

Domestic Violence In Cambridge.

A Status Report from the Domestic Violence Free Zone (DVFZ) Core Group

Submitted to:

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EXECUTIVE SUMMARY

Introduction

For the past four years, the Cambridge Health Alliance has worked closely with other City departments to promote a comprehensive plan to reduce family violence. This plan was developed following the 1994 City Council resolution establishing Cambridge as a Domestic Violence Free Zone (DVFZ).

In April 1997, the City Manager authorized a Core Group to oversee the implementation of eleven initiatives outlined in the *Domestic Violence Free Zone Implementation Report*. The Core Group provides support to City departments and community-based groups to reduce domestic violence. The Violence Prevention Coordinator, working out of the Public Health Department, provides direction to the Domestic Violence Free Zone initiatives. The Core Group meets monthly and includes representation from the Police Department, the Department of Human Services Programs, the Women's Commission, the School Department, and the Cambridge Health Alliance.

1997-1998 Accomplishments

The Core Group has focused primarily on three initiatives: 1) Ensuring that the Employee Assistance Program provides adequate access to domestic violence services; 2) Assessing and supporting customized training needs by department; and 3) Developing services for children who witness violence.

Employee Assistance Program (EAP)

Renegotiating the City's EAP contract was a natural starting point for the group's efforts since the contract came up for review in September 1997. The Core Group met with the City's vendor to assess their domestic violence expertise. Subsequently, the Core Group worked on the selection process to ensure that the new vendor demonstrated a sufficient level of expertise in domestic violence. In partnership with the Personnel Department, the Core Group developed specific criteria to assess the family violence expertise of all bidders.

In October 1997, the City awarded Health Resources its three-year EAP contract. The Core Group continues to work with Health Resources to ensure that City employees have access to appropriate domestic violence services and referrals through the EAP. Building on this success, the Cambridge Health Alliance is using a similar approach in contracting with an employee assistance program.

Training

Two grants supported training programs for City departments. The first was a Community Oriented Policing to Combat Domestic Violence grant (COPS). Through this project, collaborative domestic violence teams were formed. Members included staff from the Cambridge Health Alliance Neighborhood Health Centers and the Cambridge Police Department. Over twenty-five health center staff and police officers participated in forty hours of training on domestic violence identification and intervention.

The second, a Violence Against Women Act (VAWA) grant, has provided domestic violence training for all staff of the Cambridge Housing Authority and the Department of Human Services Programs. Over 500 employees participated in this program. The grant also funded the production of a multi-lingual video about domestic violence and area resources which will be available for training, public information, and community discussion.

Children Who Witness Violence

Interest and concern about children who witness violence have been generated in the City by individuals and programs working with traumatized children. There have been increasing training and funding opportunities with recent state-wide attention to this issue.

In May 1998 we presented a report entitled *Building an Integrated Community Response to Children Who Witness Violence in Cambridge, MA*. The recommendations in this report are currently guiding the Core Group's work on this initiative. In addition, the Violence Prevention Coordinator has convened a working group to assist with the implementation of these recommendations and to prepare for anticipated funding opportunities. We have recently been awarded a grant from the Massachusetts Violence Prevention Task Force to increase the number of support groups for children who witness violence and to provide training to child-care providers and school personnel.

Evaluation

The reduction of domestic violence represents the overarching goal of the DVFZ. Defining appropriate outcome measures to evaluate progress toward this goal represents a challenge. An analysis of existing police and court data (i.e., the number of domestic violence calls or restraining orders) provides one lens through which the reduction of domestic violence may be assessed during the five-year implementation period. However, underreporting is a serious problem when it comes to domestic violence so the reliability of these figures is always uncertain.

Another measure of the success of the DVFZ is the extent to which it contributes to significant institutional change in a community's response to domestic violence. Progress toward this type of institutional change represents one of the major accomplishments of the DVFZ in 1997-1998. Outcome measures related to institutional change include:

Developing or revising policies regarding domestic violence trainings, manager responsibilities, and restraining orders.

- The COPS grant contributed to the development of a new Cambridge Health Alliance policy on confidentiality concerning victims and perpetrators of domestic violence.
- Under the VAWA grant, the Cambridge Housing Authority has implemented a new policy on domestic violence.

Implementing new trainings.

- In part due to the success of the COPS training, the Cambridge Health Alliance is developing a domestic violence training program to be made available for managers and staff.
- The DVFZ Leadership Team in the School Department is assessing domestic violence training opportunities for all school personnel.

Ensuring domestic violence expertise in all major City departments.

- The COPS grant contributed to the creation of coordinated domestic violence teams from the Neighborhood Health Centers and the Cambridge Police Department. The bilingual police officers and the Neighborhood Health Center staff, along with community partners, are participating in the VAWA grant as trainers and consultants to the project coordinator.
- As a result of the DVFZ, the Cambridge Health Alliance and the School Department formed departmental DVFZ teams to address domestic violence. Both teams have been involved with developing training for staff and raising overall awareness about domestic violence in their respective departments.

1999 Initiatives

The DVFZ Core Group has prioritized four initiatives for 1999:

Develop domestic violence policies through the City, School, and Cambridge Health Alliance Personnel Departments.

With enhanced awareness of domestic violence in City departments and agencies through the DVFZ, it is expected that domestic violence will have increased visibility in the workplace. As an employer, the City plays a role in creating safe and productive workplaces that support families and refuse to tolerate domestic violence. It is critical that the City develop workplace policies that address areas such as flex time for victims, confidentiality, restraining orders, and workplace safety.

Support and facilitate departmental domestic violence trainings.

The DVFZ Core Group will identify ways to sustain ongoing training opportunities for staff and to apply the lessons learned from the COPS and VAWA grants to subsequent training initiatives. Evaluations of both grants indicated that employees want more domestic violence training. It is critical to institutionalize domestic violence training programs to ensure that training is not dependent on grant money or one-time training.

Submit proposals to fund services for children who witness violence.

The Working Group on Children Who Witness Violence is preparing for a Request for Proposals (RFP) from the Department of Social Services. Designed to fund child witness community pilot grants, this RFP is scheduled for release early in 1999. Other funding sources will be identified to expand services for children who witness violence.

Begin the development of a public education campaign.

The DVFZ Core Group will initiate outreach and education in the wider community in 1999. Educating the community about the DVFZ will ensure that the DVFZ is accountable to the activists, survivors, providers, and City leaders who founded it.

1997-1998 Accomplishments

Introduction: Charge of DVFZ Core Group

The first recommendation under the Policies/Protocols section of the *DVFZ Implementation Report* is to “identify and authorize a Core Group to ensure continuity and sustainability of all DVFZ initiatives.” In April 1997, the City Manager authorized such a Core Group. Staffed by a project assistant, the group meets monthly and includes representation from the Police Department, the Department of Human Services, the Women’s Commission, the School Department, and the Public Health Department.

