



Intimate Partner Violence Services in Hawai'i: Gaps, Barriers and Successful Strategies

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Topics of Discussion

- Rationale for the project
- Methods
- Findings
 - Gaps
 - Barriers
 - Successful Strategies
- Where do we go from here?

Rationale for the Project

- Intimate partner violence is prevalent, with 1 in 4 women reporting IPV in their lifetime.
- In Hawai'i, 1 in 7 women has experienced a completed forcible rape during their lives.
- For women who have experienced rape or physical assault, in about two-thirds of cases the perpetrator is a current or former intimate partner.
- Statewide Sexual Violence Prevention Plan
- Strategic Plan 2007-2012 written by the Hawai'i State Coalition Against Domestic Violence
 - Goal 3: Ensure accessible services for victims
 - Action 3.1.1 Identify gaps in services by island.

Methods

- Identified agencies/organizations on each island who could contribute to an understanding of gaps in intimate partner violence services.
 - Intimate partner violence service providers
 - Other first responders (e.g., churches, hospitals, homeless agencies, substance abuse agencies)
- Interviewed executive director and at least one program coordinator from each agency.

Methods, continued

- Conducted qualitative interviews with participants.
- Sample of interview questions:
 - What types of services do you offer?
 - What are some of the gaps in services?
 - What are some barriers to accessing or receiving intimate partner services?
 - In what ways has your agency been most successful with regard to reducing or preventing intimate partner violence?
- Transcribed interviews for quality assurance and to capture the rich information.

Sample Size

	# Agencies	# Interviews	Response Rate
Total	200	274	92%
Hawai'i Island	59	83	87%
Kauai	37	51	95%
Lana'i	13	14	93%
Maui	20	30	100%
Moloka'i	15	16	89%
Oahu	56	80	87%



Types of Agencies Included

- Domestic violence service agencies
- Counseling and mental health
- Substance abuse
- Education
- Legal
- Housing and homelessness
- Faith-based
- Medical
- Child welfare

Services Offered

- Hotline
- Shelter
- Safety planning
- Short-term and long-term individual counseling
- Support groups for women
- Children's and adolescent groups
- Batterer's groups
- Alcohol/drug abuse treatment
- Job training/help applying for TANF
- Transitional and permanent housing
- Legal advocacy

Gaps in Services

- Transportation/geographic isolation
- Short staffing
 - Lack of college-level coursework on some islands
 - “Transplants” with credentials vs. “Locals” with grassroots experience
 - One police officer for Maui County to process and follow-up on IPV cases for entire county



Gaps in Services, continued

- Language access
 - Limited services for non-English speaking
 - Limited interpreters
- Lack of housing (transitional and permanent)
- Lack of support services for men, women, and children

Barriers to Services

- Transportation/geographic isolation
 - “Transportation is a huge barrier to us – there are a lot of families again living in those rural isolated areas and sometimes it takes an hour and a half to drive into town and they can’t afford the gas; the car’s not reliable.”
 - “It’s hard for victims to get services because they depend on the male, who for the most part is the breadwinner and has the vehicle. So, they’re the ones being really affected by not being able to engage in services.”

Barriers, continued

- Language
- Shame
- Acceptance of IPV as “part of life”
- Small community – everyone “knows”
 - “We’ve done some rural...we went there and tried to start up a women’s group, but women wouldn’t come unless they weren’t born and raised there because everybody knows everybody and they would know if you were going to that group and what that group was.”



Barriers, continued

- Court only once per month on Molokaʻi and Lanaʻi
- Economic survival/lack of job opportunities

Successful Strategies

- Culture-specific men's batterers groups (Native Hawaiian; Pilipino; and Hispanic)
- Culture-specific women's support groups (Pilipina)
- Building capacity in some immigrant communities (Chinese)
- Family Violence Interagency Council on one island with sub-committees on public awareness, training, human trafficking, men against violence, and legal procedures



Successful Strategies

- Coordination of services and strong collaboration among DV and related agencies
- Inclusion of IPV topics in Human Services Certificate at Maui Community College
- Almost all agencies on one of the smaller islands will do home visits or provide transportation when needed
- Some remote islands/areas have received permission to fax TROs to speed up the process for women

Where do we go from here?

- We need creative approaches for matching services with specific geographic areas to fill gaps
 - Satellite offices
 - “I would put satellite offices....I would co-locate with other agencies....it really does work when you’re all together.”
 - Mobile workers
 - “Put a therapist in a van....I mean, this is very remote, this island in many ways.”

Where do we go from here?

- We need strategies for reducing rural and cultural barriers to accessing services
 - Laundromats
 - “If I had the money to start laundromats everywhere..... there was a woman coming into my group and that gave me the idea, because her partner wouldn’t let her leave, but he let her go do the laundry, so she would bring her laundry and that’s how she would get to group.....What if we had these laundromats, women could come in and we’d on the side give them information.”
 - Health fairs
 - We can’t just talk about domestic violence or sexual violence. We have to talk about health, we have to talk about other issues, general immigration issues for example. You can’t just come out and say to any ethnic community “Have you been sexually abused?” They’re not going to know what that means for one thing and even if they do they’re going to be reluctant to talk about it.

Where do we go from here?

- We need to focus on prevention education in addition to service provision
 - Few agencies had prevention staff whose sole job description was prevention education, rather it is an “add-on” task to staff who provided intervention services.
 - There is a need for systematic and consistent prevention education activities across all age groups.