Shaping Tomorrow

The Future of Sexual Violence Programs in Hawai‘i

Sexual Violence Strategic Planning Group

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In a period of competing priorities and urgent demands for existing resources, the Department of the Attorney General is very cognizant of the need to place the safety of our community at the forefront, especially those victimized by sexual violence. It is with this intent that we support the coordinated effort to ensure that essential sexual assault victim services are delivered in an effective and consistent manner in the State of Hawai'i.

This report would not be possible without the dedicated work of the Sexual Violence Strategic Planning Group to explore and develop a strategic planning document directed at defining and sustaining the comprehensive services for survivors of sexual assault. We take this opportunity to thank the following members:

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I would also like to recognize the involvement of our Crime Prevention and Justice Assistance Division and Planning Specialist, Tony Wong, in this endeavor. Our Department now seeks the commitment of our state, county and community stakeholders to partner with us to ensure that sexual violence victims obtain the justice and services that they so rightly deserve.

Mark J. Bennett
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Cover: Candlenut Lamps, handworked stone by Wilfred Toki / photo by Sam Kim.

Executive Summary

The purpose of this report is to articulate and recommend the case for stability and coordination in the funding and oversight of sexual violence programs and services in Hawai'i. The report provides background on the planning process, the evolution of funding instability and the current status of sexual violence programs and services across the state.

It is clear that the current scenario of inadequate and piecemeal funding has created a crisis in sustaining sexual violence programs and services in Hawai'i. It is also evident that such programs and services are best delivered when coordinated across the entire state assuring consistency of access, availability and quality of services, and program integrity.

The impact to the victim of sexual violence is immeasurable as is the long term social impact to our community—sexual violence programs and services are critical to Hawai'i.

It is our recommendation that the Hawai'i State Department of the Attorney General have the authority and responsibility to develop and oversee the funding and oversight for sexual violence programs and services. The Department of the Attorney General has the commitment, understanding and experience to accomplish these objectives.

I. Planning Perspective

Purpose of Sexual Violence Strategic Planning Group

The Sexual Violence Strategic Planning Group (SVSPG) is a partnership of the 24/7 sexual violence service providers, state and county government funders, and community stakeholders of these services. The stated purpose of the partnership is:

> To provide a statewide system of comprehensive and effective care for sexual violence victim needs and services as well as sufficient and reliable funding to ensure stability and program continuity.

Such a system consists of an essential continuum of immediate attention and medical care, follow-up care, therapy, prevention/education, and administrative and capacity building services.

SVSPG has determined that the **first step** toward a more uniform, coordinated system of statewide services for sexual violence victims is to **stabilize funding** for existing core services also described as the essential continuum of sexual violence services. *(See Appendix A, Description of Essential Statewide Sexual Violence Services and Appendix D, Global Path of Services).*

First Step: Achieving Funding Stability

This first step, achieving funding stability, was supported by a federal VAWA (Violence Against Women Act) grant from the Department of the Attorney General. The grant enabled SVSPG to hire a consultant, from July through December 2004, to develop this report. The content of this report is based on the consultant's meetings with: 1) SVSPG on O'ahu, and 2) each county's respective sexual violence treatment and prevention service providers, funders, and community stakeholders.

Funding Stability for Essential Services

SVSPG created an outline of essential statewide sexual violence services administered by the following agencies:

24/7 Statewide Sexual Violence Service Providers

- Hawai'i Island YWCA
  Sexual Assault Victim Empowerment
- Kaua'i YWCA
  Sexual Assault Treatment Program
- Maui Child & Family Service
  Sexual Assault Support Services
- O'ahu Kapi'olani Medical Center
  for Women & Children
  Sex Abuse Treatment Center

These essential services, outlined on the following page, were established in Hawai'i to support victims following the aftermath of a sex crime and to prevent such crimes from occurring. *(See Appendix B, Hawai'i Sexual Assault Statute).*

Essential Statewide Sexual Violence Services

24/7 On-Call Crisis Intervention: Immediate Attention, Information & Referral Services

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

Medical-Legal Examinations

- 24 hours/7 days per week immediate forensic examination of adults and minors, which include medical evaluation, collection of legal evidence and treatment. Exams are done within 72 hours of assault with use of a standardized sexual assault kit.
- Post-72 hours medical evaluation of minors suspected of sexual assault
- Statewide Medical-Legal Project

Therapy, Case Management and Legal Systems Advocacy

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

Prevention and Education

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

Administrative and Capacity Building Services

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

Observations & Assumptions

SVSPG members developed the following observations and assumptions, for essential sexual violence programs and services:

Necessity of Services

- The existing and essential statewide sexual violence services as previously outlined have a twenty-five year track record of serving our community. These core services are proven to be highly effective and are essential to our community.
- Without such services, we can expect a significant reduction in the reporting of sexual assault crimes to the police. This will impact the criminal justice system's capacity to identify and prosecute sex offenders.
- Without such services, we can expect an increase in many other social problems, such as substance abuse, prostitution, teenage pregnancy and mental illness.
- Without such services, societal tolerance of sexual violence will continue, compromising the safety and well-being of women, men and children in Hawai'i.

Efficiency and Effectiveness

- The existing and essential statewide sexual violence services were developed as a system of services, based on proven national models, to enhance the efficiency and effectiveness of service delivery. The medical-legal protocol of Hawai'i has been recognized nationally.
- Sexual violence service providers continue to strive for the optimum levels of efficiency and effectiveness to provide the best possible services with optimal use of limited resources.

Problems and Trends: Inadequate & Piecemeal Funding

- The efficiency and effectiveness of existing and essential statewide sexual violence services have been impeded by revenue shortfalls, fluctuating year to year grant dollars, and limited funds allocated specifically for sexual violence.
- Faced with declining state government support, the statewide providers of sexual violence services resorted to broadening their pool of government and private funders. While this strategy of diversifying funding succeeded in continuing existing services, it has taken a toll on the scope of services delivered. For example, rather than providing the needed services to victims of sexual violence, the service providers have had to divert their personnel resources in order to manage the multiple funding grants. Each grant requires specific, written, quarterly narrative reports and data to account for the funds.

Consequences of Inadequate & Piecemeal Funding

- Sexual violence crimes are significantly underreported. It is likely that a substantial number of victims are not receiving services of any kind. Inadequate and piecemeal funding limits the capacity of sexual violence programs to expand their scope of services.
- Inadequate and piecemeal funding encourages fragmented, rather than comprehensive outreach approaches to underserved victims, such as immigrants, elderly, persons with disabilities, victims of sex trafficking, persons with limited English proficiency, and gays/lesbians.
- Inadequate and piecemeal funding has eroded the infrastructure of Hawai'i's sexual violence programs, resulting in constant staff turnovers and inconsistent delivery of essential sexual violence services.
- Inadequate and piecemeal funding evolved with limited capacity for coordination among the different levels of federal, state, and county funders, resulting in a lack of strategic planning to sustain sexual violence services for the State of Hawai'i.

COST OF STATUS QUO

- Hawai'i's sexual violence programs cannot continue to survive on a strategy of inadequate and piecemeal funding and a lack of interagency and interdepartmental coordination especially among government funders.
- Maintaining the status quo means that funding and infrastructure instability will continue to worsen, thus reducing the scope and access to services, creating variation in the quality of service delivery, and ultimately endangering public safety.

SOLUTIONS & FUTURE

- Only government funders have the capacity to oversee a comprehensive rebuilding of the infrastructure of Hawai'i's sexual violence programs as they have the statutory authority (clout) to generate this change.
- A well-organized infrastructure benefits government funders because it supports the efficient and effective use of public dollars to deliver comprehensive and quality sexual violence services for the State of Hawai'i. As an example, it will allow the development and maintenance of systematic data collection and analysis to monitor and evaluate these essential services.
- The future survival of Hawai'i's sexual violence programs requires a commitment from government funders to restore stability by advancing an agenda of constructive change. This includes both centralized oversight and coordination, as well as stable and adequate funding.

II. Evolution of Funding Instability

1975-1997: State Responsible for Oversight

In 1975, the Hawai'i State Legislature allocated $200,000 for Kapi'olani Medical Center for Women & Children (KMCWC) to establish treatment services for O'ahu's sexual violence victims. The funds for this new program were given to the Department of Health to administer. On October 3, 1976, the Sex Abuse Treatment Center (SATC) at KMCWC opened for business.

Within five years after the opening of O'ahu's Sex Abuse Treatment Center, each neighbor island county and the Waianae Coast Comprehensive Health Center (WCCHC) established sexual violence treatment programs with state funds administered by the Department of Health. The neighbor island programs are currently under the organizational umbrella of the following private, non-profit agencies: YWCA (Kaua'i and the island of Hawai'i); and Child & Family Service (Maui). Per agreement between the WCCHC and KMCWC, the Waianae Coast sexual violence services were transferred to the KMCWC Sex Abuse Treatment Center.

For approximately sixteen years (1981-1997), each county's sexual violence treatment program was managed independently. The programs did, however, collaborate on a policy development level.

As the administrator of state funds for 24/7 sexual assault treatment services, the Department of Health initially assigned the oversight responsibilities to the Adult Mental Health Division. A few years later, the contract was transferred to the Child and Adolescent Mental Health Division. And, over time, it was then transferred to the Family Health Services Division, School Health Services Branch. Now, the contract is under the Maternal and Child Health Branch of the Family Health Services Division.

While under the administration of the School Health Services Branch, the funding for the five independent contracts for the sexual violence services was collapsed into a master contract.

