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Navigating a Course for Peace

Domestic Violence State Strategic Plan Five Year Report

OVERSIGHT BODY FOR THE DOMESTIC VIOLENCE STATE STRATEGIC PLAN

March 6, 2013

Navigating a Course for Peace

Domestic Violence State Strategic Plan Five Year Report

1. Background

History

The 2005 Hawai'i Legislature directed the Department of Health (DOH) to work with domestic violence service providers to develop a five year strategic plan to reduce the incidence of domestic violence and to increase support to victims. The Hawaii Coalition Against Domestic Violence (HSCADV), a statewide coalition of domestic violence service providers, was selected to develop the strategic plan, in collaboration with the DOH, Maternal and Child Health Branch (MCHB).

Knowing that it will take all of us to shift the patterns that allow domestic violence¹ to occur in our communities, HSCADV convened a diverse and well-respected planning committee to develop the plan. The group met monthly from November, 2005 through May, 2006. Primary and secondary data were collected and analyzed to assist the planning committee in its responsibilities. Data was provided through nine focus groups of key stakeholders held throughout Hawai'i; written surveys of victims and batterers; and a review of secondary data and literature conducted by SMS Research and Marketing Services, Inc.

The scope of this plan covered the five years from 2007 through 2012. The plan positioned Hawai'i to:

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

Implementation

Execution of the plan was entrusted to The Department of Health (DOH), who over the five years has played a leadership role in its implementation. HSCADV was contracted to provide a structure and administration of the plan. HSCADV also facilitated an Oversight Body (OSB), which was established as a multi-disciplinary, public private partnership. Membership on the OSB was voluntary and averaged fifteen members at any given time. The OSB met quarterly, established an annual work plan based on the performance measures, and tracked process over the life of the plan. In year two of implementation, funds were made available through the DOH to establish community level Task Forces, with paid coordinators. The Task Forces had the responsibility for implementation of plan objectives at the community level. A Task Force Quality Assurance Consultant (TFQAC) was hired to provide coordination and oversight of this effort.

1 Domestic violence is defined as a pattern of coercive, controlling behavior that can include physical abuse, emotional or psychological abuse, sexual abuse or financial abuse (using money and financial tools) to exert control over an intimate partner.



*Note Roles and Responsibilities chart and an example of the OSB roster from 2011 in the appendix.

Goals of the Plan

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

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

Goal 3: Ensure accessible services for victims.

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

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

Goal 6: Improve data collection related to domestic violence.

Goal 7: Promote collaboration in addressing domestic violence.

Goal 8: Ensure education and training.

Goal 9: Solidify financial resources

Performance measures

To assess whether we are making progress toward achieving the vision in the plan, the following performance measures were adopted. These measures were assessed annually to determine whether progress was being made and what mid-course adjustments were needed. In year three of implementation a ninth performance measure was added.

1. Increased awareness about domestic violence within targeted communities.
2. Increased access for school-aged children in skill building and prevention education about domestic violence.
3. Increased access to services for victims on each island.
4. Increased accountability and opportunity for batterers to develop new skills.
5. Increased leadership and collaboration among agencies to address domestic violence issues.
6. Increased use of reliable data to educate and inform the general community and policy makers about domestic violence.
7. Increased training about domestic violence.
8. Increased use of resources supporting domestic violence prevention and intervention activities.
9. To improve the quality of services through the use of evidence informed practices.

In this final report we intend to highlight major activities and policies that we believe have moved the State forward in the vision of the plan to reduce the incidence of domestic violence and to increase support to victims. Over the five years of implementation the Oversight Body has annually tracked progress toward the performance measures in the plan. However, it must be noted that the OSB did not accomplish these advances on its own. Leadership in these efforts came from both public and private sectors.

In addition to the efforts made by the OSB and Task Forces to move the above performance measures forward, this report also attempts to acknowledge other community initiatives in the intervention and prevention of domestic violence. Although these efforts cannot be captured



entirely, the OSB felt it was important to recognize the multiple efforts that address domestic violence in our state.

