

REPORT TO THE TWENTY-FOURTH LEGISLATURE
STATE OF HAWAII
2007

PURSUANT TO SECTION 321-1.3, HAWAII REVISED STATUTES
REQUIRING THE DEPARTMENT OF HEALTH TO SUBMIT
AN ANNUAL REPORT FOR THE
DOMESTIC VIOLENCE AND SEXUAL ASSAULT SPECIAL FUND

Prepared by:

State of Hawaii
Department of Health
Health Resources Administration
Family Health Services Division
Maternal and Child Health Branch
December 2006

**REPORT TO THE TWENTY-FOURTH LEGISLATURE
IN COMPLIANCE WITH HAWAII REVISED STATUTES §321-1.3**

In 1997, H.R.S. §321-1.3 established the Domestic Violence Prevention Special Fund (DVPSF) to be administered and expended by the Department of Health (DOH). The monies in the special funds are reserved for use by the DOH for programs or purchases of service that support or provide domestic violence and sexual assault intervention or prevention as authorized by law. This statute further states that monies “shall be used for new or existing programs and shall not supplant any other money previously allocated to these programs.” The DOH has designated this special fund for primary prevention efforts.

During the 2005 Legislature, S.B. 1419, S.D.1 (Act 142, SLH 2005) changed the name to the Domestic Violence and Sexual Assault Special Fund (DVSASF). The fund hereinafter is referred to as the DVSASF. Act 142 also expanded the annual report to the Legislature to include recommendations on how to improve services for victims of domestic violence and sexual assault.

The DOH provides a report to the 2007 Legislature on the following:

(1) An accounting of the receipts and expenditures for this special fund

FY 2006 receipts (fees collected) were \$283,976.00 and interest earnings were \$28,694.61 for a total of \$312,670.61 in revenues. Expenditure (including encumbrances) totals for FY 2006 were \$356,965.45 (see attached FY 2006 Revenue and Expenditure Report).

A major portion of this special fund was used to issue a Request for Proposal (RFP) to provide community awareness and education projects for the prevention of violence against women in August 2005. Contracts were awarded to three (3) organizations for \$75,000 per year for a two (2) year period. An evaluation contract was also awarded for \$50,000 per year for two (2) years to provide evaluation and technical assistance to the three (3) organizations conducting violence against women contracts, to formulate outcomes measures, and to identify promising practices.

Major accomplishments funded by the DVSASF include:

- Domestic Violence Legal Hotline – Development of a curriculum for dating violence prevention for single gender education sessions which provided six (6) sessions to a total of 186 girls at four (4) schools. Plans to provide sessions at other venues serving youth, seven to twelve (7-12) grade level will be implemented.

- University of Hawaii at Manoa, John A. Burns School of Medicine, (JABSOM), Department of Psychiatry – The Asian/Pacific Islander Youth Violence Prevention Center developed research instruments to determine differentials in ethnic attitudes toward dating violence among two (2) ethnic groups on Oahu which included Filipino and Samoan teenagers. The first data run was completed and data analysis is in process.
- Hawaii State Coalition Against Domestic Violence (HSCADV) – An annual meeting on Domestic and Sexual Violence was held featuring a national leader in the men’s movement to end violence against women attended by 165 people. Trainings and activities are being developed to establish a statewide men’s network to prevent violence against women. HSCADV co-sponsored a sexual violence prevention national speaker at University of Hawaii (UH) Hilo for 350 students and the general public.
- Michael Cheang, Evaluator – Development of an evaluation model in collaboration with Maternal and Child Health Branch (MCHB) to assist three (3) funded agencies to determine project outcomes based on individual logic models. The evaluator provides ongoing technical assistance and consultation sessions to build capacity for project evaluation.
- Hawaii State Coalition Against Domestic Violence – Coordinated the training of six (6) Hawaii agency representatives who attended a national violence prevention training sponsored by Centers for Disease Control and Prevention (CDC) offered by the University of North Carolina PREVENT program in San Diego, in August 2005.
- The Safe Zone Foundation – Presented public lectures and film presentations by national speakers on sexual violence prevention to 429 UH students and members of the public on Oahu. Trained 410 male and female UH athletes and coaches in sexual violence prevention through the UH Athletic Department. Co-sponsored a sexual violence prevention national speaker at UH Hilo for 350 students and the general public. Both events received extensive local news coverage with educational information on sexual violence prevention.

- Hawaii Children’s Trust Fund – Participated in a public awareness and education campaign to inform the public about the 2005 Legislature amendment to HRS §235-102.5 to allow taxpayers to designate a portion of their 2005 state income tax refund to be paid to the DVSASF account in addition to three (3) other funds.
- The Awareness Foundation – Coordinated an integrated and unified approach to violence prevention and managed a listserv to distribute violence prevention information to approximately 80 agencies.
- HBK Pacific LLC – Prepared the preliminary data for the Child Death Review Report that is in the process of being published.
- Susannah Wesley Community Center – Developed, pre-tested and printed an English language brochure for immigrant families with domestic violence and sexual assault resource information and distributed to agencies serving immigrants, to serve also as a template for translation into immigrant languages. (Initially contracted in October 2003 to April 2004 to develop and immigrant Parent Handbook in collaboration with Interagency Council on immigrants).
- Hawaii State Coalition Against Domestic Violence – Developed a statewide strategic plan for Domestic Violence, now in publication (see part 2 below).

The DOH will also request an increase to the ceiling of the DVSASF from \$379,120 to \$575,000 in the FY 2009 Supplemental Budget Request in order to utilize an accumulated unencumbered cash balance. The ceiling increase will allow RFPs to be issued for additional domestic violence and/or sexual assault intervention and prevention services.

(2) Recommendation on how to improve services for victims of domestic violence and sexual assault

In compliance with the Legislature’s directive according to S.B. 1419, S.D.1 (Act 142, SLH 2005) the DOH submits “Navigating a Course for Peace,” a five (5) year domestic violence strategic plan for years 2007-2012. This plan was prepared by the HSCADV in collaboration with MCHB. The plan includes recommendations for comprehensive, coordinated, statewide

domestic violence victim services, and strategies to reduce and prevent domestic violence. (See attached report)

The planning committee included a broad membership of stakeholders statewide including community-based private and public representatives. The overall process was inclusive and consisted of Neighbor Island focus groups, surveys for victims and batterers, literature reviews, and data presentations.

The goals and strategies in this plan are targeted to various groups including policy makers, funders, and providers. Statewide task forces and champions are identified to move the plan forward. This plan is the beginning step in addressing a complex social and public health problem utilizing a comprehensive and coordinated approach. It is anticipated that full implementation over time will benefit children and families affected by domestic violence.

Recommendations for implementation of the plan include:

- a. DOH and HSCADV to establish an oversight body with public and private leadership.
- b. HSCADV to seek funding to provide staffing and training for the oversight body.

The DOH continues to implement the recommendations of the January 2005 sexual violence strategic plan entitled "Shaping Tomorrow, The Future of Sexual Violence Programs in Hawaii." Coordination between the DOH and the Department of Attorney General (DAG) is ongoing for the sexual assault contract for victim services. The DOH will also collaborate with Hawaii State Coalition Against Sexual Assault (HCASA) and DAG in developing a strategic plan for sexual violence primary prevention through the CDC, a five (5) year Sexual Violence Prevention and Education Cooperative Agreement.

DOH is in discussion with HCASA and HSCADV to explore an allocation funding plan for coalition infrastructure and prevention activities.

Attachment

**Domestic Violence and Sexual Assault
Special Fund**

FY 2006 Revenue and Expenditure Repor

Domestic Violence Sexual Assault Special Fund Expenditure Report for FY 06 and FY 07 (As of 10/19/06)

Vendor/Description	FY 2005-06			FY 2006-07 (as of 10/19/06)		
	Total	Expenditures	Encumbrances	Encumbrances	Expenditures	Balance
I. Domestic Violence Legal Hotline (ASO Log No. 06-235) - To provide a "Teen Alert," an in-school dating violence prevention program for intermediate and high school students.	\$ 75,000.00	\$ -	\$ 75,000.00	\$ 75,000.00	\$ -	\$ 75,000.00
John A Burns School of Medicine, Department of Psychiatry, Unviersity of Hawaii at Manoa (ASO Log No. 06-263) - To provide research to determine how ethnic and cultural factors impact youth dating violence among Asian and Pacific Island youth.	\$ 75,000.00	\$ -	\$ 75,000.00	\$ 75,000.00	\$ -	\$ 75,000.00
Hawaii State Coalition Against Domestic Violence (ASO Log No. 06-238) - To develop a statewide organization to increase men's involvement in the prevention violence against women.	\$ 75,000.00	\$ 12,500.00	\$ 62,500.00	\$ 62,500.00	\$ 12,500.00	\$ 50,000.00
Micheal Cheang, Dr.PH. (ASO Log No. 06-247) - To provide evaluation technical assistance to three agencies conducting violence against women contracts, to formulate outcomes measures and to identify promising practices.	\$ 50,000.00	\$ -	\$ 50,000.00	\$ 50,000.00	\$ 24,036.00	\$ 25,964.00
Hawaii State Coalition Against Domestic Violence - To coordinate PREVENT Workshop training and technical assistance to community-based pilot project planning implementation	\$ 1,400.00	\$ 1,400.00	\$ -	\$ -	\$ -	\$ -
The Safe Zone Foundation - To organize Girl Fest 2006 activities for sexual violence prevention education for post-secondary students, young adults, and general public.	\$ 8,500.00	\$ 8,500.00	\$ -	\$ -	\$ -	\$ -
Hawaii Children's Trust Fund - To coordinate public awareness and education campaign for the "Check Violence Before it Starts," for a tax refund check off.	\$ 2,500.00	\$ 2,452.96	\$ 47.04	\$ 47.04	\$ -	\$ 47.04
Awareness Foundation, Inc. - To provide staffing support and coordination for the statewide unified approach to violence prevention.	\$ 2,376.66	\$ 2,000.00	\$ 376.66	\$ 376.66	\$ -	\$ 376.66
HBK Pacific, LLC. - Contractual services to prepare the Child Death Review Data Report from 1997-2000 including data on child mortality and related risk factors in collaboration with Maternal and Child Health Branch.	\$ 7,520.00	\$ 7,520.00	\$ -	\$ -	\$ -	\$ -
Susannah Wesley Community Center - To produce brochure for immigrants with information about Sexual Assault and Domestic Violence advices and resources.	\$ 7,800.00	\$ -	\$ 7,800.00	\$ 7,800.00	\$ -	\$ 7,800.00
Hawaii State Coalition Against Domestic Violence - To develop a Domestic Violence Strategic Plan in consultation with Department of Health, Maternal and Child Health Branch	\$ 24,900.00	\$ 16,600.00	\$ 8,300.00	\$ 8,300.00	\$ 8,300.00	\$ -
Total I:	\$ 329,996.66	\$ 50,972.96	\$ 279,023.70	\$ 279,023.70	\$ 44,836.00	\$ 234,187.70
II. Air Coupons, Ground Transportation, Per Diem, and Excess lodging for CDR Nurse Coordinator						
A. SAPP Coordinator per diem and shuttle bus to attend the Prevent Workshop: Moving Towards Violence Prevention in San Diego, CA on August 28-31, 2005	\$ 279.50	\$ 274.50	\$ 5.00	\$ 5.00	\$ -	\$ 5.00
B. CDR Nurse Coordinator per diem and excess lodging to attend Regional Meeting for Western States CDR Coordinators in San Diego, CA on October 2-5, 2005	\$ 544.11	\$ 533.86	\$ 10.25	\$ 10.25	\$ -	\$ 10.25
C. Neighbor Island airfare for the CDR Training on December 1, 2005	\$ 3,495.00	\$ 3,495.00	\$ -	\$ -	\$ -	\$ -
Total II:	\$ 4,318.61	\$ 4,303.36	\$ 15.25	\$ 15.25	\$ -	\$ 15.25
III. Training/Registration Fee						
A. CDR Nurse Coordinator to attend the Regional Meeting for Western States CDR Coordinators in San Diego, CA on October 2-5, 2005	\$ 250.00	\$ 250.00	\$ -	\$ -	\$ -	\$ -
B. Hawaii CDR Training on December 1, 2005	\$ 2,696.10	\$ 1,971.63	\$ 724.47	\$ 724.47	\$ -	\$ 724.47
Total III:	\$ 2,946.10	\$ 2,221.63	\$ 724.47	\$ 724.47	\$ -	\$ 724.47
IV. Fee Charges - Central Services and Administrative: a) Expenses for FY 2005; 2) Estimate for FY 2006	\$ 19,104.08	\$ 104.08	\$ 19,000.00	\$ 19,000.00	\$ -	\$ 19,000.00
Total IV:	\$ 19,104.08	\$ 104.08	\$ 19,000.00	\$ 19,000.00	\$ -	\$ 19,000.00
V. Miscellaneous						
A. Smith Davis Miyasaki - To produce public service announcements for sexual assault.	\$ 2,000.00	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -
B. Reimbursements	\$ (1,400.00)	\$ (1,400.00)	\$ -	\$ -	\$ -	\$ -
Total V:	\$ 600.00	\$ 600.00	\$ -	\$ -	\$ -	\$ -
Grand Totals:	\$ 356,965.45	\$ 58,202.03	\$ 298,763.42	\$ 298,763.42	\$ 44,836.00	\$ 253,927.42

FY 2006 Revenues

<u>Month</u>	<u>Year</u>	<u>JV entry</u>	<u>Date</u>	<u>Acct Code</u>	<u>Amount</u>	<u>Interest</u>	<u>Total</u>
June	2005	JM 0186	07/26/2005	S 06 321 179	25,837		
July	2005	JM 1038	9/2005	S 06 321 179	22,450		
August	2005	JM 1169	09/27/2005	S 06 321 179	26,163		
September	2005	JM 2271	11/28/2005	S 06 321 179	22,273		
October	2005	JM 2835	12/31/2005	S 06 321 178	22,081		
November	2005	JM 4414	03/31/2006	S 06 321 178	22,462		
December	2005	JM 4413	03/31/2006	S 06 321 178	18,914		
January	2006	JM 4731	04/18/2006	S 06 321 178	24,726		
February	2006	JM 4793	04/21/2006	S 06 321 178	23,036		
March	2006	JM 5926	06/16/2006	S 06 321 178	26,712		
April	2006	JM 5925	06/16/2006	S 06 321 178	23,927		
May	2006	JM 6254	06/29/2006	S 06 321 179	25,395		
					283,976	28,694.61	312,670.61

NAVIGATING A COURSE FOR PEACE
Domestic Violence Strategic Plan
2007 – 2012



Prepared by:

Hawaii State Coalition Against Domestic Violence



Submitted to:

State of Hawaii
Department of Health
Family Health Services Division
Maternal and Child Health Branch

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ACKNOWLEDGEMENT

Many hands, hearts, and minds contributed to the development of this plan without whom this plan could not be developed.

Thank you to the 2005 Legislature for recognizing domestic violence as an important issue in our state. The Department of Health (DOH), Maternal and Child Health Branch (MCHB) was an ideal funding partner in this process. The DOH set the basic parameters for the plan, delegated the process to Hawaii State Coalition Against Domestic Violence (HSCADV) and then was well represented on the planning committee by Marlene Lee.

Members of HSCADV, specifically: Shabnaum Amjad, Joe Bloom, Angie Doi, Lisa Dunn, Lonnie Eugene, Dennis Mendonca, Donalyn Nihipali, Malia Pierce and Beverly Zigmond took leadership roles in organizing focus groups in their communities and in disseminating written surveys to victims and batterers in their programs. SMS Research and Marketing Services, Inc., executive, Faith Rex ably led the collection and analysis of secondary data.

Several state officials took time to review and comment on the draft report. Their comments were especially helpful in ensuring the plan builds on work that is already being carried out and appropriately targets leaders to serve as champions and partners. These individuals include: Maureen Kiehm, The Judiciary; Lari Koga and Adrian Kwock, Department of the Attorney General; Momi Kamau, Department of Health; and Amy Tsark, Department of Human Services. *Mahalo* to each of them for their help and for their important work.

Three recognized religious leaders also reviewed and commented on the draft plan. Their insight and support is greatly appreciated. They are: Sister Joan Chatfield; Reverend Al Miles; and Reverend Barbara Ripple.

Final recognition goes to the members of the Planning Committee and Steering Committee who generously shared their ideas and their expertise to collectively craft a plan for our state that is both hopeful and necessary. (See Appendix A for Planning Committee)

EXECUTIVE SUMMARY

Background

Imagine living in fear of your spouse or your intimate partner. Imagine what it is like to be a child in that household. Imagine what it is like to go to work – distracted and fearful that someone will learn about the abuse you live with. Fear, shame, and danger are common companions in the life of a victim of domestic violence.

It is difficult to estimate the magnitude of the problem of domestic violence because of underreporting — occurring for a variety of reasons. One source which begins to illustrate the occurrence of domestic violence in Hawai'i shows 2.4% of the adult population suffers violence from an intimate partner each year. That means that each year more than 22,000 adults are victims of domestic violence.¹ Data from high school students in Hawai'i suggests that these numbers may grow in the future — over 10% of high school students reported that they were hit, slapped or physically hurt by a boyfriend or girlfriend in the past year.² National estimates report that one in every four women will experience domestic violence during her lifetime.³

Domestic violence causes pain, emotional damage, and in some cases, even death. In 2004, nearly one in every three murders in Hawaii was perpetrated by an intimate partner. Nationally, intimate partner homicides accounted for 32% of the murders of females and 4% of the murders of

Told by a domestic violence counselor...

...Anna was referred to me by the immigration clerk. I learned that during an argument with her husband, he twisted her arm in an attempt to force her to have sex with him. In self defense, she bit him. When the police arrived, she was arrested since he had the visible wounds.

The police accused her of dealing drugs because she had several hundred dollars in her purse. We learned that she had money in her purse because she works two jobs and had just been paid. Whether due to language barriers, Anna is a Filipina immigrant, or fright, she refused to make a statement to the police.

It was at this point I made contact with her. Because she was not yet a lawful permanent resident, she was afraid of being deported if found guilty. I was able to secure medical records from the local clinic where she had been treated for an on-going vaginal infection due to her husband's continued forced sex (his penis was pierced). The prosecutor asked to have the case dismissed, as he understood she was abused and had retaliated in self-defense. Anna is now free of abuse and free of fear of deportation.

¹ SMS Research and Marketing Service, Inc, "Domestic Violence Literature Review", January 2006

² Correspondence from Susan Saka, University of Hawai'i, March 2006.

³ Tjaden, Patricia & Toernnes, Nancy. National Institute of Justice and the Centers for Disease Control and Prevention, Extent, Nature, and Consequences of Intimate Partner Violence", 2000.

males. About three quarters of the persons murdered by an intimate partner were female.⁴

Domestic violence is costly. Nationally, estimates of domestic violence related cost to employers range from \$3 billion to \$13 billion each year.⁵

This five year strategic plan was developed with an understanding that domestic violence impacts all of us, victim, batterer, family, employer, neighbor, pastor, teacher or friend, and with a belief that we can, over time, change the conditions in our communities and in our families that allow violence to occur.

Domestic violence occurs among same sex partners, too.

Jess and his partner Bob have been in a relationship for the past year. Recently, Jess decided to move in with Bob. Since moving in, Bob has become jealous and possessive and demands that Jess say where he has been, everyone he has seen or talked to, and exactly what was said.

*Bob has started accusing Jess of cheating with other men and threatens that he will tell Jess' family that Jess is gay if he ever finds that Jess has been with another man. Jess is starting to wonder if he made a mistake moving in with Bob, **but he is afraid to talk to him about it.***

The 2005 Hawai'i Legislature directed the DOH to work with domestic violence service providers to develop a five year strategic plan to reduce the incidence of domestic violence and to increase support to victims. The HSCADV, a statewide coalition of domestic violence service providers, was selected to develop the strategic plan, in collaboration with the DOH, MCHB.

Knowing that it will take all of us to shift the patterns that allow domestic violence to occur in our communities, HSCADV convened a diverse and well-respected planning committee to develop the plan. The group met monthly from November, 2005 through May, 2006.

Primary and secondary data were collected and analyzed to assist the planning committee in its responsibilities. Data was provided through nine focus groups of key stakeholders held throughout Hawai'i; written surveys of victims and batterers; and a review of secondary data and literature conducted by SMS Research and Marketing Services, Inc.

⁴ US Department of Justice, Bureau of Justice Statistics, "Intimate Partner Violence and Age of Victim, 1993-2001.", (February 2003)

⁵ Bureau of National Affairs, Special Report No. 32, "Violence and Stress: The Work/Family Connection," (1990)

Five Year Plan Priorities

The scope of this plan covers the five years from 2007 through 2012. The vision sets a course for our future. It reflects the perceived hopes, aspirations, and values of the constituents who crafted this plan.

Vision for Years 2007 through 2012

We are working together to reach a day when families are free of violence, when communities recognize that domestic violence is a major problem, and when everyone takes responsibility for being part of the solution.

This plan positions Hawai'i to:

- Achieve greater community awareness about domestic violence, its root causes and consequences, and how each of us can help stop it.
- Ensure that batterers are held accountable for their behaviors and are assisted in developing new skills to support non-violent behavior.
- Ensure that anyone seeking safety or help as a result of domestic violence can easily find services, provided by well trained staff.

When victims of domestic violence were asked what most helped them in getting help and feeling safer, they replied:

- *Responsive, caring, and supportive services*
- *Having a safe place to go*
- *Financial help*
- *Support systems such as family, friends, and professionals*
- *Safety plans*
- *Wanting to protect their children*

We envision a system of support which is community-based, fully coordinated, culturally appropriate, and accessible to all.

To assess whether we are making progress toward achieving the vision, the following performance measures were adopted. These measures will be assessed annually to determine whether progress is being made and what mid-course adjustments are needed.

Plan Performance Measures

1. Increased awareness about domestic violence within targeted communities.

Indicator: At least one targeted public awareness campaign regarding domestic violence has been launched.

Indicator: The number of reports of intimate partner abuse in the Behavioral Risk Factor Surveillance System (BRFSS) has become more consistent with the estimated rate of occurrence.

2. Increased access for school-aged children in skill building and prevention education about domestic violence.

Indicator: More schools or programs have incorporated domestic violence related learning objectives or curriculum in their activities.

Indicator: Youth Risk Behavior Survey (YRBS) data related to intimate partner violence has shown improvement in schools that have incorporated domestic violence prevention related learning objectives.

3. Increased access to services for victims on each island.

Indicator: A continuum of services has been developed for each island, with a plan in place for ensuring the continuum is fulfilled.

Indicator: New methods of outreach to underserved populations have been implemented in at least one program on each island.

Indicator: New partnerships for effectively serving underserved groups of victims have developed in at least one program on each island.

4. Increased accountability and opportunity for batterers to develop new skills.

Indicator: A continuum of activities for batterers (including assessment, enforcement, intervention, and follow-up) has been adopted for each

When batterers in Intervention Programs were asked about their history of abuse, 82% reported they had engaged in physical abuse, 74% in emotional abuse, 26% in stalking, controlling money, demanding sex or checking up on their partner.

Eighteen percent (18%) reported they are continuing to engage in physical abuse, and 36% reported they are currently engaging in emotional abuse.

island and plans are in place to ensure the continuum is fulfilled.

5. Increased leadership and collaboration among agencies to address domestic violence issues.

Indicator: Task Forces have met regularly on each island and addressed community initiatives related to domestic violence.

Indicator: Each task force has included representatives from the following:

- Department of Health
- Department of Human Services
- Intervention providers (batterers)
- The Judiciary
- Media
- Police Department
- Prosecutors Office
- Religious leadership
- Service providers (victims)
- Other

6. Increased use of reliable data to educate and inform the general community and policy makers about domestic violence.

Indicator: One entity has been given authority and resources to collect, analyze, and disseminate data about domestic violence.

Indicator: Findings from the domestic violence fatality review team have been used to help better understand the risks and safety needs in domestic violence.

7. Increased training about domestic violence.

Indicator: The number of service provider trainings conducted annually has increased by 10%.

Indicator: The number of workplace trainings conducted annually has increased by 10%.

Indicator: The number of trainings for “other professionals” conducted

When batterers in Intervention Programs were asked how to stop abuse before it happens, most respondents said:

- *Learning to take time-outs*
- *Learning how to manage anger and how to communicate better*
- *Thinking about consequences before acting*
- *Changing beliefs*

annually has increased by 10%.

8. Increased use of resources supporting domestic violence prevention and intervention activities.

Indicator: New funds, from both the public and private sectors, has been raised annually to support strategies identified in this plan.

Goals and Strategies

While the long-term benefits of this plan are for all of us, the goals and strategies outlined in this plan do target various groups. Strategies in this plan are designed to directly impact victims of domestic violence and batterers. Strategies also target young people who may be at-risk for future domestic violence. Targets of this plan also include service systems, policy makers and funders that are part of the response for victims of domestic violence, that intervene with batterers, and that help to prevent the occurrence of domestic violence by providing education and skill building.

Goal 1: Shift the paradigm by raising awareness about domestic violence and its consequences.

Goal 2: Develop skills among younger people to reduce future occurrences of domestic violence.

Goal 3: Ensure accessible services for victims.

Goal 4: Provide intervention for batterers that builds skills and changes behaviors.

Goal 5: Influence policies and legislation to improve systems and support.

Goal 6: Improve data collection related to domestic violence.

Goal 7: Promote collaboration in addressing domestic violence.

Goal 8: Ensure education and training.

Goal 9: Solidify financial resources.

