NEEDS ASSESSMENT ON VIOLENCE AND ABUSE PREVENTION IN HAWAI'I: RESULTS AND RECOMMENDATIONS

Report submitted to the
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Injury Prevention and Control Program
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Jeanelle Sugimoto-Matsuda, M.S.F.S. & Jane Onoye, Ph.D.
Asian/Pacific Islander Youth Violence Prevention Center (APIYVPC)
University of Hawai'i at Mānoa
Department of Psychiatry – Research Division
John A. Burns School of Medicine

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EXECUTIVE SUMMARY

Violence and abuse are major unresolved public health problems nationally and internationally. The Hawaiʻi Injury Prevention Plan (HIPP) is a strategic call to action for all of us who work and reside in the State of Hawaiʻi. Last updated in 2005, the HIPP encompasses information and recommendations for primary prevention in eight specific areas: drowning and other water related injuries, falls, motorcycle, motor vehicle occupant, pedestrian, unintentional poisoning, suicide, and violence and abuse. The Department of Psychiatry at the University of Hawaiʻi at Mānoa has been a long-time partner of the Hawaiʻi State Department of Health, and was invited to collaborate on the development of the violence and abuse section of the 2011-2015 HIPP.

To begin assessment and discussion of the state of violence/abuse prevention in Hawaiʻi, we began by reviewing the recommendations from the 2005 HIPP. In addition, we examined the recommendations from a second report entitled, *Ending Violence: A 2004 Status Report on Violence Prevention in Hawaiʻi.* Based on the information provided by participants during the needs assessment process, there is currently a diverse group of agencies and organizations addressing violence and abuse prevention in a variety of ways. Some are focused mainly on primary prevention, while others may work more in secondary and/or tertiary prevention.

The data collection process consisted of three major phases: qualitative interviews, a quantitative survey, and review of the proposed recommendations with a cross-disciplinary stakeholder group. In total, 22 individuals participated in Phase 1; 149 participated in Phase 2; and 12 participated in Phase 3. The majority of organizations reported that they are using evidence-based and/or culturally-based programming, and the majority also reported to be doing some type of evaluation with participants and/or staff. The most common type of violence organizations are addressing is child abuse (for both emotional and physical abuse), while the least common were elder abuse and adult non-domestic interpersonal violence (e.g., assault, harassment). Most respondents said they partner with other organizations both locally and nationally, with 71.8% of survey respondents saying they are actively working to increase collaboration. This was reflected when survey respondents were asked where they felt the greatest amount of progress had been made over the last five years. When asked about gaps and solutions to address during the next five year period, the major themes that emerged included increasing awareness, creating connection and commitment among organizations/workgroups, continuing to support research, improving data collection methods and translation to practice, training, and addressing the overall issue from a systems and policy angle.

As a culmination of the research we have explored, the data describing the problem, and the results of the needs assessment process, we present four over-arching recommendations for violence and abuse prevention in the State of Hawaiʻi:
1) Raise overall awareness of the multifaceted issue of violence and abuse prevention, and elevate its importance among stakeholders at all levels.
2) Enhance individual, organizational, and community capacity for the primary prevention of violence and abuse.
3) Conduct research and coordinate data collection efforts on violence/abuse rates, moderators, interventions, and outcomes.
4) Integrate violence and abuse prevention efforts statewide, and lead statewide action that encompasses all violence areas.

The recommendations proposed in this report attempt to reflect current violence and abuse prevention efforts, and also set forth a plan for continuing the field's momentum. However, most importantly we must remember that no individual program, organization, or agency can address these issues alone. Therefore, strategies and approaches have been recommended that cut across the vast range of violence prevention initiatives. All of us in all disciplines have a role in violence prevention.

PART 1: OVERVIEW

History and Purpose

The Hawaiʻi Injury Prevention Plan (HIPP) is a strategic call to action for all of us who work and reside in the State of Hawaiʻi. Last updated in 2005, the HIPP encompasses information and recommendations for primary prevention in eight specific areas: drowning and other water related injuries, falls, motorcycle, motor vehicle occupant, pedestrian, unintentional poisoning, suicide, and violence and abuse. The general purposes of the HIPP are to:

1) Provide direction for the Hawaiʻi State Department of Health's (DOH) Injury Prevention and Control Program (IPCP);
2) Serve as a guide for other agencies/organizations engaged in violence/injury-related activities;
3) Serve as a catalyst for collaboration among organizations involved in violence and injury prevention; and
4) Serve as a base of information that can inform policy and legislation.

The Department of Psychiatry at the University of Hawaiʻi at Mānoa has been a long-time partner of the DOH and IPCP, and was invited to collaborate on the development of the violence and abuse section of the 2011-2015 HIPP. Housed within the Department of Psychiatry, the Asian/Pacific Islander Youth Violence Prevention Center (APIYVPC) is a research, training, and community resource center. Established in the year 2000, the APIYVPC has been conducting research on violence prevention with the diverse population of Hawaiʻi, with particular emphasis on Asians and Pacific Islanders. The APIYVPC is comprised of faculty and staff from various backgrounds, representing disciplines including Public Health, Psychology, Ethnic Studies, Social Welfare, Urban and Regional Planning, Child/Adolescent Psychiatry, Sociology, Political Science, Criminology, and Forensic Sciences.

Scope of the Problem Nationally

Violence and abuse are major unresolved public health problems nationally and internationally (Dahlberg & Mercy, 2009; World Health Organization [WHO], 2002). In 2005, homicide was the second leading cause of death among Americans between the ages of 15 and 24, and it is estimated that each year more than 18,000 people are murdered (Kohn, 2008). The resulting effects of violence and abuse are numerous and extensive. Not only are there serious impacts to the individuals involved, but tragic ripple effects on the family, community, and society have also been demonstrated. The adverse consequences include physical harm, decreased sense of social-emotional well-being, and financial costs (e.g., increased health care costs, decreased property value, disruption of social services; WHO, 2002). In the U.S., violent crime costs more than $70 billion per year when looking at the medical and productivity-related costs of violence (Corso, Mercy, Simon, Finkelstein, & Miller, 2007). If one adds elements such as programming and interventions, pain and suffering, and reduced quality of life, the annual cost of violence in the U.S. has been estimated to be as high as $426 billion (Miller, Cohen, & Wiersema, 1996).

Violence and abuse are far-reaching and pervasive among the population, and does not discriminate by age, gender, or ethnicity. The pervasiveness of these issues is so great and complex that research and services have been divided to address the different sub-forms. The major sub-forms now include areas such as domestic violence, sexual violence, elder abuse, youth violence, teen dating violence, bullying, and child abuse/neglect. Below are some descriptive statistics on these specific sub-forms:

- Bullying: In 2009, 20% of students had been bullied on school property during the last 12 months (U.S. Department of Health and Human Services [DHHS], 2009).
- Child abuse/neglect: In 2008, U.S. Child Protective Services (CPS) received 3.3 million reports of child abuse or neglect, and an estimated 1,740 children (ages 0 to 17) died from abuse and neglect (U.S. DHHS, 2010b).
- Domestic (intimate partner) violence: In 2005, domestic violence resulted in 1,510 deaths. Among these deaths, 78% were females and 22% were males (Department of Justice [DOJ], 2009).
- Elder abuse: In 1996, there were 551,000 persons ages 60 and older who were victims of elder abuse, neglect, and/or self-neglect in domestic settings (National Center on Elder Abuse, 1998).
- Sexual violence: Approximately 1 in 6 women, and 1 in 33 men, report attempted or completed rape at some time in their lives (Tjaden & Thoennes, 2000).
- Teen dating violence: 1 in 4 adolescents report verbal, physical, emotional, or sexual abuse from a dating partner each year (Foshee et al., 1996).
- Youth violence: In the U.S., homicide is the second leading cause of death for youth 15 to 19 years old (Thornton, Craft, Dahlberg, Lynch, & Baer, 2002).

The U.S. Department of Health and Human Services (DHHS)'s *Healthy People (HP)* call to improve the overall health and wellness of the nation has put forth several objectives specific to violence and abuse (objectives section 15). The following table compares baseline data with the HP objectives originally set for 2010, as well as the proposed objectives for 2020:

| Objective*	Baseline Data (1998)*	National Target (2010)*	Proposed National Objectives (2020)**
15-32: Reduce homicides	6.5 per 100,000	3.0 per 100,000	HP2020-2: No changes proposed
15-33: Reduce maltreatment and maltreatment fatalities of children	12.9 per 1,000 children under age 18 years	10.3 per 1,000 children under age 18 years	HP2020-20: Proposed modification to read: "Reduce nonfatal child maltreatment"
15-33b: Reduce child maltreatment fatalities	1.6 per 100,000 under age 18 years	1.4 per 100,000 children under age 18 years	HP2020-30: Proposed modification to read: "Reduce child maltreatment deaths"
15-34: Reduce the rate of physical assault by current or former intimate partners	4.4 physical assaults per 1,000 persons aged 12 years and older	3.3 physical assaults per 1,000 persons aged 12 years and older	HP2020-31: Proposed modification to read: "Reduce violence by current or former intimate partners"
15-35: Reduce the annual rate of rape or attempted rape	0.8 rapes or attempted rapes per 1,000 persons	0.7 rapes or attempted rapes per 1,000 persons	HP2020-32: Proposed modification to read: "Reduce sexual violence"
15-36: Reduce sexual assault other than rape	0.6 sexual assaults other than rape per 1,000 persons aged 12 years and older	0.4 sexual assaults other than rape per 1,000 persons aged 12 years and older	
15-37: Reduce physical assaults	31.1 physical assaults per 1,000 persons aged 12 years and older	13.6 physical assaults per 1,000 persons aged 12 years or older	HP2020-12: No changes proposed
15-38: Reduce physical fighting among adolescents	36%	32%	HP2020-13: No changes proposed
15-39: Reduce weapon carrying by adolescents on school property	6.9%	4.9%	HP2020-14: No changes proposed

*Source: U.S. DHHS, 2000
**Source: U.S. DHHS, 2010a

Scope of the Problem in Hawai'i

There are mixed statistics collected by a variety of agencies that attempt to describe the extent violence in Hawai'i, its associated risk and protective factors, and the severity of outcomes. Hawai'i's multiculturalism also presents an added dimension to violence prevention efforts; the stressors of acculturation are an added consideration when working with such a diverse population (Mayeda, Okamoto, & Mark, 2005). Both Hawai'i's adult and juvenile justice systems show disproportionalities by ethnicity. For example, at the Hawai'i Youth Correctional Facility (HYCF), Native Hawaiians are grossly overrepresented (Kim et al., 2001). There have been several studies with adolescents in Hawai'i that confirm these trends with delinquent behavior in general. For example, Mayeda, Hishinuma, Nishimura, Garcia-Santiago, and Mark (2006) showed that Filipino, Hawaiian, and Samoan youth reported higher rates of overall delinquent behavior, compared to Asian youth.

The figures that follow have been provided by the Hawai'i State Department of Health, and convey violence/assault-related data on both fatal and non-fatal injuries in Hawai'i:
1) Fatality rates for homicides in Hawai'i, versus the United States
2) Relationship of victim to perpetrator for homicides among Hawai'i residents
3) Non-fatal injuries from assaults among Hawai'i residents
4) Rates of non-fatal injuries from assaults in Hawai'i

Figure 1: Annual Fatality Rates for Homicides, By Age Group, 2003-2007 – Hawai‘i vs. rest of United States

