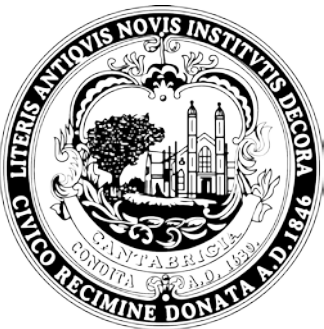


Assets and Needs Assessment Report with Recommendations

OCTOBER 2015

*Cambridge Domestic and Gender Based Violence
Prevention Initiative*



City of Cambridge

www.cambridgema.gov/DomesticViolence

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Cambridge Community Fellowship Church	Massachusetts Institute of Technology
Cambridge Council on Aging	Men's Health League
Cambridge Economic Opportunity Committee	Middlesex County District Attorney's Office
Cambridge Health Alliance	Mt Auburn Hospital
Cambridge Heath Care for the Homeless	On the Rise
Cambridge Housing Authority	Respond
Cambridge Inclusion Services	Salvation Army
Cambridge Multi-Service Center	St. Bartholomew's Episcopal Church
Cambridge Personnel Department	Teen Health Center, CRLS
Cambridge Police Department	Tenant Council Representatives
Cambridge Public School Department	The Agenda for Children
Cambridge Veterans' Services Department	The Guidance Center, Inc.
CRLS, STARS students	The Kids' Council
Cambridge YWCA	The Network/La Red
CASPAR Emergency Services and Shelter	The Vineyard Church
Community Engagement Team	The Women's Center
Community Legal Services & Counseling Center	Transition House
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GLBTQ DV Project

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And finally with appreciation we acknowledge State Representative Marjorie Decker's tireless advocacy. As a Cambridge City Councilor she spearheaded this Initiative by reviving the question, "What is the role of government when "home" is not safe?"

Introduction and Purpose

Cambridge people have been working for the last five years to revitalize and improve the City's abilities to respond to and prevent domestic violence¹. These efforts began in 2011 and led to the hiring in 2014 of Liz Speakman as Coordinator of the Domestic and Gender-Based Violence Prevention Initiative. With a steering committee of stakeholders from relevant offices, agencies and committed citizens, the work was outlined and began with a city-wide needs assessment. This document summarizes findings from this city-wide assessment of assets and needs.

OVERVIEW

After a brief history of this project, we describe its methods in the second section, present findings in the third section. The final section contains what we call "insight statements," which represent our analysis of key findings followed by recommendations.

In the course of conducting our assets and needs assessment, we mainly spoke with three types of people: providers of domestic violence services, other human service providers, and other organizational representatives. In addition, we drew on the input of private citizens during the Question campaign in the fall of 2012. Our goal was to delve into as many different types of organizations on as many different levels as possible in the time we had. While it was important to hear from a variety of organizations doing a variety of things in the City, we were particularly interested in talking with people whose job definitions do not include domestic and gender-based violence.. Given that these are difficult topics, we imagined within this sub-group there might be reluctance or discomfort among those we spoke to who provided non-DV services. Instead, what we found, again and again, was not only had everyone been affected

¹ Domestic violence is defined as a pattern of coercive and controlling behaviors and tactics used by one person over another to gain power and control. This may include verbal abuse, financial abuse, emotional, sexual, and physical abuse. Domestic violence occurs in heterosexual, as well as same-sex partnerships, and crosses all ethnic, racial and socio-economic lines.

Massachusetts Executive Office of Public Safety and Security,
<http://www.mass.gov/eopss/crime-prev-personal-sfty/personal-sfty/sexual-and-dom-viol/overview/definition-of-domestic-violence.html>

by domestic and gender-based violence in some way, most appreciated the opportunity to talk about it.

We characterize the three groups of interviewees as:

- Providers of domestic violence services, police and court: these are folks who are deep in the trenches of multiple systems on behalf of their clients; systems that often do not meet the needs of their clients.
- Other human service providers: these folks are traditionally trained to help, to offer solutions. They may not be specifically trained to respond to disclosures or evidence of domestic violence. At the same time, they may know well the individuals with whom they work and be trusted by them. This category includes faith communities, aging/senior services, homeless services, youth services, community outreach services and health/mental health services.
- Other organizational representatives: these are people for whom handling personal issues would seem to be not part of their job description, until it is. Meaning, when their co-worker, neighbor, client, student, etc. does need help, it is useful if they know where to turn for referrals and consultation. Neighbors, friends and co-workers are among the most likely people to be told about abusive situations. This third category includes community members, business associations, human resources, schools and universities.

It is clear from the data that we will need to go beyond a one-size-fits-all approach. There are many layers and levels to the crisis of violence in our inter-personal relationships; and preventing, intervening, or changing attitudes and norms will require a multi-pronged, long-haul strategy that includes addressing the differing needs specific to particular kinds of organizations and particular communities within Cambridge. In addition, it is clear that this issue is intertwined with many other issues currently facing this and other cities; specifically, the shortage of affordable and emergency housing, the need for culturally competent and accessible resources; and a widespread fear, especially among those who are poor and/or marginalized, of getting involved with agency or state systems.

Due to the overwhelmingly high statistical evidence of who perpetrates violence, the Initiative is primarily focused on men's violence against women. However, we also include the issues of violence by women toward men and in the gay, lesbian, and transgender communities, as well as other abusive relationships in families, such as between elderly parents and their adult children, minor children and their parents or guardians, and people with disabilities and their family members and/or care-givers.