II. Progress by Performance Measure

1. Increased awareness about domestic violence within targeted communities.

The original intent in the plan was to have one large public awareness campaign administered by the HSCADV, subject to funding. Although funding was sought, it was not received. Therefore, more targeted efforts were initiated to reach out to vulnerable and at-risk populations. As the community Task Forces began across the State many of their efforts focused on community level awareness efforts. For example, the Kauai Task Force launched the *Who Can, You Can* public awareness campaign, <http://whocanyoucan.org>. The campaign empowers the 'bystander' to help shift attitudes and beliefs that perpetuate abuse. Similarly, Lanai Task Force encouraged community involvement in ending domestic violence and educated the Lanai community that domestic violence is a criminal act. Broader community efforts, beyond the work of the OSB and domestic violence Task Forces included a statewide child abuse and neglect public awareness campaign launched in 2011, dubbed *One Strong Ohana*, a partnership between the Joyful heart Foundation and the Hawaii Children's Trust Fund.

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

Community Task Force efforts took place on Molokai, where the domestic violence Task Force ushered in domestic violence prevention presentations at all the island's schools, and developed a teacher's manual. With support of the Department of Health, HSCADV piloted a youth-driven, art-based collaborative partnership between HSCADV and Youth Speaks Hawai'i. The project engaged youth from Hawaii's diverse and vulnerable communities, provided training on the causes underlying domestic violence, sexual violence and child abuse. Through the collaboration, HSCADV provided technical assistance and support to the youth in the creation of original spoken word pieces, all with the common theme of domestic violence, which was shared with a statewide audience at HSCADV's Annual Conference.

Other community efforts on violence prevention for school aged children have focused on bullying, including cyberbullying, and bystander awareness. These efforts have been led by the Departments of Education and Department of Health, as well as service providers such as Domestic Violence Action Center and Mental Health America of Hawaii. Additionally, this area has come to the attention of the Legislature and has received their support at the policy level.

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

Performance on this measure was severely challenged by the economic downturn of 2008 and the severe impact on social services across the State. Advocacy efforts were initiated and maintained to try to "hold the line" on services, these were led by the HSCADV and its membership. By the end of the Plan implementation period in December of 2012, domestic



violence shelter services should be almost restored to the prerecession level, although other services such as legal services, direct client advocacy, and children's programs have yet to be fully restored.

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

Substantial improvements have been made in the development and implementation of Batterers Intervention Program Standards developed by the Judiciary in conjunction with domestic violence service providers. Standards are now a requirement of contractors providing Batterer Intervention Programs in all circuit levels. In addition, the criminal justice systems in Hawaii (i.e. Judiciary, Department of Public Safety) have implemented standardized and validated assessment tools to determine risk.

A challenge to consistent enforcement practices continues to be the Judiciary organizational structure, which allows for autonomy by Circuit in the monitoring of programs.

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

The structure of the Oversight Body provided the opportunity for strong collaboration between three major state entities, DOH, DHS and Judiciary with responsibility for domestic violence as well as with the domestic violence service providers. Corresponding to the period of the Plan 2007-2012 there was increased recognition both nationally and here in Hawai'i that domestic violence did not stand apart from sexual violence and child abuse, and there was significant need to address the specter of family violence. Both the departments of Human Services and Health have worked on integration; infusing child abuse prevention and child welfare services with domestic violence screening and assessment.

Community Task Forces allowed island level decision making to better coordinate services and assess gaps. For example, The Oahu Task Force identified health care professionals as a target community in which to build leadership around the issue of domestic violence. The Task Force worked with Kaiser Permanente Hawaii to coordinate their organizational "roll-out" of its domestic violence assistance plan for staff and patients. The Kaiser implementation team received a basic domestic violence orientation and has continued to work with HSCADV and other community members.

The effort to develop an exchange of information and training programs resulted in a jointly-sponsored exposition event for Oahu agencies providing services to domestic violence victims and families. The EXPO sought to provide an opportunity for domestic violence service providers to increase understanding of the services available and to be able to collaborate amongst agencies to improve services to victims. Oahu-based domestic violence services and resources were shared with over 150 attendees, across many disciplines.

The Oahu Task Force members also met with Chief Justice and the Administrative Director of the Courts to discuss the Judiciary's importance on domestic violence issues in our community, and availability of consultation for informational purposes with domestic violence service



providers. Meetings were also held with the Attorney General, Directors of Department of Health and the Attorney General/Crime Prevention and Justice Assistance.

The Oahu Task Force also received training on a model of multidisciplinary response, and has begun the discussion on the feasibility of conducting a community safety assessment.

