Safe and Fear-Free Environment, Inc.

Needs Assessment for Capacity to Prevent Interpersonal Violence in Dillingham

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Acknowledgements

Executive Summary

In August 2018 Safe and Fear-Free Environment, Inc. (SAFE), located in Dillingham, Alaska contracted with the Goldstream Group, a consulting firm located in Fairbanks, Alaska that is dedicated to helping non-profit community organizations including school districts, tribes, universities, and health and social service providers improve the lives of Alaskans, to assist in the completion of a needs assessment to support SAFE's efforts to build Dillingham's capacity for the primary prevention of interpersonal violence.

In order to answer the overarching question guiding the assessment, ***"What are the capacity building needs for the primary prevention of interpersonal violence in Dillingham?"*** three tools were implemented:

1) A community readiness assessment was conducted which consisted of key informant interviews with ten individuals representing a variety of community sectors who were considered to be knowledgeable about the community of Dillingham and interpersonal violence. Interviews were conducted and scored using the Community Readiness Model developed by the Tri-Ethnic Center for Prevention Research at Colorado State University.[1] All key informants were also asked an additional set of questions as part of these interviews specific to capacity building needs for the prevention of interpersonal violence in Dillingham. Once scored, the complete interview transcripts were analyzed for themes to further inform the assessment.

2) A community perceptions survey was developed and administered to Dillingham residents using both online and in-person outreach methods in order to better understand knowledge and perceptions of Dillingham residents related to interpersonal violence and the prevention of interpersonal violence. A total of 287 surveys were completed by Dillingham residents in November and December 2018.

3) A variety of secondary data sources were analyzed to provide additional information related to the prevalence and other characteristics of interpersonal violence in Dillingham. Data sources included United States Census 2013-2017 American Community Survey (ACS) 5-Year Estimates; Alaska Victimization Survey; SAFE Annual Reports; Alaska Department of Public Safety; Alaska Court System; Alaska Pregnancy Risk-Assessment Monitoring System (PRAMS); Alaska Youth Risk Behavior Survey (YRBS); and Alaska Behavioral Health Risk Factor Surveillance System (BRFSS).

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[1] Community Readiness for Community Change: Tri-Ethnic Center Community Readiness Handbook. Tri-Ethnic Center for Prevention Research, Colorado State University. Retrieved from http://www.triethniccenter.colostate.edu/community-readiness-2/.

Nearly half of respondents to the community perceptions survey felt that interpersonal violence is either a great concern or an extreme concern in Dillingham, more than half indicated they have ever been a victim of interpersonal violence, and more than three-quarters indicated they know someone else in Dillingham who had ever been a victim of interpersonal violence – this is corroborated by the secondary data available.

While the community appears to have a good deal of knowledge about the incidence of interpersonal violence in Dillingham, key informants indicated that community members have less knowledge about specific aspects of violence including the various forms violence may take, signs that someone may be experiencing violence, causes of violence, and the broader impacts of violence. The majority of people in Dillingham feel that certain groups of people are at higher risk of experiencing interpersonal violence, and that interpersonal violence is less common among people like themselves. Knowledge about prevention was highly varied among key informants interviewed. In addition, while the majority of respondents to the community perceptions survey felt that community members understand that violence can be prevented, nearly three-quarters felt that people don't know how they can make a difference in preventing violence. Furthermore, survey respondents primarily reported knowing only a little to a moderate amount about what they can do to help end interpersonal violence in the community.

Key informants interviewed as well as respondents to the community perceptions survey indicated a strong connection between alcohol and drug use in the community and interpersonal violence. While it is difficult to conclude that rates of alcohol and drug use are significantly higher in Dillingham, data reveal that of those adults who do drink alcohol, a higher percentage report binge drinking in the Dillingham Census Area than do in Alaska. Many key informants also discussed the cycle of violence in addition to the need to begin education and prevention at a young age in order to help break this cycle. Data from the State of Alaska show that not only do a higher percentage of adults in the Dillingham Census Area report experiencing one or more Adverse Childhood Experiences (ACEs) before the age of 18 than for Alaska, but that adults in the Dillingham Census Area have higher rates of having been physically hurt by their parents or other adults in the home before age 18, being a victim of sexual abuse before age 18, and having had parents or other adults in the home hit each other before age 18.

Key informants that were interviewed as well as respondents to the community perceptions survey highlighted that there is a stigma in the community related to talking about interpersonal violence. In both cases, community members indicated there is a need for community forums or talking circles to discuss the issue of interpersonal violence, which would bring the issue into the open, as well as work towards reducing this stigma. Key informants and survey respondents also highlighted several situations in the community where violence may be tolerated, including to protect certain individuals, if alcohol or drugs are involved, if people don't want to get involved, when violence is normalized, or if there are financial concerns.

While data indicate that overall community members and the community's leadership are supportive of prevention efforts, in both cases this support remains primarily passive rather than active. Reasons include competing priorities, the need for key leaders in the community to spearhead efforts, the need for something people can easily latch onto, and a general lack of motivation to take action beyond helping one's own friends and family members.

None of the themes which emerged in the assessment are independent of each other – rather, these themes are intertwined, and each has the potential to influence the others. With an overall community readiness score of 4.09, recommended actions or strategies based on the Community Readiness Model developed by the Tri-Ethnic Center for Prevention Research would include such activities as conducting focus groups, increasing media exposure and presentations, holding public forums, encouraging community leaders to speak out, and sponsoring community events to kick-off new efforts or revitalize existing efforts. These recommendations all fall in line with findings from this assessment and could work to build community capacity by addressing many of the community factors identified through this assessment. This includes increasing community knowledge and understanding about interpersonal violence and the various aspects of violence, building a broader understanding in the community of primary prevention and ways to be involved in prevention, decreasing stigma and tolerance towards violence, and changing the level of support of community members and leaders from a more passive to a more active form.

To further support capacity building efforts, it is recommended that SAFE conduct a Prevention Resources Assessment prior to further planning and implementation of strategies. This resources assessment should be designed to look at resources that currently exist in the community to support the building of community capacity to prevent interpersonal violence, and could include such components as key individuals in the community who could contribute to spearheading efforts (i.e. key program staff, volunteers, community leaders who have a vested interest the effort, etc.); specialized knowledge or skills held by people or organizations in the community that could support capacity building efforts (i.e. public meeting facilitation, training in specific prevention strategies, writing or graphic design skills to support the development of educational materials, etc.); community connections (i.e. access to key populations in the community such as youth, young parents, elders, etc.); any existing efforts in the community that could support prevention efforts (i.e. community events, community plans, existing prevention programs, etc.); and other regional, state or national resources that could provide programmatic support to capacity building and/or prevention efforts.

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Introduction

In Fall 2018 Safe and Fear-Free Environment, Inc. (SAFE) completed a needs assessment that identified three main capacity building needs for the primary prevention of interpersonal violence in Dillingham. By building a broader understanding of interpersonal violence in the community including knowledge about the signs that someone may be experiencing violence, causes of violence, and risk and protective factors related to violence; decreasing stigma and tolerance related to interpersonal violence and normalizing conversation about the topic in the community; and increasing community awareness and understanding about what constitutes primary prevention and ways that community members can make a difference in ending violence in the community, SAFE can work to build a more active level of support for addressing interpersonal violence in the community, reduce misperceptions about interpersonal violence in the community, and increase the community's level of engagement in prevention. SAFE contracted with the Goldstream Group, a consulting firm located in Fairbanks, Alaska that is dedicated to helping non-profit community organizations including school districts, tribes, universities, and health and social service providers improve the lives of Alaskans to assist in the completion of the needs assessment.

Three tools were implemented to answer the overarching question guiding the assessment, ***"What are the capacity building needs for the primary prevention of interpersonal violence in Dillingham?"*** These three tools are: 1) a community readiness assessment consisting of key informant interviews with individuals representing a variety of community sectors in Dillingham; 2) a community perceptions survey designed to better understand knowledge and perceptions of Dillingham residents related to interpersonal violence and the prevention of interpersonal violence; and 3) analysis of a variety of secondary data sources related to interpersonal violence in Dillingham. By synthesizing the information gathered from these three sources of data, community factors that help define the capacity building needs for the primary prevention of interpersonal violence in Dillingham were identified. These community factors, when coupled with a Community Resources Assessment to be conducted by SAFE that will identify existing prevention resources and resource gaps in the community, should then inform and guide the selection of strategies to build Dillingham's capacity to prevent interpersonal violence.

The remainder of this report is divided into the following sections:

- ***Methodology:*** This section describes the methods used in the design and administration of the needs assessment and data collection instruments. It also includes methods used in the analysis of data collected.

- ***Community Description:*** This section provides a brief description of the community of Dillingham including a demographic profile and trends. This information provides a backdrop for the remainder of the report.

- ***Key Findings:*** This section describes significant findings from the data collected and analyzed. It is divided into several subsections including: Incidence and Level of Community Concern; Community Knowledge about Interpersonal Violence; Knowledge about Prevention; Stigma; Tolerance; Alcohol and Drug Use and Interpersonal Violence; Risk and Protective Factors; Community Readiness for the Prevention of Interpersonal Violence; and Capacity Building Needs.

- ***Implications and Recommendations for Capacity Building:*** This section discusses the implications of the key findings presented. Recommendations are included to be taken into consideration when planning capacity building strategies for the prevention of interpersonal violence in Dillingham.

- ***Appendices:*** The appendices contain complete reports of all data collected, as well as copies of data collection instruments that were used. The following items can be found in the appendices: Report of Community Readiness Assessment; Report of Community Perceptions Survey; Report of Secondary Data Sources; Community Readiness Interview Guide; and Community Perceptions Survey.

Methodology

To guide the assessment process, an overarching question was first identified to guide the remainder of the process including the development and administration of assessment tools. This guiding question is, **"*What are the capacity building needs for the primary prevention of interpersonal violence in Dillingham?*"** Three tools were used and designed to help answer this question:

1. ***Community Readiness Assessment:*** Using the Community Readiness Model developed by the Tri-Ethnic Center for Prevention Research at Colorado State University,[2] key informants knowledgeable about the community of Dillingham and the issue of interpersonal violence were identified by SAFE and interviewed by the Goldstream Group. Key informants were all asked questions developed using this model, as well as an additional set of questions specific to capacity building needs for prevention.

2. ***Community Perceptions Survey:*** To better understand the perceptions of Dillingham community members related to interpersonal violence and the prevention of interpersonal violence, a community survey was developed and administered to Dillingham residents using both online and in-person outreach methods.

3. ***Secondary Data Collection:*** Existing sources of data related to interpersonal violence were reviewed and analyzed to better understand the incidence of interpersonal violence and related factors in Dillingham. To the greatest extent possible, data specific to the community of Dillingham was used. Where data specific to Dillingham was not available, the smallest and most relevant regional classification available was used (i.e. Dillingham Census Area, Southwest Behavioral Health Systems Assessment Reporting Region, etc.).

Community Readiness Assessment

To conduct the Community Readiness Assessment, the Community Readiness Model developed by the Tri-Ethnic Center for Prevention Research at Colorado State University[2] was used. This model uses interviews with key informants representing a variety of community sectors (i.e. city leadership, tribal leadership, education, health and social service providers, etc.) and an established scoring rubric to measure attitudes, knowledge, efforts and activities, and resources of community members and the community's leadership in order to assess the community's readiness to engage in prevention. The model includes nine stages of community readiness, with each stage corresponding to

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[2] Community Readiness for Community Change: Tri-Ethnic Center Community Readiness Handbook. Tri-Ethnic Center for Prevention Research, Colorado State University. Retrieved from http://www.triethniccenter.colostate.edu/community-readiness-2/.

recommended prevention and capacity-building activities intended to build on the community's current stage of readiness in ways that are relevant to the community. The model is based on the premise that if a prevention strategy or activity does not match the community's current level of readiness, prevention efforts are more likely to be met with low levels of enthusiasm in the community, resistance by community members and/or leadership, lack of action by community leaders, and/or a lack of resources and overall ineffectiveness. The model's nine stages of community readiness and corresponding example actions are summarized in Figure 1.

Figure 1: Stages of Community Readiness and Example Actions to Raise Community Readiness[2]

Level of Readiness		Example Actions (*Example actions for each stage also assume continuation of actions from previous stages*)
1	No Awareness	One-to-one outreach with community members and leaders, outreach to small groups, outreach to individuals in social networks, collection of local stories
2	Denial and/or Resistance	Provide information in newsletters and bulletins, publish media articles, strategic communication with community influencers and leaders
3	Vague Awareness	Present information at local events and community groups, post flyers and posters, initiate engaging and fun informational events, publish newspaper articles with local data and information
4	Preplanning	Conduct focus groups, review existing prevention efforts in the community, increase media exposure and presentations
5	Preparation	Hold public forums, encourage community leaders to speak out, sponsor community events to kick-off new efforts or revitalize existing efforts
6	Initiation	Conduct training for professionals, publicity efforts for new activities, provide updates at meetings, identify service gaps, begin seeking additional resources and funding, begin evaluation efforts
7	Stabilization	Hold community events to maintain support, provide training for community members, hold regular meetings to review progress and modify strategies, hold recognition events for supporters and volunteers, publish media articles detailing progress, evaluation efforts and future plans, networking among community providers and systems
8	Confirmation and Expansion	Formalize networking with MOAs or MOUs, initiate relevant policy changes, conduct media outreach on data trends, utilize evaluation data to modify efforts, publish a local program services directory, develop list of local speakers
9	High Level of Community Ownership	Solicit financial support from local businesses and organizations, diversify funding sources, provide advanced training to professionals, re-assess the issue as progress is made, utilize evaluation and feedback for program modification, track outcomes data, continue to provide progress reports to community leaders and local sponsors

The Goldstream Group conducted interviews during Fall 2018 with ten key informants representing a variety of community sectors (i.e. city leadership, tribal leadership,

education, health and social service providers, etc.) who were identified by SAFE prevention staff and considered to be knowledgeable about the community. Once permission was obtained for an interview, each key informant was contacted by the Goldstream Group to schedule an interview. All interviews were conducted by telephone, and interviews were recorded and transcribed with verbal permission provided by key informants.

Key informants were asked a series of questions related to the five dimensions of community readiness provided in the model. These are: 1) community knowledge of the issue, 2) community knowledge of prevention efforts, 3) leadership, 4) community climate, and 5) resources. These dimensions are summarized in Figure 2. In addition, several questions were added to the end of the interview protocol pertaining to Dillingham's capacity building needs for the prevention of interpersonal violence, as well as to correlate with data points from SAFE's 2015 Community Action Network Directed Upstream (CANDU) community survey.

Figure 2: Dimensions of Community Readiness[2]

Dimension	Description
Community Knowledge of the Issue	How much does the community know about the issue?
Community Knowledge of Efforts	How much does the community know about current prevention programs and activities?
Leadership	What is leadership's attitude toward addressing the issue?
Community Climate	What is the community's attitude towards addressing the issue?
Resources	What are the resources that are being used or could be used to address the issue?

Interviews were scored by the Goldstream Group according to the model's rubric. For each interview, each of the five dimensions of readiness was assigned a score on a scale of 0-9. Scores for each dimension of readiness were then averaged for the 10 interviews, and these scores were then averaged to arrive at an overall community readiness score to correspond with the stages of readiness shown in Figure 1. Interview transcripts were then further analyzed for themes to provide additional context and understanding of community factors that may impact prevention planning.

Community Perceptions Survey

Survey Development and Administration

The community perceptions survey was written by the Goldstream Group with input provided by SAFE prevention staff and Dillingham Prevention Coalition members. The survey was designed to better understand 1) community feelings of safety and levels of

concern about interpersonal violence in Dillingham; 2) community knowledge about interpersonal violence and the prevention of interpersonal violence; and 3) community perceptions of risk and protective factors for both victimization and perpetration. Where relevant and meaningful, questions from previous community surveys including a community survey conducted by SAFE in Spring 2018 and SAFE's 2015 CANDU community survey were modified and integrated into the current survey to provide the best opportunity for comparison of data over time. A combination of closed-ended (i.e. multiple choice, Likert scales) and open-ended questions was used. For the purposes of this survey, the following definition of interpersonal violence was used: "Interpersonal violence includes domestic violence, dating violence, intimate partner violence, or other relationship violence." Survey takers were presented with this definition of interpersonal violence at regular intervals throughout the survey.

The survey was administered online and in person to a convenience sample of Dillingham adults over the age of 18 by SAFE staff in November and December 2018. SurveyMonkey (https://www.surveymonkey.com/) and QuickTap (https://www.quicktapsurvey.com/) survey applications were used to administer the survey in the following ways:

1. *Email:* Emails containing a link to the online survey were sent to a variety of agencies in Dillingham inviting employees to complete the survey including: Dillingham Police Department; Bristol Bay Area Health Corporation Drug & Alcohol Program, Counseling Center, and Office Manager; Dillingham Office of Children Services; Dillingham Fire Department; Dillingham Court House; Dillingham City School District; Bristol Bay Native Corporation; Curyung Tribal Council; University of Alaska Fairbanks Bristol Bay Campus; KDLG Radio Station; Togiak National Wildlife Refuge; Dillingham State Troopers Office; City of Dillingham; Bristol Bay Economic Development Center; and Bristol Bay Housing Authority.

2. *Community iPad Stations:* Community members were invited to complete the survey on iPads at a variety of local stores, businesses, and events including: AC grocery store (November 12 and 13); N&N grocery store (November 14 and December 11); SAFE's 36th Annual Membership Meeting (November 13); Kanakanak Hospital (December 5 and 6); Christmas Bazaar at Dillingham School District (December 1 and 8).

3. *Postcards:* Postcards containing a link and QR code to the online survey were mailed to 1,426 Dillingham post office boxes. An additional 1,225 postcards were placed at the AC and N&N stores in Dillingham and handed out to individuals during community iPad stations.

Analysis

A total of 287 individuals (18.4% of Dillingham's population age 18 and over) responded to the survey between November 2 and December 14, 2018. Of these surveys, 245 (85.4%) were completed through to the last question.

Nearly three-quarters of respondents to the survey were female (74.8%), while just over one-quarter (25.2%) were male. Almost half of respondents (49.8%) were between the ages of 25-44, and more than one-third (37.1%) were between the ages of 45-64. Just 6.5% of respondents were between the ages of 18-24, with an additional 6.5% age 65 or older. More than two-thirds of survey respondents (69.5%) indicated they were American Indian or Alaska Native, and 42.4% of respondents indicated they were White. Fewer than 2% of respondents indicated they were Native Hawaiian or Other Pacific Islander, Asian, or Black or African American.

Survey responses from the SurveyMonkey and QuickTap survey applications were downloaded and combined into a single Excel file for analysis. Responses to closed-ended questions (i.e. multiple choice, Likert scales) were tabulated and converted to percentages. Responses to open-ended questions were analyzed for common themes using a priori and emergent coding.

Secondary Data Collection

A variety of secondary data was reviewed and analyzed to better understand the incidence of interpersonal violence in Dillingham and other relevant community characteristics. To the greatest extent possible, data specific to the community of Dillingham was used. Where data specific to Dillingham was not available, the smallest and most relevant regional classification available was used (i.e. Dillingham Census Area, Southwest Behavioral Health Systems Assessment Reporting Region, etc.). City and/or regional data were compared to state-level data where relevant and meaningful. The following data sources were used: United States Census 2013-2017 American Community Survey (ACS) 5-Year Estimates; Alaska Victimization Survey; SAFE Annual Reports; Alaska Department of Public Safety; Alaska Court System; Alaska Pregnancy Risk-Assessment Monitoring System (PRAMS); Alaska Youth Risk Behavior Survey (YRBS); and Alaska Behavioral Health Risk Factor Surveillance System (BRFSS). Relevant data from SAFE's 2015 CANDU Community Survey and 2018 Community Survey were also included for additional context.

Community Description

Dillingham, Alaska[3] is a 1st Class City located at the northern end of Nushagak Bay in northern Bristol Bay, at the confluence of the Wood and Nushagak Rivers. Dillingham lies 327 miles southwest from Anchorage – access is by air or sea only. With a population of 2,209, Dillingham lies within the Dillingham Census Area, and is part of the region served by the Bristol Bay Native Corporation as defined by the Alaska Native Claims Settlement Act (ANCSA).[4]

The population of Dillingham has steadily increased over time according to U.S. Census figures, with a slight decline from 2,466 in 2000 to 2,329 in 2010.[4] American Community Survey (ACS) 5-Year Estimates for 2013-2017 place the population of Dillingham at 2,209,[5] while the Alaska Department of Commerce, Community and Economic Development 2017 Certified Population Figures place the current population at 2,335.[4] According to 2013-2017 ACS 5-Year Estimates, just over two-thirds of Dillingham's population (67.9%) is American Indian or Alaska Native (either alone or in combination with another race), and 38.3% is White (either alone or in combination with another race). The median age is 31.6, and 29.6% of the population is under 18.[5]

The City of Dillingham is the hub of the Dillingham Census Area for economic, transportation, government, and public services. The economy is primarily based in commercial fishing, fish processing, cold storage, and support of the fishing industry.[6] The January 2019 Preliminary Unemployment Rate (not seasonally adjusted) for the Dillingham Census Area was 9.4%, higher than the rate of 7.4% for Alaska.[7] ACS 5-Year Estimates for 2013-2017 place the median household income of Dillingham at $75,764. Just under one in ten individuals (9.7%) had income in the past 12 months below poverty level, 11.2% of families with children under 18 had income in the past 12 months below poverty

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[3] Map retrieved on March 29, 2019 from http://www.epodunk.com/cgi-bin/genInfo.php?locIndex=27937
[4] State of Alaska Department of Commerce, Community, and Economic Development. Retrieved on March 21, 2019 from https://dcra-cdo-dcced.opendata.arcgis.com/
[5] United State Census Bureau American Fact Finder. Retrieved on January 31, 2019 from https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
[6] Southwest Alaska Municipal Conference. Retrieved on March 21, 2019 from https://swamc.org/regional-profile/dillingham-census-area/
[7] State of Alaska Department of Labor and Workforce Development. Retrieved on March 21, 2019 from http://live.laborstats.alaska.gov/labforce/

level, and nearly one-quarter of families with a female householder and no husband present who had children under 18 (23.9%) had income in the past 12 months below poverty level.[5]

The Dillingham City School District operates an elementary school, middle/high school, and correspondence school; and the University of Alaska Fairbanks Bristol Bay Campus is located in Dillingham. Bristol Bay Area Health Corporation operates a community behavioral health center, Kanakanak Hospital, and a Federally Qualified Health Center (FQHC).

Figure 3: City of Dillingham 2013-2017 American Community Survey 5-Year Estimates[5]

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Total Population[8]	2,209
Female Population	51.1%
Male Population	48.9%
Median Age	31.6
% of Population Under 18	29.6%
% of Population Age 18-24	10.0%
% of Population 65 and Over	10.0%
Race Distribution (alone or in combination with one or more other races)	67.9% American Indian and Alaska Native 38.3% White 3.3% Asian 1.4% Black or African American 0.2% Native Hawaiian and Other Pacific Islander 1.4% Other
% of Population Hispanic or Latino	6.7%
Median Household Income	$75,764
% of all people whose income in past 12 months was below poverty level	9.7%
% of families with children under 18 with income in the past 12 months below poverty level	11.2%
% of families with female householder and no husband present with children under 18 and income in the past 12 months below poverty level	23.9%

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[8] The 2017 Alaska Department of Commerce, Community, and Economic Development (DCCED) certified population was slightly larger at 2,335 (Retrieved on January 31, 2019 from https://dcra-cdo-dcced.opendata.arcgis.com/)

Key Findings

Incidence and Level of Community Concern

Nearly half of respondents to the community perceptions survey (46.8%) indicated that interpersonal violence is either a great concern or an extreme concern in the community. An additional 34.3% indicated that interpersonal violence is a moderate concern. Fewer than one in five respondents (19.0%) indicated that interpersonal violence is either not a concern or a little bit of a concern.

Figure 4: "In your opinion, how much of a concern is interpersonal violence in Dillingham?" (n=280)
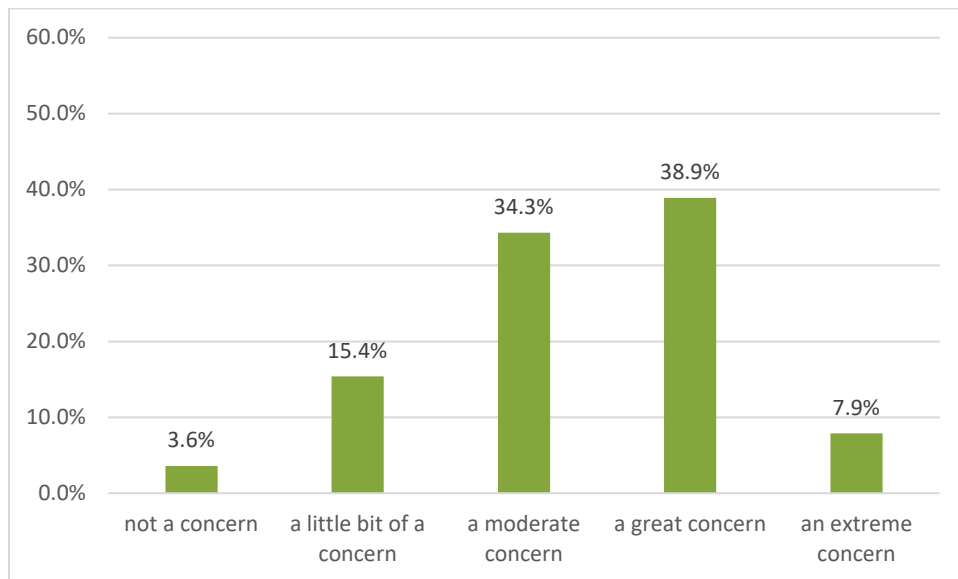
More than half of respondents to the community perceptions survey (54.2%) indicated that they have ever been a victim of interpersonal violence, and over three-quarters (78.0%) indicated they knew someone else in Dillingham who has ever experienced interpersonal violence. Furthermore, when asked whether they had ever personally intervened against an act of bullying, domestic violence, or assault in an attempt to de-escalate it in the past five years, nearly two-thirds of survey respondents (62.2%) indicated that yes, they had.

Figure 5: Experience with Interpersonal Violence

Legend:
- Have you ever been a victim of interpersonal violence? (n=240)
- Do you know someone else in Dillingham who has ever experienced interpersonal violence? (n=245)
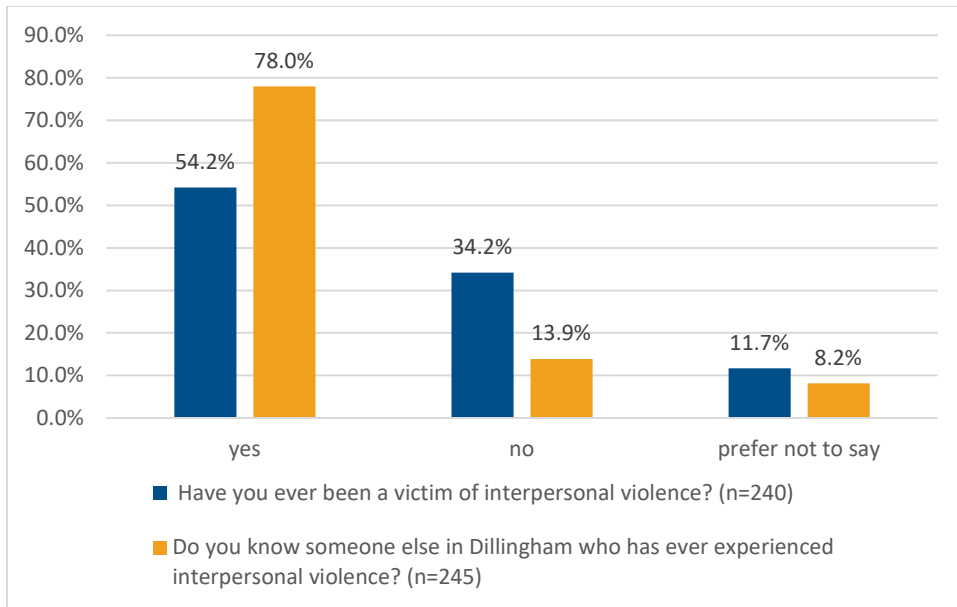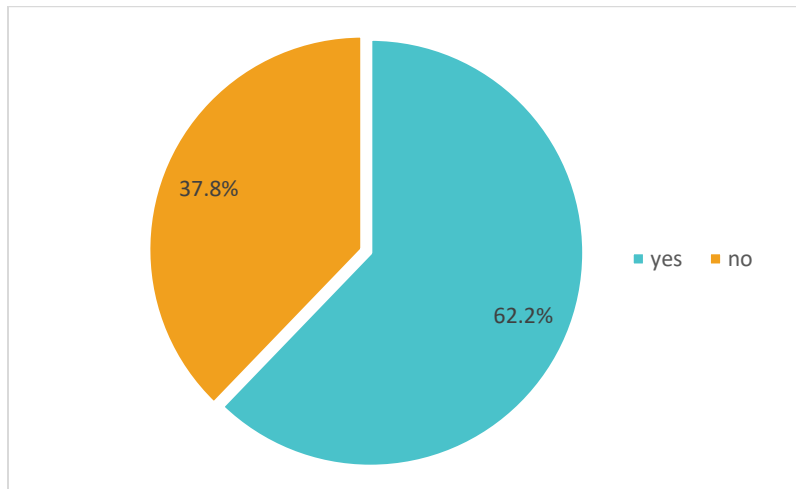
Figure 6: "In the last five years, have you personally intervened against any act of bullying, domestic violence or assault in an attempt to stop or de-escalate it?" (n=241)

yes 62.2%   no 37.8%

A review of secondary data sources corroborated these findings:

→ According to the 2011 Alaska Victimization Survey, over half of adult women in the Bristol Bay Region have experienced intimate partner violence, sexual violence, or both in their lifetime; and 14.4% of adult women in the Bristol Bay Region have in the last year. These rates are higher than those reported for the State of Alaska in the 2015 Alaska Victimization Survey.[9]

→ In FY 2018 SAFE provided over 14,000 service encounters to 389 adult and 146 minor clients (total of 535 unduplicated clients). These services included legal and system advocacy, shelter nights, support groups, transportation, crisis calls, and accompaniment services. Of these services, a total of nearly 4,000 shelter nights were provided to 139 clients (average of 29 shelter nights per client), and 825 crisis calls were answered for 201 clients (average of more than two crisis calls per day).

→ In 2017 there were a total of 168 offenses reported to the Dillingham Police Department. Of these offenses, more than half (87, or 51.8%) were for reported assault, and 7.1% (12) were for rape or attempted rape.[10]

→ According to the Alaska Department of Public Safety in 2017 Western Alaska had the highest rate of felony level sex offenses per 100,000 of all regions of Alaska, more than double the statewide rate (410.1 per 100,000 population for Western Alaska compared to 199.4 per 100,000 population for all of Alaska).[11]

→ In FY 2018, 89 Civil Protective Orders were filed in the Dillingham District Court[12] (an average of 1.71 filings per week). This represented 11.7% of all filings in the Dillingham District Court.[13]

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[9] Retrieved on January 31, 2019 from https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/research/alaska-victimization-survey/index.cshtml The Bristol Bay Region includes Dillingham Census Area, Lake and Peninsula Borough, and Bristol Bay Borough.

[10] Retrieved January 31, 2019 from https://dps.alaska.gov/statewide/r-i/ucr

[11] Retrieved January 31, 2019 from https://dps.alaska.gov/statewide/r-i/ucr The Western Alaska Region 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. Reporting agencies in the region include Alaska State Troopers C Detachment, Bethel Police Department, Bristol Bay Borough police Department, Dillingham Police Department, Kodiak Police Department, Kotzebue Police Department, Nome Police Department, and Unalaska Police Department.

[12] The Dillingham District and Superior Courts serve the communities of Aleknagik, Clarks Point, Dillingham, Ekuk, Ekwok, Koliganek, Manokotak, New Stuyahok, Portage Creek, Togiak, and Twin Hills (https://public.courts.alaska.gov/web/sco/docs/sco1933a.pdf)

[13] Retrieved January 31, 2019 from http://www.courts.alaska.gov/admin/index.htm#annualrep

→ Data from the Alaska Pregnancy Risk-Assessment Monitoring System (PRAMS) show that in 2015 for the Southwest Public Health Region of Alaska,[14] 8.0% of women reported physical abuse in the 12 months prior to pregnancy, and 4.4% reported physical abuse during pregnancy.[15]

→ Combined results for the Youth Risk Behavior Survey for Dillingham City School District for 2011, 2015 and 2017[16] show that nearly one in ten high school students in Dillingham (9.3%) have ever been forced to have sexual intercourse when they did not want to. These data also show that 43.7% of Dillingham high school students have been bullied on school property in the past year, nearly double than for the state of Alaska (23.3%).[17]

→ Data from the Alaska Behavioral Health Risk Factor Surveillance System for 2015, the most recent year for which data on Adverse Childhood Experiences is available, show that more than two-thirds of adults in the Dillingham Census Area[18] (70.7%) experienced one or more ACE before the age of 18, more than one-quarter (29.3%) had been physically hurt by parents or other adults in their home before age 18, more than one-quarter (25.4%) had ever been a victim of sexual abuse before age 18, and more than one-third (35.9%) had had parents or other adults in their home ever hit each other.[19]

Although interpersonal violence is clearly a significant issue facing the community, over half of respondents to the community perceptions survey (53.5%) felt there are more pressing problems in Dillingham to address, either somewhat agreeing or strongly agreeing with the statement *"Interpersonal violence is a problem in Dillingham, but there are more pressing problems to address."* Just 37.8% either somewhat disagreed or strongly disagreed with the statement. This is shown in Figure 8.

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[14] The Southwest Public Health Region includes Aleutians East Borough, Aleutians West Census Area, Bethel Census Area, Bristol Bay Borough, Dillingham Census Area, Kusilvak Census Area, and Lake and Peninsula Borough (http://dhss.alaska.gov/dph/InfoCenter/Pages/ia/geo_phr.aspx)

[15] Retrieved on January 31, 2019 from http://ibis.dhss.alaska.gov/query/Introduction.html

[16] While YRBS data for the Dillingham City School District is not available by year due to small sample sizes, combined data for the years 2011, 2015, and 2017 was provided by the Alaska Division of Public Health Section of Chronic Disease Prevention and Health Promotion (the Dillingham City School District did not administer the YRBS in 2013). Combined YRBS results for the Dillingham City School District for 2011, 2015 and 2017 use a mixture of weighted and unweighted data. Consequently, the results are not representative of all students in the Dillingham City School District during this timeframe and should be interpreted with caution. In 2011 and 2017, the overall response rate fell below the 50% threshold established for schools that administer surveys to all students, so the data were not weighted and are representative of only those students who participated in the survey. In 2015, the overall response rate equaled or exceeded the 50% threshold so the data were weighted and are representative of the entire student body.

[17] Retrieved on January 31, 2019 from http://ibis.dhss.alaska.gov/query/Introduction.html

[18] The Dillingham Census Area includes the communities of Aleknagik, Clark's Point, Dillingham, Ekwok, Koliganek, Manokotak, New Stuyahok, and Togiak and had an estimated population of 4,932 in 2017 (https://www.census.gov/quickfacts/fact/table/dillinghamcensusareaalaska/PST045217)

[19] Retrieved on January 31, 2019 from http://ibis.dhss.alaska.gov/query/Introduction.html

Figure 7: "How much do you disagree or agree with the following statement: Interpersonal violence is a problem in Dillingham, but there are more pressing problems to address" (n=255)
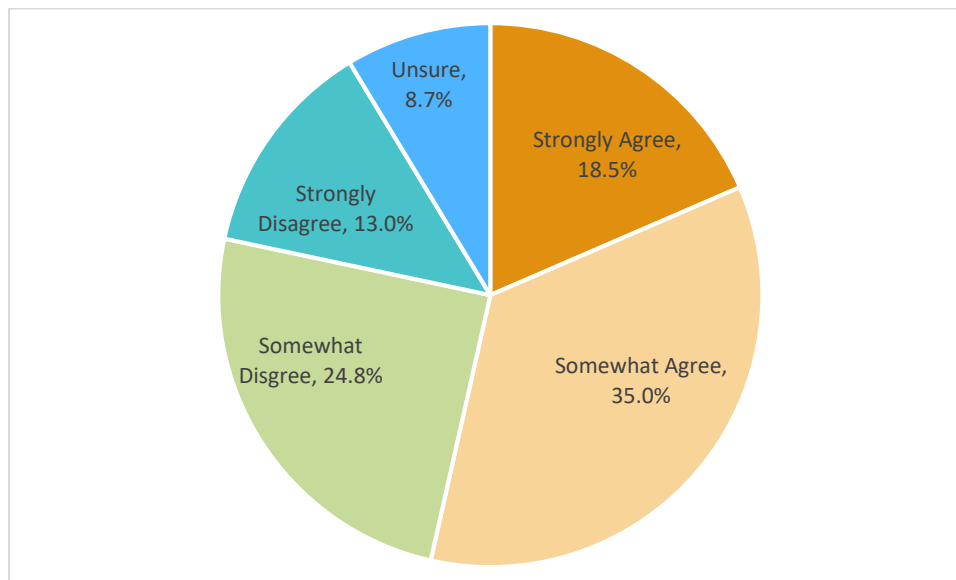
Similarly, key informants who were interviewed as part of the community readiness assessment indicated feeling that overall, while the community recognizes interpersonal violence is an issue that needs to be addressed, the support of community members for prevention is predominantly passive rather than active – while community members support prevention efforts in the community, there is limited active participation in these efforts. Reasons cited included competing priorities, time limitations, low levels of motivation to act, and that people are more willing to help their individual friends and family members than at the community-wide level. At the same time, key informants indicated that the level of active support and participation in the community has the potential to increase if people have clear suggestions of easy things they could do in place.

> *"Yeah. I think they want it. It's just that they – they don't wanna go out and get it themselves, you know? They want prevention, but you know, they're not motivated to go to do it. I mean if there was something easy that they could latch onto, you know? That would really hit home with them, I'm sure they would do it, but like I said, it would take a lot of work to get them involved."*
> *-Interview 1, September 2018*
>
> *"I think people – everyone likes to pretend they care so much, but when it comes time to people stepping up to do things, maybe as organizations, there's a handful that do things. I think individuals in their individual lives try to help their family members and their friends. But if we're talking about the community as a whole demonstrating a priority, I see it kind of there, but I don't see it as much as it could be."*
> *-Interview 9, November 2018*

Key informants also indicated feeling that overall while leadership in the community recognizes interpersonal violence is an issue in Dillingham, there are many competing priorities and the support from leadership is predominantly passive rather than active. In addition to competing priorities, key informants discussed the need for key leaders or champions of the issue, and that most of those leaders who actively participate in prevention efforts are those who are already funded or directed to do so through their jobs or organizations.

> *"Um, how much of a priority? I guess, I would probably say it's probably five or lower. Maybe even four. But, I have to qualify and say, I don't think it's because we don't think it's important, or the organizations don't, it's just because other things have –you know, sort of, taken our attention. And, a lot of the things that are taking our attention are really political, financial, you know, how do we save the school, how do we save this health program or that health program, or, you know, they're cutting money here, changing regulations there. All that. So, the leadership really– their attention really is focused on all of that, really, instead of prevention."*
> *-Interview 4, September 2018*
>
> *"I feel like it's important to everyone, but I just don't know what we're all doing about it...I feel like a lot of people talk about it, but I don't know again what we're doing...I'm thinking, one, our leadership is tapped out. Everybody is drawn in so many directions. […] Um, likewise, everyone already has their own missions or program goals and objectives, and how do you weave this in? Unless this is your mission, like SAFE and the CAC, how do you add this into the fold and prioritize it over everything else that you're already being funded or mandated to do?"*
> *-Interview 9, November 2018*

Community Knowledge about Interpersonal Violence

Overall, key informants interviewed as part of the community readiness assessment felt that the community is very knowledgeable about the incidence of interpersonal violence due to the frequency with which it occurs in Dillingham. However, key informants also noted that the level of community knowledge is much more limited in regard to specific aspects of violence such as the different forms that violence may take (i.e. physical violence versus emotional violence or controlling behavior), signs that someone may be experiencing violence, causes of violence, impacts of violence, and the prevention of violence.

"I think people are pretty aware that it occurs. I think that a lot of - I mean, it's such a small community. People know people who have gone through a lot of difficult times and who have been in a lot of difficult situations, even if they haven't experienced it themselves. [...] I think that it's an issue that is so prevalent, I'm sure there are many far reaching effects that people wouldn't know..."
   *-Interview 5, September 2018*

"I think in general SAFE does a really great job of doing outreach and in-reach in the community, if that makes sense. But, um, I think as great as their outreach programs are, I still think some people maybe have blinders on and might really see – not see all of these aspects and I guess dynamics of interpersonal violence. They might just think it's, you know, assault and battery whereas controlling behaviors or sex, unplanned pregnancies, et cetera, are other forms that aren't so blatant. There are still people that don't understand that something is a form of violence when really it is. But in general our community I feel like is knowledgeable."
            -Interview 9, November 2018

Respondents to the community perceptions survey overall did not indicate knowing about how to recognize when someone is experiencing interpersonal violence - fewer than one-third of respondents (31.7%) indicated knowing either a lot or a great deal about how to recognize when someone is experiencing interpersonal violence. A similar number (31.4%) indicated knowing a moderate amount about recognizing when someone is experiencing interpersonal violence, while over one-third of respondents (36.9%) indicated knowing only a little or very little about how to recognize when someone is experiencing interpersonal violence. This is shown in Figure 9.