Implementation Plan

They were a beautiful young couple. *They had a lovely home and both of them had very good jobs. They had a 14-month old son. If you had asked the neighbors, friends, or relatives, they all would have told you they were the perfect young family.*

Behind closed doors, he yelled at her and put her down. There were many incidents of physical abuse. The worst incident was when he grabbed her, threw her against the wall, and strangled her until she passed out. Another time, he beat her intermittently for an entire weekend. She once told her co-workers that she had been in a bicycle accident. Another time she explained her injuries by saying she had fallen down stairs.

He blamed her for everything that went wrong in his life. He called her names and accused her of being evil. He constantly threatened to leave her, hurt her, and kill her. He told her that if she ever left him, he would track her down and kill her, their son, and himself. She lived in constant fear.

After one terrifying night of abuse, she took her son and moved in with a new friend from work. She stayed at the friend's house, afraid to go to work because he had shown up at her job. She was sure he would calm down after a few days.

After missing work for a week, she decided she had better return. She needed the money from her job to support herself and her son. As she was getting out of her car, her husband jumped out of the car and approached her. When she refused to go with him, he pulled a gun from his pocket and shot her. He then shot her three more times.

To ensure that the strategies identified in the statewide domestic violence strategic plan are followed, an implementation plan will be developed. The first step is for the DOH and HSCADV to convene an oversight body to support the process. HSCADV will provide administrative support to the oversight body which will be co-chaired by representatives from the public and private sectors.

I. THE PLANNING PROCESS

Scope of Five Year Plan

The 2005 Hawai'i Legislature directed the DOH in S.B. 1419, S.D.1, to work with domestic violence service providers to develop a five year strategic plan to reduce the incidence of domestic violence, and to increase support to victims of domestic violence. The HSCADV, a statewide coalition of domestic violence service providers, was selected to develop the strategic plan in consultation with the DOH, MCHB.

This plan was developed by a planning committee and steering committee convened by HSCADV in November, 2005. The planning committee met five times. The steering committee met periodically to guide the process. The members of the steering committee also met with several key constituents during the planning process to ensure their feedback was incorporated in the final plan.

Both primary and secondary data were collected as a part of the planning process. The data that was collected for this study is discussed in more detail in a later section.

At the recommendation of DOH, the planning committee used the following definition of domestic violence: "Intimate partner violence, including dating violence." The planning committee further defined domestic violence as: "Domestic violence (for purposes of this planning process) is a pattern of behavior which includes physical, sexual and/or emotional abuse between intimate partners."

The ultimate beneficiaries of this plan are all of us. Domestic violence impacts everyone. Nationally, the costs of domestic violence exceed \$5.8 billion, including \$4.1 billion in direct health-care expenses, \$900 million in lost productivity, and \$900 million in lost lifetime earnings.⁶ Domestic violence has been estimated to cost employers in the United States \$3 billion to \$13 billion each year.⁷

While the long-term benefits of this plan are for all of us, the goals and strategies outlined in this strategic plan targets various groups. Strategies in this plan are designed to directly impact victims of domestic violence and batterers. Strategies also target young people who may be at-risk for future domestic violence. This plan further targets service systems, policy makers and funders who respond to victims of domestic violence, those that intervene with batterers, and help to

⁶ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, "Costs of Intimate Partner Violence Against Women In the United States." (2003)

⁷ Bureau of National Affairs, Special Report no 32, "Violence and Stress: The Work/Family Connection," 2 (1990).

prevent the occurrence of domestic violence by providing education and skill building.

Ridicule and Threats are Forms of Domestic Violence

Tina came to the United States three years ago from her native country. She is married to a US citizen who is enlisted in the Navy. Together, they have a daughter who is still a toddler.

Tina's husband promised to help her become a citizen but he has not processed any of the paper work, thus, she is an undocumented alien.

Tina's husband keeps her isolated from her church, does not allow her to call her family, and doesn't give her money. He yells at her, telling her she is stupid because she does not speak English. When she suggested taking English classes, he refused, saying it would make him look bad.

Although he has never hit her, Tina's husband has put his fist through the wall and has threatened to hit her. He tells her that if she calls the police, she will be deported and won't be allowed to take their daughter.

Tina is afraid of him and does not know where to turn for help.

Vision for Years 2007 through 2012

The vision for this plan sets a course for our future. It reflects the hopes and aspirations, and the values of the constituents who crafted this plan.

We are working together to reach a day when families are free of violence, when communities recognize that domestic violence is a major problem, and when everyone takes responsibility for being part of the solution.

This plan positions Hawai'i to:

- Achieve greater community awareness about domestic violence, its root causes and consequences, and how each of us can help stop it.
- Ensure that batterers are held accountable for their behaviors and are assisted in developing new skills to support non-violent behavior.
- Ensure that anyone seeking safety or help as a result of domestic violence can easily find services, provided by well trained staff.

We envision a system of support which is community-based, fully coordinated, culturally appropriate, and accessible to all.

Overview of Needs and Resources Related to Domestic Violence in Hawaii

To assist the planning committee in understanding the scope of the problem of domestic violence in Hawai'i and to identify goals and strategies that might be useful in responding to the problem, both primary and secondary data were collected. While the responses generated through the primary data collection were not considered conclusive by the planning committee, the data was important as it helped the planning committee in understanding common ideas and concerns held by stakeholders.

Primary Data

Focus Groups

Nine focus groups were held throughout the state of Hawai'i to gather input and ideas about domestic violence in each community. (Notes from each focus group are included in Appendix C.) In all, 105 participants attended the nine focus groups. Participants represented major stakeholder groups involved in the problem of domestic violence.

All the focus groups were asked the same set of questions. The most common responses to the questions are listed below:

When asked what the barriers are to reducing the incidence of domestic violence, the following ideas were offered most frequently:

- Community norm that condones domestic violence – norms can take time to change
- Power and control is an accepted norm
- Some families condone (even support) culture of domestic violence
- There is a cycle of domestic violence: Kids learn violence at home
- Some religious beliefs reinforce power and control
- Some media promote violence and power and control
- Belief that the victim is to blame or shares blame
- Belief that victim needs to change
- Loyalty, shame, and fear make it difficult to be open about domestic violence
- Some cultures don't know that domestic violence is not allowed in United States
- Lack positive role models

- Several things exacerbate domestic violence:
 - Alcohol and drug abuse, especially “Ice”
 - Homelessness
 - Poverty
 - Economic stressors
 - Changing work environment
 - Low literacy or limited English
 - Unfamiliarity with laws
 - Physical or financial dependency, i.e. disabled individuals, military dependents, being an immigrant or undocumented individual
 - Living in rural, isolated areas
- System failures – inconsistency (within all aspects of the system), failure to hold batterers accountable, lack of timeliness, failure to protect victim, lack of knowledge, limited skills or commitment
- Not a priority – too little attention, too little funding

When asked what is currently working or what could work to reduce the incidence of domestic violence, the following ideas were offered most frequently:

- Changing community norms through education and skill building – starting at the early years and continuing through adulthood
- Changing community norms through integrated, long term campaigns (similar to tobacco, drunk driving) including media, public education/awareness, enforcement and services
- Developing culturally relevant outreach and prevention strategies including using local/community-based helpers and role models
- Better data – to know scope of problem, to know what is working, to coordinate better
- Training (skills and awareness) across agencies (line staff and leadership)
- Safe and supportive places for victims
- Accurate assessments
- Intervention that changes behaviors
- Intervention linked with incarceration
- Intervention linked with substance abuse treatment
- Consistent and significant consequences for batterers
- Working collaboratively and across agencies and disciplines

When asked what the major barriers to seeking services by victims are, the most common responses were:

- Most of the ideas identified under “reducing the incidence”, especially:
 - Fear and shame
 - Loyalty
 - Lack of trust in professionals
 - Fear of losing children

- Dependency and isolation
- Lack of belief that things will change
- Services aren't culturally relevant or language appropriate
- Lack of transportation and child care
- Confidentiality laws
- Intervention and supportive services are too short

When asked what is currently working or what could work to ensure access to services, the most common responses were:

- Outreach from varied perspectives, including churches, health care professionals, law enforcement, schools, Department of Human Services (DHS) workers, employers, etc.
- Safe, supportive services for victims
- More transitional housing and support services
- Better case management on highly lethal cases
- Services that are linguistically and culturally relevant, i.e., including youth, elder, and Gay Lesbian Bisexual Transgender community (GLBT)
- Easily accessible legal services, including Temporary Restraining Orders
- Ongoing training and professional development
- Linking law enforcement and advocacy/counseling services
- Reporting poor or inconsistent response from agency personnel
- Cross-agency collaboration

The focus group participants also added the following additional comments:

- Complex Problem
 - Recognize this is a complex issue
 - Doubtful domestic violence will ever go away
 - See hope in our kids
- Collaboration
 - Ready for domestic violence task forces at the community level
 - Need to reinstate the Coordinated Community Response (CCR) team
 - Need to find ways to tap into the religious leadership in positive ways
 - Important that men's groups and domestic violence providers work together
- Prevention
 - Easier to educate positive thinking than to change attitudes – need to start early and break the cycle
 - Work on all fronts – youth, adults, school, home and work.
 - Coordinated domestic violence response across the life span that is integrated (from womb to tomb)

- Look for new and different ways to get information out about the services that are available
- Intervention
 - Consider batterers intervention as “treatment.” Need to see batterers groups as a way to get help -- too often seen as punishment
 - Consider alternative types of intervention such as drug court, locked residential program, ankle bracelet program
 - Consider having “sponsors” for batterers (like in Alcoholic Anonymous)
 - More programs for couples after the violence is over
- Planning
 - Think about measurable outcomes in all we do. Remember the outcomes for prevention are hard to track and long term
 - Promote “VOICES” – important to hear from survivors
 - Share the strategic plan with the focus group participants
 - Be sure the plan is actionable

In addition to conducting the focus groups, the planning committee also issued two written surveys that were administered through service providers and intervention programs. One was for victims and the other for batterers (copies of the survey responses are included in Appendix C).

Surveys from Victims

We received 25 anonymous, written surveys from victims of domestic violence being served by shelter programs on Maui, Lana`i, Hilo, and Kaua`i.

The victims were asked to respond to four questions. Their responses are summarized as follows:

What helped most in getting help and feeling safer?

- Responsive, caring and supportive services, most often shelter and advocates, police and prosecutor (the quality of the relationship and responsiveness were noted)
- Having a safe place to go
- Financial help
- Support system (family, friends, professionals)
- Safety plans
- Wanting to protect my children

What made it difficult for you to get the help you need?

- Fear
- Lack of trust
- Cultural values
- Transportation
- Not being able to make phone calls safely
- Isolation
- Getting legal help
- Delays in legal system processes

Is there something you think should be changed or added to the help you received?

- More follow up services
- Transportation
- More outreach
- More services
- More training for staff/professionals
- Highly trained child care providers
- More accessible legal help

Do you have any other suggestions?

- Respondents were very appreciative of help/services received
- We need to help our children/concern for children's well being
- Start educating about domestic violence early
- Use schools
- Use newspaper
- Transitional services are really important – including education and job training
- Quality of relationships a key

Surveys from Batterers

We received 39 responses to the written survey distributed through batterers' intervention programs. The responses are summarized as follows:

When asked about their history of abuse:

- 32 of 39 (82%) reported engaging in physical abuse
- 29 of 39 (74%) reported engaging in emotional abuse
- 10 of 39 (26%) reported engaging in stalking, controlling money, demanding sex, checking up on her

- 2 of 39 (5%) denied any abuse

When asked about their current abuse:

- 7 of 39 (18%) reported currently engaging in physical abuse
- 14 of 39 (36%) reported currently engaging in emotional abuse
- 3 of 39 (8%) reported currently engaging in stalking, controlling money, demanding sex, checking up on her
- 3 of 39 (8%) described additional current abusive behaviors

When asked what role their partner's behavior has in their abuse:

- 7 of 39 (18%) said none or no role
- 24 of 39 (62%) identified partner behaviors such as: being disrespectful, swearing, lying, being verbally abusive, pushing, shoving and slapping, extreme jealousy, thinking she's the boss, and trying to control me
- 8 of 39 (21%) were uncertain what role their partner played or did not answer this question

When asked what has been most useful in stopping abusive behavior in their lives, the following were the most common replies:

- Time-out, self talk
- Family or supportive friends
- Religion, prayer
- Separation – divorce
- Realizing possible consequences
- Being clean from drugs or alcohol

When asked where abusive behavior comes from, the most common answers were:

- From parents/family/growing up/society
- Lack of communication/poor communication
- Fear, jealousy
- Alcohol and drugs

When asked how to stop abuse before it happens, most respondents said:

- Learning to take time-outs
- Learning to manage anger and communicate better
- Thinking about consequences before acting
- Changing beliefs

When asked what one thing could be done to stop domestic abuse, the most common answer was:

- Education
- There were also several comments about the system being a part of the problem

Secondary Data

In addition to collecting primary data through the focus groups and surveys, the planning committee also reviewed data from several secondary sources. SMS Research and Marketing Services, Inc. was contracted to review the available data from DOH, the courts, police departments, and other public sources to attempt to quantify the scope of the problem of domestic violence in Hawai'i. SMS was also directed to review other state's strategic plans related to domestic violence to find common themes or cutting edge ideas and to review other Hawai'i strategic plans to determine opportunities for coordination. (A copy of the SMS report is included in its entirety in Appendix D).

Some of the key findings from the SMS study are as follows:

- The number of actual victims of domestic violence in Hawai'i is very difficult to quantify for several reasons. Definitions differ by reporting bodies. For example, Police Departments report "abuse of family and household members," which includes, but is not limited to "intimate partners." There may also be multiple reports from one couple within a one year time period. Maui County Police Department previously included verbal abuse, as well as other forms of violence so the number of reports for Maui County has been significantly higher than for other counties. We also know that nationally, there is underreporting to police due to factors such as shame and fear. We believe underreporting exists in Hawai'i as well.
- The best source of data for quantifying the scope of the problem of domestic violence in Hawai'i currently is the DOH's BRFSS.⁸ A similar survey, YRBS conducted by the Department of Education (DOE) and DOH in middle and high schools also includes two questions that relate to the incidence of domestic violence.

Key data defining the scope of domestic violence in Hawai'i:

- According to the BRFSS, between 2001-2004, 2.4% of adults (18 years of age or older) reported they had been the victim of physical, sexual or

⁸ SMS Research and Marketing Services, Inc. "Domestic Violence Literature Review", January 2006.

emotional abuse by an intimate partner over the past 12 months. This equates to approximately 22,937 adults of which the number of females was twice the number of males.⁹

- According to the 2003 YRBS, 10.2% of high school students and 6.2% percent of middle school students reported they were hit, slapped or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months. Female high school students (10.3%) were more likely to respond “yes” than males (10.0%); while male middle school boys (7.3%) were more likely to respond “yes” than girls (5.0%).¹⁰
- Family Court Chapter 586 Protection Orders and Temporary Restraining Orders issued in Family Court have increased about 15% per year to 4,623 in FY 2002.¹¹
- In 1996, approximately 1,800 murders were attributed to domestic violence nationally. Nearly three out of four of these had a female victim.¹² In Hawai‘i in 2004, 29% of all murders were related to domestic violence.¹³
- Although there are eight shelters available in Hawaii, which are funded in part by the DHS, there is a “no turn away” requirement for any eligible victim. This policy results in shelters being used beyond their intended capacity and demonstrates the need for an increased number of shelters. In FY 2004, there were 35,887 shelter bed days with no individuals reported as “unable to shelter.” In FY 2005, shelter bed days increased to 40,077 with 20 individuals reported as “unable to shelter.” A total of 1,017 adults and 1,048 children were served in these shelters in 2005.¹⁴

⁹ IBID

¹⁰ Correspondence from Susan Saka, University of Hawaii, March 2006.

¹¹ STOP Violence Against Women Formula Grant, FY 2003

¹² US Department of Justice, “Violence by Intimates: Analysis of Data on Crimes by Current or Former Spouses, Boyfriends, and Girlfriends,” March 1998.

¹³ SMS Research and Marketing Services, Inc. “Domestic Violence Literature Review,” January 2005.

¹⁴ State of Hawai‘i, Department of Human Services, “Family Violence Prevention Services Grant: FY 2005 Performance Report.”

Planning Assumptions

These are the primary assumptions used by the planning committee when developing the plan which reflects shared understanding and beliefs. These assumptions helped to guide the development of this plan.

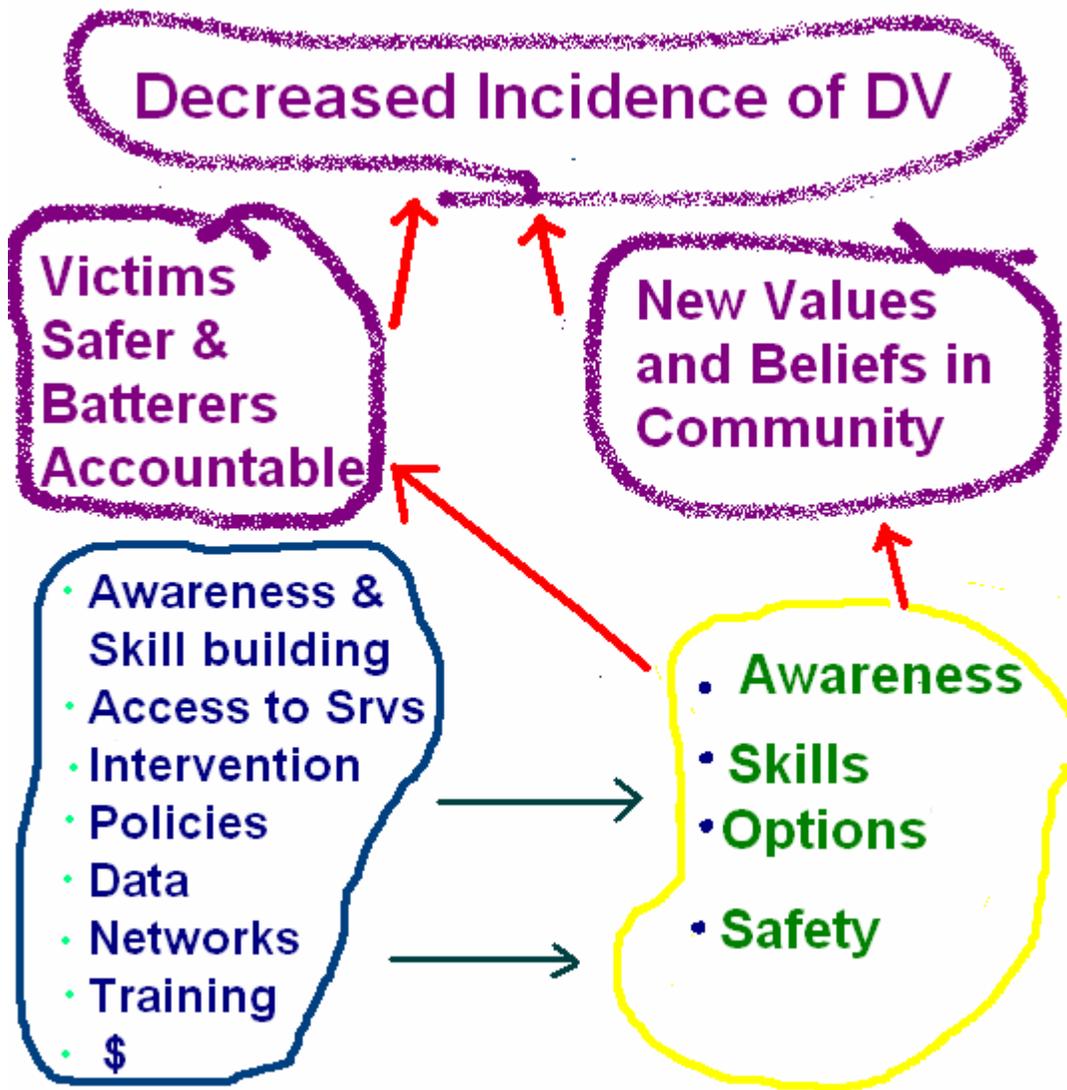
Planning Assumptions (not in priority order)

1. We need to understand the roots and causes of domestic violence in order to reduce the incidence.
2. We need to raise awareness to reduce the incidence of domestic violence. In raising awareness, there be an increase in reporting and greater need for response.
3. We need to change community norms in order to reduce the incidence of domestic violence.
4. All segments of the community, including batterers, need to be involved in changing community norms.
5. The majority of domestic violence is against women.¹⁵
6. The safety of victims is our primary concern.
7. We recognize that in implementing new strategies to address domestic violence, there may be unintended and negative consequences against the victims. We will guard against these unintended consequences throughout the implementation of this plan.
8. Domestic violence (for purposes of this planning process) is a pattern of behavior which includes physical, sexual, and emotional abuse between intimate partners.
9. References to “family” in this plan mean the nuclear, as well as extended family.
10. There are many barriers to accessing services which need to be identified, acknowledged, and addressed.

¹⁵ March 2005, Applied Research Forum, “Are Heterosexual Men Also Victims of Intimate Partner Abuse?”

11. Batterers must be held accountable for their illegal and immoral behaviors.
12. We need interventions for batterers that help them accept personal accountability and that result in changes in behaviors.
13. To the extent possible, we need to adopt evidence-based practices.
14. We need to be mindful of the barriers to implementing the plan if we are going to successfully implement the strategies.
15. This plan will provide guidance to public policy makers, state and county agencies and the HSCADV over the next five years.

Planning Rationale/Logic



The "logic" behind this plan is to engage in a number of service, prevention and system strategies, targeting the following nine goals to:

- Goal 1:** Shift the paradigm by raising awareness about domestic violence and its consequences.
- Goal 2:** Develop skills among younger people to reduce future occurrences of domestic violence.

- Goal 3:** Ensure accessible services for victims.
- Goal 4:** Provide intervention for batterers that builds skills and changes behaviors.
- Goal 5:** Influence policies and legislation to improve systems and support.
- Goal 6:** Improve data collection related to domestic violence.
- Goal 7:** Promote collaboration in addressing domestic violence.
- Goal 8:** Ensure education and training.
- Goal 9:** Solidify financial resources.

The outcome will be an increased and enhanced awareness about domestic violence and its consequences for the community which include new options for victims and batterers; and new skills and strategies to ensure non-violent behaviors and increase safety of individuals.

These changes will result in increased safety for victims and will increase accountability for batterers. New values and beliefs will emerge in our communities.

Over the long term, this will result in decreased incidence of domestic violence as we begin to realize our vision of families free of violence.

Plan Performance Measures

These plan performance measures will be used to help us gauge progress over time. They combine changes within systems, as well as changes in the communities. As our system of data collection and analysis becomes more sophisticated, we will have better capacity for setting these performance measures and for tracking the related indicators.

By 2012

Population Measures

1. Increased awareness about domestic violence within targeted communities.

Indicator: At least one targeted public awareness campaign regarding domestic violence has been launched.

Indicator: The number of reports of intimate partner abuse in the BRFSS has become more consistent with the estimated rate of occurrence.

2. Increased access for school-aged children in skill building and prevention education about domestic violence.

Indicator: More schools or programs have incorporated domestic violence related learning objectives or curriculum in their activities.

Indicator: YRBS data related to intimate partner violence have shown improvement in schools that have incorporated domestic violence prevention related learning objectives.

3. Increased access to services for victims on each island.

Indicator: A continuum of services has been developed for each island, with a plan in place for ensuring the continuum is fulfilled.

Indicator: New methods of outreach to underserved populations have been implemented in at least one program on each island.

Indicator: New partnerships for effectively serving underserved groups of victims have developed in at least one program on each island.

4. Increased accountability and opportunity for batterers to develop new skills.

Indicator: A continuum of activities for batterers (including assessment, enforcement, intervention, and follow-up) has been adopted for each island and plans are in place to ensure the continuum is fulfilled.

Indicator: A continuum of activities for batterers (including assessment, enforcement, intervention, and follow-up) has been adopted for each island and plans are in place to ensure the continuum is fulfilled.

System measures

5. Increased leadership and collaboration among agencies to address domestic violence issues.

Indicator: Task Forces have met regularly on each island and addressed community initiatives related to domestic violence.

Indicator: Each task force has included representatives from the following:

- Department of Health
- Department of Human Services
- Intervention providers (batterers)
- The Judiciary
- Media
- Police Department
- Prosecutors Office
- Religious leadership
- Service providers (victims)
- Other

6. Increased use of reliable data to educate and inform the general community and policy makers about domestic violence.

Indicator: One entity has been given authority and resources to collect, analyze, and disseminate data about domestic violence.

Indicator: Findings from the domestic violence fatality review team have been used to help better understand the risks and safety needs in domestic violence.

7. Increased training about domestic violence.

Indicator: The number of service provider trainings conducted annually has increased by 10%.

Indicator: The number of workplace trainings conducted annually has increased by 10%.

Indicator: The number of trainings for “other professionals” conducted annually has increased by 10%.

8. Increased resources supporting domestic violence prevention and intervention activities.

Indicator: New funds, from both the public and private sectors, has been raised annually to support strategies identified in this plan.

Goals, Strategies, Action Steps, Target Group, Champion, and Outputs

This plan establishes nine goals to achieve the vision. The goals are as follows:

Goal 1: Shift the paradigm by raising awareness about domestic violence and its consequences.

Goal 2: Develop skills among younger people to reduce future occurrences of domestic violence.

Goal 3: Ensure accessible services for victims.

Goal 4: Provide intervention for batterers that builds skills and changes behaviors.

Goal 5: Influence policies and legislation to improve systems and support.

Goal 6: Improve data collection related to domestic violence.