Domestic violence is an issue addressed by many individuals, agencies, and programs [Please see Appendix A]. The purpose of the DVFZ Core Group is to coordinate government-led efforts to reduce family violence. The Core Group is fully committed to supporting community-based domestic violence programs and initiatives as well as those directly linked with the City. This collaboration between governmental efforts and domestic violence initiatives undertaken by community-based organizations is central to the success of the DVFZ [Please see Appendix B].

Core Group members include:

1. Dr. Steven Brion-Meisels, Middle Grades Support Staff, Cambridge School Department;
2. Patricia Duggan, Domestic Violence Liaison, Cambridge Police Department;
3. Sherry Riva, Project Assistant, Public Health Department;
4. Nancy Ryan, Ph.D., Director, Cambridge Women’s Commission, City of Cambridge;
5. Lynn Schoeff, Director, Community Health Programs, Public Health Department, Cambridge Health Alliance;
6. Andrew Spooner, Youth Program Developer/Manager, Department of Human Services Programs, City of Cambridge; and
7. Richard Wright, Violence Prevention Coordinator, Public Health Department, Cambridge Health Alliance.

Methodology

Drawing from its progress in Year One, the Core Group has developed a template to guide its continued work on the DVFZ initiatives. The basic structure of this template includes:

- a. Undertake preliminary assessment of existing services and policies;
- b. Conduct exploratory research including an overview of model programs & approaches;
- c. Identify a working group which could assist with project; if no such group exists, convene a time-limited working group (chaired by a Core Group member);
- d. Define quantitative and qualitative goals of initiative;
- e. Determine evaluation team or individual;
- f. Develop yearly objectives and work plan; and
- g. Oversee work plan.

This methodology has been most successful in addressing the needs of children who witness violence, as will be explored below.

Status of Initiatives

The DVFZ Core Group prioritized three initiatives from the *Domestic Violence Free Zone Implementation Report* [Please see Appendix C]:

- Utilize highest quality/level mental health coverage from Employee Assistance Program;
- Assess and support customized training needs by department; and
- Create therapeutic and support program(s) for children who witness family violence.

A summary of the status and progress of each initiative is considered below.

Utilize highest quality/level mental health coverage from Employee Assistance Program.

Status

Renegotiating the Employee Assistance Program (EAP) contract was a natural starting point for the Core Group since the City's three-year contract came under review in September 1997. In July 1997, the DVFZ Core Group met with the city's vendor at the time, Merit Behavioral Care Corporation (MBC), to assess their domestic violence expertise. Subsequently, the Core Group became involved with the selection process to ensure that the new vendor demonstrated a sufficient level of expertise in domestic violence. Working with the Personnel Department, the Core Group recommended specific language and criteria to be included in the Request for Proposal (RFP) and contract. Core Group members were involved in interviewing prospective vendors to assess their domestic violence related qualifications, experience, and resources.

In October 1997, the city awarded Health Resources its three-year Employee Assistance Program contract. Since that time, the Core Group has continued to collaborate with Health Resources to ensure that municipal employees affected by domestic violence have appropriate access to services and referrals through the EAP.

Method

To ensure that the City's new EAP vendor demonstrated sufficient expertise in domestic violence, the Core Group recommended that the RFP include three specific criteria:

- The Offerer must demonstrate experience and expertise in addressing domestic, family, and interpersonal violence;
- The Offerer must demonstrate policies and protocols, including staff training, referral process/mechanisms and collaborating agencies, for incidents of domestic and interpersonal violence; and
- The Offerer must demonstrate capacity and must conduct at least one annual workshop on violent and abusive behavior in relationships.

The domestic violence skills of Health Resources were assessed, with the goal of working with EAP staff to address any important gaps.

A literature review about EAPs and domestic violence indicates that an EAP, in conjunction with a network of other services and resources, can serve as an effective first response for victims of domestic violence. Research also suggests that the majority of EAPs do not include screening questions or procedures related to domestic violence. Recommendations from one critical study included the development of screening tools and standardized procedures to assist EAP counselors in identifying victims of domestic violence.¹ This research has guided the Core Group's ongoing collaborative efforts with Health Resources.

Assess and support customized training needs by department.

Status

The timing of two critical grants facilitated the Core Group's focus on assessing and supporting customized training needs by department. The first grant, a Community Oriented Policing to Combat Domestic Violence (COPS) grant, facilitated the creation of coordinated, domestic violence teams between the Cambridge Health Alliance Neighborhood Health Centers and the Cambridge Police Department. Although the grant was already underway before the Core Group began its work, Core Group members provided some support for the grant. This grant ended in February 1998.

The second grant, funded through the Violence Against Women Act (VAWA), provided domestic violence training for the entire staffs of the Cambridge Housing Authority and the Department of Human Services Programs. This grant was written by Fred Berman (Department of Human Services Programs and a member of the DVFZ Implementation Panel), and Core Group members have continued to play an active role in overseeing and evaluating its progress. Carole Sousa, Project Director for both grants, has provided continuity and a high level of expertise for the City around domestic violence training needs. This grant is due to end in March 1999.

A summary of each grant is provided below.

Community Policing to Combat Domestic Violence (COPS) Grant

The COPS grant was in effect from August 1996 to February 1998. This grant facilitated the creation of coordinated domestic violence teams between the Cambridge Health Alliance Neighborhood Health Centers and the Cambridge Police Department. Accomplishments of the grant included:

- *Coordinated Teams:* Twenty-one Neighborhood Health Center staff members and six bilingual Cambridge Police Officers formed domestic violence teams to work with patients and create local educational programming. Team members included front desk workers, nurses, and social workers. A police officer is assigned to each health center and makes that center part of her or his regular policing route.
- *Training Sessions:* Fourteen training sessions were provided. A comprehensive resource training manual was completed and distributed to all training participants.

¹ N. Isaac, *Corporate Sector Response to Domestic Violence* (Harvard Injury Control Center, Harvard School of Public Health, March 1997).

- *Health Center Briefings:* The project coordinator, a Cambridge police officer, and a representative from Cambridge & Somerville Legal Services provided each Health Center with a briefing session. These one-hour sessions provided follow-up to the comprehensive training and were held during the health centers' staff meetings. A case study was used to discuss appropriate interventions, local resources, legal issues, and the role of the police.
- *Specialized Training:* Through the COPS Grant, specialized training sessions were offered to all hospital staff. These training opportunities included same sex domestic violence, understanding the abusive partner, issues of immigration and victims of domestic violence, and the effects of domestic violence on children.
- *Community Forum:* Each Neighborhood Health Center sponsored a community forum on domestic violence. These forums included participation from the Latino, Haitian, and Portuguese communities of Cambridge and from agencies which serve those communities. COPS grant trainees also provided information on domestic violence at the city-wide Second Annual Community Health Week sponsored by the Cambridge Hospital.
- *Grand Rounds Seminars:* Domestic violence was the focus of several presentations to Cambridge Hospital Psychiatry, Medicine, and Pediatric staff.
- *Project Evaluation:* An evaluation of the training program's effectiveness was completed and quarterly meetings were held.
- *Informational Materials.* Two valuable brochures were reproduced and translated into four languages. One piece is a tri-fold brochure that has basic legal and resource information on domestic violence; the other is a safety plan guide. Another document is a discrete palm card offering legal information and resource numbers. A supply of the Massachusetts Coalition of Battered Women's Service Groups brochure "You Are Not Alone" was also ordered in three languages. In addition, each health center was provided with plexi-glass brochure holders and each set up a domestic violence display area in their waiting rooms.