Figure 8: "How much do you know about the following topic: Recognizing when someone is experiencing interpersonal violence" (n=278)
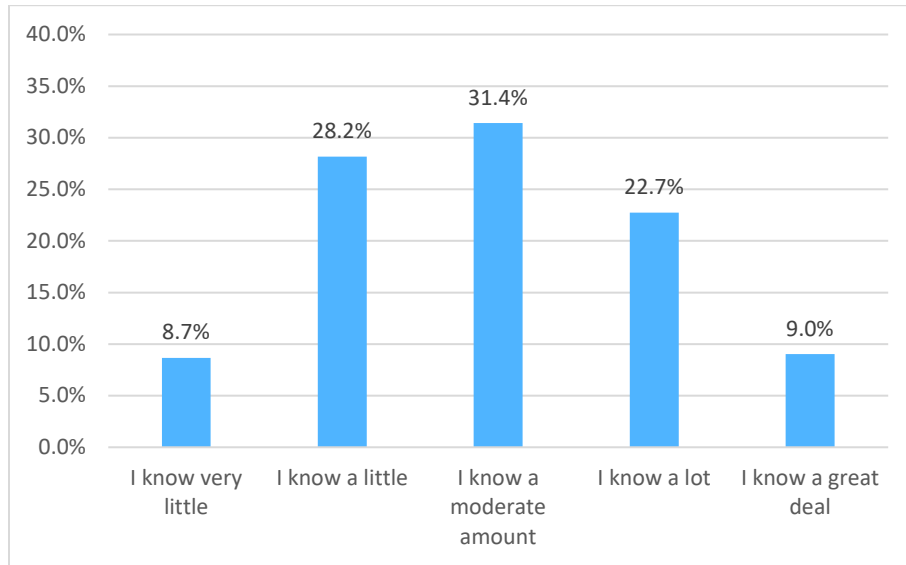
Who is affected by Interpersonal Violence and Perceptions of Risk

Most respondents to the community perceptions survey felt that certain groups of people are impacted more by interpersonal violence.

→ When presented with a yes or no question, two-thirds of respondents (66.8%) indicated that yes, there are certain groups in Dillingham that are more likely to experience interpersonal violence. These respondents were presented with an open-ended follow-up question asking them to describe which group(s) of people in Dillingham they think are more likely to experience interpersonal violence. Respondents most commonly listed people who use drugs and/or alcohol, including those who live in households with people who have addictions or deal drugs (42.9% of respondents). Nearly one-quarter (24.7%) listed either women or females, and one in five (20.0%) indicated that people with financial difficulties such as low income, financial dependence, homelessness, or unemployment are more likely to experience interpersonal violence.

→ While 41.6% of survey respondents felt that either no one in Dillingham or a few people in Dillingham would agree with the statement, *"Women who experience interpersonal violence belong to certain demographic groups (i.e. race, age, etc.)."* more than one-third (37.6%) felt that some people in Dillingham would agree with this statement. Furthermore, more than one in five survey respondents (20.9%) felt that either a lot of people in Dillingham or everyone in Dillingham would agree with this statement.

→ More than half of respondents (50.8%) either somewhat agreed or strongly agreed with the statement, *"Interpersonal violence is less common among people like myself,"* while fewer than one-third (28.7%) somewhat disagreed or strongly disagreed with the statement. Nearly one in five (18.5%) were unsure.

Figure 9: "Which group(s) of people in Dillingham do you think are more likely to experience interpersonal violence?" (n=170)

Theme	Count	Percent of Respondents (n=170)
People who use drugs and/or alcohol, people who live in households with addicts, drug dealers	73	42.9%
Women/females	42	24.7%
People with financial problems (includes low income, financially dependent, homeless, unemployed)	34	20.0%
Alaska Native people	30	17.6%
Children, teenagers, youth	27	15.9%
Young people/young adults	20	11.8%
People with a past history of violence or exposure to violence, ACEs, or trauma	15	8.8%
Elders/older people	6	3.5%
Young mothers, pregnant women	4	1.8%
People with disabilities, cognitive impairments, or mental illness	4	1.8%
Other	30	17.6%

Figure 10: "How do you think people in Dillingham would respond to the following statement: Women who are victims of interpersonal violence belong to certain demographic groups (i.e. race, age, etc.)" (n=246)
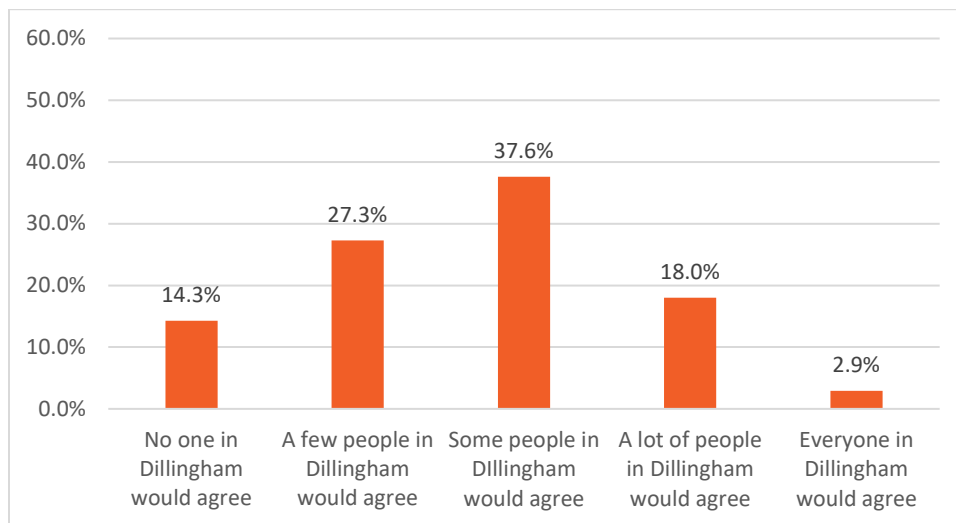
Figure 11: "How much do you disagree or agree with the following statement: Interpersonal violence is less common among people like myself" (n=255)
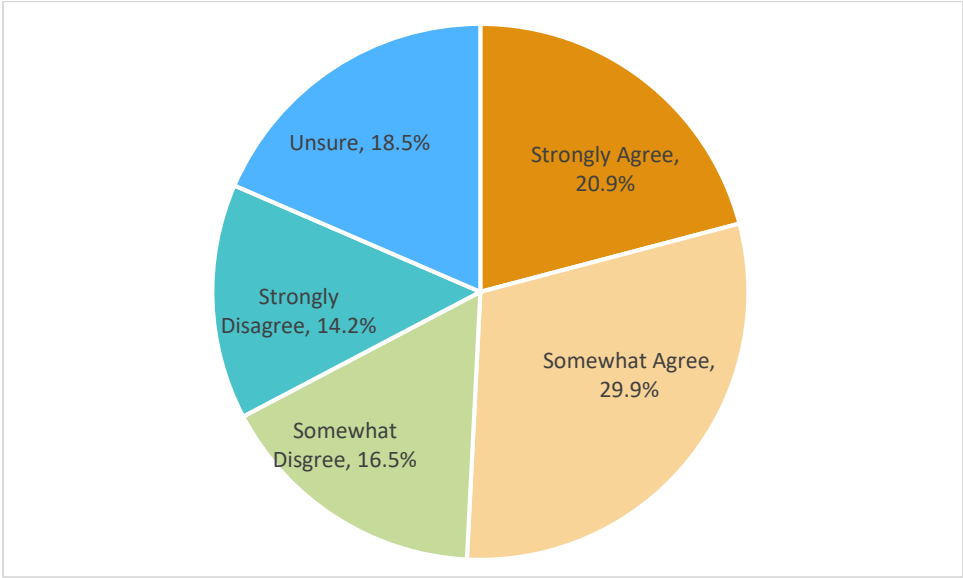
Knowledge about Prevention

Seven key informants interviewed as part of the community readiness assessment (70%) specifically indicated there is limited knowledge or understanding in the community about prevention and the preventability of interpersonal violence.

> *"I don't think that the community really does understand it. That – I don't – you know, probably more of the community probably thinks that, you know, violence is just gonna happen no matter what you do because some people aren't gonna participate."*
> *-Interview 3, September 2018*
>
> *"I do not think they are aware of the preventability of it. For that matter I'm not a hundred percent sure I'm aware of how much is preventable other than don't drink, don't do drugs, I mean don't…"*
> *-Interview 8, October 2018*

Several questions in the community perceptions survey were targeted towards understanding community knowledge about the prevention of interpersonal violence.

→ 42.5% of survey respondents indicated knowing only a little or very little about what they can do to help end violence in the community, while just 21.2% indicated knowing a lot or a great deal about what they can do to help end interpersonal violence in the community.

→ Nearly three-quarters of survey respondents (72.2%) indicated they either somewhat agreed or strongly agreed with this statement, *"People in Dillingham don't know how they can make a difference in preventing interpersonal violence."*

→ 57.1% of survey respondents felt that either a lot of people in Dillingham or everyone in Dillingham would agree with the statement, *"Interpersonal violence can be prevented."* However, a significant number of respondents (42.9%) felt that only some people, a few people, or no one in Dillingham would agree with that statement.

Figure 12: "How much do you know about the following topic: What I can do to help end interpersonal violence in the community" (n=278)
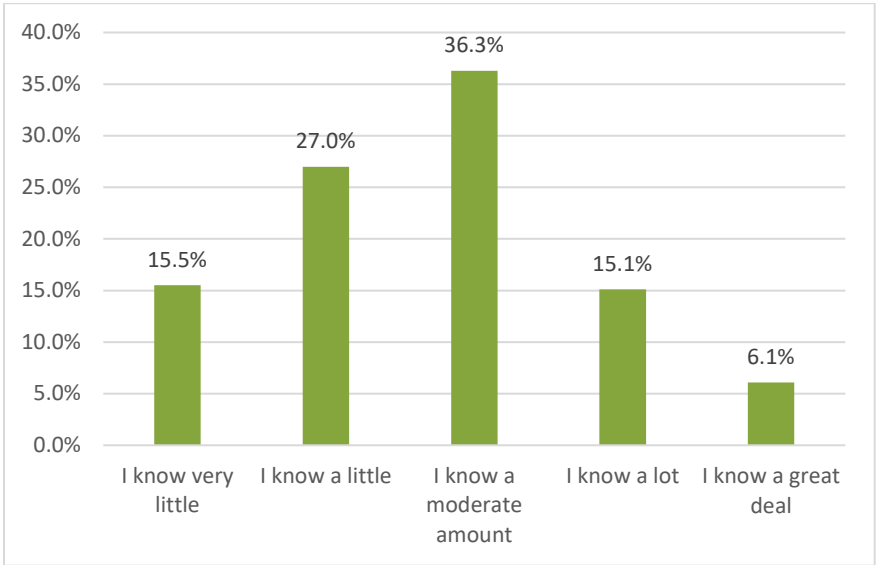

Figure 13: "How much do you disagree or agree with the following statement: People in Dillingham don't know how they can make a difference in preventing interpersonal violence?" (n=255)
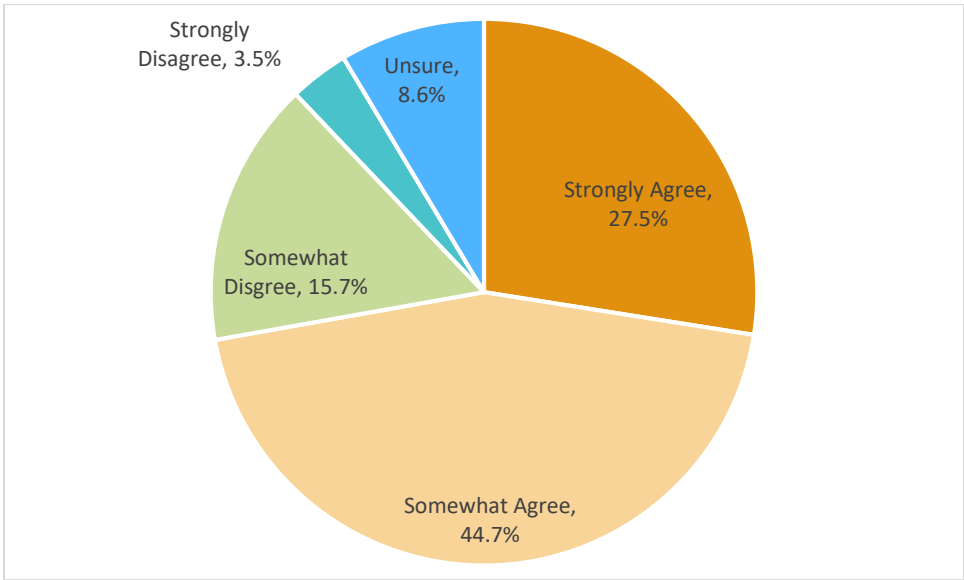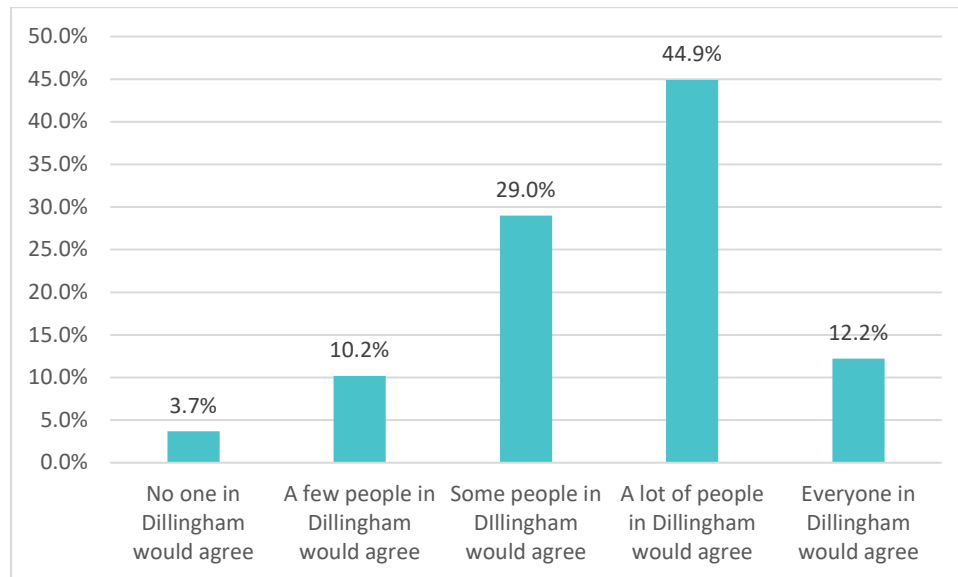
Figure 14: "How do you think people in Dillingham would respond to the following statement: Interpersonal violence can be prevented" (n=246)

Stigma

Half of key informants interviewed as part of the community readiness assessment highlighted the fact that there is a stigma related to talking about violence or asking for help, with one key informant indicating that male leaders are afraid they will appear weak if they get involved.

> *"…it's so, still so, undercover or – it's still so hidden. It's still a taboo topic in a lot of ways, at least in the specific sense. We hear about it in general, but you don't hear specific cases and, you know, with good reason. It's protecting people's – in part because of the good reason of protecting people's privacy, but also just sort of a tradition of we don't talk about that. And therefore, I think it's, it's easy for people to just not have a clue."*
> *-Interview 2, September 2018*
>
> *"I think that people are afraid to talk about it. I think a lot of people are afraid of what people think. And I think a lot of people want to keep this image that, you know, nothing's wrong, everything's okay, when in a lot of times it's not. And I think that people generally are afraid of what other people would think if they knew, whether they're a perpetrator or a victim. […] I don't think people want to say, 'This is what happened to me.' Or, 'This is what I do.' You know?*
> *-Interview 6, October 2018*
>
> *"I think that there's a lot of abuse that gets tucked under the rug or people are ashamed to admit it. In fact I've had ladies tell me, I mean they come here and they are wearing hoodies and sunglasses and they tell me they're ashamed to admit that they've been beaten or of coming out into public."*
> *-Interview 8, October 2018*

In fact, when asked what they felt was needed to build community capacity to end interpersonal violence, several key informants referenced a need for more community forums and/or opportunities to discuss the issue in public – ultimately to help reduce this stigma.

> *"…Just I guess community meetings. Anytime I think, you know, when you can get a group together that starts to accept each other and accept that, you know, there is a problem - I think it's a lot easier for people to start thinking about things and talking about things."*
> *-Interview 7, October 2018*
>
> *"Talking circles. I think we need to break down some of the stigma that's associated with victimization and someone seeking services. If there is a way that we are better able to uplift them, even though, I mean, I think intentionally we are. People see that if they're speaking out, they're being looked at - they associate shame or guilt or, you know, being in the public eye."*
> *-Interview 9, November 2018*

Individuals responding to the community perceptions survey also indicated that a stigma exists in the community related to interpersonal violence.

→ Three-quarters of survey respondents (74.5%) either somewhat agreed or strongly agreed with the statement, *"There is a stigma in Dillingham related to talking about interpersonal violence."*

→ The vast majority of survey respondents (83.9%) somewhat agreed or strongly agreed with the statement *"When someone in Dillingham experiences interpersonal violence, there is a stigma or fear related to asking for help."*

Figure 15: "How much do you disagree or agree with each of the following statements?" (n=255)
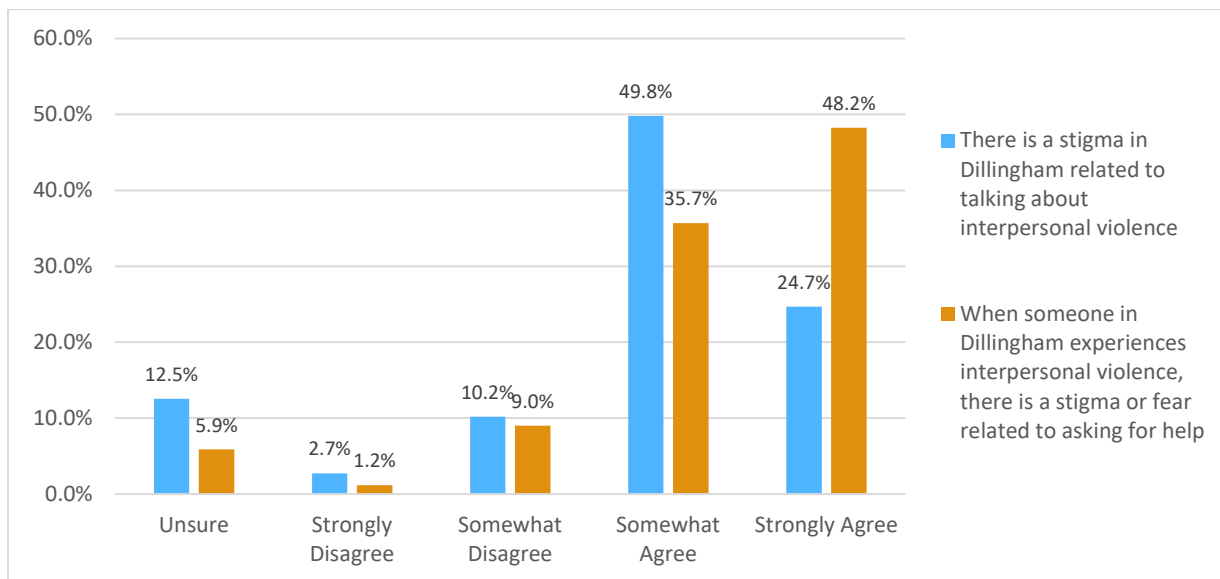
Tolerance

Possibly related to this stigma, nearly all key informants interviewed as part of the community readiness assessment (90%) cited a sense of acceptance, complacency, or tolerance towards interpersonal violence in the community.

> *"Well, you know, when you do something over – uh, for a long time, over and over and over, it gets – kind of gets – I mean it just kind of gets like, it's not out of the ordinary anymore, you know? It's kind of like, well, it kind of becomes accepted almost. […] I don't know the right words to use for it, but you know, when you do something over and over again, it just kind of […] it's not a factor anymore…"*
>
> > *-Interview 1, September 2018*
>
> *"…I think that in some families, that's been proven around here, that, you know, there's been violence within families. And they just – but that's their family member, and they just basically cover for them. I mean, I've seen parents go to court to protect people that are guilty, and family members that have done that in the past, that just went out on a limb to try to protect the person that did the bad deed – – because they're a family member."*
>
> > *-Interview 3, September 2018*
>
> *"Yeah, I think we do. I mean, I think just out of loyalty, or uncertainty, or fear of, you know, of, just getting involved. You know, there's that human nature thing of, I know it exists, but I'm kind of shy, or I'm too reluctant to get involved. I think we have that."*
>
> > *-Interview 4, September 2018*

Individuals responding to the community perceptions survey were asked whether there are ever situations in Dillingham where people might tolerate interpersonal violence. More than half of survey respondents (50.4%) responded that yes, there are situations where violence is tolerated. These individuals were presented with an open-ended follow-up question asking them to describe in what situations or ways they think people in Dillingham might tolerate interpersonal violence. Nearly one in five of these respondents (19.8%) indicated that violence is tolerated in order to protect family members, partners, close friends, or respected community members. Other common responses included when alcohol or drug use is involved, when people don't want to get involved or feel it is none of their business, and in cases where violence is normalized.

Figure 16: "Please describe in what situations or ways you think people in Dillingham might tolerate interpersonal violence." (n=116)

Theme	Count	Percent of Respondents
To protect family members, partners, close friends, or respected community members	23	19.8%
When alcohol and/or drug use are involved	19	16.4%
When they don't want to get involved, feel it's none of their business, or are afraid to step in and help	15	12.9%
When they think it's normal, violence is normalized, it's a common occurrence, or grew up around violence	15	12.9%
For economic reasons (poverty, housing, financial dependence etc.)	10	8.6%
When they have kids or don't want to split up the family	9	7.8%
If they don't want to be alone, don't want to leave a relationship or because they are married	9	7.8%
If they are afraid, feel unsafe or have fear of retaliation	6	5.2%
If they are afraid of the stigma, feel it's a taboo subject, don't want the community to know, or are ashamed	4	3.4%
In cases where men are abused by women	3	2.6%
When there are no consequences for the abuser or nothing changes as a result of reporting	3	2.6%
If there is a lack of knowledge about what constitutes violence, resources, or how to help	3	2.6%
Don't know	4	3.4%
Other	25	21.6%

Alcohol and Drug Use and Interpersonal Violence

The theme of alcohol and drug use in Dillingham and the connection with interpersonal violence arose throughout the assessment process and was described throughout key informant interviews and by respondents to the community perceptions survey. All 10 key informants interviewed cited a connection with drugs and alcohol when asked about interpersonal violence in Dillingham. While all key informants discussed the intersection of drugs and alcohol, several pointed out that community members are often quick to blame drugs and alcohol for violence. Several key informants also indicated that an increase in drugs in the community in recent years has made them feel less safe.

"I think people know that there's a lot of alcohol abuse and a lot of drug abuse in the communities, and I think people are very quick to put a lot of – a lot of weight on those. I think there are definitely other underlying causes that maybe go unnoticed because alcohol and drug abuse are so prevalent as issues – underlying issues."
-Interview 5, September 2018

"I think that one of the biggest factors of violence is alcohol related. I would say probably 70 or more percent is alcohol related in our community. And I think a lot of people here know that. Um, drugs are starting to become another real big issue in our community, more recently. And there's not really a whole lot of violence involved, but there is definitely a lot of neglect with people, families and children. You know, some of the kids have a hard time dealing with it, whether they're young or old and, you know, they start acting out, and they can't really express their emotions. And so, even at a young age, kids are acting out and engaging in violence or violent behaviors."
-Interview 6, October 2018

"I think the chances are about equally good now that your boyfriend is not beating you anymore now than he was three years ago. However, because of the increase in the number of people who are doing drugs and are drug dependent I believe that the risk of interpersonal violence in people who are seeking to steal your stuff so they can support their drug habit has increased. So I think about locking my doors I guess is what I'm saying, and I didn't used to ever think about locking my doors."
-Interview 8, October 2018

*"I think everybody blames everything on drugs and alcohol, but I think there's a lot more stressors in our, um, society than just drugs and alcohol, you know. There's been this huge sobriety movement out here for a while. I don't think that just because you drink, you're violent, nor do I think that just because you're sober, you're well."*
-Interview 9, November 2018

Corroborating the findings from key informant interviews are several data points from the community perceptions survey:

→ For the two-thirds of survey respondents who felt that yes, there are certain groups of people in Dillingham that are more likely to experience interpersonal violence, when asked in an open-ended question to describe which groups they felt were more likely to experience interpersonal violence, 42.9% answered people who use drugs and/or alcohol, people who live in households with addicts, or people who are drug dealers. This was the most frequently cited response.

→ 38.2% of survey respondents indicated that either a lot of people in Dillingham or everyone in Dillingham would agree with that statement, *"Women who are victims of interpersonal violence were under the influence of drugs or alcohol."* An additional 34.1% of respondents felt that some people in Dillingham would agree with the statement.

→ For the more than half of survey respondents who felt that yes, there are situations in Dillingham where people might tolerate interpersonal violence, when asked in an open-ended question to describe in what situations or ways people in Dillingham might tolerate interpersonal violence, 16.4% of survey respondents indicated when alcohol or drugs are involved. This was the second most frequently cited response.

→ When asked in separate open-ended questions to describe what they felt could make a person more likely to become a victim of interpersonal violence and what could make a person more likely to commit acts of interpersonal violence, in both cases the vast majority of respondents cited alcohol and/or drug use or addiction (73.1% of survey respondents and 84.2% of survey respondents respectively).

Figure 17: "How do you think people in Dillingham would respond to the following statement: Women who are victims of interpersonal violence were under the influence of drugs or alcohol" (n=246)
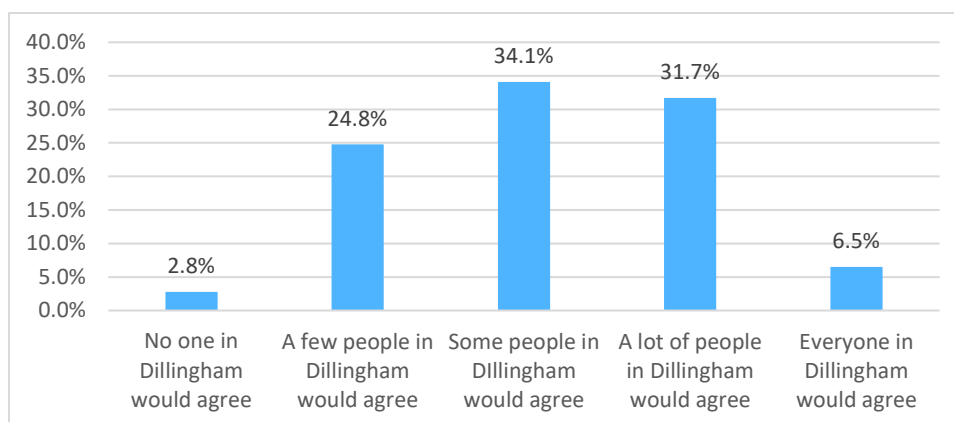
While the primary focus of this assessment is on the prevention of interpersonal violence, due to the emergence of drug and alcohol use as a predominant theme in both the community readiness assessment and community perceptions survey, secondary data sources were examined to better understand rates of drug and alcohol use in Dillingham.

Data from the Alaska Behavioral Health Risk Factor Surveillance System (BRFSS)[20] for 2017 was compared for alcohol use in the Dillingham Census Area[21] and in Alaska.

→ A smaller percentage of adults in the Dillingham Census Area reported having one or more drinks of alcohol in the past 30 days (48.4%) compared to Alaska (57.7%).

→ A higher percentage of those people who did drink reported binge drinking[22] for the Dillingham Census Area than did for Alaska. One-third of individuals who reported drinking in the past 30 days in the Dillingham Census Area reported binge drinking one or more times during the past 30 days (33.4%) compared to just 19.3% for Alaska.

Figure 18: BRFSS Indicators for Alcohol Consumption for Dillingham Census Area and Alaska (2017)[20]
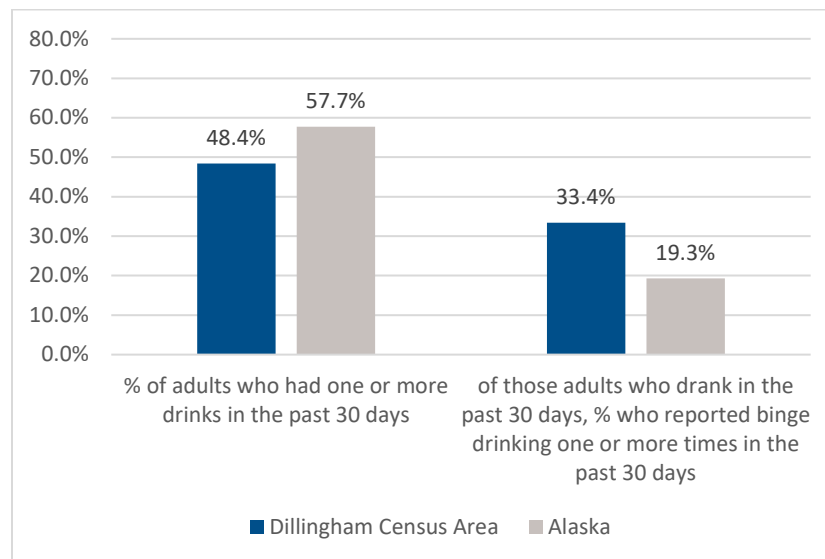
In addition, BRFSS data on Adverse Childhood Experiences (ACEs) for 2015 (the most recent year for which ACEs data was available) show that nearly half of all adults in the

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[20] Retrieved on January 31, 2019 from http://ibis.dhss.alaska.gov/query/Introduction.html
[21] The Dillingham Census Area includes the communities of Aleknagik, Clark's Point, Dillingham, Ekwok, Koliganek, Manokotak, New Stuyahok, and Togiak and had an estimated population of 4,932 in 2017 (https://www.census.gov/quickfacts/fact/table/dillinghamcensusareaalaska/PST045217)
[22] Binge drinking is defined as 5 or more alcoholic drinks on one occasion for men, and 4 or more alcoholic drinks on one occasion for women (http://ibis.dhss.alaska.gov/indicator/complete_profile/AlcConBinDri.html)

Dillingham Census Area (46.2%) lived with someone who was a problem drinker or alcoholic before the age of 18, higher than for Alaska (29.3%).

Figure 19: Percentage of Adults who Reported Living with a Problem Drinker or Alcoholic before Age 18 (2015)[20]
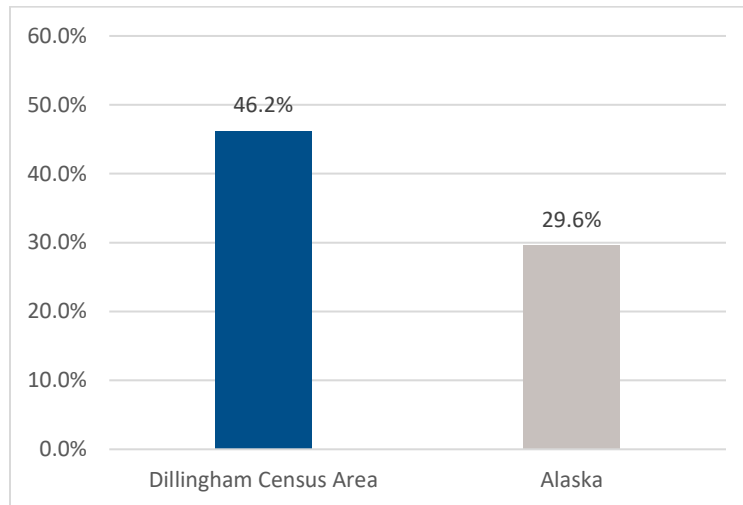
Dillingham City School District combined Youth Risk Behavior Survey (YRBS) data for 2011, 2015, and 2017[23] was compared to 2017 YRBS data for the Southwest Behavioral Health Systems Assessment Reporting Region[24] and for Alaska[25] and revealed the following:

→ A higher percentage of students in Dillingham City School District (70.8%) reported having had at least one drink of alcohol in their life than did for the Southwest Behavioral Health Systems Assessment Reporting Region (49.8%) or for Alaska (56.2%).

→ Nearly one-quarter of students in Dillingham City School District (24.6%) reported they had at least one drink of alcohol in the past 30 days.

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[23] Combined YRBS results for the Dillingham City School District for 2011, 2015 and 2017 use a mixture of weighted and unweighted data. Consequently, the results are not representative of all students in the Dillingham City School District during this timeframe and should be interpreted with caution. In 2011 and 2017, the overall response rate fell below the 50% threshold established for schools that administer surveys to all students, so the data were not weighted and are representative of only those students who participated in the survey. In 2015, the overall response rate equaled or exceeded the 50% threshold so the data were weighted and are representative of the entire student body. The Dillingham City School District did not administer the YRBS in 2013.
[24] The Southwest Behavioral Health Systems Assessment Reporting Region includes the Aleutians East Borough, Aleutians West Census Area, Bristol Bay Borough, Dillingham Census Area, Kodiak Island Borough, and Lake and Peninsula Borough.
[25] Retrieved on January 31, 2019 from http://ibis.dhss.alaska.gov/query/Introduction.html

→ While data showing the number of students who reported binge drinking in the past 30 days for Dillingham City School District was not available due to small sample sizes, a slightly lower percentage of students reported binge drinking in the past 30 days in the Southwest Behavioral Health Systems Assessment Reporting Region (9.9%) than in Alaska (13.8%).

Figure 20: YRBS Indicators for Alcohol Use for Dillingham City School District (2011, 2015, and 2017 combined)[23], Southwest Behavioral Health System Assessment Reporting Region (2017),[24] and Alaska (2017) (DSU = data statistically unreliable due to small sample sizes <100)[25]

■ Dillingham City School District (2011, 2015, and 2017 combined)
■ Southwest Behavioral Health Systems Assessment Reporting Region, Traditional Schools (2017)
■ Alaska Statewide, Traditional Schools (2017)
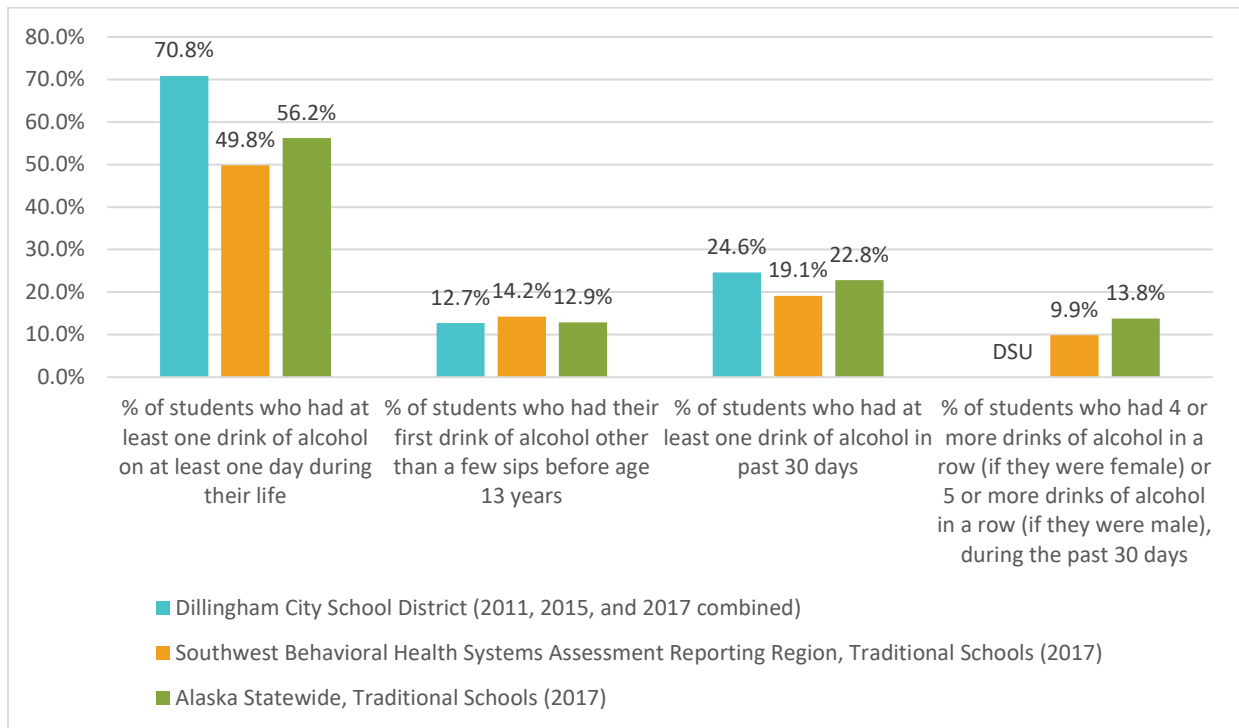
YRBS indicators for marijuana use showed similar patterns. Once again, this data should be interpreted with caution due to the mixture of weighted and unweighted data for Dillingham City School District.[23]

→ A higher percentage of students in Dillingham City School District (55.9%) reported having used marijuana one or more times during their life than did for the Southwest Behavioral Health Systems Assessment Reporting Region (27.6%) or for Alaska (41.7%)

→ More than one-quarter of students in Dillingham City School District (28.1%) reported they had used marijuana one or more times in the past 30 days. This was higher than for the Southwest Behavioral Health Systems Assessment Reporting Region (12.9%) or for Alaska (21.8%)
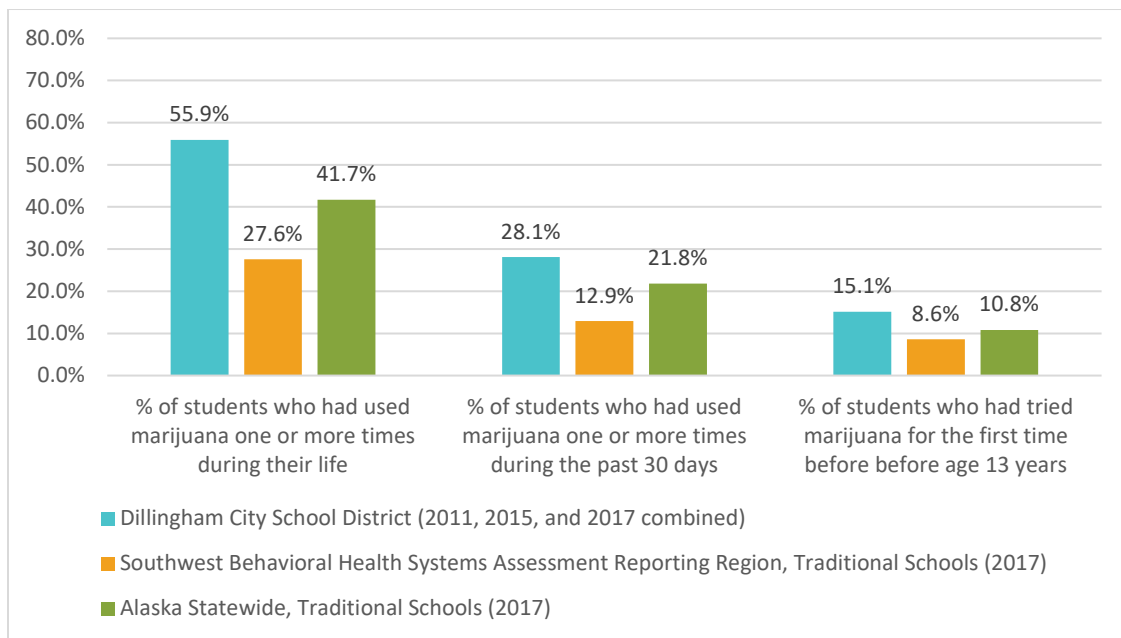
Figure 21: Indicators for Marijuana Use for Dillingham City School District (2011, 2015, and 2017 combined),[23] Southwest Behavioral Health System Assessment Reporting Region (2017)[24], and Alaska (2017)[25]

Risk and Protective Factors

To assess community knowledge and perceptions about risk and protective factors for both victimization and perpetration of interpersonal violence, individuals responding to the community perceptions survey were asked a series of questions asking them whether they could think of anything that may make a person in Dillingham more or less likely to become a victim of interpersonal violence (victimization); as well as more or less likely to commit acts of interpersonal violence (perpetration).

In both cases, a higher number of survey respondents were able to think of risk factors (69.2% for victimization and 66.7% for perpetration) than were able to think of protective factors (58.9% for victimization and 49.4% for perpetration).

Figure 22: Knowledge of Risk and Protective Factors for Victimization and Perpetration
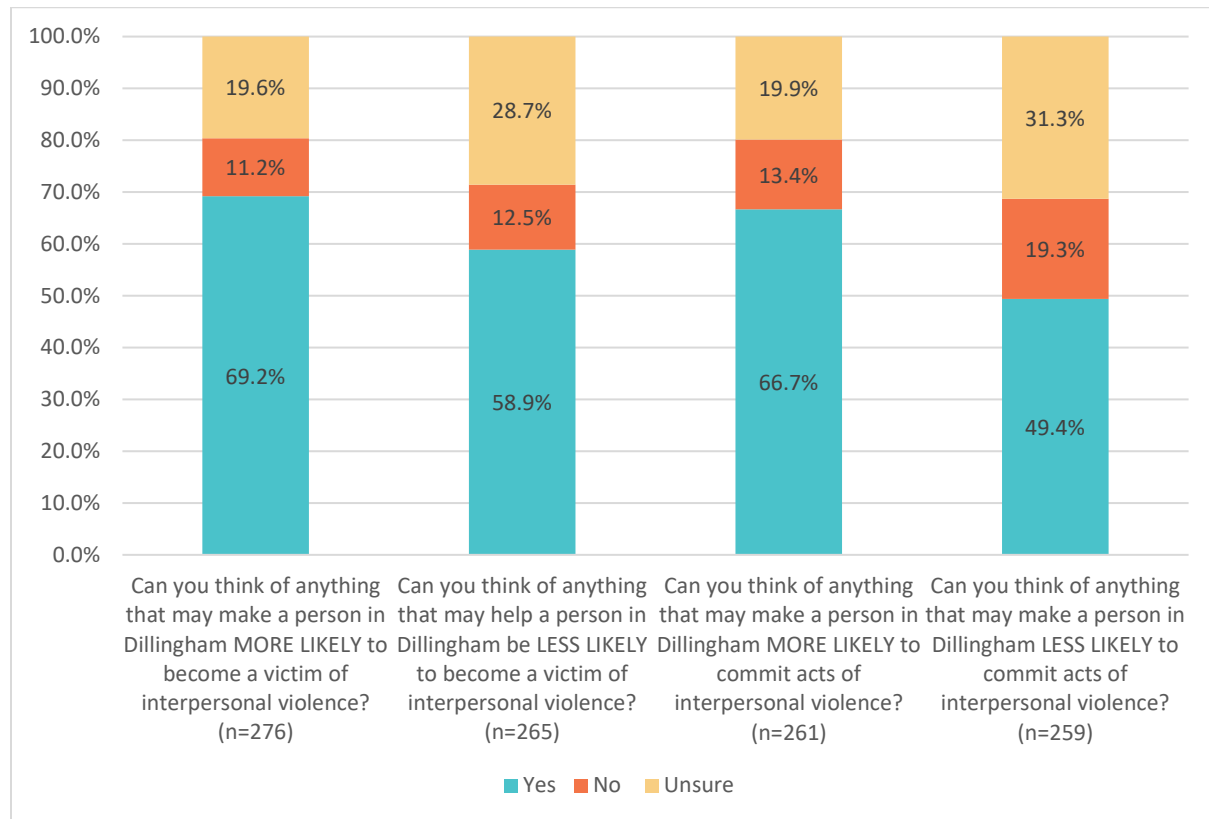
Risk Factors

Those survey respondents who indicated that yes, they could think of anything that could make a person more likely to become a victim of interpersonal violence or that yes, they could think of anything that could make a person more likely to commit acts of interpersonal violence were presented with open-ended follow-up questions asking them to describe what they felt could make a person more likely to either become a victim of interpersonal violence or commit acts of interpersonal violence.