*Denotes significant difference in rate between Hawaii and rest of US.
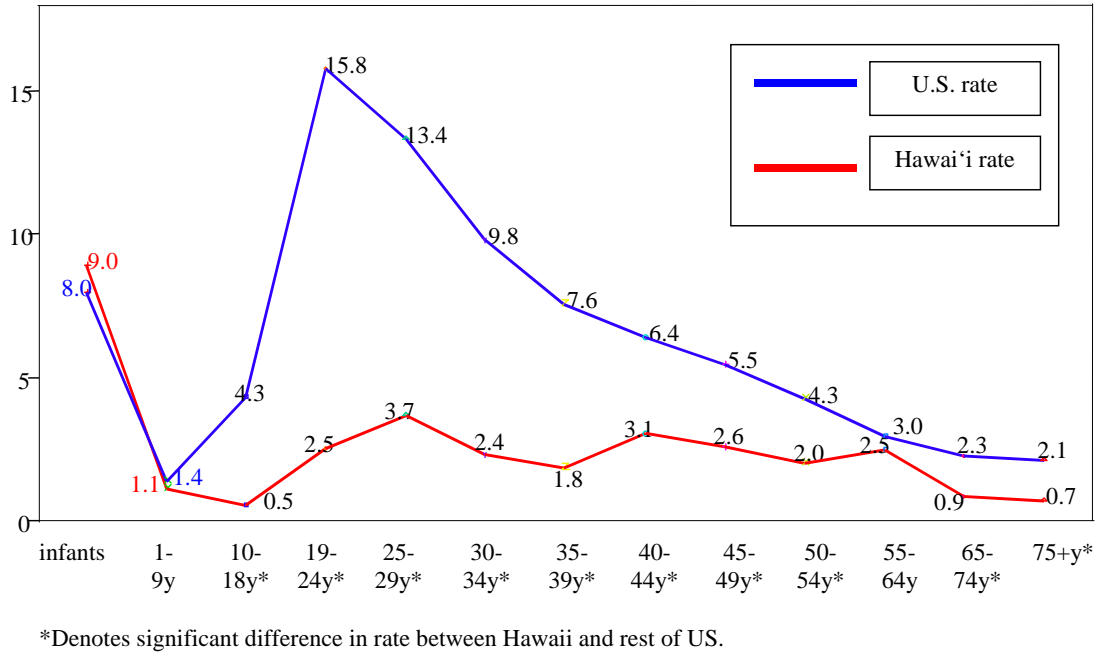
Figure 2: Homicides Among Hawai‘i Residents: 2004-2008 Relationship of Victim to Perpetrator
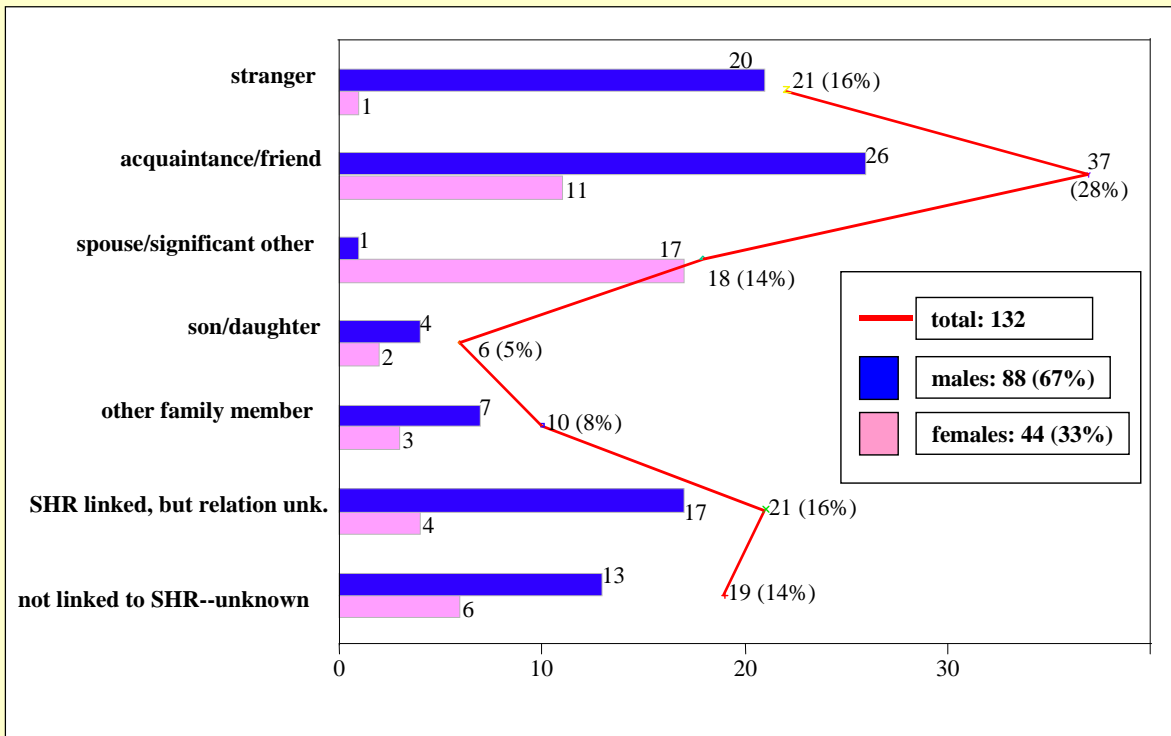
Figure 3: Non-Fatal Injuries from Assaults Among Hawai'i Residents, 2005-2009

- **Most (74%) of the injuries were from physical force ("strongarm")**
  - *Stabbings 4% overall, but 13% of hospitalizations*
  - *Firearms 0.2% overall (~7 per year), 1% of hospitalizations*

Clinical data:

	ED visits	Hospitalizations	Total
Length of stay and medical charges			
Patient days	3,930	1,425 (5 days/patient)	5,355
Average charge	$1,855	$28,765	$3,700
Total charges	$7.3 million	$8.8 million	$15.7 million
Primary injury diagnoses			
Fractures	16%	48%	18%
** skull fractures**	10%	39%	12%
Internal injuries	7%	30%	9%
Open wounds	23%	13%	23%
Contusions/superficial	35%	1%	32%
Traumatic brain injury	24%	42%	25%

Figure 4: Rates (/10,000) of Non-Fatal Injuries from Assaults in Hawai'i, By Age and Gender, 2005-2009

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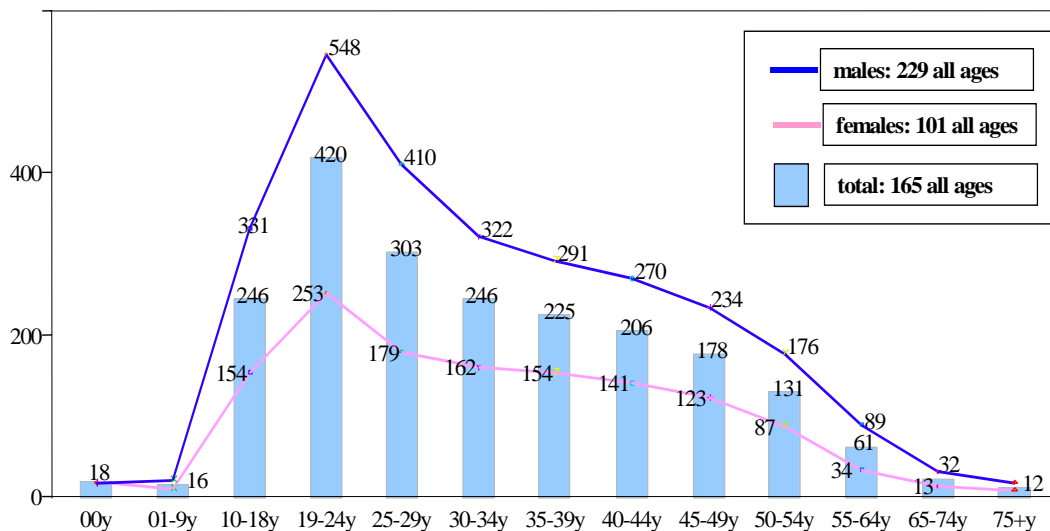
Violence Prevention and the Public Health Approach

Violence is preventable. The more that is known about the risk and protective factors for violence, the more accurately behavior and unsafe environments can be predicted. While violence is a complex issue, the analysis of injury patterns in groups of people helps to determine the causal factors for injury occurrence. This analysis, in turn, allows for the development of prevention programs. Prevention is a systematic process that promotes safe, healthy environments and behaviors, thereby reducing the likelihood or frequency of violence occurring. Ideally, prevention addresses problems *before* they occur (called primary prevention), rather than intervening after incidents occur (secondary or tertiary prevention). Because violence is a learned behavior, prevention efforts are directed at learning peaceful strategies and not learning or unlearning violent ones. Preventing violence involves comprehensive and multi-faceted efforts that build on assets in youth, families, and communities, as well as address the risk factors associated with violence. Multiple successes in preventing violence have been documented, and the number of evidence-based violence programs is increasing.

Previous Recommendations

To begin assessment and discussion of the state of violence/abuse prevention in Hawai'i, we began by reviewing the recommendations from the 2005 HIPP. In addition, we examined the recommendations from a second report entitled, *Ending Violence: A 2004 Status Report on Violence Prevention in Hawai'i.* This report was also produced by a diverse stakeholder group, and was released around the same time as the 2005 HIPP. The recommendations from both reports were compared and synthesized to create the final list of recommendations utilized in the data collection portion of the needs assessment. These three sets of recommendations are summarized in the table below:

	2010 Synthesized List for Data Collection Purposes	2005 Hawai'i Injury Prevention Plan	2004 Ending Violence Report
1	Identify approaches used in local and national programs that effectively reduce violence	Identify approaches used in local and national programs that effectively reduce community violence	
2	Increase collaboration and exchange of information on violence prevention		Increase collaboration and exchange of information on violence prevention
3	Promote primary prevention responses		Promote primary prevention responses
4	Strengthen responses for victims of violence		Strengthen responses for victims of violence
5	Conduct research to better understand violence in Hawai'i (including causes, consequences, costs, and prevention)	Conduct research to better understand violence in Hawai'i	Define priorities for, and support research on, the causes, consequences, costs and prevention of violence
6	Enhance capacity for collecting data on violence		Enhance capacity for collecting data on violence
7	Promote and support the development of "full-service" schools (schools in which health, mental health, social and/or family services my be co-located)	Promote and support the development of "full-service" schools	
8	Integrate violence prevention into social and educational policies		Integrate violence prevention into social and educational policies, and thereby promote gender and social equality
9	Create, implement, and monitor a statewide action plan for violence prevention		Create, implement, and monitor a statewide action plan for violence prevention

Areas of Progress

Based on the information provided by participants during the needs assessment process, there is a diverse group of agencies and organizations addressing violence and abuse prevention in a variety of ways. Some are focused mainly on primary prevention, while others may work more in secondary and/or tertiary prevention. There has also been progress in several key areas, including collaboration via coalitions and workgroups, offering of training opportunities, and changes in policy. The table below presents a brief snapshot of progress in various areas, based on information gathered during the needs assessment process. Appendix 1 presents a detailed list and description of programs, workgroups, resources, and other indicators of progress in the violence prevention field. The groups and resources discussed in this

report are by no means exhaustive of all those statewide, but serve only as examples of progress as defined by focus group and survey participants.

Area	Examples of Progress (See Appendix 1 for additional details)
Coalitions, workgroups, and formalized collaborations	• Hawaiʻi State Coalition Against Domestic Violence (HSCADV) • Hawaiʻi Coalition Against Sexual Assault (HCASA) • Statewide Bullying Prevention Workgroup • Maui Hoʻoikaika Partnership
Policies	• Hawaiʻi State Department of Education (DOE), Hawaiʻi Administrative Rule (HAR) 8-19 "Chapter 19" revisions • Harassment law – Act 090
Research	• University of Hawaiʻi, Asian/Pacific Islander Youth Violence Prevention Center (APIYVPC) • University of Hawaiʻi, Social Science Research Institute (SSRI)

Needs Assessment Methods and Timeline

A needs assessment process was planned and implemented to examine the current assets and gaps in violence/abuse prevention in Hawaiʻi, as well as to inform the revised HIPP recommendations. As there is currently no formal coalition or stakeholder group that encompasses all violence/abuse sectors, significant effort was put into the identification of a wide variety of organizations and individuals directly or indirectly involved in primary prevention.

The data collection process consisted of three major phases: qualitative interviews, a quantitative survey, and review of the proposed recommendations with a cross-disciplinary stakeholder group. Institutional Review Board (IRB) exempt approval was obtained from the University of Hawaiʻi, and this approval was also accepted by the Department of Health.

Phase 1 – Qualitative Interviews

The purpose of the qualitative component was twofold. First, large government-level agencies were identified for participation in the qualitative component as major stakeholders in the movement of the violence/abuse prevention agenda on a statewide level. These agencies were also selected for participation in interviews in lieu of surveys, as they typically organize and oversee multiple programs and initiatives. Second, interviewees of the qualitative component and other selected stakeholders helped to inform development of the survey for the quantitative portion of the project (see Phase 2). See Appendix 2 for a list of questions utilized during the qualitative interviews.

Phase 2 – Quantitative Survey

The purpose of the quantitative survey was similar to the qualitative component, but served to cast a wider net to capture information and feedback from a variety of individuals and organizations. The survey was created using the web-based program "Survey Monkey," and participants were sent a link to the survey via electronic mail.

Prevent Violence Hawaiʻi facilitated comprehensive strategic growth of the violence prevention field until 2006. However, there is currently no formal coalition or group that includes all violence/abuse sectors. Therefore the list of potential participants for the quantitative survey was a compilation of email addresses from the following sources:

- Pre-existing email lists
  - Major contributors of the 2005 HIPP and the 2004 *Ending Violence Status Report*
  - Bullying Prevention Workgroup
  - Child Death Review Council
  - Child Safety Collaborative
  - Domestic Violence Fatality Review Council
  - Hawaiʻi Children's Trust Fund Advisory Committee
  - Keiki Caucus Email List
  - Prevent Suicide Hawaiʻi Taskforce
  - Prevent Violence Hawaiʻi Email List
  - Waimānalo Togetherness Group
- Referrals from Phase 1 participants
- Referrals from Phase 2 participants (survey participants were asked to provide contact information of other stakeholders who they would recommend to be invited to take the survey)

See Appendix 3 for a copy of the survey administered during the quantitative phase of data collection.

Phase 3 – Review of Results and Proposed Recommendations with Stakeholder Group

After Phases 1 and 2 were completed, data collection results and proposed recommendations were shared with a stakeholder group. The group served to provide feedback on the proposed recommendations and activities, and ensure that the recommendations were reflective of the results of the needs assessment process. The following criteria were posed to the group when reviewing the proposed recommendations:

1) Realistic;
2) Potential for measurable progress;
3) Potential for progress to be made within the next five years;
4) Resonate with professional/field experiences, and with other injury/violence plans/recommendations; and
5) Potential for impacting violence/abuse prevention statewide.