Violence Against Women Act (VAWA) Grant

The Cambridge Health Alliance's Victims of Violence Program (VOV), in collaboration with the City of Cambridge Department of Human Services Programs and the Cambridge Housing Authority, developed, implemented, and is evaluating a unique domestic violence response and prevention training. Funded through the Violence Against Women Act (VAWA), this training program has been offered to all employees of the Cambridge Housing Authority and the Cambridge Department of Human Services Programs.

The goal of the VAWA grant was to implement a training program that will assist City departments in developing appropriate departmental policies and procedures concerning domestic and dating violence. Trainings covered sources and effects of domestic violence, available resources, ways to recognize and respond effectively to incidents, and development of supportive work environments for staff dealing with domestic violence. Specialized training components included effects on children who witness domestic violence, elder abuse, same sex domestic violence, and legal consideration for immigrants.

By targeting these two agencies, the training will empower staff to recognize and respond to signs and symptoms of victimization. In conjunction with other domestic violence related initiatives

across the city, the long term goal is to strengthen the community's ability to break the cycle of domestic violence.

The grant is in the final quarter of its six quarter cycle. To date, accomplishments of the grant include:

- *Development of a comprehensive, multi-disciplinary, and multi-culturally relevant domestic violence training curriculum.* This curriculum provides an overview of important issues and information on domestic violence, including the formation of an appropriate response.
- *Creation of a training video to be utilized for ongoing training and public education.* The video project has developed into a substantial public awareness and training tool on domestic violence.
- *Completed trainings.* Six trainings at the Cambridge Housing Authority covering 137 employees and 21 trainings at the Department of Human Services Programs covering 329 employees have been completed.

Evaluation

Dr. Elliot Mishler, Victims of Violence Program, is serving as an Evaluation Consultant to the VAWA Grant. A pre-training survey was administered to departmental staff prior to their participation in the training. Survey questions focused on staff experiences with domestic violence incidents, knowledge of departmental resources and policies, and recommended changes to improve their ability to address domestic violence.

An initial draft report, submitted in June 1998 to the Advisory Group, outlined a case-based form of analysis as a model for evaluation. A more comprehensive analysis, including all completed surveys, is now underway.

A follow-up survey will be administered approximately six months after training. This survey will be used to assess both individual and institutional changes in activities and policies related to domestic violence prevention.

A post-training questionnaire was administered to assess participants' response to the training and to identify issues that could be addressed in later sessions. A preliminary review shows that the majority of participants were very positive about the training, with some recommendations for longer or additional sessions.

Create therapeutic and support program(s) for children who witness family violence.

Status

The DFVZ Core Group prioritized the need to assess and develop services for children who witness violence in 1997-1998. A significant level of interest and concern about this issue had already been generated in the city through various individuals and programs working in some capacity with children traumatized by violence. In addition, statewide attention to this issue resulted in various training initiatives and funding opportunities for communities working with children affected by

violence.² The Core Group's goal was to assess the city's existing needs and services and to develop a coordinated plan to address the unmet needs of children who witness violence. Recommendations for programming have been identified in the enclosed report, *Building an Integrated Community Response to Children Who Witness Violence in Cambridge, MA* [Please see Appendix D]. The Violence Prevention Coordinator has convened a Working Group on Children Who Witness Violence to address these recommendations and to prepare for a proposal for funding from the Department of Social Services. Participants in the working group are from the Middlesex Probate Court, the Child Witness to Violence Project, several public schools, the Department of Psychiatry, and numerous community-based agencies.

The DVFZ Core Group has also received a \$7600 grant from the Massachusetts Violence Prevention Task Force to increase the number of support groups for children who witness violence and to provide training to child-care providers and school personnel. The proposal outlined a three-tiered prevention program: 1) expansion of support groups at The Guidance Center and The Family Center; 2) clinical consultation through the Cambridge Health Alliance's Child Psychiatry Department, and 3) training and workshops, provided by Transition House and Respond, for city employees on children and domestic violence.

Method

In November 1997, the Core Group initiated a six-month study on the needs of children who witness violence. The report included four components: a review of "best practices" in community-based responses to children who witness violence; an analysis of existing Cambridge data; a survey of 105 Cambridge providers about their experiences and perceptions in working with children who witness violence; and a series of focus groups and interviews with additional providers.

Study findings and recommendations are detailed in the enclosed report. Two public presentations were facilitated to discuss the findings and to build consensus around the importance of developing a more integrated city response to children affected by violence. The second presentation was co-hosted by Superintendent Bobbie D'Alessandro and King Open Principal Tim Groves.

Evaluation

Research indicates that reducing the incidence of domestic violence over time requires early identification and intervention with children who witness domestic violence. One study found that men who witnessed their fathers abuse their mothers were *three times* more likely to abuse their own wives than men who did not witness abuse as children (35% vs. 11%).³ In order to have a long-term impact, the DVFZ has begun to prioritize efforts to identify and intervene with these children. Measuring the impact of these efforts will require a rigorous, longitudinal evaluation of

² In particular, the Child Witness to Violence Project (CWVP) at Boston Medical Center, a nationally recognized model of clinical intervention with children exposed to violence. Core Group members attended a training by the CWVP and have worked with the Project Director regarding Cambridge's needs.

³ M. Straus, R. Gelles, and S. Steinmetz, *Behind Closed Doors: Violence in the American Family* (New York: Anchor Press), cited in Schechter and Mihaly, *Ending Violence Against Women and Children in Massachusetts Families: Critical Steps for the Next Five Years* (Boston, MA: Massachusetts Coalition of Battered Women's Service Groups, November 1992), p. 13.

these children through adolescence and adulthood, which is beyond the capacity of the DVFZ Core Group.

Given limited resources and the five-year time period, such an evaluation is unlikely. Instead, the Core Group and the Working Group on Children Who Witness Violence have been working toward defining other measurable outcomes. Tentative evaluation criteria include:

1. Increasing the number of children who disclose witnessing violence;
2. Enhancing service utilization, particularly mental health services;
3. Decreasing the incidence of children's violent and sexually inappropriate behavior;
4. Reducing the number of suspensions as a result of physical and abusive behavior; and
5. Strengthening the academic success of children exposed to violence.