Goal 7: Promote collaboration in addressing domestic violence.

Goal 8: Ensure education and training.

Goal 9: Solidify financial resources.

Each of the nine goals has one or more strategies that set a course for achieving the goal.

Some of the strategies are considered to be population strategies because they target groups that are, or may be, impacted by domestic violence. Other strategies are considered to be system strategies as they are designed to affect change in the system of services that respond to individuals and families affected by domestic violence.

All of the strategies are important to achieving the vision of this plan, but there are seven strategies that were identified as highest priority. They have been identified as high priority because of their potential to have a great impact by moving us closer to achieving the plan vision. Of the seven priority strategies, four are program strategies that directly target populations who are, or may be, impacted by domestic violence. The remaining three priority strategies are system strategies.

Priority Program/Population Strategies (in rank order)

- 1.1 Develop targeted public awareness prevention campaigns that reach specific groups and that focus on the concept that everyone is affected by domestic violence.
- 3.1 Ensure each island has a full complement of shelter services (emergency and transitional), counseling/advocacy and legal services responsive to the needs of victims.
- 2.1 Develop and implement educational and skill building programs that promote healthy relationships based on fairness, equality, and respect.
- 4.1 Develop a continuum of Batterer's Intervention Programs (BIP) that should be available in all communities, including: individualized assessment; appropriate intervention options; enforcement; and follow up.

Priority System Strategies

- 9.1 Advocate for adequate and consistent funding to ensure the plan is implemented.
- 7.1 Establish and sustain a Domestic Violence (DV) Task Force on each island to improve coordination and promote communication.
- 6.1 Support, via funding and authorization, a single entity responsible for collecting and disseminating domestic violence related data.

Associated with each strategy are the action steps that will be necessary to implement the strategy; the group (target group) that this strategy targets; a proposed lead organization (champion) that will serve to rally others around the strategy; and the most important deliverables (outputs) that should be produced as a result of successfully implementing the strategy.

Goal 1: Shift the paradigm by raising awareness about domestic violence and its consequences

Strategies & Actions	Target Group	Champion	Outputs
<p>1.1 Develop targeted public awareness prevention campaigns that reach specific groups and that focus on the concept that everyone is affected by domestic violence. [◇]</p>	<p>Possible target groups:</p> <ul style="list-style-type: none"> ▪ Teens & Parents ▪ Ethnic and cultural groups ▪ Immigrants ▪ Major employers ▪ Religious leaders ▪ Athletic programs ▪ Media 	<p>HSCADV</p> <p>Potential partners: Verizon Wireless, DOH, DV Island Task Forces; Law Enforcement; HCF; YWCA; Media; Military</p>	<ul style="list-style-type: none"> ▪ Public and private support for campaign ▪ Public awareness messages and methods for delivering to priority populations
<p>Action 1.1.1 Identify public and private support for targeted campaigns.</p>			
<p>Action 1.1.2 Identify and confirm priority target groups including special geographic targets. Develop appropriate targeted messages (including reaching agreement on underlying causes and motives for domestic violence) and ways to communicate the messages, including using public spokespeople (consider local entertainers, athletes or police). Consider how to “make the case” with each target group. Ensure spokespeople and leaders all have understanding of the underlying causes of domestic violence.</p>			

[◇] High Priority Strategy

Goal 2: Develop skills among younger people to prevent future occurrences of domestic violence

Strategies and Actions	Target Group	Champion	Outputs
<p>2.1 Develop and implement educational and skill building programs that promote healthy relationships based on fairness, equality, and respect. [◇]</p>	<p>Children, youth and young adults (both males and females)</p>	<p>Hawai`i State Teachers Association and Hawai`i Assoc. Independent Schools</p> <p>Potential partners: UH College of Education; West Hawai`i Mediation Center; Moloka`i Mediation Center; Chaminade; Lab School; DOE Peer Education and Peer Mediation programs; Head Start; early child hood programs</p>	<p>New educational programs are adopted and expanded and/or existing programs are incorporating domestic violence learning objectives into their curriculum.</p>
<p>Action 2.1.1 Convene a leadership group to include service providers, teachers, and others to identify learning objectives (link to DOE <i>General Learner Outcomes</i>, if possible) and select relevant program models (may be different for different settings or communities).</p>			

[◇] High priority strategy

Strategies and Actions	Target Group	Champion	Outputs
Action 2.1.2 Ensure proper preparation and training of trainers. Launch in selected schools and youth sites (public, charter and private schools, youth agencies, pre-schools)			
Action 2.1.3 Evaluate progress (consider using YRBS data) and expand as appropriate.			
2.2 Identify and pilot effective skill building, prevention models and delivery systems for young men.	Young men	HSCADV and DV Island Task Forces Potential partners: programs that target young men; fatherhood programs	Strategies for engaging and working with young men identified
Action 2.2.1 Identify one or more pilot communities. Test program models, referral sources and recruitment methods, such as religious leaders, and delivery systems such as community colleges, worksites, child support programs.			
Action 2.2.2 Evaluate results.			

Goal 3: Ensure accessible services for victims

Strategies & Actions	Target Group	Champion	Outputs
<p>3.1 Ensure each island has a full complement of shelter services (emergency and transitional), counseling/advocacy and legal services responsive to the needs of victims.</p>	<p>Domestic violence service providers</p>	<p>HSCADV and DV Island Task Forces</p> <p>Potential partners: Hawai'i Women Lawyers; UH Law School</p>	<p>Service continuum defined for each island</p>
<p>Action 3.1.1 Identify gaps in services by island. Consider alternative methods to meet service delivery continuum in different communities (i.e. explore how to ensure access to legal services in rural communities) advocate for additional funding and full complement of service delivery.</p>			
<p>3.2 Ensure service providers are prepared to effectively serve (including shelter, counseling, law enforcement, legal and advocacy) victims with special needs such as substance abuse problems, mental health problems, language or cultural differences (immigrants), and physical disabilities.</p>	<p>Domestic violence and issue specific providers</p>	<p>HSCADV</p> <p>Potential partners: Na Loio; DVCLH; DV Island Task Forces; Salvation Army; DOH/AMHD, DDD</p>	<p>Service providers are better equipped to meet the special needs of certain groups of victims, such as those with substance abuse problems, mental health problems, language or cultural differences, and Immigrants.</p>

Action 3.2.1 Convene interagency leadership in each area to assess gaps and develop appropriate responses, including adding additional programs (such as detox beds or one stop assessment center, San Diego), sharing of program policies and identifying ways to promote cross-program collaboration.			
Action 3.2.2 Provide follow-up education or training as needed.			
3.3 Develop alternative methods for outreaching to underserved populations.	Domestic violence service providers	DV Island Task Forces	New methods of conducting effective outreach to underserved groups of victims
Action 3.3.1 Enlist support from leadership in each community representing the most underserved groups such as youth, Immigrants, homeless, GLBT, and victims in very rural areas. Identify effective outreach methods. Begin implementation.			

Goal 4: Provide intervention for batterers that builds skills and changes behaviors

Strategies & Actions	Target Group	Champion	Outputs
<p>4.1 Develop a continuum of BIP that should be available in all communities, including: individualized assessment; appropriate intervention options; enforcement and follow up.</p>	BIP	<p>HSCADV</p> <p>Possible partner: Interagency Council on Intermediate Sanctions (ICIS)</p>	<p>Agreement regarding the recommended continuum of intervention services</p> <p>BIP services are in compliance with updated Hawai'i BIP standards</p>
<p>Action 4.1.1 Convene diverse leadership group to develop continuum. Identify and promote “best or promising” practices regarding batterer assessment and intervention services. Update Hawai'i BIP standards.</p>			
<p>Action 4.1.2 Identify and address any barriers to implementing continuum.</p>			
<p>Action 4.1.3 Advocate for implementation.</p>			
<p>4.2 Increase consistency in interventions that ensure accountability of batterers and safety of victims across the criminal justice.</p>	Criminal justice system	<p>DV Island Task Forces and ICIS</p> <p>Potential partners: The Judiciary; Dept of Public Safety; Law Enforcement; Prosecutor's Office</p>	<p>Accountability of batterers and safety to victims is ensured throughout Hawai'i.</p>

Strategies & Actions	Target Group	Champion	Outputs
Action 4.2.1 Assess where interventions such as service of TROs, bail amounts, adjudication of domestic violence cases, or 48-hour hold are being handled differently. Assess effectiveness of different interventions and share across systems. Identify where implementation is limited due to lack of resources or information. Address causes.			
Action 4.2.2 Conduct training of leadership and line personnel, as needed, to ensure commitment to consistent, effective interventions.			
4.3 Develop programs to include follow-up and mentorship.	BIP	ICIS & DV Island Task Forces	Support systems for batterers to reinforce new skills
Action 4.3.1 Establish a “Men’s Council” to develop and find support for mandated vocational and emotional mentoring/aftercare.			
4.4 Identify models from other places for BIP that are community-based or that are housed within correctional facilities.	BIP	ICIS Possible Partners: The Judiciary; Public Safety; Attorney General	Models for effective BIP are identified and assessed for appropriateness in Hawaii
Action 4.4.1 Identify and assess models. Determine feasibility and appropriateness for Hawaii.			

Goal 5: Influence policies and legislation to improve systems and support

Strategies & Actions	Target Group	Champion	Outputs
<p>5.1 Inform, educate, and give feedback to elected officials and community leaders related to support and funding, such as: increase or maintain domestic violence acts – VAWA, Family Violence Prevention Services Act, Victims of Crime Act (VOCA), and state and county funding.</p>	<p>Policy makers (Legislators, County Councils); Gov’t entities (AG, DOH, DHS, The Judiciary, Public Safety, Prosecutor’s Office, Police, Fire, DOE, UH); Employers; Health Care: General Public; Clergy; Housing</p>	<p>HSCADV</p>	<p>Active representation on important policy issues related to domestic violence</p>
<p>Action 5.1.1 Identify funding sources that enable HSCADV to actively advocate.</p>			
<p>5.2 Advocate for agency or system policies and procedures that support effective responses to domestic violence.</p>	<p>Policy makers (Legislators, County Councils); Government entities (AG, DOH, DHS, The Judiciary, Public Safety, Prosecutor’s Office, Police, Fire, DOE, UH); Employers; Health Care: Clergy; Housing</p>	<p>HSCADV, DV Island Task Forces</p> <p>Potential partners: agency and organizational representatives from the target group</p>	<p>Improved policies and procedures in selected major agencies and organizations that support effective domestic violence prevention and intervention</p>

Strategies & Actions	Target Group	Champion	Outputs
<p>Action 5.2.1 Identify agencies or organizations with readiness to assess policies and procedures related to domestic violence. Convene an ad hoc, task force (made up of the identified representatives) to inventory and prioritize policies and procedures that require changes. Identify recommended changes.</p>			

Goal 6: Improve data collection related to domestic violence

Strategies & Actions	Target Group	Champion	Outputs
<p>6.1 Support, via funding and authorization, a single entity responsible for collecting and disseminating domestic violence related data. ◊</p>	<p>Domestic violence serving agencies, advocates, policy makers and funders</p>	<p>Attorney General Potential partners: HSCADV, DOH, DHS, The Judiciary, Governor’s Office, Law Enforcement, Prosecutor’s Office</p>	<p>Access to reliable data related to domestic violence</p>
<p>Action 6.1.1 Convene a group to confirm needed data; develop a scope of responsibilities and budget for data collection.</p>			
<p>Action 6.1.2 Identify funds.</p>			
<p>Action 6.1.3 Identify appropriate entity to carry out data collection responsibilities – create appropriate agreement to ensure data collection, dissemination and funding.</p>			
<p>Action 6.1.4 Identified entity develops a plan for data collection, analysis and access/dissemination. Identified entity begins collecting and sharing data.</p>			

Goal 7: Promote collaboration in addressing domestic violence

Strategies & Actions	Target Group	Champion	Outputs
<p>7.1 Establish and sustain a DV Task Force on each island to improve coordination and promote communication. ◊</p>	<p>Domestic violence providers (public and private), grass roots leaders, media, religious community</p>	<p>County Prosecutors, Victim Witness Unit; Legislature; HSCADV</p> <p>Possible partners: Law Enforcement Coalition; all desired participants</p>	<p>Regular meetings of diverse coalitions of providers and others in each county</p>
<p>Action 7.1.1 Create authorization of the DV Task Forces (consider legislative, prosecutor or county council authorization).</p>			
<p>Action 7.1.2 Identify diverse stakeholders for each task force.</p>			
<p>Action 7.1.3 Confirm primary purposes based on island issues (including CCR, public awareness, community-based responses, timely service of TROs, structure of the task force, and budget.</p>			
<p>Action 7.1.4 Secure public and private funding to support the task forces.</p>			
<p>Action 7.1.5 Establish task forces</p>			

7.2 Support grass roots partnerships to address domestic violence.	Grass roots leadership	HSCADV, VOICES, DV Island Task Forces	Input from victims and former victims is sought and utilized in designing all domestic violence prevention and intervention services and they actively participate in the legislative process
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Goal 8: Ensure education and training

Strategies & Actions	Target Group	Champion	Outputs
<p>8.1 Conduct regular, standards-based training for all levels of personnel, both public and private sectors.</p>	<p>Domestic violence providers</p>	<p>HSCADV</p>	<p>Training curriculum is developed and delivered. Service standards are developed for BIP and victim services to ensure quality.</p>
<p>Action 8.1.1 Develop standards for services and related training. Assess gaps and determine targets for participation.</p>			
<p>Action 8.1.2 Secure funding to carry out training.</p>			
<p>8.2 Conduct training on understanding and identifying domestic violence and making appropriate referrals.</p>	<p>Employers, Religious leaders, Teachers</p>	<p>HSCADV Possible partners: SHRM; HSTA; Institute for Religion and Social Change</p>	<p>Appropriate response to victims of domestic violence</p>

Goal 9: Solidify financial resources

Strategies & Actions	Target Group	Champion	Outputs
<p>9.1 Advocate for adequate and consistent funding to ensure the plan is implemented. ◊</p>	<p>Congress, Legislature, City Councils, and private funders</p>	<p>HSCADV Possible partners: All state agencies and branches of government funding domestic violence; private funders</p>	<p>Service providers have stable resources to ensure service continuum.</p>
<p>Action 9.1.1 Determine funding needed to implement plan strategies.</p>			
<p>Action 9.1.2 Develop and implement advocacy to secure adequate resources.</p>			
<p>9.2 Develop an inventory of sources of funding from: private funders, businesses, public funding (federal, state and county) and individual donations aligned with plan strategies.</p>	<p>Funders, domestic violence agencies and service providers</p>	<p>HSCADV</p>	<p>Accurate estimate of funding that supports domestic violence</p>

III. RECOMENDATIONS

Implementation Plan

To ensure that this statewide domestic violence strategic plan is actively put into action, the following implementation plan will be developed.

1. The DOH, together with HSCADV, will establish an oversight body (with public and private sector co-chairs) to meet several times annually to discuss progress and make changes to the plan as needed. The oversight body will be made up of seven to nine representatives who are well respected and committed to the issues of domestic violence.
2. The oversight body will brief the 2007 Legislature on the plan.
3. HSCADV will seek funding from government and from private sources including grant opportunities to provide staffing for the oversight body and ensuring implementation of this strategic plan.
4. HSCADV will conduct initial training for the oversight body and all champions to ensure a common base of understanding about domestic violence.
5. The oversight body will prepare an annual report for each of the five years to monitor the progress. The results will be shared with all champions, key stakeholders, and the community.

IV.
APPENDICES

PLANNING COMMITTEE

The HSCADV Steering Committee and Planning Committee extend warmest thanks to Janis A. Reischmann, of Reischmann Consulting Inc, for providing leadership for the strategic planning process and report. Janis held the vision for this plan while facilitating the planning process, which included meeting with a wide variety of planners and stakeholders, gathering information and data from myriad sources, and synthesizing it all into a realistic yet challenging plan for the next five years. It is hard to imagine that the process could have been so painless and the product so meaningful without Janis' guidance and support.

**Honorable Michael Broderick
Family Court of the First Circuit**

**Joan Lewis
Hawai'i State Teachers Association**

**Margery Bronster
Bronster, Crabtree, and Hoshibato**

**Helena Manzano
Domestic Violence Clearinghouse and
Legal**

**Ernest Delima
Adult Client Services Branch**

**Jesse Masagatani
Honolulu Police Department**

**Kazan Delacruz
VOICES & Hale Ho`omalu**

**Dennis Mendonca*
YWCA of Kaua`i**

**Angie Doi*
Child and Family Service**

**Britt Nishijo
Honolulu Police Department**

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Family Court, Probation**

**Malia Pierce
Hale Ho`omalu**

**Jeff Kaplan
Youth Outreach Program
Waikiki Health Center**

**Gigi Quinn
VOICES & YWCA of Kauai**

**Iris Kauka
Queen Lili'uokalani Children's Center**

**Linda Rich
Family Treatment Services
Salvation Army**

**Nanci Kreidman*
Domestic Violence Clearinghouse
and Legal Hotline**

**Peter Rosegg
Senior Communications Consultant**

Carol Lee*
**Hawai`i State Coalition Against
Domestic Violence**

Denby Lee Toci
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Marlene Lee
**Maternal and Child Health Branch
Department of Health**

Monique R. Yamashita
VOICES & Women Helping Women

Beverly Zigmond*
Women Helping Women

*** Members of the Steering Committee**

GLOSSARY

Batterer: A person in a relationship who uses a variety of tactics to control their intimate partner.

Batterer Intervention Program (BIP): Services for batterers designed to provide insight and to change behaviors.

Champion: The proposed organizational leader(s) of a strategy. The Champion has been selected because of its unique and important positioning relative to the specific strategy. The Champion is not expected to implement the strategy alone, but rather to mobilize others to accomplish the strategy.

Domestic violence: A pattern of behavior which includes physical, sexual and/or emotional abuse between intimate partners.

Goal: Long-term (five year) results the plan is designed to accomplish.

Service Providers: All of the organizations that provide services or support to domestic violence victims including: law enforcement, legal services, counseling, case management, shelter services, transitional housing.

Strategy: A set of activities that make up an initiative. Each strategy is designed to move closer to achieving the related goal.

Victim/survivor: Someone who has survived domestic violence. The terms “victim” and “survivor” are often used interchangeably.

DATA COLLECTION

Domestic Violence Planning Process Focus Group Summary Lana`i January 13, 2006

Participants:

Eric Alidogan, Seventh-Day Adventist Church
Alton Aoki, DHS
Butch Gima, AMHD, Lanai Counseling Services
Christine Haskins, Parents and Children Together
Loretta Hellrung, community member
Lt. Don Kanemitsu, Maui Police
Edean Kam, The Lodge At Koele
Julieann Mock Chew, Ke Ola Hou O Lana`i
Tammy Sanches, Castle and Cooke
Beverly Zigmund, Women Helping Women

Janis Reischmann, facilitator

Reducing the Incidence of Violence

A. What are the greatest barriers to reducing the incidence of domestic violence (DV)? How do we “bust” those barriers?

- Culture that supports the feeling of shame and sense of disloyalty if one reports DV.
- Smallness of our community – everyone knows everyone’s business.
- Culture of aggression and violence – these traditions exist within families; there’s a mindset of violence that is culturally accepted.
- Socio/economic shock to our community – significant changes in the workplace; economically women now may make more money than men – this impacts the family dynamics; families work more and have less time together and to spend with children; money drives the family.
- Multigenerational households may add to stress.
- Alcohol/drug abuse contribute to, or exacerbate, violence. Controls are lessened with abuse.
- Norms about women within some religious beliefs contribute to subservience of women.

- Media – we cannot get the topic of DV in our local newspaper – it is not seen as appropriate for a visitor community.
- DV is under-funded – it is not a popular topic – some think DV is not “bad enough” to merit attention.
- Media can reinforce violence and negative relationships between men and women.
- Some individuals in leadership/service roles are not knowledgeable about DV or do not support DV approaches.
- We have values that support DV – we need a revolution of values.

B. What are we doing in our community to reduce the incidence of DV that is working?

- We are raising awareness and responsiveness to the issues of violence; people are more aware of the consequences of violence.
- Public awareness activities, such as vigils and sign waving, remind the community of the issues of DV.
- We have more services and faster response from services (both educational and direct services).
- PSAs and media (local and national) raise awareness about DV. Education on gender roles, dating, etc, targeting high risk students in the schools raises awareness and helps to “name” violence and violent behavior.
- Kohala Middle school received a grant to work on reducing violence in the school community.
- Education in the schools targeting both boys and girls. We need to educate boys about issues of violence and we need to educate girls about protecting themselves.
- We have had an impact on awareness – we need more resources to maintain our progress.
- Working collaboratively across agencies.
- The community has been responsive to victims – this helps to reduce the feeling of shame.
- More economic opportunities for people create opportunities and reduce stressors.
- Ensuring adequate affordable housing to reduce stress.
- Having immediate response on island has really helped.
- Alternatives to violence classes for perpetrators.
- Having positive role models.
- Increased police presence.
- Trained managers who are knowledgeable about DV and who know about EAP as a resource for employees.
- Spiritual wellness can help reduce the incidence of violence.

C. What groups should we be doing more work with to help reduce the incidence of DV?

- Individuals and families for whom English is not the primary language.
- need more attention to help girls recognize and address abuse. We need to help children understand the difference between abuse and discipline.
- More outreach and education within the schools.
- More outreach and education to pastors – remember the power of the pulpit.

Increasing services or access to services to victims?

A. What are the greatest barriers to serving victims of DV?

- There aren't enough services to reach everyone in need. We are limited by a single provider.
- In a small community it is really hard to seek services.
- Residential services off island are better from a safety factor, but hard on the family.
- Laws can make it difficult to effectively serve victims (for example, the fact that women must leave their home to be safe).
- Having a double standard in the legal system for DV crimes compared with similar, non-DV crimes.
- The police department is subject to the philosophy of the police commander – there are year to year changes.
- The inability to work across agencies and to work collaboratively with the police department can make it difficult to serve victims. Police have variable expertise.
- There are language barriers that make it difficult to reach victims. Some victims fear being deported. Service providers may not be effective in reaching victims because of lack of language skills.
- Some victims feel intimidated by people in power – they avoid them. This may include professionals such as police or helping professionals.
- There is a lack of trust in confidentiality.
- There's a fear in the unknown – uncertain what will happen next.

B. What are we currently doing to increase access to services or to ensure victims are being served?

- Having advocates at TRO hearing and involved in the entire legal process helps.

- Having immediate response on island has really helped. Counseling that supports the individual.
- Agencies working together.
- Need to ensure adequate funding – no money, no services.
- Continuity of care – case management and follow up after TRO.
- Having legal representation is important.
- Churches, the Company and unions setting a standard that violence is not okay and that support is available.
- Important to have emotional support for victims.

C. Are there groups that are especially underserved or that can help us better meet the needs of victims?

- Ensuring the medical community, pastors and police are informed and knowledgeable to be effective resources
- Teens
- People for whom English is a second language
- Seniors

Additional ideas

- We need to look for new and different ways to get information out about the services that are available.
 - We need to look at ways to reach people in the workplace including using workplace health fair.
 - Using email to reach victims, opinion leaders and policy makers.
 - Using neighborhood watch.
 - Looking for confidential places to post info about DV such as bathrooms.
- Consider launching a DV marketing campaign to promote services, the problem and the prevalence of the problem. The campaign needs to be clear, consistent and constant.
- Need to work on all fronts – youth, adults, school, home and work.
- We need to recognize that this is a complex issue.

**Domestic Violence Planning Process
Focus Group Summary
Kona
January 17, 2006**

Participants:

David Garcia, QLCC
Pili Kalele, Neighborhood Place, Kona
David Saindon, Turning Point for Families, ATV
Elana Olitsky, LASH
Lillian Lee, North Hawai`i Hospital
Maite Anasagasti
Laurie Scully, North Hawai`i Hospital
Lianne Masutomi, Neighborhood Place, Kona
Carole Gruskin, CFS

Janis Reischmann, facilitator

Reducing the Incidence of Violence

A. What are the greatest barriers to reducing the incidence of domestic violence (DV)? How do we “bust” those barriers?

- Not enough funding
- Civil court process: only 10 – 12% of respondents are referred to services in Kona, compared to 90% statewide
- Shame – we keep secrets
- Lack of awareness about resources and how to get help
- Substance abuse, especially ice, increases the potential for problems. Reduces self control
- Churches may encourage women to stay. Concerned about what happens to the family if she leaves
- Too few legal responses available
- Language can be a barrier
- Need more than 90 days in a shelter
- Need access to data about recidivism. We don't know who services are working for
- Intervention programs are too short to really impact the issues and effect real change

B. What are we doing in our community to reduce the incidence of DV that is working?

- Shelter is important because it provides a safe place for women and their children
- School-based anger management raises awareness
- Working together, collaboratively

C. What groups should we be doing more work with to help reduce the incidence of DV?

- Undocumented, immigrant women
- Rural (outside Kailua-Kona proper) residents

Increasing services or access to services to victims?