The stakeholders were selected from those who participated in Phase 1 or Phase 2 of the needs assessment process. The group makeup was designed to represent various professional sectors (e.g., government, coalition, non-profit), and also various violence/abuse sub-forms. Several stakeholders were key contributors to the 2005 HIPP and/or the 2004 "Ending Violence" report. The final group consisted of individuals that represented the following sectors/organizations (several of the participants represented more than one sector):

- Government agencies
  - Hawai'i State Department of Health
  - Hawai'i State Department of the Attorney General
  - Hawai'i State Department of Education
  - Hawai'i State Department of Human Services
  - Hawai'i State Judiciary – Children's Justice Center
  - Hawai'i State Judiciary – First Circuit Court
  - University of Hawai'i
- Coalitions, councils, and workgroups
  - Child Death Review Council
  - Domestic Violence Fatality Review Council
  - Hawai'i Children's Trust Fund Advisory Committee
  - Hawai'i Coalition Against Sexual Assault
  - Injury Prevention Advisory Committee
- Non-profit and community agencies
  - Hawai'i Community Foundation
  - Hawai'i Youth Services Network

The following is an overview of the project timeline:

- February to March 2010 – planning with DOH and APIYVPC
- April to July 2010 – qualitative interviews, and development of quantitative survey
- August 2010 – quantitative survey administration
- September 2010 – recommendations drafted and final stakeholder feedback obtained
- November 2010 – final report completed, and approval obtained from the IPCP's Injury Prevention Advisory Committee (IPAC)

PART 2: NEEDS ASSESSMENT RESULTS

In total, 22 individuals participated in Phase 1, and 149 participated in Phase 2. The majority of organizations reported that they are using evidence-based and/or culturally-based programming, and the majority also reported to be doing some type of evaluation with participants and/or staff. The most common type of violence organizations are addressing is child abuse (for both emotional and physical abuse), while the least common were elder abuse and adult non-domestic interpersonal violence (e.g., assault, harassment). Most respondents said they partner with other organizations both locally and nationally, with 71.8% of survey respondents saying they are actively working to increase collaboration. This was reflected when survey respondents were asked where they felt the greatest amount of progress had been made over the last five years. When asked about gaps and solutions to address during the next five year period, the major themes that emerged included increasing awareness, creating connection and commitment among organizations/workgroups, continuing to support research, improving data collection methods and translation to practice, training, and addressing the overall issue from a systems and policy angle.
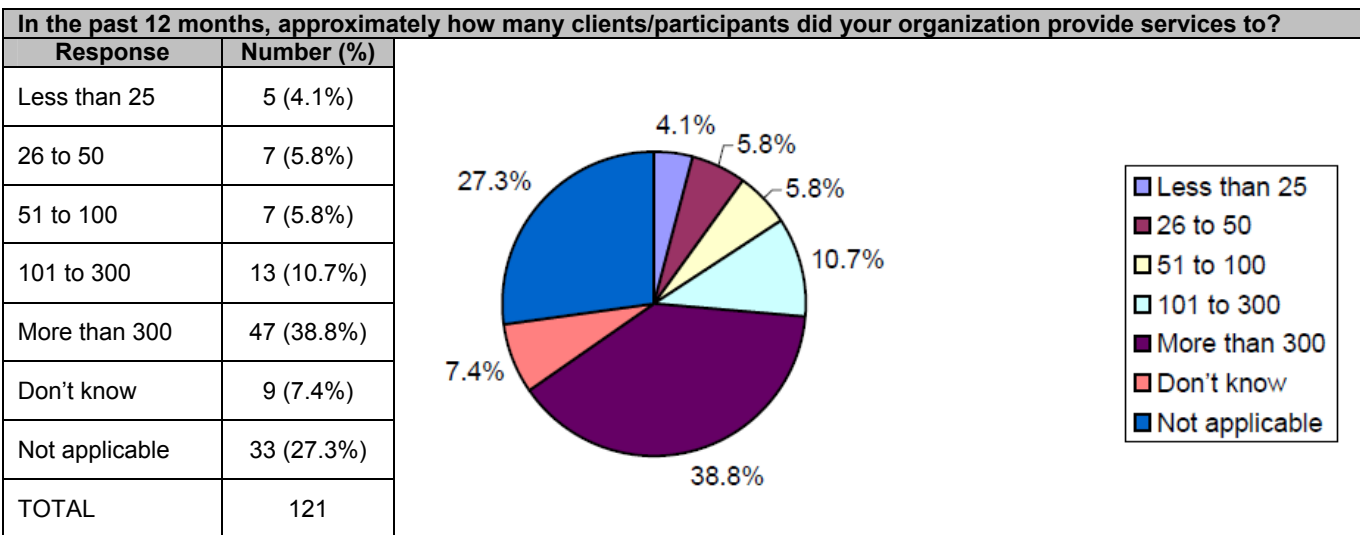
Sample Description
The following is a summary of the participants for Phase 1 (qualitative) and Phase 2 (quantitative) of the needs assessment:

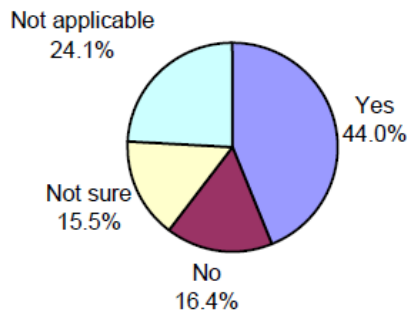| Qualitative	Quantitative

22 individuals participated, over 11 interviews
• Hawai'i State Department of Health (9)
• Hawai'i State Department of Education (4)
• Hawai'i State Department of Human Services (2)
• Hawai'i State Department of the Attorney General (1)
• University of Hawai'i – professors (3)
• University of Hawai'i – graduate students working in violence prevention (3)
	A total of 851 email addresses were compiled
	• 126 email addresses were not valid
	• 7 individuals "opted out" of the survey
	• 149 surveys were completed (return rate of 20.6%)
	117 respondents disclosed their organization/program (see Appendix 4 for a detailed listing of participants)
	• Government agencies [32]
	• Police and judiciary [14]
	• Schools and universities [19]
	• Private businesses, non-profits and community-based organizations
	  o Health/medical centers [5]
	  o Non-profits & private businesses [23]
	  o Community/grassroots organizations [22]
	  o Private citizens [2]

Participant Demographics
The following questions were asked on the quantitative survey, with the aim of developing a landscape of the types of programs and agencies currently working in violence/abuse prevention.

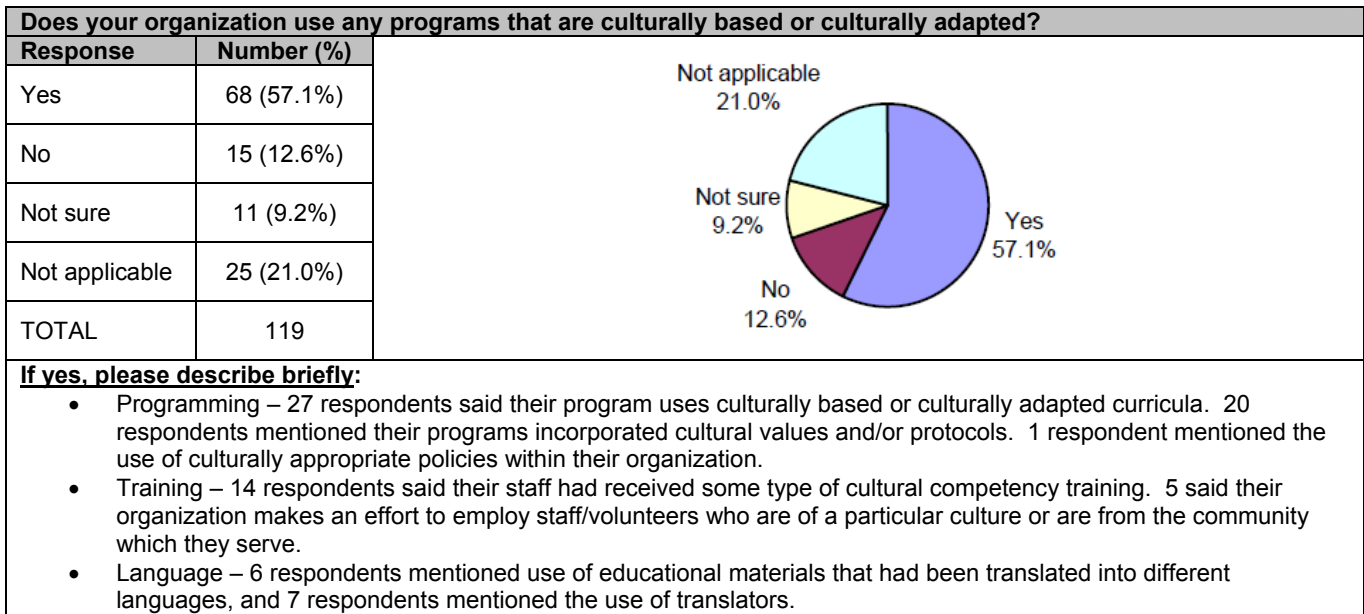| In the past 12 months, approximately how many clients/participants did your organization provide services to?		
Response	**Number (%)**	
Less than 25	5 (4.1%)	
26 to 50	7 (5.8%)	
51 to 100	7 (5.8%)	
101 to 300	13 (10.7%)	
More than 300	47 (38.8%)	
Don't know	9 (7.4%)	
Not applicable	33 (27.3%)	
TOTAL	121	

Does your organization use any programs that are evidence-based? (Evidence-based programs are those that have been rigorously tested and evaluated, usually with a control or comparison group. Many evidence-based programs have "brand names" – for example, Life Skills Training, Positive Action Curriculum, etc.)

Response	Number (%)
Yes	51 (44.0%)
No	19 (16.4%)
Not sure	18 (15.5%)
Not applicable	28 (24.1%)
TOTAL	116

Not applicable 24.1%
Yes 44.0%
Not sure 15.5%
No 16.4%

If yes, please name (responses listed in alphabetical order):

24/7 Dads Program
Alcoholics Anonymous
All Stars (2)
Annual leadership academy
Arthritis Foundation Exercise Program
Applied Suicide Intervention Skills Training (ASIST) (4)
Battlemind
Be Proud! Be Responsible!
CAC/CJC Model
CARF
Carrerra Model for Teen Pregnancy Prevention
Centers for Disease Control and Prevention (CDC) evidence based HIV/AIDS teen pregnancy curriculum
Center for Social Emotional Foundations of Early Learning (CSEFEL)
Child Forensic Interview Guidelines
Child-parent psychotherapy
Chronic Disease Self-Management
CMCA
Coaching Boys Into Men (CBIM)
Cognitive-behavioral therapy (4)
DBT
Domestic Abuse Project (DAP)
Duluth Model Correctional Program Checklist
Early Head Start
Enhance Fitness Program
Evidence-Based Home Visitation Program (Healthy America)
Family Nurturing
Florida State Curriculum
Functional Family Therapy
GAINS
Guiding Good Choices
Healthy Ideas
Healthy Start
Hui Mālama O Ke Kai
JDAI
Keiki Steps Program

Leadership Resiliency Training
Life Skills Training (6)
MAD
Making Proud Choices
Minnesota Tobacco Prevention Head Start, Creative Curriculum
Motivational interviewing & cognitive-based treatment
Multidimensional Therapeutic Foster Care
Multi-Systemic Therapy (2)
Nurse-Family Partnerships
Nurturing Parenting Program (3)
Olweus Bullying Prevention Program (2)
Parent Project
PAT
Pattern Changing
Pono Curriculum
Positive Action
Powerful Tools for Caregivers
Project Towards No Drug Abuse (TND)
Project Venture (2)
Proud Choices
RTR
Safe Talk (3)
SAMHSA's Treatment Improvement Protocol Series (TIPS)
Sex Abuse Treatment Center (SATC) curriculum
Second Step (2)
Social Skills Training
Signs of Suicide (SOS) (4)
Strengthening Hawai'i's Families
The Bullying Free Classroom
Therapeutic Foster Care
Trauma Focused Cognitive Behavioral Therapy (4)
Trauma-informed care (2)
Zero to Three Preventing Child Abuse and Neglect Curriculum

Does your organization use any programs that are culturally based or culturally adapted?		
Response	**Number (%)**	
Yes	68 (57.1%)	
No	15 (12.6%)	
Not sure	11 (9.2%)	
Not applicable	25 (21.0%)	
TOTAL	119	

If yes, please describe briefly:
- Programming – 27 respondents said their program uses culturally based or culturally adapted curricula. 20 respondents mentioned their programs incorporated cultural values and/or protocols. 1 respondent mentioned the use of culturally appropriate policies within their organization.
- Training – 14 respondents said their staff had received some type of cultural competency training. 5 said their organization makes an effort to employ staff/volunteers who are of a particular culture or are from the community which they serve.
- Language – 6 respondents mentioned use of educational materials that had been translated into different languages, and 7 respondents mentioned the use of translators.

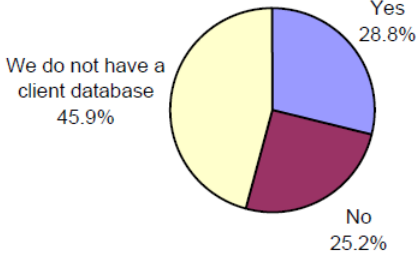| What type(s) of violence/abuse does your organization/program address (check all that apply)?				
	Emotional Violence/Abuse		**Physical Violence/Abuse**	
Type of Violence/Abuse	**Number**	**Percent (out of 149)**	**Number**	**Percent (out of 149)**
Child abuse	77	51.7%	78	52.4%
Elder abuse	36	24.2%	42	28.2%
Adult intimate partner or domestic violence/abuse (e.g., spousal)	66	44.3%	69	46.3%
Youth/teen intimate partner or domestic violence/abuse (e.g., teen dating/relationships)	62	41.6%	66	44.3%
Adult non-domestic interpersonal violence (e.g., assault, harassment)	42	28.2%	39	26.2%
Youth/teen non-domestic interpersonal violence (e.g., fighting, bullying)	61	40.9%	64	43.0%