1998 – 2005: Private Non-Profit Master Contractor Responsible for Oversight

Beginning in 1998, the Department of Health, through a contract with O'ahu's KMCWC Sex Abuse Treatment Center, transferred the following statewide administrative and capacity building responsibilities to SATC:

- Program monitoring
- Program evaluation
- Fiscal monitoring
- Staff development consultation
- Staff development training

Under this contract, SATC became the master contractor for statewide direct services and administrative/capacity building services. The award for the contract consisted of $923,783 with SATC responsible for funding each county's program, including O'ahu, as well as ensuring the accessibility and the delivery of 24/7 services statewide.

The 1998 award of $923,783 is the same level of state general funds support that statewide sexual violence programs had been receiving since 1996 and continue to receive annually today. In other words, **from fiscal year 1996 to 2005, the state general funds support for statewide sexual violence services has remained at the same level, $923,783**. Furthermore, this allocation of $923,783 represents a 32% decrease in state

government support for statewide sexual violence services which, in fiscal year 1992, was $1,363,704.

Despite the fact that the budget for direct services remained static, and the fact that no additional funds were forthcoming from state government to supplement SATC's additional administrative and capacity building responsibilities, the contract was still accepted by SATC. The initial assumptions were: 1) the neighbor island programs would be able to meet the scope of services required; and 2) liability issues would be minimal because of prior state monitoring of these programs.

Master Contractor's Initial Assessment of Neighbor Island Programs

Site visits by SATC to neighbor islands programs in 1998 revealed the following shortcomings and challenges:

Identification of Liability & Risk Factors

- No consistent framework to guide sexual assault service providers was in place either statewide or within the programs
- No standards statewide for policies and procedures on service delivery
- No standards statewide for documentation of service delivery and internal monitoring for quality assurance
- No systematic data collection for the reporting of public funds
- Sub-standard clinical practices
- No systematic external audit of program services
- No established procedures or consent forms to provide clients with the protections allowed by law in the Victim-Counselor Privilege

Consequences of Liability & Risk Factors

- In some cases, the lack of consistent record keeping exposed KMCWC/SATC and DOH to legal issues if records were ever subpoenaed.
- The lack of communication between the program manager and the fiscal officer for each program led to a consistent miscalculation of services provided versus services expected by their contracts.
- The lack of policies and procedures and/or the lack of following policies and procedures established, left KMCWC/SATC and DOH vulnerable to scrutiny in the areas of confidentiality, release, and holding of confidential information.

Master Contractor's Key Accomplishments

To minimize liability and risk for the State of Hawai'i and Kapi'olani Medical Center for Women & Children, SATC developed and implemented standards of care for service delivery and for internal and external auditing which resulted in the following improvements:

- Uninterrupted operation of 24/7hotline coverage statewide for crisis services
- Compliance of clinical assessment standards and use of standardized forms, appropriate and standardized clinical documentation, and internal supervisory oversight
- Compliance of procedures and forms to address informed consent and confidentiality for victims
- Oversight of high risk issues and provision of clinical and crisis consultation
- Development of quality improvement plans and coordinated training process for clinicians as well as standardization of clinical outcomes
- Statewide collaboration on legislative advocacy, joint funding opportunities, and educational initiatives

Inadequate Funding for Oversight Strains Existing Infrastructure

When requests for supplemental funding for the additional administrative and capacity building responsibilities did not come through from state government, SATC continued to renew the sub-contract because of the opportunity to develop a comprehensive infrastructure to support the efficient and effective delivery of statewide sexual violence services. During these six years (1998-2004), SATC and the neighbor island programs sought and received alternative funds to support its delivery of crisis, counseling and prevention/education services.

One major source of federal funding support continues to be the Victims of Crime Act of 1984 (VOCA) which, as amended, provides grant funds to states to assist victims of crime. The U.S. Department of Justice allocates VOCA funds to each state's Department of the Attorney General. The grant is funded by fines and penalties levied against criminals convicted of federal crimes. Hawai'i uses a conduit funding system which subgrants most program funds to the county prosecutors' offices who, in turn, use the funds to support their victim-witness assistance divisions and to contract with non-profit victim service providers in their jurisdictions. In each county, the victim-witness assistance divisions and the non-profit sexual violence treatment programs are supported by VOCA. The FY 02 VOCA grant provided $235,247 for sexual violence services. In the most recent reporting period (10/1/03-9/30/04), 1,523 child sexual assault victims, 632 adult sexual assault victims, and 87 adults molested as children were helped by statewide sexual violence programs receiving VOCA funds.

Despite aggressive efforts to secure alternative sources of funding, it was never enough to cover the entire cost of the 24/7 statewide sexual violence services including all oversight and coordination responsibilities described herein. Furthermore, shouldering these statewide responsibilities without sufficient funding or personnel and at the same time managing a direct services program strained the personnel and financial capacity of the master contractor, SATC. In addition, the neighbor island programs spent countless hours developing operating standards to meet contractual compliance. Concurrently, all 24/7 statewide sexual violence programs were under considerable strain because of the funding cutbacks to direct services.

While the 24/7 sexual violence treatment providers are committed to and have demonstrated increased accountability and quality of care, it is readily evident that these programs are beyond their capacity, in terms of finances and depth of personnel resources, to continue to function without more support.

From Inadequate Funding to a Piecemeal Funding Strategy

Meeting the statewide oversight responsibilities and at the same time searching for alternative funds to sustain direct services has been a continuing challenge for SATC. For the neighbor island programs, their challenge has been to develop and implement statewide standards of care while sustaining necessary and critical services through the on-going search for funds.

To resolve the challenge of inadequate funding, the sexual violence service providers developed a piecemeal funding strategy for direct services which, over time, taxed their weakening infrastructure even further. They sought and obtained funding for direct services from the following additional sources whose funding often fluctuated from year to year:

Piecemeal Funding from Additional Sources Other Than State General Funds

- County funds (Maui, Hawai'i, and Honolulu counties)
- Victim of Crime Act Funding (Federal Funding through Department of the Attorney General)
- Violence Against Women Act (Federal Funding through Department of the Attorney General)
- Department of Health (Federal Funding-Rape Prevention Education Fund)
- Department of Human Services
- Fee for Service (third party reimbursement through insurance and Crime Victim Compensation Commission)
- Legislative appropriation of Rainy Days Funds (administered by DOH)
- Private Funding (foundations and contributions)
- Kapi'olani Medical Center for Women & Children
- YWCA of Kaua'i
- Maui Child & Family Service
- YWCA of Hawai'i Island

Unforeseen Consequences of Piecemeal Funding Strategy

Although the diversification of funding sources met short-term funding needs for direct services, this piecemeal strategy over the long-term created additional burdens on an already overtaxed infrastructure. Besides managing the day-to-day operations of their respective programs, and striving to improve the quality of services according to statewide standards developed by the master contractor, sexual violence service providers were faced with meeting the compulsory requirements of their various funding sources. Such requirements included:

- Different proposal/grant writing deadlines for renewed funding
- Different data collection requirements
- Different funding periods for financial reports
- Different formats for all reports, such as program and financial

For example, here is a 12-month report schedule for ONE program manager, the SATC Crisis Intervention and Medical Services Manager:

One SATC Manager's 12-Month Report Schedule

31 Reports

January	DOH 2nd quarter report City & County 2nd quarter report VOCA 2nd quarter report VAWA 2nd quarter report VAWA year-end report
February	DOH audit/monitoring report VAWA audit/monitoring report VAWA annual statewide report
March	None
April	DOH 3rd quarter report City & County 3rd quarter report VOCA 3rd quarter report VAWA 3rd quarter report
May	DOH audit/monitoring report VAWA audit/monitoring report
June	VAWA Medical-Legal Project year-end report
July	DOH 4th quarter report City & County 4th quarter report VOCA 4th quarter report VAWA 4th quarter report VAWA biannual report City & County year-end report
August	DOH audit/monitoring report VAWA audit/monitoring report
September	None
October	DOH 1st quarter report City & County 1st quarter report VOCA 1st quarter report VAWA 1st quarter report VOCA year-end report
November	DOH audit/monitoring report VAWA audit/monitoring report
December	VAWA Medical-Legal Project biannual report

Clearly, these varying requirements from all of the additional funding sources combined with the system's internal quality control requirements are creating unforeseen strains on the existing infrastructure. Consequences of the piecemeal funding strategy include:

Infrastructure Consequences

- **Increased cost to programs to effectively manage multiple grants**
  Fiscal management of multiple funding sources has required additional software costs and an increase in personnel time and cost. SATC, for example, hires the equivalent of a Masters in Business in order to effectively manage the grant funds and multiple funding contracts.
- **Shift in job tasks for the managers of the sexual violence programs**
  Where the role of the manager was primarily spent on managing employees and programs, now more time is spent on writing progress reports to account for the program activities of the grants, completing quarterly forms with statistical data, and writing grants to maintain revenue for the delivery of direct services.