A. What are the greatest barriers to serving victims of DV?

- Transportation
- Helping response is not timely
- Costly to take action. There is a financial incentive sometimes to do nothing
- Lack of affordable housing – no place to go
- Ensuring affordable translation services
- No evening or weekend services
- Police are not adequately trained in DV
- Takes victims a lot of effort to get help
- Helpers don't always know all of the steps to help or to get help (including judges and police)
- Rules or regulations that make it difficult to serve certain populations such as individuals with physical disabilities
- Transitioning of care from one agency (like a hospital) to another (community agency)
- Understanding the difference between threats to woman and threats to children
- Fear of losing children

B. What are we currently doing to increase access to services or to ensure victims are being served?

- Need 24 hour access to advocacy services
- Need more trained professionals
- Educating professional to ensure everyone understands mandatory reporting (i.e. schools, hospitals)

- Mandatory reporting
- Good staff to support victims if mandatory reporting occurs
- Using intervention tools for assessment and substance abuse intervention
- Referring to appropriate services as needed
- Knowing community and the workers. When we know each other we work more collaboratively
- Working very early with family

C. Are there groups that are especially underserved?

- Lower income families
- Families in rural (outside Kailua-Kona) communities
- Adults who were abused as children
- Teens (culture of violence among teens exists)

Other ideas:

- Need more intervention programs for batterers
- DIVERT is a Colorado-based program that seems to work
- Having “sponsors” for batterers (like in AA)
- Create a coalition in Kailua-Kona to bring us all together to share ideas and information
- We need to find more ways to help the batterer not batter
- We need more programs for couples after the violence is over
- We need more community education to strengthen community support systems
- We need to work early in schools, with PTA, etc.
- Other perspectives that should be heard from: Victims, Judges, Prosecutor, Victim Witness Counselor, Office of Disabilities, Office on Aging, School counselors, substance abuse providers, CWS and APS
- Recommend the strategic plan be shared with the focus groups when it is done

**Domestic Violence Planning Process
Focus Group Summary
Maui
January 18, 2006**

Participants:

Susan Kinsman, Adult Client Services
Aimee Anderson, Maui Humane Society
Ernest DeLima, ACS
Cindy Cline, Women Helping Women
Stacey Moniz, Women Helping Women
Ku`ulei Minchew, Na Hoaloha
Kai`ulani Enos, Hale Kipa, Hawai`i Advocate Program
Lena Lorenzo, Victim Witness Asst, Dept of Prosecuting Atty
Cathie Long, PACT, Family Peace Center
Ben Acob, Prosecutor's Office
Lloyd Yamashita, Maui Police Dept.
Lonnie Eugene, Women Helping Women

Janis Reischmann, facilitator

Reducing the Incidence of Violence

A. What are the greatest barriers to reducing the incidence of domestic violence (DV)? How do we "bust" those barriers?

- Lack of education, information, knowledge and resources. Girls and boys need to learn alternatives to violence.
- Acceptance by community. Power and control over women is accepted. The community is very tolerant of emotional abuse.
- Family puts more pressure on girls than boys. Different standards for girls than boys. We don't hold boys accountable.
- We create a dependency of control and domination.
- There is social acceptance of social abuse – for ex. Abusing animals is okay. This should be a red flag and tell us that person could abuse a person.
- We need stiffer penalties.
- Deep sense of obligation to batterer.
- Criminal justice system isn't changing the behaviors of all.
- Probation only sees people for a very limited amount of time.
- There is peer pressure for batterers not to change their behaviors. Some families encourage batterers to continue their behaviors
- System is overworked – maxed out.

B. What are we doing in our community to reduce the incidence of DV that is working?

- Need a campaign to address DV – need the money and resources. Need to say to the entire community that we won't tolerate this. Look at the anti-tobacco campaigns in California – how successful they have been. We need a year-round, constant effort.
- Long term change is necessary. We need a range of services, education, community-networking. Long term support is needed.
- Confidentiality can make it difficult to share information. We need to be able to work across agencies, both public and private.
- Behaviors are hard to change – batterers need to learn new skills.
- Need to longer term intervention – behavior changes need to be positively reinforced.
- Behavior changes reinforced with substance abuse intervention seems to be more lasting.
- Start early and educate for new behaviors. Need to make it real. Need to do broad-based and targeted outreach to high risk youth. Need curriculum and access to schools.
- Need to address legal and emotional issues. Need to support healing.
- Police needs greater power to issue protective, “stay away” orders.
- Stronger TROs.
- Pet friendly shelters to help victims with pets leave.
- Trained medical professionals who understand DV – this is especially important for working with immigrant women.

C. What groups should we be doing more work with to help reduce the incidence of DV?

- Immigrants with language barriers. May not know that DV is a crime. Don't know where to go to get help. 9/11 has complicated the issue for immigrants – especially if they are undocumented or have an undocumented partner.
- Teens. Some of these kids are the over-achievers.
- Kids growing up in a DV household. These children have been exposed to trauma.
- Women with criminal history, incarcerated, or substance abusers. They often are not taken seriously.
- Women with mental health problems. They have different needs and need services differently.
- Parents/’ohana of teens (both batterer and victims). They need help to be supportive and to support changes.
- Homeless teens who have dropped out of school.
- Clergy – some religious doctrine may encourage victim to stay.

Increasing services or access to services to victims?

A. What are the greatest barriers to serving victims of DV?

- Fear that if you report you may lose your children
- Loop holes, even with TRO
- Getting a TRO may inflame batterer
- Knowledge and expertise varies among service providers
- Laws regarding DV are not strong enough: sentencing practices inconsistent, two day jail sentence is not enough
- One size response, doesn't work for everyone

B. What are we currently doing to increase access to services or to ensure victims are being served?

- Include the medical community, including public health nurses in the process of identifying and responding to DV victims. Give them a simple check list with protocols at discharge.
- Assessment of batterer is critical.
- Inpatient treatment services for the batterer. Maybe we need a drug court for batterers.
- Family groups (as long as safe)
- Men's shelter – with structure, rules. Lock the batterers down with treatment.
- Consider an ankle bracelet system with GPS
- Educating courts on DV issues
- Combining DV behavior change with substance abuse treatment
- Teachers need to have resources to help students.
- Protocol and language access to reach immigrant communities.
- Help clergy to be resources and referral sources.
- Find community helpers/leaders who can help within their communities – partner with agencies.
- "Sponsor" like with AA for batterers. May need to pay people to help.
- Engage family role models.
- Find ways for batterers to give back to their communities.
- Find positive role models, especially for youth and young men.
- Providers need to take care of self: self care and professional development.
- Get resources out to existing organizations.
- Encourage collaboration on grants.

C. Are there groups that are especially underserved?

- Immigrants with language barriers. May not know that DV is a crime. Don't know where to go to get help. 9/11 has complicated the issue for immigrants – especially if they are undocumented or have an undocumented partner.
- Teens. Some of these kids are the over-achievers.
- Kids growing up in a DV household. These children have been exposed to trauma.
- Women with criminal history, incarcerated, or substance abusers. They often are not taken seriously.
- Women with mental health problems. They have different needs and need services differently.
- Parents/'ohana of teens (both batterer and victims). They need help to be supportive and to support changes.
- Homeless teens who have dropped out of school.
- Clergy – some religious doctrine may encourage victim to stay.

Other ideas:

- Easier to educate positive thinking than to change attitudes – need to start early and break the cycle.
- Consider batterers intervention as “treatment.”
- Need to see batterers groups as a way to get help. Too often seen as punishment.
- Need a plan to be sure reunification works.
- Work together with Humane Societies to understand the interrelationship between animal abuse and abuse of people.
- Think about measurable outcomes in all we do.
- Remember the outcomes for prevention are hard to track and long term.
- Research conducted in Hilo says less abuse/less severe abuse is acceptable to the victim. She doesn't really expect no abuse again.
- Look at program quality, not just the ability of the agency to write good reports.

**Domestic Violence Planning Process
Focus Group Summary
Honolulu
January 20, 2006**

Participants:

Lorraine Clark, Hickam AFB – Family Advocacy
Vanessa de la Cueva
Britt Nishijo, HPD
Jesse Masgatani, HPD
Rhoda Feinberg, private practice psychologist
Bill Woods-Bateman, GLEA Foundation
Kanani Nakoa, CFS, DVA
Joe Bloom, Catholic Charities, Hawai`i
Marlene Santos
Alison Colby, Farrington High
Uilani Alimoot, CFS Transitional Housing
Karen Jensen, New Hope Christian Fellowship, Women of Wisdom
Dennis Dunn, Dept of the Prosecuting Attorney, Victim Witness Kokua
Willie Parker, Queens Medical Center, UH School of Medicine
Carol Lee, HSCADV
Frances Wong, Family Court
Shabnaum Amjad, Legal Aid Society of Hawaii

Janis Reischmann, facilitator

Reducing the Incidence of Violence

A. What are the greatest barriers to reducing the incidence of domestic violence (DV)? How do we “bust” those barriers?

- Victims have no safe place to go – we need more transitional housing. There aren't enough safe houses.
- Perpetrator may lie to victim about their ability to get help.
- Victims are uncertain about what abuse is, especially if it's not physical violence.
- Batterers are organizing to impact laws and programs.
- We don't have good alternatives to dealing with feelings other than physical abuse.
- Legal system is (and will continue to be) an imperfect system.
- There is a societal acceptance of violence.
- Beliefs (fundamental religious and Christian beliefs) that support the idea that women are property and it is okay to hit or even kill them.

- Some churches encourage women to stay married regardless of the abuse.
- Values that discourage women from leaving – these values assume it is bad if the relationship ends.
- Victims are often financially dependent and therefore don't see alternatives.
- Many victims grow up with feelings of doubt and question their self-worth. This is related to parenting. Parents lack good information about child development.
- Professionals, family and society don't recognize the complexity of violent relationships – don't see the challenges. We need to educate/change these attitudes.
- We look to victims to do something different – instead, we need to hold the batterer accountable.
- We need to find programs and services that hold batterers accountable.
- Drugs may make it hard for victim to get to safety. She may be dependent on batterer's access to drugs.
- Punitive response doesn't always change batterer/s behavior.
- Housing alternatives are really limited.
- Poverty really limits options.
- Treatment is too short.

B. What are we doing in our community to reduce the incidence of DV that is working?

- Joint, collaborative, cross agency/dept efforts to address issues of highest lethality and highest risk.
- Focus on men who are battering – address issues of entitlement that comes from religious, cultural or family beliefs.
- Need to clarify responsibility – who is working with whom?
- Adding more teeth to the law ensuring greater batterer accountability
- Try to emulate public awareness efforts such as drunk driving campaign. We need long term, multiple strategies.
- Changes in victim's beliefs and values. Helping them to understand behavior of batterers.
- Police and victim advocate going together when abuse is reported (for ex. Military).
- Data used to define problems and impacts.
- Including the voices and perspectives of formerly battered people in all aspects of planning.
- Helping people to understand the continuum of violence. Understanding escalation of violence and violent behavior. Helping people see how it related to them.
- Can't assume schools will do all the outreach and prevention.

- Do better job of sharing existing resources, ie., interpretive services for victims, specific services for immigrants and people with DD.
- Define effective enforcement – evaluate strategies, change them when they aren't working.
- Engage religious community – involve them and their influence. Encourage them to collaborate.
- Educate in big ways – need to change attitudes. School settings are not enough.
- Joint fundraising efforts to bring people together to promote collaboration.
- Think about shorter and longer term goals.
- Need to have consistent messages about the fact that violence is not okay.

C. What groups should we be doing more work with to help reduce the incidence of DV?

- People who present in the ER
- Transgender individuals (underserved and under reported)
- Gays and Lesbians
- Non-US citizens
- Victims with substance abuse problems
- Victims with mental illnesses
- Victims with children
- Military families where batterer is military (fear of loss of benefits, fear of access to weapons)
- Partners of police officers where police officer (or family member) is batterer
- Teens
- Men who are victimized
- Children and teens that witness violence
- Partners of professionals
- Batterers
- Women in sex industry
- Rural women
- Low literacy women
- College students
- Transients

Increasing services or access to services to victims?

A. What are the greatest barriers to serving victims of DV?

- Housing alternatives are really limited.

- Poverty really limits options.
- Treatment is too short.
- Concern of putting men in system, especially worried about more men of color in the system. We need culturally traditional ways of preventing violence.
- TROs don't have as much impact as needed by some Perpetrator may use TRO against the victim.
- Fears of losing children – make visitation supervised to reduce victim's concerns of putting children at risk. If visitation (even supervised) is too great a risk, DHS should recommend no visitation.
- Military is opening family advocacy services to all intimate partners.

B. What are we currently doing to increase access to services or to ensure victims are being served?

- Need to evaluate whether access is really easy or not.
- "Neighborhood Place-like places" that are safe and in the community.
- We need intervention services that really meet individual needs. Assessment is critical.
- People working in the field need to be really well trained. 25 hours is not enough.
- Helping professionals who have had similar experiences to victims.
- Responsive police force really makes a big difference.
- Universal screening in the hospitals and health settings.
- Need to get screening and services to men (batterers).
- Train lots of volunteers to get services to those in need.
- Planned outreach to groups such as non-citizens.
- Programs that focus on "friend to friend."
- Male empowerment – socialize each other with positive behaviors.
- More community strategies.
- Uniformity among agencies in assessing victims.
- Easy access to TROs
- Effective legal representation.
- Need more of all types of services – programs are under-funded and costs go up.
- Stakeholders meeting to share ideas and getting to know each other.
- More supervised visitation across the state. Needs to be accessible and offer different styles/methods.
- Court entrance needs to be safe.
- Consistency among judges to ensure continuity in legal process and to promote confidence in legal system.
- Need shelters/safe places for teen victims. Family can't always keep them safe.
- Need more housing alternatives.
- Look at linkages across agencies and among providers.

C. Are there groups that are especially underserved?

- People who present in the ER
- Transgender individuals (underserved and under reported)
- Gays and Lesbians
- Non-US citizens
- Victims with substance abuse problems
- Victims with mental illnesses
- Victims with children
- Military families where batterer is military (fear of loss of benefits, fear of access to weapons)
- Partners of police officers where police officer (or family member) is batterer
- Teens
- Men who are victimized
- Children and teens that witness violence
- Partners of professionals
- Batterers
- Women in sex industry
- Rural women
- Low literacy women
- College students
- Transients

**Domestic Violence Planning Process
Focus Group Summary
Ewa, Oahu
January 25, 2006**

Participants:

Lisa Dunn, CFS, Domestic Abuse Shelters
Phoenix Klemann, CFS, Leeward DV Shelter
Ann Banglos, CFS, Leeward DV Shelter
Wanda Cabigon, CFS, Leeward DV Shelter
Wendall Omura, DHS – CWS, Waianae
Luz Kendrick, Hale Nau Pono
Leinaala Kanana, WCCHC

Janis Reischmann, facilitator

Reducing the Incidence of Violence

A. What are the greatest barriers to reducing the incidence of domestic violence (DV)? How do we “bust” those barriers?

- Fears of victims – low self esteem, afraid to say anything
- Macho male culture is accepted
- Community norms are hard to change
- Fear of outsiders – we fear people coming in to the community telling us what to do
- We take care of our own families – we don't want others interfering
- Some churches condone staying together
- Environmental stressors such as: poverty, homelessness, and drugs
- We don't hold batterers accountable for their behavior
- We lack faith in the system – we don't believe things will really get better
- Plea bargaining to expedite cases sends the wrong message to batterers and to victims
- Inconsistent law enforcement – depends on responding officer
- DV is complex – there are multiple forces
- Alternatives for victims are really limited
- Service providers only have limited range of responses available to them
- We don't recognize power and control as violence
- General community lacks knowledge of laws and protections for victims and children

B. What are we doing in our community to reduce the incidence of DV that is working?

- Put standards in place to ensure consistent law enforcement, knowledge and training.
- Working across agencies and with other service providers and helpers. Takes good relationships. We need collaborative responses. We need shared understanding of the issues.
- Education/public awareness re: services, violence among schools, early childhood programs and health care providers.
- Public events and marches raise community awareness.
- Public awareness campaigns such as MADD, seat belts. Using both media and enforcement works.
- Consistent court intervention, using “true sentencing.”
- Information/education in shelters about safety and violence.
- Having accessible and safe shelters and safety plans for victims and their children.

A. What groups should we be doing more work with to help reduce the incidence of DV?

- Sex industry workers
- Mentally ill individuals
- Poor families
- Homeless families
- Immigrants/refugees
- Micronesian families
- Transgender individuals
- Children in violent homes
- Elderly
- Men as victims
- Men with children
- Gays and Lesbians
- Run-away teens
- Deaf community, other disabled or dependent adults

Increasing services or access to services to victims?

A. What are the greatest barriers to serving victims of DV?

- Transportation
- Hotline is busy (may be referring to Legal Services Hotline)
- Not enough staff

- Need immediate shelters (no admission criteria, maybe just for the night/respice)
- Need to travel to town to get TRO – costly, may be dangerous for victim
- Child care
- Complex rules and structures make it difficult for victims to get help

B. What are we currently doing to increase access to services or to ensure victims are being served?

- Help at the sight/home, at the time of the report. Pu'uhonua.
- Affordable and knowledgeable legal services for victims, especially with divorce and custody.
- Affordable (really) permanent housing.
- Occupational and vocational rehab.
- Mental health services for victims and kids.
- Primary consider is safety for victims.
- Coordination of therapeutic services.
- Covering the costs of child care up front.

C. Are there groups that are especially underserved?

- Sex industry workers
- Mentally ill individuals
- Poor families
- Homeless families
- Immigrants/refugees
- Micronesian families
- Transgender individuals
- Children in violent homes
- Elderly
- Men as victims
- Men with children
- Gays and Lesbians
- Run-away teens
- Deaf community, other disabled or dependent adults

Other ideas:

- Remember that increasing awareness results in increasing reports. To some that may look like there is more violence.
- Need to increase awareness about DV with the legislature.
- Really need to intervene with children who are victims – need to help them learn new behaviors.

- Increasing awareness among educators, school personnel and students about violence.
- Promote “VOICES” – important to hear from survivors.
- Need to look carefully at complicating factors, especially substance abuse.

**Domestic Violence Planning Process
Focus Group Summary
Molokai
January 26, 2006**

Participants:

Danny Dods, Maui Police
John Kaupalolo, Maui Police
Kazan DelaCruz, MATV
Claude Sutcliffe, MCSC
Belinda Dudoit, MCSC, Youth Center
Tiare Ritle, Legal Aid
Brigid Mulloy, Women's Health Center
Jen Welcome, Big Brothers Big Sister of Maui
Taylor Kaawa, Mediation Center
Malia Pierce, Hale Ho`omalua, Mediation Center

Janis Reischmann, facilitator

Reducing the Incidence of Violence

A. What are the greatest barriers to reducing the incidence of domestic violence (DV)? How do we "bust" those barriers?

- Norm that violence is okay.
- Violence is role-modeled in relationships – we see our aunts and uncles behaving this way.
- Accepted norm of power and control. Especially true in dating with younger girls dating older boys. The pattern starts early.
- Legal system is slow and unresponsive. Victim gets tired of waiting. They want to move on.
- It's a small community. Everybody is related.
- Violence is ignored because it is accepted and because we are loyal to our family.
- Victims blame themselves.
- We don't believe behaviors can change.
- Not everyone knows where to go to get help.
- Drugs and alcohol two major contributors to violence: provides and excuse for the violence. "Batu" impedes control. Drugs and alcohol are not the cause. Power and control is the cause.
- Agency staff act different at home than at work – they aren't consistent. They don't walk the walk.
- Trust
- Sexism

- Poverty – no options
- Oppression
- Increasing anger on the island. People are more and more frustrated with issues such as cost of housing – loss of land.
- Not enough funding for prevention.
- Shame
- Inconsistent knowledge and responses from police.
- Short staffed police force.

B. What are we doing in our community to reduce the incidence of DV that is working?

- Put standards in place to ensure consistent law enforcement, knowledge and training
- Women's shelter
- More agencies involved in the issue
- ATV works with some, eventually, we have batterers groups
- Vigils, marches, walk, community events
- Expedited TROs
- Easier to work with police
- Police leadership saying this is a priority
- Community task force on sexual assault – working together across areas; Developing relationships across areas and agencies
- Community responds when they see how lethal violence can be
- Violence prevention in all public schools K – 4th grade; Penny Martin working with 4th graders on values; also working with young women on sexuality, group communication, etc.
- Men working with boys and young men, they need role models
- Holding batterers accountable with serious punishment

C. What groups should we be doing more work with to help reduce the incidence of DV?

- Young adults in their 20's/teens: hard to reach, limited opportunities to learn new skills, peer and family pressure to stay the same, believe violence is a sign that "he cares so much", great pressure on young parents.
- Men as victims
- Filipino community
- Poor, especially because they can't get transportation or child care
- Substance abusing victims
- Rural, isolated families

Increasing services or access to services to victims?

A. What are the greatest barriers to serving victims of DV?

- Transportation and child care
- Sometimes agency people are seen as outsiders – this can be a positive or a negative
- Lack of trust that things will really change
- Fear of losing children
- Shame – limited confidentiality
- Helping professionals are in the same situation. Victim thinks, “if they can’t help themselves, how can they help me?”
- Services aren’t culturally appropriate
- Controlling partner
- Substance abuse
- Lack of familiarity with services
- Lack of trust that they will really be safe (fear)
- Confidentiality law.

B. What are we currently doing to increase access to services or to ensure victims are being served?

- Counseling and supportive services help victims and their children.
- Safe shelter, caring and friendly, for victims.
- Nurse midwives doing sexual assault exams.
- ATV (TRO) services. Easy to access, supportive services, staff can role model recovery.
- Batterers’ intervention, working with batterers in group.
- Mobile services – must do outreach.
- Developing safety plans.
- Working together and collaboratively across agencies, including police.
- Having regular and ongoing training.
- “Walking the walk”, we need to talk to everyone we know, starting in our own homes.

C. Are there groups that are especially underserved?

- Young adults in their 20’s/teens: hard to reach, limited opportunities to learn new skills, peer and family pressure to stay the same, believe violence is a sign that “he cares so much”, great pressure on young parents
- Men as victims
- Filipino community
- Poor, especially because they can’t get transportation or child care

- Substance abusing victims
- Rural, isolated families

Other ideas:

- Important that men's groups and DV providers work together.
- We need to develop a directory of services for providers – who does what. We could also use a directory for users (or refer them to “211”)
- Newspaper could be used to raise awareness of services, issue and success stories.
- Community being familiar with staff from agencies helps with trust issues.
- Add more agencies to HSCADV – we need to expand that membership.

**Domestic Violence Planning Process
Focus Group Summary
Hilo
January 27, 2006**

Participants:

Beverly Cubanatan, DHS
Wendy Robinson, DHS
Cheryl Delima, DHS
Kevin Hasnizari, Probation Office
Denby Tori, CFS, DVA
Lillian Strasfield, HBP, JAG, DV/SA Victim Services
Melody Manuel, TPFF, CRCRP, ATV-KAL
Lolita Paranade, CFS, FSS and Na Loio
Donalyn Nihipali, CFS, Hale Ohana Shelter
Lu Ann O'Brien, YWCA, EAP
Marianne Okamura, CJC
Sharon Allen, CFS, Hale Ohana
Keith Biho, Adult Probation Svcs.
Peggy Hilton, DHS

Janis Reischmann, facilitator

Reducing the Incidence of Violence

A. What are the greatest barriers to reducing the incidence of domestic violence (DV)? How do we “bust” those barriers?

- Drugs make violence worse. They increase the volatility.
- Being poor or unemployed limits options for victims.
- Geographic isolation limits access to services
- Transportation
- Tolerance of violence: societal tolerance, especially in some neighborhoods. We learn these behaviors from our own families.
- Lack of education. There is a cycle of violence.
- Power and control makes it hard for victims to leave.
- Fear of retaliation; fear things won't get better.
- TRO's don't always work – can't always provide safety.
- Hard to hold batterers accountable. Hard to get the legal system to respond. We put issues on the back burner because we believe she will go back.
- Legal process is slow – lots of manipulation by batterer goes on during the process.
- Mental illness makes us excuse the batterer.

- Family members don't intervene.
- Growing lethality in some communities.
- Family loyalty and family love is strong. We have a culture of love in Hawai'i.
- Police have inadequate training and inadequate knowledge of DV to respond consistently.

B. What are we doing in our community to reduce the incidence of DV that is working?

- Outreach, education, counseling to young children, helping them learn to respect themselves. We need to teach both boys and girls. We need to teach dignity.
- We need to validate different cultures – one size doesn't fit all in intervention or prevention.
- DV education in culturally appropriate ways.
- Helping family members intervene and provide support.
- Helping people understand laws regarding DV, especially new comers to Hawai'i.
- Developing natural helpers such as church leaders, agencies such as welfare, med quest to be front line resources and support systems.
- Raising awareness among helping professionals about DV and services.
- Working together across agencies.
- Tougher laws, stop plea bargaining.
- Register batterers (like sex offenders)
- Media can raise awareness in good ways.
- Having good data so that we can see trends and identify solutions.

D. What groups should we be doing more work with to help reduce the incidence of DV?

- Immigrant women
- ESL women
- Elderly
- Teens/children: both as potential victims and as potential batterers.
- Micronesians
- Rural women
- Less educated, lower literacy women
- Transgender individuals
- Gay and Lesbians

Increasing services or access to services to victims?

A. What are the greatest barriers to serving victims of DV?

- No point of reference in some communities. No self dignity and respect.
- Rural communities have limited access to services and support.
- It's difficult to find services – access is difficult.
- Too little funding of services.
- Some victims are too controlled by batterer to get services.
- Some victims fear losing children, housing or benefits if they report. This is especially true for some immigrant women. Some children are afraid to report too for fear of being taken from their home.
- There aren't services while batterers are incarcerated – they don't learn new skills.