→ Survey respondents predominantly provided very similar risk factors for both victimization and perpetration, with top responses in both cases falling under the themes of a) alcohol and/or drug use and addiction and b) a history of violence or abuse, ACEs, trauma, and childhood or family history.

→ Other commonly cited responses included low self-esteem or sense of hopelessness; financial instability or insecurity; unhealthy relationship patterns; a lack of awareness or education about the issue; isolation, lack of support or feeling alone; and mental health issues.

Figure 23: Most Commonly Cited Risk Factors for Victimization and Perpetration in Community Perceptions Survey
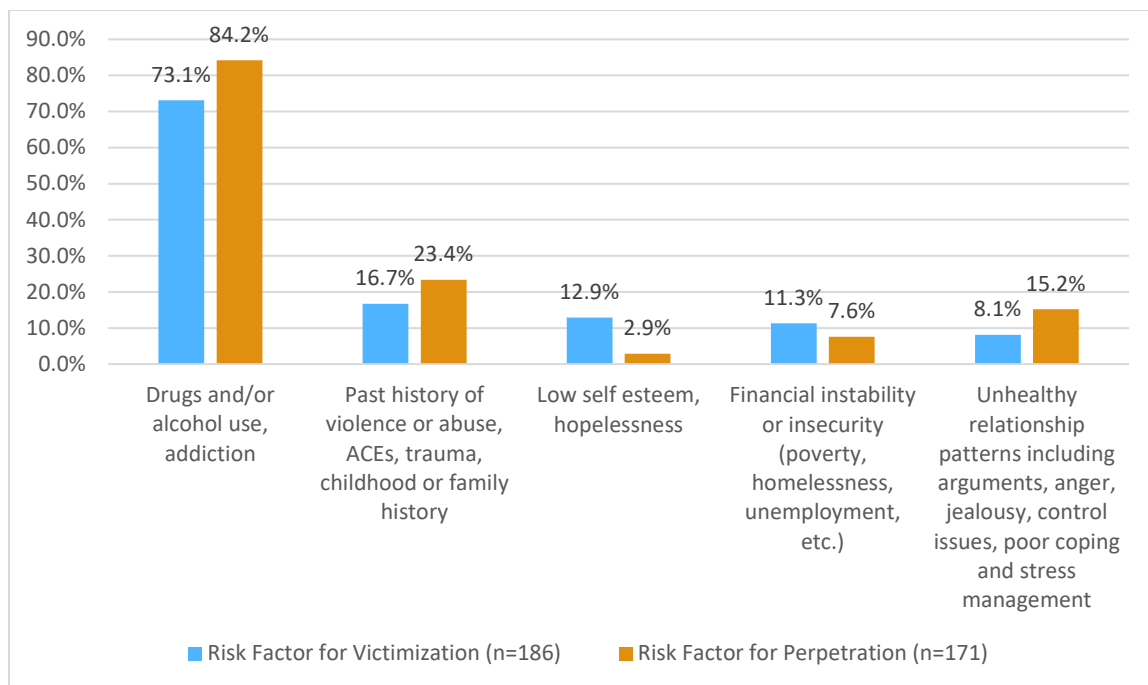
In addition to the contributions of alcohol and drug use to interpersonal violence in Dillingham that were cited by all key informants interviewed as part of the community readiness assessment (see page 32), five of the 10 key informants interviewed also referenced the cyclical component of interpersonal violence including the intergenerational component and the difficulty people have with accepting ideas that are contrary to what they've always known.

> *"I think that sometimes it's something that happens to one person, and when they grow up they pass it on to the next generation, you know, the way they were treated when they were young. And, uh, you know, it's not right, and it should be stopped. But what do you do?"*
> *-Interview 3, September 2018*
>
> *"I'd suspect or say that there are probably some, you know, what would you call it? Just that's the way it's always been [...] The norms or values get handed down from one generation to the next. I suspect that, you know, that's probably why it just keeps cycling through."*
> *-Interview 7, October 2018*
>
> *"..we have, uh, whatever condition that kind of tends to just kind of go with what we're taught as children, and [...] a lot of people have a hard time with ideas that are contrary to what their parents did or taught, what their family, caregivers did, and that's kind of an issue I think [...] I think, you know, for that whole, if it's how my family behaved when I was a kid, then how dare anybody say something that might be criticizing [what] my mother and her father did or something like that..."*
> *-Interview 2, September 2018*

To provide further data related to the intergenerational or cyclical nature of interpersonal violence, Alaska Behavioral Risk Factor Surveillance System (BRFSS) data for the Dillingham Census Area[26] and Alaska were compared for Adverse Childhood Experiences (ACEs) for 2015, the most recent year for which BRFSS data for ACEs was available.[27] Data reflective of interpersonal violence showed that:

→ More than two-thirds of adults in the Dillingham Census Area (70.7%) experienced one or more ACEs before age 18;

→ More than one-quarter of adults in the Dillingham Census Area (29.3%) reported that before age 18 parents or adults in their home had ever physically hurt them;

→ More than one-quarter of adults in the Dillingham Census Area (25.4%) reported that before age 18 that had ever been a victim of any sexual abuse;

[26] The Dillingham Census Area includes the communities of Aleknagik, Clark's Point, Dillingham, Ekwok, Koliganek, Manokotak, New Stuyahok, and Togiak and had an estimated population of 4,932 in 2017 (https://www.census.gov/quickfacts/fact/table/dillinghamcensusareaalaska/PST045217)
[27] Retrieved on January 31, 2019 from http://ibis.dhss.alaska.gov/query/Introduction.html

→ More than one-third of adults in the Dillingham Census Area (35.0%) reported that before age 18 parents or adults in their home ever swore, insulted or put them down more than once; and

→ More than one-third of adults in the Dillingham Census Area (35.9%) reported that before age 18 parents or adults in their home ever hit each other.

In all of these instances rates for the Dillingham Census Area were higher for than for Alaska.

Figure 24: Adverse Childhood Experiences for Dillingham Census Area and Alaska (2015)[27]
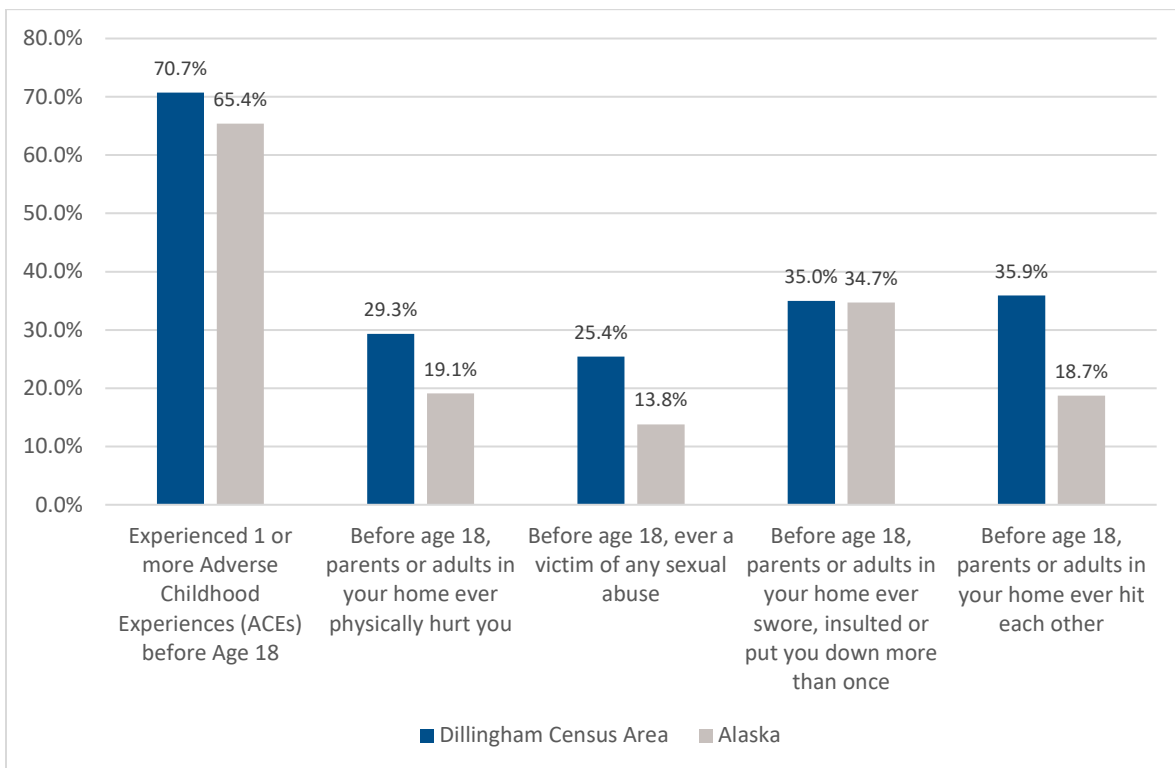
Protective Factors

As with risk factors, those survey respondents who indicated that yes, they could think of anything that could make a person less likely to become a victim of interpersonal violence or that yes, they could think of anything that could make a person less likely to commit acts of interpersonal violence were presented with open-ended follow-up questions asking them to describe what they felt could make a person less likely to either become a victim of interpersonal violence or commit acts of interpersonal violence.

→ Responses were very similar for protective factors for victimization and perpetration, with the same five top response categories for protective factors towards victimization and perpetration.

→ The most frequently cited responses in both cases fell under the themes of a) reduced alcohol and/or drug use; b) knowledge and awareness; c) access to supports; d) access to services and resources; and e) elements of resiliency.

Figure 25: Most Commonly Cited Protective Factors for Victimization and Perpetration in Community Perceptions Survey
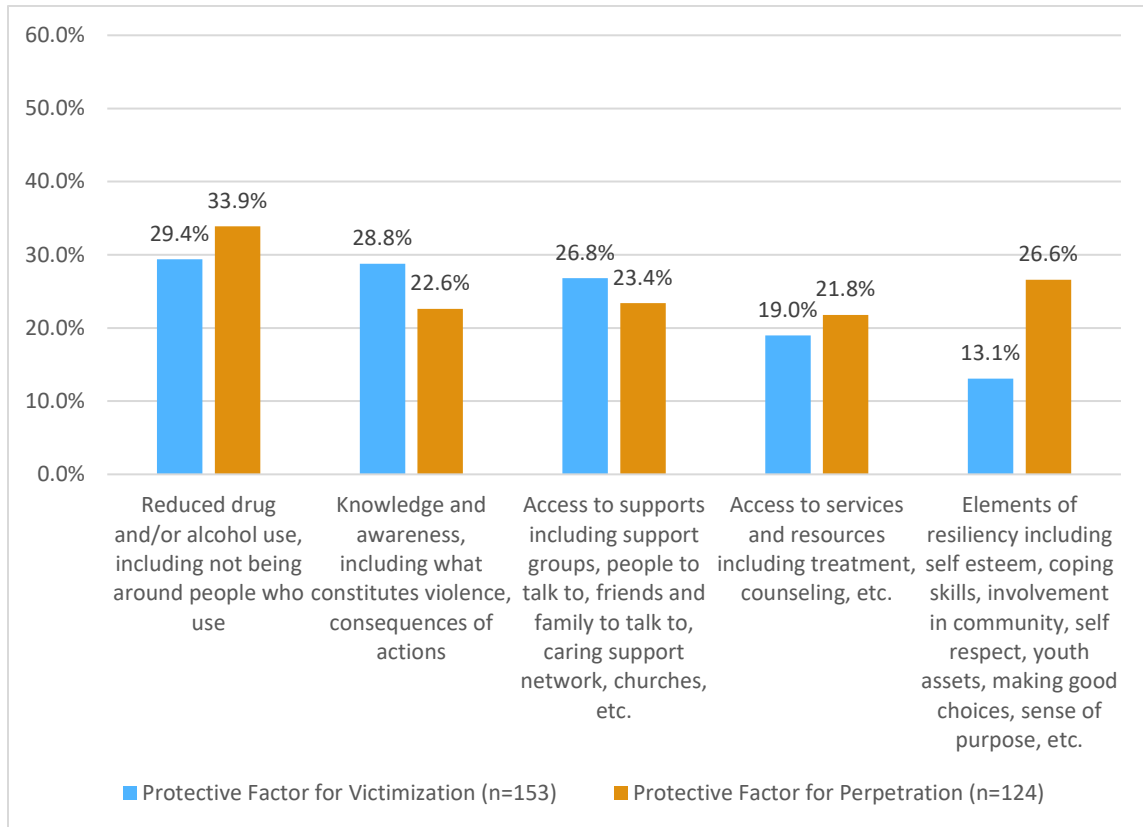
Community Readiness to Prevent Interpersonal Violence

Dillingham had an overall community readiness score of 4.09 based on the Community Readiness Model developed by the Tri-Ethnic Center for Prevention Research at Colorado State University.[28] This score of 4.09 is slightly higher than the Tri-Ethnic Model's Stage 4 of community readiness "Preplanning," yet lower than Stage 5 "Preparation." During this stage of community readiness:

1. At least some community members know a little about causes, consequences, signs and symptoms and are aware that the issue occurs locally;

2. At least some community members have heard of local prevention efforts and are familiar with the purpose of these efforts;

3. At least some of the leadership in the community believes the issue is a concern at that some type of effort is needed to address it, and a few may be actively participating in developing, improving or implementing efforts;

4. At least some community members believe the issue is a concern and that some type of effort is needed to address it, and a few may be actively participating in developing, improving or implementing efforts; and

5. There are some resources in the community that have been identified that could be used for further efforts.

A summary of average scores for each dimension of community readiness and the overall community readiness score are shown in Figures 27 and 28. (See pages 8-10 for a complete description of the Community Readiness Model developed by the Tri-Ethnic Center for Prevention Research at Colorado State University[28] and stages of readiness.)

Figure 26: Summary of Community Readiness Scores (Scale of 1-9)

Dimension of Readiness	Low Score	High Score	Average Score
Community Knowledge of the Issue	4.75	7.5	6.05
Community Knowledge of Efforts	1	5.75	3.45
Leadership	3	5	4.05
Community Climate	2.75	5.25	3.88
Resources	2.75	3.25	3.03
Overall Score			**4.09**

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[28] Community Readiness for Community Change: Tri-Ethnic Center Community Readiness Handbook. Tri-Ethnic Center for Prevention Research, Colorado State University. Retrieved from http://www.triethniccenter.colostate.edu/community-readiness-2/.

Figure 27: Summary of Community Readiness Scores
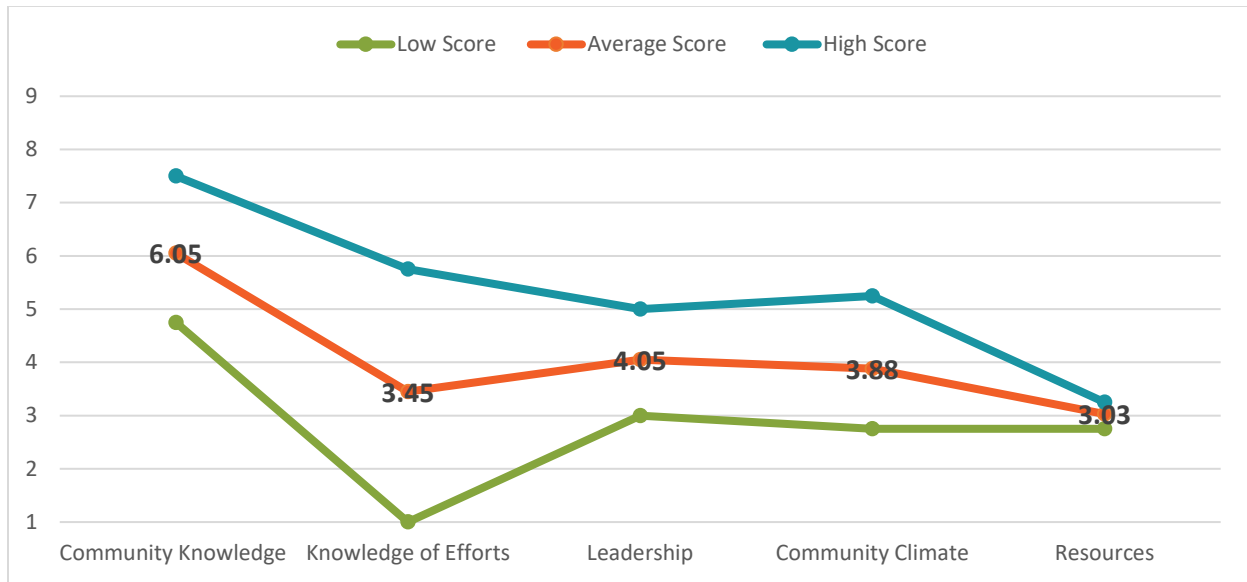
Community Knowledge and Community Climate

An important consideration should be made when interpreting the average score for the dimension *Community Knowledge of the Issue* of 6.05. This dimension not only assesses community knowledge of the *incidence* of interpersonal violence in Dillingham (i.e. how frequently it occurs), but also community knowledge about such factors as causes, signs, consequences, impacts, and preventability of interpersonal violence. While key informants predominantly felt that community members are aware of the incidence of interpersonal violence in Dillingham due to the large number of individuals in the community who are either directly or indirectly touched by violence, key informants also noted that there is *considerably less knowledge* in the community about the causes, signs, consequences, impacts, and preventability of interpersonal violence. Therefore, knowledge about the incidence specifically of interpersonal violence in the community would generate a higher score for this dimension of readiness, while knowledge about other factors such as the causes, signs, consequences, impacts or preventability of interpersonal violence would generate a significantly lower score.

Several additional indicators not already discussed in this report that are related to community knowledge and community climate – key elements of community readiness that are intertwined – arose out of the community perceptions survey. These themes represent both strengths and challenges in the community which may have the potential to either positively or negatively impact prevention efforts.

Close-Knit Community

Individuals taking the community perceptions survey were asked to name one positive characteristic of Dillingham as a community that could help efforts to prevent interpersonal violence. Nearly half of the 161 individuals who answered the question (46.0%) described

Dillingham as a caring or close-knit community where people know each other, help each other out, and stick together.

Hope

More than half of individuals taking the community perceptions survey (54.3%) indicated they were either moderately or very hopeful that interpersonal violence in Dillingham could be ended in their lifetime, and an additional 37.1% indicated being a little bit hopeful. Only 8.6% of respondents said they were not at all hopeful.

Figure 28: "How hopeful are you that interpersonal violence in Dillingham can be ended in your lifetime?" (n=245)
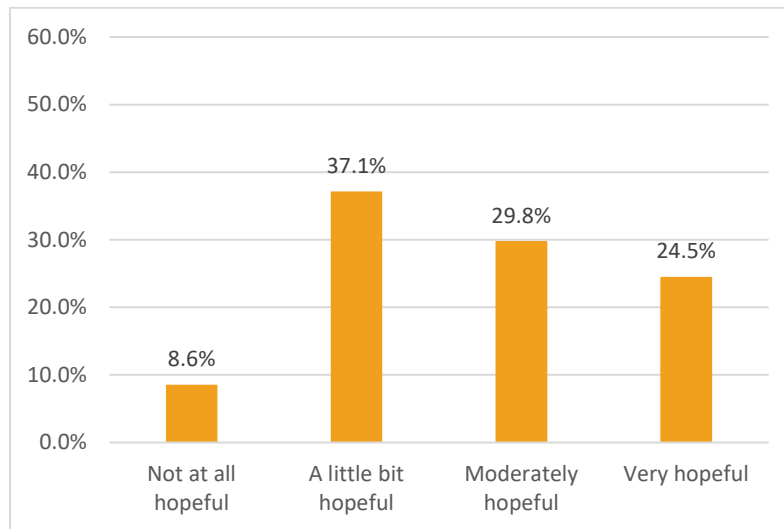
Victim Blaming

Fewer than half of respondents to the community perceptions survey (48.0%) felt that no one in Dillingham or only a few people in Dillingham would agree with the statement, *"Women who are victims of interpersonal violence did something to provoke it."*. More than one-third of respondents (39.8%) felt that some people in Dillingham would agree with the statement, while more than one in ten (12.2%) felt that either a lot of people in Dillingham or everyone in Dillingham would agree with the statement. This is shown in Figure 30.

Figure 29: "How do you think people in Dillingham would respond to the following statement: Women who are victims of interpersonal violence did something to provoke it" (n=246)
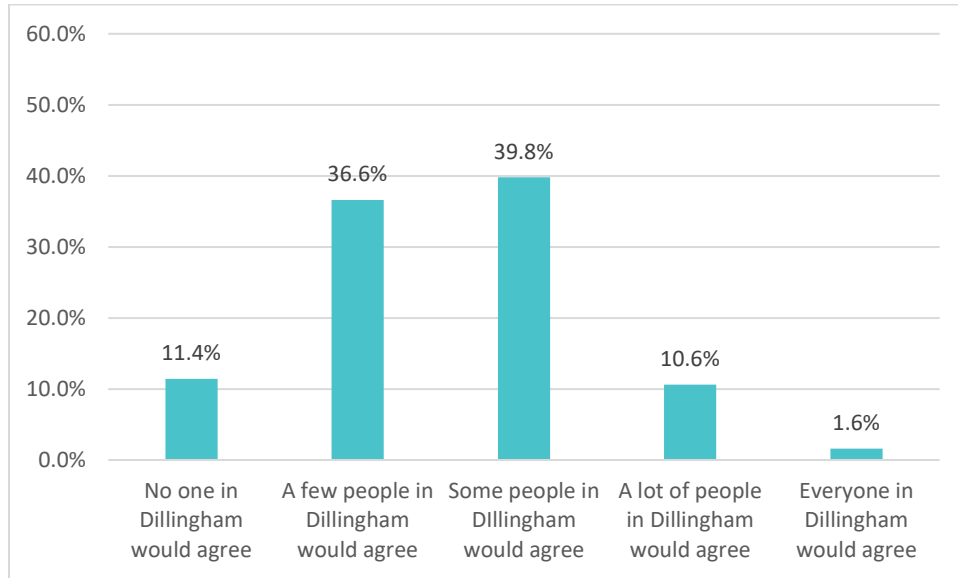
Respect towards Women

While 41.7% of respondents to the community perceptions survey indicated that either many males or most or all males show respect to females in Dillingham, more than one-third (37.1%) indicated that some males show respect to females in Dillingham. More than one in five (21.2%) felt that either none or very few males show respect.

Figure 30: "Do you think males show respect to females in Dillingham?" (n=245)
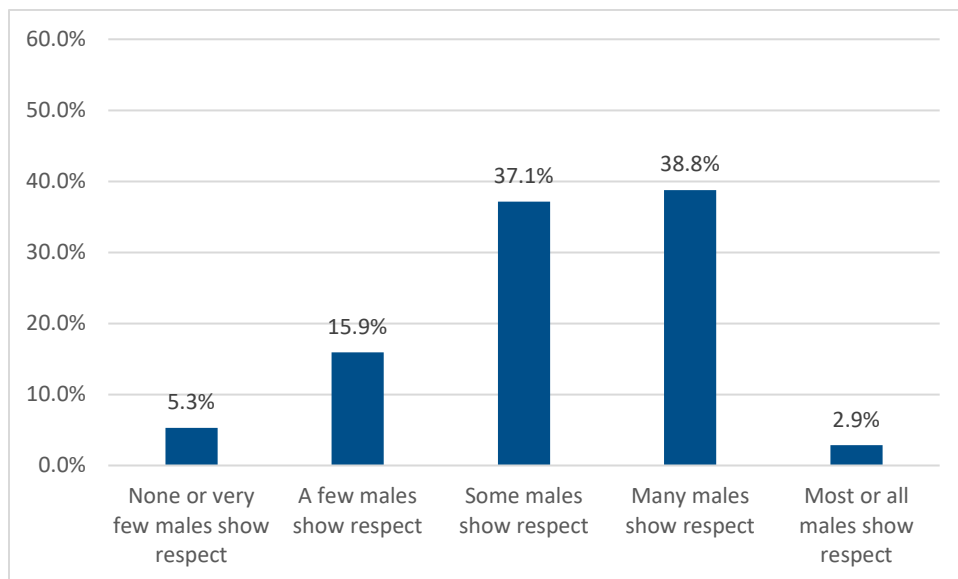
Resources and Knowledge of Prevention Efforts

Important consideration should also be made in interpreting the average score for the dimension *Community Knowledge of Efforts* of 3.45. This dimension assesses community knowledge of existing efforts in the community to prevent interpersonal violence, including community awareness of these efforts, understanding of the purpose of these efforts, and perceptions of the effectiveness of these efforts. However, key informant ability to meaningfully discuss this dimension is highly dependent on the key informant's own personal knowledge of prevention efforts – for example, if the key informant is not him or herself knowledgeable about what prevention efforts currently exist in the community, then that key informant will not be able to accurately describe the knowledge level of community members. Key informants displayed a wide range of personal knowledge or awareness about prevention efforts and what may be considered prevention (i.e. efforts ranging from those specifically labeled as violence prevention such as the annual Choose Respect March, to efforts which are not labeled as violence prevention, but which build resilience in individuals and therefore presumably work to prevent violence such as participation in Girl Scouts or support for cultural and subsistence activities). The wide range of individual scores for this dimension (range from 1 to 5.75) is reflective of this range of knowledge among key informants and therefore indicates the score for this dimension may not be reliable due to differing understanding of prevention among key informants.

Individuals taking the community perceptions survey were asked in an open-ended question to name any prevention efforts or programs they could think of. The large majority of those responding to the question (83.1%) listed SAFE and/or a specific program of SAFE including Myspace, SISTRS Support Group, and CANDU. Slightly less than one-quarter (23.5%) listed Bristol Bay Area Health Corporation (BBAHC) or specific programs within BBAHC including the CAC, Jake's Place, behavioral health, and the hospital. Just under one in ten (9.6%) listed a variety of prevention or after school programs offered through the school district.
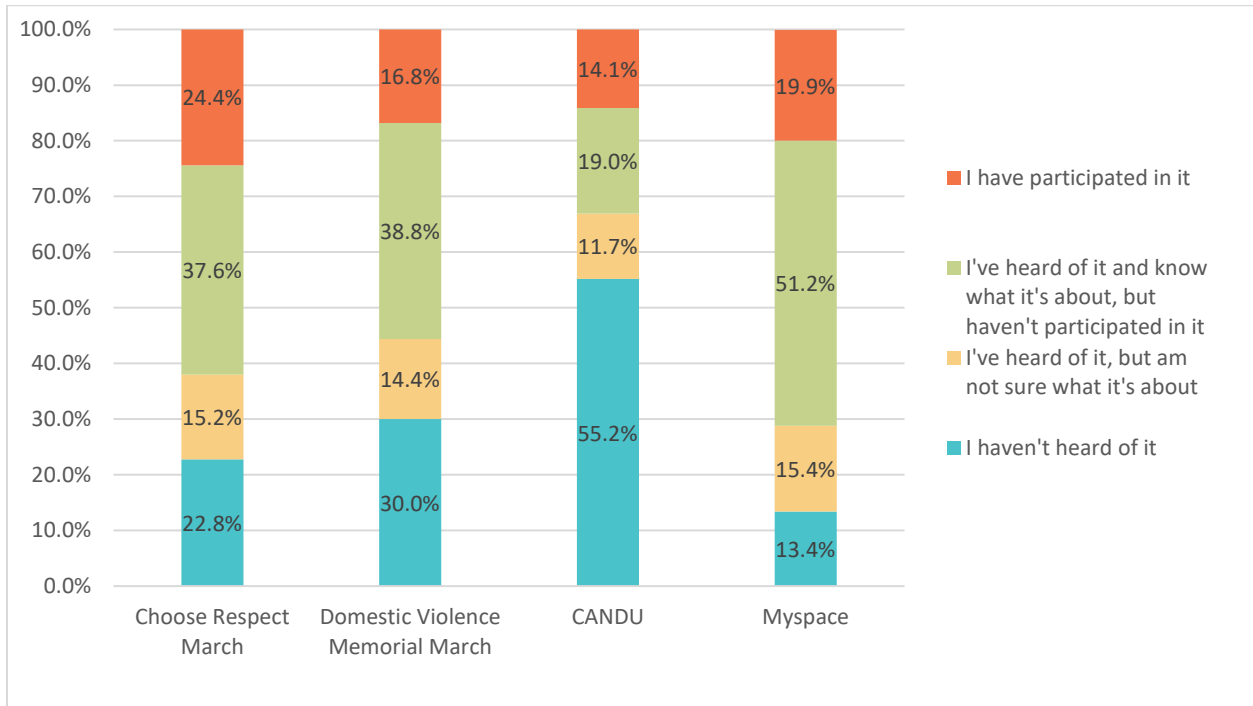
Figure 31: "What prevention efforts or programs can you name?" (n=136)

Theme	Count	Percent of All Respondents
SAFE or SAFE programs	113	83.1%
- *Myspace*	13	9.6%
- *SISTRS Support Group*	6	4.4%
- *CANDU*	3	2.2%
BBAHC or BBAHC programs (also includes BBAHC Health Ed Dept, newsletters, ask about violence at medical appointments)	32	23.5%
- *Behavioral health/treatment/counseling*	11	8.1%
- *Jake's Place*	9	6.6%
- *CAC*	3	2.2%
- *Hospital*	3	2.2%
School Programs (includes school, 4H, SAFE education in schools, after school programs, clubs, and activities, MAP School, 4th R)	13	9.6%
OCS/Jail/Law enforcement/Court System	10	7.4%
BBNA	9	6.6%
Churches and church programs (includes Assembly of God Recovery Program, Awanas)	9	6.6%
AA/NA	9	6.6%
Dillingham Christian Youth Center	7	5.1%
Public Health	4	2.9%
Cited lack of male-specific programs or services	3	2.2%
Other	29	21.0%

To assess community knowledge and participation rates for specific prevention efforts including the Choose Respect March, Domestic Violence Memorial March, CANDU, and Myspace, individuals taking the community perceptions survey were asked to indicate how much they know about each of these efforts.

→ Just under one-quarter of respondents (24.4%) indicated that they have participated in the Choose Respect March, while fewer than one in five had participated in the Domestic Violence Memorial March, CANDU, or Myspace.

→ More than half of respondents (55.2%) indicated they had not heard of CANDU. Close to one-third of respondents (30.0%) had not heard of the Domestic Violence Memorial March and slightly less than one-quarter (22.8%) had not heard of the Choose Respect March.

**Figure 32: "How much do you know about each of the following in Dillingham?"
(n=252)**

Legend:
- I have participated in it
- I've heard of it and know what it's about, but haven't participated in it
- I've heard of it, but am not sure what it's about
- I haven't heard of it

Category	Choose Respect March	Domestic Violence Memorial March	CANDU	Myspace
I have participated in it	24.4%	16.8%	14.1%	19.9%
I've heard of it and know what it's about	37.6%	38.8%	19.0%	51.2%
I've heard of it, but am not sure	15.2%	14.4%	11.7%	15.4%
I haven't heard of it	22.8%	30.0%	55.2%	13.4%

Capacity Building Needs

Key informants interviewed as part of the community readiness assessment were asked to identify what they felt were the biggest needs in Dillingham to build the community's ability to prevent interpersonal violence. Responses were varied; however, seven of the 10 key informants (70%) specifically discussed the need to facilitate community discussion as well as empower people to speak up. This included reducing the stigma or fear related to talking about interpersonal violence, as well as holding community forums or talking circles for people to come together to discuss the issue.

> *"…two older people had the courage to talk about their experience as victims. Not in a lot of detail, but just lay themselves out and, in a public forum, and to me that was huge. And it was, incredibly, sort of the only time I've heard that recently here in Dillingham, or heard that ever. And I guess I sort of hoped that that was kind of opening the door, but as more time slips past, then I don't know that door is staying open. But, you know, I think that whole being able to discuss things or having, having important community members make it okay to discuss things by, you know, their own behavior is a, tremendously important component to – it's a tremendously difficult one…"*
> *-Interview 2, September 2018*

When asked about prevention needs for Dillingham, several key informants also suggested increased education. Four key informants specifically spoke about the need to start education at a young age.

> *"I think education is the biggest need. I think that if people realized what it led to and the degree of the problem - and I've got this [belief] that if only they knew how bad it really was - they would then not tolerate the smaller acts of violence, which would then not grow into the bigger acts of violence. Once again I think that if […] if you see something say something, it's empowering people to speak out, empowering people […] when you have somebody that's physically really seriously hurt in front of you and then they don't want to press charges, or they say, '[law enforcement is a relative] of the guy that did this to me.' Um, somehow changing that from a disinclination to an inclination or making sure that people feel safe reporting it. […] But somehow, the education or the encouragement that even if it doesn't make a difference this time maybe it will make a difference next time."*
> *-Interview 8, October 2018*
>
> *"But, I think that if we can start informing our children at a young age of things to watch for, things that they can recognize, and to ingrain in them that if they're ever a victim or if they witness or find themselves in kind of a rough spot or a hard spot that they definitely need to use their voice, and let someone know."*
> *-Interview 6, October 2018*

The need for key leaders was a theme that arose throughout key informant interviews, with six of the 10 key informants citing various aspects of leadership. This included the fact that there are not a lot of leaders in the community and those leaders who are active in the community are tapped out; that prevention would be possible with someone in place to pull everything together; that there is a need for a champion; and that those leaders who actively participate are typically those who are funded and directed to do so through their employment. Key informants also indicated that community members would be more likely to participate in prevention efforts if there was a leader and/or support in place and if there was something they could easily latch onto. Several key informants also indicated the importance of male leadership and role models in prevention efforts.

> *"...If you have somebody actively involved spearheading it, organizing it, and getting it all together, then I think you will find participants and probably, probably lots – on a subject like this, a lot of participants. But as soon as that person goes away or that position goes away, I think you're gonna go right back to the same situation we're in now where you don't have anybody doing, you know – helping to organize everything.*
>   *Interview 3, September 2018*
>
> *"I think that's where male leadership would help, because, you know, an example I think is part of what helps break down those walls – and it's not that I think women shouldn't be involved, it's just that, um, people see roles models, and maybe that was what I meant to say. Not male leadership, but male role models."*
>   *-Interview 4, September 2018*
>
> *"…There are many people who, who have shown excellent leadership capabilities, but you tend to see the same kind of group of leaders at each thing. It's the mothers that are doing Girl Scouts, that are also the mothers cooking at the basketball tournaments and at the wrestling tournaments and at the volleyball tournaments. […] I wish that I knew more people who are willing to step-up in the leadership role and I don't know how you grow that."*
>   *-Interview 8, October 2018*

Other capacity building needs that key informants discussed include outreach and training for local volunteers, the need for a dedicated community space for cultural activities, and the need for prevention strategies that are specifically tailored to the community of Dillingham.

> *"I think more [outreach] for volunteers would probably – I think it would likely be successful. I think that there might be people who would be interested in volunteering, and don't have a clear way of getting involved."*
> *-Interview 5, September 2018*
>
> *"I think we need space. You know, we don't have a dedicated community center. We don't have a dedicated meeting hall. […] we don't have a place to go and be native. We don't have somewhere to go and native dance. We don't have a dedicated space for, like, skin sewing and beading where our people can just gather and be. We don't have a carving lot anymore. Space dedicated for being whom we are as a living culture I think is something that we need."*
> *-Interview 9, November 2018*
>
> *"You know, some of these things that we try to dream up outside of these small villages just don't apply here. So you know, you kind of have to restructure everything. If it works for a large town, even a city, you know, it may not work out here. Because of the way the culture is and what – the way the community's set up…"*
> *-Interview 1, September 2018*

Respondents to the community perceptions survey were asked in an open-ended question to indicate what they felt the most important thing is that can be done in Dillingham to help prevent interpersonal violence from ever happening to someone in the first place.

→ More than one-quarter of respondents (28.1%) suggested that education, awareness and outreach is the most important thing that can be done in Dillingham to prevent interpersonal violence from happening, and 18.1% of respondents specifically indicated that early prevention and education including in the schools is the most important thing that can be done.

→ Other common responses included reducing access to and use of alcohol and/or drugs, and improving access to services, programs, and resources including treatment.

Figure 33: In your opinion, what is the most important thing that can be done in Dillingham to help prevent interpersonal violence from ever happening to someone in the first place? (n=221)

Theme	Count	Percent of Respondents
Education, awareness, and outreach (about violence and about resources)	62	28.1%
Early prevention and education including in schools	40	18.1%
Reduce access to and use of alcohol and/or drugs	32	14.5%
Access to services, programs, and resources including treatment	25	11.3%
Stay away from violent people, empower people who are abused to leave	12	5.4%
More activities, community events and involvement	10	4.5%
Visible consequences including law enforcement	10	4.5%
Need for male-specific services or programs	10	4.5%
Empower people to help, ask questions, intervene and speak up	10	4.5%
Support, talking to someone, trusting friends, support groups	8	3.6%
Hold meetings, talk about it, talking circles	7	3.2%
Safe place to go	4	1.8%
Improved economics (incl. housing, jobs, etc.)	3	1.4%
Build respect or culture of respect	3	1.4%
Not sure/don't know	15	6.8%
Other	22	10.0%

To assess perceptions of opportunities for males to engage in prevention efforts in Dillingham, individuals taking the community perceptions survey were asked to indicate how many opportunities they think exist for males in Dillingham to take an active part in ending violence.

→ More than one-third of respondents (36.2%) indicated that none or very few opportunities exist for males to take an active part in ending violence.

→ One-third of respondents (33.3%) indicated that some opportunities exist. Very few respondents – just 5.3% felt that a great deal of opportunities exist.
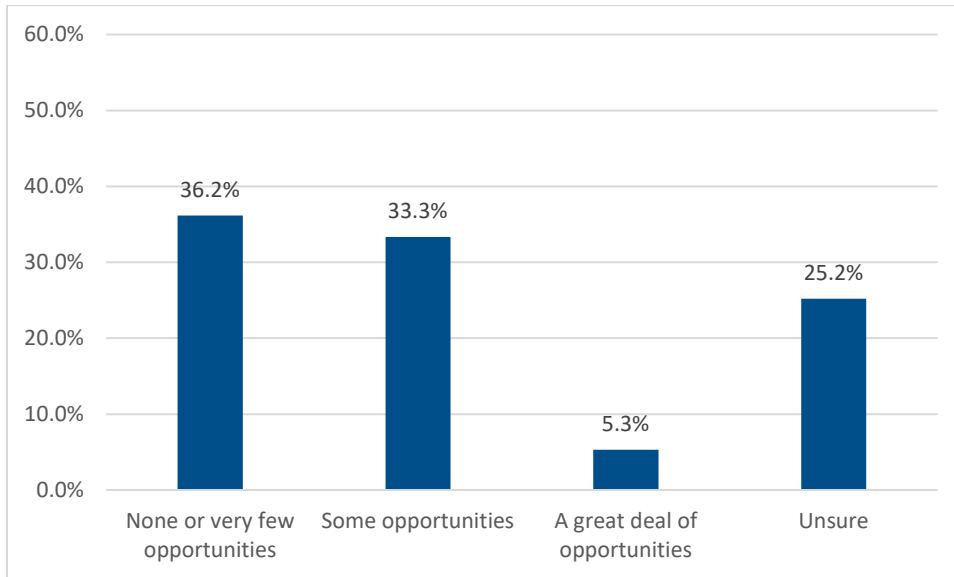
While slightly more than half of participants in the community perceptions survey (54.5%) indicated that in the last five years they had not been in any situation where they felt they should intervene against any act of bullying, domestic violence, or assault, but didn't know how or were afraid to intervene, a significant percentage of survey respondents (45.5%) indicated that yes, in the last five years they had been a situation where they felt they should intervene but didn't know how or were afraid to.

**Figure 35: "In the last five years, have you ever been in a situation where you felt
you should intervene against any act of bullying, domestic violence, or assault,
but you didn't know how or were afraid to intervene?" (n=244)**
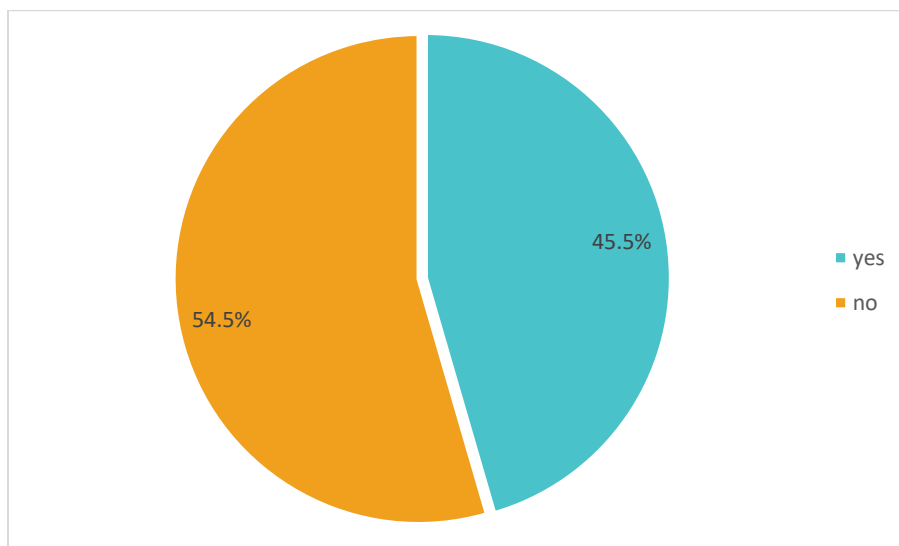
Implications and Recommendations for Capacity Building

This assessment utilized a community readiness assessment, community perceptions survey, and multiple secondary sources of data to identify community factors which have the potential to impact SAFE's capacity building efforts for the prevention of interpersonal violence in Dillingham. Several key themes arose out of this assessment:

- ***Community Knowledge:*** While the community appears to have a good deal of knowledge about the incidence of interpersonal violence in Dillingham, as a whole community members have less knowledge about specific aspects of violence including the various forms violence may take, signs that someone may be experiencing violence, causes of violence, and the broader impacts of violence.