- **Insufficient information technology to meet the challenge of multiple grants** Programs lack the hardware, software and communications technology capabilities to function efficiently. An example is the program on Kaua'i that collects data manually for grant reports.
- **Increase in number of government audits** Each government entity is responsible for monitoring the program and fiscal activity of the contract issued for the use of the public funds. There is no one standard for government monitoring of services; thus, each provider must continually prepare materials and information for the individual audits.
- **Increased number of human resource hours spent at the legislature to solicit funds to cover the cost of the master contract oversight and cost to deliver direct services** The main role of the program directors during the legislative session is to educate legislators on policy issues relating to sexual assault. To cover the cost of the master contract and the cost of direct services, the program directors have increased their time and efforts at the legislature to secure additional government funds. They introduce bills for the allocation of funds, track the bills, provide written and oral testimony, and conduct individual meetings with legislators to educate them on the need for funds. For the neighbor island providers, this activity is extremely costly because of the additional air and ground transportation cost.

Unfortunately, few grants, including federal grants, allow funds to be used for building and enhancing infrastructure. The federal Violence Against Women Act is an exception; awards from the U.S. Department of Justice to domestic violence and sexual violence coalitions permit capacity building.

Projected State Government Support for Fiscal Year 2006: Still Inadequate

Given the strain on their resources for the last thirteen years (1992-2005), the sexual violence providers cannot continue to function under these conditions for another thirteen years. **Their projected operating budget for Fiscal Year 2006 is $2,824,831.** This amount is a $162,594 or 6% increase over 2005 which constitutes a salary increase of 2% and an increase in hours for part-time positions on the neighbor islands.

If the assumption is that the Fiscal Year 2006 revenue will remain at the Fiscal Year 2005 level as listed below, then the projected shortfall in funding for the sexual violence services statewide will be $636,111 for Fiscal Year 2006.

FY 2005—Total Estimated Revenue $2,188,720
(See Appendix C for estimated revenue details)

- State General Funds $923,783
- County Funds $496,000
- VOCA $265,625
- Program Service Fees $186,926
- Other private funds $121,409
- VAWA $112,977
- State RPE Federal Funds . . . . . $ 82,000

The delivery of critical sexual violence programs and services to the people of Hawai'i is in jeopardy given the inadequate funding.

One State's Response

An example of one state's response to the funding instability experienced by their community's violence against women programs is the *Allocation Plan for the Oregon Domestic and Sexual Violence Services Fund (HB 2918)* developed by the Oregon Department of Justice (DOJ), February 2002. The introduction to the Allocation Plan states:

> ***One of the most important actions of Oregon's Seventy-First Legislative Assembly was the appropriation of general fund dollars to the Department of Justice to address these needs of domestic and sexual violence victims. With this funding, HB 2918 also directed DOJ to work collaboratively with advocates, victims and human service providers to create a plan for allocation of the funds. The plan must:***
>
> - Set the criteria, procedures, and timelines for allocation of funds;
> - Establish uniform systems for reporting requirement, collecting statistical data, and reporting measurable outcomes for programs that receive funding;
> - Provide a process by which DOJ can review all findings from data collected from the programs that receive funding; and
> - Further the purpose set forth in Section 24 of HB 2918:
>
> (1) Provide safety for and assist victims of domestic violence and sexual assault, and promote effective intervention and reduce the incidence of domestic violence and sexual assault;
>
> (2) Advocate for victims and for domestic violence and sexual assault services; and
> (3) Promote and facilitate interagency and inter-departmental cooperation among state agencies, including the Department of Human Services and the Department of State Police, and among different levels of Oregon government, in delivery and funding of services.
>
> In addition, when developing the plan, consideration was to be given to ways to:
>
> - Balance funding for intervention, infrastructure, and prevention services;
> - Prioritize services;
> - Utilize local community plans reflecting local programs service needs;
> - Establish programs and services for victims of both domestic violence and sexual assault;
> - Establish programs that are culturally specific; and
> - Ensure that there is a coordinated community response to domestic and sexual assault and, to the extent practicable, ensure that domestic violence and sexual assault services are coordinated with other community services.

Oregon is an example of one state's commitment to improving the quality of life for sexual violence victims and to prevent such crimes through interagency and interdepartmental coordination, an initiative headed by their Department of Justice.

III. Consequences of Funding Instability: Victims

How Many Victims Are There: Prevalence and Incidence

There have been no systematic initiatives to capture prevalence or incidence data on sexual violence in Hawai'i. National data suggest that sexual violence continues to affect a significant number of children in our community. According to the U.S. Justice Department, 1 out of every 6 sexual assault victims is under the age of 12[1]. The largest national retrospective study on the prevalence of child sexual assault found that 27 percent of women (1 in 4) and 16 percent of men (1 in 6) reported being abused as children[2]. A more recent study by the Virginia Department of Health in 2003 revealed similar findings; namely 1 in 4 women and 1 in 8 men were victims of sexual assault and that the majority of assaults reported by study participants occurred when victims were under the age of 18[3].
A July 2000 report from the U.S. Justice Department revealed that 67% of all victims of sexual assault reporting to law enforcement agencies were under the age of 18 and 34% of all victims were under age 12[4]. Finally, a 2004 study by the U.S. Department of Education reported that roughly 10% of all school aged children are targets of sexual misconduct perpetrated by school employees[5].

With respect to the local prevalence of sexual assault of adult women, Ruggiero and Kilpatrick (2003)[6] used demographic and geographic risk factor information from the National Women's Study and National Violence Against Women Survey to produce statistical projections of the percentage of women in Hawai'i who had ever been raped. The authors concluded that, "Hawai'i has a substantial rape problem" (p. 2). This conclusion was further supported by the State Department of the Attorney General's Office in a report entitled Sexual Assault Victims in Honolulu: A Statistical Profile (2004)[7]. The report indicated that Hawai'i's forcible rape rate is now slightly higher than the national average, after being lower in the previous 10 years.

Thus information from national surveys in addition to statistical projections based on Hawai'i's unique demographic factors suggests that sexual assault is a significant issue for our community.

Using Police Reporting Rates to Estimate Incidence of Sexual Assault

While each county tracks the number of sexual assault victims served each year, this number does not reflect the prevalence or incidence of sexual violence crimes in Hawai'i. Despite the lack of reliable prevalence and incidence figures for Hawai'i, an estimate on the number of untreated victims on O'ahu may be derived by comparing the number of victims who police report, relative to the number of victims seen by the Sex Abuse Treatment Center.

It is well known that sexual violence is significantly under-reported relative to all serious violent crimes. Based on data from the National Survey of Adolescents and Young Adults (Kaiser Foundation (2003)[8], only 13% of sexual assault victims in this age group police report. According to the latest representative figures available from the Department of Justice[9] which looks at female victims over the age of 12, 36% of rapes, 34% of attempted rapes and 26% of sexual assaults were reported to the police. When the offender was a current or former husband or boyfriend, roughly 75% of victimizations were not reported to the police. This is consistent with data based on a series of surveys conducted in Hawai'i from 1994 to 1998 in

which rape victims reported to the police between 0% to 33% of the time (Crime and Justice in Hawai'i: Household Survey Reports)[10].

In calendar year 2003, 935 reports of sexual assaults were made to the Honolulu Police Department (personal communication, Honolulu Police Department Sex Crimes Unit). Based on a conservative average reporting rate of 30%, the projected number of sexual assaults occurring on O'ahu in 2003 would exceed 3000. Using this figure, the Sex Abuse Treatment Center serviced approximately 10% of projected victims who were assaulted in 2003. While some victims may seek treatment through the private sector, it is far more likely that a substantial number of victims of recent assaults are not receiving services of any kind.

What Happens if Victims Go Untreated: Long Term Impact of Sexual Assault

Research consistently indicates that a wide range of psychological and interpersonal problems are more widespread among those who have been sexually abused than among individuals with no such experiences (Briere and Elliott, 1994[11]). Sexual assault victims are at risk for significant physical and psychosocial consequences that may affect them for years, especially if left untreated.

John Briere, who is a psychologist and the Director of the Psychological Trauma Clinic at the University of Southern California, and internationally known for his work in trauma, stated at a recent conference that sexual assault is the most toxic trauma an individual can suffer. Victims of sexual violence experience post traumatic stress, chronic self-perceptions of helplessness or hopelessness, impaired trust, low self esteem, depression, anxiety and anger. These, in turn, lead to difficulties in interpersonal relationships and the use of maladaptive coping mechanisms including substance abuse, eating disorders, prostitution or indiscriminate sexual behavior or self-mutilation. In the Kaiser Foundation's National Survey of Adolescents and Young Adults[8], roughly 28% of adolescent females who had been sexually assaulted were likely to have substance abuse problems at some point in their lives as compared with only 5% of adolescent females who were not assaulted. Similarly, the lifetime prevalence of delinquency among adolescent males who were sexually assaulted was over 47% in contrast to 16% of those who were not assaulted.

The insidious toll that sexual assault exacts upon its victims can be seen most clearly in adults who have survived childhood abuse, but have not received treatment. There is now a well established body of knowledge clearly linking a history of child sexual abuse with higher rates in adult life of depressive symptoms, anxiety symptoms, substance abuse disorders, eating disorders and post-traumatic stress disorders.

For those adults who have survived childhood sexual abuse, treatment is almost always needed. Unfortunately, Kendall and Kendall[12] (1991) discovered that the mean time between the end of the sexual abuse and the time that treatment was sought was 17 years for both males and females in their study. Consequently, due to the lack of timely intervention, sexual abuse survivors typically have more maladaptive coping strategies due to their greater sense of isolation, insecurity and distrust in others. They tend to have multiple, dysfunctional relationships and are at substantial risk for repeated sexual revictimization.

Early identification and treatment of sexual abuse victims is crucial to the reduction of suffering and the first step in moving towards healthier functioning.

