

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



DEPT. COMM. 10-231
KENNETH S. FINK, M.D., M.P.H., M.G.A.
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

December 26, 2024

The Honorable Ronald D. Kouchi,
President and Members of the Senate
Thirty-third State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Nadine K. Nakamura,
Speaker
and Members of the House of
Representatives
Thirty-third State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Nakamura, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the Annual Report for the Domestic Violence and Sexual Assault Special Fund, pursuant to Section 321-1.3, Hawaii Revised Statutes.

In accordance with Section 93-16, Hawaii Revised Statutes, I am also informing you that the report may be viewed electronically at:

<https://health.hawaii.gov/opppd/departments-of-health-reports-to-2025-legislature/>

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Fink".

Kenneth S. Fink, M.D., M.P.H., M.G.A.
Director of Health

Enclosures

c: Legislative Reference Bureau
Hawaii State Library System (2)
Hamilton Library

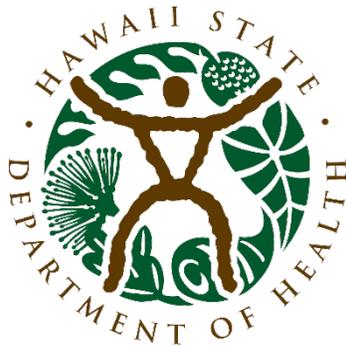
REPORT TO THE THIRTY-THIRD LEGISLATURE

STATE OF HAWAI'I

2025

**PURSUANT TO SECTION 321-1.3
HAWAI'I REVISED STATUTES**

**REQUIRING THE DEPARTMENT OF HEALTH
TO SUBMIT AN ANNUAL REPORT
FOR THE DOMESTIC VIOLENCE AND SEXUAL ASSAULT
SPECIAL FUND**



PREPARED BY:

**STATE OF HAWAI'I
DEPARTMENT OF HEALTH
HEALTH RESOURCES ADMINISTRATION
FAMILY HEALTH SERVICES DIVISION
MATERNAL AND CHILD HEALTH BRANCH**

December 2024

The Hawai'i State Department of Health (DOH) administers the Domestic Violence and Sexual Assault Special Fund (DVSA Special Fund). In 2021, Act 087 was signed into law, requiring each department to submit program measures, cost element, and information and accounting reports for all non-general funds under its control to the legislature annually by October 1. Act 087 amended Hawai'i Revised Statutes (HRS), Chapter 37, by modifying §37-47 and adding two new sections, §37-48 and §37-49.

§37-47 Reporting of non-general fund information

No later than October 1 annually, each department shall submit to the legislature a report for each non-general fund account under its control that shall include but not be limited to the following:

- (1) The name of the fund and a citation of the law authorizing the fund: In 1997, HRS, §321-1.3, established the Domestic Violence Prevention Special Fund. The 2005 Session Laws of Hawai'i, Act 142, changed the name of the special fund to the Domestic Violence and Sexual Assault Special Fund. The statute states that the DOH shall submit an annual report to the legislature providing the following:
 1. An accounting of the receipts and expenditures: Please see pages 13-14 of this report.
 2. Recommendations to improve services for domestic and sexual violence: Recommendations continue to include supporting systems improvement, outreach and educational efforts, primary prevention activities, data collection and analysis, partnerships and collaboration, and training and professional development opportunities. Examples include strengthening and improving coordinated community responses to domestic/intimate partner violence; promoting and distributing recommendations developed by the domestic violence fatality review; supporting community-level, collaborative partnerships in engaging men as influential adults and peers in the primary prevention of domestic and sexual violence; supporting domestic and sexual violence outreach efforts for specific service providers and communities, e.g., people with disabilities and the LGBTQ+ communities; sharing domestic and sexual violence-related findings and trends with partners and stakeholders, including from population-based surveys and surveillance; providing sexual assault prevention education to middle and high school students; supporting domestic and sexual assault prevention programs for young adults; supporting community education and awareness of domestic and sexual violence; addressing social determinants of health and health equity; and promoting safe, healthy relationships and nurturing families.
- (2) The intended purpose of the fund: HRS, §321-1.3, states that the moneys in the DVSA Special Fund shall be reserved for use by the DOH for programs and grants or purchases of service that support or provide domestic violence and sexual assault intervention or prevention as authorized by law. Moneys in the DVSA Special Fund shall be used for new or existing programs and shall not supplant any other moneys previously allocated to these programs.

The DOH Health Resources Administration, Family Health Services Division (FHSD), Maternal and Child Health Branch (MCHB) administers and expends moneys from the DVSA Special Fund to implement strategies and activities to prevent, reduce, and eliminate sexual violence and domestic/intimate partner violence in Hawai'i.