- ***Perception of Risk:*** The majority of people in Dillingham feel that certain groups of people are at higher risk of experiencing interpersonal violence, as well as that interpersonal violence is less common among people like themselves. However, almost half of respondents to the community perceptions survey felt that interpersonal violence is either a great concern or an extreme concern in the community, more than half indicated they have been a victim of interpersonal violence, and more than three-quarters indicated they know someone else in Dillingham who has ever been a victim.

- ***Knowledge about Prevention:*** Knowledge about prevention was highly varied among key informants interviewed. While the majority of respondents to the community perceptions survey felt that community members overall understand that violence can be prevented, nearly three-quarters felt that people don't know how they can make a difference in preventing violence. Furthermore, survey respondents overall reported knowing only a little to a moderate amount about what they can do to help end interpersonal violence in the community, and close to half reported being in a situation in the last five years where they felt they should intervene against any act of bullying, domestic violence, or assault but didn't know how or were afraid to intervene.

- ***Alcohol and Drug Use and Interpersonal Violence:*** Community members indicated a strong connection between alcohol and drug use in the community and interpersonal violence. While it is difficult to conclude that rates of alcohol and drug use are significantly higher in Dillingham, data reveal that of those adults who do drink alcohol, a higher percentage report binge drinking in the Dillingham Census Area than do in Alaska.

- **_Cycle of Violence:_** Many key informants discussed the cycle of violence in addition to the need to begin education and prevention at a young age in order to help break this cycle. Data from the State of Alaska show that not only have a higher percentage of adults in the Dillingham Census Area experienced one or more Adverse Childhood Experiences (ACEs) before the age of 18 than for Alaska, but that adults in the Dillingham Census Area have higher rates of having been physically hurt by their parents or other adults in the home before age 18, being a victim of sexual abuse before age 18, and having had parents or other adults in the home hit each other before age 18.

- **_Stigma and Tolerance:_** Key informants that were interviewed as well as respondents to the community perceptions survey highlighted that there is a stigma in the community related to talking about interpersonal violence. In both cases, suggestions were made that there is a need for community forums or talking circles to discuss the issue which in addition to bringing the issue into the open, would also work towards reducing this stigma. Key informants and survey respondents also highlighted several situations in the community in which violence may be tolerated. This may happen to protect individuals, if there are alcohol or drugs involved, if people don't want to get involved, when violence is normalized, or when there are financial concerns.

- **_Level of Support for Prevention in the Community:_** While data indicate that overall community members and the community's leadership are supportive of prevention efforts, in both cases this support remains primarily passive rather than active. Reasons include competing priorities, the need for key leaders in the community, the need for something people can easily latch onto, and a general lack of motivation to take action beyond helping one's own friends and family members.

None of the themes which emerged in the assessment process are independent of each other – rather, these themes are intertwined, and all have the potential to have an effect on each other. With an overall community readiness score of 4.09, recommended actions or strategies based on the Community Readiness Model developed by the Tri-Ethnic Center for Prevention Research would include such activities as conducting focus groups, increasing media exposure and presentations, holding public forums, encouraging community leaders to speak out, and sponsoring community events to kick-off new efforts or revitalize existing efforts. These recommendations all fall in line with findings from this assessment and could work to build community capacity in several significant ways:

1. Increase community knowledge and understanding about violence including such aspects as who is impacted, how to recognize if someone is experiencing violence, factors that may put someone at higher risk for violence, the broader impacts of violence in the community, and protective factors against violence. By building a broader understanding of interpersonal violence in the community, the support of

community members and leaders may begin to take on a more active rather than passive form.

2. Decrease stigma and tolerance towards interpersonal violence by normalizing conversation about the issue in the community. Increasing opportunities for community conversations could work towards normalizing open conversation about violence in the community, as well as build an environment where victims may feel more comfortable to speak out and seek help. In addition, the opportunity for facilitated community conversations could reduce misperceptions in the community such as that the victim is at fault, assumptions that alcohol is primarily to blame for violence, or that only physical violence constitutes interpersonal violence.

3. Increase community awareness about what constitutes prevention, what prevention efforts currently exist in the community, and ways that community members can make a difference in working to end violence in the community. Educating community members and leaders about the many forms of prevention and efforts that currently exist in the community will help the community gain a better understanding of prevention and ways that violence can be decreased. Providing community members and leaders with small or simple ways that they can help prevent violence will also work to shift support for prevention to a more active instead of passive form.

Prevention Resources Assessment

To support capacity building efforts, it is finally recommended that SAFE conduct a Prevention Resources Assessment prior to further planning and implementation of strategies. This resources assessment should be designed to look at resources that currently exist in the community to support the building of community capacity to prevent interpersonal violence. This assessment should include such components as key individuals in the community who could contribute to spearheading efforts (i.e. key program staff, volunteers, community leaders who have a vested interest the effort, etc.); specialized knowledge or skills held by people or organizations in the community that could support capacity building efforts (i.e. public meeting facilitation, training in specific prevention strategies, writing or graphic design skills to support the development of educational materials, etc.); community connections (i.e. access to key populations in the community such as youth, young parents, elders, etc.); any existing efforts in the community that could support prevention efforts (i.e. community events, community plans, existing prevention programs, etc.); and other regional, state or national resources that could provide programmatic support to capacity building and/or prevention efforts.

Safe and Fear-Free Environment, Inc. (SAFE)
Preliminary Report of Community Readiness Assessment

January 11, 2019

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Preliminary Report of Community Readiness Assessment

Introduction

In August 2018 Safe and Fear-Free Environment, Inc. (SAFE) contracted with the Goldstream Group, a consulting firm located in Fairbanks, Alaska that is dedicated to helping non-profit community organizations including school districts, tribes, universities, and health and social service providers improve the lives of Alaskans, to assist in the completion of a needs assessment to support SAFE's efforts to build Dillingham's capacity for the primary prevention of interpersonal violence.

As part of this process, a Community Readiness Assessment was conducted to better understand attitudes, knowledge, resources, and efforts and activities of community members and the community's leadership. This information, which describes the community's level of readiness to engage in prevention, will be used together with data collected from a community perceptions survey, previous community surveys, and a variety of secondary data sources in the development of a community prevention plan that will be targeted at building Dillingham's capacity to prevent interpersonal violence.

Methodology

To conduct the Community Readiness Assessment, the Community Readiness Model developed by the Tri-Ethnic Center for Prevention Research at Colorado State University[1] was used. This model uses interviews with key informants representing a variety of community sectors (i.e. city leadership, tribal leadership, education, health and social service providers, etc.) and an established scoring rubric to measure attitudes, knowledge, efforts and activities, and resources of community members and the community's leadership in order to assess the community's readiness to engage in prevention. The model includes nine stages of community readiness, with each stage corresponding to recommended prevention and capacity-building activities intended to build on the community's current stage of readiness in ways that are relevant to the community. The model is based on the premise that if a prevention strategy or activity does not match the community's current level of readiness, prevention efforts are more likely to be met with low levels of enthusiasm in the community, resistance by community members and/or leadership, lack of action by community leaders, and/or a lack of resources and overall ineffectiveness. The model's nine stages of community readiness and corresponding example actions are summarized in Figure 1.

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[1] Community Readiness for Community Change: Tri-Ethnic Center Community Readiness Handbook. Tri-Ethnic Center for Prevention Research, Colorado State University. Retrieved from http://www.triethniccenter.colostate.edu/community-readiness-2/.

Figure 1: Stages of Community Readiness and Example Actions to Raise Community Readiness[1]

Level of Readiness		Example Actions (*Example actions for each stage also assume continuation of actions from previous stages*)
1	No Awareness	One-to-one outreach with community members and leaders, outreach to small groups, outreach to individuals in social networks, collection of local stories
2	Denial and/or Resistance	Provide information in newsletters and bulletins, publish media articles, strategic communication with community influencers and leaders
3	Vague Awareness	Present information at local events and community groups, post flyers and posters, initiate engaging and fun informational events, publish newspaper articles with local data and information
4	Preplanning	Conduct focus groups, review existing prevention efforts in the community, increase media exposure and presentations
5	Preparation	Hold public forums, encourage community leaders to speak out, sponsor community events to kick-off new efforts or revitalize existing efforts
6	Initiation	Conduct training for professionals, publicity efforts for new activities, provide updates at meetings, identify service gaps, begin seeking additional resources and funding, begin evaluation efforts
7	Stabilization	Hold community events to maintain support, provide training for community members, hold regular meetings to review progress and modify strategies, hold recognition events for supporters and volunteers, publish media articles detailing progress, evaluation efforts and future plans, networking among community providers and systems
8	Confirmation and Expansion	Formalize networking with MOAs or MOUs, initiate relevant policy changes, conduct media outreach on data trends, utilize evaluation data to modify efforts, publish a local program services directory, develop list of local speakers
9	High Level of Community Ownership	Solicit financial support from local businesses and organizations, diversify funding sources, provide advanced training to professionals, re-assess the issue as progress is made, utilize evaluation and feedback for program modification, track outcomes data, continue to provide progress reports to community leaders and local sponsors

During Fall 2018 the Goldstream Group conducted interviews with ten key informants representing a variety of community sectors (i.e. city leadership, tribal leadership, education, health and social service providers, etc.) who were identified by SAFE prevention staff and known to be knowledgeable about the community. Once permission was obtained for an interview, each key informant was contacted by the Goldstream Group to schedule an interview. All interviews were conducted by telephone, and interviews were recorded and transcribed with verbal permission provided by key informants.

Key informants were asked a series of questions related to the five dimensions of community readiness provided in the model. These are: 1) community knowledge of the issue, 2) community knowledge of prevention efforts, 3) leadership, 4) community climate,

and 5) resources. These dimensions are summarized in Figure 2. In addition, several questions were added to the end of the interview protocol pertaining to capacity building needs in the community for the prevention of interpersonal violence, as well as to correlate with data points from the 2015 CANDU community survey.

Figure 2: Dimensions of Community Readiness[1]

Dimension	Description
Community Knowledge of the Issue	How much does the community know about the issue?
Community Knowledge of Efforts	How much does the community know about the current programs and activities?
Leadership	What is leadership's attitude toward addressing the issue?
Community Climate	What is the community's attitude towards addressing the issue?
Resources	What are the resources that are being used or could be used to address the issue?

Interviews were scored by the Goldstream Group according to the model's rubric. For each interview, each of the five dimensions of readiness was assigned a score on a scale of 0-9. Scores for each dimension of readiness were then averaged for the 10 interviews, and these scores were then averaged to arrive at an overall community readiness score. Interview transcripts were then analyzed for themes to provide further context and understanding of community factors that may impact prevention planning.
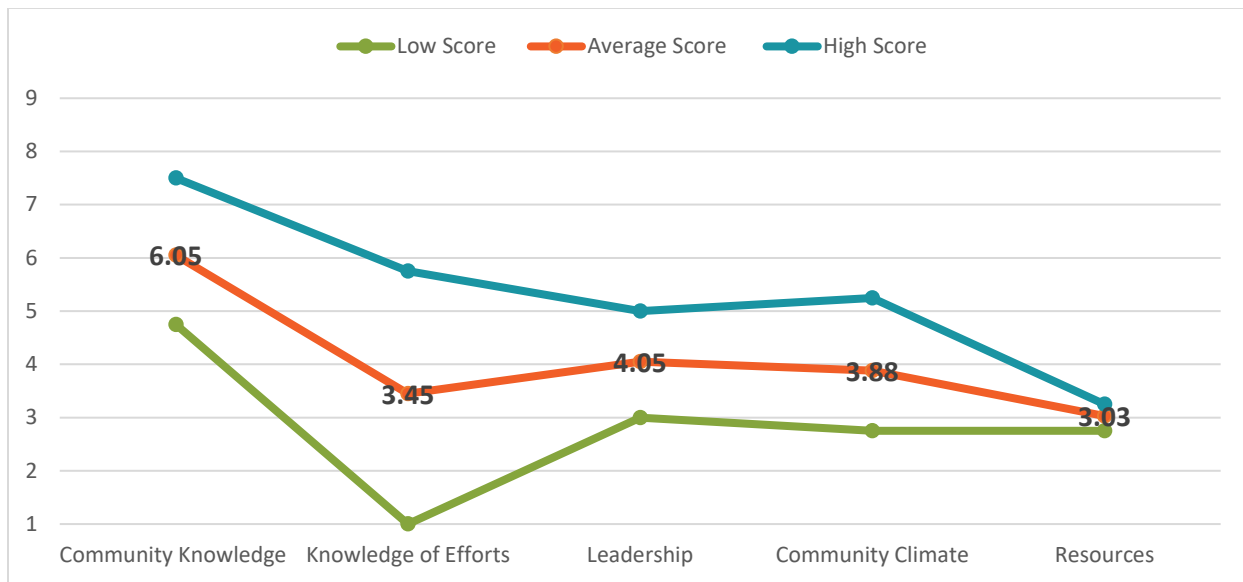
Community Readiness Scores

A summary of average scores for each dimension of readiness and the overall community readiness score are shown in Figures 3 and 4.

Figure 3: Summary of Community Readiness Scores (Scale of 1-9)

Dimension of Readiness	Low Score	High Score	Average Score
Community Knowledge of the Issue	4.75	7.5	6.05
Community Knowledge of Efforts	1	5.75	3.45
Leadership	3	5	4.05
Community Climate	2.75	5.25	3.88
Resources	2.75	3.25	3.03
Overall Score			**4.09**

Figure 4: Summary of Community Readiness Scores

Two important considerations should be noted when interpreting scores for the individual dimensions of readiness. These considerations pertain to the dimensions "Community Knowledge of the Issue" and "Community Knowledge of Efforts."

1. ***Community Knowledge of the Issue (Average Score = 6.05)***. This dimension not only assesses community knowledge of the *incidence* of interpersonal violence in Dillingham (i.e. how frequently it occurs), but also community knowledge about such factors as causes, signs, consequences, impacts, and preventability of interpersonal violence. While key informants predominantly felt that community members are aware of the incidence of interpersonal violence in Dillingham due to the large number of individuals in the community who are either directly or indirectly touched by violence, key informants also noted that there is *considerably less knowledge* in the community about the causes, signs, consequences, impacts, and preventability of interpersonal violence. Therefore, knowledge about the incidence of interpersonal violence in the community specifically would generate a higher score for this dimension of readiness, while knowledge about other factors such as the causes, signs, consequences, impacts or preventability of interpersonal violence would generate a significantly lower score.

2. ***Community Knowledge of Efforts (Average Score = 3.45)*** This dimension assesses community knowledge of existing efforts in the community to prevent interpersonal violence, including community awareness of these efforts, understanding of the purpose of these efforts, and perceptions of the effectiveness of these efforts. However, key informant knowledge of this dimension is highly dependent on the key informant's own personal knowledge of prevention efforts – for example, if the key informant is not themselves knowledgeable about what

prevention efforts currently exist in the community, then that key informant will not be able to accurately describe the knowledge level of community members. Key informants displayed a wide range of personal knowledge or awareness about prevention efforts and what may be considered prevention (i.e. efforts ranging from those specifically labeled as violence prevention such as the annual Choose Respect March, to efforts which are not labeled as violence prevention, but which build resilience in individuals and therefore presumably work to prevent perpetration or victimization such as participation in Girl Scouts or support for cultural and subsistence activities). The wide range of individual scores for this dimension (range from 1 to 5.75) is reflective of this range of knowledge among key informants and therefore indicates the score for this dimension may not be reliable due to differing understanding of prevention among key informants.

The average overall community readiness score of 4.09 is slightly higher than the Tri-Ethnic Model's Stage 4 of community readiness "Preplanning," yet lower than Stage 5 "Preparation." During this stage of community readiness:

- At least some community members know a little about causes, consequences, signs and symptoms and are aware that the issue occurs locally;

- At least some community members have heard of local prevention efforts and are familiar with the purpose of these efforts;

- At least some of the leadership in the community believes the issue is a concern at that some type of effort is needed to address it, and a few may be actively participating in developing, improving or implementing efforts;

- At least some community members believe the issue is a concern at that some type of effort is needed to address it, and a few may be actively participating in developing, improving or implementing efforts; and

- There are some resources in the community that have been identified that could be used for further efforts.

Analysis of Interviews for Themes

To provide further context to community readiness scores, as well as to increase understanding of community factors that may impact prevention planning, interview transcripts were analyzed for themes. Themes which emerged from the analysis include the intersection of drugs and alcohol with the issue of interpersonal violence in the community; and community norms or misperceptions related to interpersonal violence including a sense of acceptance, complacency or tolerance in the community, stigma, and blaming. Key informants overall felt there is a great deal of knowledge in the community about the incidence of interpersonal violence, but more limited knowledge about other aspects of violence including signs, causes, impacts, and the preventability of interpersonal violence.

Other themes identified include limitations in the support of community members in addressing interpersonal violence, as well as limitations in the support of the community's leadership in addressing interpersonal violence. These themes are summarized below.

Relationship with Drugs and Alcohol: All 10 key informants that were interviewed cited a connection with drugs and alcohol when asked about interpersonal violence in Dillingham. While all key informants discussed the intersection of drugs and alcohol, several pointed out that community members are often quick to blame drugs and alcohol for violence. Several key informants also indicated that an increase in drugs in the community in recent years has made them feel less safe.

> *"I think people know that there's a lot of alcohol abuse and a lot of drug abuse in the communities, and I think people are very quick to put a lot of – a lot of weight on those. I think there are definitely other underlying causes that maybe go unnoticed because alcohol and drug abuse are so prevalent as issues – underlying issues."*
> *-Interview 5, September 2018*

> *"I think that one of the biggest factors of violence is alcohol related. I would say probably 70 or more percent is alcohol related in our community. And I think a lot of people here know that. Um, drugs are starting to become another real big issue in our community, more recently. And there's not really a whole lot of violence involved, but there is definitely a lot of neglect with people, families and children. You know, some of the kids have a hard time dealing with it, whether they're young or old and, you know, they start acting out, and they can't really express their emotions. And so, even at a young age, kids are acting out and engaging in violence or violent behaviors."*
> *-Interview 6, October 2018*

> *"I think the chances are about equally good now that your boyfriend is not beating you anymore now than he was three years ago. However, because of the increase in the number of people who are doing drugs and are drug dependent I believe that the risk of interpersonal violence in people who are seeking to steal your stuff so they can support their drug habit has increased. So I think about locking my doors I guess is what I'm saying, and I didn't used to ever think about locking my doors."*
> *-Interview 8, October 2018*

> *"I think everybody blames everything on drugs and alcohol, but I think there's a lot more stressors in our, um, society than just drugs and alcohol, you know. There's been this huge sobriety movement out here for a while. I don't think that just because you drink, you're violent, nor do I think that just because you're sober, you're well."*
> *-Interview 9, November 2018*

Sense of acceptance, complacency, or tolerance in the community: Nine of the 10 key informants (90%) discussed a sense acceptance, tolerance or complacency related to

interpersonal violence in the community. Reasons for this included that the community is desensitized to violence because of the frequency with which it occurs, that people may cover for their family or friends to protect them, that people are afraid of the consequences to individuals and families if they report it, that people feel it's ok to let certain situations escalate until they hit a breaking point, that people feel helpless, that people are in denial that it could be happening with someone they know, that it may not be believed if the family has a good name in the community, that violence is often tolerated for economic reasons, and that sometimes violence is unknowingly taught in the home.

> *"Well, you know, when you do something over – uh, for a long time, over and over and over, it gets – kind of gets – I mean it just kind of gets like, it's not out of the ordinary anymore, you know? It's kind of like, well, it kind of becomes accepted almost. […] I don't know the right words to use for it, but you know, when you do something over and over again, it just kind of […] it's not a factor anymore…"*
> 　　*-Interview 1, September 2018*

> *"…I think that in some families, that's been proven around here, that, you know, there's been violence within families. And they just – but that's their family member, and they just basically cover for them. I mean, I've seen parents go to court to protect people that are guilty, and family members that have done that in the past, that just went out on a limb to try to protect the person that did the bad deed – – because they're a family member."*
> 　　*-Interview 3, September 2018*

> *"Yeah, I think we do. I mean, I think just out of loyalty, or uncertainty, or fear of, you know, of, just getting involved. You know, there's that human nature thing of, I know it exists, but I'm kind of shy, or I'm too reluctant to get involved. I think we have that."*
> 　　*-Interview 4, September 2018*

> *"I think that violence gets, I mean I think that a lot of verbal abuse gets tolerated. I think if you will low-level physical violence is tolerated. I think you get up to the, to the broken jaw or even the black eye, not necessarily the black eye, but the black eye with the broken face bone, it gets up to a certain point and it ceases to be tolerated, but man people are willing to tolerate a bunch before they say, 'No more.'"*
> 　　*-Interview 8, October 2018*

"Especially with money I see that, um, someone so accustomed to the lifestyle they're living that they're willing to tolerate the violence because of what it provides them in some way... 'I'm gonna allow myself to be in this situation even though I know it's not right, even though I know it's wrong. I know it's violent. I'm gonna accept it.' And there's – obviously there's people who want to leave and people who choose to leave, but then there's also people who choose to stay...I think it's probably primarily a financial security type of a thing... 'He owns this house. Where am I gonna go?'"
    -Interview 9, November 2018

Other community norms and misperceptions: When asked about community norms and misperceptions related to interpersonal violence half of key informants (50%) highlighted that there is a stigma related to talking about violence or asking for help, with one key informant indicating that male leaders are afraid they will appear weak if they get involved. In addition, five key informants (50%) talked about blaming, and specifically victim blaming in the community related to interpersonal violence. Finally, five key informants (50%) referenced the cyclical nature of violence, including an intergenerational component and that people may have a difficult time with new ideas that are contrary to what they've always known or were taught by their families.

"…it's so, still so, undercover or – it's still so hidden. It's still a taboo topic in a lot of ways, at least in the specific sense. We hear about it in general, but you don't hear specific cases and, you know, with good reason. It's protecting people's – in part because of the good reason of protecting people's privacy, but also just sort of a tradition of we don't talk about that. And therefore, I think it's, it's easy for people to just not have a clue."
    -Interview 2, September 2018

"I think that people are afraid to talk about it. I think a lot of people are afraid of what people think. And I think a lot of people want to keep this image that, you know, nothing's wrong, everything's okay, when in a lot of times it's not. And I think that people generally are afraid of what other people would think if they knew, whether they're a perpetrator or a victim. [...] I don't think people want to say, 'This is what happened to me.' Or, 'This is what I do.' You know?
    -Interview 6, October 2018

"I think that there's a lot of abuse that gets tucked under the rug or people are ashamed to admit it. In fact I've had ladies tell me, I mean they come here and they are wearing hoodies and sunglasses and they tell me they're ashamed to admit that they've been beaten or of coming out into public."
    -Interview 8, October 2018

"…I think that many in the community don't– they don't know a cause, and they – they still sort of attribute it to kind of old-fashioned stuff, you know? Like, 'Well, so-and-so shouldn't have done such-and-such.'"
　　-Interview 4, September 2018

"I mean I do think there is that perception everywhere that women are, you know, it's their fault because it happened to them."
　　-Interview 7, October 2018

"I've seen – I've seen a lot of marriages out here that, you know, they keep going back to the same violence over and over and over again."
　　-Interview 1, September 2018

"Uh, we have a, […] tend to just kind of go with what we're taught as children, and have a hard time, have a really hard time, doing – a lot of people have a hard time with ideas that are contrary to what their parents did or taught, what their family, caregivers did, and that's kind of an issue I think, […] I mean, I actually have read people's Facebook posts where they're essentially proud of the fact that they were spanked as children and, you know, kind of passing that on as a good tradition and doing it in a very truculent way that, you know, you can't deny, you know, they're daring anybody to deny it. And that type of thing. I think, you know, for that whole, if it's how my family behaved when I was a kid, then how dare anybody say something that might be criticizing what my mother and her father did…"
　　-Interview 2, September 2018

"I'd suspect or say that there are probably some, you know, what would you call it? Just that's the way it's always been, and I mean you know the way. The norms or values get handed down from one generation to the next. I suspect that, you know, that's probably why it just keeps cycling through."
　　-Interview 7, October 2018

Community knowledge: Overall, key informants felt that the community is very knowledgeable about the incidence of interpersonal violence due to the frequency with which it occurs in Dillingham. However, key informants also noted that community knowledge is more limited in regard to other aspects of violence such as the various forms it may take, signs, causes, and consequences or impacts.

"I think people are pretty aware that it occurs. I think that a lot of - I mean, it's such a small community. People know people who have gone through a lot of difficult times and who have been in a lot of difficult situations, even if they haven't experienced it themselves. […] I think that it's an issue that is so prevalent, I'm sure there are many far reaching effects that people wouldn't know…"
        -Interview 5, September 2018

"I think in general SAFE does a really great job of doing outreach and in-reach in the community, if that makes sense. But, um, I think as great as their outreach programs are, I still think some people maybe have blinders on and might really see – not see all of these aspects and I guess dynamics of interpersonal violence. They might just think it's, you know, assault and battery whereas controlling behaviors or sex, unplanned pregnancies, et cetera, are other forms that aren't so blatant. There are still people that don't understand that something is a form of violence when really it is. But in general our community I feel like is knowledgeable."
        -Interview 9, November 2018

Knowledge about prevention and preventability of interpersonal violence: Seven key informants (70%) specifically indicated that there is limited knowledge or understanding in the community about prevention and the preventability of interpersonal violence. There was also a considerable range of knowledge about prevention among key informants themselves. While some key informants had little to no knowledge about prevention efforts, other key informants listed numerous forms of prevention ranging from events specifically focused on violence prevention such as the annual Choose Respect March, to a variety of activities known to build resilience such as participation in cultural activities, participation in Girl Scouts, steams, or substance abuse treatment. Several key informants mentioned prevention efforts in schools.

"I don't think that the community really does understand it. That – I don't – you know, probably more of the community probably thinks that, you know, violence is just gonna happen no matter what you do because some people aren't gonna participate."
        -Interview 3, September 2018

"I do not think they are aware of the preventability of it. For that matter I'm not a hundred percent sure I'm aware of how much is preventable other than don't drink, don't do drugs, I mean don't…"
        -Interview 8, October 2018

"Um, I don't think – I don't think that they automatically think that it can be prevented. I think that when it happens they kind of go into crisis mode. And so everything goes out the window."
          -Interview 10, November 2018

Community support in preventing interpersonal violence: While key informants felt that the community is supportive of preventing interpersonal violence, most (60%) felt that this support is limited to passive support – that is, few community members actively participate in prevention efforts. Reasons for this lack of active support included competing priorities and time, a low level of motivation to act, and that people are more willing to help their friends and family than help at the community level. Key informants listed numerous barriers to active support, and felt that active support and involvement could increase if people had something they could easily latch onto, if there was a clear leader and support in place, and if there was more outreach in the community, and if there were clear suggestions of how to get involved.

"Yeah. I think they want it. It's just that they wanna – they don't wanna go out and get it themselves, you know? They want prevention, but you know, they're not motivated to go to do it. I mean if there was something easy that they could latch onto, you know? That would really hit home with them, I'm sure they would do it, but like I said, it would take a lot of work to get them involved."
          -Interview 1, September 2018

"I think people – everyone likes to pretend they care so much, but when it comes time to people stepping up to do things, maybe as organizations, there's a handful that do things. I think individuals in their individual lives try to help their family members and their friends. But if we're talking about the community as a whole demonstrating a priority, I see it kind of there, but I don't see it as much as it could be."
          -Interview 9, November 2018

"Because you're either super, super driven to make it stop or you're not... Somebody who cares more about trying to stop interpersonal violence than they do about Pebble Mine or saving the fish."
          -Interview 10, November, 2018

Support of the community's leadership in addressing interpersonal violence: While all key informants generally felt that the community's leadership is supportive of addressing interpersonal violence, for eight of the key informants (80%) this support is limited to passive support, with very little active support in terms of participating in planning or leading efforts to reduce interpersonal violence. In addition, six key informants (60%) specifically discussed the need for key leaders or champions of the issue. Key informants also noted that there are many competing priorities for the community's

leadership, that leadership is more likely to make it a priority if they see violence within their own organizations, and that those leaders who actively participate in violence prevention efforts are typically those who are already funded or directed to do so through their own organizations. Two key informants also discussed the importance of women being in leadership roles in raising the support for prevention.

> *"You know, I guess I would have to say it's pretty low, because I don't see them doing anything about it. […] And, I've heard – every once in a while somebody will get up and they'll agree that there's a problem. But I've never heard them actually come up with any plan to do anything about it. […] And then they're always saying, well, they're trying to balance their budget, and they have no money, and I think it's been a very low priority. I mean, they can't even keep the roads in shape, much less anything else under – our city is fraught with problems, sewer, sewer lagoon and erosion, you know, the water, just keeping people in place for what they pay them. […] we've had just a huge, huge turnover in the last couple of years."*
> *-Interview 3, September 2018*

> *"Um, how much of a priority? I guess, I would probably say it's probably five or lower. Maybe even four. But, I have to qualify and say, I don't think it's because we don't think it's important, or the organizations don't, it's just because other things have –you know, sort of, taken our attention. And, a lot of the things that are taking our attention are really political, financial, you know, how do we save the school, how do we save this health program or that health program, or, you know, they're cutting money here, changing regulations there. All that. So, the leadership really – their attention really is focused on all of that, really, instead of prevention."*
> *-Interview 4, September 2018*

> *"I don't know that's very much of a concern at all to the leadership of Dillingham I'm sorry to say. Because nobody is making a big deal of it. If it, if it was high on somebody's list of things to do surely they would actually be talking about it somewhere. [...] I think it is safe to say that they are very passively supportive of efforts that's for sure."*
> *-Interview 8, October 2018*

> *"I feel like it's important to everyone, but I just don't know what we're all doing about it...I feel like a lot of people talk about it, but I don't know again what we're doing...I'm thinking, one, our leadership is tapped out. Everybody is drawn in so many directions. […] Um, likewise, everyone already has their own missions or program goals and objectives, and how do you weave this in? Unless this is your mission, like SAFE and the CAC, how do you add this into the fold and prioritize it over everything else that you're already being funded or mandated to do?"*
> *-Interview 9, November 2018*

People are looking for leaders there, but there's a small percentage that will really jump and run around an issue and the greater number of people will if something's, you know – – if someone's providing a leadership role they would get on board with it.
　　　-Interview 2, September 2018

"You know, I think they would absolutely be if somebody was helping them to do it and to – you know, to do it and to educate them. But, you know, I don't think they're gonna run out there without having some kind of a support system to do it...If you have somebody actively involved spearheading it, organizing it, and getting it all together, then I think you will find participants and probably lots – on a subject like this, a lot of participants. But as soon as that person goes away or that position goes away, I think you're gonna go right back to the same situation we're in now where you don't have anybody doing, you know – helping to organize everything."
　　　-Interview 3, September 2018

Capacity Building Needs for the Prevention of Interpersonal Violence

To further inform SAFE about the community's capacity building needs for prevention, key informants were asked to identify what they felt were the biggest needs in Dillingham to build the community's ability to prevent interpersonal violence. Responses were varied; however, seven of the 10 key informants (70%) specifically discussed the need to facilitate community discussion as well as empower people to speak up. This included reducing the stigma or fear related to talking about interpersonal violence, as well as holding community forums or talking circles for people to come together to discuss the issue.

"...two older people had the courage to talk about their experience as victims. Not in a lot of detail, but just lay themselves out and, in a public forum, and to me that was huge. And it was, incredibly, sort of the only time I've heard that recently here in Dillingham, or heard that ever. And I guess I sort of hoped that that was kind of opening the door, but as more time slips past, then I don't know that door is staying open. But, you know, I think that whole being able to discuss things or having, having important community members make it okay to discuss things by, you know, their own behavior is a, tremendously important component to – it's a tremendously difficult one..."
　　　-Interview 2, September 2018

"...Just I guess community meetings. Anytime I think, you know, when you can get a group together that starts to accept each other and accept that, you know, there is a problem - I think it's a lot easier for people to start thinking about things and talking about things."
　　　-Interview 7, October 2018

"Talking circles. I think we need to break down some of the stigma that's associated with victimization and someone seeking services. If there is a way that we are better able to uplift them, even though, I mean, I think intentionally we are. People see that if they're speaking out, they're being looked at - they associate shame or guilt or, you know, being in the public eye."
         -Interview 9, November 2018

When asked about prevention needs for Dillingham, several key informants suggested increased education.

"I think education is the biggest need. I think that if people realized what it led to and the degree of the problem - and I've got this [belief] that if only they knew how bad it really was - they would then not tolerate the smaller acts of violence, which would then not grow into the bigger acts of violence. Once again I think that if […] if you see something say something, it's empowering people to speak out, empowering people […] when you have somebody that's physically really seriously hurt in front of you and then they don't want to press charges, or they say, '[law enforcement is a relative] of the guy that did this to me.' Um, somehow changing that from a disinclination to an inclination or making sure that people feel safe reporting it. […] But somehow, the education or the encouragement that even if it doesn't make a difference this time maybe it will make a difference next time."
         -Interview 8, October 2018

Four key informants specifically spoke about the need to start education at a young age.

"But, I think that if we can start informing our children at a young age of things to watch for, things that they can recognize, and to ingrain in them that if they're ever a victim or if they witness or find themselves in kind of a rough spot or a hard spot that they definitely need to use their voice, and let someone know."
         -Interview 6, October 2018

Other capacity building needs that key informants discussed include a need for male role models, outreach and training for local volunteers, the need for a dedicated community space for cultural activities, and the need for prevention strategies that are specifically tailored to the community of Dillingham.

"I think that's where male leadership would help, because, you know, an example I think is part of what helps break down those walls – and it's not that I think women shouldn't be involved, it's just that, um, people see roles models, and maybe that was what I meant to say. Not male leadership, but male role models."
         -Interview 4, September 2018

"I think more [outreach] for volunteers would probably – I think it would likely be successful. I think that there might be people who would be interested in volunteering, and don't have a clear way of getting involved."
        -Interview 5, September 2018

"I think we need space. You know, we don't have a dedicated community center. We don't have a dedicated meeting hall. […] we don't have a place to go and be native. We don't have somewhere to go and native dance. We don't have a dedicated space for, like, skin sewing and beading where our people can just gather and be. We don't have a carving lot anymore. Space dedicated for being whom we are as a living culture I think is something that we need."
        -Interview 9, November 2018

"You know, some of these things that we try to dream up outside of these small villages just don't apply here. So you know, you kind of have to restructure everything. If it works for a large town, even a city, you know, it may not work out here. Because of the way the culture is and what – the way the community's set up…"
        -Interview 1, September 2018

Safe and Fear-Free Environment, Inc. (SAFE)
Preliminary Report of Community Perceptions Survey

January 24, 2019

(revised March 7, 2019)

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Introduction

In August 2018 Safe and Fear-Free Environment, Inc. (SAFE) contracted with the Goldstream Group, a consulting firm located in Fairbanks, Alaska that is dedicated to helping non-profit community organizations including school districts, tribes, universities, and health and social service providers improve the lives of Alaskans, to assist in the completion of a needs assessment to support SAFE's efforts to build Dillingham's capacity for the primary prevention of interpersonal violence.

As part of this process, a Community Perceptions Survey was conducted to better understand perceptions of Dillingham community members related to interpersonal violence and the prevention of interpersonal violence, as well as help identify community factors that may have an impact on the planning and implementation of prevention activities in the community. This information will be used together with data collected from a community readiness assessment, previous community surveys, and a variety of secondary data sources in the development of a community prevention plan that will be targeted at building Dillingham's capacity to prevent interpersonal violence.

Methodology

Survey Development and Administration

The community perceptions survey was written by the Goldstream Group with input provided by SAFE prevention staff and Dillingham Prevention Coalition members. The survey was designed to better understand a) community feelings of safety and levels of concern about interpersonal violence in Dillingham; b) community knowledge about interpersonal violence and the prevention of interpersonal violence; and c) community perceptions of risk and protective factors for both victimization and perpetration. Where relevant and meaningful, questions from previous community surveys including a community survey conducted by SAFE in Spring 2018 and SAFE's 2015 CANDU community survey were integrated into the current survey to provide the best opportunity for comparison of data over time. A combination of closed-ended (i.e. multiple choice, Likert scales) and open-ended questions was used. For the purposes of this survey, the following definition of interpersonal violence was used: "Interpersonal violence includes domestic violence, dating violence, intimate partner violence, or other relationship violence." Survey takers were presented with this definition of interpersonal violence at regular intervals throughout the survey.

The survey was administered online and in person to a convenience sample of Dillingham adults over the age of 18 by SAFE staff in November and December 2018. SurveyMonkey (https://www.surveymonkey.com/) and QuickTap (https://www.quicktapsurvey.com/) survey applications were used to administer the survey in the following ways:

1. ***Email:*** Emails containing a link to the online survey were sent to a variety of agencies in Dillingham inviting employees to complete the survey including: Dillingham Police Department; Bristol Bay Area Health Corporation Drug & Alcohol Program, Counseling Center, and Office Manager; Dillingham Office of Children Services; Dillingham Fire Department; Dillingham Court House; Dillingham City School District; Bristol Bay Native Corporation; Curyung Tribal Council; University of Alaska Fairbanks Bristol Bay Campus; KDLG Radio Station; Togiak National Wildlife Refuge; Dillingham State Troopers Office; City of Dillingham; Bristol Bay Economic Development Center; and Bristol Bay Housing Authority.

2. ***Community iPad Stations:*** Community members were invited to complete the survey on iPads at a variety of local stores, businesses, and events including: AC grocery store (November 12 and 13); N&N grocery store (November 14 and December 11); SAFE's 36th Annual Membership Meeting (November 13); Kanakanak Hospital (December 5 and 6); Christmas Bazaar at Dillingham School District (December 1 and 8).

3. ***Postcards:*** Postcards containing a link and QR code to the online survey were mailed to 1,426 Dillingham post office boxes. An additional 1,225 postcards were placed at the AC and N&N stores in Dillingham and handed out to individuals during community iPad stations.

Analysis

A total of 287 surveys were completed between November 2 and December 14, 2018. Of these surveys, 245 (85.4%) were completed through to the last question.

Nearly three-quarters of respondents to the survey were female (74.8%), while just over one-quarter (25.2%) were male. Almost half of respondents (49.8%) were between the ages of 25-44, and more than one-third (37.1%) were between the ages of 45-64. Just 6.5% of respondents were between the ages of 18-24, with an additional 6.5% age 65 or older. More than two-thirds of survey respondents (69.5%) indicated they were American Indian or Alaska Native, and 42.4% of respondents indicated they were White. Fewer than 2% of respondents indicated they were Native Hawaiian or Other Pacific Islander, Asian, or Black or African American. This is shown in Figures 1-3.

Survey responses from the SurveyMonkey and QuickTap survey applications were downloaded and combined into a single Excel file for analysis. Responses to closed-ended questions (i.e. multiple choice, Likert scales) were tabulated and converted to percentages. Responses to open-ended questions were analyzed for common themes using a priori and emergent coding.

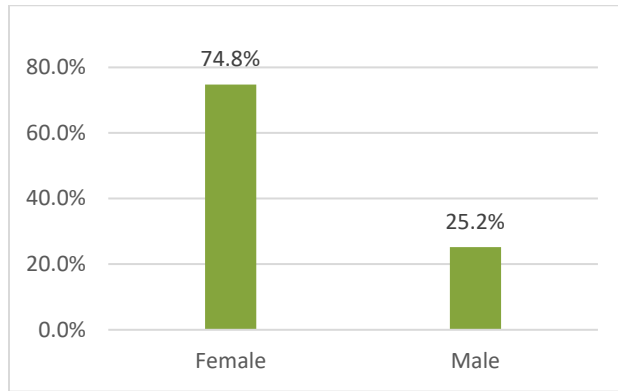**Figure 1: Gender of Survey Respondents (n=238)**
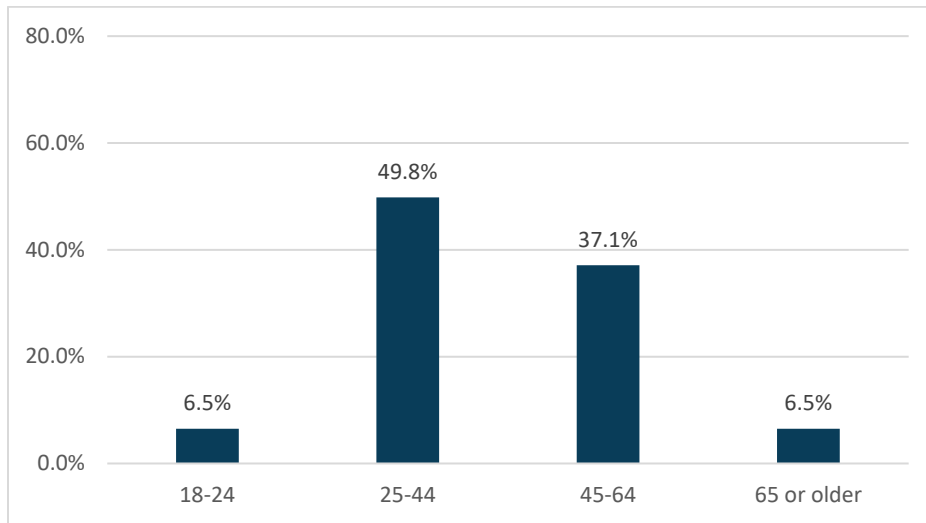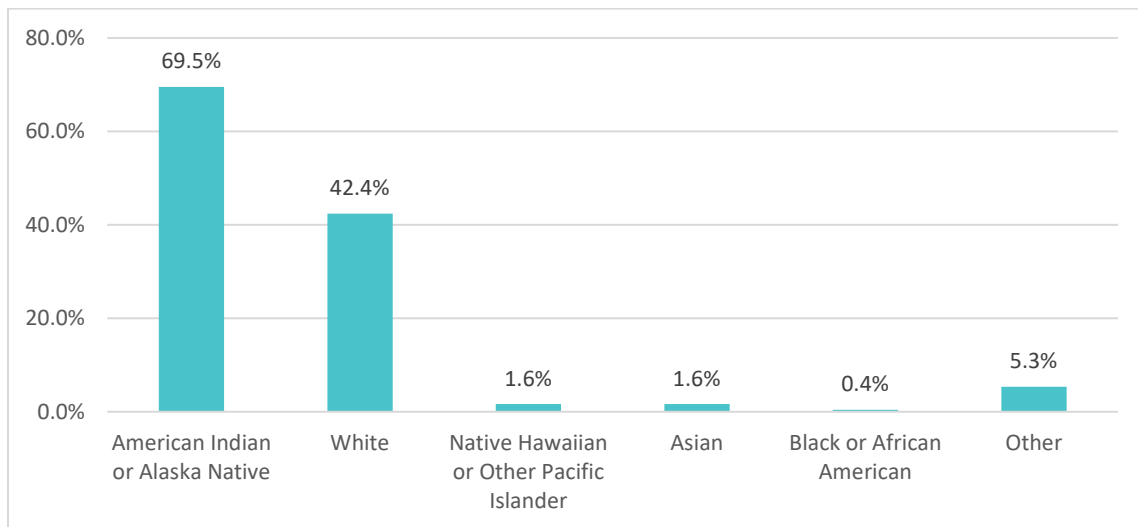

Figure 2: Age of Survey Respondents (n=245)

Figure 3: Race of Survey Respondents (n=243 respondents, respondents could select more than one race)

Survey Results

Community Perceptions of Safety and Concern

Survey takers were asked to indicate how unsafe or safe they feel in Dillingham. Response options were *"Very unsafe", "Somewhat unsafe", "Neutral", "Somewhat safe", or "Very safe"*. While more than half of respondents (59.9%) indicated feeling either somewhat safe or very safe, nearly one in five (19.2%) indicated feeling somewhat unsafe or very unsafe. This is shown in Figure 4.