The Underserved Population

Sexual violence is indiscriminate, cutting across ethnic, socio-cultural, age, gender and disability lines. Traditionally, the underserved population refers to those sexual assault victims who are not receiving services. This population may include lesbian, gay, bisexual and transsexual survivors; survivors with physical and/or mental disabilities; the elderly; survivors in institutions; survivors whose native language is not English; and survivors in remote rural settings.

Because of their unique needs and circumstances, the underserved population is especially vulnerable to

sexual assault. For example, 5,000 to 19,000 of people with developmental disabilities are raped each year in the U.S. and it is estimated that 80% to 90% of people with developmental disabilities will be victimized by sexual violence at some point in their lives (Connections, 2004[13]; Sobsey and Doe, 1991[14]). In addition to these extremely high rates of sexual assault, there is evidence that people with developmental and other substantial disabilities are often sexually assaulted repeatedly. Valenti-Hein and Schwartz (1995)[15] reported that 49% will experience 10 or more abusive incidents.

Results of a 1997 study of sexual coercion within gay and lesbian relationships indicated that 52% of the total sample reported having experienced at least one incident of sexual coercion[16]. The results of several surveys conducted since 1994 on rape and sexual assault inside prisons indicate that conservatively speaking, one in 10 of all male prisoners in the United States correctional system have been raped, sexually assaulted, or coerced into sexual activity by other inmates[17].

The elderly are especially susceptible to sexual assaults as they are often unable to function independently and have to rely on others, usually family members, for daily care and assistance. Speech and language problems are not uncommon among older persons with physical problems, and this may make it virtually impossible for the victim to disclose the abuse to outsiders. Additionally, a number of older persons suffer from dementia and other mental impairments which mean that victims will have little or no credibility if they report sexual abuse. In the first study of its kind, Ramsey-Klawsnik (1991)[18] investigated sexual abuse among the elderly and concluded that , "Females are predisposed to victimization due to the greater physical, social, political and financial power generally held by males. Old age and impairment decrease personal power and hereby increase the risk of abuse. Consequently, elderly, disabled females make excellent sexual abuse victims."

In the U.S. women and children currently comprise approximately two-thirds of all legal immigrants. Because of their gender, race and immigration status, there is a high proportion of immigrant women trapped in violent relationships. Although the specific prevalence of sexual assault among these women is not well documented, there is substantial evidence indicating that these women are at high risk for all types of violence. For example, over 80% of immigrant Asian women surveyed reported at least one form of intimate partner violence including sexual assault in the past year[19].

No local data on the prevalence of sexual violence among the underserved populations exist. However, it is likely that the magnitude and scope of sexual violence within these communities is similar across various geographic locations. Local sexual assault centers service a few clients who fall within the underserved populations described above, but the vast majority of these victims are not being treated.

Significance of Prevention, Education and Public Awareness Efforts

Perpetrators of sexual violence rely on the stigma and myth that surround sexual violence to keep victims silent. Education changes the public perception that allows sexual violence to fester. Prevention and public awareness efforts are therefore key to ending sexual violence because they can change attitudes and break the isolation of victims.

The link between education and prevention

Education about sexual violence can prevent sexual violence. Targeted awareness and education campaigns can reach the public and make a difference. As people become aware of the magnitude of sexual violence, they can and do broaden their efforts to protect themselves. For example, education is critical to reducing drug-facilitated sexual assault. As detection and prosecution remain difficult, the best means to reduce such crimes is prevention through education.

The link between outreach and reporting

Public awareness and education activities often encourage victims who have never previously disclosed their victimization to come forward to

seek help. Education also helps victims better recognize sexual assault as a crime. Early education makes it much easier for children to be able to tell if abuse happens to them. Additionally, prevention and education efforts let victims—and the friends and family members of victims—know about the services available in their community.

Prevention and education efforts have been the most severely impacted as statewide funding levels eroded. The Sex Abuse Treatment Center has only 2.5 full time equivalent prevention and education staff to cover the entire island of O'ahu. The situation on the neighbor islands is even more troublesome with some counties reporting no capacity to deliver prevention and education services. The current situation is an unfortunate one since a reduction in prevention and education activities will likely mean higher risk for victimization for many and a resultant increased need for crisis and clinical services which are far more costly.

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2 National Resource Center on Child Sex Abuse, 1994

3 www.vahealth.org/civp/sexualviolence/surveillancereport

4 Department of Justice, Bureau of Statistics, Sexual Assault of Young Children As Reported to Law Enforcement, July 2000.

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8 National Survey of Adolescents and Young Adults: Sexual Health, Knowledge, Attitudes and Experiences, 2003. www.kff.org.

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15 Valenti-Hine, D. and Schwartz, L. The Sexual Abuse Interview for Those with Developmental Disabilities. James Stanfield Company. Santa Barbara: California, 1995.

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18 Ramsey-Klawsnik, H. Elder Sexual Abuse: Preliminary Findings. Journal of Elder Abuse and Neglect. Vol. 3(3), 1991.

19 McDonnell KA and Abdulla SE. Asian/Pacific Islander Domestic Violence Resource Project; Project AWARE. Washintong, DC, 2001. Available online at http://www.DVRP.org.

IV. Consequences of Funding Instability: Direct Services

Sexual violence programs are striving to provide critical services efficiently and effectively within funding and infrastructure limitations. However, financial and other resource limitations are creating significant issues. Here is a brief status report, by county, on the consequences of inadequate and piecemeal funding:

Hawai'i Island County

- Serious problems with staff recruitment, retention and training, leading to an inability to adequately deliver the essential sexual violence services.
- Staff problem appears most prevalent with the 24/7 crisis services. There is inadequate staff, both crisis staff and forensic examiners, to provide immediate care to sexual assault victims.
- Although a standardized sexual assault kit is developed and available, it needs to be consistently used. There are no funds to purchase the sexual assault kits.
- There is no ownership and accountability for Sexual Assault Nurse Examiners (SANEs), which are grant funded.
- There is a wait list for victims to receive counseling.
- There is a lack of psychiatric evaluations for victims of sexual assault; doctors are not accepting new patients and there is a wait list for services.
- Comprehensive follow-up and case management services for victims are limited.
- Children under the care of the Child Welfare System (CWS), by mandate, receive forensic exams and counseling. There is no mandate to provide services to children who are sexually abused and not part of the CWS.
- No one entity is ensuring services for adult victims.
- Need to provide services to underserved groups including immigrants, the disabled, persons with limited English proficiency, special education children, and juvenile status offenders (runaways).
- Prevention and education is almost non-existent. Hilo is limited to 4 hours a week. Kona is without services.
- Systematic planning and 'ownership' for the delivery of community awareness activities is non-existent.
- Uniform and comprehensive data collection as it relates to the prevalence of sexual assault and the delivery of services is non-existent.
- A consistent standard for fiscal accountability of public funds is lacking.

Kaua'i County

- More certified forensic nurses are needed and Kaua'i needs to have dedicated funds to hire and maintain a coordinator for the SANE program.
- The Kaua'i Children's Justice Center does systems problem solving for child sexual assault cases. No such system exists for the adult sexual assault cases.
- No one oversees or owns the prevention/ education services.
- Inadequate staffing limits prevention and education services offered to school age children.
- Additional staff is needed to educate the general public, who are potential jurors, on sexual assault and the law.

- Systematic planning for the delivery of prevention education between government entities, such as DOH and DOE, is lacking.
- There is no staff to provide community awareness education activities.
- There is limited Kaua'i presence at the legislature; current infrastructure does not allow time for this.
- Data collection is limited to contract compliance. Uniform and comprehensive data collection as it relates to the prevalence of sexual assault and the delivery of services is non-existent.

Maui County

- No crisis counselor is physically located on the islands of Moloka'i and Lana'i. At one time, 5 crisis workers from Maui served the islands of Maui, Lana'i, and Moloka'i. Now there are only 2 crisis workers serving the three islands.
- No infrastructure exists for the management of the forensic examinations for sexual assault victims. This results in many inconsistencies and problems with the examinations.
- Year-to-year contracts for counseling and education services have resulted in staff recruitment and retention problems.
- The Maui Children's Justice Center provides training and consultation for providers of services to child victims. However, there is no funding to provide training and consultation to professionals working with adult victims.
- No one entity is responsible for the systematic planning and training of professionals in the sexual violence field.
- Inadequate staffing has curtailed the ability of service providers to participate in community meetings which address the system issues as they relate to sexual assault victims.
- There is a need for oversight, accountability and assurance of the sexual violence services.
- Uniform and comprehensive data collection as it relates to the prevalence of sexual assault and the delivery of services is non-existent.

Honolulu County

- O'ahu has a highly integrated system despite its piecemeal funding.
- There is no one entity responsible for assuring the delivery of sexual assault services.
- The O'ahu Children's Justice Center oversees the system issues for child victims. There is no fund for this type of infrastructure to address the system issues as they relate to adult victims.
- Children under the care of the Child Welfare System, by mandate, receive forensic exams and counseling. There is no mandate to provide services to children who are sexually abused and not part of the CWS.
- No one entity is ensuring services for adult victims.
- Services to active duty and military dependents have increased. Yet no additional funds are available to service the military population.
- While O'ahu has many stakeholders invested in its services, it is still a program that is underfunded to deliver needed services.
- There is a continual turnover of psychiatrists and recruitment is a problem.
- Insurance reimbursement for counseling has impacted the delivery of case management and legal advocacy services. Insurance companies do not pay for this service and thus, the level of providing case management and legal advocacy has been seriously reduced.
- Because of limited funds, prevention/education programs are only offered to middle and high school schools students. There are only 2.5 staff to serve the entire O'ahu community.
- Due to the lack of funds, there are no prevention/education programs for elementary students.
- General education to the community at large on sexual assault is nearly non-existent.
- Training and consultation services could be enhanced but is limited because of funding.
- Uniform and comprehensive data collection as it relates to the prevalence of sexual assault and the delivery of services is non-existent.

