



Formerly McDowell Group

COMMUNITY PERSPECTIVES ON INTERPERSONAL VIOLENCE IN DILLINGHAM

An Assessment to Inform Prevention

July 2023

PREPARED FOR:

Safe and Fear Free Environment, Inc.

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Executive Summary

In April 2023, Safe and Fear-Free Environment, Inc. (SAFE) contracted with McKinley Research Group to conduct a community needs assessment regarding interpersonal violence in Dillingham, Alaska, emphasizing informing prevention strategies. The community needs assessment included community stakeholder interviews and community perceptions survey data analysis.

The purpose of the assessment was to gather community perceptions of trends in interpersonal violence in the Dillingham area and opportunities for prevention. Community perceptions were gathered through interviews with key Dillingham stakeholders and a survey distributed throughout the community.

Key Findings

The following summarizes community perspectives on interpersonal violence gathered through interviews and surveys as part of the assessment.

- Top community concerns in Dillingham include interpersonal violence, drug and alcohol misuse, and issues related to housing and homelessness.
- Many community members perceive trauma, drug and alcohol misuse, and inadequate social and economic resources and opportunities to be contributing factors for interpersonal violence in Dillingham.
- Community members identified factors in the community that are preventative for interpersonal violence. Both survey respondents and interviewees named Dillingham's tight-knit and caring community, as well as traditional cultural practices, as assets for prevention.
- Many community members see SAFE and other community social service providers as resources for interpersonal violence prevention and response but note barriers to accessing these resources. As often shared by interviewees and survey respondents, fear, shame, embarrassment, and stigma can prevent people from seeking help.
- Obstacles to interpersonal violence prevention efforts identified by the community include gaps in community services, challenges with the justice system, resistance to addressing the issue, and harmful community norms.

- Depending on the question, a proportion of survey respondents were unsure or did not respond to questions soliciting ideas for interpersonal violence prevention. In total, community members provided a range of ideas for strengthening prevention, including building partnerships, providing outreach and education, connecting people with opportunities for healing, and bringing the community together.
- Some community members are hopeful about the community's ability to prevent interpersonal violence, while others are uncertain if it is possible to end violence in Dillingham.

Implications for Prevention

The findings from this assessment underscore the need for ongoing efforts to build interpersonal violence capacity and enact primary prevention strategies in Dillingham. With the information gathered through the assessment, there is an opportunity to build on the community's existing prevention plan. This includes continuing with current strategies and incorporating suggestions for prevention provided by interviewees and survey respondents.

Introduction

Background

Safe and Fear-free Environment, Inc. (SAFE), located in Dillingham, Alaska, is a nonprofit organization providing services for domestic violence and sexual assault victims in the Bristol Bay region. SAFE's services include prevention, community outreach and education, and shelter for victims of interpersonal violence.

To advance community prevention initiatives, SAFE convenes the Dillingham Prevention Coalition. This group seeks to create capacity in Dillingham to prevent interpersonal violence, including domestic violence and sexual assault.

SAFE receives a Primary Prevention Program grant from the Council on Domestic Violence and Sexual Assault (CDVSA) to support the Dillingham Prevention Coalition and prevention initiatives in the community. As part of the funding, SAFE must update its existing community needs assessment. SAFE contracted with McKinley Research Group in spring 2023 to conduct stakeholder interviews and summarize findings from a community perceptions survey.

Purpose and Scope

This needs assessment follows SAFE's *Needs Assessment for Capacity to Prevent Interpersonal Violence in Dillingham*, published in April 2019. The previously completed assessment included implementing and analyzing a community readiness assessment and community perceptions survey and compiling secondary data related to the prevalence of interpersonal violence and related factors.

The 2023 assessment is meant to build on the previous assessment and assist SAFE and the Dillingham Prevention Coalition with identifying opportunities for the primary prevention of interpersonal violence in Dillingham.

This community needs assessment was designed as a pared-back update to the 2019 assessment, with SAFE prioritizing the collection of stakeholder perspectives through interviews and community perspectives through a survey.

Methods

Stakeholder Interviews

McKinley Research Group conducted semi-structured telephone interviews with 10 community stakeholders in Dillingham in May and June 2023. Interviewees were asked to share their perceptions of trends in interpersonal violence in the Dillingham area, causes of violence, barriers to prevention, opportunities for effective prevention, and service gaps.

Interview questions were developed to guide the interviews. The interview protocol was designed by McKinley Research Group, with review and input from SAFE and the Dillingham Prevention Coalition. A copy of the interview protocol is included in *Appendix A*. Individuals interviewed are acknowledged and listed in *Appendix B*.

Dillingham Community Perceptions Survey

SAFE partnered with a personal services contractor to conduct the *Dillingham Community Perceptions Survey*. SAFE and the Dillingham Prevention Coalition designed the survey instrument. There were 24 questions included in the survey; survey questions are included in *Appendix C*. Survey respondents were asked about their views on safety and interpersonal violence in Dillingham, as well as their perceptions of risk and protective factors for victimization and perpetration. Additionally, survey takers were asked about their age, gender, race, and their length of residency in Alaska and Dillingham.

The survey was administered online and hosted on Google Forms. SAFE's personal services contractor distributed and promoted the web-based survey. Flyers advertising the survey were posted throughout Dillingham, on social media, and emailed to local businesses and community organizations. The flyers featured a QR code link to the online survey. In addition to flyers, takeaway cards with a QR code link to the survey were placed at stores and coffee shops in Dillingham. A link to the survey was also featured on the homepage of SAFE's website.

Survey responses were collected between May 22, 2023, and June 12, 2023. A total of 89 response entries were submitted, though a few entries had no data recorded in response to any of the questions. After removing blank responses there were 86 survey responses included in the analysis. Demographic information collected from survey respondents is presented in *Appendix D*.

McKinley Research Group analyzed the survey data. The analysis included tabulating response counts and computing percentages for questions with predefined response options and assessing open-ended questions for common themes and concepts. Most of the questions on the *Dillingham Community Perceptions Survey* were open-ended. Verbatim responses to these questions were provided to SAFE in a separate document.

Secondary Data

This assessment focused on gathering updated community perspectives on interpersonal violence; however, after discussing assessment needs with SAFE, McKinley Research Group offered to compile updated data for indicators of interpersonal violence featured in the 2019 community needs assessment. Updated data are shared in this document where readily available. Interpersonal violence data in this document are sourced from the Alaska Behavioral Risk Factor Surveillance System, Alaska Pregnancy Risk-Assessment Monitoring System, Dillingham Police Department, and Alaska Department of Public Safety. Additional information about each of the data sources is provided in *Appendix E*.

Document Organization

Following this introduction are five core chapters and a series of appendices. Findings from the stakeholder interviews and *Dillingham Community Perceptions Survey* are summarized alongside each other throughout the document. A brief description of each chapter follows.

- **Interpersonal Violence in Dillingham:** Summarizes findings from the previous assessment and presents updated data for a selection of interpersonal violence indicators.
- **Community Concerns:** Presents findings related to community concerns about safety, violence, and other issues.
- **Factors Influencing Violence:** Describes the root causes of interpersonal violence, as well as risk and protective factors, shared by survey respondents and interviewees.
- **Perspectives on Prevention:** Summarizes interviewees' and survey respondents' feedback on community resources and barriers to prevention. Additionally, it presents perspectives on the community's experience with interpersonal violence prevention and ideas for strengthening prevention.
- **Considerations for Prevention:** Reflects on the utility of findings for potential prevention initiatives.
- **Appendices:** Presents additional data documentation for the stakeholder interviews, *Dillingham Community Perceptions Survey*, and secondary data.

Interpersonal Violence in Dillingham

SAFE has a long history of working to address interpersonal violence in the Bristol Bay Region of Alaska, including Dillingham. As part of its efforts, SAFE has examined and assessed the problem of interpersonal violence in Dillingham through key informant interviews, community perception surveys, and analysis of interpersonal violence data. Most recently, SAFE partnered with Goldstream Group to assess the capacity for the primary prevention of interpersonal violence in Dillingham, with the findings published in 2019.

To contextualize findings from this assessment, completed in June 2023, results from SAFE's 2019 needs assessment are summarized here. Following the previous assessment findings, updated data for a selection of indicators of interpersonal violence included in the last assessment are provided.

Previous Assessment Findings

The following summarizes top-line findings from the community readiness assessment and community perceptions survey conducted on behalf of SAFE by Goldstream Group. The previous report was published in April 2019, with the community perspectives collected in 2018.

- **Prevalence of Violence:** In 2018, many community members reported experiencing interpersonal violence or its impacts. Secondary data demonstrated the prevalence of interpersonal violence in Dillingham and regionally.
- **Concern:** The community was concerned about violence, though other community issues, namely drug and alcohol misuse, were also of high priority in 2018.
- **Knowledge about Violence:** The community was aware of the existence of violence in 2018 but less knowledgeable on the signs of violence, causes of violence, impacts of violence, and violence prevention.
- **Understanding of Prevention:** The community had limited knowledge and understanding of prevention in 2018. However, the community did have a general conception of risk and protective factors for interpersonal violence perpetration and victimization.
- **Barriers to Addressing Violence:** In 2018, the community reported that stigma prevents people from openly discussing violence or seeking help.

- **Knowledge of Resources:** Knowledge of resources and prevention efforts within the community varied from person to person; in total, community members knew a wide range of community assets, resources, and initiatives.
- **Community Support:** In 2018, the general community and community leaders passively supported violence prevention but did not have the level of buy-in and engagement needed to reduce violence in Dillingham.

Prevalence of Violence

The following provides updated public health surveillance data and crime statistics for a selection of interpersonal violence indicators featured in the previous assessment.