Project Background

- Domestic violence summit, 2011. This was a meeting called by then City Councilor Marjorie Decker to review the current situation and stimulate interest in revitalizing Cambridge's work to prevent domestic violence, building on the ground breaking work of the City's Domestic Violence Free Zone.
- The post-summit steering committee on domestic violence undertook a campaign in the fall of 2012 known as 21 Days of Questions/365 Days of Action Campaign spearheaded by Marjorie Decker. The Questions Campaign sought to engage the Cambridge community on questions they had about domestic violence and anything they wanted to know further about this issue. Over 1,000 questions were collected across Cambridge about domestic violence. Four community gatherings were mobilized to further synthesize these questions and formulate the main areas representing the needs of the community in responding and eradicating gender-based violence.
- From these community gatherings, four prevailing themes arose and created our base for the work to come. Subsequently, four working groups were created to further examine these themes which were: Defining and Understanding Domestic Violence, Support to Stop and Recover from Domestic Violence, Preventing and Eradicating Domestic Violence and Teens/Children.
- As a result of the Campaign, the City agreed to fund a full-time position to coordinate the Domestic and Gender-Based Violence Prevention Initiative.
- The Steering Committee worked to create the job description for the new position. Members of the committee also assisted with hiring.
- With the guidance of the City of Cambridge's newly appointed Coordinator of the Domestic and Gender-Based Violence Prevention Initiative, the goal was to gain a deeper understanding of the needs of domestic violence survivors and how those needs are being addressed. Moreover, the members of the Initiative sought to learn about how people talk about domestic violence in our communities and gather ideas on how to raise awareness of DV throughout the Cambridge communities.

Methodology

The Initiative's Steering Committee charged a sub-committee to conduct a needs assessment in order to gain a better understanding of the needs of those affected by domestic violence in Cambridge and how those needs are currently being addressed. Given concerns about confidentiality, a lack of access to a sufficient number of survivors in order to be able to generalize their feedback, and the cost of conducting a needs assessment of those directly affected by DV, the sub-committee focused on interviewing people who, because of their professional training and/or affiliation with particular organizations, agencies, or associations, are likely working with survivors of abuse in one way or another. They are not all specifically providing services for the abuse but come in contact with people experiencing domestic and/or sexual abuse. This process is described below.

The needs assessment was conducted over a four month period. The issues touched upon in the interviews and focus groups are complex and, as with any assessment, additional time and resources would allow for a larger scope and depth of analysis. Despite these limitations, this assessment collected a significant amount of new information and, perhaps more importantly, the analysis identified patterns, relationships, and themes that may provide new pathways for successfully addressing the needs of the community. The major steps of the project can be categorized as: 1) identify what needs to be known, 2) create the questionnaire for the interviews, 3) identify organizations and persons to be interviewed, 4) gather data, 5) organize and interpret data, 6) write and revise draft report, and 7) publicize final report.

IDENTIFY WHAT NEEDS TO BE KNOWN

The sub-committee discussed and defined the ultimate goals of the assessment. This assessment should answer the following questions:

- How do people in Cambridge define, talk about, understand domestic violence (DV)?
- What are the needs of those affected by DV?
- What systems are working well to meet the needs of those affected by DV?
- What are the gaps in meeting the needs of those affected by DV?
- What are the current challenges to collaboration and effectiveness for professionals and volunteers that work in organizations that serve those affected by DV?
- What are the most promising ideas for preventing domestic violence?

CREATE THE QUESTIONNAIRE FOR THE INTERVIEWS

The sub-committee generated the questions to be asked during interviews. The interview questions are listed in the appendix of this report. The questions addressed:

- How do you (in your agency/organization) think about, define or understand domestic violence? If and how do you see/hear about it in the population you serve?
- If you see people affected by DV, what are their needs?
- What are you currently doing to meet those needs (the resources you have and the services and programs you provide)?
- What systems are working well to meet those needs? Which of a list of local services and resources have you used, and which have worked well?
- Where are the gaps (What is not working well)? What should be done about meeting needs that remain unmet?
- With what other organizations do you collaborate/partner, and what are the challenges to collaboration and effectiveness?
- Are you involved in prevention efforts; if so, what are they? What do you see as useful to prevent domestic violence?
- In addition we asked about their policies and procedures around DV (if they exist); if they collect data and if it is available; and if there are other organizations that they work with that we should interview.

IDENTIFY ORGANIZATIONS AND PERSONS TO BE INTERVIEWED

As noted earlier, our goal was to delve into as many different types of organizations on as many different levels as possible in the time we had. The sub-committee identified the organizations and people to be interviewed, both those that specifically serve those affected by DV as well as those likely to encounter those effected by DV. The specific organizations interviewed are listed in the acknowledgements of this report. As we anticipated, new interviewees were added to the list as they were suggested by others in a snowballing method.

GATHER DATA

Committee members gathered data for a period of four months, interviewing over 90 people at over 50 organizations. The interviews took an average of one hour, typically conducted in the offices of those interviewed. In addition to the questions listed in the interview, committee members asked follow-up questions and allowed the people being interviewed to address issues not listed in the questionnaire. This technique is known as semi-structured interviewing.

ORGANIZE AND INTERPRET DATA

The number of interviews and the variety of information given made the task of analysis daunting for any one person. We used a tiered process for analysis.