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

It has long been recognized that the lack of reliable incidence and utilization data has hampered our efforts to advocate for needed services and track effectiveness. The OSB established a data Task Force working with epidemiologists and data analysts in the various departments responsible for data. Progress was made on identification of the problem and the steps needed to address them. Incidence data remains outside our reach at this point as it would take a population based survey to determine and would be costly. Utilization data has been addressed and the HSCADV now has the ability to collect and distribute that data on an annual basis. Community Task Forces often have access to law enforcement data. This data has been useful for the Task Forces to address community level issues but due to inconsistent data points no statewide analysis is possible.

7. Increased training about domestic violence.

The island-based domestic violence Task Forces facilitated trainings to communities that have not been traditionally engaged in domestic violence training. For example, members of the faith based community---often the “first responders”---were trained on the dynamics of domestic violence, on Kauai and Hawaii Island. The Hawaii County sponsored domestic violence training for the faith based community had over 80 participants and prompted them to hold a second training to accommodate additional interest. The Maui and Oahu Task Forces provided training to members of the health care community.

Several OSB members joined the Department of Human Services Child Welfare Services’ (CWS) initiative to develop guidelines for screening and assessing families for domestic violence, as part of the Department’s Program Improvement Plan (PIP). Respective domestic violence community representatives participated in CWS work groups for screening and assessing families for domestic violence. In implementing the screening and assessment tools, CWS workers statewide received training on domestic violence.

Annually, HSCADV provided a 25-hour training on domestic violence on each island, to improve the capacity of front-line staff to provide victim-centered support to domestic violence survivors. In the last two years of the plan, HSCADV worked with the Hawaii Civil Rights Commission to provide outreach and training on Act 206, which prohibits employment discrimination of survivors of domestic and sexual violence. Training was provided to businesses and employers to educate them on appropriately responding and providing reasonable safety accommodations for survivors.



Training on understanding domestic violence has been provided to all full-time judges from the Superior Court to the District Courts. In addition, probation and parole officers have received specialized training in supervising domestic violence offenders.

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

As mentioned, the economic downturn of 2008 had a the severe impact on resources to support prevention and intervention activities. However, non-monetary resources in terms of volunteers, increased dramatically through the development and support provided for the six community Task Forces. Task Forces were established or those in existence adopted the goals of the strategic plan on all major islands; Kauai, Oahu, Maui, Molokai, Lanai and Hawaii, with multiple groups on Maui Island. Although membership fluctuated, we estimate that nearly 100 people statewide were consistently engaged annually to reduce the incidence of domestic violence in their community.

9. To improve the quality of services through the use of evidence informed practices.

Consistency in medical protocols was the major focus of this performance measure. This effort took place both at the Departmental level and at the community level. These efforts had two major foci:

- a. Establishing consistent emergency response protocols for first responders to assess the risk of lethality; Kaiser Health Systems was the model for this effort.
- b. Improving our prevention efforts by implementing screening and assessment of women across clinical and home visitation settings.

The Maui and Lanai community Task Forces worked with community clinics to create a screening and assessment tool for domestic and sexual violence. The Oahu Task Force and HSCADV worked with Kaiser Permanente by providing domestic violence resource information. HSCADV and the TFQAC and Task Force members from across the state worked with DOH to assess the development of screening and assessment at certain DOH funded health clinics. After further discussion this statewide project was put on hold and Task Forces returned to addressing the issue at a community level.

III. Lessons Learned

What worked well

Oversight Body Membership and Sustained Commitment

Oversight Body (OSB) members stated that the composition of the group brought together earnest, useful, unique cross discipline (statewide, public, private) members. The strategic plan provided a compelling and unique topic that united the group. The OSB provided unparalleled opportunity to share and provide feedback on issues. HSCADV provided staffing and brought in a facilitator to plan and guide the discussion and monitor implementation over the length of



the plan. Annually the OSB established benchmarks and held a prioritized work plan , revising and updating the plan as necessary.

