017   |                 | Berea                                   |   | 4,486                | 1,112  | 10   | 111:1   |
| 44022   | 1               | Bentleyville                            |   | 3,217                | 1,283  | 11   | 117:1   |
| 44040   |                 | Gates Mills/Mayfield Village            |   | 872                  | 216  | 10   | 22:1  |
| 44070   |                 | North Olmsted                           |   | 9,474                | 2,338  | 10   | 234:1   |
| 44101   |                 | Cleveland (100%)                        |   | 0                    | -  | 5  | N/A   |
| 44107   |                 | Lakewood/Cleveland                      |   | 12,533               | 3,141  | 10   | 314:1   |
| 44111   |                 | Cleveland (100%)                        |   | 10,689               | 2,672  | 11   | 243:1   |
| 44116   |                 | Rocky River                             |   | 5,522                | 1,300  | 10   | 139:1   |
| 44118   | 1               | ClevelandHts/UniversityHts/ShakerHts    |   | 11,155               | 2,742  | 12   | 229:1   |
| 44119   |                 | Cleveland/Euclid (50%)                  |   | 3,321                | 825  | 10   | 83:1  |
| 44121   |                 | University Hts/South Euclid             |   | 9,538                | 2,380  | 11   | 216:1   |
| 44122   | 2               | Beachwood/Highland Hills/ShakerHts      |   | 9,510                | 2,354  | 12   | 196:1   |
| 44123   |                 | Euclid                                  |   | 4,801                | 1,192  | 10   | 119:1   |
| 44124   | 2               | Pepper Pike/MayfieldHts/Lyndhurst       |   | 11,192               | 2,795  | 11   | 254:1   |
| 44125   | 1               | Valley View/Garfield Hts                |   | 8,076                | 2,019  | 11   | 184:1   |
| 44126   |                 | Fairview Park/Cleveland                 |   | 4,669                | 1,153  | 10   | 115:1   |
| 44127   |                 | Cleveland (100%)                        |   | 1,895                | 482  | 10   | 48:1  |
| 44129   | 1               | Brooklyn/Parma/Cleveland                |   | 7,973                | 1,965  | 11   | 179:1   |
| 44130   |                 | Parma/Cleveland                         |   | 14,748               | 3,681  | 11   | 335:1   |
| 44131   | 1               | Independence/Seven Hills/BrooklynHts    |   | 6,205                | 1,548  | 11   | 141:1   |
| 44132   |                 | Euclid                                  |   | 4,011                | 1,001  | 10   | 100:1   |
| 44133   |                 | North Royalton                          |   | 7,740                | 1,925  | 10   | 193:1   |
| 44134   |                 | Parma/Cleveland                         |   | 11,092               | 2,767  | 11   | 252:1   |
| 44135   |                 | Cleveland/Linddale (90%)                |   | 7,240                | 1,802  | 10   | 180:1   |
| 44136   | 1               | Strongsville                            |   | 12,428               | 3,097  | 11   | 282:1   |
| 44137   |                 | Maple Hts/Cleveland                     |   | 7,010                | 1,738  | 10   | 174:1   |
| 44138   |                 | Olmsted Twp/Olmsted Falls               |   | 4,915                | 1,242  | 10   | 124:1   |
| 44139   | 1               | Bentleyville/Glenwillow/Solon           |   | 6,310                | 1,568  | 11   | 143:1   |
| 44140   |                 | Bay Village                             |   | 4,645                | 1,169  | 10   | 117:1   |
| 44141   |                 | Brecksville                             |   | 3,759                | 961  | 10   | 96:1  |
| 44142   |                 | Brookpark/Cleveland                     |   | 5,964                | 1,492  | 10   | 149:1   |
| 44143   | 1               | Highland Hts/Richmond Heights           |   | 6,629                | 1,664  | 11   | 151:1   |
| 44144   |                 | Brooklyn/Cleveland                      |   | 5,886                | 1,460  | 10   | 146:1   |
| 44145   |                 | Westlake                                |   | 8,348                | 2,067  | 10   | 207:1   |
| 44146   |                 | Walton Hills/Oakwood/Bedford            |   | 8,348                | 2,071  | 10   | 207:1   |
| 44147   |                 | Broadview Hts                           |   | 4,378                | 1,093  | 10   | 109:1   |

\* U.S. Census 2000, SF1 (PCT31)

\*\*\*American Academy of Family Physicians. 2005. Violence. (Position Paper). Domestic violence occurs in one in four American families (25 percent). Council on Scientific Affairs, American Medical Association. Violence against women: Relevance for medical practitioners. *JAMA* 1992; 267:3184-9. It is defined as the intentional intimidation or abuse of children, adults or elders by a family member, intimate partner or caretaker to gain power and control over the victim. Knapp J.F., Dowd M.D. Family violence: Implications for the pediatrician. *Pediatric Review* 1998; 19:316-21.