- Committee members read a group of interviews from a given type of organization and summarized those themes.
- As a next step, we used a group process to organize and interpret the data from the interviews and note the prominent themes. This took advantage of each person's knowledge and experience and was useful in generating and clarifying ideas, reaching consensus, and making decisions on findings.
- The sub-committee then created insight statements from the themes. Once the insight statements were created, a small number of people went back through the interviews to be sure nothing essential was missed.

AUTHOR AND REVISE DRAFT REPORT

Members of the sub-committee wrote first drafts of different sections of the report, which were then combined into a coherent first draft of the whole report by the coordinator. Following the production of a first draft, the subcommittee presented its findings to the entire DV Executive and Steering Committees and a portion of the interviewees for feedback and amending. This larger group made suggestions for clarifications, additions and changes.

PUBLICIZE FINAL REPORT

The final step, publicizing the final report, begins with the publication and dissemination of this report to all stakeholders, including the organizations interviewed during the data collection. This report is by no means the end of the conversation; rather it is a framework and foundation for the conversations that will be informed by the information and analysis it contains.

Methodology: Advantages and Disadvantages

The advantages of this approach are that it is:

- One of the easiest and least expensive ways to systematically assess needs.
- Creates an opportunity to establish rapport and trust with interviewees and thus obtain the insiders' views and depth of information.
- Permits input from many individuals with different perspectives on the needs of the community.
- Increases awareness in the community of the Domestic and Gender-Based Violence Prevention Initiative and may result in those interviewed being engaged in the larger project.

The disadvantages of this approach are that it:

- Does not directly assess the needs of the needs of the community members who are affected by DV.
- Gives considerable weight to the knowledge and viewpoint of community members who serve those in need.

INSIGHT:

*EVERYONE IS OR
HAS BEEN TOUCHED
BY DOMESTIC
AND/OR SEXUAL
ABUSE*

Key Findings and Analysis

HOW DOMESTIC VIOLENCE IS UNDERSTOOD

During the 21 Days of Questions Campaign in 2013, we collected over 1,000 questions from communities across Cambridge about DV. The most frequently asked question was, “What is Domestic Violence?” So we began the needs assessment with this question, “Many of us struggle to talk about domestic violence so we are asking, in terms of your work here, what you understand domestic violence to be? How do the people you serve talk about DV?”

This question elicited the most varied responses of all the questions. Many people gave their definition of domestic violence and others talked about how they learn that domestic violence is happening in the lives of their clients, friends, colleagues and others. Most people shared stories of some kind, either abuse they had experienced directly or incidents that happened to people they know. The primary message from the responses to this question is that everyone is or has been touched by domestic and/or sexual abuse. Most people shared their stories as a way to illustrate that they know and care about this issue but don’t know what to do about it when it comes up.

We heard various definitions of domestic violence from respondents. Our definition (see introduction) highlights the intentional ways that abusive strategies are used in order to gain power and control in a relationship. A few people described power and control at the core of domestic violence, but most people did not. Many people described stress as a contributing factor in abusive relationships. (Although stress, substance use and mental health issues can exacerbate abuse in relationships, those factors do not cause abuse.) Most of the domestic and sexual assault specific organizations and programs described domestic violence similarly to the definition we use. Some respondents who regularly work within systems responding to domestic and sexual assault victims did not mention control but instead focused on life stresses as the reason for abuse.

NEEDS OF PARTICULAR SUBCOMMUNITIES

Domestic violence was described as the “norm” and “the way of life” for some people.

Most notably, those working with homeless women said that domestic violence is not a primary area of concern for women experiencing homelessness. Many homeless women are more worried about day-to-day survival including housing and potential violence from others. People

INSIGHT:

PEOPLE IN VIOLENT RELATIONSHIPS ALSO FACE OTHER PRESSING ISSUES SUCH AS HOMELESSNESS, JOBLESSNESS, MENTAL ILLNESS AND/OR ADDICTION. PROVIDERS NEED TO BE AWARE OF THE COMPETING AND CONFLICTING NEEDS MANY PEOPLE EXPERIENCE IN THEIR LIVES AND BRING A TRAUMA INFORMED APPROACH TO ANY ASSISTANCE THAT IS OFFERED.

in violent relationships also face other pressing issues such as joblessness, mental illness and/or addiction. Providers need to be aware of the competing and conflicting needs many people experience in their lives and bring a trauma informed approach to any assistance that is offered. Some of the sample quotes from providers:

“For most of my clients, day-to-day existence is hard enough when you’re homeless. They need to ‘stuff DV to the back of their mind’ to get through the day. My clients are ‘just trying to get a bed, a roof over their head and not get victimized in other ways.”

Another provider said her clients tell her:

“Yes, he beats me up and he treats me terribly but he protects me from the unknown assaults.”

Yet another provider said:

“Domestic violence and sexual assault is complicated by being on the street, ‘strength in numbers.’ They stay with an abuser because they might be protected from the unknown assailants and harassment from other people.”

The most frequent intimate violence seen by organizations serving the aged population in Cambridge is abuse of an elderly parent by a dependent adult child.

HOW PROVIDERS HEAR ABOUT DOMESTIC VIOLENCE

People talked a lot about how they hear about domestic and sexual violence. Three main themes emerged here; trust building over time, behavior specific screening questions and noticing that something is “off” but not sure what and not sure how to (or if they should) delve deeper.

Most providers who do not work in domestic and sexual violence specific organizations said that people most often tell them about the abuse after a trusting relationship has been established. They said that it can take months or even years for someone to disclose current or past abuse. These providers understood the difficulty and shame that comes with sharing experience of abuse and were honored to have people share this with them.