B. What are we currently doing to increase access to services or to ensure victims are being served?

- Developing safety plans with youth/teens in schools, outreach in ethnic stores, island wide outreach and through UH, Hilo.
- Creating opportunities for victims to share their experiences in safe places.
- Services and outreach need to be embedded in other services, such as welfare.
- Collaborative and coordinated responses help promote access.
- Acknowledging strengths, identifying positive opportunities and positives within victims.
- Start where the client is (“roll with the resistance”)
- Cognitive restructuring (at least it has been successful in working with some batterers in other communities).
- Longer holding periods so that we can assess and provide intervention.
- Bring Kamehameha Schools into the prisons to work on skill building and education with batterers.
- Teaching DV among the police, starting with recruits, but including training of all including the chief.

C. Are there groups that are especially underserved or that can help us better meet the needs of victims?

- Immigrant women
- ESL women
- Elderly

- Teens/children: both as potential victims and as potential batterers.
- Micronesians
- Rural women
- Less educated, lower literacy women
- Transgender individuals
- Gays and Lesbians

Additional ideas

- Doubtful DV will ever go away
- See hope in our kids – they need words to deal with their feelings
- Must engage family to be supportive
- Need structures within the police force to ensure they are not battering or supporting batterers within the force
- We need to conduct public awareness in different ways – emotionally and factually
- Service providers need more training in current trends and best practices
- Reinstatement of the Family Violence Advisory Commission to Mayor (Hawai'i island)
- Need to periodically educate elected officials about DV
- Important for us to know the scope of other's services, both their daily routines and their missions

**Domestic Violence Planning Process
Focus Group Summary
Kauai
January 30, 2006**

Participants:

Stacy Perreira, Kauai Police Department
Jacklyn Schofield, DHS/CWS
Russell Goo, DAG
Margaret B. Smith, CFS, Healthy Start
Dennis Mendonca, YWCA
David Lam, Family Court
Mel Rapozo, Kauai County Council
Linda Pizzitola, YWCA
Gigi Quinn, YWCA
Diane Wada, YWCA
Gladys Costa, YWCA
Sally Jo Manea, DOH

Janis Reischmann, facilitator

Reducing the Incidence of Violence

A. What are the greatest barriers to reducing the incidence of domestic violence (DV)? How do we “bust” those barriers?

- Drug use, especially ICE. Drug use exacerbates the violence.
- Poverty, especially as it relates to lack of housing.
- Cultures of violence. We learn violence at home.
- Alcohol is accepted and promoted. It is part of a rite of passage.
- Lack of skills. Lack of appreciation in learning new skills such as communication skills.
- Community culture supports stereotypical roles and doesn't encourage other alternatives.
- Even as a nation we support violence.
- Not enough evaluation available about DV, at all levels.
- Lack of things to do leads to kids getting in trouble. They use alcohol and have limited supervision.
- Violence condoned in the media and in video games.
- Ethics and morality lacking. This extends to how we treat others.
- There is a lack of positive role models.
- There is a lack of supportive services for youth.
- There is an acceptance of threatening and disrespectful language and behaviors.

- There is shame associated with DV.
- Racism plays a role in violence. In some couples, the attack is race-based.
- Power and control is everywhere.
- Community belief that women are equally responsible for violence in the home.
- Among youth it is acceptable to hit a girlfriend or to force her to have sex.
- Economic stressors add to growing feelings of anger.

B. What are we doing in our community (could be doing) to reduce the incidence of DV?

- Being proactive – intervening before violence occurs.
- Education and skill building – especially with young men in their 20's.
- Prosecution that is consistent – no drop policy.
- Tougher laws against batterers, especially repeat batterers.
- Consistent enforcement and judicial response.
- Accessible, safe shelters.
- Better integrated continuum of services from prevention to treatment (same as “war on drugs”)
- Comprehensive public awareness campaigns. Public awareness that DV is bad – social marketing.
- Everyone has issues of power and control. We need to find outlets for issues so they don't result in violence.
- Batterer intervention programs that are flexible in duration.
- More punishment in family court for DV offenses. Accountability and treatment for people incarcerated.
- Public awareness events such as candle vigils.
- Policy development that sets priorities for allocation of resources for primary prevention and training.
- Fully engaging policy makers in understanding issues of DV.

C. What groups should we be doing more work with to help reduce the incidence of DV?

- Immigrants – individuals for whom English is not first language
- Teens, especially dating violence (often ends with teen pregnancy)
- Younger children in homes where violence is occurring
- Asian women
- Young men in their early 20's
- Adults with mental retardation
- Homeless
- Men as victims in heterosexual relationships
- Employers

- People with mental illness
- Transgender individuals
- Gays and Lesbians
- Men as batterers
- People living in outlying areas

Increasing services or access to services to victims?

A. What are the greatest barriers to serving victims of DV?

- Some agency people are judgmental
- Low literacy
- Lack of information about what services exist
- Transportation
- Shame
- No support system
- Fear that things won't get better or may even get worse
- Lack of trained professionals; Limited training opportunities
- Uncertain funding – no increases in funding despite increasing costs
- Some religious groups interfere in process; They don't condone divorce; They try to mediate with the couple
- Shifts in services from the public to private sector
- Limited services in rural areas, for ex. Homestead
- Misinformation about services
- Fear of losing children
- Economic disenfranchisement and distrust with agency professionals
- Youth don't have access to services; They rely on "hear-say"
- Victims don't feel like they have allies
- Lack of good information in the media
- Agencies are understaffed and under-resourced

B. What are we currently doing (could be doing) to increase access to services or to ensure victims are being served?

- Decreasing consent laws (confidentiality gets in the way)
- Easy access to TROs
- Training and professional development to keep people working in their home communities
- Interagency collaborative efforts, for ex between KPD and service providers such as YWCA, CWS, Victim Witness, Sexual Assault
- Specialized position within the police department focusing primarily on DV
- With Federal money we were able to train professionals to assess, intervene and provider service referrals

- Abuse Court (like “Drug Court”)
- Assessment is critical. One size does not fit all

C. Are there groups that are especially underserved?

- Immigrants – individuals for whom English is not first language
- Teens, especially dating violence (often ends with teen pregnancy)
- Younger children in homes where violence is occurring
- Asian women
- Young men in their early 20’s
- Adults with mental retardation
- Homeless
- Men as victims in heterosexual relationships
- Employers
- People with mental illness
- Transgender individuals
- Gays and Lesbians
- Men as batterers
- People living in outlying areas

Other ideas:

- See Katherine Clark’s DV curriculum for schools
- Small island, limited resources
- Need consistent funding for primary education for children/youth
- Boys and Girls Club is using “Smart Moves.” Needs to reach more
- Need to establish task force on each island to focus on DV in our community
- Need more transitional housing and support
- Need better case management on highly lethal cases
- Need to reinstate the CCR (coordinated community response) team
- Need coordinated DV response across the life span that is integrated (from womb to tomb)
- Need to find ways to tap into the religious leadership in positive ways

**Domestic Violence Planning Process
Focus Group Summary
Kona
February 13, 2006**

Participants:

Janet Garcia, Prosecuting Attorney
Marlene Kufrovich, private citizen
Angelo Kalani, West Hawai'i DV Shelter, Turning Point for Families
Molly Turner, Adult Probation
Jackie Kalani, DHS, CWS
Elana Olitsky, Legal Aid Society of Hawai'i
Maria Robert, Legal Aid Society of Hawai'i
Paula Jelsma, HCPD, Kona
Aaron Nagata, DHS Adult Protective Services
Laura Teruya, DHS
Andrea Alden, Attorney, private practice
Edythe Maeda, Prosecutor's Victim Witness
Roland Talon, Prosecutor's Office, West Hawai'i Unit
Guy Kitaoka, Family Court, Juvenile Client Services

Janis Reischmann, facilitator

Reducing the Incidence of Violence

A. What are the greatest barriers to reducing the incidence of domestic violence (DV)? How do we "bust" those barriers?

- Not enough access to services – anticipate it getting worse as CWS is disappearing in rural communities
- Hard to educate community about DV – What is it? What are the consequences? What is its impact on children?
- Important to educate the general public, not just the victim
- Denial, shame and cultural isolation
- Not speaking English
- Substance abuse, esp ICE. Makes violence worse
- Reluctance of families to support victim
- Loyalty
- Dependency
- Hard to convince general public that this is everyone's issue
- Community norm that reinforces gender-based stereotypes
- Too few resources to maintain consistent responses
- Too little education of helping professionals – they don't understand dynamics of violence – this includes police, judges, social workers, etc.

- Not enough room in the jails to lock up batterers. We get convictions but there's no room for lock-up
- Transportation
- DV laws not as serious as other felonies/misdemeanors (DV is not seen as being serious compared to other offenses)
- Small groups, representing subsets of the community, sometimes get in the way of policies or laws that could support DV issues
- System does not have jurisdiction over victim – we can't force victim to make changes
- Lack of affordable housing
- Some religious groups encourage victims to stay
- Not enough attention to batterer accountability. Not enough focus on batterer behavior change
- Limited access/no access to affordable legal services, including divorce or custody
- Many victims love their batterers – they want to believe they will change

B. What are we doing in our community to reduce the incidence of DV that is working?

- More affordable and accessible legal services
- More early education about DV – start with school age boys and girls on healthy relationships – pre-parenting stage
- Specialized anger management for batterers
- Public awareness campaign (like tobacco, MADD). Needs to be long term and a blitz
- Provide child care with services – feel safer if kids are well cared for
- Follow up support services after police leave for first few weeks
- Peer support; mobile outreach
- Extend CCR team (federal money pau)
- Need more money to maintain services

C. What groups should we be doing more work with to help reduce the incidence of DV?

- Rural, geographically isolated families
- Homeless women and children (homeless women are often not taken seriously or respected)
- Substance abusers
- Immigrants – documented, undocumented, Non-English speaking
- Tourists
- Teens (as victims and as batterers)
- Dependent elderly spouses

- Mentally ill
- Gay and Lesbians and Transgender individuals

Increasing services or access to services to victims?

A. What are the greatest barriers to serving victims of DV?

- Not enough police to serve TROs
- Very few services for teens who are batterers
- Not enough interpreter services
- Services are not designed for diversity of our cultures
- Lack of awareness of services – unrealistic expectations of what services can do
- Lack of cooperation and coordination among providers
- Lack of coordinated, uniform response
- Poorly trained – poorly prepared professionals
- Some religious beliefs – pastor may support the victim staying
- Lack of child care, jobs, housing, transportation, medical coverage, pet care. Psychological barriers
- Fear of losing children
- Previous bad experience with system
- Takes too long
- Victim is substance abuser and fears law enforcement.
- Failing to report violations of the TRO – “he’s being nice”, or “it doesn’t seem like a big deal now”
- Not enough outreach in rural communities

B. What are we currently doing to increase access to services or to ensure victims are being served?

- Need more transitional services
- Outreach through hospitals, stores, through local leaders such as pastors, ethnic leaders, etc.
- Promoting services and raising awareness of services
- Free bus, access to affordable transportation for victims in shelters
- Educating helping professionals – especially leadership
- Register complaints for inconsistent/poor responses
- DV training in fifth grade
- More specialized police, probation officers, prosecutors focusing on DV and victim services
- More counseling for victims – not just those who have a spouse in treatment
- More support groups – early outreach, ie. WIC

- Promoting awareness and consistency among professionals, esp CWS workers
- Work with major employers to raise awareness about impacts of DV
- Recognize employers who are hiring victims
- DVIAT – helped promote communication/collaboration
- Bringing famous batterers and famous survivors to help others see possibilities
- Include DV training in fatherhood initiative
- Safety plans for all victims

C. Are there groups that are especially underserved?

- Rural, geographically isolated families
- Homeless women and children (homeless women are often not taken seriously or respected)
- Substance abusers
- Immigrants – documented, undocumented, Non-English speaking
- Tourists
- Teens (as victims and as batterers)
- Dependent elderly spouses
- Mentally ill.
- Gay and Lesbians and Transgender individuals

Other ideas:

- Stay in touch with the victims over time – of course consider safety issues.
- Advertise in many places including tv guides, etc. Use PSAs
- Lobby legislature more.
- Strategic plan should have phases – incremental steps to accomplish goals.
- Helping professionals need to know the steps to intervening – coordinated and uniform responses.
- No unfunded mandates.
- Need to avoid service provider burn-out. Need to reflect on our progress.
- Need better method of collecting data and statistics.
- Need mandatory reporting laws for certain professionals, such as health care.
- Information services in confidential places, like bathrooms.
- All cases are different – need to be open about what a family needs.

Survey for Hawai'i State Coalition Against Domestic Violence for Victims N = 28

Maui: 7, Lanai: 5, Hilo: 8, Kauai: 8

1. What was the thing that most helped you feel safe?

- That everyone takes abuse seriously. That there is an agency like Women Helping Women to assist us. The Police were also very helpful and supportive.
 - MPD and Prosecutors Office along with WHW. Their fast supporting actions.
 - Knowing I had resources available to help myself.
 - By not having him get upset and having someone know what went on, just recently.
 - The first contact with WHW. Just knowing that there was support helped me to begin the transition.
 - Knowing I had a plan and could leave. Having some cash on hand, having clothes packed.
 - Staying away from my abuser and knowing that he's on the mainland:
 - Their presence to help me and give me advice me made me fell secure.
 - The thing that most helped me feel safe is that there are shelters for us women who are victims of DV. Also, there are organizations like WHW and Parents and Children Together.
 - Obtaining the TRO with the help of Beverly.
 - It helped me feel safe to know that there is someone who cares for me and an agency that is willing to help victims and provide needed protection.
 - That I knew if I put my mind to it, I could get out of the abusive situation.
 - Calm reassurance. Distance.
 - Having moral support and DV shelters.
 - The police being quick at apprehending my ex-boyfriend.
 - The shelter – a place to go to protect self and family.
 - Having someone to talk to and they've been through the same thing before.
 - My DV worker. And doing a TRO on a past abusive partner.
 - Police respond.
 - Connecting with a program person where the truth was out and I felt much less isolated:
 - The anonymity of the shelter; no one knowing where it is.
 - That someone is actually willing to take the time and hear my cry out for help.
 - Secure location
 - Friendship. Group meetings
 - When the police were on their way.
-

- Knowing I can come and unleash all my stress and get group feedback.
- Not being alone. Surrounded myself with friends and family.
- Having a safety plan and making others aware of the problem.

2. Was there something that made it easier for you to get the help you needed?

- Yes, the folks at WHW, the counseling and advice. The filling out of papers, etc. Having my son witness the abuse and having him available to help me.
- WHW getting TRO. MPD helping to retrieve belongs.
- The WHW Center were very helpful.
- Thinking about what could happen to my children.
- Yes. When I first left my husband, lack of funds was my major obstacle to over come. Your organization's help with funds for my own apartment made it all happen.
- I think being able to go on-line is a good idea.
- My daughter:
 - None.
 - WHW made it easy for me to get the help I needed. They are very supportive and caring individuals.
 - Beverly, with WHW, has made it very easy for me. She was very knowledgeable with everything regarding safety.
 - Flyers or handbills that contain telephone numbers and a call that won't cost the victims really an excellent help. Kind recommendations from police officers.
 - That I realized I didn't have to take the abuse and no longer be victimized.
- No. Seeing strength to not have to hide it all and having a right myself. I think the emotions and source help from DVA is helpful.
- DV hotlines and info that welfare officers have.
- The DV claim, because without it I would have not been able to get the counseling that I needed because I would have to worry about work and supporting my family. The DV claim helps me to be able to get my life straight without worrying about bills.
- My family helped to encourage me to get out.
- Yes. When I found the DV through welfare. Never found it before that.
- Getting referred to DV.
- Find out information with worker.
- CFS DV program coordinator has a very energetic hopefulness that was encouraging:
 - The staff makes it easy to get the help. They're approachable and readily available and knowledgeable.
 - Yes. Gladys explained everything in detail for me to understand more about my situation.

- Smart people with information and experience with the system. The calm voice on the telephone helped.
- Yes – shelter.
- Knowing that the police knew about the women’s shelter and that they were willing to take me there.
- Yes – I have been able to call my counselors and the girls I have met in the group.
- Talking to friends and family and getting advice.
- A lot of referrals from every agency I encountered.

3. Was there something that made it difficult to get the help you needed?

- Taking the first step
- None
- No
- Afraid of having him say it’s not true
- No. Once I got the financial assistance I so desperately needed to fund my apartment, I was able to sequentially take the steps I needed to get my life on track by getting a job, etc.
- No way to talk safely. A cell phone would have been a big help
- No family or friend support
 - Yes. Cultural values
 - None
 - As far as the TRO, no, that was good. I had a lot of difficulty with obtaining a lawyer from the DVCLH, due to the fact that I reside on Lanai. I was forced to obtain a high end attorney from Honolulu
 - No
 - No, I got all the help I needed. Thank God for 911
 - Better legal representation for the victims of domestic violence. The DVCLH needs more funding for its attorneys
- Yes. Having to stand the abuse. Compromising the safety of not knowing where we are. Legal system
- Feeling trapped and having no alternative but a DV shelter
- Transportation problems
- The lag in time of police response. Lack in justice system to lock up the perpetrator.
- Only when I was being abused and didn’t know where to go.
- My not wanting to do the TRO on ex-partner. You have to want to do it.
- Yes. No more car.
- Never got the legal help I “needed” because a Legal Aid lawyer was my witness in my FC-D case.
 - Nothing but my own fears and concerns
 - No
 - My own fear of embarrassment and fear of not being believed or helped

- No
- I didn't know about the shelter and therefore felt trapped
- No – only if my babies are sick I can't attend, but I love going to sessions
- Being scared to talk about my past
- None

4. If you could add one thing to the help you received, what would it be?

- Nothing; WHW has been very good to me
- I can honestly say I would not add anything; The key for me was the initial funding for the apartment, along with the continual emotional support you provided for me and my kids
- Nothing
- Post counseling follow-up call after the court date (WHW phone call).
- No
 - Share my experiences to others who needed help like me
 - Thank and praise God for all of these organizations in helping women and children who are victims of domestic violence; May God also bless these individuals with wisdom and strength
 - I would not change anything with WHW. Beverly has been great; She has helped me tremendously
 - N/A
 - That to anyone out there getting abused, it's never too late to get out of it
- Time for more active _____ apart
- I'd like to see a CFS advocate contact every person affected by DV to inform them about the DV claim and their services
- More education for service providers – to be more experienced in the field of DV
- More people who are compassionate with this type of people
- More sources
- Transportation
- Another group – follow up support on how to build a healthy life. How do you live healthy when all you've known is abuse?
 - Everything was presented to me perfectly
 - The help I received is beyond my expectations
 - Communication, staff understands what I am taking about and they give me good comments to make me feel myself and loved
 - Everyone was phenomenal; The validation and compassion was more than I could have hoped for
 - More money from the state – child care
 - Child care
 - Child care and transportation for classes; If there's one thing you could change about the help you received, what would it be?

- Nothing; It's been great
- I would not change anything about the help I received; Your organization gave me what I needed to get my start so that I could take the steps to organize my life
- Nothing
- No
- I would have gone to get medical attention shortly after
 - No more
 - None; Satisfied with the help I received
 - I was very impressed with the support for women and children in a domestic crisis her on Lanai; WHW, PACT, Dr. Shario Liden and Dr. Greg have been a huge support for my children and me
 - I received awesome help
 - None
- Welfare to be a bit more sensitive to DV and the police need to be more educated
- Thank you. Have to bring up bad stuff
- None
- Continuous services from beginning to end; Notification to the victim to be informed about court proceedings, perpetrator, what can be done
- Nothing
- Child care provided by very specifically trained personnel; We who have been abused have trust issues letting them be supervised by someone who could abuse them made using sitters very hard
 - Nothing (3)
 - More public information it can happen even if you are older; And it can be done by an older person
 - Nothing
 - Like answer to number 4 – I wouldn't change anything
 - Getting more women in the program so I can learn from their experiences

6. Other ideas you want to share with us?

- Without WHW, honestly, I would have probably ended up (back) with my abusive partner. I thank you truly.
- I really am thankful for the transitions project. Cat got me started and Monique has continued to help me to get my career going. I believe that the Transitions Continual Support is a key resource to not only start the process to leave, but to add to the quality of life by sponsoring the women for things like obtaining scholarships for school. It helps women to feel empowered to raise the bar and see all the possibilities life has to offer. Thank you!
- Everything was perfect.
- No.
- Nothing.

- Continuous help to others.
 - It is tragic that children are victims because my child has been traumatized and I only hope and pray that he will be all right with all of the help he is receiving in school.
 - Please continue to support the WHW because it is a big help to us and those victims of DV. (Special thanks to Beverly because of her friendliness and willingness to help. She has an open ear and heart to listen and sympathize. Wonderful Job! Keep up the good work. Thank you!)
- I've dealt with another state's DV program but Hawai'i DV program is much more helpful.
 - I am still in the process and just at the beginning so keep this in mind.
 - Go in the schools to educate the young students who start relationships at too young an age. Educate them on what they can do when they witness abuse in the home.
 - Denby helped me with everything I needed weekly. Thank you for all of the support.
 - My worker, Denby is an awesome DV advocate. She helped me a lot and sees the best.
 - Had my husband gone to classes.
 - All people must become educated about violence in relating/relationships. I see this happening via a weekly newspaper column where in DV education specifically what it looks like emotionally is discussed. Basic parenting column (John Rosemond maybe) in the newspaper is a great start. Or one on families.
 - I would like to thank everyone at the shelter for the warm reception and or being so kind to my child and me. I came with nearly nothing and I/we were given a bed, linens, shower, food...I am very grateful. I wouldn't have been able to successfully leave my situation if it weren't for the shelter.
 - Nothing
 - My gratitude that this program helped me so much when I was in a very bad situation.
 - Put sensors on the top of the fence so no one can sneak from the sides and back.
 - I think it's a great idea that you have other women playing more interactive roles with women first seeking help.
 - Videos, movies, journals, reflection, meditation, self defense courses of action, red flag incidents.
 - I think it is important to seek and make use of a program like this because it helps work through issues, is informational and helps you to break the cycle of dependence and isolation.

Survey for Hawai'i State Coalition Against Domestic Violence for Batterers N = 39

1. Please check below all of the ways in the past that you have been abusive to your partner:

- 32 Physical abuse, such as slapping, pushing, shoving or punching.
- 29 Emotional abuse, such as swearing, verbal threats, insults, threatening gestures, "stink eye", extreme jealousy, asking questions about her whereabouts, stopping her from seeing her family.
- 10 Stalking, checking up on her, controlling all the money, demanding sex
- 3 Other (pls write in): Don't hit women, slap the shit out of men
- Don't want to stop – demanding to get my point across.
- None.