Collection and Use of Data
The following questions were asked on the quantitative survey, with the aim of ascertaining what type(s) of data various organizations are collecting, and in what ways data are being utilized.
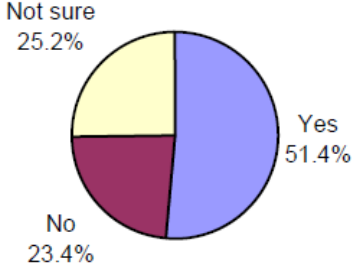
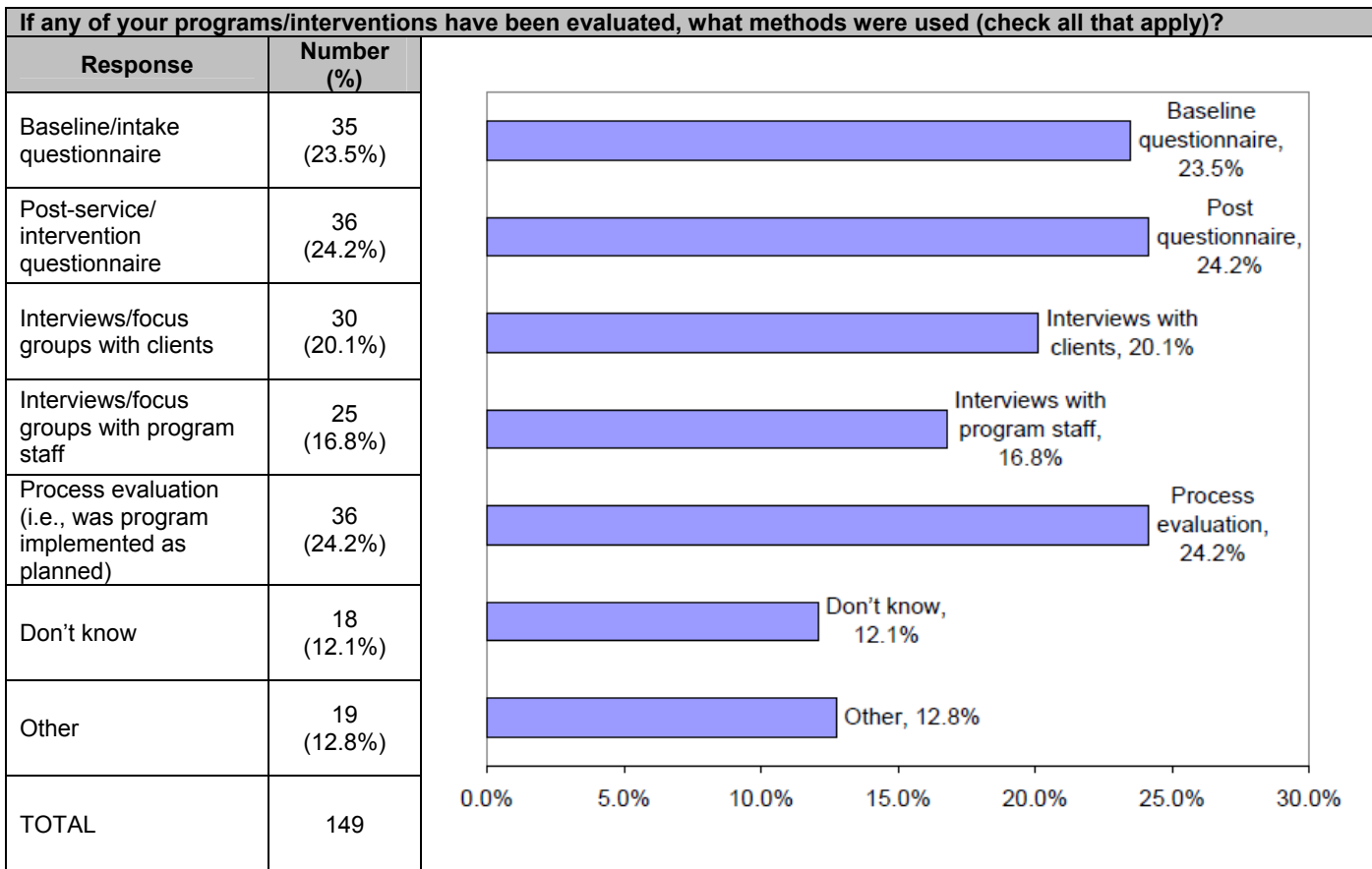| What types of data do you collect from your clients/participants (check all that apply)?		
Response	**Number**	**Percent (out of 149)**
Basic demographics (e.g., age, gender, area of residence)	75	50.3%
Detailed demographics (e.g., individual income, education)	43	28.9%
Family-level demographics (e.g., household income, use of public assistance)	43	28.9%
Nature/severity of client's injury	38	25.5%
Information on medical treatment for client's injury	32	21.5%
Information on perpetrator of client's injury	26	17.5%
We do not collect data on the individual client level	36	24.2%

Can you distinguish between sexual and non-sexual violence/abuse in your client database?

Response	Number (%)
Yes	32 (28.8%)
No	28 (25.2%)
We do not have a client database	51 (45.9%)
TOTAL	111

For each of the following functions, please describe your organization's capacity to collect/analyze violence-related data.		Want to improve capacity	Satisfied with current capacity	Not applicable for my organization
Data collected from your clients/participants	Basic reporting	20/85 (23.5%)	27/85 (31.8%)	38/85 (44.7%)
	Grant writing	41/103 (39.8%)	18/103 (17.5%)	44/103 (42.7%)
	Program planning	40/106 (37.7%)	31/106 (29.3%)	35/106 (33.0%)
	Program evaluation	49/103 (47.6%)	18/103 (17.5%)	36/103 (35.0%)
Data collected from outside sources (i.e., secondary data)	Basic reporting	45/103 (43.7%)	26/103 (25.2%)	32/103 (31.1%)
	Grant writing	44/103 (42.7%)	20/103 (19.4%)	39/103 (37.9%)
	Program planning	49/104 (47.1%)	23/104 (22.1%)	32/104 (30.8%)
	Program evaluation	54/104 (51.9%)	20/104 (19.2%)	30/104 (28.9%)

Have any of your programs or interventions been evaluated?

Response	Number (%)
Yes	55 (51.4%)
No	25 (23.4%)
Not sure	27 (25.2%)
TOTAL	107

If any of your programs/interventions have been evaluated, what methods were used (check all that apply)?		
Response	**Number (%)**	
Baseline/intake questionnaire	35 (23.5%)	
Post-service/ intervention questionnaire	36 (24.2%)	
Interviews/focus groups with clients	30 (20.1%)	
Interviews/focus groups with program staff	25 (16.8%)	
Process evaluation (i.e., was program implemented as planned)	36 (24.2%)	
Don't know	18 (12.1%)	
Other	19 (12.8%)	
TOTAL	149	

Baseline questionnaire, 23.5%
Post questionnaire, 24.2%
Interviews with clients, 20.1%
Interviews with program staff, 16.8%
Process evaluation, 24.2%
Don't know, 12.1%
Other, 12.8%

In Hawaiʻi, which types of organizations do you network or collaborate with, and how (check all that apply)?								
	Funding (funder or recipient)	**Co-sponsoring events**	**Formal group/ consortium**	**Informal networking**	**Implementing programs**	**Training/ technical assistance**	**Data sharing**	**Research/ program evaluation**
Hawaiʻi State Department of Health	43	31	31	67	38	39	38	27
Hawaiʻi State Department of Education	16	27	28	56	31	20	28	17
Hawaiʻi State Department of Human Services	29	20	23	44	24	25	24	10
Other state agencies	24	20	29	46	27	26	24	16
Universities	18	27	22	56	25	37	25	27
Community-based organizations	32	50	44	76	46	44	35	23
Other	9	5	5	10	2	6	6	5

"Other" organizations mentioned:
Attorney General
Blueprint for Change
Children's Justice Center
Coalition for a Drug Free Hawaiʻi
Department of Housing and Urban Development (HUD)
Faith-based organizations
Hamakua Health Clinic
Hawaiʻi County Commission on the Status of Women
Hawaiʻi Sex Offender Management Team
Maui County (2)

Neighborhood Place of Kona
Planned Parenthood
Police (2)
Prosecutors (2)
Sex Abuse Treatment Center (SATC)
Tribal Organizations
Turning Points for Families
Victim/witness assistance program
West Hawaiʻi Community Health Clinic
YWCA

Nationally, which types of organizations do you network or collaborate with, and how (check all that apply)?								
	Funding (funder or recipient)	Co-sponsoring events	Formal group/ consortium	Informal networking	Implementing programs	Training/ technical assistance	Data sharing	Research/ program evaluation
Organizations in other states	16	12	26	57	15	32	25	16
National government organizations (e.g., Centers for Disease Control and Prevention, National Institutes of Health)	38	2	17	27	17	34	30	23
National non-profit organizations (e.g., YMCA, Big Brothers Big Sisters)	10	13	15	39	17	23	10	12
Other	4	1	3	5	2	4	4	3

"Other" organizations mentioned:
Administration of Children and Families
Association for the Treatment of Sexual Abusers
Center for Sex Offender Management
Child Safety Network
Children's Bureau
Duluth Domestic Abuse Project
Emerge
Health Resource Services Administration (HRSA)
JDAI

National Association of State Alcohol and Drug Abuse Directors (NASADAD)
National Children's Alliance (2)
National Citizen Review Panel
National Native American AIDS Prevention Center
NCJFCJ
Olweus Bullying Prevention Program (OBPP)
U.S. Department of Health & Human Services
Violence Against Women Act
Zero to Three

Would you be willing to be part of a statewide network to address over-arching violence and abuse issues in Hawai'i?

Response	Number (%)
Yes	89 (83.2%)
No	18 (16.8%)
TOTAL	107

No 16.8%
Yes 83.2%

Feedback on Past Recommendations – Phase 1

Finally, the results of participant feedback on the past recommendations are summarized below. Qualitative interview results were entered into a matrix to organize the data, and then analyzed according to theme. A synopsis of the qualitative results is presented below. Overall, participants felt most strongly about Recommendation 2 (collaboration and comprehensiveness), Recommendation 6 (data and data systems), and Recommendation 9 (strategic planning).

Recommendation 1 – Identify approaches used in local and national programs that effectively reduce violence.
- Approaches and programs – Discussion of the identification of effective approaches took two different forms. First, participants provided examples of approaches they felt would be effective but were not being utilized to their full capacity. These included peacemaking and conflict resolution, and inclusion of peer-to-peer education and youth empowerment components when appropriate. There was overall support for not only combating the perceptions and norms surrounding violence, but also providing people with skills that can be implemented in real situations. Second, the sentiment of collaboration and integration was touched upon, with several respondents commenting on the need for pooling of resources and identifying not only areas where programming is lacking but also areas where efforts are being duplicated.
- Culture – The consideration and integration of culture (including generational differences) was a common theme among respondents, and was a new theme not discussed in the previous HIPP. Overall there was general brainstorms on both the integration of cultural values/protocols into violence/abuse prevention approaches and programming, as well looking to adapt existing "evidence-based" programs to better meet the needs of Hawai'i's communities. Cultural protocols should also be considered when conducting violence prevention research, for example when determining the composition of community focus groups. One nationally established guide that

addresses these considerations that was mentioned is the *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care* (U.S. DHHS, 2001).

- Norms – Addressing norms related to violence was also discussed as a new theme for the HIPP. For sub-forms such as domestic and sexual violence, there is still a stigma or sense of "shame" associated with reporting these incidents. The norms associated with expectation of men (e.g., "right of passage") was discussed, and how there are some existing efforts to curb this expectation by involving more males in violence prevention and also via public service announcements. However many of these norms are generational and therefore will need consistent messaging from all sectors, and sustained effort over time, to impact.

Recommendation 2 – Increase collaboration and exchange of information on violence prevention.
- Collaboration – There was much conversation about the need for collaboration on an overall level, and why collaboration, coordination, and integration are needed on a strategic basis. As stated by one participant, "more collaboration will equate to more consistent messages from all sectors." Instead of remaining just a funding requirement and being fearful of infringement on our own areas, collaboration should become a natural part of our violence prevention efforts (this should be facilitated by our advances in technology). True collaboration must include both public and private sectors, and must particularly engage the community. Finally, this commitment to collaboration and forward momentum must be modeled by our leadership at the legislative, agency, and organizational levels.
- Comprehensiveness – The words "comprehensive" and "continuum" were common throughout the qualitative interviews, with the overall sentiment stressing the need for a comprehensive, multi-pronged approach to this complex issue. However, these words were used in several different contexts.
    o Risk level and services – we need to ensure services available are comprehensive. Examples mentioned were mental health services for those who become victims of violence/abuse, and prompt intervention for youth who are identified as "at risk."
    o Age – to truly promote early prevention, we must identify ways to intervene at younger ages. However our programs and interventions should not leave out other age groups. For example, grandparents have a large role in our local culture, and many are currently raising young children.
    o Vulnerable populations – we should ensure that specific populations receive specified attention if appropriate (e.g., lesbian, gay, bisexual, transgender [LGBT], homeless).
    o Context – in order to truly promote overall wellness in our State, a holistic approach must be taken. Often times we are too myopic and look at individual problems instead of addressing all contextual factors. For example, we should address the entire child, including health and wellness, and in turn we will be able to see not only a reduction in delinquent behavior but also an improvement in academics.
- Media – An increase in collaboration with partners in the media was discussed, especially in our efforts to continue to raise public awareness about violence and abuse issues. It was even suggested that a "media taskforce" be created so that messages reported in the news would be consistent and accurate, and that members of the media would have a group to turn to when reporting on violence/abuse cases and traumatic events.
- Sub-forms of violence/abuse – Finally, there was discussion on the need for increased collaboration and coordination among those working in specific violence abuse sub-forms. There are many commonalities among risk and protective factors, as well as among the types of approaches that have been shown to be effective.

Recommendation 3 – Promote primary prevention responses.
- Evidence – In order to continue the push for primary prevention, the need for stronger "evidence" on the benefit of early intervention was discussed. However, we are faced with the challenge of "proving" that an act of violence has been prevented. Unfortunately much of our pertinent data are dispersed among various providers, and are in a variety of formats such that it is difficult to aggregate. Our evidence must be accurate and presented in a manner such that our collective impact becomes greater when speaking with legislators and policymakers.
- Family and relationships – Another new theme for the HIPP was the need to include programming and strategies that consider the family and other relationships. Because of the complex nature of violence and abuse, we cannot only address the individual. It is important to identify if an individual does not have any positive relationship to rely on, as having at least one positive relationship has shown to be protective. This is especially true for youth, as increased trust and connection with an adult can make a world of difference.
- Training – The strongest method of enhancing primary prevention discussed through the qualitative interviews was training. Training is not a one-time occurrence, but should be ongoing so that individuals and groups are kept up to date with novel information and approaches. Various stakeholders who should receive training were discussed, and it was also emphasized that for certain groups training must be tied to policy.
    o Ourselves – those that are directly working in the violence/abuse prevention field must continue to develop our skills.
    o Community ("front line") workers and early care providers – even those whose primary goal is not to address violence should be trained to identify risks.

- Community leaders and "gatekeepers" – our community leaders are those who, although not formally chosen or elected (e.g. kupuna, faith-based), are those who have great influence.
- Upcoming leaders and professionals – much discussion surrounded the inclusion of violence/abuse prevention training for upcoming professionals (and potential leaders) in related fields. This could include professions such as education, social work, medicine, nursing, and public health.
- Parents and families – training specifically for parents and families was discussed, and could include a variety of topics such as coping skills (e.g. for parent who may find themselves in stressful home environments) and family strengthening (to increase connected among the entire family).
- The public – raising awareness among the general public was discussed, including provision of several simple strategies if individuals find themselves in a situation where they are a "bystander" to a potentially violent incident.