Several other providers talked about utilizing behavior specific screening questions, which prompts people to share current and/or past abuse. Examples of behavior specific screening questions that some providers use are, “does your partner try to control where you go, who you

INSIGHT:

*HEALTH CARE
SYSTEMS IN
CAMBRIDGE
(CAMBRIDGE
HEALTH ALLIANCE,
MT AUBURN
HOSPITAL) NEED
ORGANIZATIONAL
RESOURCES TO
ADDRESS DV*

talk to or what you do?” “Has a partner ever forced you to do things sexually that you are not comfortable doing?” A few participants described using “are you safe at home?” as a screening question, and we heard from several community members that this screening question is not clear or effective in eliciting the information providers are looking for. Their concerns about this screening question are backed up by the literature.

Many community members and several providers also mentioned that they notice things that make them worry that abuse is happening. Some people said that they overhear things at their neighbors’ homes that cause concern for the safety of the women and children. Other providers said that children will exhibit indications that abuse may be happening at home. The providers shared that they worry about the children and the victim (typically the mom) but they do not always know what to do.

INSIGHT:

THERE IS A NEED FOR A COMPREHENSIVE, STREAM-LINED NETWORK OF CULTURALLY AWARE SERVICES FOR SURVIVORS. PROVIDERS AND OTHERS NEED TO BE ABLE TO CALL SOMEONE THEY KNOW AND TRUST WHO WILL QUICKLY RESPOND.

Assets/Strengths

We asked respondents, “*What is working well in Cambridge for domestic and sexual abuse survivors? Are there systems, people and/or organizations that are helpful?*”

Participants from across all sectors shared a variety of strengths and assets in Cambridge. The most frequently mentioned programmatic assets were Transition House, the Boston Area Rape Crisis Center and the Cambridge Police Department. Several other programs were mentioned more than once, including Emerge, Health Care for the Homeless and the Guidance Center. Although several respondents were aware of these local resources providing a wide range of support for survivors of domestic and sexual violence, we also noted many respondents were not aware of any strengths or assets in Cambridge around these issues. It became clear while asking this question that there is a gap in knowledge around whom providers can go to for consultation and support as well as where survivors might seek formal assistance.

One particular asset in Cambridge is the Cambridge-Arlington-Belmont High Risk Assessment and Response Team (CAB HART). We asked interviewees: Are you part of CAB HART? If so, can you describe the ways in which it has been useful for providing services for clients? What would you need to enhance your ability to fully participate in the High Risk Team?

CAB HART is comprised of law enforcement, court personnel and representatives from various state and local agencies. The team utilizes evidence-based assessment criteria to assist survivors and identify perpetrators who pose the greatest risk of lethality. The team works with victims to develop individualized safety and stabilization plans utilizing comprehensive wrap-around services.

Several of the respondents are active participants in CAB HART and gave similar feedback about the strengths and challenges of the team. The major strength that every active participant identified is the increased connections with the other partners on the team. Both law enforcement and local service providers said they know whom to call for help from across the systems and gave examples of utilizing those relationships for both high risk and non-high risk cases.

A notable challenge that all of the active participants described was the lack of a Coordinator for the team. CAB HART had historically had a full-time, paid Coordinator but that funding ended in the winter of 2015, and there was no Coordinator in place at the time of our interviews. Shortly after the interviews ended and prior to publication of this report, funding was

INSIGHT:

provided from the Massachusetts Office of Victim Assistance, The City of Cambridge and The Cambridge Housing Authority to provide coordination of the team.

*SERVICE
PROVIDERS AND
CITIZENS
IDENTIFIED THAT
THEY EACH LACK
THE BASIC
KNOWLEDGE OF
WHAT IS DOMESTIC
AND SEXUAL ABUSE*

Cambridge is fortunate to be able to provide more city services than almost all other similarly sized communities in the nation. In addition, Cambridge has the largest concentration (150) of non-profit service organizations in the country outside of New York City. Those who live, work, and study here have access to a wide array of important, meaningful services, including services for domestic and gender-based violence survivors and their families. And yet from our interviews, we learned that many needs were going unmet.

INSIGHT:

IN ORDER TO SUPPORT THE HEALTH AND SAFETY OF INDIVIDUALS AND FAMILIES IN TRANSITION, THE SEVERE SHORTAGE OF IMMEDIATE AND LONG-TERM HOUSING MUST BE ADDRESSED

Needs

In an attempt to better understand the needs survivors and their families have, we asked: What can systems do to be more helpful for domestic and gender-based violence survivors? Most of the responses from the communities surveyed could be easily grouped into themes: housing, mental health, cultural competency, information, prevention, and economic empowerment. Many of these themes have threads that weave together.

HOUSING

One of the biggest issues plaguing City departments, agencies, and organizations responsible for assisting with housing is their long wait lists. If we begin by acknowledging that every family has a basic need for shelter, we know that an unmet need there can dramatically influence the other services a family may need to remain well-functioning. In order to support the health and safety of individuals and families in transition, the severe shortage of immediate and long-term housing must be addressed.

