
Culturally Based Interventions for Substance Use and Child Abuse Among Native Hawaiians

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S Y N O P S I S

Objective: This article presents an overview of child abuse among culturally diverse populations in Hawaii, substance use among culturally diverse students in Hawaii, and culturally based interventions for preventing child abuse and substance abuse in Native Hawaiian families.

Observations: Native Hawaiians accounted for the largest number of cases of child abuse and neglect in Hawaii between 1996 and 1998. Alcohol and other drugs have increasingly been linked with child maltreatment. Native Hawaiian youths report the highest rate of substance use in Hawaii. Cultural factors such as spirituality, family, and cultural identification and pride are important in interventions with Native Hawaiians.

Conclusion: Human services should continue to emphasize interventions that integrate "mainstream" and cultural-specific approaches.

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Native Hawaiian children face the highest degree of risk from these risk factors.

Macro-level factors, such as colonization, have not been sufficiently studied, but they are generally believed to affect health and social disparities in Hawaii. Even in the absence of empirical research, Native Hawaiian scholars and activists have long identified colonization, and the attendant consequences of the loss of self-governance, loss of lands, and disorganization of the family unit, as a contributor to contemporary problems, including substance use.¹⁴

Substance Use Among Youths. Native Hawaiian youths report the highest rate of substance use among ethnic groups in Hawaii. Information on substance use among Hawaiian youths is drawn from a survey of more than 25,000 students sponsored by the State of Hawaii Department of Health, Alcohol and Drug Abuse Division, and the University of Hawaii Speech Department.¹³ Use of alcohol and tobacco by Hawaiian students is similar to that of students in the United States as a whole. The use of illicit drugs is slightly lower, with the exception of the use of meth-amphetamines, which is higher among students in Hawaii. Students from different ethnic backgrounds exhibit different patterns of alcohol and other drug use, with Native Hawaiians and whites reporting the highest substance use and Chinese students reporting the lowest.

In the 8th and 10th grades, Native Hawaiian students report the highest use of drugs, alcohol, and tobacco (table 2). In the 12th grade, Native Hawaiian students report the second highest drug use (after

whites) and the third highest use of alcohol and tobacco (after whites and Filipino Americans).

CULTURALLY BASED INTERVENTIONS

Interventions for child abuse and substance use must begin with an assessment of the roots of the problems, which may be individual, family, or community based. Commonly taught human services interventions are typically interdisciplinary and may include education classes for parents who are at risk for abusing their children, family or group counseling to understand the behavioral patterns underlying alcohol and other drug use, and advocacy to change policies that govern the ways in which services are delivered. These kinds of interventions are well documented in textbooks and programs throughout the United States and are taught at universities. They are based on "mainstream" or "Western" theories and methodologies. There is increasing recognition that while such interventions are useful in certain populations, other ways of resolving problems may be more effective for culturally diverse populations.

The Office of Minority Health in the Bureau of Primary Health Care defines "culture" as "integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups." It defines "competence" as "having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."¹⁵

Table 2: Lifetime prevalence of substance use by grade and ethnicity in Hawaii, 1998 (percent)

Ethnicity	Grade 8			Grade 10			Grade 12		
	Any drug	Alcohol	Tobacco	Any drug	Alcohol	Tobacco	Any drug	Alcohol	Tobacco
Hawaiian	35.5	59.4	53.5	55.1	80.1	65.3	57.4	82.2	66.0
White	30.2	56.2	44.0	49.4	76.0	60.0	61.8	86.9	67.0
Filipino American	25.2	55.2	50.8	39.9	73.5	65.9	48.4	84.0	67.8
Japanese American	16.9	43.1	29.0	30.7	63.8	45.6	39.2	75.4	55.6
Chinese American	10.6	36.8	20.2	18.9	54.9	35.1	31.3	70.3	46.5

Source: Klingle RS, Miller MD. 1998 Hawaii student alcohol and drug use study. Honolulu: State of Hawaii Department of Health, Alcohol and Drug Abuse Division; 1999. p. 126-37.

activities and programs that require participants to “live with the land.”