Public Health Surveillance Data

ALASKA PREGNANCY RISK-ASSESSMENT MONITORING SYSTEM

The Alaska Pregnancy Risk-Assessment Monitoring System (PRAMS) project is an ongoing survey of women delivering live births administered by the State of Alaska. Data are reported by prevalence estimate and include confidence intervals to assess statistical differences. Data are available by public health region. The Southwest Alaska public health region includes the Dillingham Census Area along with several other Boroughs and census areas.

Experience of physical abuse in the 12 months before pregnancy

In 2021, the most recent year for which data is available, approximately 6% of women delivering live births in Southwest Alaska reported experiencing physical abuse by a current or former husband or partner in the 12 months before pregnancy compared to 3% of women delivering live births in Alaska. Although the prevalence estimates suggest higher rates in Southwest Alaska, no statistically significant differences were present between Southwest Alaska and Alaska statewide for any of the study years.

Table 1. Percent of Women Delivering Live Births Reporting Physical Abuse by a Current or Former Husband or Partner in the 12 Months Before Pregnancy, by Public Health Region, Southwest Alaska and Alaska, 2017 – 2021

	2017	2018	2019	2020	2021
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Southwest Alaska	4.9 (2.3-10.0)	6.6 (3.6-11.9)	6.5 (3.7-11.1)	7.1 (3.9-12.6)	6.1 (3.1-11.7)
Alaska	3.9 (2.8-5.5)	5.2 (3.8-7.2)	3.6 (2.7-4.7)	3.2 (2.3-4.5)	2.8 (1.9-4.2)

Source: Alaska Pregnancy Risk-Assessment Monitoring System.

Experience of physical abuse during pregnancy

In 2021, approximately 5% of Southwest Alaska women delivering live births reported experiencing physical abuse by a current or former husband or partner in pregnancy compared to 2% of all Alaskan women delivering live births. Although the prevalence estimates suggest higher rates in Southwest Alaska, no statistically significant differences were present between Southwest Alaska and Alaska statewide for any of the study years.

Table 2. Percent of Women Delivering Live Births Reporting Physical Abuse by a Current or Former Husband or Partner During Pregnancy, by Public Health Region, Southwest Alaska and Alaska, 2017 – 2021

	2017	2018	2019	2020	2021
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Southwest Alaska	4.9 (2.3-10.0)	7.0 (3.8-12.4)	5.4 (2.9-10.0)	4.2 (1.9-9.0)	5.1 (2.5-10.4)
Alaska	2.8 (1.9-4.2)	3.6 (2.4-5.3)	2.2 (1.5-3.2)	2.3 (1.5-3.4)	1.9 (1.2-3.1)

Source: Alaska Pregnancy Risk-Assessment Monitoring System.

ALASKA BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

The Alaska Behavioral Risk Factor Surveillance System (BRFSS) annually surveys Alaskans to gather information about health-related indicators. Data are available by public health region. The Southwest Alaska public health region includes the Dillingham Census Area, along with several other Boroughs and census areas.

SAFE's previous assessment included data on adverse childhood experiences sourced from BRFSS. Updated data is unavailable for those indicators. However, the 2020 survey included other questions related to interpersonal violence. Findings from the 2020 BRFSS for indicators of interpersonal violence among adults living in the Southwest Alaska public health region follow. Comparisons to statewide data are provided.

- **Childhood exposure to intimate partner violence:** In 2020, an estimated 20% of adults in Southwest Alaska reported that, as a child, they saw or heard one of their parents or guardians being hit, slapped, punched, shoved, kicked, choked, threatened, or otherwise physically hurt by their spouse or partner. A similar percentage of adults in all of Alaska had childhood exposure to intimate partner violence (21%).
- **Lifetime sexual assault:** In 2020, an estimated 19% of Southwest Alaska adults reported that they had ever been made to participate in sexual activity when they did not want to, including touch that made them uncomfortable. A similar percentage of adults in all of Alaska reported lifetime sexual assault (20%).

- Lifetime physical intimate partner violence:** In 2020, an estimated 19% of adults in Southwest Alaska reported being hit, slapped, punched, shoved, kicked, choked, threatened, or otherwise physically hurt by an intimate partner in their lifetime. A similar percentage of adults in all of Alaska reported lifetime physical intimate partner violence (20%).

Crime Statistics

ALASKA DEPARTMENT OF PUBLIC SAFETY

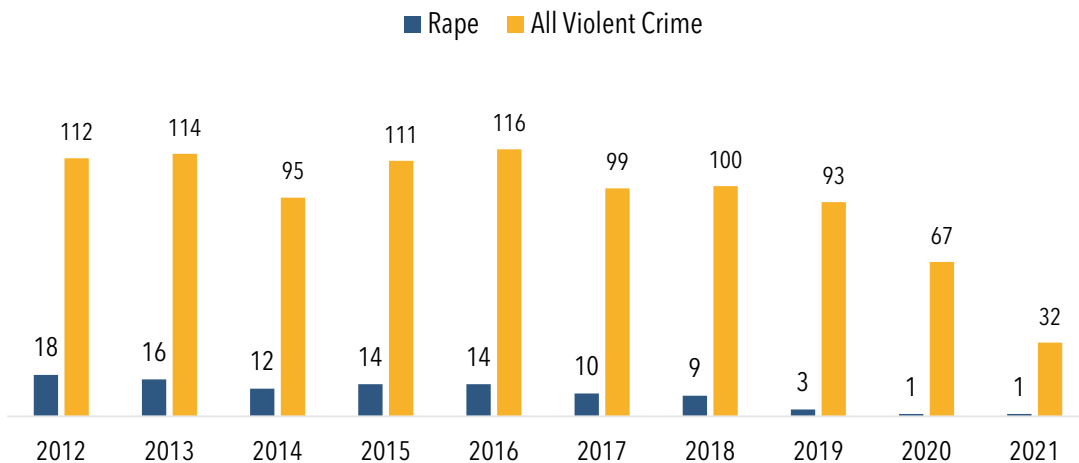
Rape and Violence Crime

The Alaska Department of Public Safety publishes data on the number of reported crimes. Reported crimes can fluctuate year-to-year due to various factors, including police presence in the community, staffing and reporting capabilities, the victim or reporter’s trust and confidence in the local police force, and the occurrence of crime, among others.

Violent crimes include rape and attempted rape, homicide, assault, and robbery. The number of annual reported violent crimes to the Dillingham Police Department peaked in 2016 at 116. In 2021, 32 violent crimes were reported to the Dillingham Police Department, the lowest in the past decade.

Reported rapes to the Dillingham Police Department peaked in 2012, with 18 reports. One rape was reported to the Dillingham Police Department in 2020 and in 2021, the lowest number in the past decade.

Annual Reported Crimes, Rape and Violent Crime, Dillingham Police Department, 2012-2021



Source: Alaska Department of Public Safety, 2012 - 2021 Crime in Alaska Reports
 Note: Reported rape counts include attempted rape.

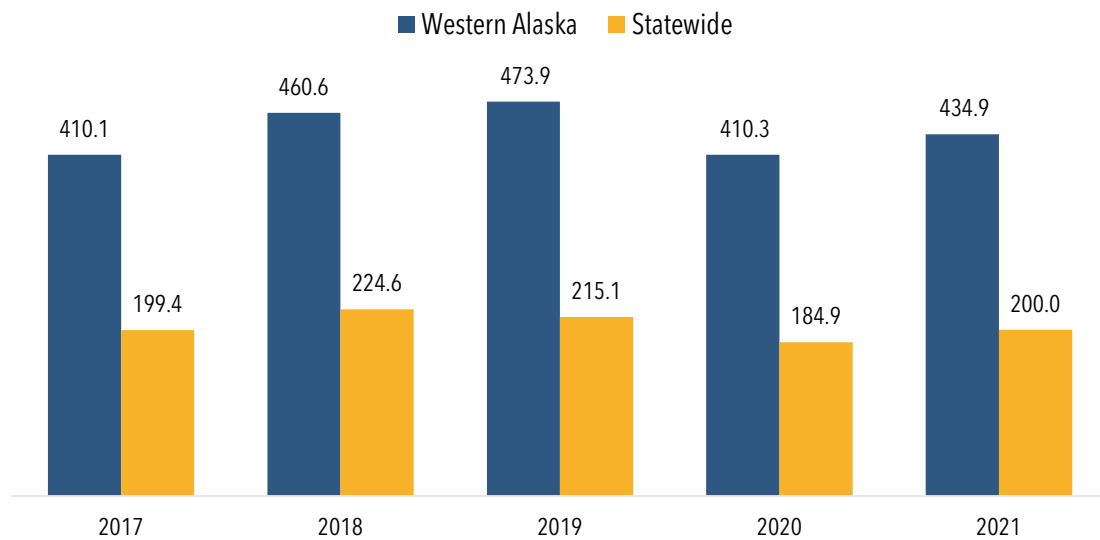
Felony Sex Offenses

The Alaska Department of Public Safety publishes data on felony sex offenses at the state and regional levels. Data for Western Alaska is presented here, as the region includes Dillingham; however, Western Alaska represents a large geographic area. For this dataset, Western Alaska includes Aleutians East Borough, Aleutians West Census Area, Bethel Census Area, Bristol Bay Borough, Dillingham Census Area, Kodiak Island Borough, Kusilvak Census Area, Lake and Peninsula Borough, Nome Census Area, and Northwest Arctic Borough.

Over the last five years, the rate of felony sex offenses in Western Alaska have ranged between 410 offenses per 100,000 people to 474 offenses per 100,000 people.

The Western Alaska region has a significantly higher rate of felony sex offenses than Alaska statewide. In 2021, the most recent year of data available, rates in Western Alaska were over two times higher than the statewide rate (435 and 200, respectively).