Recommendation 4 – Strengthen responses for victims of violence.
- Services for victims/perpetrators – Although asked to focus on primary prevention approaches, interview participants were purposeful in mentioning the continuation of services for both victims and perpetrators of violence/abuse. In many cases, perpetrators are current or former victims of violence themselves. The link between victimization and other negative outcomes (e.g. suicide, substance abuse) was also discussed. Finally, strengthening our partnership with law enforcement is needed, both in addressing victims/perpetrators, but also seeing them as part of primary prevention strategies.

Recommendation 5 – Conduct research to better understand violence in Hawai'i (including causes, consequences, costs, and prevention).
- Evaluation – A strong theme from the qualitative interviews was the need for more resources and capacity to support evaluation of locally grown violence/abuse prevention programs. Also, the type of evaluation needs to move towards more rigorous designs to 1) understand which components of programs are helping to achieve positive effects, 2) better understand the intermediary measures that lead up to violence/abuse, and 3) achieve the "evidence-based" and "evidence-informed" criteria that many of our funding sources are now requiring.
- Translation – Despite sound research and evaluation studies, there continues to be a lack of translation of data and research findings. First, there is a need for interpretation of data so that even the lay person is able to understand the breadth and depth of the issues. Also, there is a need for translation of our findings into accurate and meaningful courses of action. Finally, a greater push for national and international dissemination of our findings is necessary.

Recommendation 6 – Enhance capacity for collecting data on violence.
- Data – Participants felt the major area that is currently lacking accurate data is the actual rates of the different violence sub-forms, and knowing the true extent of the problem.
- Data systems – Overall, participants felt that other than the missing data pieces mentioned above, our State is not without multiple sources of data. The sentiment was, however, that the sharing of data among organizations was the largest gap for this recommendation. For example, schools are unaware when a student has been arrested, and police are unaware of the contextual issues behind the student's delinquency. Confidentiality and resources/personnel were the major challenges cited as an impediment that would need to be addressed for this to happen. In addition, there is currently no standardization of data collected by different organizations, and no "clearinghouse" for all data related to violence/abuse.

Recommendation 7 – Promote and support the development of "full service" schools (schools in which health, mental health, social and/or family services may be co-located).
- "Full service" schools – Participant reactions to the concept of the "full service" school were mixed. Most agreed that in the current political and economic climate, these types of "full service" locations would be more successful if situated in the community as our schools are struggling to meet educational benchmarks. Several interviewees were familiar with past or current efforts that were attempting to move services in this direction, and most were in favor of the "wrap-around" concept (where multiple services are strategically meshed together to provide optimal support for an individual) as well as exploring models of alternative learning for youth. One concern with the physical co-location of services was the potential for a victim and perpetrator to be receiving services under the same roof. A secondary concern from providers was the lack of staff to provide services both at the "full service" location, as well as at their own location. One participant commented that any historical barriers to collaboration would need to be addressed and resolved before this type of model could be attempted.

Recommendation 8 – Integrate violence prevention into social and educational policies.
- Funding – The two major themes discussed around funding were sustainability and flexibility. Sustained political will for violence prevention is certainly a move in the right direction, but research and programming must be supported by sustained funding. In particular, sustained funding for prevention is a must. Unfortunately we are often presented with data based on incarcerations and convictions, and this moves funding towards tertiary

prevention. Flexibility must also be afforded, including allowing room for collaboration among related fields and sub-forms. Over time, silos of funding have created silos of research and programming. Funding must be flexible enough to being able to break down these silos that have taken several decades to form.

- Law and Policy – Change and refinement of violence prevention laws and policies were met with mixed comments. Overall, participants echoed the need for strong support by both legislators and policymakers, as well as the need for a systems-level approach to make a significant impact. However, legislation is often passed with good intention, but with no financial support or plan for implementation. There was also discussion on whether the current spending intended to curb violence and abuse is being done strategically. This is also the case for many agency-level policies. For example, recent changes in the Department of Education's Chapter 19 protocols are positive landmarks in violence prevention; yet, implementation is left up to individual schools. Therefore, in addition to continuing to educate and collaborate with our legislators and policymakers, we must be creative and examine what types of policies and systems-level changes could be impactful and implemented at little or no cost.

Recommendation 9 – Create, implement, and monitor a statewide action plan for violence prevention.

- Planning – Strategic planning on a broad, statewide level was a strong sentiment shared by the majority of participants. Discussion focused on the importance of having a strategic plan that would arch over all violence/abuse sub-forms. A common plan would serve to keep all sectors on the same page and moving in the same direction regardless of the State's political climate. The level of attention on social issues such as violence and abuse are often at the mercy of the level of political will, and so we have seen these issues come and go over the past three decades. It was acknowledged that there are currently several sub-forms with respective strategic plans. However, an overarching plan would serve as guide to ensure collaboration and connection among those working in specific sub-forms, find commonalities among the individual plans, and create a common, strengthened political agenda for violence prevention overall.
- Leadership – Strategic planning cannot occur without organizational commitment, and this commitment must come from all levels including our leadership. Positive leadership and motivation for violence prevention have the power to create a climate in which all others have a model to follow. Our collective commitment must be organized by one sustainable agency or entity that could convene organizations on an annual basis, to ensure that the overall plan is revisited regularly and momentum is consistent and progressive over time.

Feedback on Past Recommendations – Phase 2
Participants of the quantitative survey were asked to reflect on the recommendations via a series of 6 questions:
1) Among the recommendations, which ones are your organization currently engaged in?
2) Among the recommendations, in which ONE AREA have you seen the MOST progress over the last 5 years in the State of Hawaiʻi?
3) Among the recommendations, in which ONE AREA have you seen the LEAST progress over the last 5 years in the State of Hawaiʻi?
4) In the next five years, which THREE recommendations could we feasibly address to make the greatest impact on violence and abuse in Hawaiʻi?
5) Do you have any suggestions on how this can be achieved?
6) Are there any gaps that are missing from the list above? Do you have any suggestions on how we can overcome these additional gaps?

Among the recommendations, which ones are your organization currently engaged in (check all that apply)?		Number	Percent (out of 149)
1	Identifying effective approaches	76	51.01%
2	**Increasing collaboration**	**107**	**71.81%**
3	Promoting primary prevention	100	67.11%
4	Responses for victims	63	42.28%
5	Conducting research	29	19.46%
6	Capacity for data collection	47	31.54%
7	"Full service" schools	14	9.40%
8	Social and educational policies	47	31.54%
9	Statewide action plan	40	26.85%

Among the recommendations…		In which ONE AREA have you seen the **MOST** progress over the last 5 years in the State of Hawaiʻi		In which ONE AREA have you seen the **LEAST** progress over the last 5 years in the State of Hawaiʻi	
		Number	Percent (out of 132)	Number	Percent (out of 132)
1	Identifying effective approaches	7	5.30%	14	10.61%
2	Increasing collaboration	**59**	**44.70%**	4	3.03%
3	Promoting primary prevention	23	17.42%	14	10.61%
4	Responses for victims	13	9.85%	15	11.36%
5	Conducting research	2	1.52%	9	6.82%
6	Capacity for data collection	6	4.55%	13	9.85%
7	"Full service" schools	1	0.76%	**35**	**26.52%**
8	Social and educational policies	9	6.82%	12	9.09%
9	Statewide action plan	12	9.09%	16	12.12%

Respondents were invited to comment after responding to each of the above questions.
- Other general areas where respondents felt there have been progress include:
    - Awareness – overall awareness has been raised via public service announcements, and there seems to be a general increase in engagement and energy around violence prevention.
    - Coalitions – there have been coalitions and taskforces developed that now include both public and private sectors, such as the Hawaiʻi Anti-Bullying Coalition and the Hawaiʻi Coalition Against Sexual Assault.
    - Collaboration – it was noted that collaboration had improved and new sectors are becoming involved such as the faith-based community, but there is still a ways to go since the issue is so pervasive and privacy laws such as HIPAA sometimes pose a challenge.
    - Plans – it is positive to see the development of strategic plans such as the HIPP.
    - Policy – there have been some positive policy changes, such as the recent revisions of the Department of Education's Chapter 19.
    - Programs – the development and implementation of structured programs have been helpful in organizing approaches towards clients.
    - Training – there has been an increase in training opportunities, including for early childhood providers.
- Other general areas where respondents felt there have been a lack of progress include:
    - Data – there is still a lack of capacity to effectively utilize data, as well as to obtain data specific to a county or community. Also, dissemination of results to the public is not consistent.
    - Economy – budgetary cuts have eliminated violence/abuse prevention programs, and have created new challenges such as furlough days. In addition, despite the creation of different coalitions and taskforces, often times those who participate in these meetings do not have decision-making authority.
    - Integration – there continues to be lack of communication among sectors, therefore hindering the accessibility and integration of services.
    - Planning – there is no overarching plan for violence and abuse prevention, except for the HIPP.
    - Policy – agencies and organizations may be shying away from making violence prevention mandatory (e.g., mandatory trainings).

- o Politics – overall there are too much politics, agendas, and "turf issues" that violence prevention cannot gain momentum and move forward.
- o Programs – in addition to providing programs for victims, we must also address the perpetrators as they may also be previous victims.

	In the next five years, which THREE recommendations could we feasibly address to make the greatest impact on violence and abuse in Hawai'i (select the TOP THREE)?	Number	Percent (out of 149)
1	Identifying effective approaches	49	32.89%
2	Increasing collaboration	41	27.52%
3	Promoting primary prevention	58	38.93%
4	Responses for victims	54	36.24%
5	Conducting research	32	21.48%
6	Capacity for data collection	21	14.09%
7	"Full service" schools	48	32,21%
8	**Social and educational policies**	**61**	**40.94%**
9	Statewide action plan	48	32.21%

Finally, when asked to reflect on other gaps and potential solutions, the following were the general responses:
- Collaboration
  - o Awareness
    - ▪ Prioritizing violence and abuse as a public health issue
    - ▪ Public education on prevention, and that violence can affect anyone (often times folks do not become involved until it happens to them)
    - ▪ Have a clearer picture of who is doing what, and identify areas of overlap/duplication
    - ▪ Keep all stakeholders aware of movement and progress
  - o Connection & commitment
    - ▪ "Connect the dots" of the existing violence prevention coalitions
    - ▪ Renew collaboration with related sectors, such as "first response" teams (e.g., police departments), the judiciary, the faith-based community, mental health, housing, and labor
    - ▪ Encourage university/academic-community partnerships, particularly for research.
    - ▪ Collaborate with local agencies that have a pulse on the national agenda and "best practices"
    - ▪ Obtain commitment from state, county, and organizational leadership, and avoid competition between agencies
- Research and data
  - o Explore potential common data elements to be used across organizations
  - o Employ the use of community-based participatory methods, including "town hall" meetings, to generate community-driven solutions
  - o Cost-benefit research on prevention
  - o Ensure there is a mechanism for continuous quality improvement of programs, and that desired outcomes are being measured
- Specific programs and approaches
  - o Programs
    - ▪ "Peace-based" programs such as ho'oponopono and "Peaceful Encounters"
    - ▪ Comprehensive programs such as the Olweus Bullying Prevention Program
    - ▪ Pro-social activities for youth, such as extra-curricular activities, recreation, cultural programs
    - ▪ More programming and training involving men
    - ▪ Training on coping and problem solving skills, and how to deal with stressors
  - o Approaches
    - ▪ Identify already-existing effective approaches ("don't reinvent the wheel")
    - ▪ Early identification of who needs what
    - ▪ Therapeutic approaches for victims and perpetrators, including intensive case management when necessary, to prevent future incidents/recidivism; rehabilitation programs for those already incarcerated
    - ▪ Changing the overall mindset about how children are disciplined and when to incarcerate adults
    - ▪ Cultural tailoring and adaptations, look at cultural issues that prevent victims from coming forward to receive necessary help/support

- As much as possible, ensure the family is involved in programming/interventions
- Make better use of media and technology to help with awareness and training
- Systems and policy
  - Funding
    - Sustained and informed funding for primary prevention areas, including funding for key positions
    - Explore the potential for businesses to help fund prevention efforts, as costs would be recouped in the form of gained productivity
  - Policy
    - Ensure violence prevention is on the political agenda (should be among the top three priorities)
    - Match research with laws and policies to eliminate uninformed decision-making
    - Accountability system for all parties involved
    - Explore the use of mandatory trainings
  - Systems issues
    - Coordination of services for individuals or families involved with two or more systems
    - Integration of smaller strategic plans, overseen by a legislatively created committee
- Training
  - Continue to increase capacity for data collection, analysis, and translation
  - Support those working in violence prevention, including cross-disciplinary training to enhance integration efforts

PART 3: RECOMMENDATIONS FOR THE 2011-2015 HAWAI'I INJURY PREVENTION PLAN

As can be seen by the data and results presented in this report, violence and abuse are critical concerns for all community and professional settings. Unfortunately, prevention efforts are often lost among various sectors as to whose purview they fall under (for example, public health, law enforcement, judiciary, medical and clinical). Both research and practice have confirmed that, in fact, there is no one agency or discipline that can address this complex, multifaceted issue. In that same vein, there is no one intervention or program that can effectively address the multiple intertwined layers that lie at the root of this issue.