In one activity, *aloha ‘aina* participants work in the taro field. The value of working in the taro field for people dealing with an array of problems, including substance use, has been described in the literature.³⁰ Such work entails physical discipline, cognitive attention, emotional reflection, and spiritual openness. Participants perform the physically demanding work of planting, weeding, and harvesting. While performing such work, they learn about the cultural past through storytelling by elders and other caregivers. One story traces the origins of the Hawaiian people to the taro plant, purports that the taro is the first sibling of the human race, and suggests that tending the taro plant is a way of caring for one’s ancestral and future lineage. In doing such culturally significant work, participants learn values such as cooperation and reciprocity, engage in self-reflection on cultural identity and cultural pride, and have opportunities to explore their spirituality. As with *ho‘oponopono*, work in the taro field is often preceded by prayer.

Another *aloha ‘aina* activity involves taking care of sacred places (*wahi pana*), including the smallest of the eight major Hawaiian islands, Kaho‘olawe. There is only anecdotal evidence that working on Kaho‘olawe can be viewed as a culturally based approach to problems and issues, but these reports emphasize the island’s value as a cultural and social milieu for healing.³¹ The U.S. military seized the island in 1941 and used it as a practice bombing site during World War II. After much political and legal activism, the physically degraded island was returned to Native Hawaiians under the stewardship of the Protect Kaho‘olawe ‘Ohana in 1980.³² Recognized as a sacred refuge, with significant cultural sites and artifacts, Kaho‘olawe represents many things for Native Hawaiians, including a place for the perpetuation of spiritual beliefs and practices and a symbol for the quest for sovereignty. Efforts are underway to restore and protect the island through land and ocean management and to establish it as a cultural resource. Visitors participate in activities such as planting vegetation, removing debris, and building stone foundations. Trips to the island are limited, permitted only with approval from the U.S. Navy and under the supervision of Hawaiian guides, who inform visitors on the required cultural protocol and restoration work. In the same way that caring for the taro field entails physical, emotional, cognitive, and spiritual participation, caring for Kaho‘olawe has been described as physically intensive work that is

emotionally fulfilling, provides new learning about land and ocean management, and connects people to a broader spiritual significance. By fostering identity and cultural esteem, it establishes a foundation for interventions for problems such as substance abuse.

DISCUSSION

While cultural practices such as *ho‘oponopono*, working in the taro field, and caring for sacred places have historic origins in Hawaiian culture, their inclusion in human services interventions is recent. Human services should continue to emphasize interventions that integrate “mainstream” and cultural-specific approaches. Four types of culturally competent research should be considered for Native Hawaiians:

1. Research that examines a contextual perspective for understanding problems and their solutions. Contextual research examines individual, interpersonal, societal, and historical factors, such as colonization, as a framework for viewing the origins of problems.
2. Research that disaggregates data so that the incidence and prevalence of problems can be assessed for smaller subpopulations. National and state agencies should undertake this task.
3. Research that both describes and promotes culturally based interventions. *Ho‘oponopono* and *aloha ‘aina* reflect this type of approach.
4. Research that links descriptions of interventions with evaluations of outcomes. Empirical evaluation can help identify risk and protective factors so that appropriate interventions can be developed for specific populations.

Native ancestors have left the United States a legacy of cultural values and traditions that can have a powerful impact on resolving some of the issues of child abuse and substance use. *A ‘ohe pau ka ‘ike i ka halau ho ‘okahi* (all knowledge is not taught in one school; one can learn from many sources).³³

Mahalo piha to the human service providers from the following organizations who shared their *mana‘o* with the author: Alu Like, Inc., Ho‘omau Ke Ola, Kamehameha Schools Native Hawaiian Safe and Drug Free Schools and Communities Program, and Queen Lili‘uokalani Children’s Center.