Felony Sex Offense Rates per 100,000, Western Alaska and Statewide



Source: Alaska Department of Public Safety, Felony Level Sex Offenses 2017 to 2021, Crime in Alaska Supplemental Report

Community Concerns

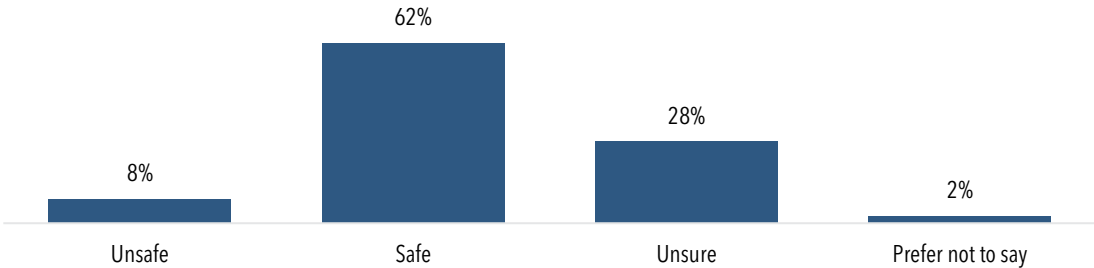
Findings from the stakeholder interviews and *Dillingham Community Perceptions Survey* related to community concerns are summarized alongside each other in this chapter.

Feelings of Safety

Interviewees were asked if they thought Dillingham was a safer or less safe place than three years ago, and why. Most said they were unsure or thought it was about the same. One observed, “As one thing gets better, something else gets worse.”

Similarly, survey respondents were asked about how safe or unsafe they feel in Dillingham, with 62% indicating they feel safe, 28% reporting they were unsure, and 8% reporting they feel unsafe. The remaining 2% of respondents preferred not to say.

"How safe or unsafe do you feel in Dillingham?" (n=86)

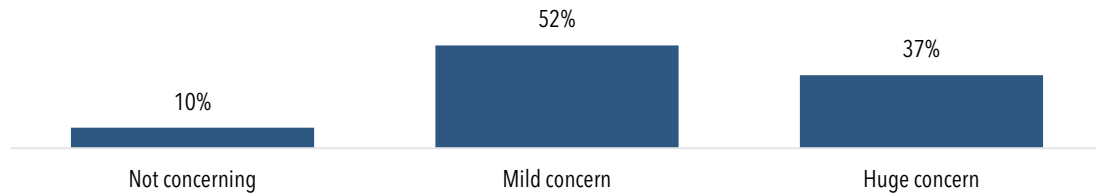


Source: Dillingham Community Perceptions Survey, 2023.

Level of Concern about Violence

Survey respondents were asked to indicate how much of a concern interpersonal violence in Dillingham is to them, with the response options of "not concerning," "mild concern," and "huge concern." Most survey respondents are concerned about violence in Dillingham, with 52% calling it a mild concern and 37% reporting it as a huge concern. In contrast, 10% of survey respondents are not concerned about violence in the community.

"How much of a concern is violence in Dillingham to you?" (n=86)



Sources: Dillingham Community Perceptions Survey and Stakeholder Interviews, 2023.

Visibility of Violence

Survey respondents were asked, "What do you see within the community regarding domestic violence, dating violence, sexual assault or other violence?" Respondents provided a wide range of responses generally aligned in the following topic areas.

- **Prevalence:** Many respondents commented on the prevalence, with several people writing that there is "too much" violence in the community.
- **Visibility:** Respondents had mixed perceptions of the visibility of violence in the community. Some indicated that violence is hidden by nature or not visible at all, while others report that violence is something they frequently encounter in their professional or personal lives. Among those that felt violence was hidden or not visible to them, many reported that they were still aware of interpersonal violence as a community issue, even though they do not see it in their day-to-day lives.
- **Risk Factors:** In addition to commenting on the prevalence and visibility, many respondents named risk factors they see for violence, including alcohol and drug use, intergenerational cycles of violence, and trauma.
- **Community Tolerance and Attitudes:** A few respondents wrote about community tolerance towards violence, calling it normalized, overlooked, or tolerated. Similarly, a few respondents mentioned community attitudes toward victims of violence, indicating a stigma towards and judgment for victims of violence.

"I don't personally see it but I hear about it and am aware that those things go on."

- Survey Respondent

- **Solutions:** Some respondents provided ideas for improved prevention and response, such as education, housing, community activities, treatment for survivors and perpetrators, and improved criminal justice response.

Other Challenges

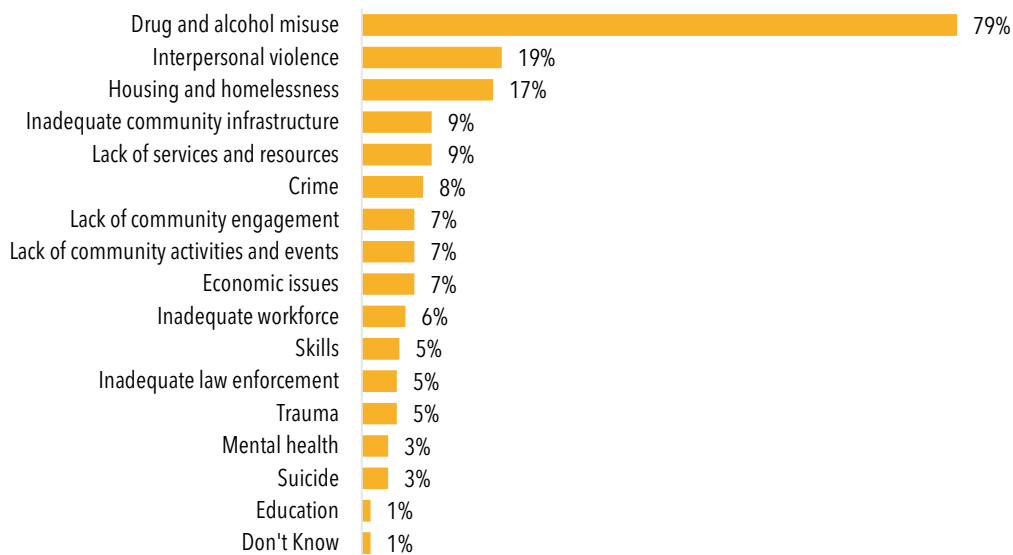
Survey respondents and interviewees reflected on what they perceived as top concerns in the community.

The most frequently cited issue among interviewees was housing, noted by all, with drug and alcohol misuse next. Several interviewees noted housing issues can exacerbate violence. One said, “We have a big lack of housing, which leads to more multigenerational households, which tends to lead to higher stress levels and then people acting out.” Another said a lack of safe places to stay makes it difficult for those coming out of jail or treatment – or trying to stay sober – to get away from their triggers if they are homeless or couch-surfing.

Other top community concerns cited by interviewees were lack of childcare, youth mental health, roads and infrastructure, political divisiveness, and high cost of living.

Among survey takers, drug and alcohol misuse was named by 79% of respondents as a community problem requiring immediate attention, followed by interpersonal violence (19%) and issues of housing and homelessness (17%).

"What are some of the problems in our community that need to be addressed immediately?" (n=86)



Source: Dillingham Community Perceptions Survey, 2023.

Factors Influencing Violence

Findings from the stakeholder interviews and *Dillingham Community Perceptions Survey* related to factors influencing violence are summarized alongside each other in this chapter.

Root Causes and Risk Factors

Asked what they think are the root causes of interpersonal violence in the region, interviewees overwhelmingly cited unaddressed trauma, including:

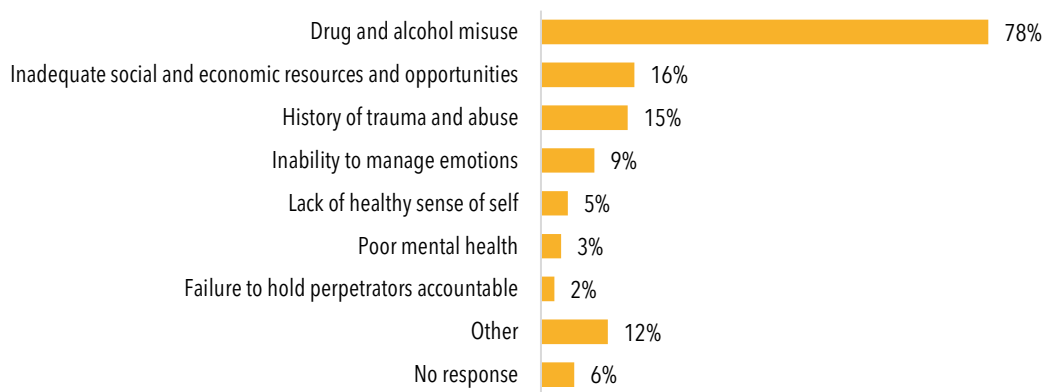
"I think the root cause of domestic violence is deep-seated rage that doesn't come out in a positive way, it comes out in a tangle of violence and power games."
- Interviewee

- Intergenerational and historic trauma (colonization)
- Racism - systemic, internalized, and lateral
- Personal history of trauma and abuse.

Interviewees shared that those who do not heal and learn to manage emotions in healthy ways may turn violent: "People's trauma comes out in really weird ways. That's not who the person is in their pure soul, that's their trauma talking. It's someone who isn't able to properly process their emotions."

Survey respondents were asked to identify things that may make a person more likely to commit acts of violence; respondents most frequently named drug and alcohol misuse as a risk factor for perpetration.

"Can you think of anything that may make a person in Dillingham more likely to commit acts of violence? If so, what are those things?" (n=86)



Source: Dillingham Community Perceptions Survey, 2023.

Protective Factors

Interviewees and survey respondents provided feedback on the presence of protective factors for interpersonal violence. Protective factors named include positive community norms and community assets.

Community Norms

Interviewees identified a range of cultural norms that can contribute positively to violence prevention efforts. These include:

- Tight-knit community
- A love of gathering and sharing food
- Traditional cultural practices
- Growing openness toward discussing difficult topics.