As a city, Cambridge is often characterized by the robust low-income housing stock it has comparable to neighboring towns; however, we recognize that even with more units in place than other areas, there is still simply not enough to fulfill the demand. All families encounter the almost impossible waitlist for housing in Cambridge; this includes women and their children in need of a violence-free space to call home. It was also mentioned that middle-income housing was equally difficult to find and secure in Cambridge for families not meeting the poverty or low-income standards. Included in housing needs are the lack of emergency shelter beds and longer-term shelter beds specifically for DV survivors as well all women needing shelter. Women and their children are unable to leave dangerous situations for lack of a safe place to go.

MENTAL HEALTH

Long waitlists apply to other sought-after services as well. Again and again we heard concern about the waitlists for mental health counseling. Staff at various agencies reported that even when they knew whom to call, the waitlist was so long that it was not able to meet an immediate or emergent need.

In addition to long waitlists for counseling, another thread woven into the theme of mental health was the lack of trauma-informed care as well as mental health professionals who deeply understood the dynamics and presenting issues of domestic and gender-based violence. In

INSIGHT:

particular, there was concern about counseling for children that takes into account their experience witnessing or being victims of violence.

*CULTURAL
COMPETENCY, WITH
LANGUAGE
CAPACITY AS AN
EXAMPLE, IS
ESSENTIAL AND
CHALLENGING FOR
SERVICE
PROVIDERS***CULTURAL COMPETENCY**

Violence was the issue we asked about, but it was clear as we talked with providers and others that violence was usually only one of the many issues a woman may be dealing with. Most often there were also other pressing needs. These included: education and employment needs, immigration issues, substance abuse, mental illness, legal problems and homelessness.

The need for expanding the information about what services are available and how to link up with them was highlighted. Although some respondents said they knew whom to call when they needed guidance or referral for a client experiencing violence, there were just as many who said they lacked a number they felt would connect them to appropriate services. One respondent put it simply, "Who do I call?" There is a need for a comprehensive, stream-lined network of culturally aware services for survivors. Providers and others need to be able to call someone they know and trust who will quickly respond. At times, that may be the police but for some survivors, involving the criminal justice system may put them at increased risk for abuse.

INFORMATION

Included in the need for information was the simple request to have more materials available for distribution: materials such as pamphlets or tear sheets or cards that disguise that they are for domestic violence, as a safe way to disperse information to victims. There is a need for materials and information that is easily accessible. Involving local businesses in spreading information about domestic violence was also seen as a need.

A lack of services available for women who do not want to or are not ready to leave an abuser for personal or cultural reasons is another need that we heard. What services are available for women who stay? The answer is very few.

There is a large gap in service providers able to meet the cultural and language needs of victims. In systems such as police, health care, the courts, and schools, there is a pressing need to have a pipeline of competent staff able to meet the needs of women whose first language is not English. Cultural competency, with language capacity as an example, is essential and challenging for service providers.

INSIGHT:

***DUE TO STIGMA,
LACK OF
INFORMATION,
AND/OR FROM
NEGATIVE
REPERCUSSIONS,
PROVIDERS AND
SURVIVORS ARE
HESITANT AND
FEARFUL ABOUT
GETTING SYSTEMS
INVOLVED***

Judges and court appointed attorneys were specified as often not understanding the dynamics of gender-based violence. One group mentioned as an untapped resource, albeit one in need of training and a more fully realized definition of gender roles, are faith leaders. Priests, rabbis, imams, and pastors who have an understanding of the impact of violence in the home can be a powerful resource to address the needs of survivors and their families.

A common theme that emerged was around survivors' hesitance and fear of disclosing abuse. Many domestic and sexual violence providers as well as human service providers talked about how worried survivors are about losing their children, being deported and/or facing increased violence if they shared what is happening in their relationship. Many abusers make serious threats around these issues if the survivor talks about the abuse. Survivors also often feel like the abuse is their fault and believe that they will be blamed if they share what is happening at home. Due to stigma, lack of information, and/or from negative repercussions, providers and survivors are hesitant and fearful about getting systems involved.

ECONOMIC DEVELOPMENT

Finally, the need for more job training or career development for women was mentioned. An income of her own allows women the needed freedom to determine her path with greater options and less reliance on future services.

UNDERSERVED POPULATIONS

Other questions that were asked included: What are the particular challenges in accessing resources for the traditionally underserved populations (LGBT, disabled persons, elders, etc)? What resources would you need to provide specialized services within your agency?

Although less than half of the respondents were asked this question, there was clear consensus among those who responded that LGBTQ survivors, those with limited English proficiency and those with undocumented status face particular barriers to accessing services.

Accurate assessment of who the abuser is and provision of appropriate interventions with LGBTQ survivors of domestic and sexual abuse were identified as needs. The respondents identified that they, individually and as agencies, could use more training and education on how to assess and provide support with LGBTQ survivors. They also said that law enforcement needs more training and education on assessing who the abuser is and enhanced sensitivity to the particular issues that LGBTQ survivors face.

INSIGHT:

***PEOPLE IN VIOLENT
RELATIONSHIPS
ALSO FACE OTHER
PRESSING ISSUES
SUCH AS
HOMELESSNESS,
JOBLESSNESS,
MENTAL ILLNESS
AND/OR ADDICTION***

Language barriers and citizenship status emerged as central themes in this section. Respondents from across sectors (City departments, non-profits, DV agencies and community members) identified that access to interpreters in a timely way is a huge challenge. A few people mentioned that survivors who are undocumented cannot access many formal supports due to their immigration status.