INTRODUCTION

Native Hawaiians are people who are indigenous to the islands of Hawaii. Multiple health and social problems confront Native Hawaiian families in Hawaii.¹ Substance use, consistently the focal point of public attention, is associated with other problems such as homelessness, poverty, crime, suicide, HIV/AIDS, and family violence.^{2,3} The deleterious consequences of substance use for the family are most clearly evident in the high rates of family violence among Native Hawaiians.⁴ Family violence includes abuse of partners in intimate relationships, abuse of the elderly, and abuse of children within a family.

U.S. Census Bureau statistics for 2000 indicate that about 75% of Hawaii's 1.2 million people are of Asian and Pacific Islander descent, other racial minority extraction, or mixed race.^{5,6} Asians constitute the largest group (41.6%). Native Hawaiians and other Pacific Islanders make up 9.4% of the population, African Americans 1.8%, American Indian and Alaska Natives 0.3%, and other races 1.3%. In addition, 21.4% of the people in Hawaii identify themselves as being of two or more races. About 23% of the population report having Native Hawaiian ancestry, through either single race or mixed-race combinations.

Studies across cultures indicate different patterns of child abuse and neglect and substance use.⁷ They also reveal differences in behavioral consequences. Variations across cultural groups have implications for interventions. Hawaii's cultural diversity is an important factor in assessing and intervening with problems such as child abuse and neglect and substance use.

CHILD ABUSE AND NEGLECT AND SUBSTANCE USE

Child Abuse and Neglect. Child abuse and neglect are defined as "the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child by a person who is responsible for the child's welfare, under circumstances which indicate that the child's health or welfare is harmed or threatened...."⁸ The number of reports of child abuse and neglect in the United States continues to rise. In 1991 state child protective service agencies in the United States received and referred for investigation an estimated 1.8 million reports involving 2.7 million children.⁹

In 1998 the percentages of confirmed reports for child abuse and neglect cases in Hawaii were 38% for abuse, 31% for neglect, 21% for combined abuse and neglect, and 10% for sexual abuse.⁷ These reports for Hawaii are distinct from national trends, which indicate

that reports of neglect tend to outnumber reports of physical abuse.⁸

In Hawaii, Native Hawaiians accounted for the largest number of cases of child abuse and neglect in 1996-98, followed by people of mixed race (non-Hawaiians), whites, and Filipinos (table 1).⁷ People with Native Hawaiian ancestry represent about 23% of the state's population, but they accounted for 34% of cases of child abuse and neglect in 1996, 39% in 1997, and 38% in 1998.

Alcohol and other drugs have increasingly been linked with child maltreatment.¹⁰ A person abusing substances is not making rational choices in life. When the substance abuser is a parent, chemical dependence is likely to lead to parenting styles that are detrimental to children. The Director of the State of Hawaii Department of Human Services speculates that "approximately 85 percent of the adults involved with child protective services have serious substance abuse problems."¹¹ An increasing number of women of childbearing age use alcohol and other drugs, and there is a rise in the number of infants who have been affected by prenatal alcohol and other drug exposure.¹²

Parents and caregivers who abuse substances also place their children at risk for substance use. Klinge and Miller identified 14 risk factors for children's use of substances. Three of these factors are children's exposure to family substance use, children's perception that parents and other caregivers use substances, and children's exposure to community substance use.¹³

Table 1. Reported cases of child abuse and neglect in Hawaii by ethnicity of victim, 1996-98

Ethnicity	1996	1997	1998
Hawaiian	779	988	843
Mixed	462	446	456
White	297	318	263
Filipino American	124	202	109
Samoan	46	75	78
Unknown	321	299	322
Other	239	203	171
Total	2,268	2,531	2,242

Source: State of Hawaii Department of Human Services. Child abuse and neglect in Hawaii. Honolulu: Department of Human Services, 1998, p. 18.