Tight-knit community

Several interviewees noted the powerful effect of the region's cultural norm around close-knit family and community ties. One explained:

"We have big families here. It takes a village to raise a child. ... I know that they love me and they want the best for me. They'll tell me something when I need to hear it. We're a very tight-knit group of people. And even so more in the villages."

Another interviewee said that in the villages where there may be no local law enforcement, Elders are often seen as a person of authority who can intercede in certain situations.

A love of gathering and sharing food

Relatedly, many interviewees pointed to positive cultural norms around gathering for celebrations, sharing food, and the joy of being together.

"We love to potluck, we love to be together, we love to have rallies, we love to have dances. ... The norm of us wanting to get together and laugh and sing and rejoice is a really strong one."

"When we share food, it opens up that part in our spirit where we are sharing with each other."

-Interviewee

Several noted the particular value of sharing food. As one said, "In my culture, food has a way of making people feel safe and happy, therefore the communication will be open."

Traditional cultural practices

While some suggested traditional practices are currently underused, interviewees said traditional practices – for example, around healing and subsistence – are powerful tools for promoting healing and preventing violence. As one said, “Where I’ve made the most headway in my journey has been engaging in my culture.”

Another described the lifelong impacts of learning from Elders: “When my kids were growing up, the Elders would take the young kids out to harvest the different types of berries. And I see those kids grown up now, they’re still in the berry patches.”

Growing openness toward discussing difficult topics

A shifting norm cited by almost all interviewees was an increasing willingness in the community to talk about violence, trauma, and mental health: “People are getting in general more willing to listen to others. ... People are able to talk publicly about their experiences. That’s relatively new.”

Even among the older generation, some said, there is growing openness. One interviewee said, “It’s been kind of heartening to see people who are quite old belatedly speak out about their own childhood trauma and become active advocates.”

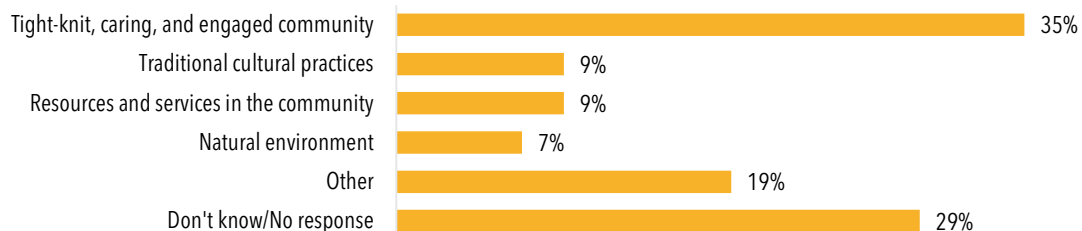
Community Assets

Survey takers were asked questions about community assets that support prevention and other factors preventative for violence.

POSITIVE COMMUNITY ATTRIBUTES

Survey respondents provided a range of positive attributes in Dillingham that can help prevent violence from happening. About one-third of respondents felt as though the community is close-knit, with people in the community demonstrating care for one another and a willingness to help others.

"What are some positive attributes about Dillingham that could help efforts to prevent violence?" (n=86)

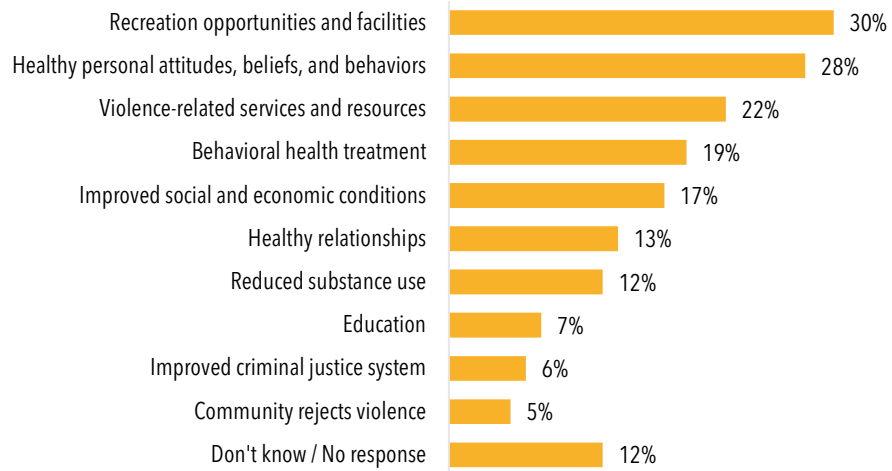


Source: Dillingham Community Perceptions Survey, 2023.

FACTORS DISCOURAGING PERPETRATION

Survey respondents named many individual, relationship, and community-level factors that can make a person less likely to perpetrate violence, as shown in the following chart.

"Can you think of anything that may make a person in Dillingham less likely to commit acts of violence? If so, what are those things?" (n=86)



Source: Dillingham Community Perceptions Survey, 2023.

Perspectives on Prevention

Findings from the stakeholder interviews and *Dillingham Community Perceptions Survey* related to interpersonal violence prevention are summarized alongside each other in this chapter.

Community Resources

Availability

Interviewees were asked where people in the region can access information and resources about domestic violence and sexual assault. They named the following, in roughly the following order of frequency:

- SAFE
- Kananak Hospital
- Community health clinics
- Schools, tribal entities, fire and police departments

Several interviewees noted that people often do not seek help until they confide in a family member or friend who believes them and helps them access resources.

Survey respondents were asked about the existence of prevention resources in Dillingham. About half of those surveyed named SAFE and its programs. Nearly one third of respondents were not sure or did not respond to the question. All resources named by respondents are shown in the following chart.

"Can you think of any programs or efforts that currently exist in Dillingham to prevent violence from happening? What are those programs?" (n=86)

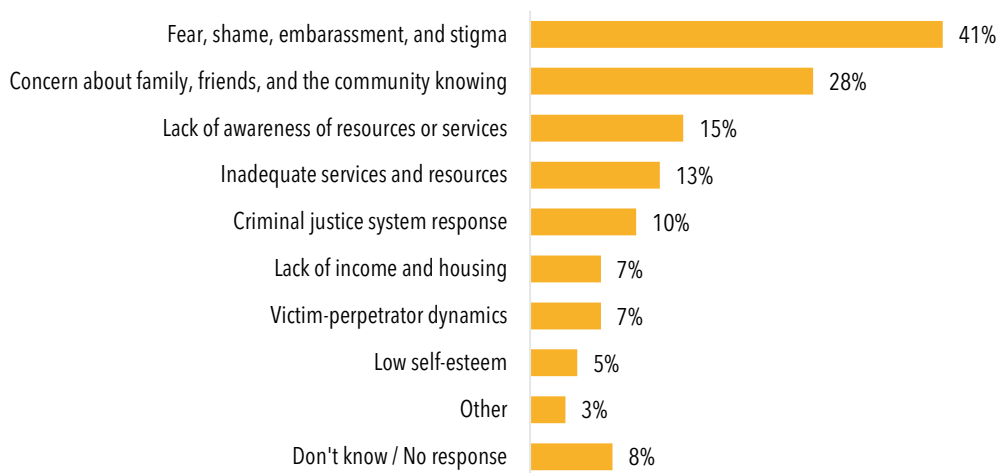


Source: Dillingham Community Perceptions Survey, 2023.

Barriers to Access

Survey respondents were asked about barriers victims of violence experience in seeking help and interviewees were asked about what barriers people in the region may face in accessing information and resources on interpersonal violence. Survey respondents frequently described barriers such as fear, shame, stigma, embarrassment, concern about people knowing, and a lack of awareness of resources or services.

"What are some of the barriers victims of violence experience in seeking help?" (n=86)



Sources: Dillingham Community Perceptions Survey and Stakeholder Interviews.

In interviewees' perceptions, what stops people are shame and stigma; lack of self-regard; fear or paralysis; and a lack of knowledge. The interviewees' perspectives are described briefly below.

Shame and stigma associated with domestic violence and sexual assault

Most interviewees referenced shame or embarrassment - which can drive people inward - as a major barrier to getting information and help:

"A lot of people worry about people knowing other people's business."

- Interviewee

"Nobody wants to admit that's the type of situation they're in," one said. Another said, "I think a lot of people think, 'Oh, I can just power through this' or 'I don't want to do a rape kit, I just want it to go away.'"

Fear or paralysis

Fear of retaliation or repercussions from an abuser is a potent and often valid barrier for some, interviewees said. In some cases, trauma and abuse

trigger stress responses that can hamper one's ability to act. One interviewee said, "When you're in those crisis situations, you're not thinking clearly enough."

Lack of self-regard

Several interviewees tied inaction to a lack of self-love or self-esteem, or an inability to see their own value. What stops people from getting help, one said, is "the lack of self-love. They know these things are red flags, they know they should do something about it, but at the end of the day, they don't."

Lack of knowledge/Isolation

A lack of knowledge about where and how to access help may arise when people are socially or physically isolated from others, and do not feel they have someone to turn to for support. One interviewee noted, "Frequently families are quite isolated."

Lack of access to phone or internet can also isolate people and reduce their access to information and resources. Interviewees said low-income individuals may not have consistent phone or internet access; or an abuser may cut off or limit internet or phone access. "If you're in a controlling relationship, how are you going to get that information?"

Barriers to Prevention

While interviewees expressed optimism that domestic violence and sexual assault can be prevented, they identified a variety of barriers or challenges that need to be overcome. These are organized and described below in four categories:

- Service gaps
- Justice system
- Resistance from some pockets of the community
- Harmful community or cultural norms

"Change is hard, and transformational change and all that goes into that is a really tall ask."

-Interviewee

Service Gaps

The following service gaps were identified as barriers to successful violence prevention efforts.