- Year-to-year contracting for services impedes effective program planning and recruitment and retention of staff.

Common Statewide Consequences

- All providers have staffing problems—recruitment, retention and training.
- Current level of staff within the sexual assault programs cannot deliver the essential sexual violence services.
- Comprehensive and coordinated management of services cannot be achieved without staff.
- When no one person or institution is in charge, critical strategic planning to address sexual violence cannot be accomplished.
- There is no statewide management of the sexual violence forensic services, thus no consistency in quality and access to services.
- Building teamwork and improving the systems' response to sexual violence requires staff time.
- There is a need for oversight and accountability of all funds for sexual violence services.
- Child sexual assault victims who are part of the child welfare system have more services available to them than child sexual assault victims who are not part of the child welfare system.
- Prevention, education and community awareness services throughout the State need to be increased.
- Uniform and comprehensive data collection as it relates to the prevalence of sexual assault and the delivery of services is non-existent.

V. Agenda for Change

It is beyond the scope of this phase of the SVSPG process to develop a comprehensive long-range vision or master plan for statewide sexual violence services. Nevertheless, there is enough information to draw conclusions and propose recommendations for moving toward constructive change and improving the ability to continue the provision of critical core sexual assault services. To address funding instability, sexual violence service providers, government, and the community must work together to shape a sustainable future for statewide sexual violence programs.

Conclusions

- Historically, statewide 24/7 sexual violence programs have been inadequately funded.
- Originally, state government was the sole funder of 24/7 sexual violence services. Over the years, declining state general funds resulted in sexual violence programs pursuing a piecemeal funding strategy. Now the pool of funders includes not only state government, but also the county and federal governments.
- Although a positive outcome of the piecemeal funding strategy is that the pool of funders for statewide sexual violence services has expanded, this strategy has created unforeseen consequences which strain the existing infrastructure.
- The transfer of administrative and capacity building responsibilities by state government to a non-profit master contractor, although creating positive outcomes especially for neighbor island service providers, has placed additional pressures on an infrastructure already functioning on inadequate resources.
- Although the essential 24/7 services are in operation in each county, inadequate and piecemeal funding has prevented the development of a comprehensive and uniform statewide data collection system which reports on each county's funds and activities in the aggregate. The lack of comprehensive and uniform reporting of such information inhibits the ability of policymakers, such as legislators, funders, and community leaders, to understand the prevalence of sexual violence and the action needed to support victims and eradicate sexual violence in Hawai'i.
- Funding instability limits the scope of services available to victims.
- Funding instability limits the accessibility of services to underserved victims.
- In states such as Oregon, the state Department of Justice (equivalent of the Hawai'i State Department of the Attorney General) has taken the lead in stabilizing and strengthening the infrastructure of statewide sexual violence programs in order to improve the availability and accessibility of services.

Recommendations

Key Recommendation: CENTRALIZED OVERSIGHT AUTHORITY

The SVSPG recommends that the Hawai'i State Department of the Attorney General be given the authority and responsibility to develop and oversee the planning and coordination among government funders for the sexual violence programs that receive funding. The Department of the Attorney General has a demonstrated commitment, understanding, and experience in planning and coordinating

essential sexual violence treatment, intervention, and prevention services.

Nationally, the U.S. Department of Justice has taken the lead in creating an infrastructure for states to network and learn from each other. Furthermore, the U.S. Department of Justice provides funds to the Center for Disease Control to promote sexual violence prevention through the Rape Prevention Education grant to the health departments in each state.

Therefore, to sustain this national initiative, it is appropriate for the Department of the Attorney General to provide leadership in strengthening the coordination of sexual violence services and programs within the State of Hawai'i.

FURTHER RECOMMENDATIONS ON THE RESPONSIBILITIES OF THE CENTRALIZED OVERSIGHT AUTHORITY INCLUDE THE FOLLOWING:

- Stabilize and strengthen the existing infrastructure of services
- Promote and facilitate effective interdepartmental cooperation among federal, state, and county agencies
- Strengthen partnership with sexual violence service providers
- Develop an allocation plan for sexual violence services funding, including all federal, county, state, and private grants
- Coordinate, oversee, and ensure accountability for funds and service delivery
- Establish a uniform system of reporting and collecting statistical data from programs that receive funding
- Develop evaluation criteria to assess the efficiency and effectiveness of services
- Set guidelines for planning, coordinating, and delivering services
- Promote and facilitate interagency and interdepartmental cooperation among all entities that fund sexual violence services
- Establish standards for sexual violence services
- Establish priority areas for sexual violence treatment, intervention, and prevention services
- Develop a long-range, Master Plan of Statewide Sexual Violence Treatment, Intervention, and Prevention Services
- Reconstitute SVSPG as an advisory body to the Department of the Attorney General on sexual violence treatment, intervention, and prevention services

APPENDIX A

Description of Essential Statewide Sexual Violence Services

Essential Statewide Sexual Violence Services

24/7 On-Call Crisis Intervention: Immediate Attention, Information and Referral Services

Core crisis response services are available to the sexual assault victim at all times. The hotlines available in all counties enable victims' access 24 hours, 365 days a year to personnel trained in crisis intervention strategies. These personnel are on-call, and ready to assess and respond to crises over the phone as well as in-person when needed.

Primary/Initial Crisis Phone Intakes

Sexual assault workers are available to respond to incoming phone requests for services and/or information. Documentation of all phone intakes occurs on a standardized phone intake form and a systematic procedure is utilized to identify and assess the caller's needs and concerns. During the phone intake, the sexual assault worker will assist the caller in exploring the problem or concern at hand, identify what is needed, and arrive at a plan of action.

The crisis phone intake may include the following: listening and validating feelings; normalization of trauma symptoms and resultant feelings; provision of educational information on sexual assault; assistance with problem solving including identification of coping strategies; assistance with safety issues; provision of personal advocacy to assist the individual in securing rights, services from other agencies, and locating emergency assistance; provision of information and referrals; and the provision of legal systems advocacy to support individuals involved in the criminal justice process. If an immediate forensic examination or general medical care is required, the caller will be provided with the appropriate information to access an examination.

Secondary Phone Contacts

Very frequently, additional follow-up from the initial phone intake is necessary to thoroughly address the needs of a caller. Examples include contacting Child Welfare Services in mandated reporting situations; contacting other professionals to coordinate victim care; responding to caller needs of shelter, financial assistance, food and/or clothes; and scheduling ongoing clinical care.

Sexual assault workers in all counties are available to respond to these needs, and to provide the ongoing crisis phone support needed while longer term counseling services are being arranged.

Secondary phone contacts in essence reflect case management services provided to individuals who have not received in-person crisis support. Every secondary phone contact is documented on a standardized crisis phone intake form to enable tracking of the service provided.

In-Person Crisis Counseling and Legal Systems Advocacy

Individuals who survive a sexual assault have been through an unforgettable crisis that has the potential of producing profound emotional consequences. It is imperative that the psychological impact of the assault be addressed during the course of the crisis contact. The sexual assault worker is trained to provide crisis counseling and emotional support to the sexual assault victim and to the victim's family. The role of sexual assault worker towards this end is diverse and requires him/her to act in various capacities, e.g., counselor, educator, facilitator, and advocate.

Similar to what might take place during crisis phone intakes, in-person crisis support and counseling may include listening and validating feelings; normalization of trauma symptoms and resultant feelings; and the provision of educational information on sexual assault and related issues to assist with misconceptions and cognitive distortions that may exist.

The crisis counseling provided entails assistance with problem solving including identification of coping strategies; assistance with safety issues; provision of personal advocacy to assist the individual in securing rights, services from other agencies, and emergency assistance; and provision of information and referral to community resources.

Legal systems advocacy is also provided to support individuals as they face the criminal justice process. For many, the decision to pursue criminal action is a difficult one to make, especially if the perpetrator is someone with whom a close relationship is shared. In addition to the emotional turmoil of reporting to the police, the criminal justice system itself is often viewed as foreign and intimidating. During the crisis counseling contact, sexual assault staff provide legal systems advocacy to inform victims of their legal rights and options, and are available to provide support during the police reporting process, if desired. As the case is pursued, sexual assault staff are also available to act as a liaison for the victim, assisting in accessing information from law enforcement personnel when requested, and in providing court testimony when subpoenaed.

Similar crisis intervention services are available to victims and families seen at the Children's Justice Centers on each island. The crisis workers typically provide crisis counseling, educational information on sexual assault and legal systems advocacy, if appropriate, to the parents and families of minor victims who are being interviewed by the police or Child Welfare workers.

CRISIS COUNSELING AND LEGAL SYSTEMS ADVOCACY AT THE TIME OF THE MEDICAL-LEGAL EXAMINATION.

For details, please see Medical/Legal Examinations in the next section.