Figure 4: "How unsafe or safe do you feel in Dillingham?" (n=287)
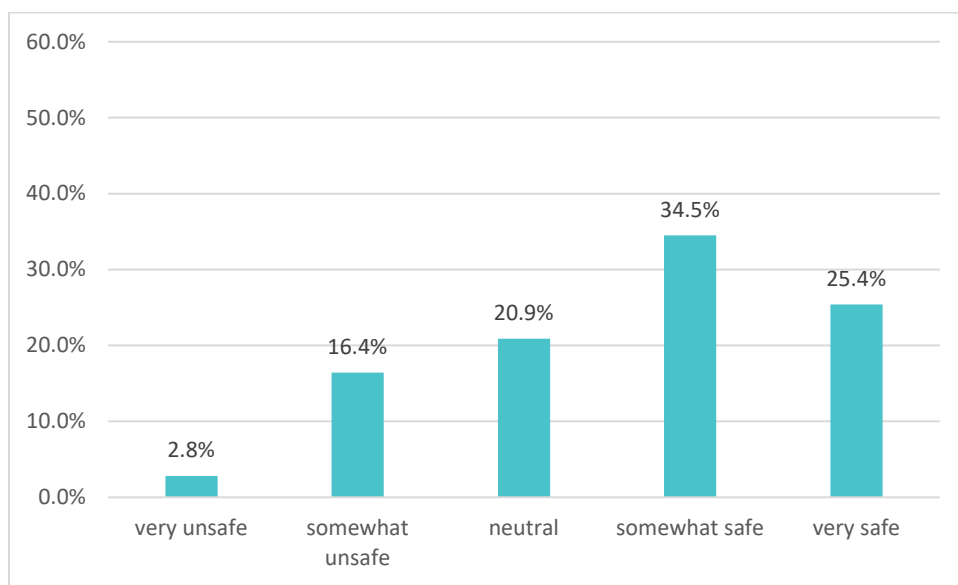
Survey takers were provided with the definition of interpersonal violence *"Interpersonal violence includes domestic violence, dating violence, intimate partner violence, or other relationship violence"* and asked to indicate how much of a concern interpersonal violence is in Dillingham. Response options were *"Not a concern", "A little bit of a concern", "A moderate concern", "A great concern",* or *"An extreme concern"*.

Nearly half of those responding to the question (46.8%) indicated that interpersonal violence is either a great concern or an extreme concern, while just over one-third (34.3%) indicated it is a moderate concern. Nearly one in five respondents (19%) indicated that interpersonal violence is either not a concern or only a little bit of a concern. This is shown in Figure 5.

Figure 5: "In your opinion, how much of a concern is interpersonal violence in Dillingham?" (n=280)
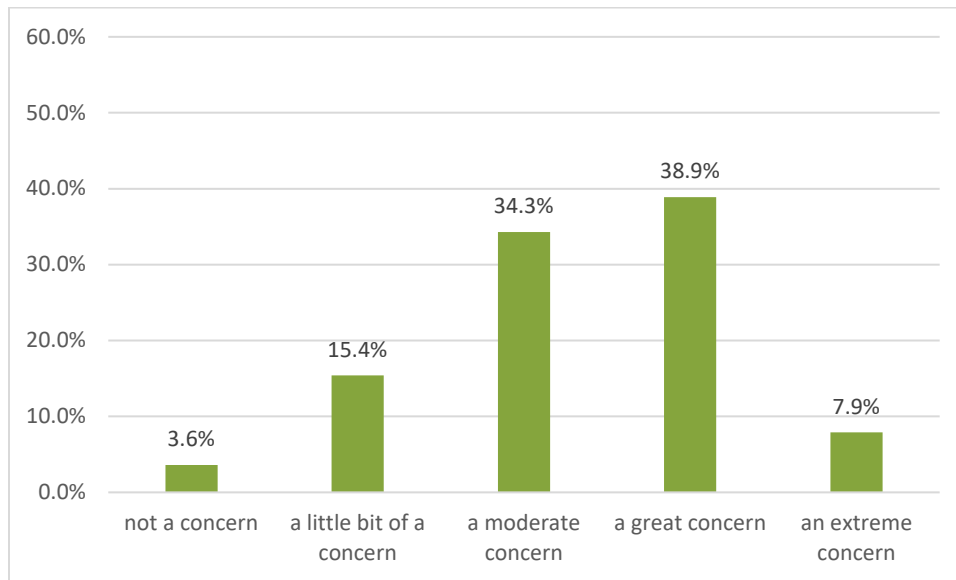
In separate questions, survey takers were asked to indicate whether they have ever been a victim of interpersonal violence, as well as whether they know someone else in Dillingham who has ever experienced interpersonal violence. Response options were *"Yes", "No",* or *"Prefer not to say".*

More than half of respondents (54.2%) indicated that they have ever been a victim of interpersonal violence, and over three-quarters (78.0%) indicated they know someone else in Dillingham who has ever experienced interpersonal violence. This is shown in Figure 6.

Figure 6: Experience with Interpersonal Violence
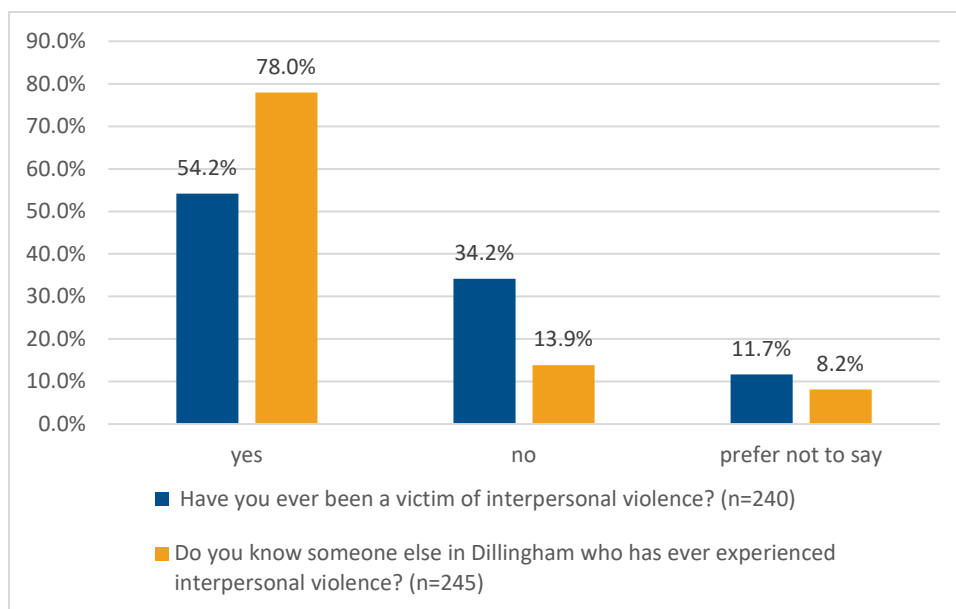
In separate questions, survey takers were asked if in the last five years they have personally intervened against any act of bullying, domestic violence, or assault in an attempt to stop it or de-escalate it; as well as whether they have ever been in a situation where they felt they should intervene against any act of bullying, domestic violence or assault, but didn't know how or were afraid to intervene. Response options to both questions were *"Yes"* or *"No"*.

More than six in ten respondents (62.2%) indicated they had personally intervened against any act of bullying, domestic violence, or assault in an attempt to stop it or de-escalate it in the past five years, and slightly less than half (45.5%) indicated they had ever been in a situation where they felt they should intervene against any act of bullying, domestic violence or assault, but didn't know how or were afraid to intervene in the past five years. This is shown in Figure 7.

Figure 7: Personal Intervention Against Bullying, Domestic Violence, or Assault
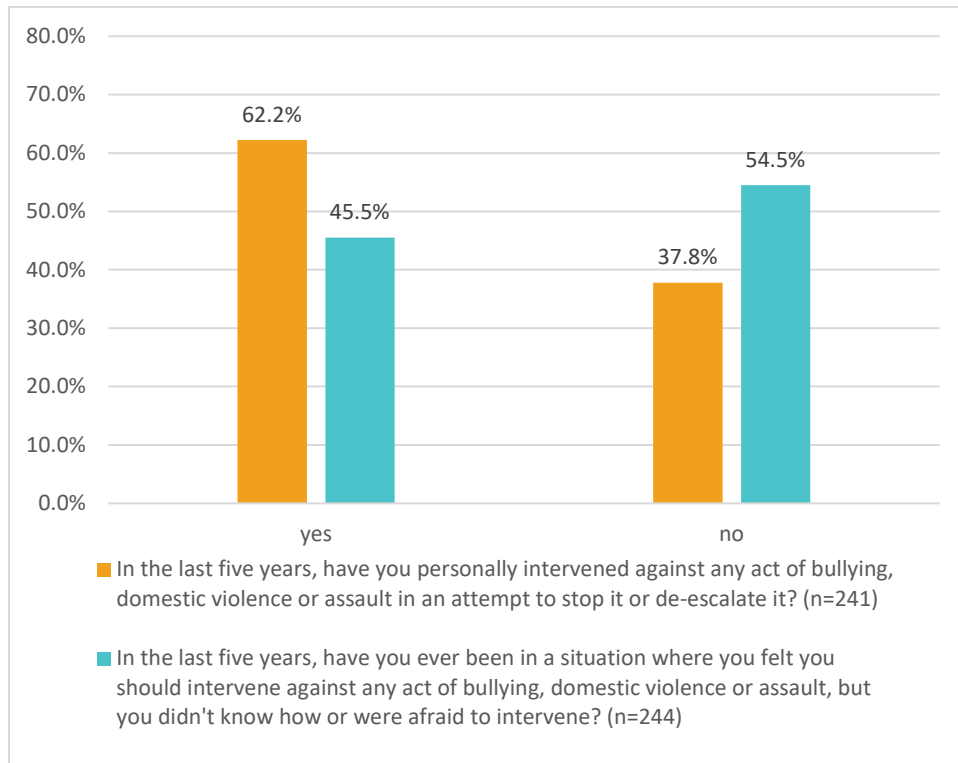
Community Knowledge and Perceptions about Interpersonal Violence

Survey takers were presented with a series of five statements related to interpersonal violence and asked to rate how much they disagreed or agreed with each statement. Response options were *"Strongly Disagree", "Somewhat Disagree", "Somewhat Agree", Strongly Agree",* or *"Unsure".*

- Three-quarters of respondents either somewhat agreed or strongly agreed with the statement, *"There is a stigma in Dillingham related to talking about interpersonal violence"* (74.5%); and more than three-quarters of respondents somewhat agreed or strongly agreed with the statement, *"When someone in Dillingham experiences interpersonal violence, there is a stigma or fear related to asking for help"* (83.9%).

- Nearly three-quarters of respondents (72.2%) somewhat agreed or strongly agreed with the statement, *"People in Dillingham don't know how they can make a difference in preventing interpersonal violence."*

- More than half of respondents (53.5%) somewhat agreed or strongly agreed with the statement, *"Interpersonal violence is a problem in Dillingham, but there are other more pressing problems to address."*

- More than half of respondents (50.8%) either somewhat agreed or strongly agreed with the statement, *"Interpersonal violence is less common among people like myself."*

These results are summarized in Figures 8 and 9.

Figure 8: "How much do you disagree or agree with each of the following statements?" (n=255)

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Unsure
There is a stigma in Dillingham related to talking about interpersonal violence.	2.7%	10.2%	49.8%	24.7%	12.5%
When someone in Dillingham experiences interpersonal violence, there is a stigma or fear related to asking for help.	1.2%	9.0%	35.7%	48.2%	5.9%
Interpersonal violence is a problem in Dillingham, but there are other more pressing problems to address.	13.0%	24.8%	35.0%	18.5%	8.7%
People in Dillingham don't know how they can make a difference in preventing interpersonal violence.	3.5%	15.7%	44.7%	27.5%	8.6%
Interpersonal violence is less common among people like myself.	14.2%	16.5%	29.9%	20.9%	18.5%

Figure 9: "How much do you disagree or agree with each of the following statements?" (n=255)
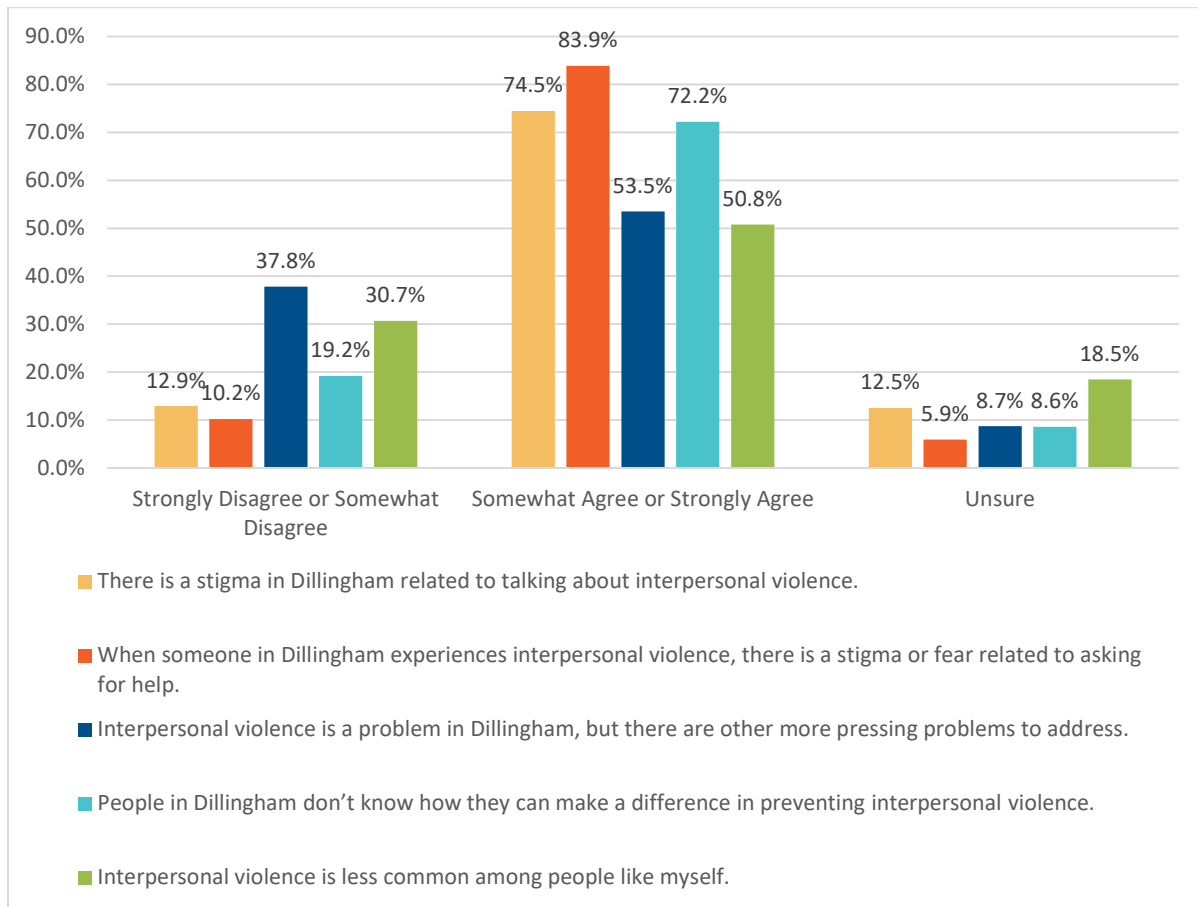
In a separate question, survey takers were asked whether there are certain groups of people in Dillingham that they think are more likely to experience interpersonal violence. Response options were *"Yes", "No",* or *"Unsure.*

Of the 274 individuals who responded to the question, two-thirds (66.8%) indicated that yes there are certain groups in Dillingham they think are more likely to experience interpersonal violence, while 11.3% indicated no and 21.9% indicated they were unsure. Those respondents who indicated *"Yes"* were presented with a follow-up question asking them to describe which group(s) of people in Dillingham they think are more likely to experience interpersonal violence.

A total of 170 respondents listed one or more group(s) of people that they think are more likely to experience interpersonal violence. Respondents most commonly listed people who use drugs and/or alcohol, including those who live in households with people who have addictions or deal drugs (42.9% of respondents). Nearly one-quarter of respondents (24.7%) listed either women or females, and one in five (20.0%) indicated that people with financial difficulties such as low income, financial dependence, homelessness, or unemployment are

more likely to experience interpersonal violence. A total of 17.6% of respondents listed Alaska Native people, 15.9% listed children, teenagers, or youth, and 11.8% listed young people or young adults.

Fewer than 10% of respondents listed people with a past history of violence or exposure to violence, ACEs or trauma (8.8%); elders or older people (3.5%); young mothers or pregnant women (1.8%), or people with disabilities, cognitive impairments, or mental illness (1.8%). Other responses that did not fall into these categories included people who are new to the community, underage students hanging out with an older crowd, homosexuals, everyone is susceptible, other isolated women, individuals with low self-esteem, families in crisis, and men that experience violence who are afraid to report it. Responses are summarized in Figures 10 and 11.

Figure 10: "Are there certain groups of people in Dillingham that you think are more likely to experience interpersonal violence?" (n=274)
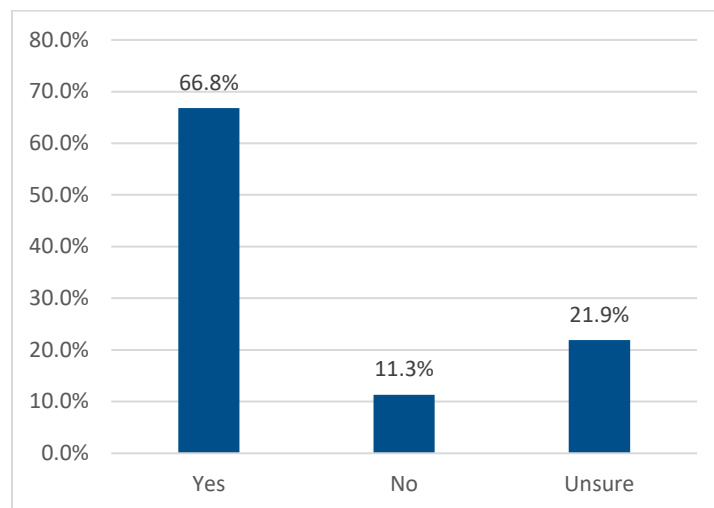
Figure 11: "Which group(s) of people in Dillingham do you think are more likely to experience interpersonal violence?" (n=170)

Theme	Count	Percent of Respondents (n=170)
People who use drugs and/or alcohol, people who live in households with addicts, drug dealers	73	42.9%
Women/females	42	24.7%
People with financial problems (includes low income, financially dependent, homeless, unemployed)	34	20.0%
Alaska Native people	30	17.6%
Children, teenagers, youth	27	15.9%
Young people/young adults	20	11.8%
People with a past history of violence or exposure to violence, ACEs, or trauma	15	8.8%
Elders/older people	6	3.5%
Young mothers, pregnant women	4	1.8%
People with disabilities, cognitive impairments, or mental illness	4	1.8%
Other	30	17.6%

To help identify to what degree common beliefs or misperceptions about interpersonal violence may exist in Dillingham, survey takers were presented with a series of statements and asked to indicate how they think people in Dillingham would respond to each of these statements. Response options were, *"No one in Dillingham would agree", "A few people in Dillingham would agree", "Some people in Dillingham would agree", "A lot of people in Dillingham would agree",* or *"Everyone in Dillingham would agree".*

- Nearly half of respondents (48.0%) felt that either no one in Dillingham or only a few people in Dillingham would agree with the statement that women who are victims of interpersonal violence did something to provoke it. However, 39.8% felt that some people in Dillingham would agree with this statement, and more than one in ten (10.6%) felt that a lot of people in Dillingham would agree with the statement.

- More than one-third of respondents (38.2%) felt that either a lot of people or everyone in Dillingham would agree with the statement that women who are victims of interpersonal violence were under the influence of alcohol and drugs, and another third (34.1%) felt that some people in Dillingham would agree with the statement.

- More than one-third of respondents (37.6%) felt that some people in Dillingham would agree with the statement that women who are victims of interpersonal violence belong to certain demographic groups, and slightly more than one-quarter (27.3%) felt that only a few people in Dillingham would agree with that statement.
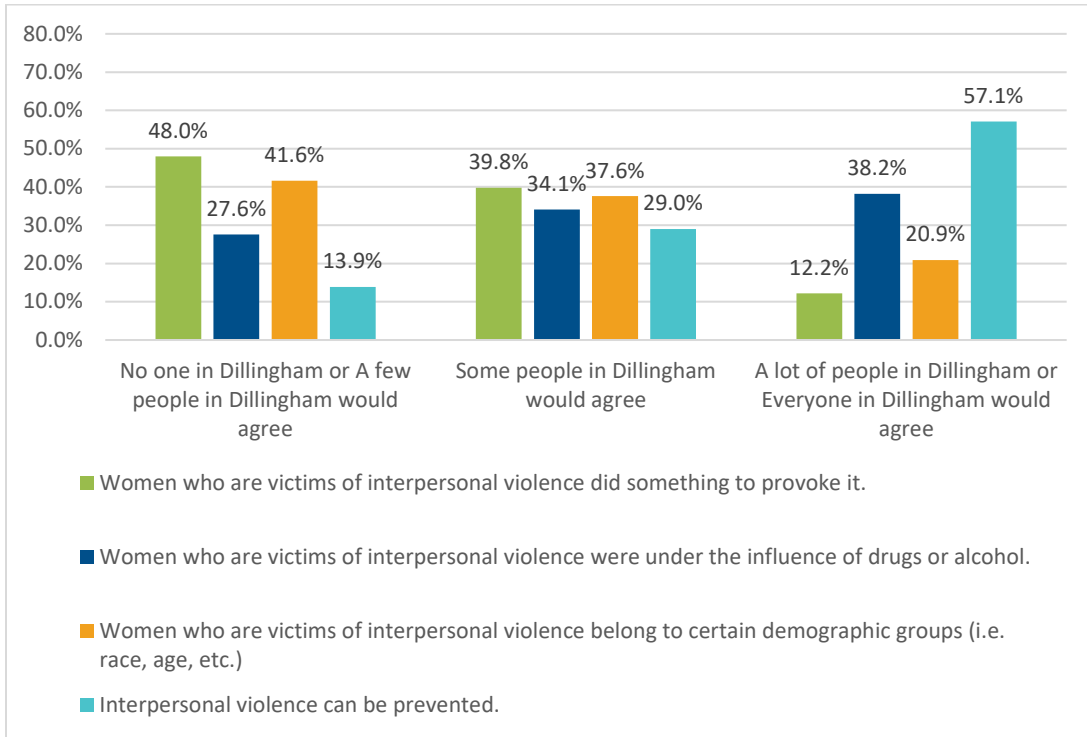
- More than half of respondents (57.1%) felt that either a lot of people in Dillingham or everyone in Dillingham would agree with the statement that interpersonal violence can be prevented.

These findings are summarized in Figures 12 and 13.

Figure 12: "How do you think people in Dillingham would respond to each of the following statements?" (n=246)

	No one in Dillingham would agree	A few people in Dillingham would agree	Some people in Dillingham would agree	A lot of people in Dillingham would agree	Everyone in Dillingham would agree
Women who are victims of interpersonal violence did something to provoke it.	11.4%	36.6%	39.8%	10.6%	1.6%
Women who are victims of interpersonal violence were under the influence of drugs or alcohol.	2.8%	24.8%	34.1%	31.7%	6.5%
Women who are victims of interpersonal violence belong to certain demographic groups (i.e. race, age, etc.)	14.3%	27.3%	37.6%	18.0%	2.9%
Interpersonal violence can be prevented.	3.7%	10.2%	29.0%	44.9%	12.2%

Figure 13: "How do you think people in Dillingham would respond to each of the following statements?" (n=246)

Survey takers were asked to indicate whether there are ever any situations in Dillingham where people might tolerate interpersonal violence. Response options were *"Yes", "No",* or *"Unsure".* Slightly more than half of respondents indicated *"Yes",* while 16.3% indicated *"No"* and one-third (33.3%) indicated they were unsure. Those who answered *"Yes"* were given an open-ended follow-up question asking them to describe in what situations or ways they think people in Dillingham might tolerate interpersonal violence.

Nearly one in five individuals who received the follow-up question (19.8%) indicated that violence is tolerated in order to protect family members, partners, close friends or a respected community member; 16.4% indicated violence is tolerated in cases where alcohol and/or drugs were involved; 12.9% indicated it is tolerated when people feel it is not their business to get involved, don't want to get involved, or are afraid to step in and help; and 12.9% indicated it is tolerated in cases where violence is normalized, if it occurs commonly, or if the individual grew up around violence.

Fewer than 10% of respondents indicated that violence may be tolerated for economic reasons; if there are kids involved and/or they don't want to split up the family; if the person does not want to be alone or leave a relationship; if the person is afraid or feels unsafe; if the person is afraid of the stigma or is ashamed; in cases where men are abused by women; when there are no consequences for the abuser; or if there is a lack of knowledge about resources, ways to help, or what constitutes violence. Other responses that did not fit

into these categories included religious beliefs, when both parties are in counseling, when in public places, when people have low self-esteem, and when people feel the victim is to blame. This is summarized in Figures 14 and 15.

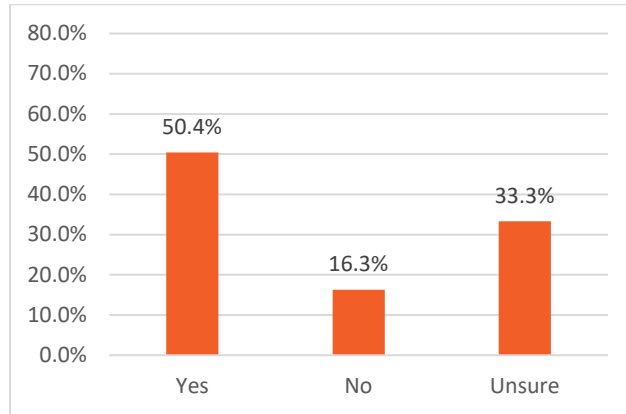**Figure 14: "Are there ever situations in Dillingham where people might tolerate interpersonal violence? (n=246)**

Figure 15: "Please describe in what situations or ways you think people in Dillingham might tolerate interpersonal violence." (n=116)

Theme	Count	Percent of Respondents
To protect family members, partners, close friends, or respected community members	23	19.8%
When alcohol and/or drug use are involved	19	16.4%
When they don't want to get involved, feel it's none of their business, or are afraid to step in and help	15	12.9%
When they think it's normal, violence is normalized, it's a common occurrence, or grew up around violence	15	12.9%
For economic reasons (poverty, housing, financial dependence etc.)	10	8.6%
When they have kids or don't want to split up the family	9	7.8%
If they don't want to be alone, don't want to leave a relationship or because they are married	9	7.8%
If they are afraid, feel unsafe or have fear of retaliation	6	5.2%
If they are afraid of the stigma, feel it's a taboo subject, don't want the community to know, or are ashamed	4	3.4%
In cases where men are abused by women	3	2.6%
When there are no consequences for the abuser or nothing changes as a result of reporting	3	2.6%
If there is a lack of knowledge about what constitutes violence, resources, or how to help	3	2.6%
Don't know	4	3.4%
Other	25	21.6%

Survey takers were presented with three topics related to prevention (recognizing when someone is experiencing interpersonal violence, what I can do to help end interpersonal violence in the community, and agencies or services in Dillingham that can help people who experience interpersonal violence); and asked to rate how much they know about each of these topics. Response options were *"I know very little", "I know a little", "I know a moderate amount", "I know a lot",* or *"I know a great deal".* While the majority respondents indicated knowing at least a moderate amount about each topic, a significant number of respondents reported knowing only a little or very little about each topic:

- More than one-third of respondents (36.9%) reported knowing only a little or very little about recognizing when someone is experiencing interpersonal violence.

- More than 40% of respondents (42.5%) reported knowing only a little or very little about what they can do to help end interpersonal violence in the community.

- More than 30% of respondents (30.2%) indicated knowing only a little or very little about agencies or services in Dillingham that can help people who experience interpersonal violence.

This is summarized in Figure 16.

Figure 16: "How much do you know about each of the following topics?" (n=278)

Recognizing when someone is experiencing interpersonal violence
What I can do to help end interpersonal violence in the community
Agencies or services in Dillingham that can help people who experience interpersonal violence
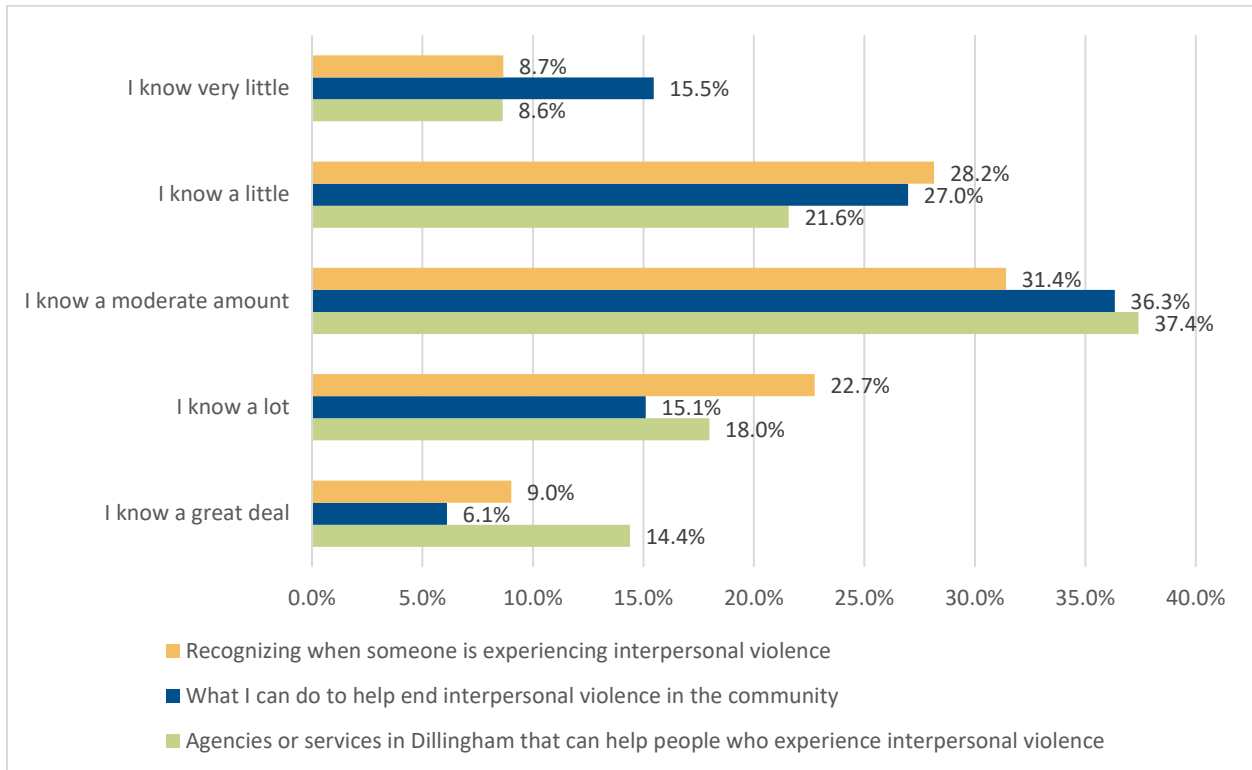
Community Perceptions of Risk and Protective Factors for Interpersonal Violence

To assess community knowledge and perceptions about risk and protective factors for both victimization and perpetration of interpersonal violence, survey takers were asked a series of questions asking them whether they could think of anything that a) may help a person in Dillingham be more likely to become a victim of interpersonal violence; b) may help a person in Dillingham be less likely to become a victim of interpersonal violence; c) may make a person in Dillingham more likely to commit acts of interpersonal violence; and d) may make a person in Dillingham less likely to commit acts of interpersonal violence. Response options to each question were *"Yes", "No",* or *"Unsure"*.

In both cases of victimization and perpetration, a higher number of survey respondents said that yes, they could think of risk factors (69.2% for victimization and 66.7% for perpetration) than did protective factors (58.9% for victimization and 49.4% for perpetration). This is shown in Figure 17.

Figure 17: Knowledge of Risk and Protective Factors for Victimization and Perpetration
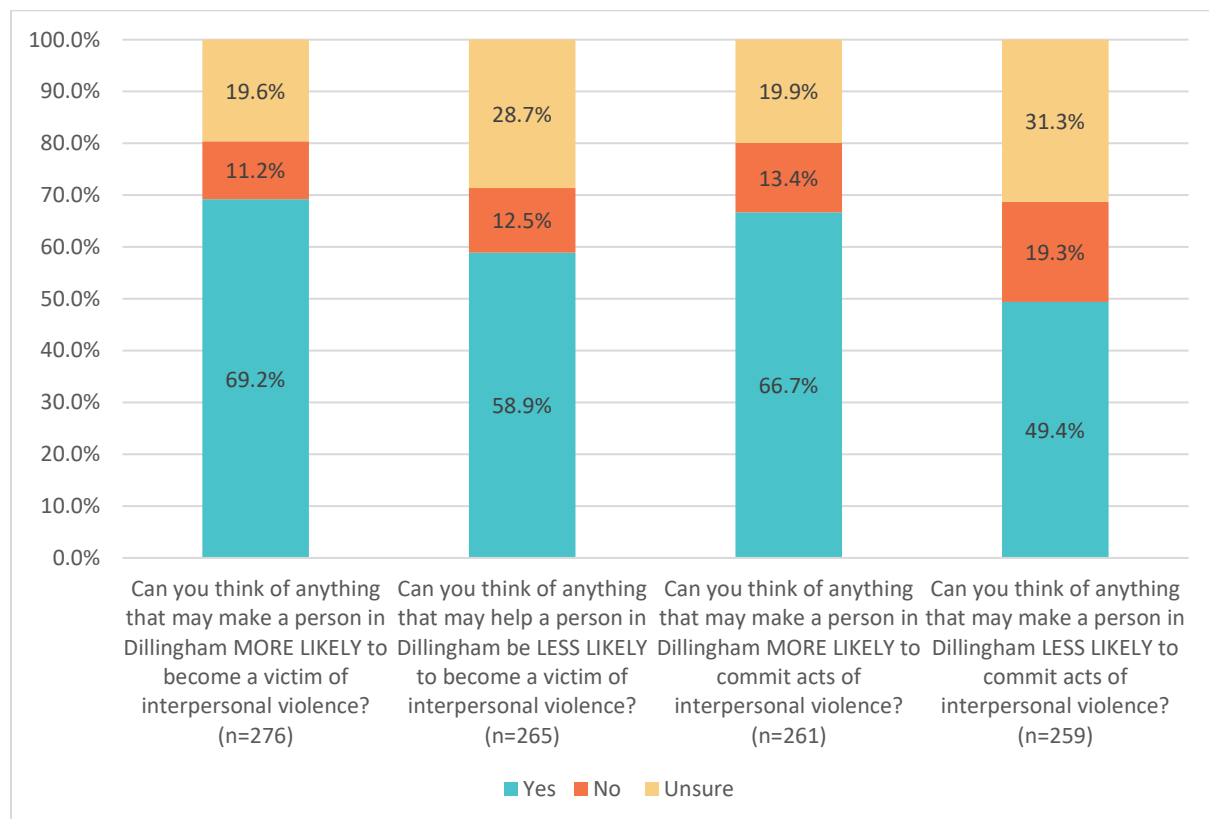
Survey respondents who answered *"Yes"* when asked whether they can think of anything that may make a person in Dillingham *more likely* to become a victim of interpersonal

violence, and those who answered *"Yes"* when asked whether they can think of anything that may make a person in Dillingham _more likely_ to commit acts of interpersonal violence were asked to describe what these factors are.

Responses overall were similar for victimization and perpetration with the same top two responses in both cases.

- 73.1% of respondents cited alcohol and/or drug use as a risk factor for victimization, and 84.2% of respondents cited alcohol and/or drug use as a risk factor for perpetration.

- 16.7% of respondents cited a past history of violence or abuse, ACEs, trauma, childhood history, or family history as a risk factor for victimization, and 23.4% cited this as a risk factor for perpetration.

Other common responses included low self-esteem or hopelessness; financial instability or insecurity; unhealthy relationship patterns; lack of awareness or education; isolation or lack of support; mental health issues; normalization of violence; and lack of consequences or accountability. Responses are summarized in Figure 18.

Figure 18: "What do you think could make a person in Dillingham more likely to become a victim of interpersonal violence (more likely to commit acts of interpersonal violence)?"

Theme	Risk Factor for Victimization (n=186)	Risk Factor for Perpetration (n=171)
Alcohol and/or drug use, addiction	73.1%	84.2%
Past history of violence or abuse, ACEs, trauma, childhood or family history	16.7%	23.4%
Low self-esteem, hopelessness	12.9%	2.9%
Financial instability or insecurity (poverty, homelessness, unemployment, etc.)	11.3%	7.6%
Unhealthy relationship patterns including arguments, anger, jealousy, control issues, poor coping and stress management	8.1%	15.2%
Lack of awareness or education including risk factors, resources, what constitutes violence	7.5%	1.2%
Isolation, lack of support, or feeling alone	7.5%	2.9%
Mental health issues including depression, fetal alcohol exposure	6.5%	4.1%
Don't know it's wrong, think it's normal, normalization of violence	4.3%	2.3%
Demographic characteristics such as race, age, or gender	2.7%	
Not enough activities or things to do in Dillingham	1.6%	1.8%
Lack of consequences or accountability		3.5%
Peer pressure		1.8%
Don't know or unsure	1.1%	
Other	15.1%	11.7%

Similarly, survey respondents who answered *"Yes"* when asked whether they can think of anything that may make a person in Dillingham _less likely_ to become a victim of interpersonal violence, and those who answered *"Yes"* when asked whether they can think of anything that may make a person in Dillingham _less likely_ to commit acts of interpersonal violence were asked to describe what these factors are.

Responses overall were similar for protective factors for victimization and perpetration, with the same five top response categories in both cases:

- 29.4% of respondents cited reduced alcohol and/or drug use as a protective factor for victimization, and 33.9% cited it as a protective factor for perpetration.

- 28.8% of respondents cited knowledge and awareness as a protective factor for victimization, and 22.6% cited it as a protective factor for perpetration.

- 26.8% of respondents cited access to supports as a protective factor for victimization, and 23.4% cited it as a protective factor for perpetration.

- 19.0% of respondents cited access to services and resources as a protective factor for victimization, and 21.8% cited it as a protective factor for perpetration.

- 13.1% of respondents cited various elements of resiliency as a protective factor for victimization, and 26.6% cited this as a protective factor for perpetration.

Other common responses included confidence to speak up, reach out, or ask for help; early education and prevention including in schools; skills and access to supports for financial independence; practicing safety behaviors; participation in activities; positive friendships and relationships; removing yourself from bad situations; access to good role models; and consequences or enforcement. This is summarized in Figure 19.

Figure 19: "What do you think could make a person in Dillingham less likely to become a victim of interpersonal violence (or less likely to commit acts of interpersonal violence)?"

Theme	Protective Factor for Victimization (n=153)	Protective Factor for Perpetration (n=124)
Reduced alcohol and/or drug use, including not being around people who use	29.4%	33.9%
Knowledge and awareness, including what constitutes violence, consequences of actions	28.8%	22.6%
Access to supports including support groups, people to talk to, friends and family to talk to, caring support network, churches, etc.	26.8%	23.4%
Access to services and resources including treatment, counseling, etc.	19.0%	21.8%
Elements of resiliency including self-esteem, coping skills, involvement in community, self-respect, youth assets, making good choices, sense of purpose, etc.	13.1%	26.6%
Confidence to speak up, reach out, ask for help	9.2%	0.8%
Early education and prevention, including in schools	5.9%	4.0%
Skills and access to supports for financial independence including, job skills, housing, food, etc.	5.9%	5.6%
Practices safety behaviors (i.e. go out with friends, awareness of environment, don't go out late, etc.)	5.2%	
Activities (i.e. cultural activities, family activities, community events, alcohol-free activities, etc.)	4.6%	5.6%
Positive friendships and relationships (includes staying away from the wrong crowd, picking your friends carefully, etc.)	3.9%	1.6%
Removes themselves from bad situations	2.6%	
Access to good role models	1.3%	3.2%
Don't know	1.3%	
Consequences or enforcement		2.4%
Other	2.6%	4.0%

Survey takers were asked whether they feel males show respect to females in Dillingham. Response options were *"None or very few males show respect"*, *"A few males show respect"*, *"Some males show respect"*, *"Many males show respect"*, or *"Most or all males show respect"*.