- **Shortage of behavioral health, public health, and public safety resources available to the public.** For example, an interviewee said there are no in-person anger management classes offered in the region - it is only available online and many people cannot afford internet.

- **Under-trained police force** mostly from Outside, with some rotating in and out, and inadequate sexual assault response team (SART) training.
- **Lack of a public detox facility:** "If you want to get clean, the options are a hotel or a hospital. If you don't have resources, there's no place you can just check yourself into."
- **No halfway house or supportive living** for those transitioning out of a correctional facility. This can mean there is no safe place to "get away from your triggers."
- **Not enough wellness opportunities for men.** "There's a huge stigma that it's the man's fault so we don't do anything for them. If you're only able to work with half the people, how are you going to fix it? You're never going to get a complete picture without the men at the table."

Justice System

Several interviewees said a lax justice system creates a perception among victims that little good will come of reporting domestic violence and sexual abuse. "It's so lax, people say, 'What's the use of telling the cops?'"

Another said the justice system in the region particularly fails Alaska Native women: "We often don't see anything happen. So what is the point of reaching out if I'm still going to live in misery and feel unsafe everywhere I am?"

Also hampering the justice system, some said, is a reluctance by some witnesses and victims to speak on the record - due to lack of trust in the system, fear of repercussions in the community, and other factors.

Resistance

While interviewees noted growing openness, they said resistance to addressing domestic violence and assault persists in pockets of the community. Several said the older generation can be more resistant - though not uniformly so. "They're from a time of, 'We don't talk about it, we keep our family problems to ourselves.'"

"People don't like being uncomfortable."

-Interviewee

Others who appear resistant are leaders with their own unaddressed issues, as one interviewee explained: "Addiction and historical trauma [may be] limiting certain leaders' engagement and action around violence prevention and reduction of the factors that contribute to violence." And some leaders may have complicated personal histories: "Some of them just flat out won't go to any trainings or events that have to do with looking at the darker side of oneself."

Resistance also stems from the idea that interpersonal violence is someone else’s problem to solve, an attitude one interviewee characterized as, “That’s the job of another agency or someone else - we care about it but we’re not equipped to help.”

Harmful Community Norms

Interviewees and stakeholders identified a range of community or cultural norms that serve as barriers to prevention. These include:

- Unhealthy use of alcohol and drugs
- Systemic racism
- Harmful norms about masculinity, violence, and treatment of women
- Stigma and shame
- Community tolerance of interpersonal violence.

Brief descriptions of the harmful community norms described by interviewees and survey respondents follow.

Unhealthy use of alcohol and drugs

“It’s absolutely a norm in Dillingham that drinking is normal and acceptable.”

-Interviewee

Interviewees uniformly cited harmful norms about alcohol and drugs, saying binge drinking and early drinking are accepted and even condoned. One interviewee said, “A problematic norm is the idea that kids should be out drinking and partying, and that that’s socially acceptable.”

Another said: “Drinking is the norm around Dillingham. When people drink, they binge. They don’t stop.”

The seasonal influx of fishermen was identified as a contributing factor: “The fishermen can ship up any number of boxes and crates free and many of those are full of beer and hard alcohol and E and mescaline, any kind of party drugs. That results in a lot of parties and dangerous situations.”

Systemic racism

Several interviewees pointed to colonization and a culture that still devalues Alaska Natives as a harmful norm and a barrier to violence prevention. This can show up in schools, where teachers send implicit messages about who is worthy and who is not, one said. It can also show up in the justice system, as noted above.

While not often commented on through the survey, one survey respondent described the way racism and other forms of discrimination show up in Dillingham and contribute to violence.

"There are undercurrents of white supremacy and misogyny and sexism that run deep in Dillingham that go unchecked or are swept under the rug. Even accepting the little things people try to brush off as jokes add up to create an environment where people feel comfortable discriminating and treating people as 'less than.' All of it contributes to the violence."

Another interviewee said the region's population has low rates of voting and civic engagement, suggesting a cultural norm of disaffection or resignation that may stem from a belief that systems meant to help the community are not working – or are not built to help Alaska Natives.

Several interviewees mentioned "shame at being Alaska Native" and devaluing other Alaska Native people or lateral violence as harmful outgrowths of racism: "Collectively I can see the lack of self-love in our community. That [causes] all sorts of abuse – drug abuse, sexual abuse."

Harmful norms about masculinity, violence, and treatment of women

Interviewees identified unhealthy expectations around gender as barriers. One said there are "expectations to be verbally and sometimes physically violent – men are told not to have feelings." Another said: "Men still think of women as sexual objects in this community. The hump-and-dump mentality is promoted and almost ritualized or worshipped."

These norms perpetuate cycles of violence, as one interviewee explained: "Often abusers have been victims themselves and that's why they are abusing, it becomes normal."

Stigma and shame around interpersonal violence

Stigma and shame, identified as barriers to individual action, were also cited as community and cultural norms that serve as barriers to broader prevention efforts. One said there is a Yup'ik tradition "not to rock the boat." But these norms go beyond Alaska Native populations, interviewees said, "I think it's everybody, 'Hush-hush, be quiet, don't say anything.'"

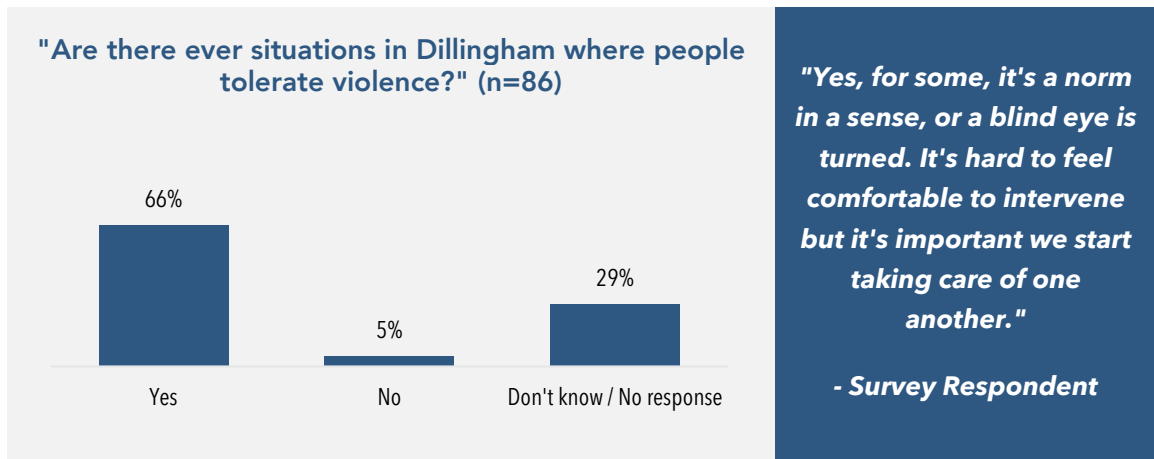
"There are strong habits people hold onto for shushing things up."

- Interviewee

Many people live in multi-generational homes, one interviewee said; people may witness violence but do not want to talk about it: "Are they worried about getting kicked out of the house for ratting on the abuser? Mum's the word a lot of times with witnesses."

Community tolerance of interpersonal violence

About two-thirds of survey respondents indicated that there are situations in Dillingham where community members tolerate violence.



Source: Dillingham Community Perceptions Survey, 2023.

When describing situations where violence is tolerated, respondents indicated types of violence that are tolerated, social units in which violence is tolerated, or locations in the community where interpersonal violence occurs.

- **Types of violence:** Survey respondents named different forms of violence that may be tolerated, such as bullying, verbal abuse, physical assault, domestic violence, sexual violence, different forms of child abuse and neglect, and violence involving drugs and alcohol.
- **Social units:** Survey respondents indicated that violence may be tolerated in romantic relationships, marriages, or family units. At the community level, some respondents indicated that the community tolerates violence when a perpetrator is an influential community member.
- **Locations:** Locations in the community where interpersonal violence might be tolerated named by survey respondents included private homes, downtown, in bars, at schools, or in the workplace.

Prevention Involvement and Experience

The survey included questions about respondents' involvement with bystander intervention and violence prevention, as well as their perceptions of the community's knowledge of and participation in prevention efforts.

Bystander intervention experience

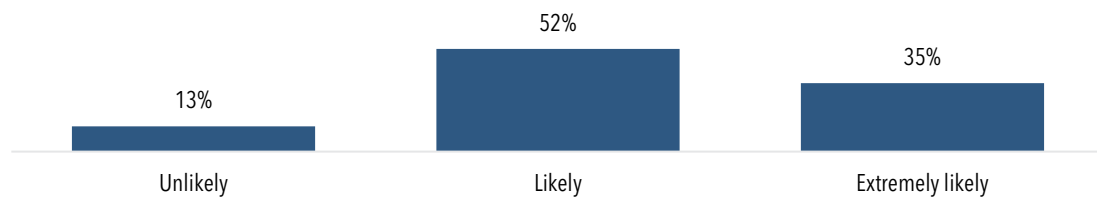
Survey respondents were asked, " In the last five years, have you ever been in a situation where you felt you should intervene against an act of bullying, domestic violence or assault, but you

didn't know how or you were hesitant to intervene?" About half (51%) of survey respondents reported, "No," 41% responded "Yes," and 8% responded "Maybe."

Participation in the prevention of interpersonal violence

Most participants felt it was likely that they or others would work to prevent violence, with 52% responding "*Likely*" and 35% responding "*Extremely likely*."

"Do you see yourself or others working to prevent violence?" (n=86)

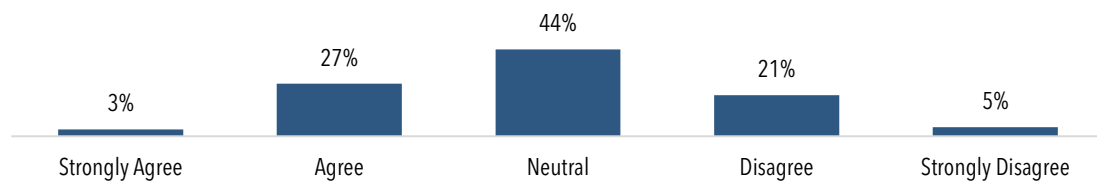


Source: Dillingham Community Perceptions Survey.