SEXUAL ASSAULT

A key theme that emerged when we asked about sexual assault was that it is often overlooked as an issue. A few interviewees said that sexual assault is considered more of a taboo than domestic violence, and they would like to see more attention paid to sexual assault. They said it is very difficult for survivors to talk about sexual assault, and it is challenging to access resources that are available to domestic violence survivors (e.g. emergency and long term housing, legal resources and perpetrator accountability, etc). A few people we interviewed talked about the pervasive victim blaming that still exists in our society around sexual assault. They mentioned that survivors of sexual assault often face many obstacles to disclosing the abuse, and fear of being blamed is one of the barriers to sharing. It was suggested that sexual assault should be more prominently integrated into domestic violence awareness efforts in order to let survivors know they are not alone and help is available.

PREVENTION

The need for prevention, i.e. educating and informing our youth at very early ages, was frequently highlighted. Developing the understanding from a young age of what power, control, and abuse looks like is a great need. One interviewee noted, "prevention is more cost effective than any intervention, including incarceration." Prevention is key. It must start early and be consistent (School, Out of School Time, Adult Education).

OUTREACH MESSAGES

In this section of the interviews, a few overarching themes emerged, as well as specific suggestions about what type of messages should be shared in various communities and how the messages should be delivered. Questions asked included: How and where can you imagine an effective prevention campaign for your community, i.e., training, public conversation? How do you typically reach people? When you implement change, how is it communicated?

INSIGHT:

*PREVENTION IS
KEY. IT MUST START
EARLY AND BE
CONSISTENT
(SCHOOL, OUT OF
SCHOOL TIME,
ADULT EDUCATION)*

Responses to these questions are summarized into themes:

1. One of the most common suggestions was that children should receive messages about respectful relationships as young as possible and in as many venues as possible. Specific suggestions included:
 - *Strengthening relationships* or *respectful relationships* workshops in collaboration with various communities
 - “If you want to have good relationships, you have to act respectfully toward your partner and here is what respect looks like....here is what positive intimacy looks like...here is what people do that get in the way of respectful relationships...”
 - Messages should focus on kids who are abusing each other and/or kids who are being abused at home.
2. Relationship and trust building were mentioned many times.
 - “[We need to] build opportunities for families to connect with each other; relationships that come from feeling safe in our community.”
3. Several interviewees said that engaging men and boys is integral to any prevention effort.
 - Workshops or messages on what it means to be a man
 - What it means to be a dad
4. Another theme was the need for basic information about defining and responding to domestic violence, and/or to a concern about domestic violence. This includes information about resources in Cambridge.
 - Provide answers to the questions submitted during the question campaign.
 - What is domestic violence? What does it look like?
 - *Know your rights* workshop
 - These are the warning signs of abuse. If this is happening to you, you can get help. If you are being abusive, you can get help.
 - Raise awareness about *cultural abuse* (for example, “You’re not Haitian enough.” “You aren’t lesbian enough.”)

INSIGHT:

SERVICE PROVIDERS AND CITIZENS IDENTIFIED THAT THEY EACH LACK THE BASIC KNOWLEDGE OF WHAT IS DOMESTIC AND SEXUAL ABUSE (“WHAT DO I DO WHEN I HEAR ABOUT IT?” “HOW DO I HELP MY PARISHIONER?”); MANY FEEL THEY DON’T KNOW HOW TO HELP

5. Training was another theme; overlapping the need for information and for useful messaging.
 - “The city-wide model is a good way to do this; training people to show care and concern for victims and for them to know that resources are available and reliable (and then to know if it’s been helpful).”
 - Information needs to be tailored specifically for homeless population and for substance abuse issues
6. In addition, for the prevention efforts to be effective, consistent messages need to be reinforced in multiple locations and venues. These three locations were mentioned several times: schools, Cambridge Community Television (CCTV) and faith communities. Also mentioned: bus/subway ads, Hubway ads, lawn signs, posters, post cards and flyers. Below are specific suggestions for delivering information and messages, in addition to trainings.
 - Social media campaign (Snap Chat, Instagram, Facebook and Twitter)
 - Other public awareness campaigns, such as: Clothesline Project in the Squares, focus on purple in October, walk in the HONK parade. Create public service announcements or short videos through the Community Arts Center, *Do It Your Damn Self* campaign. Get the Kendall Square movie theater to show public service announcements created by community members and show them before City Council meetings
 - “Information is available at every conceivable juncture” (i.e. schools, doctor offices, nail/hair salons, places of faith)
 - “Put surveys together that kids can fill out on whether their relationship is healthy or not.” Integrate healthy relationship messages into other things already happening
 - Board game about respectful relationships for kids

TRAINING

We asked: What type of training would be useful for your agency or department? What has been helpful in the past?

Due to time constraints, this question was not asked of all the respondents although over two-thirds answered this question. Out of those asked the question, only three people said they didn’t feel as though they need training, but they said their colleagues could benefit from additional education on this topic. Consistent suggestions were made by those who identified a need for training. Service providers and citizens identified that they each lack the basic knowledge of what is domestic and sexual abuse (“What do I do when I hear about it?” “How do I help my parishioner?”); many feel they don’t know how to help.

*INSIGHT:**THERE IS A NEED FOR MATERIALS AND INFORMATION THAT IS EASILY ACCESSIBLE*

1. People described a need for both role specific training (i.e. working with the homeless population) as well as general domestic violence information.
2. A few specific groups were mentioned who might benefit from additional training and ongoing consultation (support, technical assistance), including property managers and all Cambridge Hospital Emergency Department staff.