- (3) The current program activities that the fund supports: The DVSA Special Fund supports the MCHB Domestic Violence Prevention Program (DVP Program) and the MCHB Sexual Violence Prevention Program (SVP Program).

The DVP Program is guided by recommendations and findings in national and local data and reports; population-based surveys; needs assessments; evaluation surveys; partnerships' approaches and standards; the Centers for Disease Control and Prevention (CDC) Intimate Partner Violence Prevention Resource for Action: A Compilation of the Best Available Evidence; and the Hawai'i Domestic Violence Fatality Review (DVFR). Pursuant to HRS, §321-471 through §321-476, the DOH is the lead agency for the Hawai'i DVFR. The DVP Program plans and implements the Hawai'i DVFR process, e.g., coordinating and facilitating the reviews; working with the four multidisciplinary and multiagency county DVFR teams; recording DVFR recommendations; collecting information about the deaths and near-deaths; and supporting and partnering with agencies and organizations that implement the DVFR recommendations, domestic violence initiatives, and systems improvement strategies. The DVP Program also plans, organizes, and collaborates with internal and external partners on efforts related to intimate partner violence prevention activities.

Based on guidelines from the CDC's Rape Prevention and Education (RPE) Program, the SVP Program continues to implement primary prevention strategies to prevent and reduce sexual violence in Hawai'i. Activities include community-level efforts to promote partnerships to implement violence prevention-related trainings and technical assistance to SVP community action teams and communities statewide. These activities aim to foster support and connectedness among service providers to reduce and prevent the risk of sexual violence perpetration and victimization. The SVP Program's primary prevention efforts also include sexual violence prevention education activities for middle and high school-aged students; working with the University of Hawai'i (UH) System's Prevention, Awareness, and Understanding (PAU) Violence Task Forces to increase the knowledge and training of college staff and students on preventing sexual, dating, and domestic violence in the university setting; and collaborating with public and private agencies on sexual violence-related trainings and outreach.

In addition, the DVP and SVP programs collaborate together and with internal and external programs and partners on strategies to reduce violence against women, children, men, and families. The DVP and SVP programs' collaborations focus on primary prevention activities and partnerships that promote healthy relationships. Examples include engaging and working with influential men; uplifting stories of healthy, authentic masculinity; supporting positive fatherhood and nurturing families initiatives; amplifying positive childhood experiences/protective factors over adverse childhood experiences (ACEs)/risk factors; supporting policies, workshops, and trainings that are trauma informed; promoting safe, healthy relationships and communities; addressing economic supports and health equity; and embedding the Aloha Spirit Law as a foundational tenet in violence prevention strategies and efforts.

- (4) The balance of the fund at the beginning of the current fiscal year 2025 is \$333,557.11.
- (5) The total amount of expenditures and other outlays from the fund account for the fiscal year 2024 was \$250,559.02.
- (6) The total amount of revenue deposited to the account for the fiscal year 2024 was \$272,043.06. Per the statute, revenue from fees for certified copies of birth, marriage,

divorce, or death certificates remitted pursuant to §338-14.5; income tax remittances allocated under §235-102.5; interest and investment earnings attributable to the monies in the special fund; and grants, donations, and contributions from private or public sources for the purpose of the fund shall be deposited into the DVSA Special Fund.

- (7) A detailed listing of all transfers from the fund: In fiscal year 2024, there were \$0.00 transfers from the fund.
- (8) The amount of moneys encumbered in the account as of the beginning of the fiscal year 2025 is \$0.00.
- (9) The amount of funds in the account that are required for the purposes of bond conveyance or other related bond obligations: The DVSA Special Fund does not hold moneys in bonds.
- (10) The amount of moneys in the account derived from bond proceeds: The DVSA Special Fund does not hold moneys in bonds.
- (11) The amount of moneys of the fund held in certificates of deposit, escrow accounts, or other investments: The DVSA Special Fund does not hold moneys in certificates of deposit, escrow accounts, or other investments.

§37-48 Non-general fund program measures reports

No later than October 1 annually, each department shall submit to the legislature a report for each non-general fund account under its control that shall include but not be limited to the following:

- (1) A statement of its objectives: The objective of the DVP Program is to support statewide and county domestic violence-related activities, strategies, collaborative and coordinated systems responses, and DVFR efforts to prevent domestic violence and reduce the incidence of preventable deaths and near-deaths related to intimate partner violence in Hawai'i. The SVP Program supports statewide primary prevention activities and strategies to prevent and reduce sexual violence in Hawai'i.
- (2) Measures quantifying the target population to be served for each of the ensuing six (6) fiscal years: The MCHB DVP and SVP programs are guided by (a) the CDC, e.g., the CDC Division of Violence Prevention, data, reports, resources, RPE guidelines, and social-ecological model framework; (b) local and internal resources, such as the Hawai'i DVFR findings and recommendations, program data, needs assessments, evaluation, population-based surveys, and surveillance reports; and (c) other local and national resources, reports, research, and best practices. These areas of guidance help to develop program-specific and collaborative program efforts and to support statewide initiatives, activities, and strategies to reduce and end domestic and sexual violence in Hawai'i.