Knowledge about prevention

Survey respondents had mixed perceptions about the extent to which people in Dillingham know how they can contribute to preventing interpersonal violence. Among respondents, 31% strongly agreed or agreed that they did, 44% were neutral, and 26% disagreed or strongly disagreed.

"Would you agree or disagree that people in Dillingham know how they can make a difference in preventing interpersonal violence?" (n=86)



Source: Dillingham Community Perceptions Survey, 2023.

Strengthening Prevention

What is Available?

"Our community would be lost without SAFE. I am so thankful for this organization."
- Survey Respondent

Survey respondents were asked about things in the community that can help prevent violence from happening. The most frequently named resource was SAFE, with 23% of respondents writing in SAFE or one of its initiatives, such as Myspace.

Some respondents wrote that they did not feel like anything could prevent violence from happening.

One respondent shared, "Really, there is nothing in this world that can prevent violence. It is a person committing this act. Try love, but it takes years of love in families to change behaviors."

Prevention resources in the community as reported by survey respondents are summarized in the following chart.

"What things are present in the community that can help prevent violence from happening?" (n=86)



Source: Dillingham Community Perceptions Survey, 2023.

What Works?

Interviewees provided suggestions for prevention approaches in Dillingham, notably:

- Opportunities for healing
- Learning from Elders and through cultural practices
- Community-building
- Removing stigma and shame
- Focus on youth
- Accessible prevention and support resources
- Behavioral health infrastructure
- Partnership - SAFE, Tribes, Health Corporation
- Leadership and private sector involvement

Opportunities for healing

One of the most passionate suggestions was to create opportunities for people in the community to talk, grieve, heal from trauma, and cultivate hope. One described addiction treatment efforts as a model: "If we continue to talk about it and say, 'These are the factors,' most of them are human and relatable. [We need] a time to talk about it and a time to grieve about it."

"I hope someday people can openly talk about their traumas with people and still sit comfortably in their everyday life."

-Interviewee

Other comments on the need for healing included:

"How do we break that cycle if we don't have a space for men to debrief and unpack their own traumas?"

"Let's learn how to trust. Let's learn how to build our trust that not everybody is out there to try to harm you or make you look bad."

Traditional approaches to healing such as talking circles can be especially powerful, as one interviewee said: "Go back to the traditional way of counseling before the western world came in. I'm pushing for a talking circle for women, and one for men."

Learning from Elders and through cultural practices

Interviewees likewise described the importance of connecting with cultural practices and learning from Elders in overcoming the root causes of violence. One said: "Gain the knowledge of our Elders. Our Elders taught us how to be human beings."

Several interviewees described cultural activities as natural and authentic ways to prevent violence: "Engage people in an activity and have prevention materials nearby. It could be skin sewing, beading, kuspuk making, wood carving. Those types of things are really good at starting dialogs, that's when people are comfortable and engaged. Add some food and you're going to get more people there."

"Focus on arts, culture, language as your goal. The prevention will come once you build that identity - once you start promoting healthy behaviors, it's easier for people to mirror them."

-Interviewee

Community building

Activities and practices that build community and reduce isolation can help prevent violence, interviewees said: "People need people. People need people that they feel safe around. People that bring the best out of us. People who go outside and practice activities they love."

"We need to be more diligent in loving each other and helping each other."

-Interviewee

Interviewees suggested gatherings could be potlucks and events that simply bring people together, but there could also be community discussions about trauma, healing, and violence. Create a safe welcoming environment - include food - and it can gain momentum: "When something first starts, a handful of people may come. But that handful will go out and say what a good experience we had."

Removing stigma and shame

Interviewees emphasized a need to destigmatize and talk openly about interpersonal violence to give people the courage to seek help. One suggested promoting the message to victims, "'It's common that these types of things happen and there's nothing to be embarrassed about' - getting the information out there that there are people they can talk to and good resources they can have."

Focus on youth

Interviewees suggested intervening at an early age to interrupt cycles of violence and give the next generation tools to manage stress and difficult emotions. One interviewee suggested starting at Head Start and Kindergarten levels:

"I would go in and teach every young kid stress management tools. It would help them become more aware of their emotions and what they can do to self-regulate. ... If everybody could teach them one thing that works for them, by the time they get done with school, they'll have a lot of tools in their toolkit."

Relatedly, an interviewee suggested cultivating teachers from the community: "A lot of our kids are getting this mixed message that what happens at school and what happens at home are two different worlds, and teachers are speaking from a point of view that's totally foreign."

Accessible prevention and support resources

Use plain language in prevention and support materials, one interviewee said, noting that such materials are too often sterile and academic, "written in language and phrases that resonate with people who have doctorate degrees."

Behavioral health infrastructure

Expanding behavioral health supports - such as anger management, healing circles, addiction treatment, counseling - is a critical need identified by interviewees.

Partnership and collaboration

Interviewees stressed the need for collaboration and partnership not only to provide more resources to prevention efforts, but to help change unhealthy cultural norms through consistent messaging across the community.

One interviewee extolled the power of partnership between the region's primary tribal and health entities and SAFE: "If these entities could get together, wonders will be done. In order to win a war, we need an army. And this is a war - domestic violence and substance abuse."

Another noted effective collaboration requires investment: "I know we're all busy, but if you want to have a coalition, you have to put the time into that coalition and working those relationships and having specific objectives and staying on task."

Leadership and private sector involvement

Relatedly, interviewees consistently emphasized the need for support from those outside the 'DVSA' world. Interviewees said community leaders and tribal leaders need to show up.

Suggestions included:

"People in trauma, their attention spans are so short, you can't get bogged down in your ego when you're writing. Can the person on the other side hear it?"

-Interviewee

"It's impactful when you see listed sponsors and supporters from the private sector. I think that has some impact on the public's perception around an intractable problem."

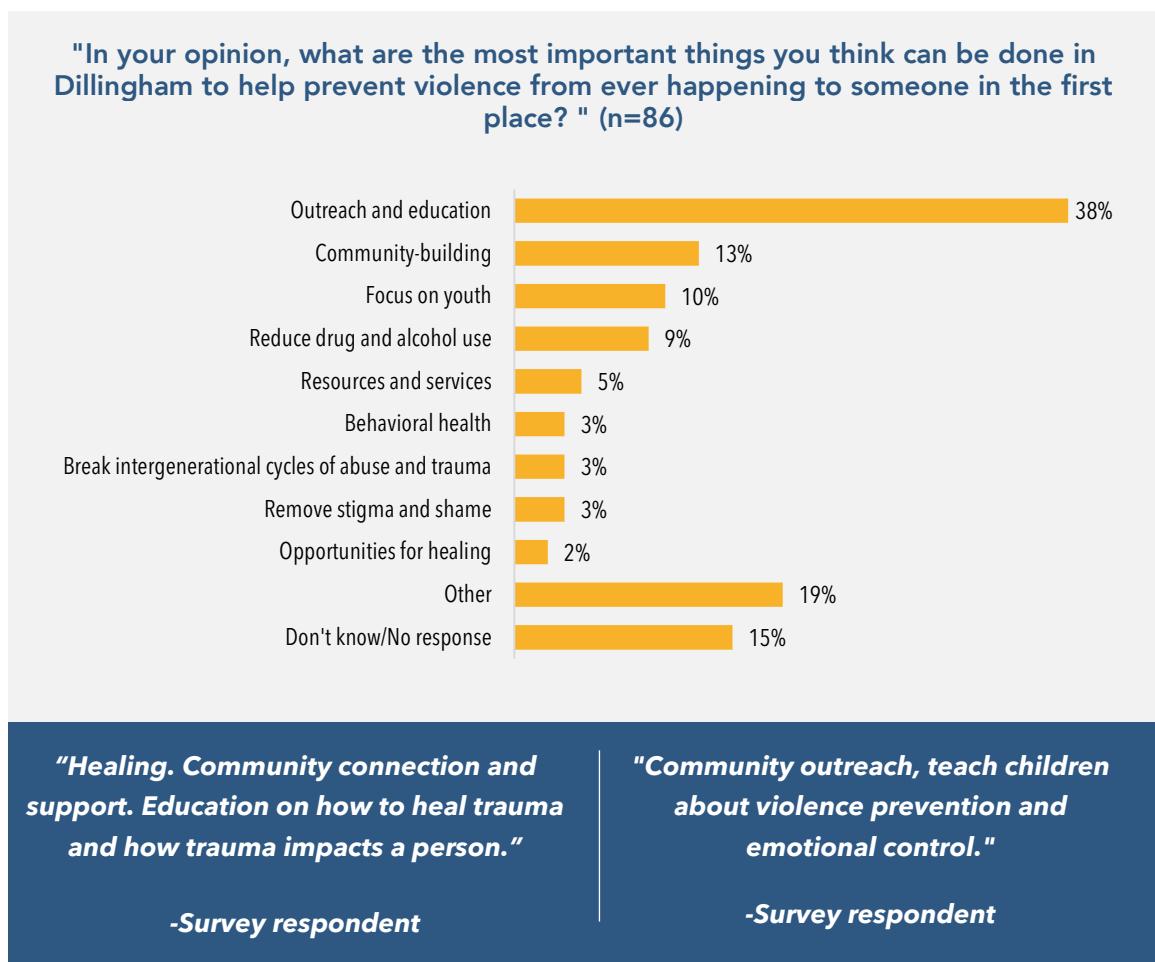
-Interviewee

- Show up for events. Be part of what SAFE is doing.
- Work jointly to establish measures of success around violence prevention and reduction.
- Actively partner in prevention-related programming.
- Sit down to meet with advocates and those working on the issues.