The topics mentioned for training echo those mentioned in the section above and were similar across sectors; including City departments, local non-profits, community members and faith leaders.

1. Identifying signs of domestic violence
 - Identifying the multiple forms of abuse, “it’s not just a black eye.”
 - “Signs that someone I know might be in an abusive relationship.”
 - As a provider or employer, what to look for that might indicate abuse at home
2. Basic information about domestic violence
 - Prevalence
 - Cycle of violence
 - Do’s and don’ts when talking with a victim. “You can do harm if you don’t know what to do...or if you give advice that isn’t good.”
3. Access to and range of resources
 - “What employers can do if they think their employee is being abused at home?”
4. *Knowing your rights* in the community
5. Working with particularly vulnerable populations
 - Understanding the context kids might be living in if there is violence at home
 - Special issues for homeless people and elders
6. Trauma informed lens (integrate domestic violence into the trauma training that is happening around Cambridge)
7. Additional feedback on format and follow up were provided by a few respondents.
 - A few people said that they have found case examples and small group trainings to be effective around these topics.
 - Another respondent said, “I would like to see targeted training and collaboration among partners to provide technical assistance to implement learnings in the systems/programs/agencies receiving the training.”

Insight Statements & Recommendations

1. In order to support the health and safety of individuals and families in transition, the severe shortage of immediate and long-term housing must be addressed.

- Identify promising practices among traditional and nontraditional resources and partners to inform the development of a feasible plan with a built-in **timetable**. Specifically seek out resources for **housing stabilization funds** for survivors at risk of losing housing.
- Ensure alignment with the **city-wide plan** being developed by the Community Development Department and any other efforts that support housing for other populations. Any plan for low or middle income housing in Cambridge needs to align with the Initiative's recommendations.
- Support the expansion of the model collaboration between the City, the Housing Authority and Transition House to address all housing development and preservation opportunities.
- Ensure **supportive services** for survivors and their families as part of a comprehensive and enhanced homelessness prevention plan.

2. There is a need for a comprehensive, stream-lined network of culturally aware services for survivors. Providers and others need to be able to call someone they know and trust who will quickly respond.

- Embark on a listening and learning process to understand the cultural norms of domestic and sexual violence unique to various communities. Explore ways to support their internal connections and strengths.
- **Build capacity** for a leadership group comprised of community members.
- Build a model of outreach workers knowledgeable about domestic and sexual abuse to serve as an outreach team that targets not only culturally specific communities, but also elders, young parents, clergy, and men, among others.
- Support the domestic and sexual abuse organizations in Cambridge to have staff who speak the various languages spoken here.
- Learn from transgender survivors to create and implement a comprehensive protocol of supports specifically for them; identify and train point people in various systems to raise awareness of the available supportive services.

3. Cultural competency, with language capacity as an example, is essential and challenging for service providers.

- Ensure that literature and materials are translated into various languages in Cambridge, include emerging languages that may have smaller numbers and be more insular and/or isolated.

- Provide training and **technical assistance** to agencies and City departments.
- Partner with the **Community Engagement Team** to include DV awareness in their *Making Connections* curriculum and provide technical assistance on awareness of domestic and sexual violence.
- Assist in coordinating a health fair providing information and services for those at greatest risk for certain health complications.
- Review police data to determine the communities with the most calls for domestic disputes and domestic violence in order to provide targeted outreach.

4. Service providers and citizens identified that they each lack the basic knowledge of what is domestic and sexual abuse (“What do I do when I hear about it?” “How do I help my parishioner?”); many feel they don’t know how to help.

- Expand resources for the Initiative’s pilot **Training Consortium**. Include training for trainers to deepen skills and broaden resource connections; acquisition and development of new materials; translation and interpretation services.
- Provide free, comprehensive training city-wide to service providers, City employees, community members, and others; offer some evening and weekend trainings.
- Provide follow-up refreshers and additional workshops.

5. Due to stigma, lack of information, and/or from negative repercussions, providers and survivors are hesitant and fearful about getting systems involved.

- Provide the infrastructure to revamp a system to make it more welcoming, non-judgmental and supportive of survivors. Pilot intervention with the Cambridge Housing Authority.
- Learn from groups traditionally under-represented in decision making about the ways in which systems are helpful and harmful. Take action to share information about the strengths and change the challenges.
- Learn from best practices in other systems in order to incorporate them in Cambridge. For example, health care systems in other cities have been successful in integrating comprehensive training, screening protocols, safe beds and specialized direct services for survivors of domestic and sexual abuse.

6. Everyone is or has been touched by domestic and/or sexual abuse.

- Provide venues for people to share stories in creative and safe ways in order to raise awareness of the prevalence.
- Develop formal collaboration with Violence Transformed, a **trauma-informed** arts organization that creates an annual call for submissions and curates exhibitions, performances and events.
- Offer a City sponsored annual community “transforming violence hack-a-thon” to generate new ideas and action.