In addition, the Working Group is collaborating with City departments and agencies to clarify protocols for screening and responding to children who witness violence. Improved documentation of children who witness violence will significantly enhance our ability to assess the number of children exposed to violence, the accessibility and effectiveness of existing interventions, and the impact of the DVFZ.

RELATED ACTIVITIES

Departmental DVFZ Committees

One of the goals of the DVFZ is to ensure domestic violence expertise in all major city departments. The Core Group encourages and supports departmental domestic violence committees and task forces. The Cambridge Health Alliance and the School Department have formed departmental DVFZ teams to address domestic violence. Both teams have been involved with developing training for staff and raising overall awareness about domestic violence in their respective departments.

Cambridge Health Alliance DVFZ Committee

Under the leadership of Dr. David Bor, the Cambridge Health Alliance DVFZ Committee coordinates the hospital's domestic violence prevention and intervention efforts with the wider DVFZ initiative. In the past year, the hospital's DVFZ Task Force has focused its work on three levels of prevention: primary, secondary, and tertiary.

The primary goals of the task force are:

- Prevent domestic violence by raising awareness and understanding of domestic violence among patients, hospital staff, and the wider community;
- Increase staff knowledge and skill to identify, counsel, and refer victims of violence;
- Improve the systems for documentation that protect the confidentiality of the victim and medical record;
- Increase patient self-disclosure and help seeking; and
- Provide and strengthen services to patients at risk for domestic violence.

The major accomplishments of the DVFZ task force in the last year include:

- *Inclusion of domestic violence in new employee orientation.* The monthly hospital orientation now includes a 10-minute presentation on domestic violence.
- *Development and distribution of Addressing Domestic Violence in the Primary Care Setting.* This manual was developed as a guide to screening, documenting, and referring victims of domestic violence at primary care sites in Cambridge and Somerville.
- *Distribution of educational materials.* Educational materials were developed and deployed to Cambridge Health Center sites. The committee has also developed a web page on the intranet that provides access to domestic violence information and resources.
- *Representation at staff safety training sessions.* Domestic violence information was included for the first time at three sessions this year.
- *Provider survey of domestic violence screening practices at primary care sites.* This survey found that clinicians do not routinely ask questions about domestic violence. The survey also identified the need for more culturally and linguistically appropriate domestic violence information and services.

The primary goal in 1998-1999 is to begin a process to ensure 100% exposure of CHA staff to domestic violence training. A survey of managers to determine domestic violence training needs was conducted in May 1998. Based on survey data, the committee has developed a curriculum that was presented at a preliminary training of managers in December 1998. In the short term, the training will be made available to managers upon request. Expected outcomes of training are that participants will:

1. Have a greater awareness of the definition and scope of domestic violence;
2. Know what to do and whom to call if they suspect violence affecting a patient or co-worker, or are themselves involved in a violent relationship;
3. Have a list of available resources; and
4. Know what options are available if they would like more training.

DVFZ School Department Leadership Team

Under the leadership of Kim DeAndrade and Steven Brion-Meisels, and the supervision of Deputy Superintendent Pat Murphy, the DVFZ School Leadership Team has been meeting since December 1997 to coordinate efforts in the schools.

The DVFZ School Leadership Team is focusing primarily on developing and implementing a system-wide awareness training for school staff. The goal of this effort is to increase institutional expertise within the school system in domestic violence prevention. Specific goals are to:

- Train and support leadership groups in all schools to serve as staff resources;
- Increase awareness for all staff about domestic violence as it affects children;
- Strengthen links among Student Support Teams, school counselors and administrators, and domestic violence prevention services; and
- Develop a structure for sustainable, ongoing staff training and professional development.

The DVFZ School Leadership Team developed a proposal to utilize the Student Support Teams as a resource for building domestic violence awareness and for providing training to school staff. The proposal outlines a four step approach to ensure that all school personnel have the information and resources needed to prevent and intervene in domestic violence: 1) intensive, one-day training with school based teams; 2) presentations at staff meetings provided by school based teams; 3) awareness training for central office, custodial, and transportation staff; and 4) ongoing training for all staff and new employees.

Unfortunately, this proposal was not funded for 1998-99. This committee will work with the Core Group to identify and develop alternative training opportunities.

The Leadership Team recently met with Valerie Spriggs, the Director of Professional Development, to discuss the possibility of including domestic violence training in the School Department's Summer Institute.

Related Research and Reports

- *Addressing Domestic Violence in the Primary Care Setting*. Health of the City.
- *Building an Integrated Community Response to Children Who Witness Violence*. Prepared by Sharon E. Riva, M.P.P. Harvard University, John F. Kennedy School of Government. June 1998 [Please see Appendix D].
- *Victimization and Perpetration: Psychiatric Patient Experiences with Violence*. Prepared by David Freedman and Edie Shen. August 1998 [Please see Appendix E].
- *The Victims of Violence Program's Training Project on Domestic Violence: Manager's Resource Manual*. Prepared by Carole Sousa. Funded by the Violence Against Women Act Grants Office and the Cambridge Health Alliance, in partnership with the Cambridge Department of Human Service Programs, the Cambridge Housing Authority, the Cambridge Public Health Commission, and the Office of Cable Television.

Related Conferences

Nancy Ryan, Director of the Cambridge Women's Commission, and City Councillor Katherine Triantafillou presented the Domestic Violence Free Zone at the First World Conference on Family Violence in Singapore, from September 7-11, 1998 [Please see Appendix F].

Richard Wright, Violence Prevention Coordinator, attended the Fifth International Family Violence Research Conference in New Hampshire from July 26-29, 1998. This conference focused on program evaluation. It is expected that the Core Group will utilize the latest evaluation techniques presented at this conference.

The Core Group has submitted the DVFZ model to the Fourth International Conference on the Child, to be held in October 1999 in Montreal, Canada.

CHALLENGES

The DVFZ has faced several challenges in its first year, some relating to specific initiatives and others concerning the DVFZ's wider mandate and role in the City. Each set of obstacles is considered briefly below:

Individual Initiatives

Employee Assistance Program

The effort to improve employees' access to domestic violence services and referrals through the Employee Assistance Program was an ongoing challenge in 1997-1998. Initially, the capacity to provide oversight for the EAP contract was limited by the infrequent convening of the Advisory Committee. The DVFZ Core Group recommends that the Committee meet regularly. With the assistance of the Personnel Department, the working relationship between the Core Group and Health Resources has improved significantly over the course of the last year.