Task Forces were provided guidelines regarding Task Force membership to include members from the criminal justice system (police, prosecution, Victim Witness, and probation) courts/Judiciary, victim advocacy, shelter providers, and survivors, batterers intervention programs, legal programs, health and social service ; healthcare providers/DOH, mental health organizations, child welfare services/DHS, substance abuse treatment, sexual assault programs, homeless programs/Public Housing, and civic groups, religious institutions and faith communities, universities and schools/public and private schools, business community , the military, and others, as appropriate to the community. The composition of the Task Forces brought together people who may come into contact on individual cases but not on big picture issues. It also engaged people in the community who have are not traditionally involved in domestic violence services but have long been engaging on this issue out of necessity. This was evident in the Kauai Task Force who had membership from the faith based community as well as a midwife. Over time the Task Forces were able to identify ways to engage people from specific communities as needed on specific projects. This helped keep certain communities involved when they would have otherwise not participated.

Resources

Financial resources were provided by the Department of Health specifically for supporting the implementation of the plan, although not specifically to increase service provision. Funds allowed for HSCADV to allocate resources to convening the OSB as well as supporting the hiring of Task Force coordinators on each island and a Task Force quality assurance consultant. In the past, Task Forces and other similarly convened bodies have lost momentum and participation due to the lack of a dedicated coordinator or facilitator. Having a paid statewide coordinator provided the Task Forces with guidance and logistical support.

Non fiscal resources included regular involvement of Departments and the Judiciary ranging from enforcement to prevention. This involvement allowed for cross departmental collaboration and resource sharing. The OSB noted that there is no other entity that allowed these parties an opportunity to discuss these issues and collaborate.

Oversight Body and Task Force strengths

The strategic plan provided cohesion and identity for both the OSB and Task Forces. The plan was able to evolve based on the discussion and information sharing. The structure developed over time, and the OSB allowed for clearer understanding about the issues and how to address them. It also provided a structure to follow up and then assess future needs.

The OSB having oversight versus an administrative role allowed for more localized autonomy in the Task Forces to address the issues they considered most impacting their community. It also freed the OSB to continue to look at the issues without being bogged down in managing each of the Task Force's work.

IV. Implementation Challenges



The Plan itself

In a final analysis of the implementation the OSB felt that the strategic plan guiding document had too many Plan Performance Measures and needed to be streamlined and prioritized. It also lacked specific guidance regarding implementation. It would have been useful to have the plan evaluated by an outside group regarding feasibility to implement and bring in technical assistance on what is practical and doable in a plan of this size. Other ways that could have improved the focus would have included prioritizing the efforts, evaluating which PPMs/goals should be implemented as part of a larger statewide plan with assistance and input from Task Forces. In trying to implement all of the PPMs/goals, and/or having the Task Forces duplicate certain efforts, led to a lack of cohesion and role confusion. In retrospect the OSB felt that in future efforts it would be useful to build in opportunities to step back and evaluate the plan.

Organizational Structure

Although there were numerous attempts to clarify roles and structure, as evidenced in the attached roles and responsibilities chart, it remained complicated and challenging once the Task Forces came on line in the second year of implementation. The structure and role of the OSB and Task Forces often led to confusion. For example, the Oahu Task Force had several members who were on the Task Force, OSB and/or members of HSCADVs board and committee. Often matters were cross-discussed without a clear idea of the boundaries or whose role it was to deal with issues.

Prior to the Task Forces being established, the role they were to play in implementation of the plan was not well clarified. Coordination was sub contracted to community organizations that were initially given self-determination in the work that would be done at the community level as long as it generally addressed the outcomes in the plan. In retrospect the Oversight Body believes that being more directive in the focus of their work would have been more effective.

While the OSB had good representation from a broad base of public and private entities having representatives with actual decision-making power was often lacking. The OSB and Task Forces could come up with recommendations but then were tasked with having to take those issues to the departments. In that the role of the OSB was not clearly defined it was difficult to convey to others the role of the OSB.

Although several members of the Coalition participated in the OSB and Task Forces, the plan was not clear on the role of direct service providers in the implementation of the plan. It was also a challenge to obtain and sustain domestic violence provider membership from neighbor islands on the OSB. This was further complicated by the leadership turnover at HSCADV in the third year of implementation. Due to the transition, there was a loss of “institutional” memory connecting the planning process priorities with implementation priorities. Also during the transition period, which lasted a year, the priorities of the Coalition were focused on rebuilding its organizational strength.