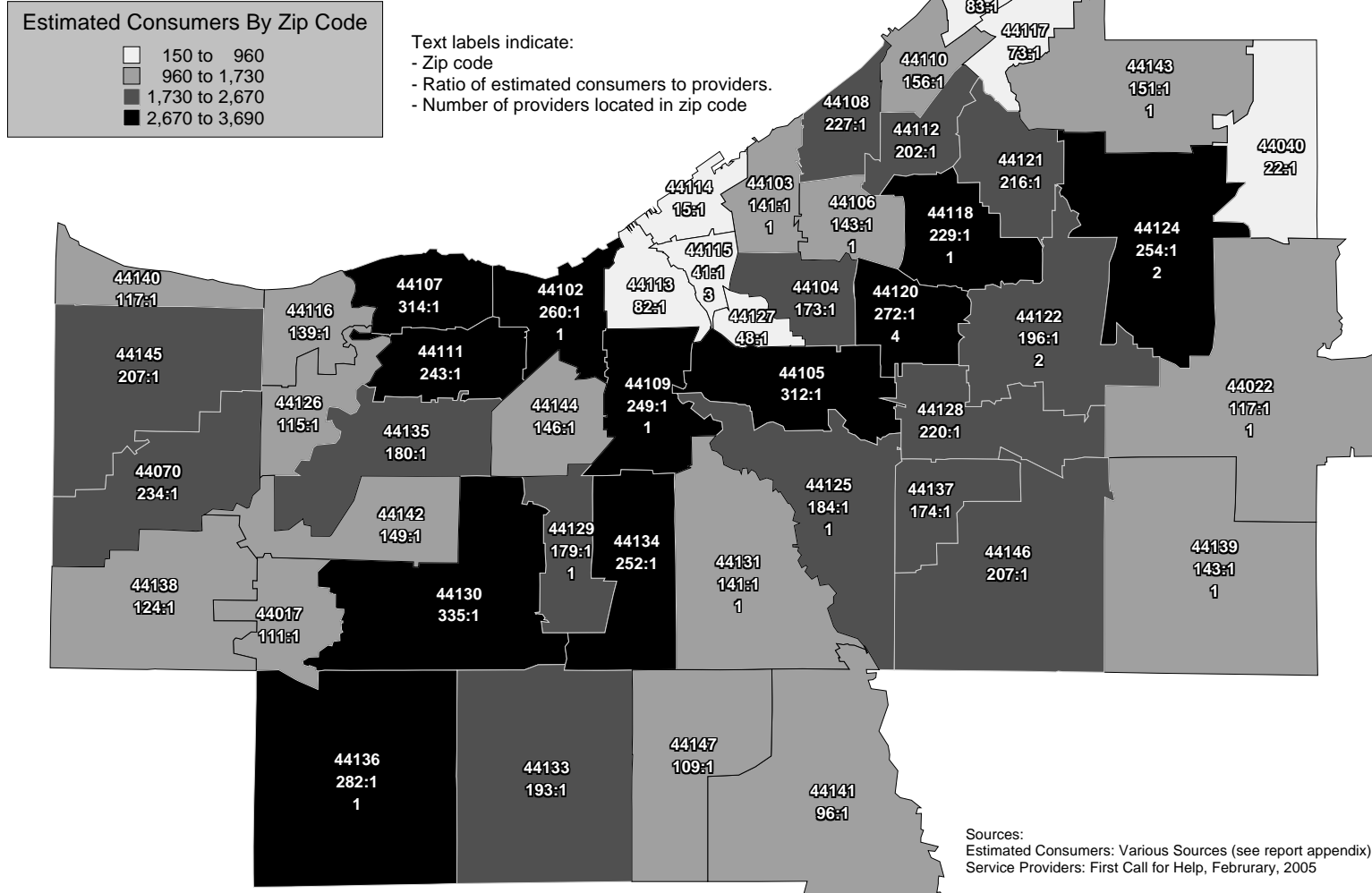
\*\*\*\* Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.

\*\*\*\*\*Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms.

\*\*\*\*\*Missing Data - represents computational errors or incorrect completion of online report.

Attachment 10: Map

### United Way of Greater Cleveland, Core Service Research Estimated Universe of Possible Consumers: Family Violence Prevention





**United Way of  
Greater Cleveland**

1331 Euclid Avenue

Cleveland, Ohio 44115

[uws.org/CoreServicesPlanning](http://uws.org/CoreServicesPlanning)