Children Who Witness Violence

In identifying the needs of children exposed to violence, the Working Group on Children Who Witness Violence has encountered difficulties in clarifying the specific roles of departments and agencies. Discussions have identified ambiguity about several related issues: disclosure, safety planning, mandated reporting, referrals, and confidentiality. For example, the conflict between maintaining confidentiality and mobilizing an effective response system is a challenge to developing school-based services for children who witness violence. Another concern is how to address the stigma children perceive in accessing mental health services.

Training

Evaluations of the COPS and VAWA trainings indicated that the majority of participants were very positive about the training. Participants requested additional, specialized training sessions. Finding ways to institutionalize training opportunities that are not dependent on grant money is a challenge. The need for institutionalized training is highlighted by the fact that a number of staff members trained under the COPS grant have left the Health Alliance, and thus the expertise has departed.

Mandate and Role of the DVFZ

The other set of challenges faced by the DVFZ in Year One concerns its wider mandate and role in the city. These include:

Role of the Core Group

From its inception, the DVFZ Core Group has continued to redefine its role in the implementation of DVFZ initiatives. There has always been a tension between focusing on collaborative efforts and supporting individual departmental and agency initiatives.

Reduced Level of Visibility

Since its inception, the DVFZ has had both a high and low profile in the media and in the eyes of City officials. Since the creation of the *DVFZ Implementation Report*, the DVFZ has lost some of its public notoriety and recognition. The challenge is to create a consistent level of visibility about domestic violence with a model that is pro-active and focuses on systemic change.

Evaluation

Evaluation of the DVFZ needs to occur at two levels - evaluation of individual initiatives and a larger, macro evaluation of the DVFZ. Evaluations of the VAWA and COPS grant-funded programs were conducted throughout 1997-1998. In 1999 the Core Group will continue grant required evaluations.

Defining appropriate outcome measures to assess the overall success of the DVFZ presents a difficulty. The Core Group will develop criteria for a larger summative evaluation in 1999. Such an evaluation should take into account individual project evaluations as well as proposed institutional change measures (i.e., the number of policies created, the number of employees trained) and should go beyond service utilization or phone calls. These measures, although useful, over-represent low-income communities and severe domestic violence cases. Designing and implementing this type of comprehensive evaluation may require additional resources that exceed those already available to the DVFZ.

Funding

The majority of first year activities did not require additional funding. First year training initiatives were grant funded; support for the Project Assistant and the Violence Prevention Coordinator have been provided by the Cambridge Health Alliance.

As additional initiatives are implemented in 1999, the Core Group will clarify its role regarding funding initiatives for City departments and community-based organizations. Grant support is now being sought to develop services for children who witness violence. The Core Group will continue to prioritize funding opportunities, coordinate development efforts and grant writing, and determine need for City money.

Another challenge is that upcoming VAWA funding seems to be directed more towards law enforcement efforts and shelters and away from prevention efforts and communities. This presents greater competition with fewer resources.

Graduate Student Support

Given the amount of work before the Core Group, staff resources should be augmented with graduate students. Qualified, motivated students can provide assistance with research, needs assessments, and community outreach. These positions should include paid internships as well as unpaid. Discussions have begun with students at UMASS-Boston to conduct research on evaluating access to domestic violence services.

EVALUATION

Limitations of Existing Data

The reduction of domestic violence represents the overarching goal of the DVFZ. Defining appropriate outcome measures to evaluate progress toward this goal represents a challenge. An analysis of existing police and court data (i.e., the number of domestic violence calls or restraining orders) provides one lens through which the reduction of domestic violence may be assessed during the five-year implementation period.⁴ For the first three quarters of the year (ending September 30, 1998), the Cambridge Police Department took 745 reports for domestic incidents - an increase of seven percent over the 696 reported in the same period in 1997 [Please see Appendix G].

Although useful, quantifiable outcome measures are limited by the reliability and consistency of data sources and by the lack of longitudinal data. Underreporting is a serious problem when it comes to domestic violence so the reliability of these figures is always uncertain. Research suggests that between 60% and 80% of domestic assaults are never reported to the police.⁵ Police data generally provides more information about the frequency with which domestic incidents are *reported* rather than their actual occurrence.

The limitations of conducting evaluations based on existing data were also identified in the report, *Building an Integrated Community Response to Children Who Witness Violence in Cambridge, MA*. City departments and agencies that work with children often lack a clear protocol about reporting children who *witness* violence but are not themselves victims of abuse. Data from the Cambridge Police Department indicates that children are reported present at 23% of domestic calls. However, evidence suggests that this figure represents a significant underestimate of the number of children actually present at these calls. Similarly, restraining order data provides limited information about the number of children exposed to family violence in Cambridge. Restraining order data only tracks *whether* children are present in homes where the order is issued, but not *how many* children. Using restraining order data to estimate the number of children exposed to family violence is further limited by the fact that not all battered victims seek restraining orders against their abusive partners.

Institutional Change

Assessing the incidence of domestic violence requires careful and critical analysis of outcome measures that are less easily tracked or quantifiable. One measure of the success of the DVFZ is the extent to which it contributes to significant institutional change in a community's response to domestic violence. Progress toward this type of institutional change represents one of the major accomplishments of the DVFZ in Year One of the Implementation Plan. Outcome measures related to institutional change include:

⁴ In the first year of the DVFZ Implementation Plan, the number of calls for assistance to the Police Department remained around 1500 per year. It is expected that the DVFZ will produce at least the same number of cases until prevention and intervention efforts are fully in place.

⁵ Cambridge Police Department, *Annual Crime Report 1996: Neighborhood and Business District Crime Profiles*, (Cambridge, MA: 1996).

Developing or revising policies regarding domestic violence trainings, manager responsibilities, and restraining orders.

- The COPS grant contributed to the development of a new Cambridge Health Alliance policy on confidentiality concerning victims and perpetrators of domestic violence [Please see Appendix H].
- Under the VAWA Grant, the Cambridge Housing Authority has implemented a new policy on domestic violence [Please see Appendix I].

Implementing new trainings.

- In part due to the success of the COPS training, the Cambridge Health Alliance is developing a domestic violence training program to be made available for managers and staff.
- The DVFZ Leadership Team in the School Department is assessing domestic violence training opportunities for all school personnel.

Ensuring domestic violence expertise in all major City departments.

- *Neighborhood Health Center Teams.* The COPS grant contributed to the creation of coordinated domestic violence teams from the Neighborhood Health Centers and the Cambridge Police Department. The bilingual police officers and the Neighborhood Health Center staff, along with community partners, are participating in the VAWA grant as trainers and consultants to the project coordinator. Unfortunately, several trainers have left the system. It is important that these Neighborhood Health Centers receive ongoing annual or biannual training opportunities.
- *Departmental DVFZ teams.* As a result of the DVFZ, both the Cambridge Health Alliance and the School Department formed departmental DVFZ teams to address domestic violence. Both teams have been involved with developing training for staff and with raising overall awareness about domestic violence in their respective departments. For example, physicians, nurses, and other health care professionals reported they had been afraid to raise questions about domestic violence with patients because they did not know how to help. For them, the DVFZ has provided ongoing accountability and support.