While 41.7% of respondents indicated that either many males or most or all males show respect to females in Dillingham, 21.2% felt that either none or very few males show respect or a few males show respect. This is summarized in Figure 20.

Figure 20: "Do you think males show respect to females in Dillingham?" (n=245)
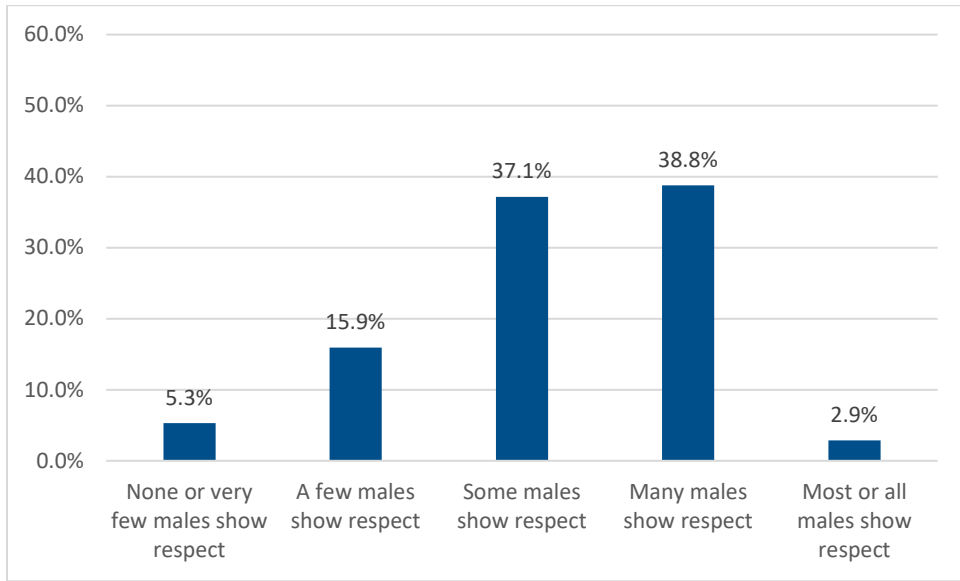
Community Knowledge and Perceptions of Prevention

Survey takers were asked whether they could think of any programs or efforts that exist in Dillingham to prevent interpersonal violence from happening. Response options were *"Yes"*, *"No"*, or *"Unsure"*.

Slightly more than one-half of respondents (54.5%) indicated that yes they could think of programs or efforts that exist in Dillingham to prevent interpersonal violence, while just over one-quarter (25.7%) were unsure and 19.8% said no. Those who responded *"Yes"* were presented with an open-ended follow-up question asking them what prevention programs or efforts they could name.

The 136 respondents to this follow-up question listed a large variety of programs or efforts in the community, with the vast majority of respondents (83.1%) naming SAFE or a specific program of SAFE. Other common responses included BBAHC or specific programs of BBAHC (23.5%); school programs (9.6%); the legal system including OCS, law enforcement and courts (7.4%); BBNA (6.6%); churches and church programs (6.6%); support groups such as AA and NA (6.6%); Dillingham Christian Youth Center (5.1%); and Public Health (2.9%). Three respondents (2.2%) specifically stated that there is a lack of male-specific programs or efforts in Dillingham.

Other responses that did not fit into these categories included BBEDC employment programs, Girl Scouts, programs at the Senior Center, statewide programs, DFS, Bristol Bay Drug and Opioid Task Force, YDLG, Green Dot, Curyung Tribal Culture Camp, Choose Respect March, and a variety of physical activities such as ballet, yoga, Zumba, and open gym. This is summarized in Figures 21 and 22.

Figure 21: "Can you think of any programs or efforts that exist in Dillingham to prevent interpersonal violence from happening?" (n=253)
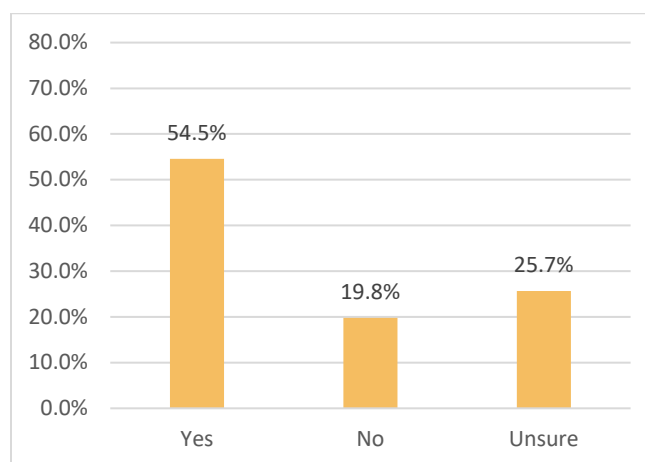
Figure 22: "What prevention efforts or programs can you name?" (n=136)

Theme	Count	Percent of All Respondents
SAFE or SAFE programs	113	83.1%
- Myspace	*13*	*9.6%*
- SISTRS Support Group	*6*	*4.4%*
- CANDU	*3*	*2.2%*
BBAHC or BBAHC programs (also includes BBAHC Health Ed Dept, newsletters, ask about violence at medical appointments)	32	23.5%
- Behavioral health/treatment/counseling	*11*	*8.1%*
- Jake's Place	*9*	*6.6%*
- CAC	*3*	*2.2%*
- Hospital	*3*	*2.2%*
School Programs (includes school, 4H, SAFE education in schools, after school programs, clubs, and activities, MAP School, 4th R)	13	9.6%
OCS/Jail/Law enforcement/Court System	10	7.4%
BBNA	9	6.6%
Churches and church programs (includes Assembly of God Recovery Program, Awanas)	9	6.6%
AA/NA	9	6.6%
Dillingham Christian Youth Center	7	5.1%
Public Health	4	2.9%
Cited lack of male-specific programs or services	3	2.2%
Other	29	21.0%

To understand community knowledge and participation rates for specific prevention efforts including the Choose Respect March, Domestic Violence Memorial March, CANDU, and Myspace, survey takers were asked to indicate how much they know about each of these efforts. Response options were *"I haven't heard of it", "I've heard of it but am not sure what it's about", "I've heard of it and know what it's about but haven't participated in it",* or *"I have participated in it".*

Just under one-quarter of respondents (24.4%) indicated that they have participated in the Choose Respect March, while fewer than one in five had participated in the Domestic Violence Memorial March, CANDU, or Myspace. More than half of respondents (55.2%) indicated they had not heard of CANDU. In addition, close to one-third of respondents (30.0%) had not heard of the Domestic Violence Memorial March and slightly less than one-quarter (22.8%) had not heard of the Choose Respect March. The greatest number of respondents (51.2%) indicated knowing the purpose of Myspace. This is summarized in Figure 23.

Figure 23: "How much do you know about each of the following in Dillingham?" (n=252)
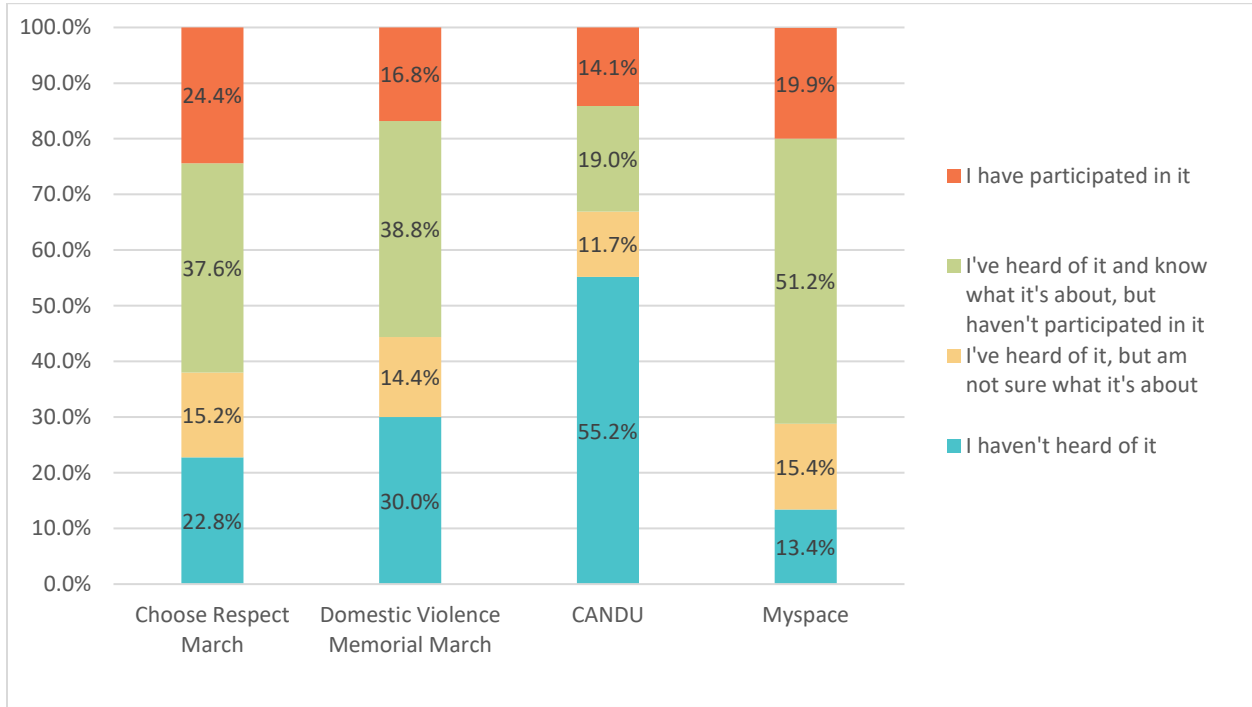
To assess perceptions of opportunities for males to engage in prevention efforts in Dillingham, survey takers were asked to indicate how many opportunities they think exist for males in Dillingham to take an active part in ending violence. Response options were *"None or very few opportunities", "Some opportunities", "A great deal of opportunities", or "Unsure".* More than one-third of respondents (36.2%) indicated that none or very few opportunities exist for males, while one-third (33.3%) indicated that some opportunities exist. Very few respondents – just 5.3% felt that a great deal of opportunities exist, and one-quarter of respondents (25.2%) indicated that they were unsure. This is shown in Figure 24.

Figure 24: "In your opinion, how many opportunities exist for males in Dillingham to take an active part in ending interpersonal violence?" (n=246)
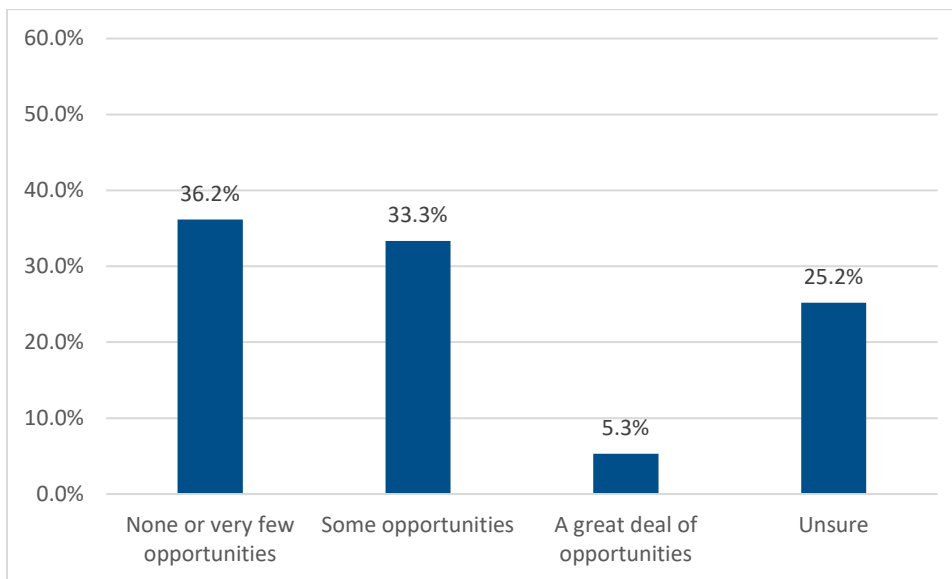
In an open-ended question, survey takers were asked to indicate what they feel the most important thing is that can be done in Dillingham to help prevent interpersonal violence from ever happening to someone in the first place.

Top responses were education, awareness and outreach about violence and about resources (28.1%); early prevention and education including in schools (18.1%); reduction in the use of or access to alcohol and drugs (14.5%); and access to a services, programs, and resources including treatment (11.3%).

Other common responses were to stay away from violent people or empower people who are abused to leave (5.4%); more activities and community events or involvement (4.5%); visible consequences for perpetrators including law enforcement (4.5%); male-specific programs (4.5%); empowering people to help, ask questions, intervene, or speak up (4.5%); support including talking with friends and support groups (3.6%); holding meetings and talking about it (3.2%); safe places to go (1.8%); improved economic opportunities (1.4%); and building a culture of respect (1.4%).

Other responses that did not fit into these categories included classes, communication, love, call center, seek a pastor's guidance, encourage healthy lifestyles, community training, city policy, tribal oversight/intervention, and city policy. This is summarized in Figure 25.

Figure 25: In your opinion, what is the most important thing that can be done in Dillingham to help prevent interpersonal violence from ever happening to someone in the first place? (n=221)

Theme	Count	Percent of Respondents
Education, awareness, and outreach (about violence and about resources)	62	28.1%
Early prevention and education including in schools	40	18.1%
Reduce access to and use of alcohol and/or drugs	32	14.5%
Access to services, programs, and resources including treatment	25	11.3%
Stay away from violent people, empower people who are abused to leave	12	5.4%
More activities, community events and involvement	10	4.5%
Visible consequences including law enforcement	10	4.5%
Need for male-specific services or programs	10	4.5%
Empower people to help, ask questions, intervene and speak up	10	4.5%
Support, talking to someone, trusting friends, support groups	8	3.6%
Hold meetings, talk about it, talking circles	7	3.2%
Safe place to go	4	1.8%
Improved economics (incl. housing, jobs, etc.)	3	1.4%
Build respect or culture of respect	3	1.4%
Not sure/don't know	15	6.8%
Other	22	10.0%

Survey takers were also asked to list one positive characteristic of Dillingham as a community that could help efforts to prevent interpersonal violence. Of the 215 responses to this question, 54 (25.1%) listed needs for the community rather than positive characteristics of the community. These 54 responses were discarded in the analysis.

Of the remaining 161 responses, nearly one half (46.0%) cited that Dillingham is a caring community, small community where people know each other, that people stick together, and that the community comes together to help. Other common responses included SAFE (6.8%); people who are motivated to end violence or make a difference (6.2%); cultural values and subsistence lifestyle (5.6%); strong family ties and family oriented community (5.6%); services, providers and resources (3.7%); education, outreach and awareness (3.1%); law enforcement (2.5%); and community activities and events (1.9%). More than one in ten respondents (10.6%) indicated that were unsure or could not think of anything.

Other responses that did not fit into these categories included churches, pride, love, community groups, classes, AA, schools, friendly, KDLG, positive people, and sense of belonging. This is summarized in Figure 26.

Figure 26: "What is one positive characteristic of Dillingham as a community that could help efforts to prevent interpersonal violence?" (n=161)

Theme	Count	Percent of Respondents
Caring community, people help each other, small community where people know each other, people stick together, community comes together, tight knit community, community connectedness, it takes a village attitude	74	46.0%
SAFE	11	6.8%
People who want to end violence, activists, strong volunteer base, youth who want to make a difference	10	6.2%
Yupiaq culture, traditional values, cultural identity, subsistence activities	9	5.6%
Family oriented community, strong family ties	9	5.6%
Services, providers, resources, agencies work together	6	3.7%
Education, outreach, and awareness	5	3.1%
Law enforcement	4	2.5%
Community activities and events	3	1.9%
Don't know/unsure/none	17	10.6%
Other	27	16.8%

Survey takers were asked to indicate how hopeful they are that interpersonal violence in Dillingham could be ended in their lifetime. Response options were *"Not at all hopeful", "A little bit hopeful", "Moderately hopeful"*, or *"Very hopeful"*.

More than half of respondents (54.3%) were either moderately or very hopeful that interpersonal violence in Dillingham could be ended in their lifetime, while more than one-third (37.1%) indicated only being a little bit hopeful and 8.6% said they were not at all hopeful. This is summarized in Figure 27.

Figure 27: "How hopeful are you that interpersonal violence in Dillingham can be ended in your lifetime?" (n=245)
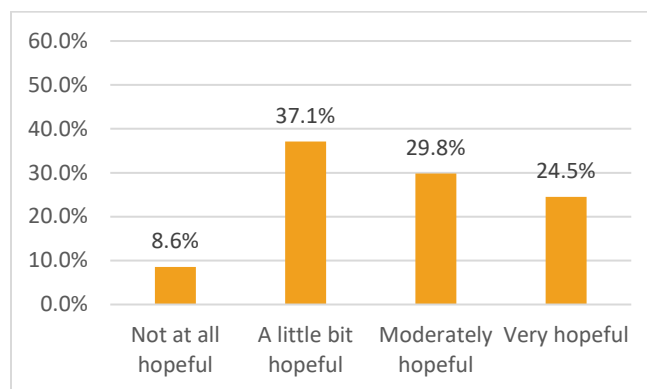
Safe and Fear-Free Environment, Inc. (SAFE) Preliminary Report of Secondary Data

February 5, 2019

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Report of Secondary Data Sources

Introduction

In August 2018 Safe and Fear-Free Environment, Inc. (SAFE) contracted with the Goldstream Group, a consulting firm located in Fairbanks, Alaska that is dedicated to helping non-profit community organizations including school districts, tribes, universities, and health and social service providers improve the lives of Alaskans, to assist in the completion of a needs assessment to support SAFE's efforts to build Dillingham's capacity for the primary prevention of interpersonal violence.

As part of this process, a variety of secondary data was reviewed and analyzed to better understand the incidence of interpersonal violence in Dillingham and other relevant community characteristics. This information will be used together with data collected from a community readiness assessment and community perceptions survey in the development of a community prevention plan that will be targeted at building Dillingham's capacity to prevent interpersonal violence.

To the greatest extent possible, data specific to the community of Dillingham was used. Where data specific to Dillingham was not available, the smallest and most relevant regional classification available was used (i.e. Dillingham Census Area, Southwest Behavioral Health Systems Assessment Reporting Region, etc.). City and/or regional data were compared to state-level date where relevant. The following data sources were used: United States Census 2013-2017 American Community Survey (ACS) 5-Year Estimates, Alaska Victimization Survey, SAFE Annual Reports, Alaska Department of Public Safety, Alaska Court System, Alaska Pregnancy Risk-Assessment Monitoring System (PRAMS), Alaska Youth Risk Behavior Survey (YRBS), and Alaska Behavioral Health Risk Factor Surveillance System (BRFSS). Relevant data from SAFE's 2015 CANDU Community Survey and 2018 Community Survey are also included for additional context.

While the focus of this report is interpersonal violence, additional data related to alcohol use is included due to strong community indications of ties between interpersonal violence and alcohol use in Dillingham.

Dillingham Community Characteristics

2013-2017 American Community Survey (ACS) 5-Year Estimates[1] for the City of Dillingham are summarized in Figure 1.

Figure 1: City of Dillingham 2013-2017 American Community Survey 5-Year Estimates[1]

Total Population[2]	2,209
Female Population	51.1%
Male Population	48.9%
Median Age	31.6
% of Population Under 18	29.6%
% of Population Age 18-24	10.0%
% of Population 65 and Over	10.0%
Race Distribution (alone or in combination with one or more other races)	67.9% American Indian and Alaska Native 38.3% White 3.3% Asian 1.4% Black or African American 0.2% Native Hawaiian and Other Pacific Islander 1.4% Other
% of Population Hispanic or Latino	6.7%
Median Household Income	$75,764
% of all people whose income in past 12 months was below poverty level	9.7%
% of families with children under 18 with income in the past 12 months below poverty level	11.2%
% of families with female householder and no husband present with children under 18 and income in the past 12 months below poverty level	23.9%

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[1] Retrieved on January 31, 2019 from
https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
[2] The 2017 Alaska Department of Commerce, Community, and Economic Development (DCCED) certified population was slightly larger at 2,335 (Retrieved on January 31, 2019 from https://dcra-cdo-dcced.opendata.arcgis.com/)

Alaska Victimization Survey

The Alaska Victimization Survey conducted by the University of Alaska Anchorage (UAA) Justice Center assesses lifetime and past year intimate partner and sexual violence among Alaska women.[3] In addition to surveying women statewide, surveys are also conducted to assess regional victimization rates. Findings from a 2011 survey for the Bristol Bay Region[4] indicate the following:

- More than half of adult women in the Bristol Bay Region (51.7%) have experienced intimate partner violence, sexual violence, or both in their lifetime.

- A total of 14.4% of adult women in the Bristol Bay Region have experienced intimate partner violence, sexual violence, or both in the past year.

This is slightly higher than statewide data from 2015. Statewide in 2015, 50.3% of women had experienced intimate partner violence, sexual violence, or both in their lifetime, and 8.1% had in the past year. This is shown in Figure 2.

Figure 2: Alaska Victimization Survey Lifetime and Past Year Victimization for Bristol Bay Region and Alaska[3]
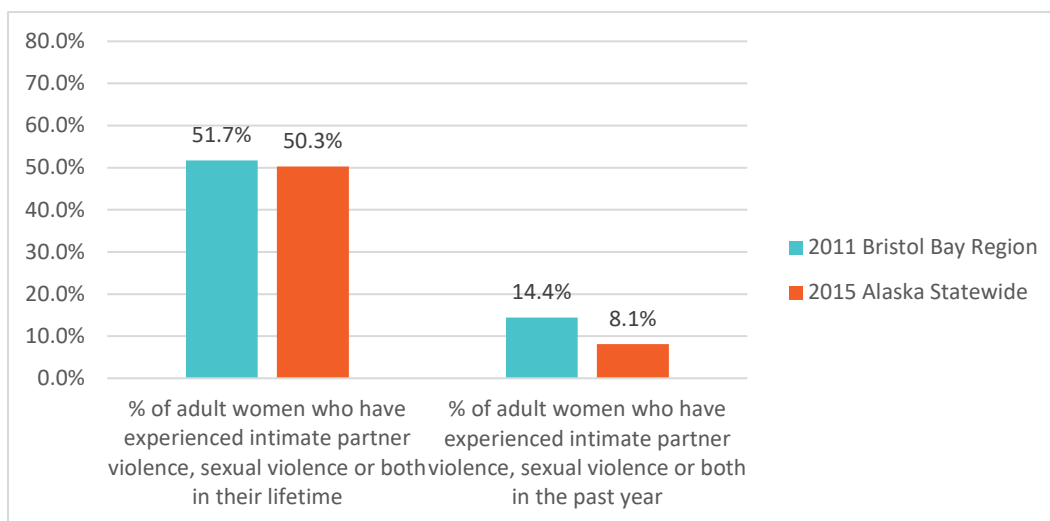
The 2015 statewide survey also asked respondents about stalking. Results indicate that a higher percentage of women in Alaska who experience intimate partner and/or sexual violence experience stalking. Statewide in 2015:

- Nearly one-third of all women in Alaska (30.6%) had been stalked in their lifetime, and 5.8% were stalked in the past year.

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[3] Retrieved on January 31, 2019 from https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/research/alaska-victimization-survey/index.cshtml

[4] The Bristol Bay Region includes Dillingham Census Area, Lake and Peninsula Borough, and Bristol Bay Borough

- More than half of women who had experienced intimate partner and/or sexual violence had been stalked in their lifetime (50.3%), and more than one-quarter of women who had experienced intimate partner and/or sexual violence (27.2%) had been stalked in the past year.

This is shown in Figure 3.

Figure 3: Alaska Victimization Survey Stalking for Alaska Women[3]

Safe and Fear-Free Environment, Inc. (SAFE)

Located in Dillingham, SAFE provides a variety of services aimed at preventing violence and promoting the well-being of victims of domestic violence, sexual assault, and related abuse in the Bristol Bay Region. Services provided included a 16-bed shelter for women and their children who are victims of domestic violence and/or sexual assault or whose homes/living arrangements are unsafe due to violence and/or related abuse; a 24-hour toll-free crisis line monitored by trained staff and volunteers; individual, legal, and system advocacy; accompaniment to a variety of services and law enforcement; outreach, education, and training; youth services including MYSPACE youth wellness center; village advocacy; emergency and non-emergency transportation; crisis intervention and counseling; and SISTRS Women's Support Group.

Service utilization data was provided by SAFE for CY 2016 (01/01/2016 – 12/31/2016), FY 2017 (07/01/16 – 06/30/17); and FY 2018 (07/01/17 – 06/30/18). While the number of unduplicated clients served has remained relatively stable, the overall quantity of services provided increased from 2016 to 2018. This is shown in Figures 4 and 5.

Figure 4: Number of Unduplicated Minor and Adult Clients Served by SAFE (CY 2016 – FY 2018)
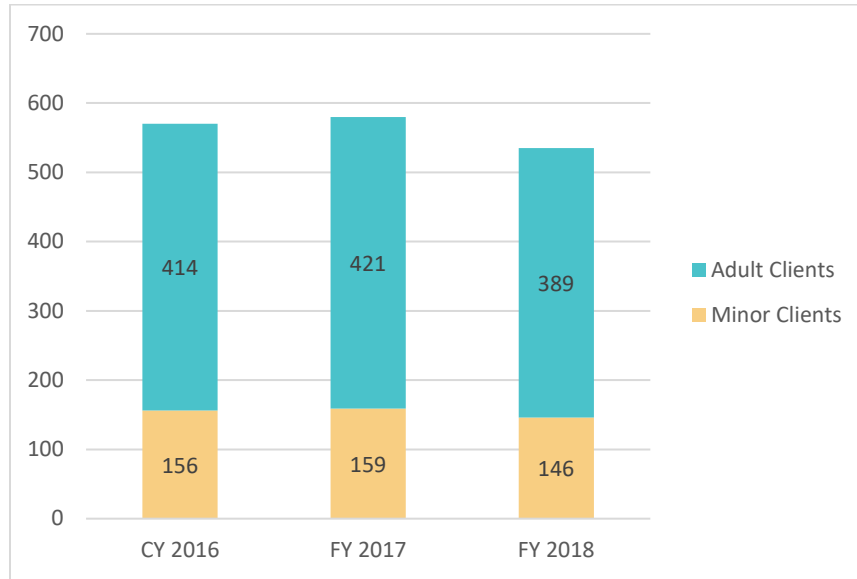

Figure 5: Number of Clients and Encounters for Services Provided by SAFE (CY 2016 – FY 2018)

Service	CY 2016		FY 2017		FY 2018	
	Clients	Service Encounters	Clients	Service Encounters	Clients	Service Encounters
Accompaniment-Sexual Assault	11	11	10	10	17	28
Advocacy-Individual	331	4,058	348	4,808	371	6,096
Advocacy-Legal	211	1,189	231	1,304	219	1,362
Advocacy-System	75	149	127	1,723	150	446
Child Activity and Care	6	28	81	1,153	82	766
Crisis Calls	201	531	191	749	201	825
Shelter Nights	110	2,577	145	3,086	139	3,993
Support Group	64	343	57	234	64	349
Transportation-Emergency	15	15	24	24	21	28
Transportation-Non-emergency	67	225	87	301	122	474
TOTAL		**9,126**		**13,392**		**14,367**

The number of shelter nights provided by safe increased significantly from 2016 to 2018. In FY 2018 SAFE provided a total of 3,993 shelter nights for 139 clients, or an average of 29 shelter nights per client. This is shown in Figure 6.

**Figure 6: Number of Shelter Nights Provided by SAFE (CY 2016 – FY 2018)**
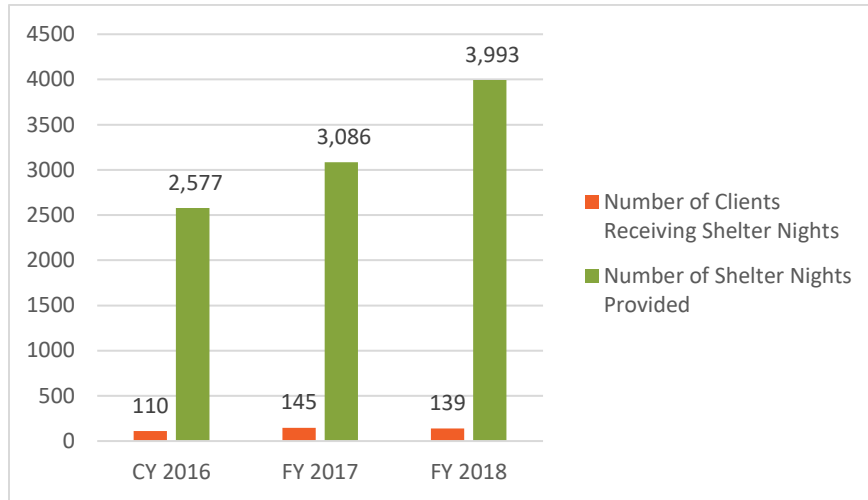
The number of crisis calls also increased from 2016 to 2018. In FY 2018 there were a total of 825 crisis calls made by 201 unduplicated clients. This is an average of more than two crisis calls per day during FY 2018. This is shown in Figure 7.

Figure 7: Number of Crisis Calls to SAFE (CY 2016 – FY 2018)
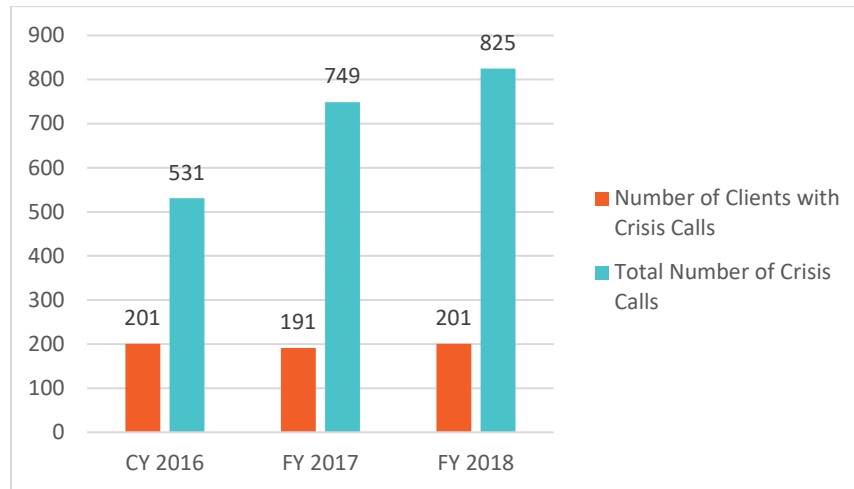
Anywhere from 57 to 64 unduplicated individuals utilized SAFE's SISTRS Women's Support Group from 2016 to 2018. In FY 2018, 64 clients attended the support group an average of five times, for a total of 349 support group encounters. This is shown in Figure 8.

**Figure 8: Number of Clients Attending SISTRS Women's Support Group (CY 2016 – FY 2018)**
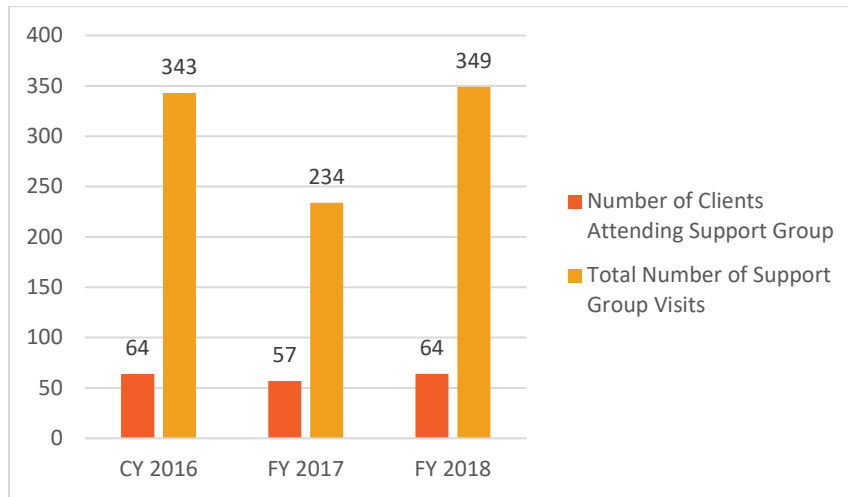
SAFE provided individual advocacy services in-person and via telephone 6,096 times to a total of 371 clients in FY 2018. This amounts to an average of nearly 17 advocacy encounters per day. This is a significant increase over CY 2016 and FY 2017, and is shown in Figure 9.

Figure 9: In-Person and Telephone Individual Advocacy Provided by SAFE (CY 2016 – FY 2018)
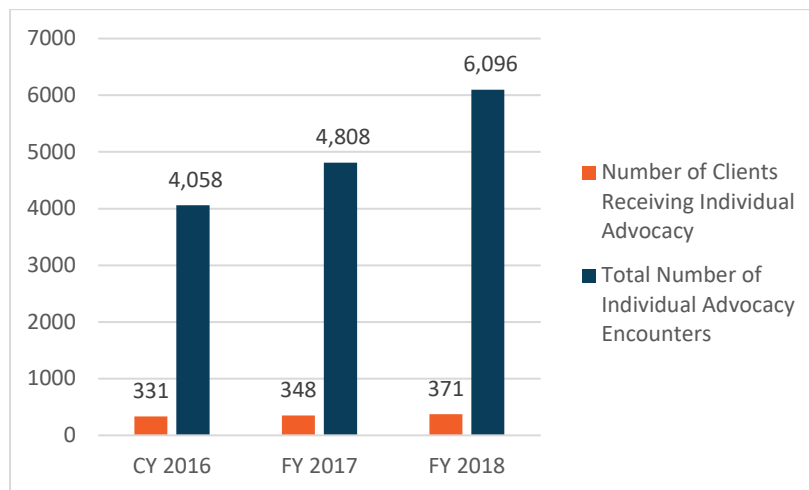
The age distribution of clients served by SAFE remained relatively stable from 2016 to 2018. More than one-quarter of those receiving services in FY 2018 (27.3%) were under the age of 18, and well over one-third (37.8%) were between the ages of 25-45. A total of 11.2% were age 18-24, while 13.8% were 46-59 and nearly one in ten (9.9%) were age 60 or older. This is shown in Figure 10.

Figure 10: Age Distribution of Clients Served by SAFE in FY 2018
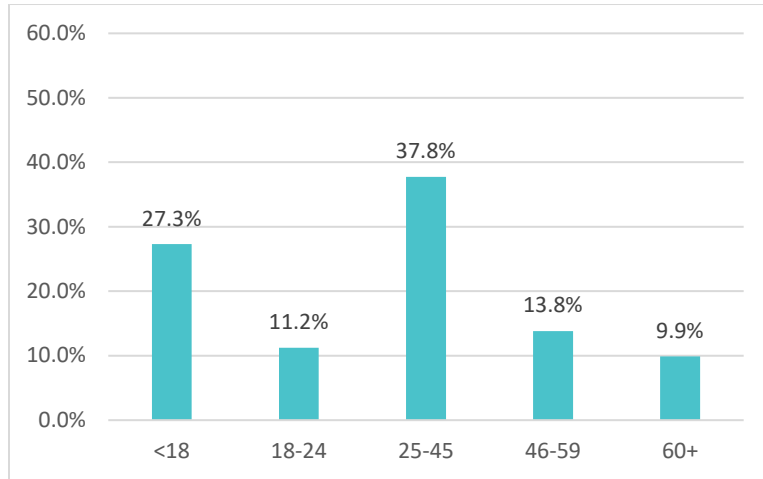
Of the adult clients served by SAFE in CY 2016 through FY 2018, the percentage of those that were male ranged from 14.7% to 19.2%, while the percentage of those that were female ranged from 80.3% to 84.6%. This is shown in Figure 11.

Figure 11: Gender Distribution of Clients Served by SAFE (CY 2016 – FY 2018)
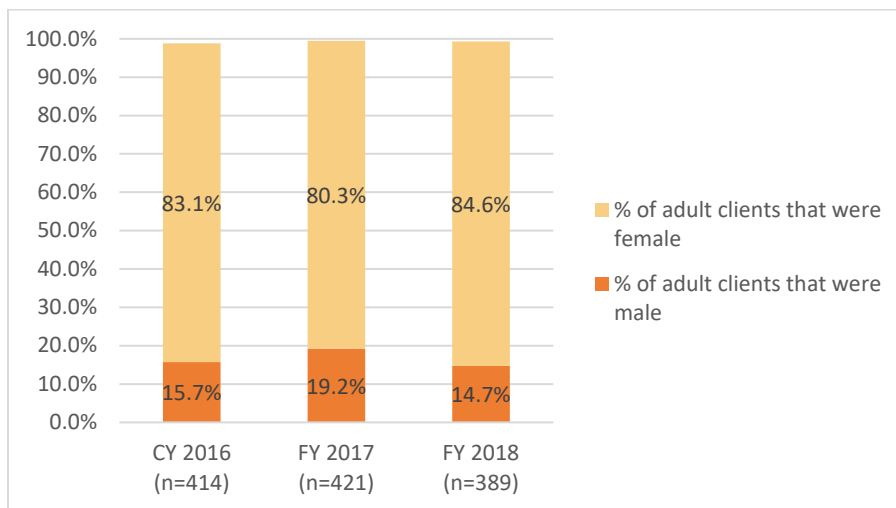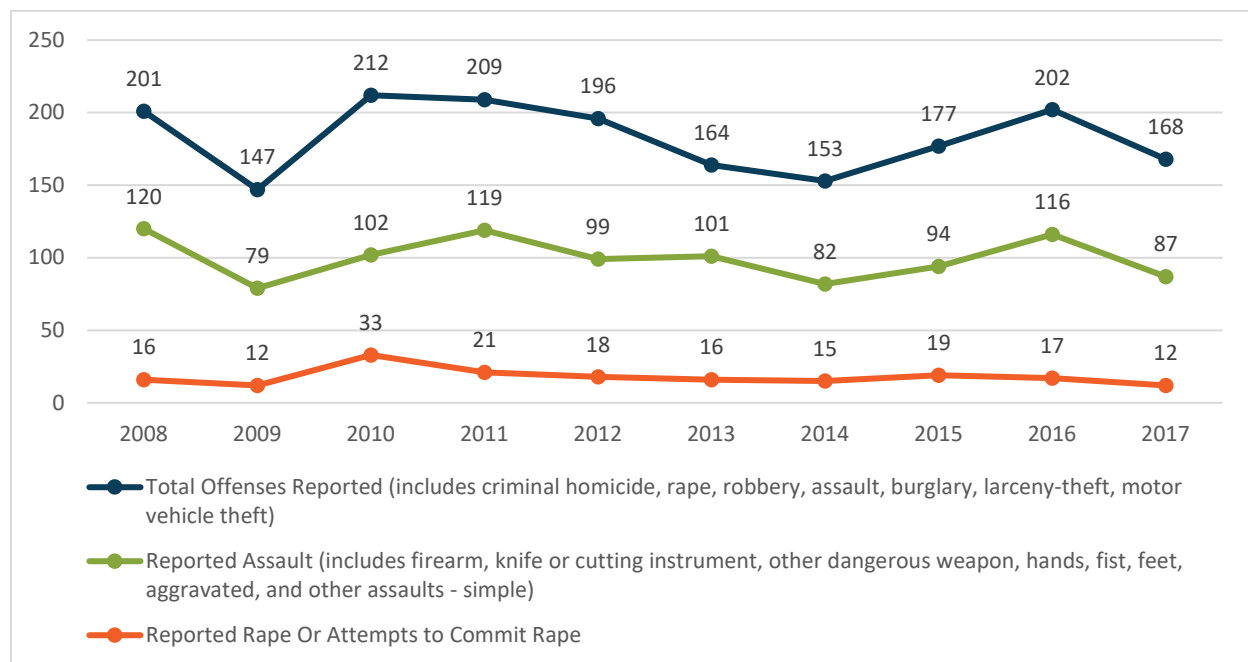
Dillingham Police Department

Statistics showing the number of reports for rape or attempts to commit rape and the number of reports for assault (includes firearm, knife or cutting instrument, other dangerous weapon, hands, fist, feet, aggravated, and other assaults – simple) for the Dillingham Police Department (DPD) for the 10 year period 2008-2017 were gathered from Uniform Crime Reporting Program Annual Reports published by the Alaska Department of Public Safety.[5]

From 2008 through 2017, the number of reports to the Dillingham Police Department for rape and attempts to commit rape ranged from a low of 12 reports in 2009 and in 2017, to a high of 33 reports in 2010. This represented anywhere from 7% to 16% of all offenses reported to DPD from 2008 to 2017.
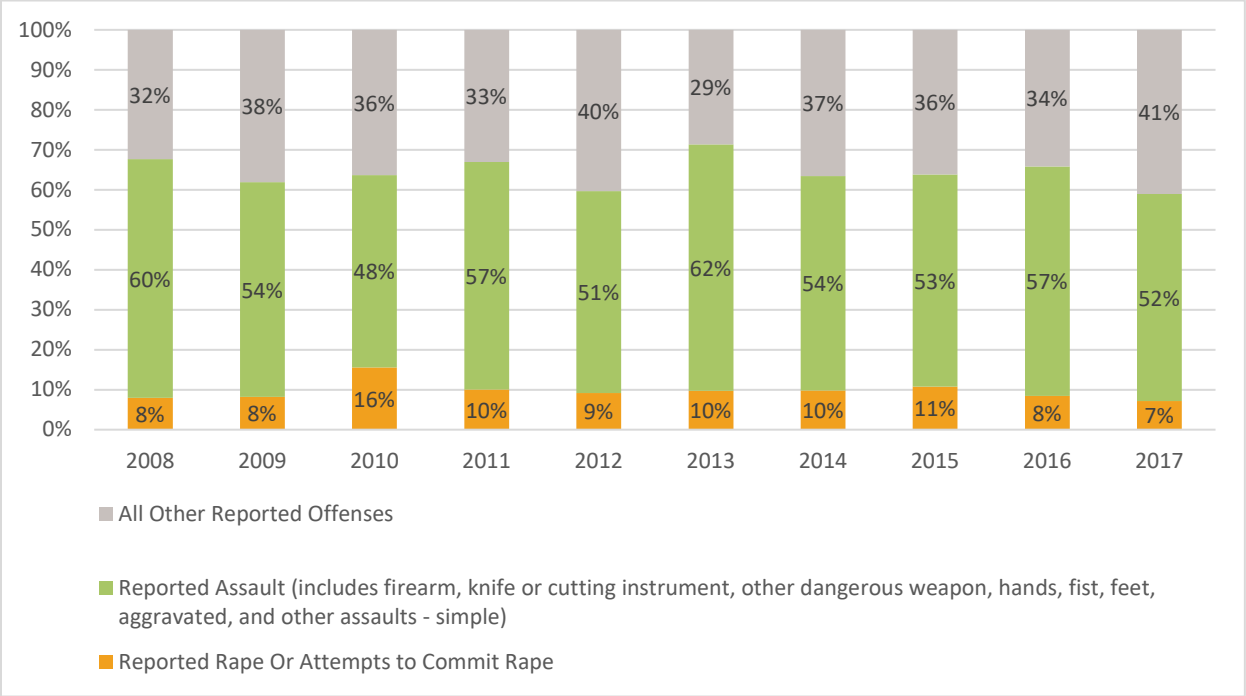
The number of reports to DPD for assault ranged from a low of 79 in 2009 to a high of 120 in 2008. These reports of assault represented anywhere from 48% to 62% of all offenses reported to DPD from 2008 to 2017. This is shown in Figures 12 and 13.