Interviewees also said the private sector – such as big players in the region like Peter Pan and Trident – can make a big difference both through financial resources and reinforcement of messages. “I think it would have a lot of impact, including on the stigma piece.”

What Else Can Be Done?

Survey respondents provided a range of ideas for prevention, with most ideas falling into the following broad categories.



Sources: Dillingham Community Perceptions Survey, 2023.

Envisioning a Community Without Violence

Hope for the Future

Interviewees consistently said they have more hope than they did three years ago that domestic violence and sexual assault in Dillingham can be ended in their lifetime. They gave the following reasons for optimism:

- Interpersonal violence is talked about more openly, reducing the stigma around it.
- Resources and information are becoming more widely available.
- Growing interest in cultural revitalization will support healing and reduce violence.

As one interviewee said, "I think there is an awakening to our problems. I see Dillingham realizing and knowing that we have problems, and we need to address them, and that's huge."

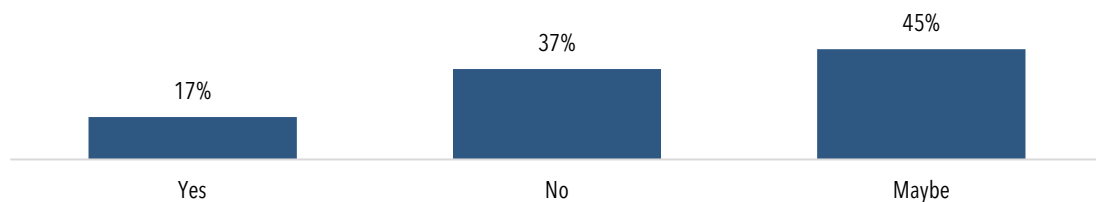
"Across agencies and across generations and across social and ethnic groups, I'm seeing support for SAFE, I'm seeing support and openness around the topics of violence."

-Interviewee

Uncertainty

Survey takers were asked, "Do you think violence in Dillingham can be ended in your lifetime?" Most survey respondents were unsure (45%) and about one-third of survey respondents were pessimistic (37%). As one survey respondent wrote, "I don't think it's possible to 'end violence' in any city, completely."

"Do you think that violence in Dillingham can be ended in your lifetime?" (n=86)



Sources: Dillingham Community Perceptions Survey, 2023.

Considerations for Prevention

This assessment was completed to inform prevention strategies. The ideas in this chapter are provided to assist the Dillingham Prevention Coalition as it works to identify its next steps considering the updated assessment findings.

Building on the Existing Prevention Plan

McKinley Research Group developed the following considerations for the future in line with the goals and strategies in the Dillingham Prevention Coalition's prevention plan from January 2020. The coalition's prevention plan presents a strong foundation to build upon, and there may be the opportunity to recommit to the goals and strategies outlined.

Continue to Reduce Barriers to Accessing and Using Resources

The coalition's first goal is to "Increase access to and utilization of resources that foster safe and healthy communities." One of the coalition's strategies for meeting this goal was to develop a realistic plan for addressing barriers to utilizing resources that foster safe and healthy families.

Through this assessment, interviewees and survey respondents named barriers to connecting people with resources. These included service gaps, gaps in the justice system, resistance to interpersonal violence, and harmful community norms. Consider building on the existing strategies for the coalition's resources goal based on the barriers to prevention and service gaps identified by the community. It may not be possible to address all obstacles at once, but there are likely barriers that the coalition is positioned to address. For example, it may be that the coalition can, based on its previous efforts and current capacity, lower resistance to addressing interpersonal violence or shift harmful community norms through ongoing outreach to the general community and community leadership.

Support Opportunities for Wellness and Cultural Connection

The coalition's second goal is to "Increase sense of wellness and cultural connection in the community." Both interviewees and survey respondents highlighted a range of community assets and positive community attributes that promote well-being and cultural connection, from structured and intentional offerings (e.g., behavioral health treatment or talking circles) to informal opportunities (e.g., being in nature or sharing a meal). The community also expressed interest in more options for recreation, learning, socializing, healing, and being in community together.

As the coalition revisits its prevention plans considering the updated assessment findings, it may be possible to contemplate its capacity to support, promote, or facilitate community activities and events with a wellness or cultural focus.

Build On Community Conversations

The coalition's third goal is to "Foster informed community conversation about violence and shared risk and protective factors." Interviewees shared that interpersonal violence is talked about more openly than it once was, helping to reduce the stigma around it. While limited to the community members willing to complete the survey, survey respondents demonstrated an understanding of risk and protective factors for interpersonal violence. Consider building on this momentum and bringing those conversations to new or expanded audiences while matching the level of dialogue and messaging to each audience's comfort level.

Continue to Support Collaboration

The coalition's fourth goal is to "Develop structure and supports that sustain the coalition and our community collaboration." Through this assessment, community members highlighted several complex, challenging-to-solve problems intertwined with interpersonal violence, such as drug and alcohol misuse, inadequate housing, systemic racism, and poverty.

Like interpersonal violence, each of these problems results from the complex interplay of societal and community factors, as well as dynamics within relationships and individual behavior, and it is unlikely that one organization alone can address these issues. Many community agencies and organizations are invested in addressing interpersonal violence and related problems in Dillingham. At the same time, there is an ongoing need for community leaders to demonstrate their commitment. Continue to build and strengthen relationships with local, regional, tribal, and state partners.

Moving Forward

This assessment highlights the complexity of interpersonal violence and issues and the challenges of primary prevention. It can be overwhelming to consider the depth and breadth of interpersonal violence prevention needs in the community; however, the community volunteered many potential pathways for prevention. Prevention practitioners should consider incorporating two to three community prevention ideas matched to SAFE and the Dillingham Prevention Coalition's capacity.

Appendices

Appendix A: Interview Questions

Interviewee Background

1. What is your name/affiliation (or background)?
2. Can you tell me a little about your role and/or your relationship with SAFE?

Perceptions of Interpersonal Violence

3. Compared to 3 years ago, would you say Dillingham is a safer or less safe place to live? Why?
4. In your view, over the last 5-10 years, is domestic violence and sexual assault (sometimes called interpersonal violence) in Dillingham becoming a bigger problem, are things improving, or are they about the same? What do you think is contributing to this trend?
5. What forms of violence other than sexual and domestic violence concern you in your community?
6. Compared to three years ago, would you say you have more or less hope that interpersonal violence in Dillingham can be ended in your lifetime?

Community Involvement in Interpersonal Violence Prevention

7. How much of a priority would you say that addressing interpersonal violence is to residents of Dillingham in general compared to other community priorities? (high, medium, low)
 - a. What do you think are the top concerns in Dillingham? Where does prevention fall in the priority list?
8. Are there any groups that might resist addressing interpersonal violence? Why might they?

Opportunities for Violence Prevention

9. If someone in Dillingham wanted information about interpersonal violence, what information is available, and where would they get it?
 - a. What obstacles or barriers might individuals face in accessing that information?

10. What does prevention mean to you? What does successful prevention look like?
11. What do you see as the biggest barriers to preventing sexual violence and domestic violence in your community?
 - a. What conditions or circumstances seem to perpetuate the problem?
 - b. Why is it difficult to overcome these challenges?
12. What seems to help? What efforts - locally or elsewhere - have you seen succeed?
 - a. What messages about sexual violence and domestic violence seem to get through to or resonate with people? (Can you give an example?)
13. Are there community characteristics or norms in Dillingham that you think could either support or hinder efforts to prevent interpersonal violence?
14. Research suggests that protective factors for interpersonal violence include:
 - social and emotional learning skills
 - positive, supportive, and caring relationships
 - cultural connection
 - societal norms that support gender equity.How can SAFE help promote these factors?

SAFE Prevention Plan (Questions for coalition members)

15. SAFE identified four goals (in 2020) to build the community's capacity to prevent interpersonal violence. They are (paraphrased slightly):
 - Increase access to resources that foster safe and healthy families
 - Increase sense of wellness and cultural connection in the community
 - Foster community conversation about violence and shared risk and protective factors
 - Develop structures to sustain the prevention coalition and its collaborative efforts
 - a. Have you seen evidence of this work in the community?
 - b. How are these efforts going?
 - c. Do you have any suggestions for advancing these efforts?
16. In what ways does Dillingham's leadership support efforts in the community to prevent interpersonal violence? What more could leadership be doing? (Ask for specific examples.)

Service Gaps

17. What resources for interpersonal violence prevention do you wish your community had or had more of? What's missing?

Final Questions

18. If you could wave a magic wand and make one change that could prevent sexual violence and domestic violence in your community, what would it be?
19. Do have any other thoughts or ideas? Is there anything else I should have asked?

Appendix B: Interviewees

We thank the individuals listed below for giving us their time and trust. Interviewees are listed alphabetically by first name. All are members of the Dillingham community, and many have additional roles and affiliations not listed.

- Bristelle Larsen, business owner
- June Ingram, community member
- Katrina Mowrer, Dillingham School District
- Kristina Andrew, Bristol Bay Native Association
- Laticia Swift, Dillingham Emergency Medical Services
- Malcolm Wright, Dillingham Emergency Medical Services
- Mary Jane Kasayulie, Bristol Bay Native Association Prevention Coalition
- Pastor Simon Flynn, Dillingham Moravian Church
- Ralph Andrew, health care executive
- Sgt. Scott Sands, Alaska State Troopers

Appendix C: Survey Questions

Survey questions follow. Survey response options are indicated in brackets following the question.