2. Please check below the abusive behaviors you currently engage in with your partner?

- 7 Physical abuse, such as slapping, pushing, shoving or punching
- 14 Emotional abuse, such as swearing, verbal threats, insults, threatening gestures, "stink eye", extreme jealousy, asking questions about her whereabouts, stopping her from seeing her family
- 3 Stalking, checking up on her, controlling all the money, demanding sex
- 3/4 Other: no contact – I have a TRO on me
 - Financial
 - Don't want to stop arguing
 - I have not been abusive with her currently
 - Nothing
 - None
 - Hanging up, blaming her

2. What role do you think your partner's behavior has in your abuse?

- A victim (2)
- Her mouth being open – always has something to say
- She has no role, my abuse is based on my insecurities
- Smart mouth, name calling, always checking up on me when I'm over at my dad's house
- Has the initiating factor
- "I can say whatever I want to you and hit you, but you can't do that to me"
- Lie, hiding behind my back
- She was emotional abuse
- She insists that I lied and would not back off. She becomes a hermit in the heat of battle
- I know for a fact that she loves me and that she's not afraid of me. We are still married and also in love. She is becoming more involved with everything I do. I enjoy her more now that we reconciled.
- Talk too much. Not respectful
- Thinks she's the boss
- She tries to control me and treats me like a child

- She has to take responsibility for her actions
- No comment
- Extreme jealousy
- Angry person and violent
- Being I was unable to communicate my feelings she engaged me, not knowing my anger level. She has some insults and gestures on her behalf
- Nothing. I chose to do those things. I didn't have to. I could have chosen to not react to their behavior violently
- A lot it see if what I learn in DOV is applied to my life
- None, I remove myself from the problem. Works for me
- Cheating and lying about it. Being dishonest
- None, it was all my unwilling to listen and understand
- My partner would always investigate me – always thought I was being sneaky. She was constantly digging up something to fight about
- She challenges me, talks down to me, disrespects me, does what I don't approve of, talks and hangs out with people I don't approve of. She likes to get even when I screw up
- Pushing, coercing, antagonizing
- Emotional, swearing, insults, stink eye
- My partner's role is all the pushing and shoving and swearing and slapping
- Cheating on me and doing it for a stupid reason and always putting me down
- I don't know
- None
- Her verbal insults and demeaning behavior
- Get respect
- Swearing, talking back, calling me names

4. What has been most helpful in stopping abusive behavior in your life?

- Stop, take a walk and pray
- Going to church, seeking the Lord
- Communication, vulnerable on my part
- Stopping to think of the negative things that could happen as a result of abuse
- Self talk and time outs
- Seeing the bad and harmful effects that out strip and overshadow the original issue
- Identifying my triggers and self talk. Walking away
- Taking long time out. Just not giving a crap
- I want us to get along all the time
- Her not in my life right now
- My family and my kids
- Coming to DV class
- Taking responsibility for my actions. Understanding my triggers and going to my reducers. Positive self talk. Timeouts
- Going to church and going out with our children
- Make yourself happy all the time
- Being educated in this class
- Getting arrested and coming to DOV class
- Realizing the outcome of result of my behavior before acting upon it
- Separation and getting a divorce

- Coming from a warm and loving family
- To control my feeling
- We need more love and healthier family. Not probable and sad
- Stop drinking alcohol
- The best decision I made was to get out of my last relationship and spend this time focusing on self and changing things that need to be
- Loved by my loved ones
- Looking at self
- Quitting the drugs and separating with my partner
- My little girl
- Playing music, writing lyrics (I get to express or release my anger through my songs). It turns a negative situation into something positive for me
- I stay clean and when I go out I take her
- Knowing myself
- Coming to class and learning how to handle and how to work it out
- My family and friends have been most helpful
- Surfing, diving, working and working on cars
- Run away with my friends
- N/A
- Creating a more balanced life without so much stress, more exercise and self-reflection
- Being honest
- Talking to someone who would listen to me

5. Where do you think abusive behavior comes from?

- My past
- Build up of anger, past history
- Hereditary, I learned how to cope with abusive traits
- I think it comes from a fear of being put in a position that's uncomfortable
- Inability to relate to certain situations
- Fear, insecurity, jealousy
- Society/parents
- When you and your partner never get along
- Bad upbringing or childhood
- Come from the past
- From families that are being controlling but not more understanding. Also maybe tv
- Your family, your surroundings, your childhood, from TV and from friends
- From tension that builds up from within
- From what you have seen when you are little kids. From not spending more time with parents
- Embarrassment
- I've learned from my mistake, seeing it while growing up
- From childhood influence and being a witness to it and expecting it as a normal behavior
- Could be a learned behavior or innate trait
- Family background
- No communication
- Trigger that my power didn't like

- Lack of understanding and misunderstanding
- I believe it comes from family growing up. Added with my own personal touch
- Out of anger
- Letting my feeling dictate the situation
- Drugs and alcohol
- The way I was brought up
- I don't know. My Dad used to spank me with a belt but he was never abusive with my Mom. Maybe movies or other people involved in my life influenced me to do what I did
- My thoughts in my head
- Self protection of your self esteem
- From two sides not working it out. People not listening
- Abusive behavior comes from her cause
- Anger
- My past
- N/A
- Thwarted intentions and poor communication skills
- Blaming and disrespect
- From being around abusive people

6. What would it take to stop abuse before it happens?

- Think of love, peace and know one deserves to be abused.
- Think about the things that happen. Control your actions.
- Complete change in my thinking process.
- Being aware of what you hold dear to you and what you could lose as a result of abuse.
- Being able to react then to (rather than) act.
- Look beyond the moment, remember the past.
- Violence diversion plan, before you get to that point of getting violent you stop and think and take a time out.
- The other person or myself leaving the situation
- Talk about what you can't do and what you can.
- Mutual understanding of each others fears, feelings and to compliment each other.
- Take a _____ out of you because you control yourself
- Take a time out. Go for a walk and cool off.
- Understanding your triggers and physical cues.
- Take more time-outs and spend more quiet moments and share your inner thoughts.
- Walk away from where the problem is.
- Compromise or communicate better or take time-outs.
- Time-outs are very useful.
- Change of philosophy and having the ability to recognize consequence of actions before action on it.
- It may take education, however all involved should be educated.
- Taking a time-out.
- Control anger.
- Emotional well-being.
- Talk to each other with open heart any time. A good communication.

- Change self. Focus on self.
- Understanding my cost – such as jail and caring for others.
- Time out – prayer. Calling someone to talk to.
- Thinking before I react; taking time-outs; being sober and drug-free.
- Think about it first; don't let feelings get in the way; try to understand the others point.
- Certain questions that my partner would ask. Certain beliefs that she believes is true. If she wouldn't ask or believes the things she does, it would stop situations from happening.
- Be clear minded and think before I talk. Look at people who went through it and see what they did. Take time out.
- Partner knowing when to stop.
- Take a walk, time out, go fishing, feed the dog.
- Doesn't happen anymore.
- Take a time out from the situation to cool down.
- Give me bi-polar pills. Some meds.
- N/A
- Effective time-outs, self-understanding, awareness of warning indicators.
- Find somebody else.

7. If you could do one thing to stop domestic abuse what would it be?

- Pray and ask God for help
- I would be in anti-violence groups or counseling others about the awareness of domestic violence
- Abandon all of my negative core beliefs and replace them with more positive and progressive beliefs.
- I would talk to abusive couples and share my experiences and feelings about the issue.
- Discuss whatever the problem is.
- Teach everybody how to listen and talk with respect and warmth.
- Talk to people about the choices I've made and let them know what kind of consequences comes with the problem of domestic abuse.
- Reinstate capital punishment
- Restructure our family court system – innocent until proven guilty
- Help another person or a friend
- Make peace.
- Education early on in life as well as later for all parties. Education, education and more education.
- Come to class more often. Join some kind of class to cope with your stress.
- Love your self. Communicate good things with anybody.
- Time outs – stop the situation.
- Avoid the situation once realizing the potential for violence.
- In the past I would have gotten involved. Now I wouldn't (everyone's on their own).
- Nothing for now – need to be educated.
- Everything it gonna be in peace.
- Be honest, be positive, love and trust.
- Show my children to be at ease sharing their feelings.
- Realistically, say a prayer.
- Help my self to know the options and life is not so abusive.

- Get to know and understand your partner. Being open minded, caring, loving and all that good stuff.
- Trust/respect my partner.
- No one has the right to be hit or be put down, emotional or physical.
- Stop sleeping with other women.
- Education. Let people see other experiences and what could happen.
- How to be a better person.
- Can't stop domestic abuse.
- Send the right person to jail and to these classes.
- Take meds.
- Stop people from abusing the system
- Teach communication, relationship and problem resolution skills in high school.



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I. SUMMARY OF KEY FINDINGS

Extent of the Challenge

A real challenge for this issue is to identify the number of people who suffer from “physical, mental, sexual abuse, violence or the threat of violence from an intimate partner”. The best measure identified in this review is in the State of Hawaii Department of Health Behavioral Risk Factor Surveillance Survey (BRFSS). The BRFSS survey specifically asks the question, “In the past 12 months have you been a victim of physical, sexual, or emotional abuse by an intimate partner?” On average between 2001 and 2004, 2.4% of adults 18-years and older reported experiencing such an incident. This represents approximately **22,937 adults in Hawaii**.

Source	Count	Notes
BRFSS – Abuse by an Intimate Partner	22,937	Self-reported survey, unduplicated
County Police Departments Reports for Abuse of Family & Household Members - 2002	8,296	Includes Maui County reports of verbal abuse, may include duplicate reports from the same adult
County Police Departments Reports for Abuse of Family & Household Members - 2004	4,599	Maui County stopped reporting cases of verbal abuse, may include duplicate reports from the same adult
Total Estimated number of cases if verbal abuse was included for all Counties	14,835	Based on the change in Maui’s number of reported cases, may include duplicate reports from the same adult
County Police Departments Reports for of Forcible Rapes of Females - 2004	361	Estimated to be about 30% of the total rapes, which assumes that 70% are never reported
Uniform Crime Report – Murders Involving Domestic Violence by an intimate partner - 2004	2	This is 29% of all murders related to domestic violence overall.

Note that the number of cases actually reported is significantly below the self-identified number, even though the police reports include all family members rather than just intimate partners. Verbal abuse in particular is currently not reported at all by Police Departments, a significant under-representation of the larger problem.

Characteristics of Adults Reporting Abuse by an Intimate Partner

Intimate partner abuse impacts all demographics categories. However the following are groups that exhibit a significantly higher prevalence rate:

- 35 – 44 year olds
- Hawaiian/Part-Hawaiian
- High school and some College – highest level of education
- Unemployed
- Household income less than \$25,000
- Unmarried

Please note that many of these characteristics are inter-related and it is unclear based on the data available what is a leading versus a following characteristic.

Geographically the prevalence rate also varies with the highest rates on:

- Kauai and Maui County, particularly on Molokai
- In the C&C of Honolulu the highest areas were Leeward Coast, Ala Moana and Kaneohe thru Kaaawa.
- On Hawaii Island the highest rate was in Puna/Kau followed by North Hawaii.

Here again these are communities that have a higher percentage of lower income households.

Please note that prevalence rates are not always indicative of the size of the population segment. Therefore in Appendices A & B are charts showing both prevalence rate and estimated size of each segment – both prevalence rates and segment size should be considered in evaluating areas for future focus.

Number Being Served

There are many government and non-profit agencies addressing domestic violence. The following is a summary table of adults being served:

Source	Number	Notes
Adults served due to Domestic Violence - DHS Government Funded Service Provider Shelters - 2004	941	Unduplicated
DHS Government Funded Service Provider Shelters Hotline & Referral Calls - 2003	10,846	May include duplications
Non-government Hotline Calls - 2004	16,264	May include duplications
Non-government Information/referral Calls- 2004	38,575	May include duplications
Non-government Legal Advocacy	10,174	May include duplications

The data provided makes it difficult to evaluate what percent of those subject to abuse by an intimate partner are being served because of the broader definition of domestic violence as well as the Hotline calls including duplications.

SMS Thoughts

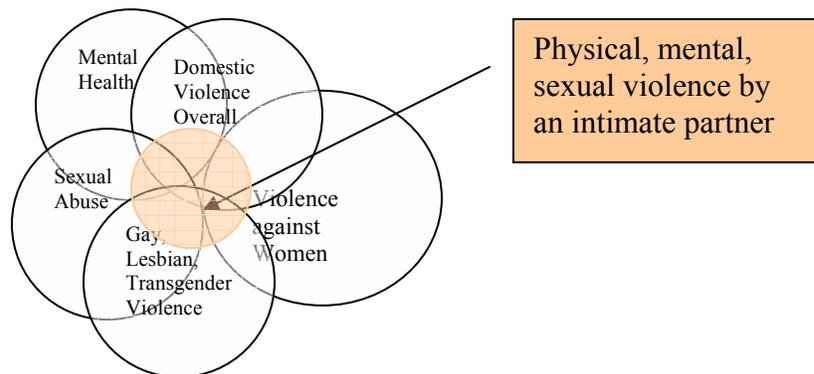
The literature outlines a number of recommendations for better addressing the needs of victims of domestic abuse and violence against women. These recommendations seem sound, but we are by no means the experts in this area. The following represent issues that we feel deserve greater attention.

- Overall as the literature states there is a need for better coordination of Government and Non-profit agencies serving the Domestic Violence, Sexual Violence and Violence against Women victims.
 - As identified in several documents, there is a lack of coordination and funding for these essential services. The services being provided currently are essential, but under funded and it is difficult to identify the gaps in service, best practices, etc.

The Sexual Violence Strategic Planning Group recommended that the Hawaii State Department of the Attorney General be given the authority and responsibility to develop and oversee the coordination and funding for the sexual violence programs that receive funding. However, this is a more narrow definition of the need than DV is serving.

- Domestic Violence definitions

- The definition “physical, mental, sexual abuse, violence or the threat of violence from an intimate partner” overlaps many other areas. This definition of the group targeted is both broad and narrow, overlapping many other areas, but maintaining a specific focus.



- In the area of government funding it is unclear where *intimate partner abuse* fits in. This may be both a challenge and an opportunity. The challenge is defining who you serve and how you complement (v. overlap) with other services. The opportunity is that DV serves a unique niche by focusing on intimate partners and including mental abuse.
- The other challenge is whether the people who would benefit from DV services have relatively similar or dissimilar needs, means of communications, etc. Is there enough commonality among people who are victims of intimate partner abuse? The data suggests it crosses multiple demographic characteristics however there is prevalence among lower income adults who are not married – potentially a disparate group. This also suggests reaching into communities that are lacking in role models and self-esteem.
- In addition to the possible confusion of who would benefit from your services, another challenge lies in that the name Domestic Violence which to many suggests all forms of domestic violence, not simply intimate partner abuse.
- Clearer, more meaningful data
 - With so many definitions of domestic violence, the numbers are very inconsistent and confusing. A clear hierarchy of questions should be developed to understand the issue and how many people are currently seeking assistance.

- BRFSS data seems the best able to identify abuse by an intimate partner. Perhaps additional questions should be added to this survey to include domestic violence overall as well as how many have sought assistance, considered looking for help but did not know where to go, or did not believe any help is available.

II. LITERATURE REVIEW

Objective

The objective of this literature review is to combine existing studies on domestic violence done on a local and national level. It specifically tries to find (1) data about scope of the domestic violence; (2) approaches local agencies have taken to combat domestic violence; (3) common themes or issues about domestic violence that might be of interest to the strategic planning process.

Definition of Domestic Violence

Hawaii Legal Statute, Hawaii Revised Statutes (HRS) §586-1, defines Domestic Violence (DV) as “physical harm, bodily injury, assault, or the threat of imminent physical harm, bodily injury, or assault, extreme psychological abuse or malicious property damage between family or household members; or any offensive act (under §709-906, part V or VI of chapter 707) committed against a minor family or household member by an adult family or household member.”¹

In addition, HRS §707-730 defines Sexual Assault (SA) as occurring when “the person knowingly subjects another person to an act of sexual penetration or sexual contact by strong compulsion.”²

While DV and SA are separately defined in HRS, for the purpose of this literature review, we focus on the *physical, mental, sexual abuse, violence or the threat between intimate partners*.

III. DATA ABOUT THE SCOPE OF THE DOMESTIC VIOLENCE PROBLEM

There are several data sources that attempt to track the prevalence or incidents of DV and SA in Hawaii:

- 1) County Police Departments’ Reports and Crime Reports in Hawaii;
- 2) Behavioral Risk Factor Surveillance System Survey (BRFSS);
- 3) Hawaii Health Survey; and
- 4) University of Hawaii at Manoa Women’s Center Survey.

County Police Departments’ Reports and Crime Report in Hawaii

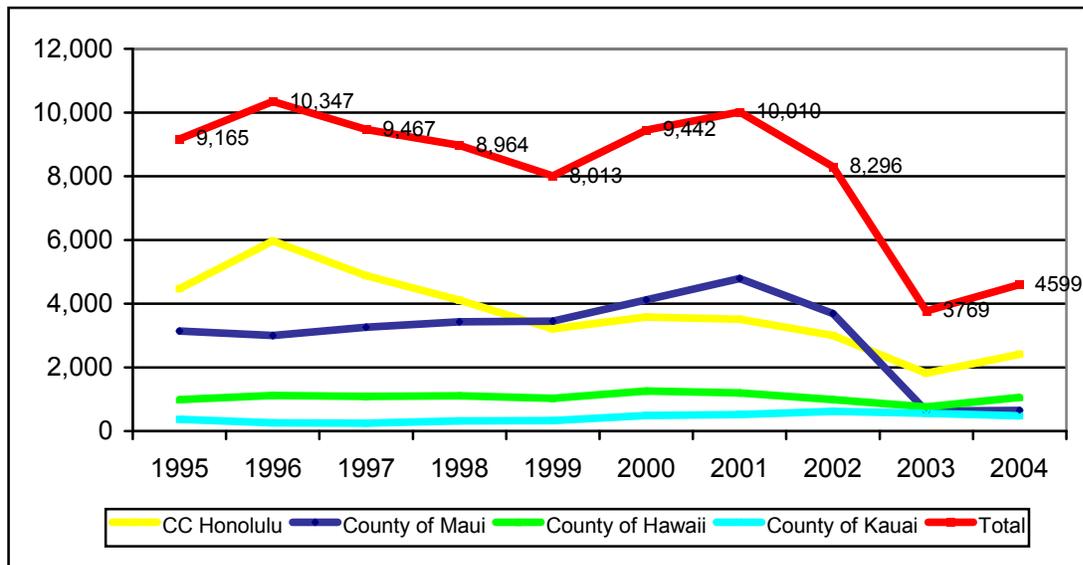
Each county police department tracks the number of cases reported as well as arrests for abuse of family and household members (AFHM). The HRS§709-906 (Domestic Violence Criminal Statute) defines “family and household members” as spouses or reciprocal beneficiaries, former spouses or reciprocal beneficiaries, persons who have a child in common, parents, children, persons related by consanguinity, and persons jointly residing or formerly residing in the same

¹ Hawaii Legal Statute, http://www.womenslaw.org/HI/HI_statutes.htm#586-1, January 2006.

² Department of the Attorney General Crime Prevention and Justice Assistance Division, *State of Hawaii, Strategic Plan For the S.T.O.P. Violence Against Women Formula Grant: FY 2003*. January 2004.

dwelling unit.³ While this does not include dating relationships, Chapter 586 (Domestic Violence Protective Order Statute) does include dating relationships, which are defined as “a romantic, courtship, or engagement relationship, often but not necessarily characterized by actions of an intimate or sexual nature, but does not include a casual acquaintanceship or ordinary fraternization between persons in a business or social context.”⁴ According to the Office of Victim Witness Kokua Service, Division of Prosecuting Attorney, whether or not cases involving dating relationships are included in the AFHM counts depends on how the prosecutors interpret each reported incident information of victim-abuser relationship available to them.

Figure 1: Reports for Abuse of Family and Household Members



Source: County Police Department⁵

Figure 1 shows the number of reported cases for abuse of family and household members (AFHM). While the number of reports filed by police in the counties of Hawaii and Kauai have been stable, the City and County of Honolulu continues to report less abuse incidences since 1996. The number of incidences in Maui County had showed an inordinately higher rate of reporting until 2002 due to the fact that this was the only police department compiling reports for AFHM that included all verbal abuse incidents, which accounted for 69 percent of its reports in 2002.⁶ In 2003, it eliminated the inclusion of verbal abuse reporting, resulting in a sharp drop of AFHM reported count in the county. In addition, the 2003 figure of Honolulu County is considered an estimated number based on a conversion of its altered reporting system. The Department of the Attorney General argues that these changes have resulted in a lower state

³ §709-906 Abuse of family or household members, http://www.capitol.hawaii.gov/hrscurrent/Vol14_Ch0701-0853/HRS0709/HRS_0709-0906.HTM, January 2006.

⁴ Chapter 586 Domestic Violence Protective Order Statute, http://www.womenslaw.org/HI/HI_statutes.htm, January 2006.

⁵ Attorney General, State of Hawaii, *Crime in Hawaii 2004: A Review of Uniform Crime Reports*. Crime Prevention and Justice Assistance Division, Research and Statistics Division, 2004.

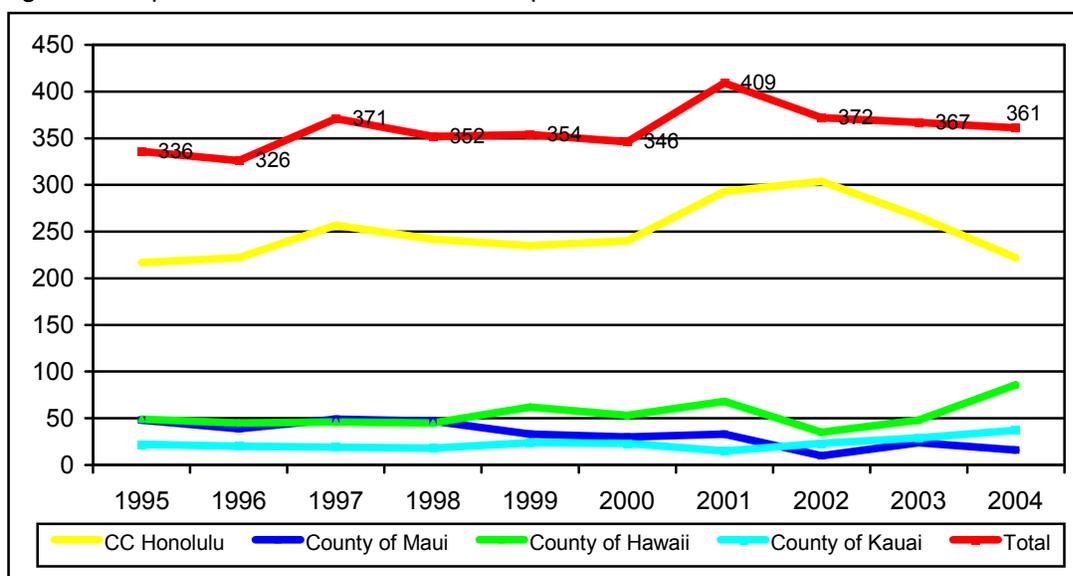
⁶ Sexual Violence Strategic Planning Group, *Shaping Tomorrow, The Future of Sexual Violence Programs in Hawaii*. January 2005.

total AFHM reports in 2003 and 2004 in *Strategic Plan for the STOP Violence Against Women Formula Grant: FY 2005-2007*.⁷

The percentage of arrests to the number of reported incidents of AFHM varies widely over the different years. Between 1995 and 2002, the City and County of Honolulu reported an average of 61.7 percent, Maui County reported an average of 17.6 percent, Hawaii County reported an average of 54.3 percent, and Kauai County reported an average of 51.6 percent of arrests to the number of reported AFHM incidents. If the physical abuse reports for AFHM were included, Maui's rate would be 53.1 percent.⁸

SA incidents are reported as forcible rape in Hawaii, which is defined as "the carnal knowledge of a female forcibly and against her will," in *2004 Crime in Hawaii* report.⁹

Figure 2: Reported Incidents of Forcible Rape of Females



Source: Crime in Hawaii, A Review of Uniform Crime Reports

Figure 2 summarizes the reported incidents of forcible rapes between 1995 and 2004 by county. While the number of incidents in the City and County of Honolulu has been gradually increasing up until 2002, Maui County reported a slight decrease in the number of reported incidents. Between 2002 and 2004 incidents of rape in the City and County of Honolulu decreased by 27 percent, while Hawaii County saw an increase of more than 140 percent. When the forcible rape rate per 100,000 people is considered, the counties of Hawaii and Kauai have much higher rates than other counties, at 54.1 and 60.7 respectively in 2004. The State of Hawaii rate of forcible rape per 100,000 people was 28.6 in 2004.¹⁰

⁷ Department of the Attorney General Crime Prevention and Justice Assistance Division, *State of Hawaii Strategic Plan for the STOP Violence Against Women Formula Grant: FY 2005-2007*, October 2005.

⁸ Ibid.

⁹ Attorney General, State of Hawaii, *Crime in Hawaii 2004: A Review of Uniform Crime Reports*. Crime Prevention and Justice Assistance Division, Research and Statistics Division, 2004.

¹⁰ Ibid.

Most literature argue that these DV and SA incidents are significantly under-reported due to various reasons such as fear of revictimization, fear of repercussions, cultural inhibitions, and frustration with criminal justice responses.^{11 12} For SA, several surveys administered nationally as well as locally have revealed that a conservative average reporting rate is approximately 30 percent.¹³

Table 1 provides the number of domestic violence victim contacts with state-funded service providers as a result of abuse. There are nine shelter facilities statewide (three on Oahu, two on the Big Island, one each on the island of Molokai, Kauai, and Maui), and one facility only for military victims/dependents.

Table 1: Number of Domestic Violence Victim Contacts with Government-funded Service Providers

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Adult served (unduplicated)	1,033	976	1,028	947	848	957	1,098	898	951	941
Hotline and info./referral calls	7,404	8,072	10,066	11,392	10,928	9,205	10,118	10,847	10,846	n/a
# of bed days (adults/family)	31,395	28,445	29,639	32,898	30,099	37,575	36,013	36,846	36,982	35,887

Source: FVPS Grant: Annual Reports for 1005 to 2004, DHS Social Services Division

Table 2 shows the number of direct contacts that non-governmental service providers received from domestic violence victims for other than shelter services. The range of available services these agencies provide is wide—hotline and information/referral calls, legal advocacy, parenting skills, education, support groups, batterers’ intervention treatment, visitation services, and outreach education. When the number of reported incidents of AFHM (Figure 1) is compared with the number of hotline calls received by these agencies (Table 1 and 2), there were many more calls than reported AFHM, indicating that many AFHM cases may be underreported.

Table 2: Non-governmental Agencies’ Service Contacts with Domestic Violence Victims

	1999	2000	2001	2002	2003	2004
Hotline calls (crisis counseling)	13,823	10,470	11,747	15,589	13,782	16,264
Information/referral calls	19,456	18,587	16,200	19,652	20,874	38,575
Legal Advocacy	1,440	1,489	1,667	6,661	7,368	10,174
Support Groups	6,702	1,757	1,629	2,286	2,020	2,024
Outreach/education/training	3,608	329	264	199	338	314
Other services: visitation, court, etc.	1,900	4,313	5,011	21,440	26,194	23,977
Batterers’ Intervention	3,537	2,705	2,517	2,044	2,313	1,791

Table 3 illustrates the direct service contacts for adult female SA victims statewide. SA services are provided by four programs throughout the state: one on each island of Oahu, Hawaii, Maui, and Kauai. The data are a reflection of individuals who are accessing the services where there is the availability of services for SA victims. When the numbers in Table 1 are compared with Figure 2, the number of Crisis Phone Intake Calls far exceeds the number of reported incidents, again indicating that many SA incidents may be underreported.

¹¹ Ibid.

¹² Sexual Violence Strategic Planning Group, *Shaping Tomorrow, The Future of Sexual Violence Programs in Hawaii*. January 2005.

¹³ Ibid.