OUTREACH AND CASE MANAGEMENT SERVICES

Each individual seen for medical-legal services receives a follow-up crisis outreach phone call, during which a follow-up crisis counseling session will be offered/scheduled. During this session an assessment of further needs of the family and individual takes place. If ongoing psychotherapy is warranted, the individual is referred to the counseling program of the agency or to outside providers if more appropriate. The sexual assault worker remains available to the individual until ongoing counseling services have been secured, providing crisis support and case management services as needed. This may include obtaining collateral information from other professionals involved in the care of the individual to discuss and coordinate client care (including case consultation). The sexual assault worker provides this service to maintain the comprehensive care needed as victims try to put their lives back together.

At times, victims of sexual assault are not ready to face the emotional and psychological effects of the trauma during the first few months following the assault. Follow-up calls are made to the individual several months following the assault to offer any needed assistance. This call provides the individual with another opportunity for support that may be needed.

Medical/Legal Examinations with Crisis Counseling, Legal Systems Advocacy Outreach and Case Management

24 HOURS/7 DAYS PER WEEK IMMEDIATE FORENSIC EXAMINATION

The victim may also be in need of an immediate forensic examination, which has two primary objectives: the physical well being of the individual, and the collection of forensic evidence. When the examination is needed, the sexual assault worker and designated physician or SANE are dispatched to provide the care specifically needed by the sexual assault victim at this time. These teams are trained to provide the comprehensive services of crisis stabilization, counseling and case management. In addition, legal systems advocacy to inform

victim of legal rights and options is provided, as well as assistance with and support during the acute forensic examination to provide the victim the necessary medical assessment, treatment, and collection of forensic evidence should the victim decide to pursue criminal action. Teams are typically comprised of at least one crisis worker/advocate and either a physician (on O'ahu and Maui) or Sexual Assault Nurse Examiner (SANE) (on Kaua'i and Hawai'i) who perform the forensic medical examination. The protocol guiding the provision of medical-legal services involves a comprehensive and coordinated approach to care.

The sexual assault worker typically first meets the survivor at a medical center designated for sexual assault examination (with the exception of Kaua'i; exams are done at the Kaua'i Police Department in a room set aside and designed for the examination) to explain all service options available including the forensic examination, and to clarify any misconceptions that may exist. During this period of time, the sexual assault worker provides the needed counseling to stabilize the individual. As previously mentioned, effective crisis intervention services provided at this time is critical as it can impact the emotional recovery of the victim as well as empower the individual to take the steps necessary toward pursuing legal action. The team of sexual assault worker and physician or SANE will implement the statewide evidence collection protocol, maintaining control over the proper collection, documentation, preservation, and transfer of legal evidence. The sexual assault worker and physician or SANE provides the individual the necessary information to make informed decisions and answer questions to alleviate concerns and anxiety regarding a number of issues including pregnancy, sexually transmitted diseases and/or HIV/AIDS.

The sexual assault worker also interacts with the victim's family, friends, and significant others; law enforcement, both uniformed officers and detectives; military investigators; hospital and other medical personnel; school authorities; Child Welfare Services worker; and others who may be involved with the victim and are concerned or responsible for his/her welfare. Prior to ending the medical-legal contact, the sexual assault worker and physician or SANE will review with the individual discharge instructions, and will discuss follow-up care. The sexual assault worker provides information about ongoing counseling services available and will access permission from the individual to enable the provision of crisis outreach services by a sexual assault worker.

POST-72 HOURS MEDICAL EVALUATION OF MINORS

A medical examination is performed to evaluate the possibility of sexual assault outside of the acute situation. The forensic examiner accesses a comprehensive medical and sexual history, and performs a comprehensive examination for the detection and treatment of sexual abuse. Crisis counseling is offered as part of the service provision.

STATEWIDE MEDICAL-LEGAL PROJECT

In 1998, the Sex Abuse Treatment Center (SATC) of the Kapi'olani Medical Center for Women & Children undertook a project to develop and implement a standard protocol for the medical care of sexual assault victims and the collection, preservation, and transfer of forensic evidence in these cases. With support from the U.S. Attorney General, Department of the Attorney General, the Honolulu Police Department's Crime Laboratory, all County Chiefs of Police and Prosecutors, and identified sexual assault service providers and medical personnel in the community, the project yielded a new statewide sexual assault evidence collection kit and accompanying protocols designed to heighten consistency in the investigation of sexual assault cases, increase credibility in the court system, and increase the overall quality and quantity of forensic evidence through improved and uniform specimen collection and preservation techniques. The kit and protocols were put into statewide implementation in August 2000.

The present project is designed to maintain and further this statewide coordination. Quarterly statewide meetings are held comprising of representatives from the law enforcement, medical, social service, and legal communities from the four counties to oversee the statewide evidence collection kit, the statewide Hawai'i State Medical-Legal Record

and Sexual Assault Information Form, and the protocol manual as well as coordinate a statewide forensic examiner case review. Project activities have been identified to maintain the integrity of the statewide evidence collection kit and protocols established; to strengthen statewide commitment to the protocols by identifying and addressing county needs and challenges; and to develop strategies to remain dynamic and responsive to the ever-changing forensic environment.

Therapy, Case Management and Legal Systems Advocacy

Assessment and Treatment Planning

Standardized tools and methods are used in counseling. Each client receives a comprehensive assessment using an Intake Assessment Summary. This assessment includes an evaluation of the individual's psychiatric (including substance abuse), medical, developmental, and family histories, a mental status examination, a symptom checklist, and finally, a diagnostic impression by the therapist. Should an individual be assessed to potentially need psychotropic medications, the therapist refers the individual to a psychiatrist or other appropriate physician for a medication evaluation and follow-up medication management as needed. On O'ahu, the SATC subcontracts with an appropriate psychiatrist for these services. On the neighbor islands clients are typically referred to their primary care physician for follow up on medication issues.

Following the second individual counseling session, the Intake Assessment Summary is completed and an individual treatment plan formulated. The individualized treatment plan includes treatment goals and objectives and incorporates the client's expectations and choices. Each client who receives counseling is evaluated prior to treatment and at different points in the therapy process. Changes in level of functioning are measured utilizing the Global Assessment of Functioning (GAF). The Outcome Questionnaire (OQ-45.2) for adults and the Youth Outcome Questionnaire (YOQ) for minors is used to assess pre and post treatment status.

Individual, Couples, Family & Group Therapy

Individual, on-going counseling is critical to support and facilitate the victim's recovery to pre-assault functioning and mitigate the often serious long-term effects associated with untreated sexual assault. These effects include post-traumatic stress disorder, anxiety disorders and depression, sexual dysfunction and other relationship problems including parenting problems, self destructive behaviors such as alcohol and substance abuse, self mutilation, suicidal ideation, prostitution and promiscuity, and a greater risk for re-victimization and themselves becoming offenders.

Sexual assault affects not only the victim, but also the victim's entire social support system. Part of the treatment planning process involves the need to continually assess whether alternative therapeutic modalities, such as family, couples or group counseling, are indicated. Many times, therapeutic goals can be achieved more effectively and efficiently if significant others actively participate in the therapeutic process. Group counseling can also be helpful as it allows the victim to validate that their own feelings, concerns and experiences are shared by others.

Case Management

Case management services are critical in assessing a victim's needs, developing and implementing a plan of action, and evaluating outcomes of the work done by both the therapist and the victim. These services help to maintain the comprehensive care needed as victims try to put their lives back together.

Case management includes time spent preparing the intake assessment summary which includes an evaluation of the client's psychiatric (including substance abuse), medical, developmental, and family histories, the mental status examination, a symptoms checklist, and the clinician's diagnostic impressions.

It also includes collection of collateral information from other professionals involved in the care of the client to discuss and coordinate client care (including case consultation) and to respond to client's need of shelter, financial assistance, food and/or clothes.

Finally, it includes clinical documentation of salient treatment issues and client progress, and the preparation of a termination summary, which includes the change in level of functioning and/or decrease in trauma symptoms in the victim and the number of treatment goals set and met.

CONTINUOUS EVALUATION OF CLIENT STATUS AND PROGRESS

In working with the sexual assault client, the therapist engages in a continuous process of evaluating current status as well as progress made in achieving treatment goals. Ongoing monitoring is especially critical in the acute phases of treatment in which a client may be more emotionally fragile and at higher risk for self-harm or prematurely terminating treatment. Client functional outcomes are obtained periodically throughout the course of treatment, including discharge. As progress is made treatment plans are updated to reflect improvement. As initial concerns resolve, new problems can arise, which is common in trauma treatment. Treatment plans are then changed to target new behavioral, emotional or social concerns of clients. This continuous evaluation of client needs is a critical element of delivering quality care.

LEGAL SYSTEMS ADVOCACY

Legal systems advocacy is also provided to support individuals as they face the criminal justice process. Should a victim decide to pursue legal action, the following services can be provided to assist in the coordination of care within the justice system:

Liaison: The therapist may maintain contact with law enforcement personnel, the victim/witness service workers of the Prosecuting Attorney's office, and any other pertinent system so that the legal status of the client's case can be tracked and advocacy needs be identified and provided.

Accompaniment: Accompaniment by the counselor to legal interviews, criminal and/or civil court hearings, Crime Victim Compensation Commission hearings, and regulatory/ethical hearings may occur if such support is desired by the client.

Court Preparation: Information about legal proceedings is provided to prepare clients for what to expect and to educate them about their role in these proceedings. Such information can reduce client apprehension and result in feelings of empowerment.

Victim Impact Statement: A summary documenting the impact of the sexual assault and the victim's resultant functioning may be written by the therapist treating the victim.

Testimony: Testimony by the therapist is provided if required in criminal and/or civil court hearings and in regulatory/ethical hearings.