Community Engagement

The DVFZ is by nature a collaborative initiative shared by the Cambridge Health Alliance, the Police, Housing Authority, Human Services, and the Schools. There are many community-based agencies integral to this work, among them Transition House, Respond, Emerge, Cambridge & Somerville Legal Services, The Family Center, and The Guidance Center.

Many people have been engaged in the child-focused work of the DVFZ. Over 100 people attended the presentation of our findings about children who witness violence. Among them were religious leaders, probation officers, youth workers, the Massachusetts Department of Social Services, police, and health care and school professionals.

In June 1998, the City Council formally acknowledged the comprehensive domestic violence training being conducted. Over 40 individuals were recognized by the City Council with a resolution and reception.

1999 INITIATIVES

In 1999, the DVFZ Core Group has prioritized four initiatives:

1. Develop domestic violence policies through the City, School, and Cambridge Health Alliance Personnel Departments.
2. Support and facilitate departmental domestic violence trainings.
3. Submit proposals to fund services for children who witness violence.
4. Begin the development of a public education campaign.

Each of these recommendations is summarized below.

Initiative 1: Develop domestic violence policies through the City, School, and Cambridge Health Alliance Personnel Departments.

With enhanced awareness of domestic violence in City departments and agencies through the VAWA and COPS training programs, it is expected that domestic violence will have an increased visibility in the workplace. Training on how to identify domestic violence may mean that workers or managers are more likely to report domestic violence. With increased education about domestic violence services, employees who are victims of domestic violence may be more likely to come forward for help.

As an *employer*, the City plays a role in creating safe and productive workplaces that support families and refuse to tolerate domestic violence. It is critical that the City develop workplace policies that address issues such as flex time, confidentiality, restraining orders, and workplace safety. It is important to point out that there are different domains in which such policies should be developed: city-wide domestic violence policies through the City's Personnel Department and policies for those departments that do not fall under the City Personnel system (i.e., School Department and Cambridge Health Alliance).

The DVFZ Core Group will convene the appropriate individuals from the three personnel departments. It is through this collaboration that domestic violence policies will be developed and implemented. The DVFZ Core Group has already gathered existing personnel and departmental policies. Several initial meetings have been held with the Personnel Department to initiate discussions on municipal policy development. Model policies will be reviewed, including Boston's Zero Tolerance for Violence Policy & Program, Employers Against Domestic Violence, and the Family Violence Prevention Fund's Model Policy on Domestic Violence in the Workplace. Using these policies as models, Cambridge can develop a policy that meets the needs of its employees and families.

The Personnel Department and the DVFZ Core Group might consider joining Employers Against Domestic Violence, an advocacy group for private and public institutions. Appropriate staff, especially senior staff, should attend relevant trainings that address current workplace policies and clarify employers' legal responsibilities concerning domestic violence.

Initiative 2: Support and facilitate departmental domestic violence trainings.

The DVFZ Core Group will identify ways to sustain *ongoing* training opportunities for staff and to apply the lessons learned from the COPS and VAWA grants to subsequent training initiatives. Evaluations of both the COPS and VAWA trainings indicated that employees wanted more domestic violence training. It is important to institutionalize domestic violence training programs to ensure that training is not dependent on grant money or one-time training opportunities.

Follow-up with VAWA training.

Staff who participated in the VAWA training identified the need for more specialized training, including information on immigrants and domestic violence, and the effects of domestic violence on children. The child-care division staff of the Department of Human Services Programs (DHSP) indicated an overwhelming desire to learn how to work with child witnesses and to support caretakers of children who may be victims. This is a critical need since staff indicated that large numbers of children in their care have witnessed domestic violence. Staff expressed the need to learn skills related to working with child victims of trauma in child-care settings and techniques for approaching and supporting a parent whom the staff person suspects is a victim.⁶

Local shelters, with designated programs for children of battered women, could provide an important resource to these staff. Child-care staff from Transition House or Respond could provide training to DHSP child-care staff on techniques for working with children who witness domestic violence and with their mothers. The DVFZ Core Group will develop opportunities, in addition to the Massachusetts Violence Prevention Task Force grant, to provide training on children and domestic violence to Department of Human Services Programs staff.

Youth center staff also requested training on doing group work with young people on teen dating violence prevention and intervention.

Utilize VAWA and COPS trainings as model for other departments.

One goal of the VAWA grant is to implement a training program that other City departments can utilize to develop appropriate departmental policies and procedures concerning domestic and dating violence. The VAWA training program should be used as a pilot model for providing training and developing policies in other departments.

Developing and implementing training opportunities for the School Department is a priority in 1999. Although the domestic violence training proposal submitted by the School Department's DVFZ Leadership Team was not funded, it is critical to identify alternative training opportunities, especially focused on children who witness violence. The Massachusetts Violence Prevention Task Force grant will provide some training to school personnel. The DVFZ Core Group will assist the School Department in developing a system-wide training. School Department staff can also be

⁶ One suggestion is to create a larger orientation training on issues of abuse. State law mandates training on child abuse, elder abuse, and abuse of persons with disabilities. A sixteen-hour training program could be designed around the following four modules: child abuse and neglect; elder abuse; abuse of persons with disabilities; and domestic violence. Local resources such as Cambridge & Somerville Legal Services and the Department of Social Services Training Unit are available to provide follow-up training on these issues.

encouraged to participate in state sponsored trainings, which are provided free of charge to school districts [Please see Appendix J].

Initiative 3: Submit proposals to fund services for children who witness violence.

The State Budget has approved a request for \$630,000 from the Governor’s Commission on Domestic Violence to fund child witness community pilot grants. An undetermined number of grants is expected to be awarded through DSS. The Working Group on Children Who Witness Violence is preparing for the release of this RFP early in 1999.

The Working Group is focusing on the key recommendations of *Building an Integrated Community Response to Children Who Witness Violence in Cambridge, MA*:

BUILDING A COMMUNITY RESPONSE TO CHILDREN WHO WITNESS VIOLENCE: KEY RECOMMENDATIONS	
Early Identification and Intervention	<ul style="list-style-type: none"> • Implement DVFZ School Leadership Team training. • Conduct intensive, interdisciplinary training with Child Witness to Violence Project for Cambridge providers. • Improve documentation of children’s exposure to violence, by the police, school, health, and human services departments.
Collaboration Between Departments and Agencies	<ul style="list-style-type: none"> • Enhance utilization of children’s services programs at Transition House and Respond.
Partnership with Department of Social Services (DSS)	<ul style="list-style-type: none"> • Conduct in-service trainings between DSS and major city departments and agencies.
Services for Children Who Witness Violence	<ul style="list-style-type: none"> • Develop short-term working group to initiate further research, clarify need for additional therapeutic services, and pursue funding options.