7. Prevention is key. It must start early and be consistent (School, Out of School Time, Adult Education).

- All Cambridge Public School Department (CPSD) schools are key to helping children shape and understand relationships. Provide comprehensive, consistent and age-appropriate messaging to all students.
- Assess the need for and co-create materials for teachers across all grade levels.
- Mandate elementary and middle school teachers to deliver a health curriculum that includes age appropriate information about DV and GBV. Create opportunities to teach and learn about respectful relationships across the curriculum.
- Engage the Initiative’s Training Consortium to deliver annual **in-service training** to all CPSD educators, counselors, administrators, and family liaisons to build skills and reduce the fear of broaching topic.
- Appropriately train Cambridge Rindge and Latin School students to deliver workshops to their peers on respectful relationships and what dating abuse looks like.
- Increase opportunities to engage male and female athletes and their coaches to better understand the dynamics of respectful relationships. Provide trainings and ongoing guidance to all youth sports organizations.
- Provide coordination of city-wide youth led abuse prevention and healthy relationship promotion.
- Enhance the **Mayor’s Summer Youth Employment Program (MSYEP)** capacity to partner with **Youth Action Corps** in order to ensure that every MSYEP teen participates in at least one healthy relationship development workshop each summer.
- Peer leaders provide workshops for parents on how to talk with their own children about respectful and disrespectful relationships. Develop mechanism to connect with each school’s family liaison, parent/teacher organization, etc.
- Adopt a proven media literacy campaign to assist youth in seeing the connection between gender-based violence in the media and in their lives.

- Educate youth about technology and how it can contribute to abuse. Collaborate with local technologists in industry and academia to deliver workshops on safe use. Develop training for youth and adults.
- Specifically engage men and boys in prevention efforts. Educate and raise awareness through fatherhood groups, athletic forums, and special events.
- Connect high school youth working in abuse prevention to local university prevention specialists to foster collaboration and provide models for youth to continue and deepen their work.
- Educate adults working with children on how to prevent child sexual abuse.

8. People in violent relationships also face other pressing issues such as homelessness, joblessness, mental illness and/or addiction. Providers need to be aware of the competing and conflicting needs many people experience in their lives and bring a trauma informed approach to any assistance that is offered.

- Collaborate with and provide cross-training between homeless providers, Cambridge Police Homeless Outreach Officers, and DV advocates with the understanding that women who are homeless may be in abusive relationships as a way to protect themselves against potential physical and sexual assaults by unknown others.
- Collaborate with shelters on an assessment process.

9. There is a need for materials and information that is easily accessible.

- Form a subcommittee of the Initiative's Steering Committee to work with leaders and community members to develop and revise culturally and linguistically appropriate materials.
- Create a comprehensive website with downloadable materials in the various languages spoken by communities within Cambridge. Include a specific teen-oriented page developed in collaboration with Youth Action Corps and relevant school personnel.
- Partner with the Cambridge Public Library to develop a bookmark for teens who want to be able to find books about sensitive topics anonymously (DV, SA, eating disorders, alcohol, etc).

10. Health care systems in Cambridge (Cambridge Health Alliance, Mt Auburn Hospital) need organizational resources to address DV.

- Develop a responsive and proactive health care system that is fully engaged in understanding the dynamics of DV/SA, the health implications for individuals and families, and the prevention and intervention role of health care providers.

Conclusion

This assessment and report is a part of a process to better understand the complexity of domestic and sexual violence in the Cambridge community. Through the interviews, we learned a lot about the assets and needs in Cambridge. People who did not expect to have a lot to share with us ended up telling us stories of their own abuse history or those they care about. It quickly became clear that these issues affect all of us in unique ways. The team charged with implementing the recommendations is ready to begin the work ahead. Based on the repeated requests in the needs assessment interviews for information about how to respond when domestic violence comes up in work or other conversations, we have already implemented the City-Wide Domestic Violence Training. This comprehensive 27-hour training over the course of nine sessions was over capacity at 45 people attending and we had to turn away 20 more. This is just one indicator of the pressing need for the work ahead and we are excited to get to work on the other recommendations.

Glossary

Build capacity: Process of developing and strengthening the skills, instincts, abilities, processes and resources that organizations and communities need to survive, adapt, and thrive.

City-Wide Plan: A shared vision for the City developed through a data-driven and community engagement process that will result in a strategic framework to address a broad range of issues, including mobility, housing, land use, urban design, environment, social equity, economic development, and open space.

Community Engagement Team: A multi-agency collaborative that reaches out to underserved Cambridge families and connects them to community events and resources, develops community leaders, and supports agencies in working with a diverse community; including hiring and training community members (American Born Black, Bangladeshi, Chinese, Ethiopian, Haitian, Somalian, and Spanish and Arabic speaking) as outreach workers to engage underserved families in early childhood activities and services.

Housing stabilization funds: Immediate assistance to a person or family in order to prevent homelessness

In-service training: A training for people related to their work.

Mayor's Summer Youth Employment Program: Primarily for 14 and 15 year olds to serve as their first job experience and exposure to the world of work, Cambridge teens are placed in public sector and non-profit jobs throughout the city for six weeks during the summer.

Supportive services: A comprehensive range of solutions to meet individual needs; services include transportation, childcare, dependent care, housing, and other needs-related payments.

Systems: Large organizations that may be government run and operated with the purpose of providing a service to society. Examples of systems are Department of Children and Families, Courts, Police, Department of Transitional Assistance, and Health Care among many others.

Technical assistance: Broadly defined as providing any specialized information, service, or skill that a nonprofit does not possess within the organization.

Timetable: A schedule of actions or measures with a defined date of completion.

Training Consortium: A group of local experts on abuse and trauma who have come together to provide free comprehensive training on domestic violence and impacts of abuse on children to the Cambridge Police Department and the Cambridge community.

Trauma-informed: A treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

Youth Action Corps: An all-teen team that teaches their Cambridge communities about safe, respectful and healthy teen relationships.

Appendix 1