SEXUAL ASSAULT SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE (A SERVICE OF THE SEX ABUSE TREATMENT CENTER)

Through a unique combination of on-site services at the domestic violence shelters, the SATC provides accessibility to sexual assault services for victims of domestic violence who have experienced sexual victimization. Access to services includes women who have moved from the shelters to community based transitional living units. Additionally, the children of these women who have been sexually victimized are also offered counseling services. Once residents and their children leave the shelters for a transitional living arrangement or a return to the community, services will continue to be made available to them. Individual contact with the shelter resident is made to introduce basic sexual assault information and services provided through this project, including legal systems advocacy, if appropriate. Provision of on-site crisis intervention services is also available to shelter residents so they have the opportunity to receive emotional support and guidance when dealing with their own or their child's sexual victimization.

Education about sexual assault, including proper identification of behaviors and long term effects of such victimization, is offered to shelter residents in a group format. Topics, such as sexually transmitted diseases, counseling, case management and legal advocacy, are presented to interested shelter residents and their children. It is especially important that therapy services be available to domestic violence victims who frequently cannot access such services through medical coverage as their insurance plan may fall under the auspices of the perpetrator.

Prevention and Education

Reducing the incidence of sexual violence and ensuring victims are aware of services, requires a comprehensive prevention and education program. This program is implemented through the following activities:

EDUCATION FOR SCHOOL AGE CHILDREN

Educators provide educational presentations to students. The goal of the presentations is to help young people lead healthy, violence-free lives. Topics covered in the sessions include:

- What is sexual violence
- How victims are impacted
- Accessing support if victimized
- Personal boundaries
- Responding to a controlling partner
- Date rape
- Sexual harassment
- Minimizing the risk of victimization
- Creating safe communities

In the beginning of each school year, educators contact teachers to discuss their needs and to schedule educational presentations. Educators coordinate a response plan with teachers and school counselors should students in their class disclose abuse as a result of the awareness raised through in-class presentations.

Prior to the first presentation, students complete a pre-test to assess their knowledge and attitudes regarding sexual violence. Following the last presentation, the students complete a post test to assess knowledge gained and to determine any shift in attitudes. Pre and post tests are used to evaluate program effectiveness and to modify program content as needed.

DEVELOPMENT OF A STATEWIDE CURRICULUM ON SEXUAL VIOLENCE PREVENTION FOR KINDERGARTEN-12TH GRADE STUDENTS

A family foundation grant has allowed the Sex Abuse Treatment Center to expand upon and to formalize educational presentations into a statewide curriculum on sexual violence prevention. Research strongly supports reaching children at a young age and throughout their school years to ensure effective prevention education. The curriculum will consist of 5 components: Pre K - 1st grade, 2nd - 3rd grade, 4th - 5th grade , 6th - 8th grade and 9th - 12th grade. Each component will be age appropriate and designed to build on and to reinforce the messages of the previous component. In addition, each component will:

- Address the Hawai'i State Health Education Standards developed by the Department of Education;
- Be designed in a teacher-friendly lesson plan format to encourage teachers to use it ;
- Incorporate compelling interactive activities to enhance learning; and
- Include assessment tools to measure student learning.

The middle school component of the curriculum is currently being tested in O'ahu schools, followed by the high school component in 2005. Work on the other components will take place during 2005 - 2006.

EDUCATION FOR COMMUNITY ORGANIZATIONS

A variety of groups receive general information to increase their knowledge and sensitivity regarding sexual violence and to make them aware of services available for victims and their families. Groups reached include parent groups, religious groups, college students, youth organizations, prison inmates, senior citizen groups, etc. Educators tailor content and delivery for these one -session presentations to meet the needs and concerns of those in attendance. Educational brochures and handouts are provided at each session and audience members are asked to fill out a Speaker Evaluation form.

MEDIA ACTIVITIES AND COMMUNITY-BASED WELLNESS EVENTS

Television public service announcements (PSAs) air throughout Hawai'i to raise awareness about sexual violence and to encourage victims to seek counseling services. In addition to television PSAs targeted at adults, there is a PSA specifically targeted

at young child victims. The 30 second television spot narrated by children and featuring a series of stick drawings, instructs child viewers to tell a trusted grown-up if someone is touching their private parts and making them feel uncomfortable.

During Sexual Assault Awareness month in April, a variety of awareness building activities are held in conjunction with press releases to local media. Activities include such things as shopping mall exhibits, bookstore readings and slide shows, read aloud story times at libraries for parents and children utilizing books on keeping children safe from abuse, poster campaigns, awareness raising assemblies at schools, etc.

Every year thousands of residents are exposed to educational displays and brochures on services for victims and sexual violence prevention strategies at community fairs and events.

Training Professionals

The sexual violence service providers develop and conduct seminars/ trainings for professionals who work with sexual assault victims. These professionals include crisis workers, law enforcement personnel and medical personnel. Trainings are also provided to professionals who serve those who are at increased risk for sexual victimization, such as children and at-risk youth. These professionals include teachers, school counselors, social workers, Alternative School personnel, etc. In addition, training on sexual violence has been incorporated into college and university degree programs. Each training is tailored to meet the specific needs of those in attendance.

Public Policy, Agency Collaboration and Research

The providers of sexual violence services participate in activities, meetings, coalitions and task force groups to enhance the welfare of sexual assault victims and concentrate on the prevention of sexual assault. Public policy activities include the identification of issues, implementation of guidelines or laws, and the evaluation of initiatives to affect the lives of sexual assault victims.

Administration and Capacity Building

Ongoing program and fiscal oversight is required to facilitate and support a statewide sexual violence service delivery system that is comprehensive, standardized, responsive to community needs and coordinated across multiple systems. Statewide coordination and management of Hawai'i's sexual violence programs have resulted in the formation of collaborative working partnerships among key stakeholders and a more consistent framework to guide service delivery. Such collaboration is essential to capacity building in order to develop and implement strategic initiatives for coordinated care, policy planning, and training.

Currently, systemic obstacles to care are identified and addressed from a statewide perspective. There is a standardized process in place to collect, report and monitor service and outcome data. Statewide clinical training occurs regularly, giving sexual assault treatment providers the opportunity to exchange resources and consult with peers, a process that is an essential element of ethical and professional care. Regularly scheduled quarterly audits are conducted to assure implementation of accepted standards of care and to maintain best practice guidelines.

APPENDIX B

Hawai‘i Sexual Assault Statute

Part V. Sexual Offenses

ß707-730 Sexual assault in the first degree.

(1) A person commits the offense of sexual assault in the first degree if:

(a) The person knowingly subjects another person to an act of sexual penetration by strong compulsion;

(b) The person knowingly engages in sexual penetration with another person who is less than fourteen years old; or

(c) The person knowingly engages in sexual penetration with a person who is at least fourteen years old but less than sixteen years old; provided that:

(i) The person is not less than five years older than the minor; and

(ii) The person is not legally married to the minor.

Paragraphs (b) and (c) shall not be construed to prohibit practitioners licensed under chapter 453, 455, or 460, from performing any act within their respective practices.

(2) Sexual assault in the first degree is a class A felony. [L 1986, c 314, pt of ß57; am L 1987, c 181, ß9; am L Sp 2001 2d, c 1, ßß1, 7; am L 2002, c 36, ß3; am L 2003, c 62, ß1; am L 2004, c 10, ß15]

ß707-731 Sexual assault in the second degree.

(1) A person commits the offense of sexual assault in the second degree if:

(a) The person knowingly subjects another person to an act of sexual penetration by compulsion;

(b) The person knowingly subjects to sexual penetration another person who is mentally defective, mentally incapacitated, or physically helpless; or

(c) The person, while employed:

(i) In a state correctional facility;

(ii) By a private company providing services at a correctional facility;

(iii) By a private company providing community-based residential services to persons committed to the director of public safety and having received notice of this statute;

(iv) By a private correctional facility operating in the State of Hawaii; or

(v) As a law enforcement officer as defined in section 710-1000(13), knowingly subjects to sexual penetration an imprisoned person, a person confined to a detention facility, a person committed to the director of public safety, a person residing in a private correctional facility operating in the State of Hawaii, or a person in custody; provided that paragraph (b) and this paragraph shall not be construed to prohibit practitioners licensed under chapter 453, 455, or 460, from performing any act within their respective practices; and further provided that this paragraph shall not be construed to prohibit a law enforcement officer from performing a lawful search pursuant to a warrant or exception to the warrant clause.

(2) Sexual assault in the second degree is a class B felony. [L 1986, c 314, pt of ß57; am L 1987, c 181, ß10; am L 1997, c 366, ß1; am L 2002, c 36, ß1; am L 2004, c 61, ß4]

ß707-732 Sexual assault in the third degree.

(1) A person commits the offense of sexual assault in the third degree if:

(a) The person recklessly subjects another person to an act of sexual penetration by compulsion;

(b) The person knowingly subjects to sexual contact another person who is less than fourteen years old or causes such a person to have sexual contact with the person;

(c) The person knowingly engages in sexual contact with a person who is at least fourteen years old but less than sixteen years old or causes the minor to have sexual contact with the person; provided that:

(i) The person is not less than five years older than the minor; and

(ii) The person is not legally married to the minor;

(d) The person knowingly subjects to sexual contact another person who is mentally defective, mentally incapacitated, or physically helpless, or causes such a person to have sexual contact with the actor;

(e) The person, while employed:

(i) In a state correctional facility;

(ii) By a private company providing services at a correctional facility;

(iii) By a private company providing community-based residential services to persons committed to the director of public safety and having received notice of this statute;

(iv) By a private correctional facility operating in the State of Hawaii; or

(v) As a law enforcement officer as defined in section 710-1000(13), knowingly subjects to sexual contact an imprisoned person, a person confined to a detention facility, a person committed to the director of public safety, a person residing in a private correctional facility operating in the State of Hawaii, or a person in custody, or causes the person to have sexual contact with the actor; or

(f) The person knowingly, by strong compulsion, has sexual contact with another person or causes another person to have sexual contact with the actor.