In 1979, Urie Bronfenbrenner discussed not only the importance of considering the micro-systems that the individual interacts with but also the meso-system (linkages between micro-system domains), the exo-system (larger institutional regulations, policies and procedures that shape the type/nature of relationships between individuals and micro-system domains), and finally the macro-system (the broader context such as cultural history, economics, and social and political influences). Based on Bronfenbrenner's work, the social ecological model used in current public health arenas (as shown to the right) views the individual in the context of the broader environment, including their interpersonal relationships, organizational surroundings, community context and larger societal influences.
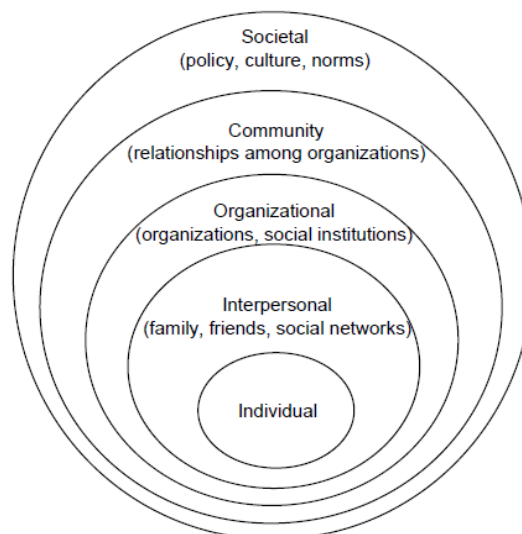
This model has received widespread application over the past several decades in the areas of violence research and practice (Williams, Riveras, Neighbours, & Reznik, 2007). Leading national and international health agencies such as the Centers for Disease Control and Prevention (Dahlberg & Krug, 2002) and the World Health Organization (WHO, 2002), emphasize the need for an ecological approach to violence prevention. The WHO cites the social ecological model as a tool that helps to organize and understand the multitude of factors that influence violence, as well as provides a type of framework to see how different factors interact (WHO, 2002). These realms and the interactions among and between them make up the dynamic social ecology that helps to explain the prevalence and forms of violence (Tolan & Guerra, 1994). Umemoto, Baker, Helm, Miao, Goebert, and Hishinuma (2009) recommended the use of a social ecological approach when implementing violence prevention programming for Asians and Pacific Islanders, particularly for youth violence. All of the programs mentioned in this report help to address violence prevention by targeting specific parts of the social ecological approach. However, it is only with a strategically planned statewide effort to better guide our collective movement that a coordinated, integrated, and comprehensive approach to effective violence prevention is possible.

As a culmination of the research we have explored, the data describing the problem, and the results of the needs assessment process, we now present four over-arching recommendations for violence and abuse prevention in the State of Hawai'i. Each recommendation is followed by a brief explanation/rationale, and discrete, measurable activities as suggestions for implementation. The Injury Prevention Advisory Committee put forth the following guidelines for the development of HIPP recommendations:

1) Can be initiated without substantial new funds, and proposed actions are likely to be useful or effective, as indicated by research
2) Optimizes cooperation/coordination of multidisciplinary partners in injury prevention efforts
3) Considers cost/benefit
4) Is tempered by political realities
5) IPCP will either take a lead or supportive role in implementing the recommendations
6) Measurable progress can be achieved in three to five years
7) Follows best practice, or promising strategies where possible
8) Considers recommendations from other injury prevention-related plans

Recommendation 1
Raise overall awareness of the multifaceted issue of violence and abuse prevention, and elevate its importance among stakeholders at all levels.

Rationale: A common sentiment from the results of the needs assessment process was to spearhead purposeful and strategic outlets for the sharing of information and effective strategies among those working in the field of violence prevention. Information sharing should also include other stakeholders such as community/non-profit organizations, law enforcement, policymakers, and the general public. Stakeholders may not be aware of their role in the primary prevention of violence, or that their programs and efforts are valuable tools in violence prevention (although not primarily intended to do so). In particular, our policymakers and legislators should be informed of violence prevention successes and gaps, as they may have a role in helping to sustain effective programs, research, and approaches. Finally, increased partnership and collaboration with the media are necessary to increase overall awareness at all levels. All of these elements will allow for effective framing of the issue of violence/abuse prevention, and send a common message across all stakeholders and disciplines. It is only through this connected and concerted effort that a common message can be created and conveyed in a substantial way to impact societal norms related to violence and abuse.

Potential Activities:
- 1A: Identify meaningful outlets/opportunities for sharing of information among individuals and organizations working in violence prevention (for example public health workers/educators, responders to victims, law enforcement, researchers, clinicians, etc.).
- 1B: Educate and partner with policymakers and legislators, and move toward leadership commitment and sustained political and economic support for overall statewide violence/abuse prevention efforts.
- 1C: Engage stakeholders at all levels, including partners in the media, to develop a framing initiative that would convey a common and consistent message across disciplines to impact larger norms related to violence and abuse.

Recommendation 2
Enhance individual, organizational, and community capacity for the primary prevention of violence and abuse.

Rationale: Another common theme throughout the results of the needs assessment was to support continued training among providers and organizations, but that such trainings should not be limited to those working directly in the violence/abuse prevention field. For example, teachers and counselors could receive related information as part of their academic training. Organizations could adopt violence prevention modules as part of their new employee orientation protocols. As violence is pervasive in our communities, it is everyone's responsibility to collectively move towards a safer Hawaiʻi.

Potential activities:
- 2A: Identify training opportunities and resources available to community workers in the violence/abuse prevention field to enhance knowledge and skills in primary prevention.
- 2B: Identify training opportunities and resources for other professionals and community members to enhance knowledge and skills in primary prevention.

Recommendation 3
Conduct research and coordinate data collection efforts on violence/abuse rates, moderators, interventions, and outcomes.

Rationale: Sound research and data are essential to any area of prevention. Thus far we have only begun to learn about the pervasiveness of violence, its potential risk/protective factors, and the specific impact is has on our children, families, and communities. We must continue to support research on both the issue as well as potential solutions. Many of our local organizations and agencies have launched responses to this complex issue. Therefore, sound and evidence-based approaches necessitate evaluation of these efforts to support programs that lead to meaningful impact. A number of participants reflected on the need for more rigorous evaluation of Hawaiʻi-based interventions and approaches, to reduce the need for importation of programs from other locations. Finally, sharing of data among entities will help lead to more strategic use of resources and more effective translation of information to practice. Resources to support data analysis and translation must be prioritized. Enhancing data collection among violence sub-forms will help us to better understand trends, and also see commonalities among the different areas to better integrate prevention efforts.

Potential activities:
- 3A: Facilitate and support Hawaiʻi-based research in violence/abuse prevention, including examination of its social and economic impacts/outcomes, and prioritize resources for data analysis and translation.

- 3B: Facilitate and support evaluation of violence/abuse prevention programs in the State, including culture-based programming.
- 3C: Facilitate increased sharing of data and information across agencies and organizations, identifying potential complementary measures across sites.
- 3D: Identify/acquire new data sources to enhance our understanding of the sub-forms of violence/abuse.

Recommendation 4

Integrate violence and abuse prevention efforts statewide, and lead statewide action that encompasses all violence areas.

Rationale: Ultimately, the overall sentiment from both qualitative and quantitative results expressed the desire for a coordinated, statewide violence prevention effort. In order to achieve this broad goal, several intermediary activities are proposed. First, a concerted effort must be made to facilitate collaboration and coordination of prevention efforts among organizations serving different populations and violence sub-forms. Efforts should be comprehensive and address the entire lifespan, ensure research is facilitated all the way to practice, and take into consideration the spectrum of primary to tertiary prevention when appropriate. In addition, stakeholders at all levels have requested a type of clearinghouse for existing programs, data, and resources. This clearinghouse would encompass accurate, updated information where individuals and organizations of all backgrounds would be able to find relevant information. Finally, a statewide strategic plan is necessary to provide direction to all working in violence/abuse prevention regardless of type of involvement in the field.

Potential activities:
- 4A: Identify opportunities for inter-agency/organization collaboration and coordination, to ensure comprehensive and integrated prevention efforts, and explore avenues by which prevention can be built into existing efforts.
- 4B: Identify potential venues to create a "clearinghouse" for more efficient and effective sharing of information/data, including the possibility of connecting this to policy.
- 4C: Engage stakeholders from all levels to implement statewide strategic action that arches over all violence sub-forms and 1) acknowledges already-established strategic plans, 2) considers similarities/overlaps to make most efficient use of existing resources, and 3) includes a protocol for review on a regular basis.

Conclusion

Violence and abuse are complex and multifaceted issues with a multitude of origins, risk and protective factors, and outcomes. As a State, Hawaiʻi has seen different movements and hallmarks of progress in violence and abuse prevention. The recommendations proposed in this report attempt to reflect current violence and abuse prevention efforts, and also set forth a plan for continuing the field's momentum. However, most importantly we must remember that no individual program, organization, or agency can address these issues alone. Therefore, strategies and approaches have been recommended that cut across the vast range of violence prevention initiatives. All of us in all disciplines have a role in violence prevention.

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<u>**Appendix 1: Descriptions of Select Programs, Organizations, and Resources**</u>

The following is a list of select programs, organizations, workgroups, and resources that are currently addressing violence and abuse prevention in Hawai'i (either directly or indirectly). Certain groups/resources address the issue from a primary prevention standpoint, while others may also be working in secondary and/or tertiary prevention. The groups and resources listed here were identified during the needs assessment process, but this list is by no means exhaustive. It is our hope that this list will continue to grow as the HIPP recommendations are addressed and activities are implemented.

- **Coalitions and workgroups**
  - o In 1997, HRS§321-1.3 established a special fund, now called the Domestic Violence and Sexual Assault Special Fund to be administered by the Hawai'i State Department of Health (DOH). Several key activities are encompassed under the special fund:
    - <u>Domestic Violence Strategic Plan (DVSP)</u> – A 5 year plan (2007-2012) entitled "Navigating a Course for Peace" was developed, including activities such as implementation of a DV curriculum at University of Hawai'i women's health centers.
    - <u>Hawai'i State Coalition Against Domestic Violence (HSCADV)</u> – The HSCADV is a private, non-profit, statewide domestic violence coalition. As a statewide coalition of domestic violence programs, its mission is to ensure the safety and protection of women in intimate relationships by coordinating domestic violence prevention and intervention services, providing training and education, affecting public policy, and establishing coordinated and consistent procedures and actions by the civil and criminal justice systems in Hawai'i. The HSCADV is the organizing/coordinating agency for domestic violence prevention and intervention services statewide for victims, perpetrators, and their children and provides collaboration and coordination with federal, state, and local entities engaged in violence against women activities.
    - <u>Domestic Violence Fatality Review (DVFR) Council</u> – The DVFR Council is convened regularly with the purpose of collecting information that can lead to the reduction of domestic violence fatalities through a systematic, multi-disciplinary retrospective review process. Reports are prepared for the community that reflect the aggregated review of data, as well as synergistic analysis of barriers and recommendations for improvement.
    - <u>Statewide Sexual Violence Primary Prevention Plan</u> – In January 2005, a strategic plan entitled "Shaping Tomorrow: The Future of Sexual Violence" was created. Recently, in January 2010, the strategic plan was revisited, with approximately 25 stakeholders from various agencies participating in the process. The plan includes activities such as prevention and infrastructure building on University of Hawai'i campuses, evaluation of a sexual violence prevention curriculum at the Sex Abuse Treatment Center (SATC), and development of a sexual violence prevention curriculum for the Micronesian community.
    - <u>Hawai'i Coalition Against Sexual Assault (HCASA)</u> – HCASA is a statewide sexual violence coalition that supports primary prevention and collaborates with agencies such as the Office on Violence Against Women.
  - o <u>Bullying Prevention Workgroup</u> – Facilitated by the Hawai'i State Department of Health (DOH), this workgroup took shape after the November 2009 *Cross-Program Integration: Reducing Injuries to our Children and Youth* workshop. The workgroup consists of representatives both internal and external to the DOH. In its first year of operation, the workgroup has identified key activities to implement over the next four years, including the creation of educational materials tailored to different populations to increase overall awareness of bullying and promote positive actions that can be taken by those who observe bullying behaviors.
  - o <u>Child Death Review (CDR) Council</u> – The CDR Council is a multi-disciplinary team that aims to reduce preventable child deaths through systematic and inter-agency review. This Council examines death trends/patterns, makes recommendations to prevent future child deaths based on risk factors, and promotes community prevention education activities through collaborative partnerships. The CDR Council utilizes the Child Death Review Case Reporting System put forth by the National Center for Child Death Review.
  - o <u>Child Safety Collaborative (CSC)</u> – The CSC's mission is to promote a safe and nurturing environment for children and youth. It follows a "prevention-intervention-treatment" model to promote coordinated planning, implementation, and evaluation of quality prevention, early intervention, and treatment services for children, youth, and families at both state and local levels. One of the ways in which the CSC promotes public awareness of primary prevention is the creation of educational materials that are adapted for a local audience.
  - o <u>Hawai'i Children's Trust Fund (HCTF)</u> – The HCTF is a public-private partnerships between the DOH and the Hawai'i Community Foundation (HCF; a Hawai'i non-profit corporation). The HCTF was established by Chapter §350B of the Hawai'i Revised Statutes to strengthen families, primarily by the award of grants for primary and secondary prevention activities to prevent child abuse and neglect.

- o Hawaiʻi Island Anti-Bullying Coalition (HIABC) – The vision of the HIABC is to broaden the awareness of the problem of bullying by establishing strategies to promote positive alternatives to violence through collaborative efforts of community resources. Activities include providing Olweus Bullying Prevention Program trainings and technical support to interested schools, and collecting student, parent and staff survey data from each participating schools annually for the past three years. The Coalition also sponsors community awareness conferences and presentations, disseminates resource materials to interested individuals and groups including activities, videos, and websites, and connects individuals to outside resources.
- o Healthy Start: Parenting Support Programs (PSP) – Facilitated by the DOH, the Parenting Support Programs include a statewide system of community-based parenting education and family support services through purchase of service contracts and through leadership in statewide early childhood initiatives and consortia. These State general funded programs recognize and build on parents' strengths, and address their need for information about child development, communication and guidance skills, other life-cycle issues, awareness of community resources, and community and cultural support. The Comprehensive Primary and Secondary Prevention Services include the Parent Line (including the Distribution Office and Home Reach), mobile outreach (play and learn groups), community-based parent support groups, and respite services.
- o Hoʻomaluhia East Maui Domestic Violence Task Force – The task force is a group of volunteers who meet monthly to address issues around DV. Included in the group are the Hana Police and Hana School Administration. Most activities are directed toward community awareness of the advantages of peaceful families as related to good health. The group also disseminates information on services available to victims in the community.
- o Maui Hoʻoikaika Partnership – Hoʻoikaika means "to strengthen or to make strong." This partnership is a collaboration of agencies that represent the various levels of prevention and intervention services. Its mission is to create a seamless safety net of child abuse/neglect (CAN) prevention services for children and their caregivers. Through a concerted and coordinated effort of all agencies involved in primary CAN prevention, and with the creation of the Hoʻoikaika Partners committee, this effort will allow for partnerships and collaborations among the agencies, as well as provide for a unified and consistent approach to evidence based-primary CAN prevention projects.