The DVFZ Core Group has begun implementing three of the above recommendations (highlighted in bold). In 1999 we will continue to develop a coordinated response for traumatized children.

These recommendations include short- and long-term options for developing an integrated, community response to children who witness violence. A few of the recommendations are for initiatives that departments and agencies can undertake directly with DSS, in collaboration with other agencies, or in-house.

These recommendations should also be integrated into City officials’ emerging children’s policy agenda. Like the DVFZ, the Agenda for Children enhances collaboration among City departments and agencies. Violence prevention has emerged as a priority area of the Agenda for Children. The Agenda for Children presents an opportunity to build political and community support for an integrated response to children who witness violence.

The report also highlighted the important role played by the School Department in working with children who witness violence. Research and practice indicate that teachers and other school-based personnel play a primary role in identifying and responding to children who witness violence. Identifying children in schools *before* they are identified in crisis situations by hospital or police department staff will enhance early identification and treatment.

Initiative 4: Begin the development of a public education campaign.

Developing a public education campaign about domestic violence is an initiative scheduled to begin in Year Three of the DVFZ implementation plan. In 1999, the DVFZ Core Group will initiate outreach and education in the wider community in preparation for a broader campaign. Educating the community about the DVFZ, by disseminating written information or holding periodic public forums, is an important goal in the coming year. Soliciting community input will also ensure that the DVFZ is accountable to the activists, survivors, providers, and City leaders who founded it.

The DVFZ Core Group will begin this process by utilizing the Status Report as a method of gathering feedback about its progress on DVFZ initiatives. Presenting this report to key domestic violence agencies and coalitions will be an effective tool to obtain community feedback on the progress of the DVFZ. The Core Group may also use the domestic violence video developed by the VAWA grant as a public education project.

Ongoing Initiatives: Collaboration with the EAP.

The DVFZ Core Group will continue its ongoing work with Health Resources to strengthen the EAP's responsiveness to domestic violence. As the DVFZ raises community awareness about domestic violence through training, education, and outreach, increasing numbers of employees will turn to the EAP for assistance. An EAP should not serve as a domestic violence program; rather, Health Resources staff should be enhanced in the area of domestic violence to ensure appropriate treatment and referral.

At their most recent meeting in September 1998, the DVFZ Core Group and Health Resources staff identified several areas of potential collaboration:

- Recommend domestic violence training to EAP staff;
- Provide EAP staff with updated information about Cambridge area resources and services for victims and perpetrators of domestic violence;
- Identify model screening tools for identifying victims and perpetrators of domestic violence;
- Educate EAP about the DVFZ through a presentation to their staff;
- Improve EAP visibility by including EAP staff at City domestic violence trainings;
- Develop promotional materials that sufficiently address domestic violence; and
- Clarify the EAP's role in providing domestic violence training for managers.

Conclusion

The DVFZ Core Group will continue to implement its mandate as outlined in the *DVFZ Implementation Report*. We will continue to seek leadership and feedback from policymakers and domestic violence experts. Throughout 1999 our domestic violence efforts will require a high level of visibility, support and direction. We thank you for your trust and look forward to your continued assistance.

Appendix A

DVFZ Core Group and Coalition

Core Group members:

1. Dr. Steven Brion-Meisels, Middle Grades Support Staff, Cambridge School Department;
2. Patricia Duggan, Domestic Violence Liaison, Cambridge Police Department;
3. Sherry Riva, Project Assistant, Public Health Department;
4. Nancy Ryan, Ph.D., Director, Cambridge Women's Commission, City of Cambridge;
5. Lynn Schoeff, Director, Community Health Programs, Public Health Department, Cambridge Health Alliance;
6. Andrew Spooner, Youth Program Developer/Manager, Department of Human Services Programs, City of Cambridge; and
7. Richard Wright, Violence Prevention Coordinator, Public Health Department, Cambridge Health Alliance.

Coalition:

- Transition House, a battered women's shelter in Cambridge and one of the first such shelters in New England
- Respond, a well-respected shelter based in Somerville
- The Guidance Center
- The Family Center
- CASPAR
- Cambridge Housing Authority
- East End House
- EMERGE
- Boston Area Rape Crisis Center (BARCC)
- Harvard University School of Public Health
- UMASS-Boston
- Massachusetts Association of Portuguese Speakers
- Middlesex County D.A.'s Domestic Violence Unit
- Network for Battered Lesbians
- Positive Edge
- Gay Men's Domestic Violence Project
- Women's Law Collective
- Women's Theological Center
- Cambridge and Somerville Legal Services
- Cambridge Health Alliance
 - ◊ Public Health Department; Victims of Violence Program; Cambridge Health Alliance Domestic Violence Task Force; Department of Medicine; Health of the City Project; and Department of Psychiatry (Child and Adult).
- City of Cambridge
 - ◊ Women's Commission; Police Department; School Department; Human Services Department; Peace Commission; City Manager Robert Healy; and City Council.

Appendix B
Schematic of Domestic Violence Free Zone

Domestic Violence Free Zone Initiative

11 Goals and Objectives Outlined in the DVFZ Implementation Report, adopted Spring 1997.

DVFZ Core Group authorized to implement initiatives.
Core Group composed of city & public health employees.
Submits periodic updates to City Manager & other officials.

Eleven collaborative initiatives covering

- Policies & Protocols
- Training
- Direct Services
- Public Education/Community Outreach

Key Domestic Violence Service Agencies

Respond
Emerge
Victims of Violence Program
Transition House
Network For Battered Lesbians
Police Dept.'s DV Unit
Gay Men's Domestic Violence Project
Cambridge & Somerville Legal Services
Community Legal Services & Counseling Ctr.
The Family Center
The Guidance Center

Domestic Violence Task Forces/ Coalitions/Monthly Meetings & Roundtables

Middlesex
D.A.'s D.V.
Roundtable

Cambridge
DUTF

Somerville
DUTF

Cambridge
Health
Alliance
DUTF

School Dept.
DV
Leadership
Team

Domestic Violence Free Zone Initiative

11 Goals and Objectives Outlined in the DVFZ Implementation Report, adopted Spring 1997.

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Core Group composed of city & public health employees.
Submits periodic updates to City Manager & other officials.

Eleven collaborative initiatives covering
- Policies & Protocols
- Training
- Direct Services
- Public Education/Community Outreach

Year One Accomplishments

Year Two Priorities

Ensuring EAP provides adequate access to domestic violence services

Assessing & supporting customized training needs (e.g. VAWA grant)

Developing services for children who witness violence

Develop domestic violence policies through City, School and Cambridge Health Alliance Personnel Depts.