Paragraphs (b), (c), (d), and (e) shall not be construed to prohibit practitioners licensed under chapter 453, 455, or 460, from performing any act within their respective practices; provided further that paragraph (e)(v) shall not be construed to prohibit a law enforcement officer from performing a lawful search pursuant to a warrant or an exception to the warrant clause.

(2) Sexual assault in the third degree is a class C felony.

ß707-733 Sexual assault in the fourth degree.

(1) A person commits the offense of sexual assault in the fourth degree if:

(a) The person knowingly subjects another person to sexual contact by compulsion or causes another person to have sexual contact with the actor by compulsion;

(b) The person knowingly exposes the person's genitals to another person under circumstances in which the actor's conduct is likely to alarm the other person or put the other person in fear of bodily injury; or

(c) The person knowingly trespasses on property for the purpose of subjecting another person to surreptitious surveillance for the sexual gratification of the actor.

(2) Sexual assault in the fourth degree is a misdemeanor.

(3) Whenever a court sentences a defendant for an offense under this section, the court may order the defendant to submit to a pre-sentence mental and medical examination pursuant to section 706-603. [L 1986, c 314, pt of ß57; am L 1991, c 214, ß1]

[ß707-733.5] Continuous sexual assault of a minor under the age of fourteen years.

[Section repealed and replaced with a new section on ratification of amendment to Article I of the St. Const. L 2004, c 60.]

(1) Any person who:

(a) Either resides in the same home with a minor under the age of fourteen years or has recurring access to the minor; and

(b) Engages in three or more acts of sexual penetration or sexual contact with the minor over a period of time, but while the minor is under the age of fourteen years, is guilty of the offense of continuous sexual assault of a minor under the age of fourteen years.

(2) To convict under this section, the trier of fact, if a jury, need unanimously agree only that the requisite number of acts have occurred; the jury need not agree on which acts constitute the requisite number.

(3) No other felony sex offense involving the same victim may be charged in the same proceeding with a charge under this section, unless the other charged offense occurred outside the time frame of the offense charged under this section or the other offense is charged in the alternative. A defendant may be charged with only one count under this section unless more than one victim is involved, in which case a separate count may be charged for each victim.

(4) Continuous sexual assault of a minor under the age of fourteen years is a class A felony. [L 1997, c 379, ß2]

ß707-734 Indecent exposure.

(1) A person commits the offense of indecent exposure if, the person intentionally exposes the person's genitals to a person to whom the person is not married under circumstances in which the actor's conduct is likely to cause affront.

(2) Indecent exposure is a petty misdemeanor. [L 1986, c 314, pt of ß57; am L 1991, c 214, ß2]

ß707-741 Incest.

(1) A person commits the offense of incest if the person commits an act of sexual penetration with another who is within the degrees of consanguinity or affinity within which marriage is prohibited.

(2) Incest is a class C felony. [L 1972, c 9, pt of ß1; am L 1987, c 176, ß1; gen ch 1992]

APPENDIX C

Estimated Revenue Details

FY 2005 Estimated Revenue of the 24/7 County Sexual Violence Provider Agencies

Total: $2,188,720 (as reported by 12/4/04)

General Funds (Department of Health – DOH)

	24/7 Crisis Intervention	Medical/ Legal	Therapy	Prevention Education	Administrative & Capacity Building	TOTAL
O'ahu	$ 176,256		$ 122,345	$ 113,687	$ 145,721	**$ 558,009**
Big Island	$ 29,236		$ 113,699	$ 24,029		**$ 166,964**
Maui	$ 35,350		$ 55,358	$ 12,683		**$ 103,391**
Kaua'i	$ 35,215		$ 50,257	$ 9,947		**$ 95,419**
TOTAL	**$ 276,057**	**$ -**	**$ 341,659**	**$ 160,346**	**$ 145,721**	**$ 923,783**

County Funds

	24/7 Crisis Intervention	Medical/ Legal	Therapy	Prevention Education	Administrative & Capacity Building	TOTAL
O'ahu	$ 16,976	$ 383,024	-	-	-	$ 400,000
Big Island	$ 46,000	-	-	-	-	$ 46,000
Maui	-	-	-	$ 50,000	-	$ 50,000
Kaua'i	-	-	-	-	-	$ -
TOTAL	**$ 62,976**	**$ 383,024**	**$ -**	**$ 50,000**	**$ -**	**$ 496,000**

Federal Victim of Crime Act – VOCA (Attorney General)

	24/7 Crisis Intervention	Medical/ Legal	Therapy	Prevention Education	Administrative & Capacity Building	TOTAL
O'ahu	$ 187,000	-	-	-	-	$ 187,000
Big Island	$ 3,186	$ 19,017	-	-	-	$ 22,203
Maui	-	-	$ 20,000	-	-	$ 20,000
Kaua'i	$ 12,000	$ 24,422	-	-	-	$ 36,422
TOTAL	**$ 202,186**	**$ 43,439**	**$ 20,000**	**$ -**	**$ -**	**$ 265,625**

Federal Violence Against Women Act – VAWA (Attorney General)

	24/7 Crisis Intervention	Medical/ Legal	Therapy	Prevention Education	Administrative & Capacity Building	TOTAL
O'ahu	$ 13,236	$ 39,891	$ 23,264	-	$ 4,073	$ 80,464
Big Island	$ 14,875	-	-	-	-	$ 14,875
Maui	$ 7,650	-	-	-	-	$ 7,650
Kaua'i	$ 9,988	-	-	-	-	$ 9,988
TOTAL	**$ 45,749**	**$ 39,891**	**$ 23,264**	**$ -**	**$ 4,073**	**$ 112,977**

Program Service Fees

	24/7 Crisis Intervention	Medical/ Legal	Therapy	Prevention Education	Administrative & Capacity Building	TOTAL
O'ahu	-	-	$ 145,089	-	-	$ 145,089
Big Island	-	-	-	-	-	$ -
Maui	-	-	-	-	-	$ -
Kaua'i	-	-	-	-	-	$ -
TOTAL	**$ -**	**$ -**	**$ 145,089**	**$ -**	**$ -**	**$ 145,089**

Department of Human Services - DHS

	24/7 Crisis Intervention	Medical/ Legal	Therapy	Prevention Education	Administrative & Capacity Building	TOTAL
O'ahu	-	$ 26,735	-	-	-	$ 26,735
Big Island	-	-	-	-	-	$ -
Maui	-	-	-	-	-	$ -
Kaua'i	$ 15,102	-	-	-	-	$ 15,102
TOTAL	**$ 15,102**	**$ 26,735**	**$ -**	**$ -**	**$ -**	**$ 41,837**

Other Private funding

	24/7 Crisis Intervention	Medical/ Legal	Therapy	Prevention Education	Administrative & Capacity Building	TOTAL
O'ahu	$ 2,367	*$ 51,000	-	$ 59,221	-	$ 112,588
Big Island	$ 500	-	$ 1,500	$ 5,500	-	$ 7,500
Maui	-	-	-	-	-	$ -
Kaua'i	-	-	-	$ 1,321	-	$ 1,321
TOTAL	**$ 2,867**	**$ 51,000**	**$ 1,500**	**$ 66,042**	**$ -**	**$ 121,409**

* In-Kind contribution made by Kapi'olani Medical Center for Women & Children

Federal Funds Rape Prevention Education - RPE (DOH)

	24/7 Crisis Intervention	Medical/ Legal	Therapy	Prevention Education	Administrative & Capacity Building	TOTAL
O'ahu	-	-	-	$ 82,000	-	$ 82,000
Big Island	-	-	-	-	-	$ -
Maui	-	-	-	-	-	$ -
Kaua'i	-	-	-	-	-	$ -
TOTAL	**$ -**	**$ -**	**$ -**	**$ 82,000**	**$ -**	**$ 82,000**

Compilation of Estimated Revenue

	24/7 Crisis Intervention	Medical/ Legal	Therapy	Prevention Education	Administrative & Capacity Building	TOTAL
GF – DOH	$ 276,057	-	$ 341,659	$ 160,346	$ 145,721	$ 923,783
County	$ 62,976	$ 383,024	-	$ 50,000	-	$ 496,000
VOCA	$ 202,186	$ 43,439	$ 20,000	-	-	$ 265,625
VAWA	$ 45,749	$ 39,891	$ 23,264	-	$ 4,073	$ 112,977
Program	-	-	$ 145,089	-	-	$ 145,089
DHS	$ 15,102	$ 26,735	-	-	-	$ 41,837
Private	$ 2,867	$ 51,000	$ 1,500	$ 66,042	-	$ 121,409
RPE - DOH	-	-	-	$ 82,000	-	$ 82,000
TOTAL	**$ 604,937**	**$ 544,089**	**$ 531,512**	**$ 358,388**	**$ 149,794**	**$ 2,188,720**

APPENDIX D

Global Path of Services