Coordinated efforts for child abuse prevention and sexual assault:

While the OSB and Task Forces had some representation from the sexual assault and child abuses communities’ statewide efforts were not well integrated. Looking forward, the creation



of a high level group of policy makers with membership from decision makers in the domestic violence, child abuse/neglect, and sexual violence communities, to share resources, responsibility, and action, would be a significant step toward improving the coordination and effectiveness of the systems responsible for the prevention of and intervention in family violence.

Challenges to Accomplishment of Goals

- Progress on a number of the plan objectives required financial resources. Due to the 2008 recession, there were many competing needs for resources within the state and federal level, and among private foundations.
- Increasing access for school-aged children in skill building and prevention education about domestic violence was hampered due to No Child Left Behind, which made it difficult for the Department of Education to focus on non-academic issues. DOE participation in the efforts of the Oversight Body was limited and sporadic.
- Engaging Police departments continues to be a challenge regarding domestic violence training. The Coalition has noted that in some of the counties training of recruits has dropped significantly. There also seems to be a lack of coordination between programs and governmental agencies. For example the Maui Prosecutors Office has conducted several trainings about bullying across the county while the Molokai Task Force was also conducting domestic violence trainings that included a bullying aspect.

V. Proposed Future Strategic Objectives

Although much was accomplished, the Oversight Body believes there is still much to be done. Through *Navigating a Course for Peace*, we developed the capacity to improve the communication and collaboration among the different systems involved in responding to and addressing domestic violence. With State funding for the implementation of the strategic plan ending in June 2012 however, there has been no alternate funding available from the Department of Health or other state entities to continue to engage various stakeholders to reduce the incidence of domestic violence at the local level; or to conduct a deeper examination of the barriers that are impeding the work of these systems from reaching greater levels of coordination, integration, effectiveness and accountability.

The Oversight Body recommendation is that ongoing efforts take a two pronged approach. The OSB felt that task force efforts could more effectively address family violence prevention and integration of efforts without being directly connected to the OSB. Specifically, efforts that enhance the capacity of community members throughout the state to actively engage in violence prevention activities was thought to be most effective at the local level; whereas, a statewide policy body such as the OSB, should address system improvements.

Recommendations for future work to improve the coordination, integration, effectiveness and accountability of the systems responsible for the prevention of and intervention in family violence, are noted below.



Objective One: Improve consistent application of domestic violence laws and practices pertaining to victim safety in law enforcement and the justice systems, both civil and criminal.

Problem Statement: There is widespread commitment to addressing domestic violence. However, there needs to be consistent enforcement of current domestic violence laws, policies, and procedures by pertinent public agencies.

Objective Two: To support the ongoing efforts of the Department of Human Services' Child Welfare Services (CWS) to improve the interface between domestic violence and CWS.

Problem Statement: There has been inconsistent practice in CWS cases where there is co-occurring domestic violence and child maltreatment. Non-offending spouses are often re-victimized by having their children placed in out of home placement and children often remain in harm's way. To address this, the Department of Human Services collaborated with the domestic violence community to develop guidelines for screening and assessing families for domestic violence.

Objective Three: To maximize the opportunity through the development and application of consistent protocols for screening and assessment for DV in clinical settings.

Problem Statement: Publicly funded clinical health settings, such as family planning, community health centers and perinatal clinics provide large gateways to educate and identify victims of DV. Our clinical settings do not have consistent practices for the screening and assessment of DV.

Objective Four: To develop a quality assurance guide for best practices in domestic violence program interventions for victim services, for both children and adults. This would be modeled after the Batterers Intervention Standards developed by the Judiciary in partnership with other public and private entities.

Problem Statement: There is currently is no quality assurance guide for best practices in domestic violence program interventions for victim services, both for children and adults. The Oversight body has the membership and expertise to objectively evaluate the current service array in the state in terms of best practices in program design, effectiveness and accessibility.

Objective Five: Simultaneously to focusing on system improvements the Oversight Body will take every opportunity to foster a primary prevention goal to reduce intimate partner violence, teen dating violence, sexual assault and coercion, child abuse and family violence through increased awareness about social norms and attitudes perpetuating and condoning abuse.

Problem Statement: The state response to domestic violence has focused primarily on intervention after the problem has already been identified and harm has occurred. While crisis



intervention is a necessary response to domestic violence, it alone cannot address the complex dynamics of domestic violence.