Table 3: Statewide Services for Adult Female SA Victims

Type of service	1998	1999	2000	2001	2002	2003	2004	2005
Crisis Phone Intake (all calls)	2,760	2,245	2,153	2,446	1,875	4,111	3,990	3,791
Crisis Stabilization/Counseling	577	509	217	195	205	117	249	251
Clinical/Legal Advocacy (new/pending)	1,472	807	731	606	471	481	549	474

Source: Kapiolani Medical Center for Women and Children

According to the local report, *One in Seven—Raped in Hawaii*, it is estimated that approximately 14.5 percent of adult women in Hawaii have been victims of one or more completed forcible rapes during their lifetimes.¹⁴ This estimate is deemed to be conservative considering other studies that estimated higher prevalence of rape in Hawaii.¹⁵

Furthermore, a 2004 report by the Department of the Attorney General, *Sexual Assault Victims in Honolulu: A Statistical Profile*, presented a number of key findings regarding SA victims in Hawaii. The average age of victims at the time of assault is 18 years old, and 90 percent of them are female. The largest ethnic categories of victims were: Hawaiian/part Hawaiian (28.8 percent), Caucasian (26.3 percent), and mixed heritage (non-Hawaiian)(17.4 percent). Perpetrators were usually someone they knew, more likely an intimate partner. Only 16.3 percent of perpetrators were identified as strangers.

Another possible indication of domestic violence between intimate partners is to look at the relationships of murder victims to offenders presented in the report, *Crime in Hawaii 2004*. In the State of Hawaii, there were 33 murder cases reported during 2004, of which two were murdered by intimate partners, accounting for 6.1% (Table 4). Table 5 shows the trend of victim-offender relationship between 1995 and 2004.

Table 4: Relationship of Murder Victims to Know Offenders, State of Hawaii, 2004

Relationship	Victims	Percent of Total
Acquaintance	12	36.4%
Stranger	9	27.3%
Immediate Family	4	12.1%
Spouse	0	0%
Girlfriend/Boyfriend	2	6.1%
Unknown	6	18.2%
Total	33	100%

Source: Crime in Hawaii 2004

¹⁴ Department of the Attorney General Crime Prevention and Justice Assistance Division, *State of Hawaii, Strategic Plan For the S.T.O.P. Violence Against Women Formula Grant: FY 2003*. January 2004.

¹⁵ Ibid.

Table 5: Murders Involving Domestic Violence Between Family and Household Members (as defined under Chapter 586)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	Total	Ave.
Intimate partner (inc. former partners)	8	6	5	6	3	10	11	4	2	2	57	5.7
Non-intimate familial relationships	8	1	2	3	5	5	1	1	4	5	35	3.5
Non-intimate/familial Cohabitants	1	0	2	0	0	0	0	1	1	0	5	0.5
Total	17	7	9	9	8	15	12	6	7	7	97	9.7
Rate per 100,000 resident population	1.4	0.6	0.8	0.8	0.7	1.2	1.0	0.5	0.6	0.6	n/a	0.8

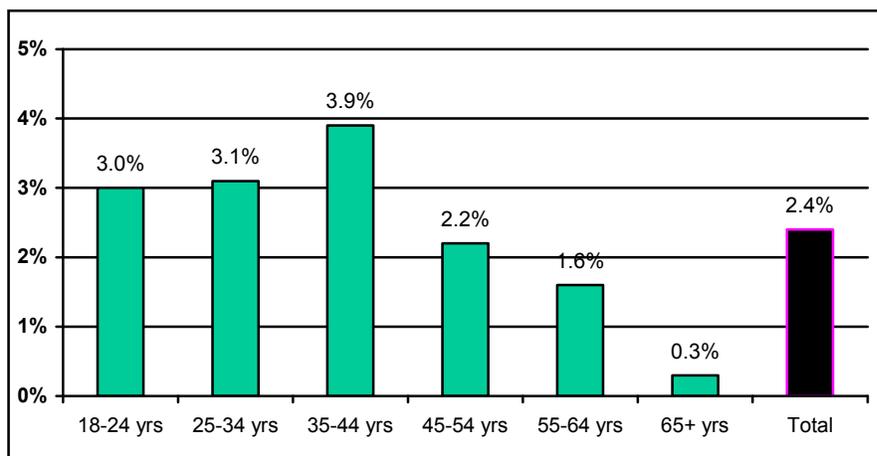
Source: Uniform Crime Reporting Program, Department of the Attorney General, State of Hawaii

Behavioral Risk Factor Surveillance System Survey (BRFSS)

Started in 2002, Hawaii Behavioral Risk Factor Surveillance System Survey (BRFSS) added an intimate partner violence-related question asking, “In the past 12 months, have you been a victim of physical, sexual, or emotional abuse by an intimate partner?” This survey targets adults 18 years or older. Rates of “yes” responses reported were 2.1 percent in 2002, 2.2 percent in 2003, and 2.9 percent in 2004.¹⁶ Figures 3 through 9 show the prevalence rate of domestic violence broken down by demographic characteristics. A prevalence rate shows the incidence of domestic violence within each category. Therefore while there may be more 45-55 year olds overall suffering from domestic violence (because there are more 45-55 year olds in the population) people within the 35-44 year old breakout are almost twice as likely to be victims of domestic abuse. The total column provides the overall average prevalence rate.

Detailed segmented data by demographic characteristics and by geographic sub-communities are also available (Figure 3-13). It should be noted that a large portion of SA victims might be excluded from this data since the report, *Sexual Assault Victims in Honolulu*, stated that the average victim at the time of the assault was 18 years old.¹⁷

Figure 3: Intimate Partner Violence Prevalence Rate (2002-2004) by Age



¹⁶ Hawaii State Department of Health, *Behavioral Risk Factor Surveillance System Survey (BRFSS)*, <http://www.hawaii.gov/health/statistics/brfss/brfss/index.html>, January 2006.

Figure 4: Intimate Partner Violence Prevalence Rate (2002-2004) by Ethnicity

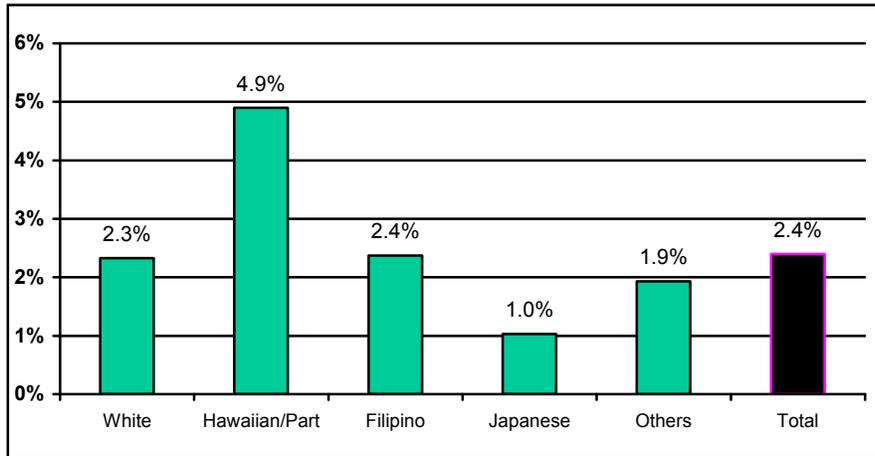


Figure 5: Intimate Partner Violence Prevalence Rate (2002-2004) by Education

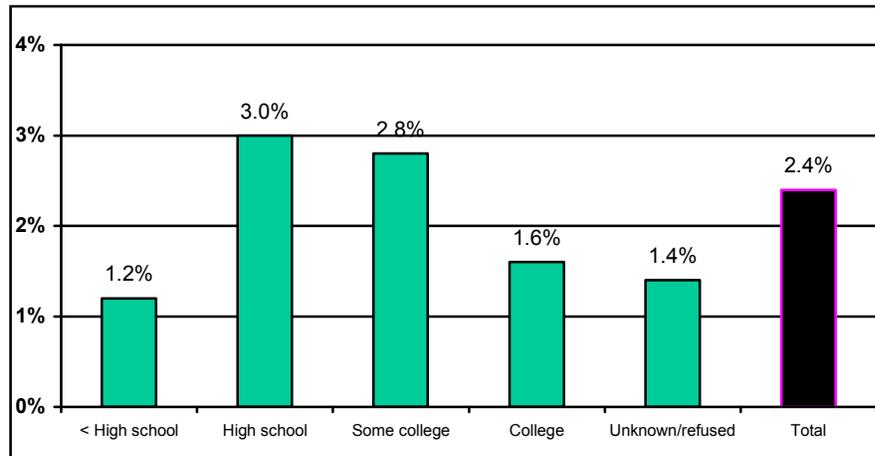
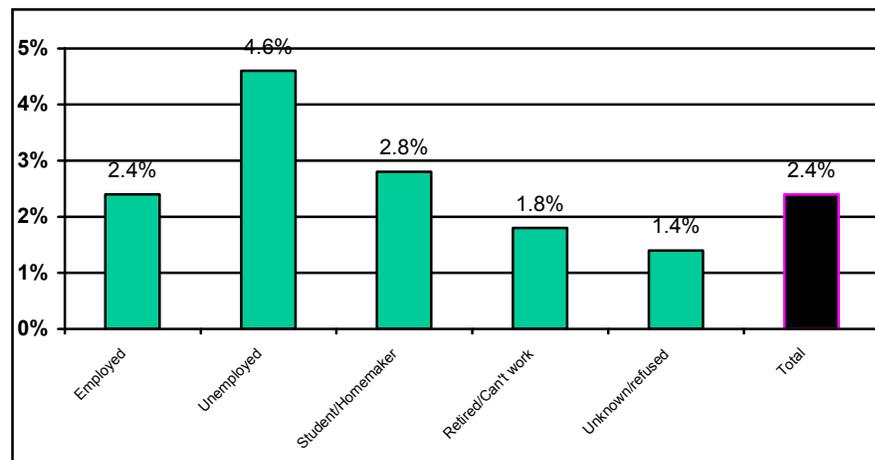


Figure 6: Intimate Partner Violence Prevalence Rate (2002-2004) by Employment Status



¹⁷ Department of the Attorney General Crime Prevention and Justice Assistance Division, *State of Hawaii*,

Figure 7: Intimate Partner Violence Prevalence Rate (2002-2004) by Household Income

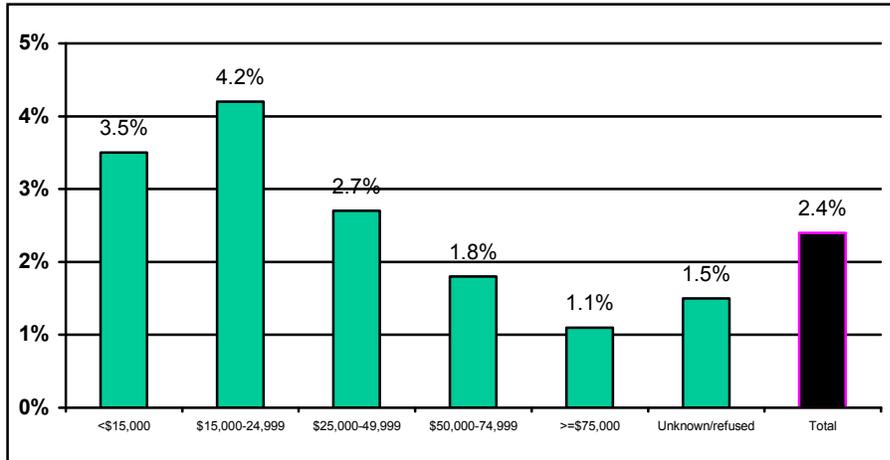


Figure 8: Intimate Partner Violence Prevalence Rate (2002-2004) by Marital Status

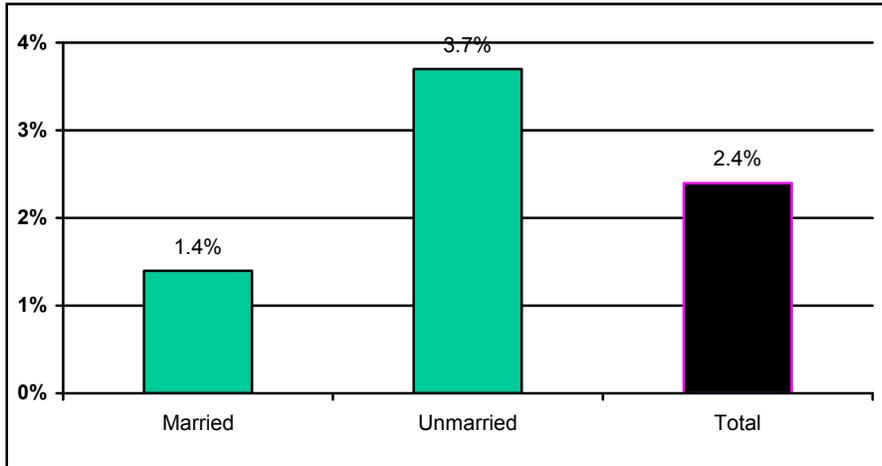
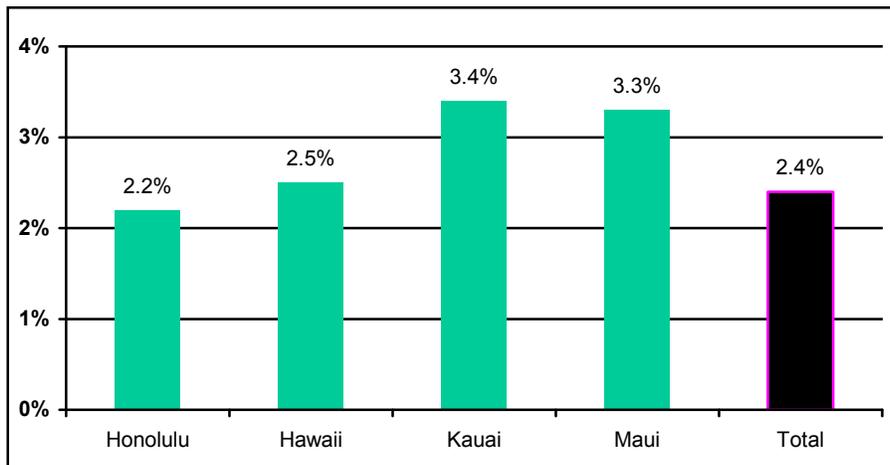


Figure 9: Intimate Partner Violence Prevalence Rate (2002-2004) by County



Strategic Plan For the S.T.O.P. Violence Against Women Formula Grant: FY 2003. January 2004.

Figure 10: Intimate Partner Violence Prevalence Rate (2002-2004) by Subcommunity-Honolulu

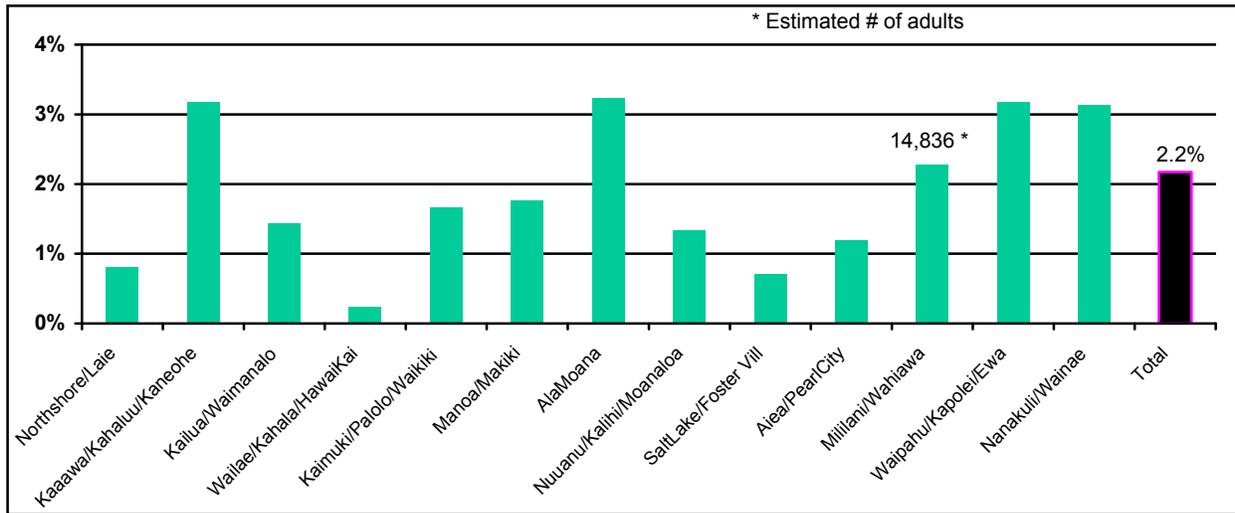


Figure 11: Intimate Partner Violence Prevalence Rate (2002-2004) by Subcommunity-Hawaii

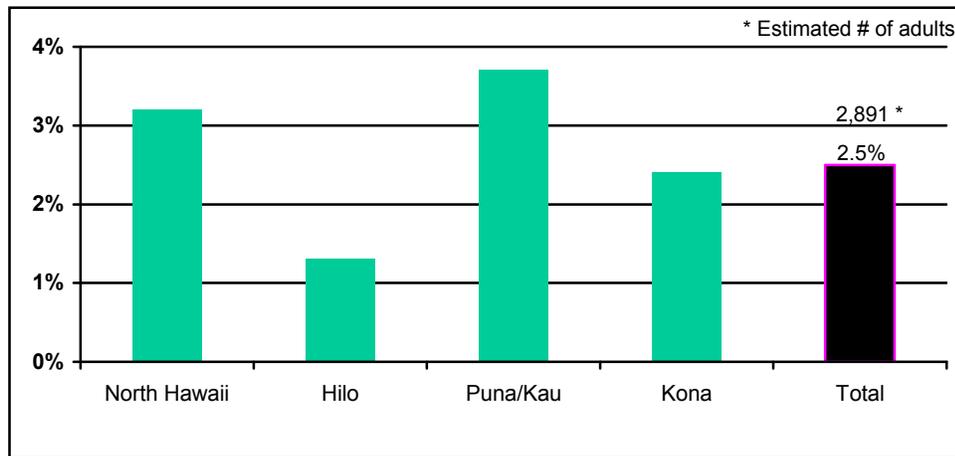


Figure 12: Intimate Partner Violence Prevalence Rate (2002-2004) by Subcommunity-Kauai

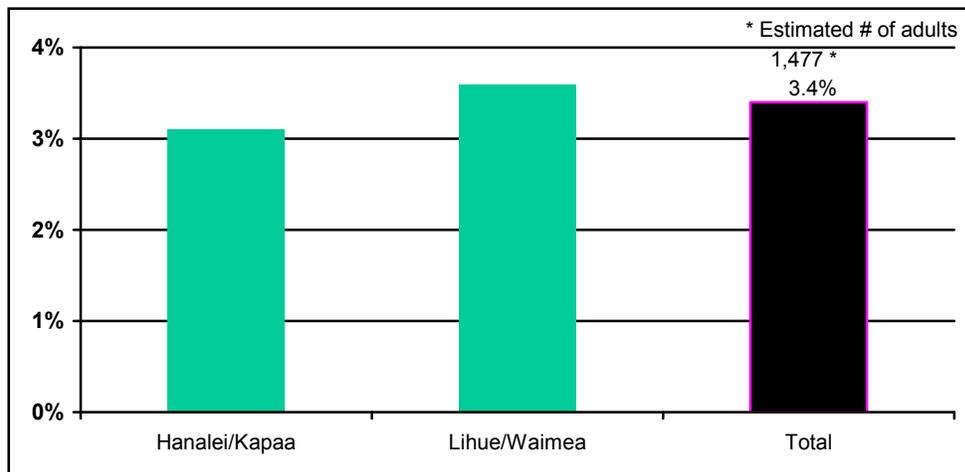
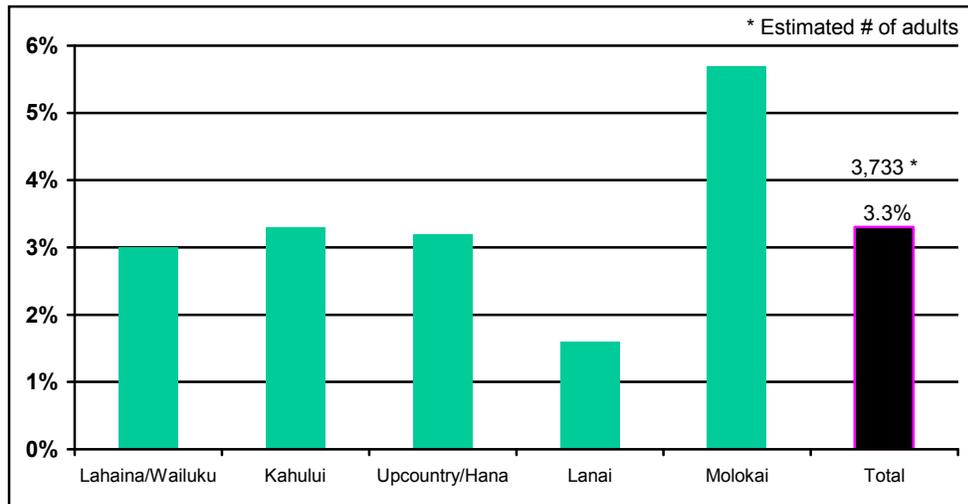


Figure 13: Intimate Partner Violence Prevalence Rate (2002-2004) by Subcommunity-Maui



Hawaii Health Survey (HHS)

Hawaii Health Survey (HHS) also periodically asks some questions relevant to domestic violence. The responses to these questions provide additional insight into the scope of the DV and SA problems.

In 2000, 12.8 percent of the respondents reported having been abused. This rate significantly varied between ethnicities. Among Hawaiian/Part Hawaiian 20.4 percent reported having been abused, while 12.8 percent of Caucasians, 11.6 percent of Filipino, and 17.4 percent of all other ethnicities reported having been abused. 2.3 percent said they have feared for their safety due to their intimate partner. Hawaiian/Part Hawaiian were the most likely to have been victimized (4.3 percent), followed by Filipino (2.3 percent) and Caucasian (2.0 percent). Overall, those who said they have seen a doctor due to abuse by an intimate partner was just 1.0 percent, however among Hawaiian/Part Hawaiian this rate reached 2.0 percent, while among Caucasians 1.5 percent had seen a doctor as a result of abuse.¹⁸

In 2003, questions were asked regarding safety of households from physical violence. In this year, 79.4 percent felt their households were “very safe” from the effects of someone who drinks too much alcohol. Hawaiian/Part Hawaiians were the least likely to report feeling “very safe” (74 percent), Filipino families were the second lowest (74.7 percent), while 79.2 percent Japanese felt “very safe”. When asked, “How safe is your household from effects of someone who uses drugs?” 79.2 percent said “very safe”. In this measure, Filipino families were the least likely to report feeling “very safe” (73.1 percent), Hawaiian/Part Hawaiian was the second lowest (75.9 percent), followed by Japanese (78.1 percent).¹⁹ These data indicate domestic violence issues may be intertwined with substance abuse problems.

Neither 2000 nor 2003 HHS data clearly explain the relationships between victims and abusers.

¹⁸ State of Hawaii, Department of Health, *Hawaii Health Survey (HHS)*, 2000.

¹⁹ State of Hawaii, Department of Health, *Hawaii Health Survey (HHS)*, 2003.

University of Hawaii at Manoa Women's Center Student Survey

In Fall 2003, UHM Women's Center collected 724 surveys from undergraduate students, of which 435 were female respondents. Questions were relating to stalking, relationship violence, sexual assault and rape. Partner violence (relationship violence) was defined as verbal, physical, and/or emotional/mental abuse received from boy/girlfriend, husband/wife, date, lover and/or special friend.²⁰

Of the female respondents, 10.8 percent reported experiencing partner violence since they began attending UHM. Of those who had experienced partner violence, 24.1 percent said it happened on campus, 4.4 percent said they reported the incidence(s) to police, and 30.4 percent said they told no one.

²⁰ University of Hawaii at Manoa Women's Center, *Student Survey on Sexual and Relationship Violence*, 2003.

IV. APPROACHES TO THE PROBLEM

There are three documents that attempt to categorize existing services and resources for the domestic violence problems in Hawaii:

(1) *Violence Against Women: Needs Assessment and Strategic Plan for Maternal and Child Health Branch, Hawaii State Department of Health* briefly summarizes existing agencies and services in Hawaii (Oahu as well as neighbor islands) that relate to domestic violence problems.²¹ It presents services for domestic violence and sexual assault separately, however it does not distinguish them by definition. It should be noted that the service condition is always changing. The list below shows the condition as of January 2004 when this document was printed. These data were collected through a series of stakeholders and key informants' interviews; therefore, the list may not contain all the existing services.

Victims Services

Oahu

- ❑ Five major agencies provide most of the domestic violence services on Oahu: Domestic Violence Clearinghouse and Legal Hotline (DVCLH); PACT Family Peace Center; Child and Family Services; The Institute for Family Education; and Catholic Charities.
- ❑ Four shelters (one for military families) offer beds for women and their children who are victims of domestic violence, as well as sexual assault services, crisis intervention, psycho-educational groups, and counseling.
- ❑ Several agencies provide comprehensive legal advocacy services (including long-term case management and court representation).
- ❑ Extensive Emergency Medical Services protocols for domestic violence are in place to inquire if the cause of injury is domestic violence.
- ❑ A variety of agencies provide counseling for children and parents who are domestic violence victims.
- ❑ Keiki Safe (a new pilot project) provides intervention services at schools for children whose homes have been visited by police for domestic violence incidents.
- ❑ Sex Abuse Treatment Center (SATC) provides oversight of the DOH Master Contract for sexual assault services statewide and offers crisis intervention and medical-legal services, legal system advocacy and support, and counseling.
- ❑ Catholic Charities offers group, individual and family counseling services for victims of incest, their siblings, non-offending parents, offenders, and adult survivors of abuse and violence.
- ❑ The U.S. Navy's Sex Assault Intervention Program (SAVI) offers advocacy and support services to members of any military branch, retirees, reservists, their families and civilian victims of military personnel.
- ❑ Translation and interpretation services for victims of domestic violence and sexual assault who are non-English speakers and for the hearing impaired.
- ❑ Grants to Encourage Arrest Policies (GEAP) addresses out-of-state protection orders, stalking investigation, and victim assistance.
- ❑ University of Hawaii at Manoa offers counseling on domestic violence and sexual assault.
- ❑ University of Hawaii at Manoa Women's Center provides information and referral regarding domestic violence, sexual assault and abuse.