- **Policy**
  - o Educational policies
    - ▪ Hawaiʻi State Department of Education (DOE), Hawaiʻi Administrative Rule (HAR) 8-19 "Chapter 19" revisions – HAR 8-19 originally took effect in 1992, with most recent amendments going into effect in September 2009. Chapter 19 provides guidelines as to what student conduct is prohibited on public school campuses, on DOE transportation (e.g. school buses), and during DOE-sponsored activities (on or off campus). Two major amendments related to violence prevention include: 1) an increased emphasis on establishing school-wide positive behavioral interventions and supports in lieu of solely punitive forms of discipline, and 2) the inclusion and definition of violence-related behaviors such as bullying and cyber-bullying.
  - o Legislative policies
    - ▪ Harassment law – On June 5, 2009, Act 090 was signed into law by the governor. Originally introduced by Representative Jon Riki Karamatsu (District 41 – Waipahu, Village Park, Waikele), Act 090 expanded the State's definition of harassment to include, "…transmissions, or any form of electronic communication as defined in section 711-111 (2), including electronic mail transmissions, without purpose of legitimate communication" (House of Representatives, 2009). This is a great step forward in addressing violence/abuse issues, particularly the advent of electronic/cyber-harassment.

- **Research**
  - o University of Hawaiʻi, Asian/Pacific Islander Youth Violence Prevention Center (APIYVPC) – The APIYVPC was founded in 2000 with funding from the Centers for Disease Control and Prevention (CDC) shortly after the tragic shooting at Columbine High School. It is a university-community resource center that conducts research, provides training and technical assistance, and engages in community mobilization and capacity-building efforts. The APIYVPC has shared their literature, research, activities, and toolkits on violence prevention. Although focused to work primarily with one community in Hawaiʻi, the Center is able to provide clearinghouse information, technical assistance, training, and consultation on issues related to youth violence prevention. For example, the APIYVPC's yearly "Creating Safe Schools and Communities" course for DOE teachers and counselors provides attendees with information and strategies to prevent bullying and youth violence at both the classroom and school-wide levels.
  - o University of Hawaiʻi, Social Science Research Institute (SSRI) – The SSRI is an educational institution and research center, with the goal of creating research that can be used to educate and promote prevention efforts for the general public and targeted groups. Specific to primary prevention, SSRI works with other organizations to help share the knowledge and tools to reach the public with prevention efforts

and messages, including accurate data on the nature and extent of the problem and best strategies to implement.

- **Specific programming – government agencies**
  - o Department of the Attorney General (AG) – The Crime Prevention and Justice Assistance Division of the Department of the AG is tasked with research, education, and planning with regards to addressing crime and crime prevention. Four branches make up this Division: Grants and Planning, the Juvenile Justice Information System (JJIS), Community and Crime Prevention (CCP), and Research and Statistics. Related to violence prevention, the CCP Branch has been spearheading research and trainings related to internet safety and cyber-bullying.
  - o Hawai'i State Department of Education (DOE) – The DOE has several sections and divisions that oversee programs and initiatives related to violence prevention.
    - Comprehensive Student Support Services (CSSS) – The Student Support Services Branch section oversees programs for student support to provide standards-based learning and a comprehensive support system, demonstrating that all children can learn, meet Hawai'i Content and Performance Standards and General Learner Outcomes, and attain the Vision of a Hawai'i Public School Graduate (Department of Education, 2009). A recent project of the Branch includes a web-based safety and well-being toolkit regarding bullying prevention information and strategies. The section also works regularly with teams within the DOE (e.g. school counselors), as well as teams external to the DOE (e.g. Child Welfare Services).
    - Instructional Services Branch – This Branch is the major coordinator of the Wellness Guidelines that were implemented in all public schools during the 2007 to 2008 school year, per the U.S. Department of Agriculture Public Law 108-265, Section 204. In general, the Wellness Guidelines include topics such as nutrition education, physical activity, and other school-based activities that promote student wellness. All schools were required to designate a school committee or council to oversee their wellness activities, as well as utilize the School Health Index to monitor improvements specific to their designated goals. The Branch has taken the Wellness Guidelines to a broader and more comprehensive level to include other topics such as bullying and youth violence prevention.
    - Safety and Security Services Section – This Section oversees all safety-related issues on public school campuses across the State. Activities include emergency preparedness, lockdown drills, natural hazards, and workplace safety. In 2008, the Section launched its Readiness and Emergency Management for Schools (REMS) grant which included collaboration with first responders from all of the state counties. The partnership will involve conferences, workshops, and emergency drills/exercise to strengthen school safety and emergency plans.
  - o Judiciary – The Judiciary's focus in domestic violence and sexual assault has concentrated primarily on intervention, in view of the cases which are referred to the courts. Its role in prevention has been primarily as a collaborative partner, working in conjunction with the DOH in their prevention initiatives. At the same time, various divisions within the Judiciary are involved with other community groups in mutual efforts and prevention strategies. Through the use of various federal and special account funds, the First Circuit Court has also hosted multi-disciplinary conferences in the past years which provided current information and research on a range of topics such as domestic violence fatality reviews, the linkage between domestic violence and sexual assault, stalking, and collaboration and coordination.
    - Children's Justice Centers of Hawai'i (CJC) – The CJCs are programs of the Hawai'i State Judiciary, and are part of a national program of more than 400 Children's Advocacy Centers in the country. The program brings together a multidisciplinary team of professionals who coordinate their activities around investigations of child abuse and neglect.
  - o Department of Human Services (DHS) – The DHS' Office of Youth Services oversees the "Youth Gang Response System," a primary prevention program run by Adult Friends for Youth in the Waipahu and Kalihi Communities. Approximately 100 youth per year participate in the program which uses re-directional methods, group and individual activities, community-based activities, and school curriculum.
- **Specific programming – non-profit agencies and organizations**
  - o Catholic Charities Hawai'i (CCH) – CCH provides multiple social services for children, adults, seniors, families, and communities. Treatment and prevention services are provided in the areas of child welfare, youth services, senior services, immigration, and housing services. Prevention efforts include child abuse prevention, domestic violence education/prevention, and homelessness prevention.
  - o Child and Family Service (CFS) – CFS' mission is to strengthen families and foster the healthy development of children. CFS works with the entire lifespan, from birth to elderly. Although being one of two remaining Healthy Start programs in the State, the program has been changed and reduced in size. CFS also administers a "Head Start" program which provides free pre-school for children who are at risk of not being ready for kindergarten, often due to low socioeconomic status. CFS' REACH programs work with the elderly to educate them on topics such as finances and care-giving expectations in order to prevent physical and financial abuse.

- Children's Alliance of Hawaiʻi (CAH), Incorporated – In collaboration with other providers, CAH has developed activities and resources to enhance the community's overall response to child sexual abuse. The CAH "Living and Thriving" model of providing services is based on a holistic approach to working with sexually abused children and their families. This is done through the use of activities, outings, and educational programs that assist children and families with financial, physical, psychological and spiritual well-being. These critical factors are the foundation of CAH's HEART, Hoʻomaka, and Strengthening Parents Programs. The organization strives to continually educate staff and clients about cultural awareness, sensitivity and competency.
- Domestic Violence Action Center (DVAC) – DVAC's goals are to end domestic violence and other forms of abuse through leadership, prevention, legal services, individual and system advocacy and social changes. DVAC's Teen Alert Program conducts sessions statewide, in schools and in communities, to educate youth, youth serving organizations, and educators about dating violence. The agency also produces a variety of print and broadcast materials to raise community awareness, with increasing use of social media to educate.
- Families for REAL – This program aims to help parents understand the importance of their role as their child's first teacher through discussions about early childhood development, parenting issues, and "best practices."
- Hale Kipa – Hale Kipa provides opportunities and environments that strengthen and encourage youth, their families and communities to actualize their potential and social responsibility. Hale Kipa's Hawaiʻi Advocate Program provides advocacy for high-risk youth in the community, and includes working closely with a youth's referring source (e.g., probation officer, social worker) to prevent or minimize further delinquent behaviors or situations. Advocates make referrals based on a youth's/family's needs, such as substance abuse counseling, educational resources and tutoring, mental health services, and connecting youth to pro-social activities.
- Hawaiʻi Youth Services Network (HYSN) – HYSN works to promote the well-being of youth and the strengthening of families and communities by providing leadership, promoting collaboration, and building partnerships statewide. Activities related to violence prevention include: 1) development of a teen dating violence curriculum guide focusing high risk populations (runaway and homeless youth, pregnant/parenting teens, and lesbian, gay, bisexual, transgender [LGBT] youth), and training of trainers on dating violence; and 2) participation in the DOH Sexual Violence Prevention Planning Committee, including co-sponsoring workshops on male involvement in sexual violence prevention.
- Kokua ʻOhana Foster Care Program – The Kokua ʻOhana Foster Care program aims at significantly raising the number of Native Hawaiian people who provide foster care, due to the high number of Native Hawaiian children in foster care. The program partners with organizations and the faith-based community to raise awareness about the need for resource caregivers (formerly known as foster families). One major program is voluntary case management, offered by Family Programs Hawaiʻi, to help families work through their challenges to prevent increased risk of child abuse or neglect.
- Maui Economic Opportunity (MEO), Incorporated – MEO's mission is to strengthen the community while helping people in need to restore their hope, reach their potential, and enrich their lives. Prevention is a key part of every program that MEO implements, as it is understood that prevention is more cost-effective than treatment.
- Parents and Children Together (PACT) – PACT focuses on education, safety planning, and the prevention of re-abuse of the victim and/or her children. The organization also provides community trainings and facilitates outreach activities to educate people about domestic violence and the resources available if they know someone in need of services.
- Sex Abuse Treatment Center (SATC) – Located at the Kapiʻolani Medical Center for Women and Children (KMCWC), SATC is a statewide program providing treatment services for survivors of sexual assault, and also preventing sexual violence and affecting change through public policy, awareness and education. SATC's mission is to support the emotional healing process of those sexually assaulted in Hawaiʻi, to increase community awareness about their needs, and to reduce the incidence of all forms of sexual assault.
- The Institute For Family Enrichment (TIFFE) – TIFFE's outreach programs work with middle and high school students who are using drugs or are at risk for using drugs. Students are also supported through anger management, self-esteem building, coping skills, and drug education.
- Zero to Three – Zero to Three is a national non-profit organization that informs, trains and supports professionals, policymakers and parents in their efforts to improve the lives of infants and toddlers. The organization's mission is to promote the health and development of infants and toddlers. The Court Teams for Maltreated Infants and Toddlers project is a systems-change initiative, focused on improving how the courts, child welfare agencies, and related child-serving organizations work together, share information, and expedite services for young children.

Appendix 2: Stakeholder Interview Questions for Phase 1 (Qualitative Interviews)

1. Part 1 – Please identify your organization/program.
   a. Your organization/affiliation
   b. Your title/position
   c. Please briefly describe your organization's mission and activities, including primary prevention projects.
   d. How is your organization positively impacting violence prevention in Hawai'i?
   e. Have any of your programs or interventions been evaluated? If so, what methodologies were used, and what results came out of that evaluation?
   f. What other organizations in the state or country do you network or collaborate with?
2. Part 2 – Progress in violence and abuse prevention.
   a. Several years ago, two reports were published with recommendations for the prevention of violence and abuse. They were: 1) "The Hawai'i Injury Prevention Plan, 2005-2010" (Hawai'i State Department of Health, Injury Prevention and Control Program), and 2) "Ending Violence: A 2004 Status Report on Violence Prevention in Hawai'i" (Social Science Research Institute, University of Hawai'i at Mānoa). The recommendations from these reports are summarized below:
      i. Identify approaches used in local and national programs that effectively reduce violence. Increase collaboration and exchange of information on violence prevention.
      ii. Promote primary prevention responses.
      iii. Strengthen responses for victims of violence.
      iv. Conduct research to better understand violence in Hawai'i (including causes, consequences, costs, and prevention). Enhance capacity for collecting data on violence.
      v. Promote and support the development of "full-service" schools (schools in which health, mental health, social and/or family services may be co-located).
      vi. Integrate violence prevention into social and educational policies. Create, implement and monitor a statewide action plan for violence prevention.
   b. After reading the above, please comment on the following:
      i. What progress have you seen, with regards to these recommendations?
      ii. Are you engaged in any of the activities stated in these recommendations? Please describe.
      iii. In your opinion, what has been the greatest area of progress and/or significant gains in the prevention of violence and abuse in Hawai'i?
3. Part 3 – Remaining gaps and next steps.
   a. Do any of the gains you identified in part 2 address any gaps that were seen several years ago?
   b. What gaps still remain today? Do you have any suggestions on how we can overcome these gaps?
   c. In the next five years, what three things can be done to make the greatest impact on violence and abuse in Hawai'i?
4. Part 4 – Additional information.
   a. Is it ok if we contact you if additional information is needed? [Yes/No]
      i. If yes, please provide the following contact information:
         1. Name
         2. Email address
         3. Phone number
   b. Is there another organization/program you feel should be included in this needs assessment? If yes, please list and provide a point of contact for the organization.

THANK YOU VERY MUCH FOR YOUR PARTICIPATION!

Needs Assessment on Violence and Abuse in Hawai'i

Thank you for taking the time to participate in this important survey. Your responses will directly inform the 2010 Hawai'i Injury Prevention Plan (HIPP), a statewide strategic plan to address intentional and unintentional injuries and deaths in our State.