In the past 10 years, increased attention has been paid to the importance of cultural competence and the provision of culturally based interventions that either complement or substitute for conventional interventions.¹⁶⁻¹⁹ The purpose of designing culturally competent services is to ensure that high-quality care is provided to diverse populations that would lead to improved health outcomes. In 2000, one of every four people in the United States was a person of color, and the number of people of color is projected to increase as a result of high rates of immigration.²⁰

One aspect of cultural competency is the empowerment of diverse populations to develop and use their own interventions for resolving problems, drawing from the parameters and strengths of their culture. Cultural strengths may be viewed as protective factors and should be the focus of prevention and treatment efforts.

Several human and social service agencies in Hawaii, including Alu Like, Inc., Queen Lili'uokalani Children's Center, Ho'omau Ke Ola, and the State of Hawaii Department of Human Services, have implemented culturally based interventions. Human service providers from these agencies indicate that the focus of these culturally based interventions is not on the problem per se (child abuse or substance use) but on the person's or family's sense of esteem and identity. These interventions are holistic. They are based on the notion that "cultural identity and cultural pride are positive factors in the prevention of substance abuse and [prevention programs should] place great priority on reconnecting Hawaiians with their culture in order to instill that identity and pride"²¹

The following story from an elder on the island of Molokai illustrates the importance of relationships, environment, and the spiritual world in a person's life.

Each child is born with a Bowl of perfect Light. If he tends the Light, it will grow in strength and he can do all things—swim with the shark, fly with the birds, know and understand all things. If, however, he becomes [disconnected with relationships and is] envious or jealous, he drops a stone into his Bowl of Light and some of the Light goes out. Light and the stone cannot hold the same space. If he continues to put stones in the Bowl of Light, the Light will go out and he will become a stone. . . . If at anytime he tires of being a stone, all he needs to do is turn the Bowl upside down and the stones will fall away and the Light will grow once more.²²

Klinge and Miller report that Native Hawaiian students are exposed to more risk factors and fewer protective factors for substance abuse than Japanese, Chinese, or Filipino students in Hawaii.¹³ Two protective factors that may be especially relevant for Native Hawaiians are religiosity or spirituality and family (family prevention efforts). A large body of literature supports the importance of these factors in Native Hawaiian culture.^{23,26} Including these factors in culturally based interventions for Native Hawaiians thus seems reasonable. Factors that support cultural identification and pride, such as community involvement and sovereignty, may also serve as protective factors for young Native Hawaiians.

Examples of Culturally Based Hawaiian Interventions.

Two culturally based interventions for Native Hawaiians are described here. Both incorporate cultural values, include cultural practices, and involve Native Hawaiian participants in the design and delivery of the interventions.

Ho'oponopono. *Ho'oponopono* ("to set right") is a family-focused approach to preventing and resolving problems.²⁸ This approach is receiving increasing attention in human service agencies in Hawaii for work with families and groups.^{21,28,29,30} It is a holistic approach for maintaining and restoring relationships with family members and others and a spiritual realm.

Ho'oponopono involves several stages. These stages focus on identifying the problem, expressing and discussing thoughts and feelings, rendering an apology for contributing to the problem, granting forgiveness, and releasing the problem. Facilitated by a respected elder, family member, or community leader, *ho'oponopono* begins and ends with a prayer invoking guidance from spiritual powers (either traditional Hawaiian sources, such as ancestral spirits called *'aumakua*, or the Christian God). In one substance abuse program, *ho'oponopono* is used as a therapeutic intervention to prevent substance use by people released from prison, by helping them become committed to themselves and the well-being of their families.²¹ An evaluation of the program in 1994-95 showed that of the 341 ex-offenders treated, only 9 were rearrested for substance abuse violations, a recidivism rate of 3%.

Aloha 'Aina. The activities and programs of *aloha 'aina* ("caring for the land") reflect the Native Hawaiian cosmography that people originate from the land, are stewards of the land, and are recipients of its bounty. The relationship and reciprocity of land and caregivers are best experienced through cultural immersion

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