²¹ Marylucia Arance, Marya Grambs, *Violence Against Women: Needs Assessment and Strategic Plan for the Maternal and Child Health Branch, Hawaii State Department of Health*, January 2004.

- ❑ Crime Victim Compensation Commission disburses funds to all victims of violent crime for medical expenses, lost wages, mental health services, emotional pain, and relocation costs if immediate danger.

Neighbor Islands

- ❑ There is one shelter and one perpetrator program on each island in East and West Hawaii and on Kauai, Maui, and Molokai. The number of shelter beds is said to be adequate.
- ❑ Several islands have an unadvertised cache of “safe houses.”
- ❑ PACT opened domestic violence family visitation centers on Maui and Kauai in 2004.
- ❑ YMCA of the Big Island operates CPS visitation centers in Hilo and Kona.
- ❑ YWCA of in East and West Hawaii, YWCA of Kauai, and Child and Family Services on Maui and Molokai provide sex assault victim assistance and perpetrator programs.
- ❑ There are Children’s Justice Centers in each county.

Training

- ❑ Judges and other court personnel receive periodic training regarding how to most appropriately treat domestic violence cases.
- ❑ Caseworkers of the Department of Human Services receive minimal training.
- ❑ Hawaii State Coalition Against Domestic Violence train staff of member agencies and family visitation centers.
- ❑ Two faith-based workshops on domestic violence have been conducted on Maui.

Coordination and Collaboration takes place through the following agencies

Oahu and Statewide

- ❑ Hawaii State Coalition Against Domestic Violence;
- ❑ Hawaii Coalition Against Sexual Assault;
- ❑ Oahu Domestic Violence Task Force;
- ❑ Domestic Violence Working Group in the Attorney General’s office;
- ❑ Coordinated Rural Community Response Project;
- ❑ Improving Outcomes for Children and Families Affected by Domestic Violence and Child Abuse.

Neighbor Islands

- ❑ On Maui, Maui County Domestic Violence Task Force, Maui Coalition to End Abuse, Maui Training Collaborative, and East Maui Domestic Violence Task Force.
- ❑ On Hawaii, East and West Hawaii Domestic Violence Interagency Teams, Coordinated Community Rural Response Teams and Hawaii County Mayor’s Family Violence Advisory Commission, Solid Rock Ministries.

Batterer Intervention / Offender Service are provided by following agencies

- ❑ PACT Family Peace Center;
- ❑ Child and Family Services;
- ❑ Catholic Social Services;
- ❑ Hawaii Counseling and Education;
- ❑ Catholic Charities.

Primary Prevention

- ❑ The Awareness Foundation's Plumeria campaign, The Institute for Family Enrichment, and Domestic Violence Clearinghouse Legal Hotline's awareness program provide activities directed to general population.
- ❑ Sex Abuse Treatment Center and Hawaii Coalition Against Sex Assault coordinate sex assault prevention advertisement directed at the general public through radio, television, newspaper and magazines, community health fairs and events.
- ❑ Sex Abuse Treatment Center provides education program and training that address sex assault prevention directed at the schools upon request.
- ❑ The Annual Men's March against Violence targets men for domestic violence prevention.
- ❑ Women's Correction Center offers an educational project for female inmates.
- ❑ Association of Retarded Citizens provides sexual assault prevention program for women with developmental disabilities.

(2) *Shaping Tomorrow: The Future of Sexual Violence Programs in Hawaii* highlights the currently available statewide services as of January 2005 for sexual violence victims following the aftermath of a sex crime and to prevent such crimes from occurring.²² There is one provider in each county in the state of Hawaii that supports the service 24 hours 7 days a week:

Statewide sexual violence service

- ❑ Oahu Kapilolani Medical Center for Women & Children: Sex abuse Treatment Center;
- ❑ Hawaii Island YWCA: Sexual Assault Victim Empowerment;
- ❑ Kauai YWCA: Sexual Assault Treatment Program;
- ❑ Maui Child & Family Service: Sexual Assault Support Services.

The essential statewide sexual violence services that are provided by these agencies include:

24/7 on-call crisis interventions

- ❑ Phone crisis response for counseling, referral and information;
- ❑ In-person crisis counseling, legal systems advocacy;
- ❑ Crisis counseling legal systems advocacy at the time of the medical-legal examination;
- ❑ Outreach and case management services to coordinate ongoing care and encourage participation in therapy;
- ❑ Phone information and referral for non-crisis inquiries.

Medical-legal examinations

- ❑ 24/7 immediate forensic examination of adults and minors, which include medical evaluation, collection of legal evidence and treatment;
- ❑ Post-72 hours medical evaluation of minors suspected of sexual assault;
- ❑ Statewide medical-legal project.

Therapy, Case Management and Legal Systems Advocacy

²² Sexual Violence Strategic Planning Group, *Shaping Tomorrow, The Future of Sexual Violence Programs in Hawaii*. January 2005.

- ❑ Assessment and treatment planning, including referrals for medication;
- ❑ Individual, family, group couples therapy;
- ❑ Case management to coordinate care;
- ❑ Continuous evaluation of client status and progress;
- ❑ Legal systems advocacy to support victims through judicial proceedings, civil and criminal;
- ❑ Sexual assault services for victims of domestic violence.

Prevention and Education

- ❑ Education for school aged children (pre-12) in the prevention of sexual violence;
- ❑ Development of a statewide and local curriculum about sexual violence;
- ❑ Education for community organizations on general information about sexual violence and prevention;
- ❑ Media activities and community-based wellness events to promote awareness of sexual violence and related services;
- ❑ Training and consultation to professionals on the identification, response and treatment of sexual violence victims;
- ❑ Participation in degree programs for the training and education of professionals;
- ❑ Participation in community meetings, coalitions and task force groups;
- ❑ Advocacy to shape laws and improve services; and
- ❑ Data collection and generation of research, publications and literature about sexual violence.

Administrative and Capacity Building Services

- ❑ Delivery of standardized, statewide sexual violence services;
- ❑ Fiscal accountability for public funds; and
- ❑ Clinical consultation and training.

WHO recommendations applied to Hawaii's condition

(3) *Ending Violence: A 2004 Status Report on Violence Prevention in Hawaii* reviewed the situation in Hawaii with respect to the seven recommendations made by the World Health Organization (WHO), which relate to violence prevention.²³ It calls for a statewide action plan in the seven areas, and then examines the current status of each recommendation. Although the report addresses various types of violence, only issues relevant to domestic violence are covered.

²³ Social Science Research Institute, University of Hawaii at Manoa, *Ending Violence: A 2004 Status Report on Violence Prevention in Hawaii*, August 2004.

Recommendation 1: Enhance capacity for collecting data on violence. Credible and accurate data are necessary to identify the nature and extent of the problem, to set priorities and to guide program planning and implementation.

Hawaii's status:

- Starting in 2002, the Department of Health (DOH) included the violence module of questions on intimate partner violence in the Behavioral Risk Factor System Survey (BRFSS). This module has been used every year up until 2005.
- The Hawaii Domestic Violence Fatality Review Team (DVFR) has been meeting since 2002. The team is looking at legislation that would give the authority for sharing data through multi-disciplinary and multi-agency reviews of deaths related to domestic violence.
- Law enforcement and the justice system conduct systematic data collection and dedicate resources to analysis and reporting, which can be found in the *Uniform Crime Reports: Department of the Attorney General's Crime in Hawaii*. However, crime statistics are often subject to limitations related to validity and reliability primarily due to a number of unreported cases.

Recommendation 2: Define priorities for, and support research on, the causes, consequences, costs and prevention of violence.

There is no status reported that relate to domestic violence and sexual assault.

Recommendation 3: Promote primary prevention responses by changing attitudes, beliefs, conditions, norms and values that contribute to violence.

Hawaii's status:

- DOE's Peer Education Program (PEP) is offered to public school secondary students and covers topics such as substance abuse, pregnancy, sexual exploitation and assault, STDs, AIDS, school violence, divorce, death, and suicide. The sexual assault portion was evaluation in 1999 and showed a significant increase in students' knowledge about the issue compared with the control group studied.

Recommendation 4: Strengthen responses for victims of violence.

Hawaii's status:

- The Department of the Prosecuting Attorney supports a victim/witness program that assists those exposed to violence.
- Hawaii Coalition for the Prevention of Sexual Assault is a coalition of 20 service providers that serve victims of sex assault.
- Hawaii State Coalition Against Domestic Violence is a coalition of 21 service providers that serve victims of domestic violence.
- The National Crime Victim Law Institute provides technical assistance to attorneys who offer direct legal services to crime victims, assists crime victims and other members of the public, provides education and training in crime victim law, advances the law regarding sexual violence issues, and undertakes other related activities. Currently in Hawaii, efforts are focused on increasing the full range of legal services through individual law firms and attorneys, particularly pro bono services to victims of crime.

- The Domestic Violence Working Group, established in 1999, made 31 recommendations to the Legislature on actions to reduce domestic violence and to better meet victim's safety needs.
- State-By-State Report Card on Health Care Laws and Domestic Violence 2001 provides clear direction for medical responses to victims and confirms that Hawaii is missing key components needed in medical and health services responses to victims.

Recommendation 5: Integrate violence prevention into social and educational policies, and thereby promote gender and social equality.

Hawaii's status:

- The Department of Health's Maternal and Child Health Branch (MCHB) integrates violence prevention into its contracts to private agencies for primary care of the uninsured, prenatal clinics, family planning, Healthy Start, and others. MCHB's federal rape prevention and education grant funds the Sex Assault Treatment Center to provide educational sessions to middle and high school students.
- MCHB is currently working on a policy statement regarding violence against women and intends to incorporate priorities for violence against women into the Title V Maternal and Child Health Services Block Grant's Five-Year Plan.
- Past and current research by the University of Hawaii on youth violence, domestic violence, and sexual assault aim to promote gender and social equality.

Recommendation 6: Increase collaboration and exchange of information on violence prevention.

Hawaii's status:

- Prevent Violence Hawaii (PVH) started its work in 1993 as the community-initiated Violence Prevention Consortium to focus attention on long-term violence prevention approaches in Hawaii. Since 2001, its Five-Year Plan has guided the work of the Unified Approach of the Violence Prevention Consortium.

Recommendation 7: Create, implement, and monitor a statewide action plan for violence prevention that includes legislation and policy, builds data collection and research capacity, develops and evaluates prevention, prevention strategies, strengthening responses for victims, provides an assessment of human and financial resources needed, and broad-based community involvement.

Hawaii's status:

- The Strategic Plan for the STOP Violence Against Women Formula Grant initiated an effort in 2001 to address violence against women. Various county and state agencies as well as a number of sex abuse and domestic violence service agencies were represented in this effort. The action plan addressed three strategic priorities: Provision of multi-disciplinary training, coordination and staff support; increased outreach to the culturally and linguistically underserved; and improvements in the data system infrastructure.
- Part of this recommendation was a call for strategies that address multiple types of violence. Despite the obvious connections and the fact that they share many of the same clients, domestic violence prevention agencies are currently not strategizing closely with those working to prevent child abuse. Single-issue action plans make note of overlapping target

populations and call for coordination across sectors involving the educational, criminal justice, health, social service and non-governmental sectors.

V. COMMON THEME OR ISSUES ABOUT THE DOMESTIC VIOLENCE PROBLEM THAT MIGHT BE OF INTEREST TO THE STRATEGIC PLANNING PROCESS

Inadequate funding and the need of centralized oversight authority

Sexual Violence Strategic Planning Group (SVSPG) illustrates, in *Shaping Tomorrow: The Future of Sexual Violence Programs in Hawaii*, the problem of limited funds allocated specifically for sexual violence and declining state government support for the essential statewide sexual violence services. As a result, needed services to victims are not adequately provided by statewide providers, leaving a substantial number of victims without any kind of services. SVSPG recommends that the Hawaii State Department of Attorney General be given the authority and responsibility to develop and oversee the planning and coordination among government funders for sexual violence programs that receive funding.²⁴

Service and prevention gaps in Hawaii

Violence Against Women: Needs Assessment and Strategic Plan identified several important areas that lack services and prevention of domestic violence and sexual assault on Oahu as well as on the neighbor islands through stakeholder and key informant interviews.²⁵

Service gaps

- Perpetrator intervention services have a high rate of dropout (average 50%), significant recidivism rates (20% repeaters), and uneven track records between agencies on Oahu and neighbor islands.
- Probation officers do not effectively track perpetrators' participation in the program.
- The quality of shelters varies in terms of friendliness to clients.
- Training for judicial and law enforcement officers does not include sexual abuse and training on violence against women is not sufficient.
- There is a lack of cross training between child abuse, domestic violence and sexual assault providers.
- Collaboration and cooperation among community-based organizations that address violence against women is inconsistent.
- The number of men involved in efforts to end violence against women remains low.
- Emergency contraception is still not widely available.
- There is no neighbor island shelter for pregnant teens who are often victims of abuse by family members or partners.
- Rural settings on the neighbor islands make it difficult for staff to provide services.
- Low retention of qualified staff and short staffing.

²⁴ Sexual Violence Strategic Planning Group, *Shaping Tomorrow, The Future of Sexual Violence Programs in Hawaii*. January 2005.

²⁵ Marylucia Aranc, Marya Grambs, *Violence Against Women: Needs Assessment and Strategic Plan for the Maternal and Child Health Branch, Hawaii State Department of Health*, January 2004.

Prevention gaps

- There have never been comprehensive media campaigns on the subject of violence against women and healthy relationships.
- Parents and teachers lack knowledge about the issues.
- The public school system lacks systematic, comprehensive violence prevention education curricula.

Related issues that are interconnected with violence against women

Several documents suggest that domestic violence victims and perpetrators often have similar risk factors as those of other types of violence, and overlapping target population is often addressed among providers that deal with issues related to domestic violence. *Ending violence: A 2004 Status Report on Violence Prevention in Hawaii* calls for coordination of cross-issue strategies and action planning.²⁶

The following are the issues related to domestic violence that were identified in the *Violence Against Women: Needs Assessment and Strategic Plan*.

- Child abuse. There have been a few conferences held about collaboration between the domestic violence advocacy community and the Department of Human Services to discuss cross-issues to protect both mothers and children. Perpetrators of child abuse are often husbands or intimate partners of domestic violence victims.
- Immigrant women. Approximately one-third of domestic violence cases that Na Loio, a legal service agency for immigrants, receives are from Filipino families. Other ethnic groups frequently seen are Vietnamese and Japanese. Most of these domestic violence cases are immigrants married to US citizens.
- Elder abuse. While financial exploitation is the biggest problem, physical and sexual abuse is also on the rise, perpetrated mostly by relatives.
- Ethnic/cultural issues. There are few programs on Oahu and neighbor islands which specifically address cultural competence. However, those who work in culturally specific programs feel it is important to utilize people from the culture as peer mentors, and to understand that the extended family often wants to work with the abusers.
- Disabled women's issues. Developmentally disabled women are especially vulnerable to sexual assault, usually committed by a family member or acquaintance and vastly underreported.
- Substance abuse. The recent epidemic of "ice"—crystal methamphetamine—in Hawaii has dramatically increased the level of violence against women and children, and is seen as the single biggest factor affecting domestic violence and child abuse. Its link to sexual assault is also clear. Between 80 and 85 percent of clients receiving services in Hawaiian residential and outpatient substance abuse programs have a history of sexual abuse.
- Gay, Lesbian, Bisexual, Transgender (GLBT). Intimate personal violence occurs with gays and lesbians. There is a concern among GLBT community that services related to domestic and sexual violence are for the exclusive use of heterosexuals. For example, shelters do not address this population.²⁷

²⁶ Social Science Research Institute, University of Hawaii at Manoa, *Ending Violence: A 2004 Status Report on Violence Prevention in Hawaii*, August 2004.

²⁷ Marylucia Aranc, Marya Grambs, *Violence Against Women: Needs Assessment and Strategic Plan for the Maternal and Child Health Branch, Hawaii State Department of Health*, January 2004.

Other States' Initiatives

Several strategic planning documents done by other states' domestic violence coalitions were reviewed.^{28 29 30 31 32 33} Commonly identified emerging issues were mostly consistent with those in Hawaii: Domestic violence reaches marginalized communities (elderly, the disabled, minorities, tribal nations, GLBT communities, immigrants, etc) and thus it is not sufficient to take a single model and adapt it for all groups; the need for broader services (physical needs, mental health, substance abuse); the need for prevention and education (domestic violence becomes a community issue, not just as a women's issue); economic justice (economic hardship often prevents women from leaving abusers); and the need to take a cross-issue approach (strategies to unify efforts among agencies involved in various types of violence).

COMMONLY ADDRESSED RESPONSES

The following is a list of commonly addressed strategic responses found in other states' domestic violence coalition strategic plans. Most of them emphasized the need to broadly address underrepresented and marginalized communities when appropriate.

- ❑ Building more appropriate response systems for domestic violence victims and survivors;
- ❑ Advocate public policies that eliminate violence against women and their children, oppression, and the circumstances that contribute to people living in fear within their families and intimate relationships;
- ❑ Advocate and monitor legislation;
- ❑ Board and staff development;
- ❑ Providing information, technical assistance and training to local programs and agencies that provide direct services;
- ❑ Education and prevention that transforms societal attitudes and norms and raises awareness of domestic violence and sexual assault;
- ❑ Providing support for member agencies to improve financial stability.

OTHER RESPONSES

There were a few strategic responses that were not commonly addressed but may be of interest to the future strategic planning process of domestic violence.

- ❑ *The Wisconsin Coalition Against Domestic Violence 2005-2015 Strategic Plan* includes a unique strategic goal of systematically involving domestic violence survivors and members of marginalized communities in its leadership roles. It recognizes the importance of harnessing these individuals' talents and energies and advancing their political influences.
- ❑ A few states' strategic plans mentioned their goals of collaborating with other agencies to eliminate violence against women. *Ending Violence: A 2004 Status Report on Violence*

²⁸ Deborah Hagman-Shannon, PhD, *The Wisconsin Coalition Against Domestic Violence Strategic Plan 2005 to 2015*, December 2004.

²⁹ *Two Year Strategic Plan, Georgia Coalition Against Domestic Violence*, 2002.

³⁰ *The Long-Range Plan of the Iowa Coalition Against Domestic Violence 2002-2007*.

³¹ Delaware Coalition Against Domestic Violence, *Strategic Plan: July 2005-June 2007*.

³² North Dakota Council on Abused Women's Services Coalition Against Sexual Assault, *The Five-Year Strategic Plan*, January 2005.

³³ Connecticut Coalition Against Domestic Violence, *2 Year Strategic Plan: July 2005-June 2007*.

Prevention in Hawaii mentioned the initiatives of Illinois, California, Oklahoma, and Rhode Island that attempted to develop comprehensive cross-issue violence prevention strategies that address more than one kind of violence.

VI. APPENDIX

Appendix A: BRFSS 2004 by Demographic Characteristics

In the past 12 months, have you been a victim of physical or sexual violence and/or emotional abuse by an intimate partner?

Source: State of Hawaii BRFSS 2004

Respondents who said "yes"

Demographics	N	%*	Estimated # of adults	Confidence Interval (95%)	Range of estimated # of adults with 95% confidence level	
					Low	High
TOTAL	77	2.9	27,840	(2.1-4.1)	20,160	39,360
AGE GROUP						
18-24 Years	7	2.4	2,707	(1.0-5.9)	1,128	6,655
25-34 Years	17	2.5	4,381	(1.4-4.3)	2,454	7,536
35-44 Years	24	6.0	11,368	(3.1-11.1)	5,873	21,030
45-54 Years	15	2.9	5,018	(1.3-6.1)	2,249	10,555
55-64 Years	11	2.6	3,380	(1.2-5.5)	1,560	7,151
65+ Years	3	0.7	1,178	(0.1-3.9)	168	6,561
Unknown/Refused						
GENDER						
Male	18	1.9	9,067	(1.0-3.6)	4,772	17,180
Female	59	4.0	19,311	(2.7-5.9)	13,035	28,484
ETHNICITY						
White	33	2.9	8,409	(1.8-4.7)	5,220	13,629
Hawaiian	21	5.7	9,315	(2.9-11.0)	4,739	17,977
Filipino	8	2.5	3,764	(0.9-7.1)	1,355	10,690
Japanese	6	1.7	3,444	(0.6-4.6)	1,215	9,318
Others	9	2.0	3,070	(0.9-4.4)	1,381	6,753
MARITAL STATUS						
Married	25	2.5	13,952	(1.4-4.4)	7,813	24,556
Unmarried	51	3.4	13,453	(2.4-4.9)	9,496	19,388
Unknown/Refused						
EDUCATION						
<High School	2	1.1	515	(0.2-5.2)	94	2,434
High School	33	4.4	13,115	(2.5-7.6)	7,452	22,653
Some College	22	2.9	8,787	(1.6-5.2)	4,848	15,755
College	20	1.8	5,542	(1.0-3.2)	3,079	9,852
Unknown/Refused						
EMPLOYMENT						
Employed	49	2.7	16,601	(1.8-4.1)	11,067	25,208
Unemployed	3	4.6	1,265	(1.2-16.0)	330	4,400
Student/Homemaker	10	2.5	2,581	(1.3-5.1)	1,342	5,266
Retired/Can't work	15	3.7	7,767	(1.6-8.1)	3,359	17,004
Unknown/Refused						
HOUSEHOLD INCOME						
<\$15,000	9	3.8	1,798	(1.8-8.2)	852	3,880
\$15,000-24,999	18	5.4	6,599	(2.3-12.3)	2,811	15,031
\$25,000-49,999	20	3.7	9,890	(2.0-6.8)	5,346	18,176
\$50,000-74,999	24	2.6	7,918	(1.5-4.4)	4,568	13,399
>=\$75,000	6	0.8	1,722	(0.3-2.1)	646	4,519
Unknown/Refused						
COUNTY						
Honolulu	27	2.8	19,380	(1.8-4.5)	12,459	31,147
Hawaii	22	2.6	3,115	(1.6-4.2)	1,917	5,032
Kauai	14	4.2	1,848	(2.3-7.4)	1,012	3,256
Maui	14	3.3	3,433	(1.7-6.4)	1,769	6,658

*Prevalence Rate – this rate multiplied by the total number of adults in this segment provides the estimate of segment size.

Appendix B: BRFSS 2004 by Geographic Areas

In the past 12 months, have you been a victim of physical or sexual violence and/or emotional abuse by an intimate partner?

Source: State of Hawaii BRFSS 2004

Respondents who said "yes"

Geographic Areas	N	%*	Estimated # of adults	Confidence Interval (95%)	Range of estimated # of adults with 95% confidence level	
					Low	High
STATE	77	2.9	27,840	(2.1-4.1)	20,160	39,360
COUNTY						
Honolulu	27	2.8	19,380	(1.8-4.5)	12,459	31,147
Hawaii	22	2.6	3,115	(1.6-4.2)	1,917	5,032
Kauai	14	4.2	1,848	(2.3-7.4)	1,012	3,256
Maui	14	3.3	3,433	(1.7-6.4)	1,769	6,658
HONOLULU County						
North Shore/Laie						
Ka'a'wa/Kahalu'u/Kaneolie	1	4.2	1,905	(0.6-24.1)	272	10,929
Kailua/Waimanalo	2	2.6	1,102	(0.6-10.4)	254	4,407
Wailae/Kahala/HawaiiKai	1	0.7	256	(0.1-4.9)	37	1,790
Kaimuki/Palolo/Waikiki	1	0.8	547	(0.1-5.3)	68	3,621
Manoa/Upper Makiki	1	0.6	317	(0.1-4.0)	53	2,115
Ala Moana	3	6.9	2,453	(1.9-21.9)	675	7,785
Nuuuanu/Kalihi/MoanaLoa	3	1.6	1,074	(0.5-5.1)	336	3,424
Salt Lake/Foster Village						
Aiea/Pearl City	1	0.9	617	(0.1-6.1)	69	4,181
Mililani/Wahiawa	3	2.5	1,515	(0.7-8.6)	424	5,211
Waipahu/Kapolei/Ewa	6	3.6	4,376	(1.5-8.7)	1,823	10,575
Nanakuli/Waianae						
HAWAII County						
North Hawaii	8	3.5	860	(1.7-7.2)	418	1,769
Hilo	6	3.1	1,077	(1.2-7.6)	417	2,639
Puna/Ka'u	5	2.2	760	(0.9-5.3)	311	1,830
Kona	3	1.8	468	(0.5-6.5)	130	1,689
KAUAI County						
Hanalei/Kapa'a	11	8.1	1,431	(4.2-15.0)	742	2,649
Lihue-Waimea	3	1.5	395	(0.4-6.0)	105	1,580
MAUI County						
Lahaina/Wailuku	3	2.5	748	(0.8-7.8)	239	2,333
Kahului	4	4.9	1,728	(1.6-14.0)	564	4,936
Upcountry/Hana	3	2.2	704	(0.7-7.0)	224	2,239
Lanai	2	4.2	66	(0.9-16.8)	14	263
Molokai	2	3.8	202	(0.7-18.1)	37	963

*Prevalence Rate – this rate multiplied by the total number of adults in this segment provides the estimate of segment size.