Support and facilitate departmental domestic violence trainings

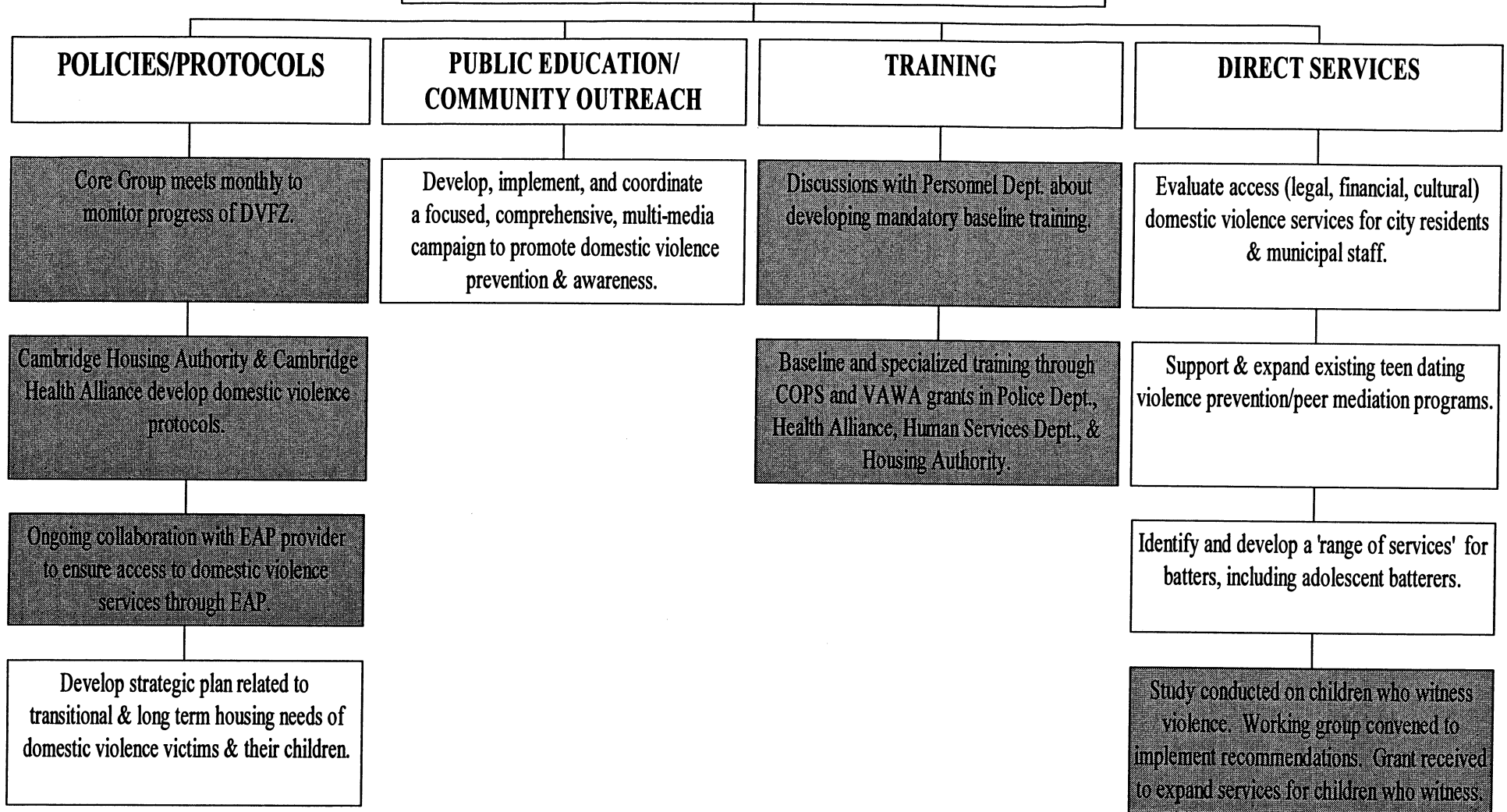
Submit proposals to fund services for children who witness violence

Begin the development of a public education campaign

Appendix C

Progress on Domestic Violence Free Zone Initiatives, 1997-1998

Progress on Domestic Violence Free Zone Initiatives, 1997-1998



Please note: Shaded boxes represent initiatives undertaken in 1997-1998.

DVFZ: 1997 Highlights

January - June: COPS Grant

Training facilitates creation of coordinated, domestic violence teams at health centers & Cambridge Police Department.

April: DVFZ Implementation Report

City Manager approves report outlining 11 comprehensive initiatives to reduce family violence.

May: DVFZ Core Group

City Manager appoints & authorizes Core Group to "ensure continuity & sustainability of DVFZ initiatives."

July: VAWA Grant

City acquires grant from Federal Violence Against Women Act to train staff of Human Services Department and Cambridge Housing Authority.

October: EAP Bidding Process

City incorporates domestic violence expertise as a requirement in public bidding process for its Employee Assistance Program (EAP).

November: Study on Children Who Witness Violence Begins

A graduate student at the Kennedy School of Government, Harvard University, develops and implements survey to determine status of services for children who witness.

DVFZ: 1998 Highlights

January - December: VAWA Grant

The DVFZ Core Group implements domestic violence training for Cambridge Housing Authority and the Department of Human Services Programs.

March: Housing Authority Adopts Domestic Violence Protocol

Cambridge Housing Authority establishes formal domestic violence protocol.

May: Completion of Children Who Witness Report

The report, *Building an Integrated Response to Children Who Witness Violence*, is submitted to the DVFZ Core Group and the City.

June: Working Group on Children Who Witness Violence

Short-term working group is developed to implement recommendations outlined in report.

December: Grant for Children Who Witness Violence

Grant awarded by MA Violence Prevention Task Force to expand services for children who witness violence and to provide training for city personnel.



CITY OF CAMBRIDGE
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5.

EXECUTIVE DEPARTMENT
ROBERT W. HEALY
City Manager

RICHARD C. ROSSI
Deputy City Manager

March 22, 1999

To The Honorable, The City Council:

Enclosed is the first Status Report on the Domestic Violence Free Zone (DVFZ) Initiative covering 1997-1998. I have met with the Gore Group, the Oversight Committee (comprised of all appropriate department heads) and have discussed the Report. I support the work of the Core Group, chaired by Richard Wright, the Health Department's Violence Prevention Coordinator. The accomplishments of the past two years and the recommendations for 1999 reflect our ongoing progress toward the reduction of domestic violence.

The report has my approval, and I recommend referral to the Health and Hospitals Committee of the Council for further questions and review.

Very truly yours,

Robert W. Healy
City Manager

RWH/mec
Attachment

Consent Agenda #5. ^{S-187} ~~8~~

Communication relative to the
first Status Report on the
Domestic Violence Free Zone
(DVFZ) Initiative covering
1997-1998.

In City Council March 22, 1999.

Referred to
Health + Hospital Committee