1. How long have you lived in Dillingham? *[Open response]*
2. How long have you lived in Alaska? *[Open response]*
3. Gender? *[Female, Male, Prefer not to say]*
4. Race? *[Open response]*
5. Age? *[Open response]*
6. What are some of the problems in our community that need to be addressed immediately? *[Open response]*
7. How safe or unsafe do you feel in Dillingham? *[Unsafe, Safe, Unsure, Prefer not to say]*
8. How much of a concern is violence in Dillingham to you? *[Not concerning, Mild Concern, Huge concern]*
9. What do you see within the community regarding domestic violence, dating violence, sexual assault or other violence? *[Open response]*
10. Can you think of anything that may make a person in Dillingham more likely to commit acts of violence? If so, what are those things? *[Open response]*
11. Can you think of anything that may make a person in Dillingham less likely to commit acts of violence? If so, what are those things? *[Open response]*
12. What things are present in the community that can help prevent violence from happening? *[Open response]*
13. Do you see yourself or others working to prevent violence? *[Unlikely, Likely, Extremely likely]*
14. In the last five years, have you ever been in a situation where you felt you should intervene against an act of bullying, domestic violence or assault, but you didn't know how or were you hesitant to intervene? *[Yes, No, Maybe]*

15. Would you agree or disagree that people in Dillingham know how they can make a difference in preventing interpersonal violence? *[strongly agree, Agree, Neutral, Disagree, Strongly disagree]*
16. What are some of the barriers victims of violence experience in seeking help? *[Open response]*
17. Are there ever situations in Dillingham where people tolerate violence? What are those situations? *[Open response]*
18. In your opinion, what are the most important things you think can be done in Dillingham to help prevent violence from ever happening to someone in the first place? *[Open response]*
19. Can you think of any programs or efforts that currently exist in Dillingham to prevent violence from happening? What are those programs? *[Open response]*
20. What are some positive attributes about Dillingham that could help efforts to prevent violence? *[Open response]*
21. Do you think that violence in Dillingham can be ended in your lifetime? *[Yes, No, Maybe]*
22. What question would you have liked to have been asked? And your answer to it. *[Open response]*
23. What other insights do you have regarding violence in Dillingham and how we should prevent it? *[Open response]*
24. Would you like to provide us a contact email? You can provide it here. It will be tied to your responses temporarily until we separate them. Or you can sign up for incentives and more info by going to our website and entering your contact in our newsletter form. *[Open response]*

Appendix D: Survey Respondents

Survey respondents were asked to share their length of residency in Dillingham and Alaska, as well as their age, gender, and race.

RESIDENCY

In separate questions, survey respondents were asked to provide how long they had lived in Dillingham and in Alaska. Most survey respondents were long-time residents of Dillingham or Alaska.

Length of Residency of Survey Respondents

Duration	Dillingham		Alaska	
	Count	Percent	Count	Percent
0-5 years	12	14%	6	7%
6-10 years	13	15%	4	5%
11-15 years	7	8%	5	6%
16-20 years	8	9%	6	7%
>20 years	45	52%	64	74%
Don't know/No response	1	1%	1	1%
Total	86	100%	86	100%

Source: Dillingham Community Perceptions Survey, 2023.

AGE

By age group, the greatest percentage of respondents were aged 25-44 years. The following table shows the distribution of respondents by age group.

Age of Survey Respondents

	Count	Percent
Under 18	2	2%
18-24	9	10%
25-44	38	44%
45-64	24	28%
65+	11	13%
Unknown	2	2%
Total	86	100%

Source: Dillingham Community Perceptions Survey, 2023.

GENDER

Most survey respondents were female. The following table shows the distribution of survey respondents by gender.

	Count	Percent
Female	64	74%
Male	20	23%
Prefer not to say	2	2%
Total	86	100%

Source: Dillingham Community Perceptions Survey, 2023.

RACE

Survey respondents were asked to provide their race in an open-response field. Respondents provided a mix of responses, to include their race, ethnicity, and tribal affiliation. Responses were coded to align with Alaska Department of Labor and Workforce Development race categories. By one race alone, 53% of respondents were Alaska Native or American Indian, 29% were White, 12% reported being of two or more races, and 2% were Asian. Alone or in any combination, 64% of respondents were Alaska Native or American Indian, 37% were White, 5% were Asian, and 1% were Native Hawaiian or Other Pacific Islander.

	Count	Percent of Total
One Race Alone		
Alaska Native or American Indian	46	53%
Asian	2	2%
Two or More Races	10	12%
White	25	29%
Unknown	3	3%
Total	86	100%
Alone or in Any Combination		
Alaska Native or American Indian	55	64%
Asian	4	5%
Native Hawaiian or Other Pacific Islander	1	1%
White	32	37%
Unknown	3	3%
Total Responses	95	-

Source: Dillingham Community Perceptions Survey, 2023.

Note: The count does not total to the total number of survey respondents as multi-race individuals have multiple responses; likewise, percents do not total to 100%.

Appendix E: Secondary Data Sources

Alaska Behavioral Risk Factor Surveillance Survey

Data about childhood exposure to intimate partner violence, lifetime sexual assault, and lifetime physical intimate partner violence was sourced from the Alaska Behavioral Risk Factor Surveillance System (BRFSS). Data are provided for the Southwest Alaska public health region, which includes Dillingham Census Area, along with Aleutians East Borough, Aleutians West Census Area, Bethel Census Area, Bristol Bay Borough, Kusilvak Census Area, and Lake and Peninsula Borough. Data were retrieved from the Alaska BRFSS data center in June 2023. The following data source details are adapted from Alaska BRFSS documentation published by the Alaska Department of Health.

The Alaska BRFSS is part of a data collection system established and coordinated by the Centers for Disease Control and Prevention (CDC) in 1984 and first implemented in Alaska in 1991. BRFSS collects important information about the health of adults, including health-related behaviors, chronic health conditions, and the use of preventive services in all 50 states and some territories. BRFSS is a telephone-based survey that is conducted annually.

The Alaska BRFSS questionnaire is based on a core set of questions that are chosen by the CDC and asked in all states. While many core questions are asked annually, others are asked in alternating years. In addition to core questions, Alaska BRFSS includes selected optional question modules developed by the CDC and a few state-added questions designed to address unique concerns among adults in Alaska.

The Alaska BRFSS sample includes Alaska residents 18 years of age or older who do not live in institutional settings. The survey is conducted using Random Digit Dialing (RDD) techniques for both landlines and cell phones. Alaska BRFSS uses a stratified random sampling design based on combinations of geographically grouped census areas and boroughs. This design purposefully over-samples rural areas of Alaska to collect an adequate sample size from rural areas and allow the analysis of BRFSS data by region.

Alaska BRFSS data are weighted to account for differences between the survey respondents and the general population of Alaska adults they represent. Alaska BRFSS data are weighted using CDC-raked weighting methods and population estimates from the Alaska Department of Labor. Age, sex, categories of race and ethnicity, marital status, education level, home ownership, type of phone

ownership, and Alaska geographic regions are currently used to weight BRFSS data.

Alaska Pregnancy Risk Assessment Monitoring System

Data for mothers of newborns is sourced from the Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) project. Data for indicators of experience of interpersonal violence among mothers of newborns residing in the Southwest public health region of Alaska, as well as data for all mothers of newborns in Alaska, were provided to McKinley Research on request. Data are provided for the Southwest Alaska public health region, which includes Dillingham Census Area, along with Aleutians East Borough, Aleutians West Census Area, Bethel Census Area, Bristol Bay Borough, Kusilvak Census Area, and Lake and Peninsula Borough.

Data were requested for multiple years, with the most recently available survey data from the 2021 calendar year. The following information about the survey is adapted from Alaska PRAMS documentation published by the Alaska Department of Health.

PRAMS was established by the Centers for Disease Control and Prevention and was first implemented in Alaska in 1990. The Alaska PRAMS project is an ongoing survey of mothers of newborns administered by the State of Alaska Division of Public Health, Section of Maternal, Child and Family Health. The Alaska PRAMS project surveys mothers of newborns on their attitudes and experiences before, during, and after pregnancy. In Alaska, approximately one of every six mothers of newborns is selected for PRAMS. Mothers are randomly selected from birth records at the Health Analytics and Vital Records. Women from some groups are sampled at a higher rate to ensure adequate data are available in smaller but higher-risk populations. Selected women are first contacted by mail approximately 2 to 6 months after delivery of their baby. If there is no response to repeated mailings, women are contacted and interviewed by telephone.

Alaska Department of Public Safety

Data for reported crimes to the Dillingham Police Department were obtained from the 2012 to 2021 *Crime in Alaska* reports published by the Alaska Department of Public Safety. The data in these publications are reported by local jurisdictions through the Uniform Crime Reporting (UCR) program. The following data source details are adapted from the report.

The Uniform Crime Reporting (UCR) Program is a nationwide cooperative effort by federal, state, city, county, and tribal law enforcement agencies to report data on crimes reported in their jurisdiction. Since 1982, the Department of Public Safety (DPS) has administered the UCR Program for the State of Alaska. The Criminal Records and Identification Bureau, located within the Division of Statewide Services, is responsible for collecting, tabulating, reporting, and publishing the UCR data provided by state and local

law enforcement agencies. The UCR Program collects and reports all Part I offenses (including violent crimes and property crimes) that become known to law enforcement, whether or not they involve arrests.

Data for felony-level sex offenses were obtained from the *Felony Level Sex Offenses 2021* report published by the Alaska Department of Public Safety. The following information about the data is adapted from the report.

The Alaska Department of Public Safety (DPS) collects information on felony-level sex offenses reported to state and local law enforcement agencies, as defined by Alaska Statute (AS) 12.63.100, and as required by AS 12.62.130. The Felony Sex Offense database is a repository maintained by DPS for state and local law enforcement agencies to record reports of felony-level sex offenses within their jurisdiction based on State of Alaska statutes. Data elements collected include victim and suspect demographics, victim/suspect relationships, offense location, weapon type used, and the associated statute violation.

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