Please note that this survey encompasses all forms of INTERPERSONAL violence (e.g. domestic violence, sexual violence, youth violence, bullying), for both adult and youth populations. However, it is NOT meant to measure suicide prevention, as it will be a separate topic in the HIPP.

Thank you again for your time!

Part 1 - Progress in Violence and Abuse Prevention in Hawai'i

Several years ago, two reports were published with recommendations for the prevention of violence and abuse. They were: 1) "The Hawai'i Injury Prevention Plan, 2005-2010" [Hawai'i State Department of Health, Injury Prevention and Control Program], and 2) "Ending Violence: A 2004 Status Report on Violence Prevention in Hawai'i" [Social Science Research Institute, University of Hawai'i at Mānoa]. The recommendations from these reports are summarized below:

1. Identify approaches used in local and national programs that effectively reduce violence.
2. Increase collaboration and exchange of information on violence prevention.
3. Promote primary prevention responses.
4. Strengthen responses for victims of violence.
5. Conduct research to better understand violence in Hawai'i (including causes, consequences, costs, and prevention).
6. Enhance capacity for collecting data on violence.
7. Promote and support the development of "full-service" schools (schools in which health, mental health, social and/or family services may be co-located).
8. Integrate violence prevention into social and educational policies.
9. Create, implement, and monitor a statewide action plan for violence prevention.

1) Among the recommendations, which ones are your organization currently engaged in (check all that apply)?

☐ 1. Identifying effective approaches

☐ 2. Increasing collaboration

☐ 3. Promoting primary prevention

☐ 4. Reponses for victims

☐ 5. Conducting research

☐ 6. Capacity for data collection

☐ 7. "Full service" schools

☐ 8. Social and educational policies

☐ 9. Statewide action plan

Needs Assessment on Violence and Abuse in Hawai'i

2) Among the recommendations, in which ONE AREA have you seen the MOST progress over the last 5 years in the State of Hawai'i?

○ 1. Identifying effective approaches

○ 2. Increasing collaboration

○ 3. Promoting primary prevention

○ 4. Reponses for victims

○ 5. Conducting research

○ 6. Capacity for data collection

○ 7. "Full service" schools

○ 8. Social and educational policies

○ 9. Statewide action plan

Comments:

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3) Among the recommendations, in which ONE AREA have you seen the LEAST progress over the last 5 years in the State of Hawai'i?

○ 1. Identifying effective approaches

○ 2. Increasing collaboration

○ 3. Promoting primary prevention

○ 4. Reponses for victims

○ 5. Conducting research

○ 6. Capacity for data collection

○ 7. "Full service" schools

○ 8. Social and educational policies

○ 9. Statewide action plan

Comments:

Part 2 - Remaining Gaps and Next Steps

1) In the next five years, which THREE recommendations could we feasibly address to make the greatest impact on violence and abuse in Hawai'i (select the TOP THREE).

☐ 1. Identify approaches used in local and national programs that effectively reduce violence.

☐ 2. Increase collaboration and exchange of information on violence prevention.

☐ 3. Promote primary prevention responses.

☐ 4. Strengthen responses for victims of violence.

☐ 5. Conduct research to better understand violence in Hawai'i (including causes, consequences, costs, and prevention).

☐ 6. Enhance capacity for collecting data on violence.

☐ 7. Promote and support the development of "full-service" schools (schools in which health, mental health, social and/or family services may be co-located).

☐ 8. Integrate violence prevention into social and educational policies.

☐ 9. Create, implement and monitor a statewide action plan for violence prevention.

2) Do you have any suggestions on how can this be achieved?

[text area]

3) Are there any gaps that are missing from the list above? Do you have any suggestions on how we can overcome these additional gaps?

[text area]

Part 3 - Organization/Program Information
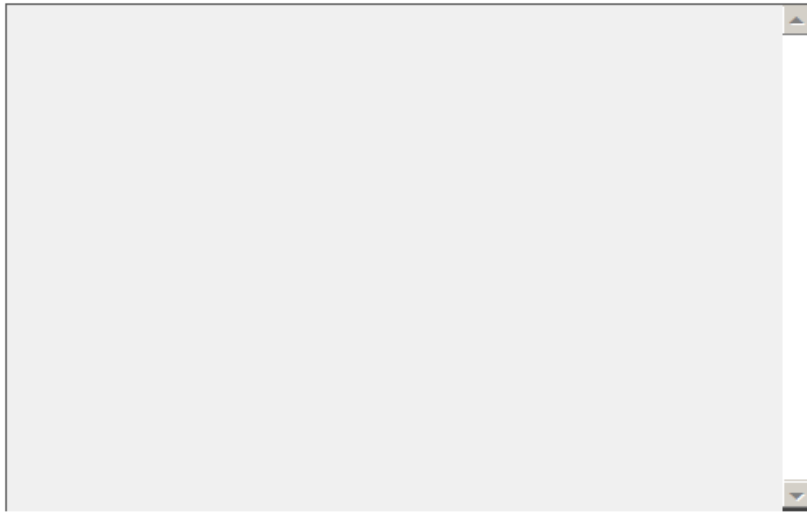
Now please tell us about yourself and your organization.

1) Name of your organization/program.

[text field]

2) Your title/position.

[text field]

3) Please briefly describe your organization's goals and activities, particularly primary prevention efforts. (Primary prevention efforts attempt to prevent something from occurring, as opposed to addressing it after it occurs.)

4) In the past 12 months, approximately how many clients/participants did your organization provide services to?

( ) Less than 25

( ) 26 to 50

( ) 51 to 100

( ) 101 to 300

( ) More than 300

( ) Don't know

( ) Not applicable (don't provide direct services)

5) Does your organization use any programs that are evidence-based? (Evidence-based programs are those that have been rigorously tested and evaluated, usually with a control or comparison group. Many evidence-based programs have "brand names" -- for example, Life Skills Training, Positive Action Curriculum, etc.)

( ) Yes   ( ) No   ( ) Not Sure   ( ) Not applicable for my organization

If yes, please name.

[text box]

6) Are any of your programs culturally-based or culturally-adapted?

( ) Yes   ( ) No   ( ) Not Sure   ( ) Not applicable for my organization

If yes, please describe briefly.

[text box]

7) What type(s) of violence/abuse does your organization/program address (check all that apply)?

	Emotional Violence/Abuse	Physical Violence/Abuse
Child abuse	☐	☐
Elder abuse	☐	☐
Adult intimate partner or domestic violence/abuse (e.g. spousal)	☐	☐
Youth/teen intimate partner or domestic violence/abuse (e.g. teen dating/relationships)	☐	☐
Adult non-domestic interpersonal violence (e.g. assault, harassment)	☐	☐
Youth/teen non-domestic interpersonal violence (e.g. fighting, bullying)	☐	☐

Part 4 - Collection and Use of Data

Please tell us about the types of data your organization collects and uses.

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1) What types of data do you collect from your clients/participants (check all that apply)?

- ☐ Basic demographics (e.g. age, gender, area of residence)
- ☐ Detailed demographics (e.g. individual income, education)
- ☐ Family-level demographics (e.g. household income, use of public assistance/WIC)
- ☐ Nature/severity of client's injury
- ☐ Information on medical treatment for client's injury
- ☐ Information on perpetrator of client's injury
- ☐ We do not collect data on the individual client level

2) Can you distinguish between sexual and non-sexual violence/abuse in your client database?

- ○ Yes
- ○ No
- ○ We do not have a client database

3) For each of the following functions, please describe your organization's capacity to collect/analyze violence-related data collected FROM YOUR CLIENTS/PARTICIPANTS.

	Want to improve capacity	Satisfied with current capacity	Not applicable for my organization
Basic Reporting	○	○	○
Grant Writing	○	○	○
Program Planning	○	○	○
Program Evaluation	○	○	○

4) For each of the following functions, please describe your organization's capacity to collect/analyze violence-related data collected FROM OUTSIDE SOURCES (i.e. secondary data).

	Want to improve capacity	Satisfied with current capacity	Not applicable for my organization
Basic Reporting	○	○	○
Grant Writing	○	○	○
Program Planning	○	○	○
Program Evaluation	○	○	○

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Needs Assessment on Violence and Abuse in Hawai'i

5) Have any of your programs or interventions been evaluated?

( ) Yes

( ) No

( ) Not sure

6) If any of your programs/interventions have been evaluated, what methods were used (check all that apply)?

[ ] Baseline/intake questionnaire

[ ] Post-service/intervention questionnaire

[ ] Interviews/focus groups with clients

[ ] Interviews/focus groups with program staff

[ ] Process evaluation (i.e. was program implemented as planned)

[ ] Don't know

[ ] Other (please specify)

7) What results came out of the evaluation? Please describe briefly, or provide a link/source where summaries of the evaluation are available.

Part 5 - Collaborations and Partners

Needs Assessment on Violence and Abuse in Hawai'i

1) IN HAWAI'I, which types of organizations do you network or collaborate with, and how (check all that apply)?

	Funding (funder or recipient)	Co-sponsoring events	Formal group/ consortium	Informal networking	Implementing programs	Training/ technical assistance	Data sharing	Research/ program evaluation
Department of Health	☐	☐	☐	☐	☐	☐	☐	☐
Department of Education	☐	☐	☐	☐	☐	☐	☐	☐
Department of Human Services	☐	☐	☐	☐	☐	☐	☐	☐
Other state agencies	☐	☐	☐	☐	☐	☐	☐	☐
Universities	☐	☐	☐	☐	☐	☐	☐	☐
Community-based organizations	☐	☐	☐	☐	☐	☐	☐	☐
Other -	☐	☐	☐	☐	☐	☐	☐	☐

please specify:

[   ]

2) NATIONALLY, which types of organizations do you network or collaborate with, and how (check all that apply)?

	Funding (funder or recipient)	Co-sponsoring events	Formal group/ consortium	Informal networking	Implementing programs	Training/ technical assistance	Data sharing	Research/ program evaluation
Organizations in other states	☐	☐	☐	☐	☐	☐	☐	☐
National government organizations (e.g. CDC, NIH)	☐	☐	☐	☐	☐	☐	☐	☐
National non-profit organizations (e.g. YMCA, Big Brothers Big Sisters)	☐	☐	☐	☐	☐	☐	☐	☐
Other –	☐	☐	☐	☐	☐	☐	☐	☐

please specify:

[   ]

3) Would you be willing to be part of a statewide network to address over-arching violence and abuse issues in Hawai'i?

◯ Yes

◯ No

4) Please provide the names and email addresses for any other organizations/programs you feel should be included in this needs assessment.

Part 6 - Additional Information

1) Is it ok to contact you if additional information or clarification is needed? If yes, please provide your contact information:

◯ Yes

◯ No

Your name

Email address

Phone number

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<u>Appendix 4: Listing of Participating Organizations of Quantitative Phase of Needs Assessment</u>

Of the 149 total survey responses, 117 respondents disclosed the name of their organization or program:

- Government agencies [32]
    - o Department of Health (22)
    - o Department of Human Services (4)
    - o Legislature – Senate (1)
    - o Legislature – House (1)
    - o Department of Public Works (1)
    - o State Health Planning & Development Agency (1)
    - o Military (1)
    - o "Government" (1)
- Police and judiciary [14]
    - o Police Departments
        - ▪ Honolulu (3)
        - ▪ Maui (2)
        - ▪ Kauai (1)
    - o Children's Justice Center (4)
    - o Courts (3)
    - o Prosecutor's Office (1)
- Schools and universities [19]
    - o University of Hawai'i (11)
    - o Department of Education (4)
    - o Private schools (2)
    - o Other universities (2)
- Private businesses, non-profits and community-based organizations
    - o Health/medical centers [5]
        - ▪ Waikiki Health Center (2)
        - ▪ Honolulu Family Therapy Center (1)
        - ▪ Molokai Community Health Center (1)
        - ▪ Queen's Medical Center (1)
    - o Non-profits & private businesses [23]
        - ▪ Catholic Charities Hawai'i (3)
        - ▪ Domestic Violence Action Center (2)
        - ▪ Institute for Family Enrichment (2)
        - ▪ Center for Global Nonkilling (1)
        - ▪ Farnsworth Consulting (1)
        - ▪ Hale Kipa (1)
        - ▪ Hawai'i Children's Trust Fund (1)
        - ▪ Hawai'i Youth Services Network (1)
        - ▪ Kathy's Parenting Solutions (1)
        - ▪ Maui Economic Opportunity (1)
        - ▪ MEO Head Start (1)
        - ▪ Nursefinders (1)
        - ▪ Parents and Children Together (1)
        - ▪ Planned Parenthood of Hawai'i (1)
        - ▪ Queen Lili'uokalani Children's Center (1)
        - ▪ Sex Abuse Treatment Center (1)
        - ▪ The Children's Alliance of Hawai'i (1)
        - ▪ YMCA of Kauai (1)
        - ▪ Zero to Three (1)
    - o Community/grassroots organizations [22]
        - ▪ Hui Mālama O Ke Kai (2)
        - ▪ Kulia Na Mamo (2)
        - ▪ Aloha House (1)
        - ▪ Alu Like – Ho'ala Hou (1)
        - ▪ East Maui Domestic Violence Task Force (1)
        - ▪ Families for REAL (1)
        - ▪ Hale Na'au Pono – Ka Wahi Kaiaulu (1)
        - ▪ Hawai'i Coalition Against Sexual Assault (1)
        - ▪ Hawai'i Island Anti-Bullying Coalition (1)
        - ▪ Hawai'i State Coalition Against Domestic Violence (1)

- Ho‘omau Ke Ola (1)
- INPEACE (1)
- Ka Hale Ola Makamae (1)
- Ka Hale Pomaika‘i (1)
- Kokua Ohana Foster Care Program (1)
- Lighthouse Christian Fellowship Hawai‘i (1)
- Na Tutu (1)
- Neighborhood Place of Wailuku (1)
- St. Philip's Episcopal Church (1)
- Waimānalo Hawaiian Homes Association (1)
  - Private citizens [2]