Figure 12: Reports Made to Dillingham Police Department for Rape and Assault (2008 – 2017)[5]

Total Offenses Reported (includes criminal homicide, rape, robbery, assault, burglary, larceny-theft, motor vehicle theft)

Reported Assault (includes firearm, knife or cutting instrument, other dangerous weapon, hands, fist, feet, aggravated, and other assaults - simple)

Reported Rape Or Attempts to Commit Rape

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[5] Retrieved January 31, 2019 from https://dps.alaska.gov/statewide/r-i/ucr

Figure 13: Percent of All Offenses Reported to Dillingham Police Department that were for Rape and for Assault (2008 – 2017)[5]

Legend:
- All Other Reported Offenses
- Reported Assault (includes firearm, knife or cutting instrument, other dangerous weapon, hands, fist, feet, aggravated, and other assaults - simple)
- Reported Rape Or Attempts to Commit Rape

Felony Sex Offenses

The Alaska Department of Public Safety (DPS) collects information on felony level sex offenses reported to state and law enforcement agencies as defined by Alaska Statute (AS) 12.63.100 and required by AS 12.62.130. DPS published Supplemental Reports for Felony Level Sex Offenses for the years 2015, 2016, and 2017.[6]

In 2017, the most common age for victims of felony level sex offenses for Western Alaska[7] was 13, while the most common suspect age was 28. Western Alaska had the highest rate of felony level sex offenses per 100,000 population of all regions in Alaska, more than double the statewide rate (410.1 per 100,000 population for Western Alaska compared to 199.4 per 100,000 population for all of Alaska). The 303 incidents in 2017 in Western Alaska

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[6] Retrieved January 31, 2019 from https://dps.alaska.gov/statewide/r-i/ucr

[7] The Western Alaska Region 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. Reporting agencies in the region include Alaska State Troopers C Detachment, Bethel Police Department, Bristol Bay Borough police Department, Dillingham Police Department, Kodiak Police Department, Kotzebue Police Department, Nome Police Department, and Unalaska Police Department.

accounted for a full 21% of all felony level sex offenses in Alaska. This is shown in Figure 14.

Figure 14: Felony Sex Offenses in Western Alaska and Statewide[6,7]

	2017		2016		2015	
	Western Alaska	Statewide	Western Alaska	Statewide	Western Alaska	Statewide
Number of Incidents	303	1475	329	1542	274	1352
Rate per 100,000 Population*	410.1	199.4	446.4		370.0	
% of all Incidents in Alaska	20.5%		21.3%		20.3%	
Statewide rates per 100,000 population were not available for 2015 and 2016						

Dillingham District and Superior Courts

The Dillingham District and Superior Courts serve the communities of Aleknagik, Clarks Point, Dillingham, Ekuk, Ekwok, Koliganek, Manokotak, New Stuyahok, Portage Creek, Togiak, and Twin Hills.[8] A total population of 4,925 was served by the Dillingham Court Site in FY 2018 (0.7% of the total statewide population).[9]

Data for Civil Protective Order filings, Misdemeanor-Person filings, and Felony-Person filings for Dillingham District and Superior Courts was examined for FY 2014 – FY 2018.[10]

Civil Protective Orders include petitions for domestic violence, stalking, and sexual assault protective orders. The number of Civil Protective Order filings in Dillingham District Court ranged from a low of 54 in FY 2016 to a high of 100 in FY 2014, or an average of 1.04 filings per week in FY 2016, to an average of 1.92 filings per week in FY 2014. Civil Protective Order filings accounted for anywhere from 9.3% to 11.7% of all Dillingham District Court filings from FY 2014 to FY 2018, higher than the percentage of District Court filings that were Civil Protective Order filings for the state of Alaska. This is shown in Figures 15 and 16.

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[8] Retrieved January 31, 2019 from https://public.courts.alaska.gov/web/sco/docs/sco1933a.pdf
[9] Retrieved January 31, 2019 from https://public.courts.alaska.gov/web/admin/docs/fy18.pdf
[10] Retrieved January 31, 2019 from http://www.courts.alaska.gov/admin/index.htm#annualrep

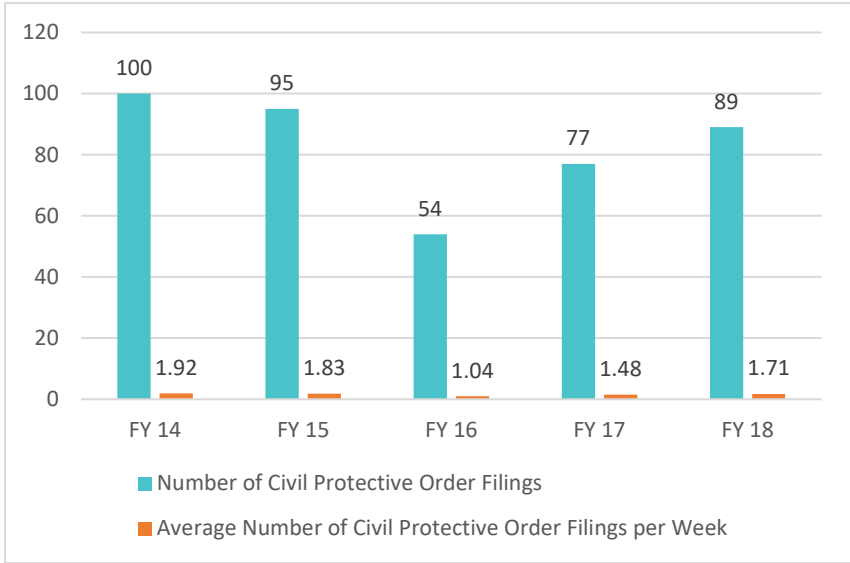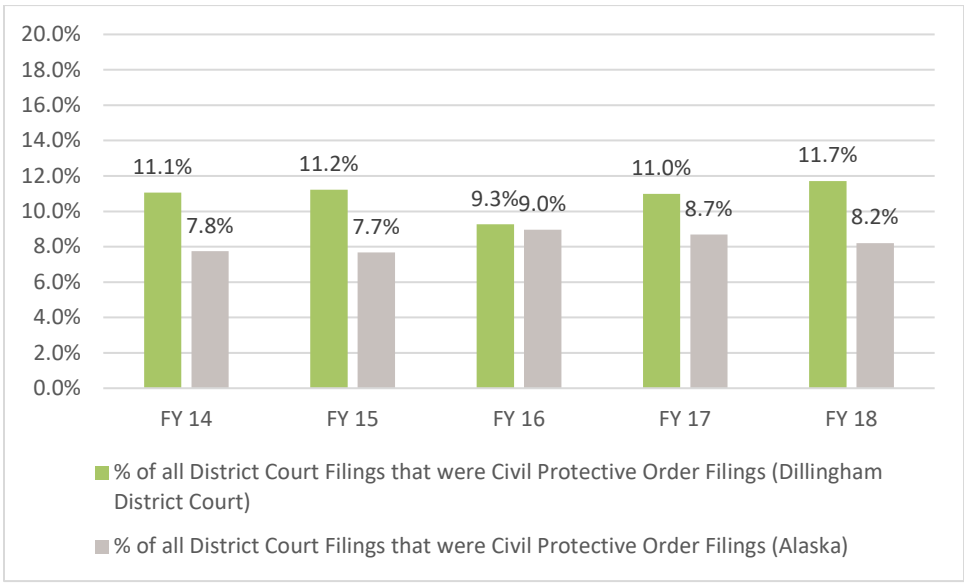**Figure 15: Number of Civil Protective Order Filings in Dillingham District Court (FY 2014 – FY 2018)**[10]

Figure 16: Percent of All District Court Filings that were Civil Protective Order Filings in Dillingham District Court and Alaska (FY 2014 – FY 2018)[10]

The number of Misdemeanor-Person filings and Felony-Person filings were examined for the Dillingham District and Superior Courts as well as the State of Alaska. Misdemeanor-Person and Felony-Person filings include cases of homicide, assault, reckless endangerment, kidnapping, custodial interference, human trafficking, sex offenses, robbery, extortion, and coercion. The number of Misdemeanor-Person filings in Dillingham District Court ranged from a low of 75 in FY 2016 (average of 1.44 filings per week) to a high of 102

in FY 2014 (average of 1.96 filings per week). The number of Felony-Person filings ranged from a low of 32 in FY 2015 (average of 0.62 filings per week) to a high of 56 in FY 2016 (average of 1.08 filings per week). This is shown in Figure 17.

Figure 17: Number of Misdemeanor-Person and Felony-Person Filings in Dillingham District and Superior Courts (FY 2014 – FY 2018)[10]
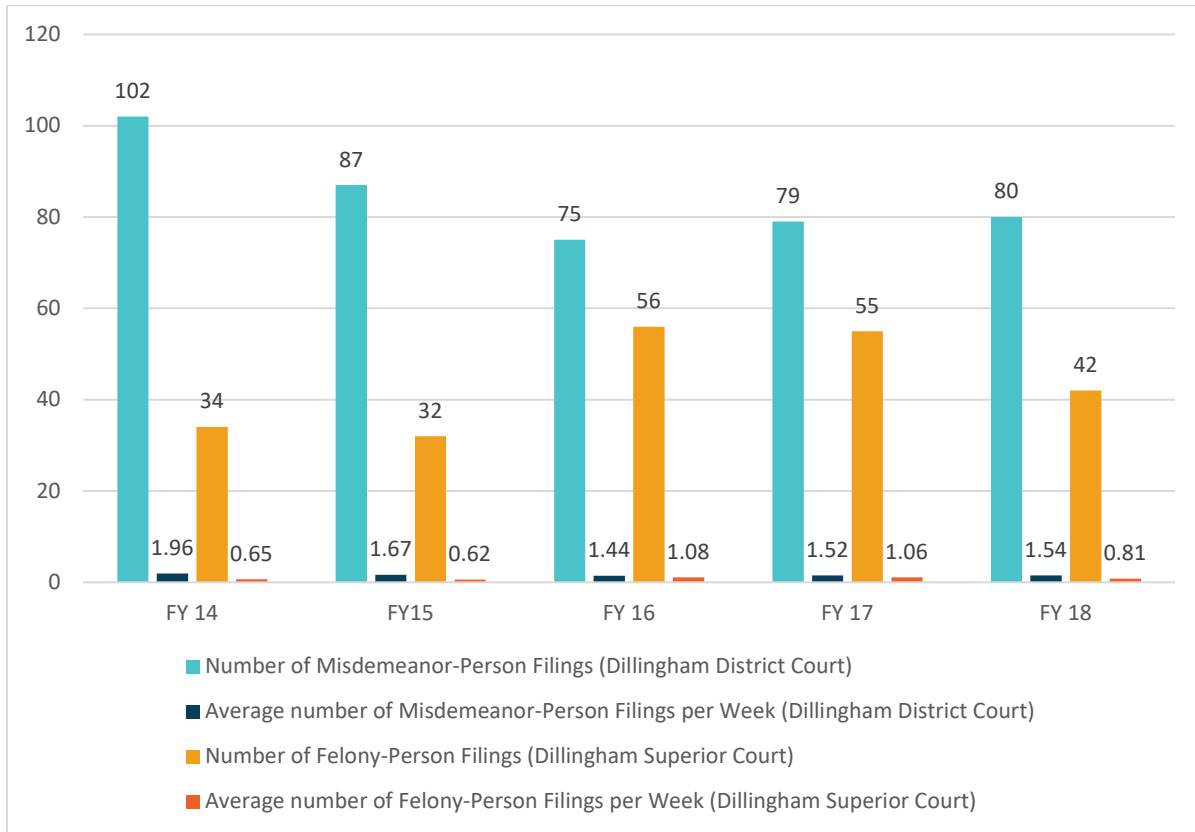
In all but one case the percentage of all court filings that were Misdemeanor-Person filings or Felony-Person filings were more than double for the Dillingham Courts than for Alaska. This is shown in Figure 18.

Figure 18: Percent of All Case Filings that were Misdemeanor-Person and Felony-Person Filings for Dillingham District and Superior Courts and for Alaska (FY 2014 – FY 2018)[10]
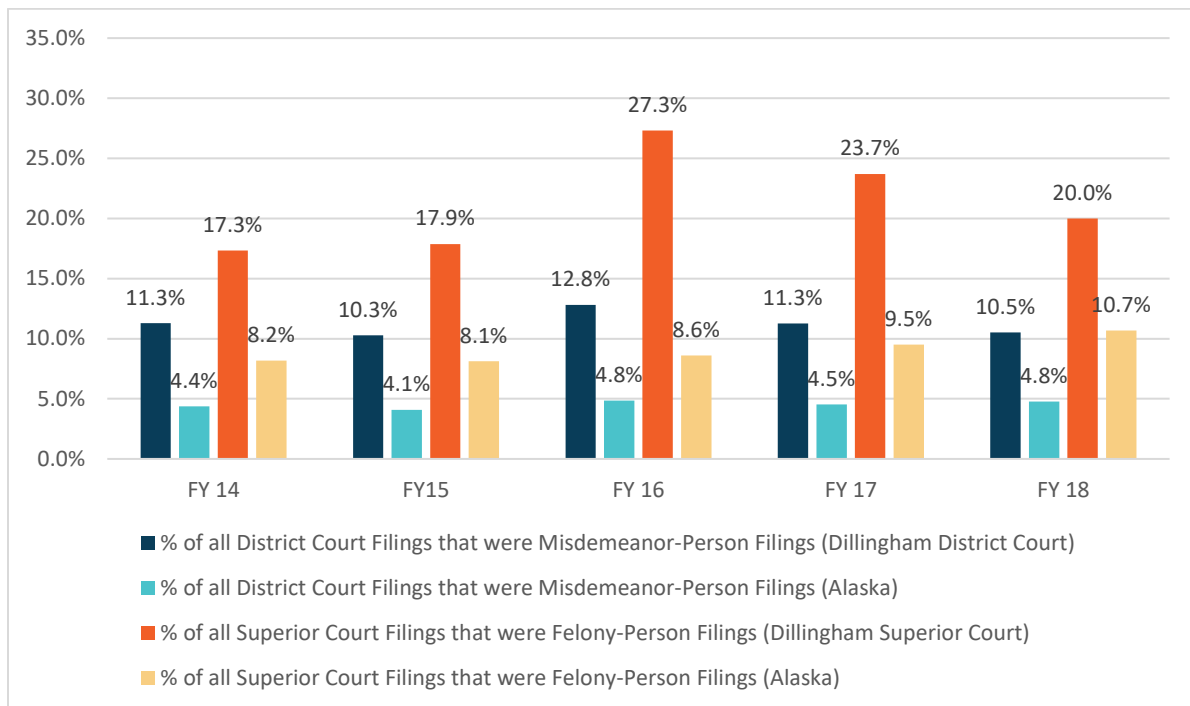
Alaska Pregnancy Risk-Assessment Monitoring System (PRAMS)

The Pregnancy Risk-Assessment Monitoring System (PRAMS) is a survey of mothers of newborns that has been on-going in Alaska since 1990. PRAMS collects information about behaviors and circumstances of Alaskan mothers and their infants surrounding the pregnancy and postpartum period.[11]

PRAMS data for the Southwest Public Health Region[12] was compared to Alaska for the years 2013 - 2015.[13] While there was not a significant difference noted between the percentage of women in the Southwest Public Health Region who reported a controlling partner (emotional abuse) during pregnancy or in the 12 months before pregnancy compared to Alaska as a whole, a notably higher percentage of women from the Southwest Public Health Region reported experiencing physical abuse both during pregnancy and in the 12 months before pregnancy than did in Alaska for all three years. This data should be interpreted with caution due to the fact that data provided for the Southwest Public Health

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[11] http://dhss.alaska.gov/dph/wcfh/Pages/mchepi/prams/data.aspx

[12] The Southwest Public Health Region includes Aleutians East Borough, Aleutians West Census Area, Bethel Census Area, Bristol Bay Borough, Dillingham Census Area, Kusilvak Census Area, and Lake and Peninsula Borough (http://dhss.alaska.gov/dph/InfoCenter/Pages/ia/geo_phr.aspx)

[13] Retrieved on January 31, 2019 from http://ibis.dhss.alaska.gov/query/Introduction.html

Region was indicated to have unstable statistical stability. This is shown in Figures 19 and 20.

Figure 19: Percent of Individuals Reporting Physical Abuse in the 12 Months Before Pregnancy for Southwest Public Health Region and Alaska (2013 -2015)[13]
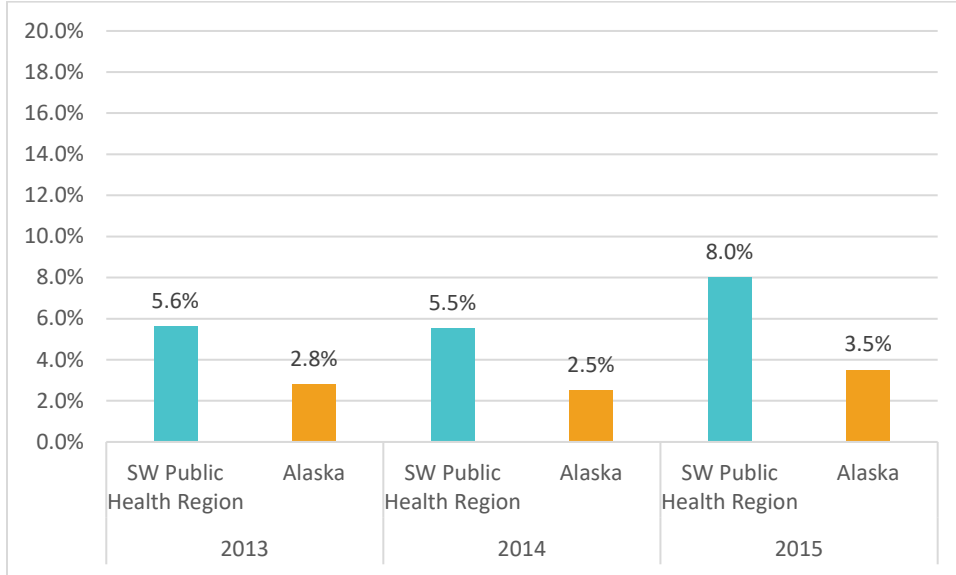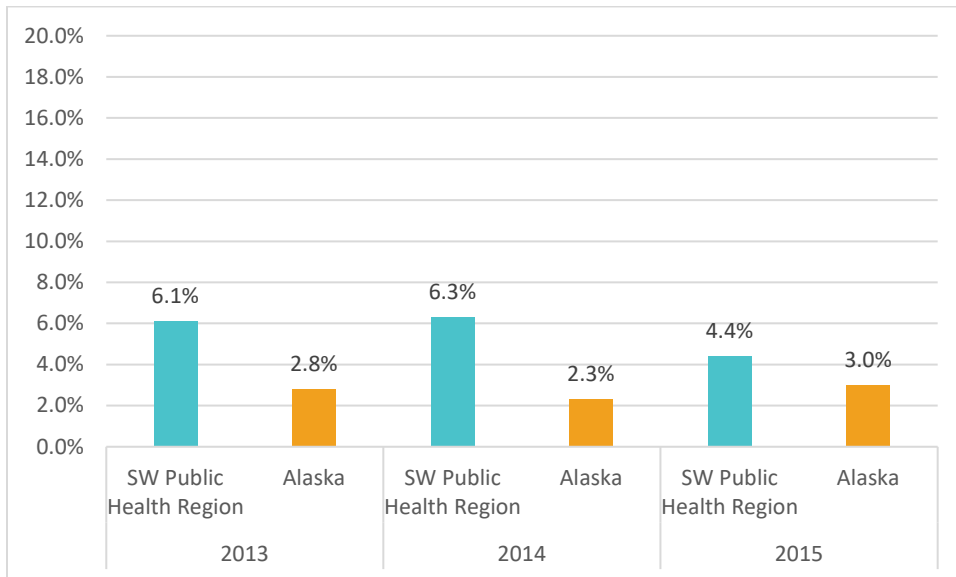

Figure 20: Percent of Individuals Reporting Physical Abuse During Pregnancy for Southwest Public Health Region and Alaska (2013 -2015)[13]

Alaska Youth Risk Behavior Survey (YRBS)

The Youth Risk Behavior Survey (YRBS) is part of an epidemiological surveillance system that was established in 1990 by the Centers for Disease Control and Prevention. The purpose of the Youth Risk Behavior Survey (YRBS) is to help monitor the prevalence of behaviors that put Alaskan youth at risk for the most significant health and social problems that can occur during adolescence and adulthood, in order to assist in prevention and intervention planning and evaluation. The YRBS survey is a school-based survey of high school students administered in odd-numbered years by the Alaska Division of Public Health in cooperation with the Alaska Department of Education & Early Development.[14]

While YRBS data for the Dillingham City School District is not available by year due to small sample sizes, combined data for the years 2011, 2015, and 2017 was provided by the Alaska Division of Public Health Section of Chronic Disease Prevention and Health Promotion (the Dillingham City School District did not administer the YRBS in 2013).[15] This combined data for Dillingham School District was compared to 2017 YRBS data for the Southwest Behavioral Health Systems Assessment Reporting Region[16] and 2017 YRBS data for all of Alaska.[17]

When examining data on dating violence and sexual violence, a slightly higher percentage of students from Dillingham City School District for the combined years 2011, 2015, and 2017 (9.3%) than statewide for 2017 (8.2%) reported they had ever been physically forced to have sexual intercourse when they did not want to. However, this should be interpreted with caution due to the mixture of weighted and unweighted data for Dillingham City School District.[15] Data for other indicators of dating violence and sexual violence for the Dillingham City School District was statistically unreliable due to small sample sizes and therefore not available. However, when comparing data for the Southwest Behavioral Health Systems Assessment Reporting Region[16] to statewide data for 2017, a slightly higher number of students who dated reported they were ever hurt by someone they dated in the past year, as well as reported they were physically forced to do sexual things by

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[14] http://dhss.alaska.gov/dph/chronic/pages/yrbs/yrbs.aspx

[15] Combined YRBS results for the Dillingham City School District for 2011, 2015 and 2017 use a mixture of weighted and unweighted data. Consequently, the results are not representative of all students in the Dillingham City School District during this timeframe and should be interpreted with caution. In 2011 and 2017, the overall response rate fell below the 50% threshold established for schools that administer surveys to all students, so the data were not weighted and are representative of only those students who participated in the survey. In 2015, the overall response rate equaled or exceeded the 50% threshold so the data were weighted and are representative of the entire student body.

[16] The Southwest Behavioral Health Systems Assessment Reporting Region includes the Aleutians East Borough, Aleutians West Census Area, Bristol Bay Borough, Dillingham Census Area, Kodiak Island Borough, and Lake and Peninsula Borough.

[17] Retrieved on January 31, 2019 from http://ibis.dhss.alaska.gov/query/Introduction.html

someone they dated in the past year in the Southwest Behavioral Health Systems Assessment Reporting Region than in Alaska. This is shown in Figure 21.

Figure 21: YRBS Indicators of Dating Violence and Sexual Violence for Dillingham City School District (2011, 2015, and 2017 combined)[15], Southwest Behavioral Health System Assessment Reporting Region (2017)[16], and Alaska (2017) (DSU = data statistically unreliable due to small sample sizes <100)[17]
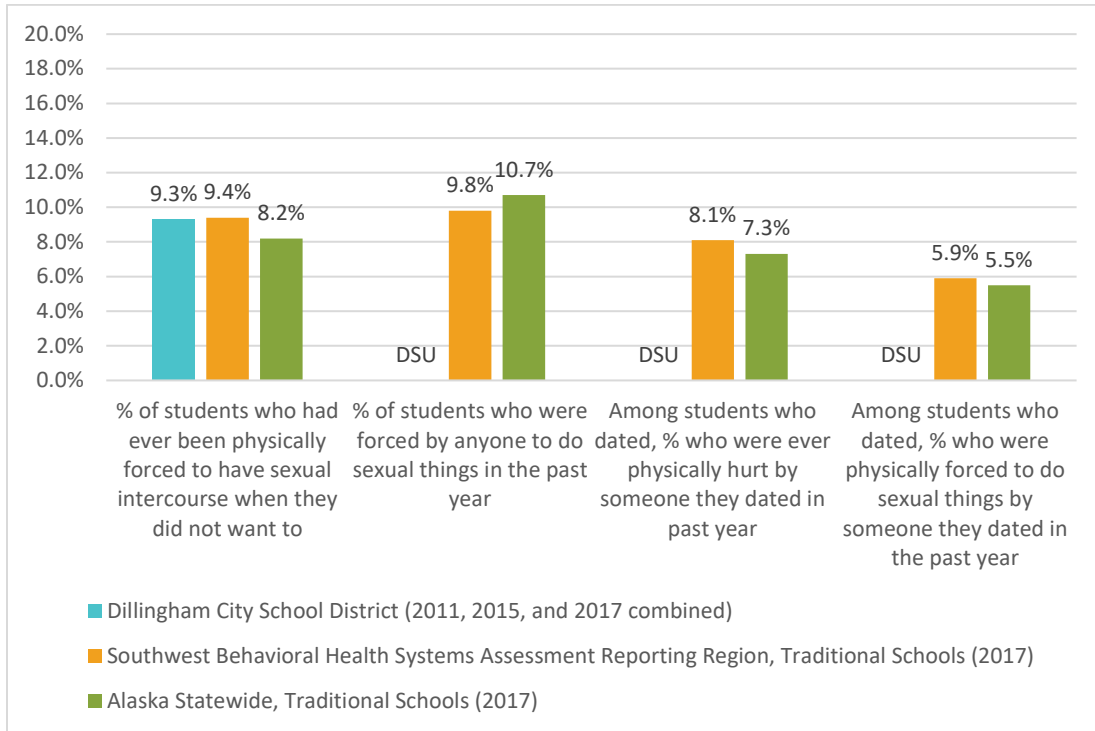
When examining indicators for bullying, a significantly higher number of students from Dillingham City School District for the combined years of 2011, 2015 and 2017 reported being bullied on school property in the past year (43.7%) than did for the Southwest Behavioral Health Systems Assessment Reporting Region (18.1%) or Alaska (23.3%). However, this should be interpreted with caution due to the mixture of weighted and unweighted data for Dillingham City School District.[15] While data for the number of students who reported being electronically bullied in the past year was statistically unreliable due to small sample sizes and therefore not available for the Dillingham City School District, 19.1% of students in the Southwest Behavioral Health Systems Assessment Reporting Region reported being electronically bullied in the past year. This is shown in Figure 22.

Figure 22: YRBS Indicators of Bullying for Dillingham City School District (2011, 2015, and 2017 combined)[15], Southwest Behavioral Health System Assessment Reporting Region (2017)[16], and Alaska (2017) (DSU = data statistically unreliable due to small sample sizes <100)[17]
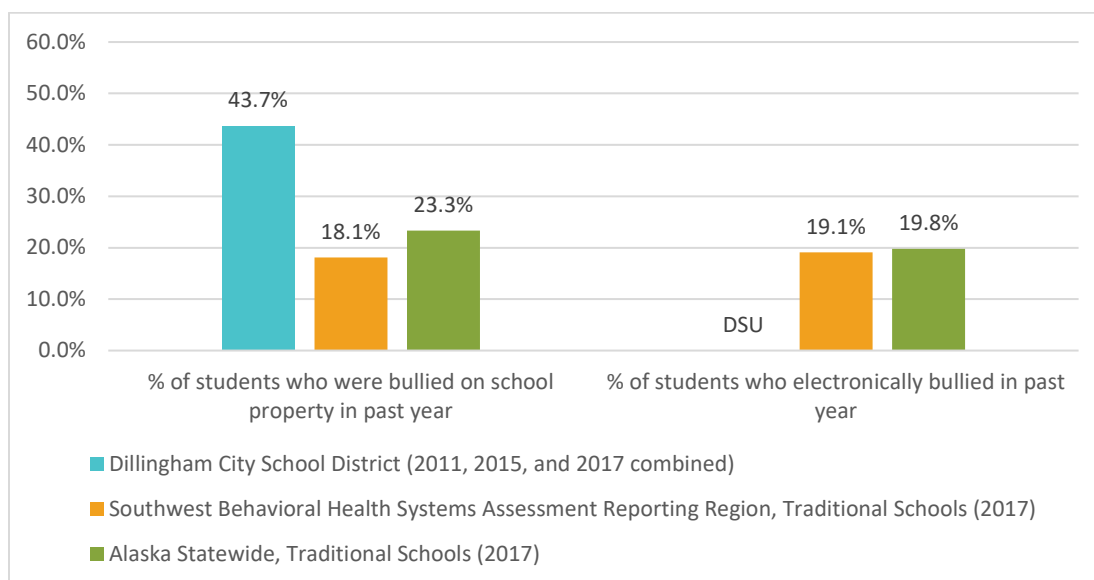
Adverse Childhood Experiences

Each year the Alaska Department of Health and Social Services implements the Behavioral Risk Factor Surveillance System (BRFSS). This survey gathers information about the health-related lifestyle choices of Alaska adults to assist in planning and evaluating health promotion programs to prevent chronic disease and premature death.[18]

BRFSS data for the Dillingham Census Area[19] and Alaska were compared for Adverse Childhood Experiences (ACEs) for 2015, the most recent year for which BRFSS data for ACEs was available.[20] Data reflective of interpersonal violence showed that:

- More than two-thirds of adults in the Dillingham Census Area (70.7%) experienced one or more ACEs before age 18;

- More than one-quarter of adults in the Dillingham Census Area (29.3%) reported that before age 18 parents or adults in their home had ever physically hurt them;

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[18] http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx

[19] The Dillingham Census Area includes the communities of Aleknagik, Clark's Point, Dillingham, Ekwok, Koliganek, Manokotak, New Stuyahok, and Togiak and had an estimated population of 4,932 in 2017 (https://www.census.gov/quickfacts/fact/table/dillinghamcensusareaalaska/PST045217)

[20] Retrieved on January 31, 2019 from http://ibis.dhss.alaska.gov/query/Introduction.html

- More than one-quarter of adults in the Dillingham Census Area (25.4%) reported that before age 18 that had ever been a victim of any sexual abuse;

- More than one-third of adults in the Dillingham Census Area (35.0%) reported that before age 18 parents or adults in their home ever swore, insulted or put them down more than once; and

- More than one-third of adults in the Dillingham Census Area (35.9%) reported that before age 18 parents or adults in their home ever hit each other.

In all of the above instances rates for the Dillingham Census Area were higher for than for Alaska. This is shown in Figure 23.

Figure 23: Adverse Childhood Experiences for Dillingham Census Area and Alaska (2015)[20]
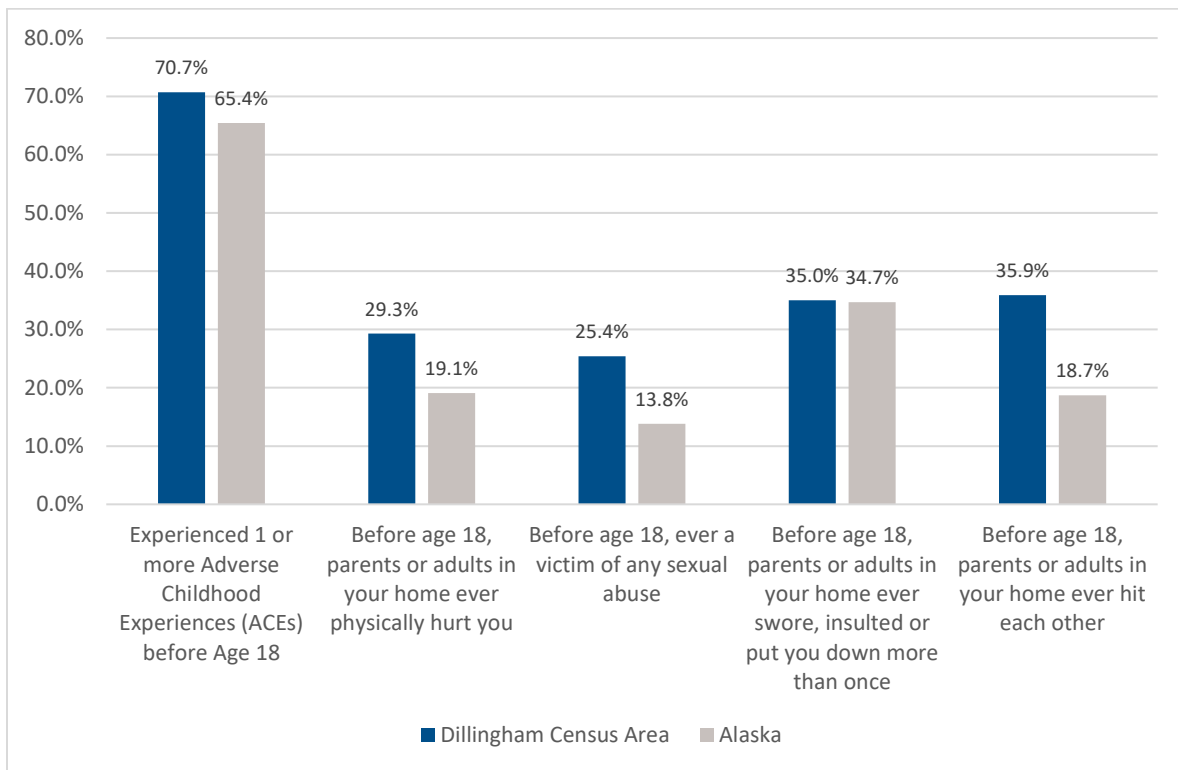
2015 CANDU Community Survey

A community survey was conducted by SAFE in spring of 2015 as part of its CANDU project (Community Action Network Directed Upstream). A total of 169 respondents in Dillingham were interviewed by telephone using random digit dialing methodology. Requirements for participation included that respondents were at least 22 years old, had lived in Dillingham for at least four years, and lived in Dillingham for at least nine months out of the year. In this survey, respondents were asked to rate how they felt about a variety of topics compared to five years ago. Findings that were related specifically to interpersonal violence in Dillingham include the following:

- When asked whether they felt more or less safe in their community than they did five years ago, just over one-quarter of respondents (26.4%) said they felt either a lot more safe or a little more safe than they did five years ago, while nearly half (49.1%) said they felt either a little less safe or a lot less safe.

- When asked whether they felt there was more or less domestic violence and sexual assault happening in Dillingham than five years ago, just 20.7% of respondents felt there was either a lot less or a little less domestic violence and sexual assault happening than five years ago, while slightly less than one half (46.2%) indicated there was either a little more or a lot more happening than five years ago.

- When asked whether they had personally intervened against an act of bullying, domestic violence or assault in an attempt to stop it or de-escalate it in the past five years, 61.0% of respondents said they had, while 39.0% had not.

- When asked whether they had more or less hope that sexual and physical violence in Dillingham could be ended in their lifetime than they did five years ago, just under half of respondents (48.3%) said they had either a lot more hope or a little more hope than five years ago, while nearly one-third (30.8%) said they had either a little less hope or a lot less hope than five years ago.

- When asked if they felt people in Dillingham had gotten better or worse at recognizing when someone is being impacted by domestic violence or sexual assault in the past five years, close to three-quarters of respondents (72.6%) felt people had gotten either a lot better or a little better at recognizing when someone is being impacted than five years ago, while just 8.8% felt people had gotten a little worse or a lot worse.

- When asked whether they felt the attitudes people in Dillingham have towards women who are victims of physical or sexual violence have gotten better or worse in the past five years, nearly two-thirds of respondents (63.4%) felt attitudes had gotten either a lot better or a little better in the past five years, while just 15.2% felt attitudes had gotten either a little worse or a lot worse.

- When asked whether they felt males in Dillingham show more or less respect to females than they did five years ago, slightly more than one-third of respondents (34.4%) said they felt males shows either a lot more respect or a little more respect than five years ago. However, a nearly equal number of respondents (34.2%) felt that males show either a little less respect or a lot less respect than five years ago.

- When asked whether they felt people in Dillingham knew more or less about what to do to end violence than they did five years ago, close to three-quarters of respondents (73.3%) felt people knew either a lot more or a little more than five years ago, while just 9.7% felt people knew a little less or a lot less than five years ago.

- When asked whether they thought the number of males taking active roles in ending violence was more or less than five years ago, well over half of respondents (57.5%) felt that either a lot more males or a little more males are taking active roles in ending violence than five years ago, while just 20.7% felt that either a little less males or a lot less males were taking active roles.

- When asked whether they felt there were more or less agencies and services available in Dillingham to help people impacted by domestic violence and sexual assault than five years ago, well over half of respondents (57.2%) felt there were either a lot more or a little more than five years ago, while 19.6% felt there were either a little less or a lot less.

These responses are shown in Figures 24-33.

Figure 24: "Compared to five years ago, do you feel more safe or less safe in your community today?" (n=154)
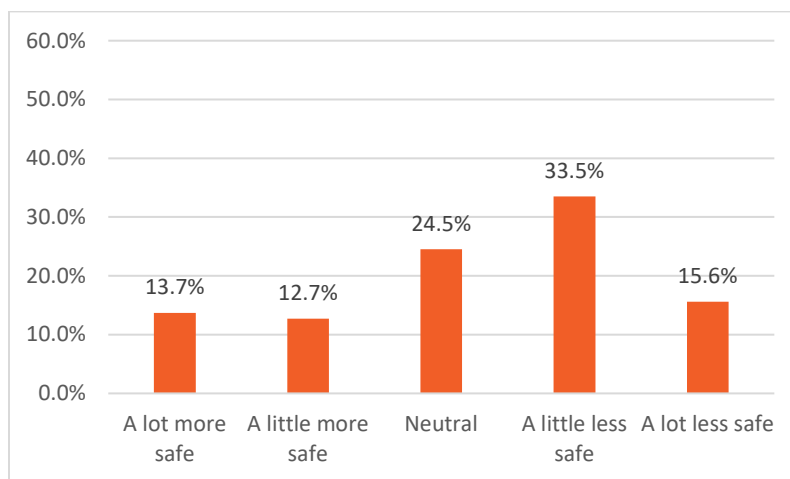
Figure 25: "Compared to five years ago, do you think there is more or less domestic violence and sexual assault happening in Dillingham today?" (n=154)
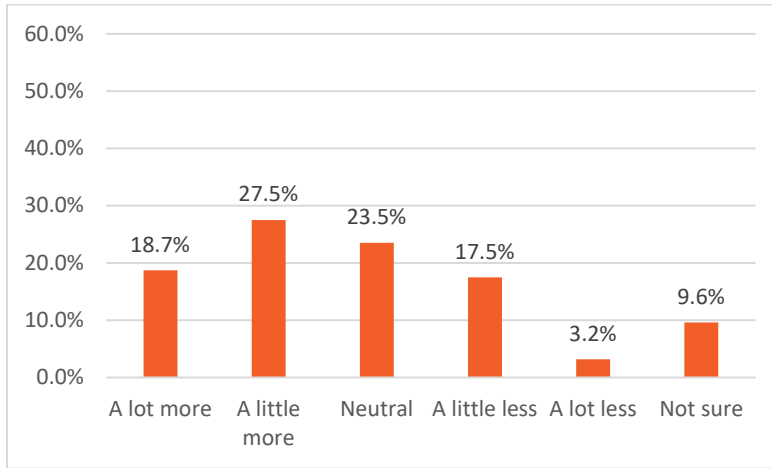

Figure 26: "In the last five years, have you personally intervened against an act of bullying, domestic violence or assault in an attempt to stop it or de-escalate it?" (n=154)
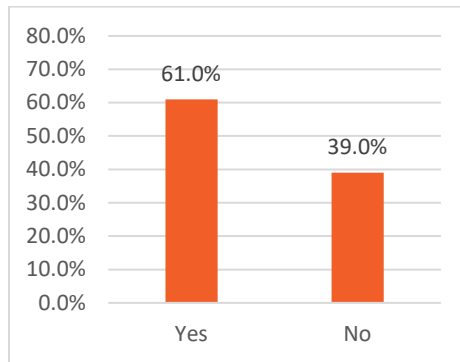

Figure 27: "Compared to five years ago, do you have more hope or less hope today that sexual and physical violence in Dillingham can be ended in your lifetime?" (n=154)
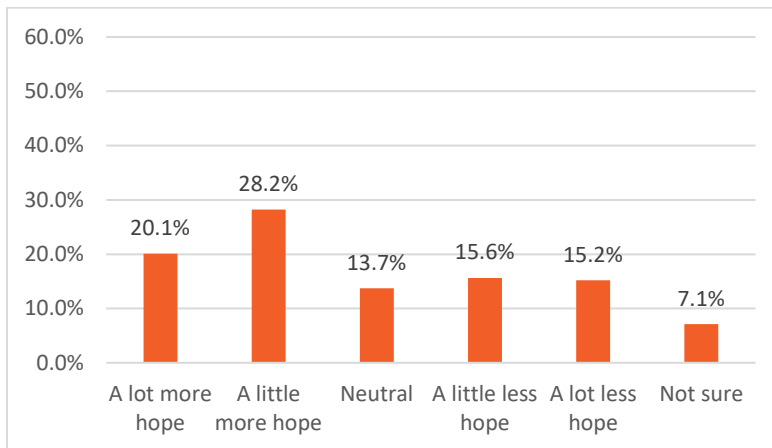
Figure 28: "In the last five years, do you think people in Dillingham have gotten better or worse at recognizing when someone is being impacted by domestic violence or sexual assault?" (n=154)
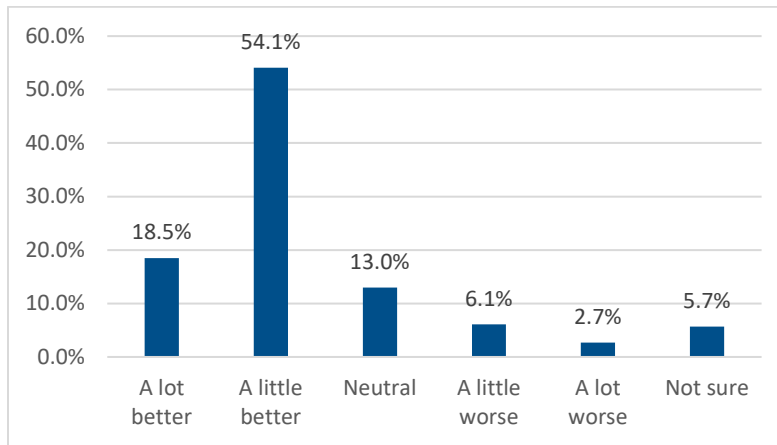

Figure 29: "In the last five years, do you think attitudes people in Dillingham have towards women who are victims of physical or sexual violence have gotten better or worse?" (n=154)
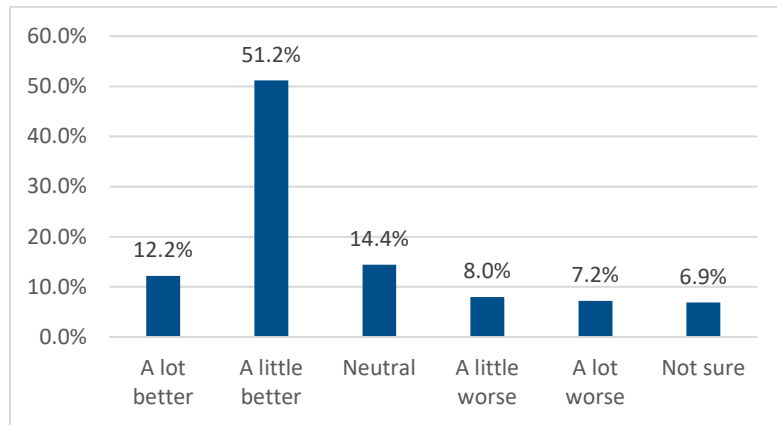

Figure 30: "Compared with five years ago, do you think males in Dillingham show more or less respect to females today?" (n=154)
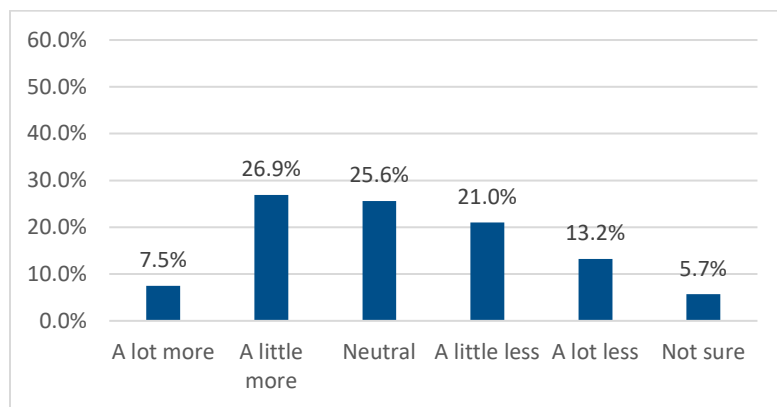
Figure 31: "Compared to five years ago, do you think people in Dillingham today know more or less about what to do to end violence?" (n=154)

Figure 32: "Compared with five years ago, do you think the number of males in Dillingham taking active roles in ending violence is more or less today?" (n=154)

Figure 33: "Compared to five years ago, do you think there are more or less agencies and services available in Dillingham today to help people impacted by domestic violence and sexual assault?" (n=154)

SAFE 2018 Community Survey

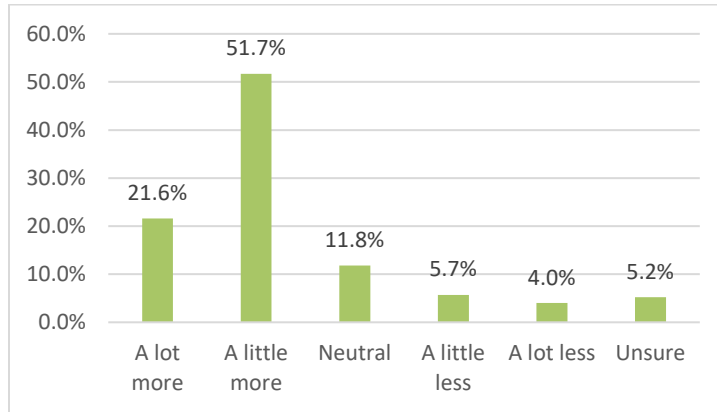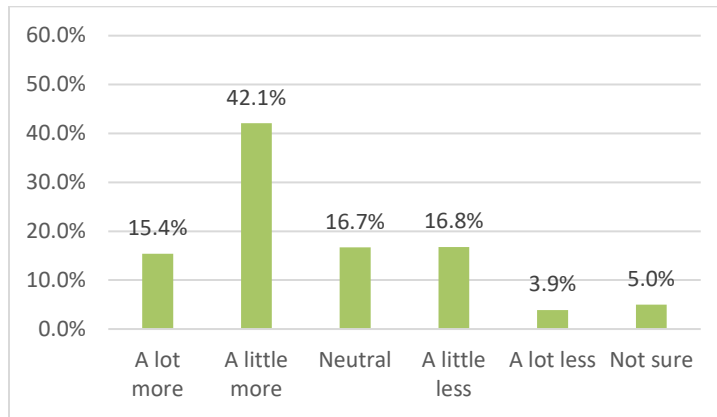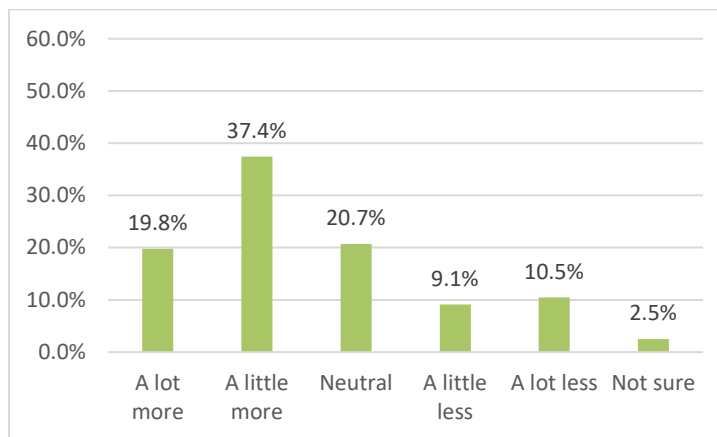As part of prevention planning efforts, SAFE conducted a community survey of Dillingham adults in spring and summer of 2018. A total of 36 surveys were completed from May through September of 2018. Results included the following:

- Nearly two-thirds of survey respondents (63.9%) indicated they had ever been a witness or bystander in an incident that could have escalated into a crime.

- Only 16.7% if respondents felt they had the skills needed to intervene in any escalated situation. Fewer than half (41.7%) felt they had the skills to intervene in an escalated situation but only if they know the parties involved. An additional 16.7% of respondents said they keep their distance or mind their own business, and one-quarter of respondents said they did not have the skills but would like to gain intervening skills.

- Half of survey respondents (50%) said they did not have any knowledge about bystander intervention, while one-third (33.3%) said they did have knowledge but would like to gain more.

- When asked whether they thought it would be beneficial for the community to have more education about bystander intervention, the vast majority of respondents (80.6%) said that yes they would take part. However, 13.9% felt that education about bystander intervention is important to the community but does not involve them. Only 5.5% responded that they did not see education about bystander intervention as being useful to the community.

- One-third of respondents (33.3%) said they would be interested in learning more about bystander intervention techniques, and more than half (58.3%) said they would be interested in learning more when it suits their schedule. Only 8.3% of respondents said they were not interested.

- Survey respondents were asked to list risk factors that could make a person more likely to become a victim or perpetrator. More than three-quarters (80.6%) of the survey respondents indicated alcohol and/or drug use as a risk factor. Seven respondents (19.4%) referenced poverty or other financial difficulties. Six respondents (16.7%) indicated a past history or exposure to trauma or abuse, and six (16.7%) made references to parenting or lack of guidance. Other responses included isolation, lack of leadership, lack of mentorship, lack of children's entertainment, lack of knowledge, lack of motivation or apathy, mental illness, or vulnerable persons such as Elders or those with disabilities.

- Survey respondents were asked to list protective factors that could make a person less likely to become a victim or perpetrator. No clear themes emerged in response to this question. However, several respondents referenced participation in activities or groups, being around supportive people or those who provide good examples, education, and participation in cultural or subsistence activities.

- Survey respondents were asked to indicate whether they felt that people in Bristol Bay are resilient. The vast majority (80.6%) answered yes in response to this question.

Alcohol-Related Data

Alcohol-related data from the Youth Risk Behavior Survey (YRBS) and Behavioral Health Risk Factor Surveillance System (BRFSS) were examined to better understand the relationship of alcohol and/or drug use with interpersonal violence in Dillingham.

While YRBS data for the Dillingham City School District is not available by year due to small sample sizes, combined data for the years 2011, 2015, and 2017 was provided by the Alaska Division of Public Health Section of Chronic Disease Prevention and Health Promotion (the Dillingham City School District did not administer the YRBS in 2013).[21] This combined data for the Dillingham City School District was compared to 2017 YRBS data for the Southwest Behavioral Health Systems Assessment Reporting Region[22] and 2017 YRBS data for all of Alaska.[23]

A higher percentage of students in Dillingham City School District (70.8%) reported having had at least one drink of alcohol in their life than did for the Southwest Behavioral Health Systems Assessment Reporting Region (49.8%) or for Alaska (56.2%), and nearly one-quarter of students in Dillingham City School District (24.6%) reported they had at least one drink of alcohol in the past 30 days. However, these results should be interpreted with caution due to the mixture of weighted and unweighted data for Dillingham City School District.[21] While data showing the number of students who reported binge drinking in the past 30 days for Dillingham City School District was not available due to small sample

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[21] Combined YRBS results for the Dillingham City School District for 2011, 2015 and 2017 use a mixture of weighted and unweighted data. Consequently, the results are not representative of all students in the Dillingham City School District during this timeframe and should be interpreted with caution. In 2011 and 2017, the overall response rate fell below the 50% threshold established for schools that administer surveys to all students, so the data were not weighted and are representative of only those students who participated in the survey. In 2015, the overall response rate equaled or exceeded the 50% threshold so the data were weighted and are representative of the entire student body.

[22] The Southwest Behavioral Health Systems Assessment Reporting Region includes the Aleutians East Borough, Aleutians West Census Area, Bristol Bay Borough, Dillingham Census Area, Kodiak Island Borough, and Lake and Peninsula Borough.

[23] Retrieved on January 31, 2019 from http://ibis.dhss.alaska.gov/query/Introduction.html

sizes, a slightly lower percentage of students reported binge drinking in the past 30 days in the Southwest Behavioral Health Systems Assessment Reporting Region (9.9%) than in Alaska (13.8%). This is shown in Figure 34.

Figure 34: YRBS Indicators for Alcohol Use for Dillingham City School District (2011, 2015, and 2017 combined)[21], Southwest Behavioral Health System Assessment Reporting Region (2017),[22] and Alaska (2017) (DSU = data statistically unreliable due to small sample sizes <100)[23]
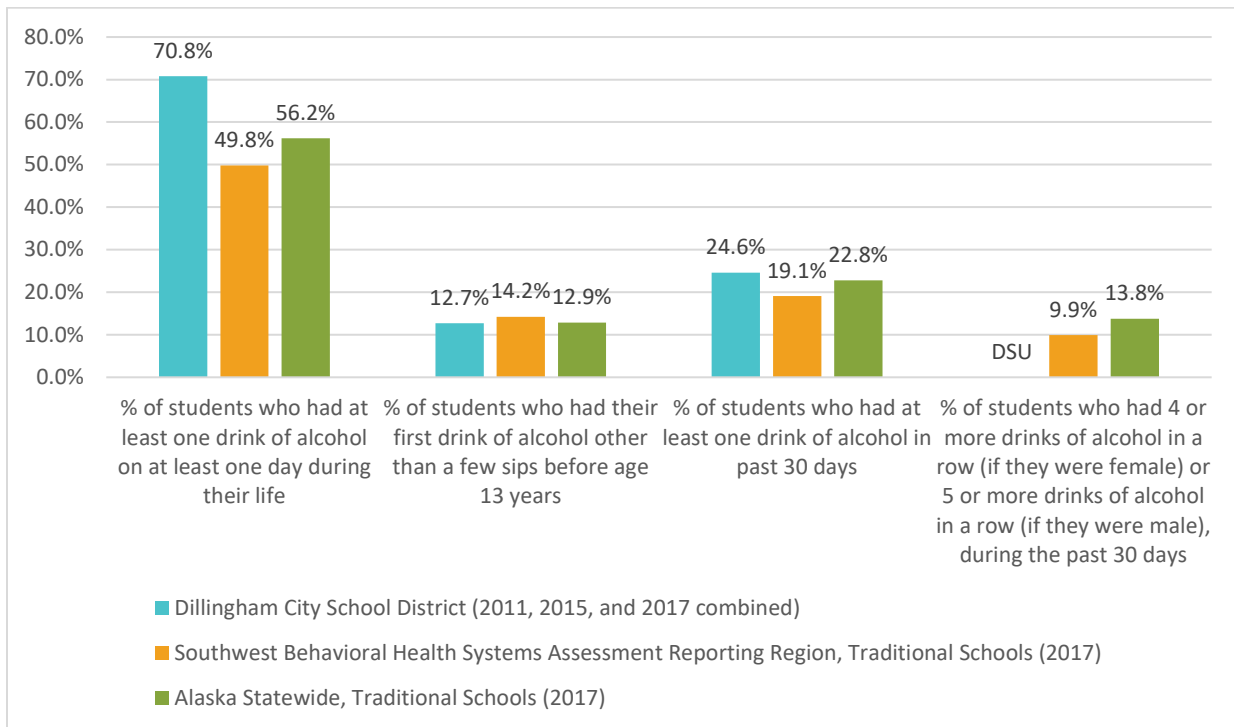
YRBS indicators for marijuana use also indicated a higher percentage of students in the Dillingham City School District using marijuana than for the Southwest Behavioral Health Systems Assessment Reporting Region or for Alaska. However, once again this data should be interpreted with caution due to the mixture of weighted and unweighted data for Dillingham City School District.[21] This is shown in Figure 35.

Figure 35: Indicators for Marijuana Use for Dillingham City School District (2011, 2015, and 2017 combined),[21] Southwest Behavioral Health System Assessment Reporting Region (2017),[22] and Alaska (2017)[23]
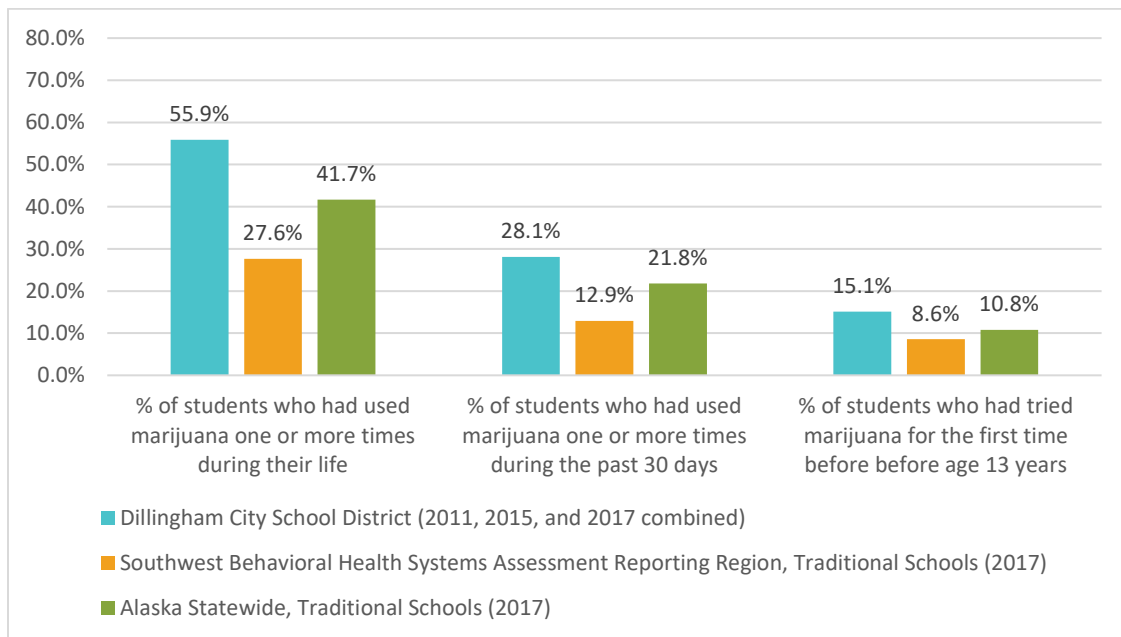
Data from the 2017 Behavioral Health Risk Factor Surveillance System (BRFSS)[24] show that while a smaller percentage of adults in the Dillingham Census Area[25] reported having one or more drinks of alcohol in the past 30 days (48.4%) compared to Alaska (57.7%), a higher percentage of those people who did drink reported binge drinking[26] for the Dillingham Census Area. One-third of individuals who reported drinking in the past 30 days in the Dillingham Census Area reported binge drinking one or more times during the past 30 days (33.4%) compared to 19.3% for Alaska. This is shown in Figure 36.

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[24] Retrieved on January 31, 2019 from http://ibis.dhss.alaska.gov/query/Introduction.html
[25] The Dillingham Census Area includes the communities of Aleknagik, Clark's Point, Dillingham, Ekwok, Koliganek, Manokotak, New Stuyahok, and Togiak and had an estimated population of 4,932 in 2017 (https://www.census.gov/quickfacts/fact/table/dillinghamcensusareaalaska/PST045217)
[26] Binge drinking is defined as 5 or more alcoholic drinks on one occasion for men, and 4 or more alcoholic drinks on one occasion for women (http://ibis.dhss.alaska.gov/indicator/complete_profile/AlcConBinDri.html)

Figure 36: BRFSS Indicators for Alcohol Consumption for Dillingham Census Area and Alaska (2017)[24]
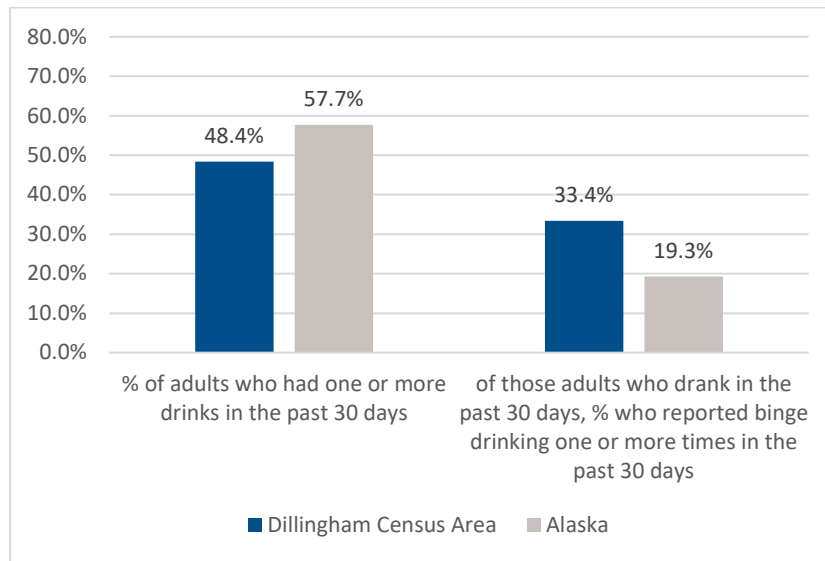
The last year BRFSS data was available on Adverse Childhood Experiences (ACEs) was 2015. This data showed that nearly half of all adults in the Dillingham Census Area had lived with someone who was a problem drinker or alcoholic before the age of 18, higher than in Alaska (29.3%). This is shown in Figure 37.

Figure 37: Percentage of Adults who Reported Living with a Problem Drinker or Alcoholic before Age 18 (2015)[24]
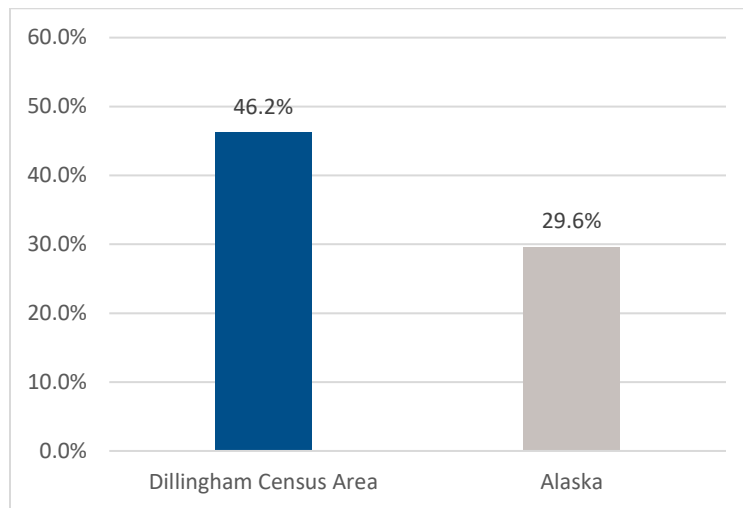
Community Readiness Interview Guide

The Tri-Ethnic Center Model for Community Readiness Assessment (http://www.triethniccenter.colostate.edu/community-readiness-2/) uses key informant interviews with stakeholders representing a variety of community sectors who are knowledgeable about the issue, the community, and community resources. Questions are asked that are intended to evaluate 1) community knowledge about the issue, 2) existing prevention efforts in the community, 3) attitudes of community leadership, 4) attitudes of community members (community climate), and 5) prevention resources to address the issue. Interviews are then scored and averaged to arrive at a community readiness score of 0-9, as well as analyzed qualitatively to identify themes that further illustrate community readiness to address the issue.

This document will serve as an interview guide for key informant interviews conducted as part of the Community Readiness Assessment. Key informants for interviews will be identified by staff of Safe and Fear-Free Environment (SAFE). Interviews will be conducted and scored by staff of the Goldstream Group. While the bulk of the interview focuses on the primary prevention of interpersonal violence, at the end of the interview additional questions are asked specific to the community of Dillingham to further identify capacity building needs for the primary prevention of interpersonal violence.

Interview # _____   Recording #_____

INTRODUCTION
SAFE received funding from the Alaska Council on Domestic Violence and Sexual Assault to help build Dillingham's capacity for the primary prevention of interpersonal violence. As part of the assessment and planning process, we are conducting interviews with a variety of people in the community who are knowledgeable about the subject to better understand the level of community readiness, attitudes and resources to prevent interpersonal violence.

Before we begin - we like to record our interviews to help us with notetaking. This recording won't be shared with anyone else. Is that ok with you?

I have a long list of questions here to ask you. Some of them may be more difficult to answer than others. Answer as best you can, and if you aren't able to answer any questions just let me know and we'll move on to the next one.

These questions pertain to interpersonal violence. Interpersonal violence includes domestic violence, dating violence, intimate partner violence, or other relationship violence.

Do you have any questions before we get started?

INTRODUCTORY QUESTION

1. On a scale of 1-10, how much of a concern do you think interpersonal violence is in Dillingham - with 1 being "not a concern at all" and 10 being "a very great concern"?

    Prompt: Can you tell me why you think it's at that level?

KNOWLEDGE ABOUT THE ISSUE
Now I want to ask you some questions about how much knowledge community members have about interpersonal violence.

2. On a scale of 1 to 10 where a 1 is no knowledge at all, and a 10 is detailed knowledge, how much would you say community members know in general about interpersonal violence?

    Prompt: Can you tell me why you gave it a ____?

3. Now I want to ask you about some more specific types of knowledge related to interpersonal violence.

- Would you say that community members know nothing, a little bit, some, or a lot about how frequently interpersonal violence occurs in Dillingham, or the number of people that are affected by interpersonal violence in the community?

  Prompt: Why do you say that?

- Would you say that community members know nothing, a little bit, some, or a lot about the signs that someone may be experiencing interpersonal violence?

  Prompt: Why do you say that?

- Would you say that community members know nothing, a little bit, some, or a lot about causes of interpersonal violence?

  Prompt: Why do you say that?

- Would you say that community members know nothing, a little bit, some, or a lot about the consequences or impacts of interpersonal violence?

  Prompt: Why do you say that?

  Prompt: How about the effects of interpersonal violence on family and friends?

- Would you say that community members know nothing, a little bit, some, or a lot about ways that interpersonal violence can be prevented?

  Prompt: Why do you say that?

4. Do you think there are any misperceptions about interpersonal violence among residents of Dillingham? *(why it occurs, how much it occurs locally, or what the impacts are?)*

   Prompt: Can you describe what these misperceptions are?

5. If someone in Dillingham wanted to get information about interpersonal violence, what types of information can you think of that are available in the community, and where would they get this information from? *(could be information in newspaper articles, brochures, posters, etc.)*

6. (If yes to 5) To what degree do you think that community members access and/or use this information?

COMMUNITY KNOWLEDGE OF EFFORTS

Next, I want to ask you some questions about efforts in the community to **prevent** interpersonal violence. Rather than focusing on intervention or services for people who have already experienced interpersonal violence, what we mean is efforts that are happening in Dillingham to prevent violence from happening in the first place. This could be in the form of information, programs, activities, or services in the community.

7. Are there efforts you can think of in Dillingham that work towards **preventing** interpersonal violence?

    If Yes, continue to question 8; if No, skip to question 20.

8. Can you briefly describe what these efforts are?

9. How long have these efforts been going on? *(Probe for each program/activity listed in question 8).*

10. Are these efforts targeted at specific groups? *(i.e., a certain age group, men or women, etc.) (Probe for each program/activity listed in question 8).*

11. Now I want to ask you how well the residents of Dillingham may understand various aspects of these efforts.

    ● How many community members would you say have heard about these efforts in a general sense? Would you say none, a few, some, many, or most?

    ● How many community members would you say could name these efforts? Would you say none, a few, some, many, or most?

    ● How many community members would you say understand the purpose of these efforts, or how they work to prevent interpersonal violence? Would you say none, a few, some, many, or most?

12. Why do you think members of the community have the amount of knowledge *(or lack of knowledge)* about prevention efforts that you described?

13. Do you think there are any misperceptions or incorrect information among community members about existing prevention efforts?

    Prompt: Can you describe what these misperceptions are?

14. How do you think community members get information or find out about these prevention efforts?

15. To the best of your knowledge, do you think community members view the existing prevention efforts as successful or effective?

    Prompt: What do community members like about these programs?
    Prompt: What don't they like?

16. Are there any obstacles or barriers that you can think of to individuals participating in the prevention efforts you mentioned?

    Prompt: What are these obstacles – can you describe them?

17. In your opinion, what are the greatest strengths of the prevention efforts you described?

18. In your opinion, what are the challenges or weaknesses of these efforts?

19. Do you know of any planning in the community for additional efforts to prevent interpersonal violence?

20. Is anyone in Dillingham that you know of trying to get something new started to prevent interpersonal violence?

    Prompt: Can you tell me more about that?

LEADERSHIP

Now I'd like to ask you some questions related to how the leadership in Dillingham perceives interpersonal violence. By leadership, I am referring to those people in the community who have influence over the issue, as well as those who lead the community in helping it achieve its goals. This could be city leaders, tribal leaders, organizational leaders, religious or spiritual leaders, or other people that residents may look to for leadership on a variety of issues that affect the community.

21. On a scale of 1-10, with 1 being "not a concern at all" and 10 being "a very great concern", how much of a concern would you say that interpersonal violence is to the leadership of Dillingham?

    Prompt: Can you tell me why you gave it a _____?

22. Now I'm going to ask you the question in a slightly different way. On a scale of 1 to 10, with 1 being not a priority at all, and 10 being the highest priority, how much of a **priority** would you say it is to the leadership to address interpersonal violence?

    Prompt: Can you explain why you say this?

23. Now I'd like to talk about various ways that leadership might show its support or lack of support for efforts to prevent interpersonal violence.

    ● How many Dillingham leaders would you say at least passively support efforts to prevent interpersonal violence? Would you say none, a few, some, many, or most leaders?

    ● How many Dillingham leaders would you say actually **participate** in developing, improving or implementing prevention efforts, for example by being a member of a coalition or group that is working toward these efforts? Would you say none, a few, some, many, or most leaders?

    ● How many Dillingham leaders would you say support allocating resources to fund community prevention efforts? Would you say none, a few, some, many, or most leaders?

    ● How many Dillingham leaders would you say play a key role as a leader or driving force in planning, developing or implementing efforts? Would you say none, a few, some, many, or most leaders?

    Prompt: Can you tell me more about ways they do that?

24. Would say that the leadership in Dillingham supports expanding efforts in the community to prevent interpersonal violence?

    Prompt if yes: How do they show this support? (For example, by passively supporting efforts, by being involved in developing the efforts, or by being a driving force or key player in achieving these expanded efforts)

25. Can you name any leaders in the community that are especially supportive of preventing interpersonal violence?

26. Are there any leaders you can think of who might oppose addressing interpersonal violence?

    Prompt if yes: In what ways do they show their opposition?

COMMUNITY CLIMATE

The next set of questions has to do with attitudes of the community related to interpersonal violence. These questions are meant to help us understand what residents of Dillingham believe about interpersonal violence, so you'll want to answer these questions in terms of what you know about the community as a whole.

27. How much of a priority would you say that addressing interpersonal violence is to residents of Dillingham in general?

    Prompt: Can you explain your answer?

28. Now I want to ask you about various ways that Dillingham residents might show their support or their lack of support for community efforts to address interpersonal violence.

    - How many community members would you say at least passively support efforts to prevent interpersonal violence? Would you say none, a few, some, many, or most community members?

    - How many community members would you say actually participate in developing, improving or implementing prevention efforts, for example by attending group meetings that are working toward these efforts? Would you say none, a few, some, many, or most community members?

    - How many community members would you say play a key role as a leader or driving force in planning, developing or implementing efforts to prevent interpersonal violence? Would you say none, a few, some, many, or most community members?

      Prompt: Can you give me examples of ways they do that?

- How many community members do you think would be willing to pay more (for example, in taxes) to help fund community prevention efforts? Would you say none, a few, some, many, or most community members?

29. About how many Dillingham residents would you say support expanding efforts in the community to prevent interpersonal violence? Would you say none, a few, some, many or most?

    Prompt (if more than none): Can you give me examples of how they might they show their support?

30. Are there any residents who might oppose addressing interpersonal violence?

    Prompt: In what ways do they show their opposition?

31. Are there ever any circumstances you can think of in Dillingham in which community members might tolerate interpersonal violence?

    Prompt: Can you tell me more about that?

32. Are there any other community characteristics or community norms in Dillingham that you think could either support or hinder efforts to prevent interpersonal violence?

RESOURCES FOR EFFORTS
If there are efforts to address the issue locally, begin with question 33. If there are no efforts, go to question 34.
Now I'd like to ask you some questions related to resources in the community to support the prevention of interpersonal violence.

33. How are current efforts to prevent interpersonal violence in Dillingham funded?

    Prompt: Do you think this funding is likely to continue into the future?

34. Now I'd like to ask you about the availability of different resources that could be used to address interpersonal violence in Dillingham.

    - How many volunteers do you think would be available or willing to help with prevention efforts in the community? Would you say none, a few, some, or a lot?

- How much in terms of financial donations from organizations and/or businesses would say is available to help with prevention efforts? Would you say none, a little bit, some, or a lot?

- How about grant funding? How much would you say is available? None, a little, some, or a lot?

- How about experts in the field – how many would you say are available in the community to help with prevention efforts? Would you say none, a few, some, or a lot?

- How about space such as meeting rooms, workspace, etc. How much space would you say is available in the community? Would you say none, a little, some or a lot?

35. Do you think that Dillingham residents and the community leadership would support using the resources you described to address interpersonal violence?

    Prompt: Why do you say that?

36. Now I want to ask you about how much effort the community is putting into increasing the resources to prevent interpersonal violence.

    - On a scale of 1 to 5, with 1 being no effort and 5 being a great effort, how much effort would say is being put into seeking volunteers for current or future efforts to address interpersonal violence?

    - On a scale of 1 to 5, how much effort would say is being put into soliciting donations from businesses or other organizations to fund current or expanded community efforts?

    - On a scale of 1 to 5, how much effort would say is being put into writing grant proposals to obtain funding to address interpersonal violence in the community?

    - On a scale of 1 to 5, how much effort would say is being put into training community members to become experts in preventing interpersonal violence?

37. Are you aware of any proposals or action plans that have been submitted by agencies or groups in Dillingham for funding to address interpersonal violence in Dillingham?

    Prompt If Yes: Can you tell me more about that?

ADD-ON QUESTIONS SPECIFIC TO CAPACITY BUILDING

Finally, I want to ask you a few questions about building Dillingham's capacity for the primary prevention of interpersonal violence. By primary prevention, we mean making sure that violence never happens in first place – so it means, preventing the first-time perpetration or victimization of violence.

38. In your opinion, what does Dillingham need most in order to build its capacity to prevent interpersonal violence? What do you think are the community's biggest needs in this regard?

39. What do you think is needed to engage community members in the prevention of interpersonal violence?

40. Is there anything needed to specifically engage males in the prevention of interpersonal violence?

ADD-ON QUESTIONS CORRELATING WITH 2015 CANDU SURVEY

41. Compared to 3 years ago, would you say that community members know more or less about ways to prevent interpersonal violence?

42. Compared to 3 years ago, do you think the attitudes of people in Dillingham towards women who are victims of interpersonal violence have changed? In what ways?

43. Compared to 3 years ago, would you say that Dillingham is a safer or less safe place to live? Why?

44. 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?

CLOSING QUESTIONS

45. We've covered a lot of ground today. Is there anything else you'd like to say about the issue that we haven't already talked about?

46. When we report our findings, sometimes we like to use quotes from interviews to illustrate themes that come out of the interviews. We never attach names to quotes. Is it ok with you if we quote you anonymously in the report of our findings?

47. Is it ok with you if we include your name along with a list of all people who completed interviews in the acknowledgements section of the final assessment report, or would you prefer to stay completely anonymous?

Community Perceptions Survey

The community perceptions survey is designed to answer the following assessment questions:

1. What are the perceptions of community members about interpersonal violence?
2. What are the perceptions of community members about primary prevention?
3. What is the level of awareness and understanding of community members about the primary prevention programs that currently exist in the community to prevent interpersonal violence?
4. What is the level of interest among community members in participating in primary prevention?

Introduction:

SAFE is conducting this community survey to help us understand the perceptions of people in Dillingham about interpersonal violence. SAFE will use the survey results to plan for ways to prevent interpersonal violence from happening in Dillingham. Prevention means creating a community where violence never happens in the first place. SAFE will share results of the survey with the community this winter.

Please answer the following questions in your own opinion. There are no right or wrong answers. All of your answers will remain completely anonymous. At the end of the survey you will have the opportunity to enter your name in a drawing for a free roundtrip mileage ticket from Dillingham to Anchorage.

You must be at least 18 years old to take the survey.

1. Are you at least 18 years old?
   (yes, no)

   If no takes them to SAFE's home page.

2. How safe or unsafe do you feel in Dillingham?
   (very unsafe, somewhat unsafe, neutral, somewhat safe, very safe)

The next questions ask for your opinions about interpersonal violence in Dillingham. Interpersonal violence includes domestic violence, dating violence, intimate partner violence, or other relationship violence.

3. In your opinion, how much of a concern is interpersonal violence in Dillingham? *(not a concern, a little bit of a concern, a moderate concern, a great concern, an extreme concern)*

4. How much do you know about each of the following topics?
   (I know very little, I know a little, I know a moderate amount, I know a lot, I know a great deal)
   a. Recognizing when someone is experiencing interpersonal violence
   b. What I can do to help end interpersonal violence in the community
   c. Agencies or services in Dillingham that can help people who experience interpersonal violence

The next several questions ask about risk and protective factors for interpersonal violence. Risk factors are things that might make a person <u>more likely</u> to experience interpersonal violence or commit acts of interpersonal violence. Protective factors are things that might make a person <u>less likely</u> to experience or commit acts of interpersonal violence.

Interpersonal violence includes domestic violence, dating violence, intimate partner violence, or other relationship violence.

5. Can you think of anything that may make a person in Dillingham <u>more likely</u> to become a victim of interpersonal violence?
   (yes, no, unsure)

6. *(only if yes to 5)* What do you think could make a person in Dillingham <u>more likely</u> to become a victim of interpersonal violence? *(OPEN-ENDED)*

7. Are there certain groups of people in Dillingham that you think are more likely to experience interpersonal violence?
   (yes, no, unsure)

8. *(only if yes to 7)* Which group(s) do you think are at higher risk? *(OPEN-ENDED)*

9. Can you think of anything that may help a person in Dillingham be <u>less likely</u> to become a victim of interpersonal violence?
   (yes, no, unsure)

10. *(only if yes to 9)* What do you think can help a person in Dillingham be <u>less likely</u> to become a victim of interpersonal violence? *(OPEN-ENDED)*

11. Can you think of anything that may make a person in Dillingham <u>more likely</u> to <u>commit</u> acts of interpersonal violence?
    (yes, no, unsure)

12. *(only if yes to 11)* What do you think could make a person in Dillingham <u>more likely</u> to <u>commit</u> acts of interpersonal violence? *(OPEN-ENDED)*

13. Can you think of anything that may make a person in Dillingham <u>less likely</u> to <u>commit</u> acts of interpersonal violence?
(yes, no, unsure)

14. *(only if yes to 13)* What do you think could make a person in Dillingham <u>less likely</u> to <u>commit</u> acts of interpersonal violence? *(OPEN-ENDED)*

15. How much do you disagree or agree with the following statements:
(strongly disagree, somewhat disagree, somewhat agree, strongly agree, unsure)
    d. There is a stigma in Dillingham related to talking about interpersonal violence.
    e. When someone in Dillingham experiences interpersonal violence, there is a stigma or fear related to asking for help.
    f. Interpersonal violence is a problem in Dillingham, but there are other more pressing problems to address.
    g. People in Dillingham don't know how they can make a difference in preventing interpersonal violence.
    h. Interpersonal violence is less common among people like myself.

The next set of questions ask about the prevention of interpersonal violence in Dillingham. Prevention means supporting the overall health and wellness of the community. This allows services to occur before violence can ever happen. Examples of prevention are education and outreach in the community, changes to policies in the community, or programs and services that build resilience and reduce risk factors for residents.

Interpersonal violence includes domestic violence, dating violence, intimate partner violence, or other relationship violence.

16. Can you think of any programs or efforts that currently exist in Dillingham to prevent interpersonal violence from happening?
(yes, no, unsure)

17. *(only if yes to 16)* What prevention programs or efforts can you name? *(OPEN-ENDED)*

18. How much do you know about each of the following in Dillingham?
(I haven't heard of it; I've heard of it, but am not sure what it's about; I've heard of it and know what it's about, but haven't participated in it; I have participated in it)
    i. Choose Respect March
    j. Domestic Violence Memorial March
    k. CANDU
    l. Myspace

19. How do you think people in Dillingham would respond to each of the following statements?
    (No one in Dillingham would agree, A few people in Dillingham would agree, Some people in Dillingham would agree, A lot of people in Dillingham would agree, Everyone in Dillingham would agree)
    m. Women who are victims of interpersonal violence did something to provoke it.
    n. Women who are victims of interpersonal violence were under the influence of drugs or alcohol.
    o. Women who are victims of interpersonal violence belong to certain demographic groups (i.e. race, age, gender, etc.)
    p. Interpersonal violence can be prevented.

20. In your opinion, how many opportunities exist for males in Dillingham to take an active part in ending interpersonal violence?
    (None or very few opportunities, some opportunities, a great deal of opportunities, unsure)

21. Do you think males show respect to females in Dillingham?
    (none or very few males show respect, a few males show respect, some males show respect, many males show respect, most or all males show respect)

22. In the last five years, have you personally intervened against any act of bullying, domestic violence or assault in an attempt to stop it or de-escalate it?
    (yes, no)

23. In the last five years, have you ever been in a situation where you felt you should intervene against any act of bullying, domestic violence or assault, but you didn't know how or were afraid to intervene?
    (yes, no)

24. In your opinion, what is the most important thing you think can be done in Dillingham to help prevent interpersonal violence from ever happening to someone in the first place?

25. What is one positive characteristic of Dillingham as a community that could help efforts to prevent interpersonal violence?

26. Are there ever situations in Dillingham where people might tolerate interpersonal violence?
    (yes, no, unsure)

27. *(only if yes to 26)* Please describe in what situations or ways you think people in Dillingham might tolerate interpersonal violence. (OPEN-ENDED)

28. How hopeful are you that interpersonal violence in Dillingham can be ended in your lifetime? *(Not at all hopeful, a little bit hopeful, moderately hopeful, very hopeful)*

29. Have you ever been a victim of interpersonal violence? *(yes, no, prefer not to say)*

30. Do you know someone else in Dillingham who has ever experienced interpersonal violence? *(yes, no, prefer not to say)*

31. What is your age? *(18-24, 25-44, 45-64, 65 or older)*

32. What is your gender? *(OPEN-ENDED)*

33. What is your race? (check all that apply) *(White, American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Asian, Other)*

34. What is your ethnicity? *(Hispanic or Latino, Not Hispanic or Latino)*

(DONE – takes them to separate page to enter drawing)

Thank you for completing this important survey! To enter your name in a drawing for a free roundtrip mileage ticket from Dillingham to Anchorage, please provide us with your first name and phone number so we can reach you if you are the winner. Your name cannot be connected in any way with your survey responses.

1. Your Name (open-ended)

2. Your Phone Number (open-ended)