The CDC National Violent Death Reporting System (NVDRS) is an example of a national and state-based surveillance system that collects data on the characteristics and circumstances of violent deaths. The information comes from death certificates, coroner and medical examiner records, and law enforcement reports. According to the 2021 NVDRS report on female homicide victims, 51.0% of suspects were a current or former intimate partner.¹ Narrowing in, in incidents where intimate partner violence was a

¹ Nguyen BL, Lyons BH, Forsberg K, et al. Surveillance for Violent Deaths — National Violent Death Reporting System, 48 States,

precipitating circumstance and victim-suspect relationship was known, the suspect was a current or former intimate partner in 93.5% of homicides among females.²

The CDC National Intimate Partner and Sexual Violence Survey (NISVS) is an example of a population-based survey that collects national data on intimate partner violence, sexual violence, and stalking victimization of adult women and men. According to the 2016-2017 NISVS Report on Sexual Violence, most female and male victims of sexual violence knew their perpetrators; 94.0% of female rape victims and 76.8% of male rape victims reported having only male perpetrators in their lifetime; 84.4% of female victims and 86.1% of male victims were first raped before turning 25 years old; and 49.0% of female victims and 56.6% of male victims were first raped before turning 18 years old.³ Immediate impacts of rape among female and male victims included contracting a sexually transmitted infection and being injured, and, specifically for female victims, becoming pregnant.⁴ Longer-term conditions for female and male victims of sexual violence included asthma, chronic pain, difficulty with memory, concentration, and decision-making, and, specifically for male victims, HIV/AIDS.⁵

The National Survey of Children's Health (NSCH), funded and directed by the Health Resources and Services Administration's Maternal and Child Health Bureau, is another example of a population-based survey. The 2021 NSCH survey found that 7.4% of children 0-5 years old, 21.0% of children 6-11 years old, and 21.8% of adolescents (12-17 years old) who live in Hawai'i have experienced two or more ACEs.⁶ According to Harvard University's National Scientific Council on the Developing Child's Working Paper, persistent adversity early in life diverts energy away from growth and healthy development. It activates the stress response that overloads the body's organs and interconnecting systems, leading to long-term consequences, such as cardiovascular disease, obesity, diabetes, and a range of behavioral, social, cognitive, and mental health problems.⁷

Locally, the Hawai'i Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone health survey that collects information on adults' behavioral risks on such health topics as chronic diseases and conditions, health behaviors, injuries, disability, mental health, substance use, and preventive services. The BRFSS also asks questions on intimate partner violence and sexual violence. One question on having ever experienced unwanted sex by a current or former intimate partner increased from 3.7% in 2013 to 6.4% in 2021.⁸ Another question on having ever experienced physical abuse by a current or former intimate partner increased from 9.7% in 2013 to 12.7% in 2021.⁹

the District of Columbia, and Puerto Rico, 2021. MMWR Surveill Summ 2024;73(No. SS-5):1-44. DOI: <http://dx.doi.org/10.15585/mmwr.ss7305a1>

² Ibid.

³ Basile, K.C., Smith, S.G., Kresnow, M., Khatiwada S., & Leemis, R.W. (2022). The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/nisvs/nisvsReportonSexualViolence.pdf>

⁴ Ibid.

⁵ Ibid.

⁶ Child and Adolescent Health Measurement Initiative. 2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 08/15/24 from www.childhealthdata.org.

⁷ National Scientific Council on the Developing Child. (2020). Connecting the Brain to the Rest of the Body: Early Childhood Development and Lifelong Health Are Deeply Intertwined: Working Paper No. 15. Retrieved from www.developingchild.harvard.edu

⁸ Hawai'i State Department of Health, Hawai'i Health Data Warehouse, Behavioral Risk Factor Surveillance System, *IPV – unwanted sex, ever, Age Adjusted by Year*, 2013, 2021, Published May 23, 2024. Accessed August 15, 2024.

⁹ Hawai'i State Department of Health, Hawai'i Health Data Warehouse, Behavioral Risk Factor Surveillance System, *IPV – physical*

The Hawai'i Youth Risk Behavior Survey (YRBS) is an example of a public school-based survey that monitors health risk behaviors. In 2015 and 2017, almost one-third of Hawai'i public high school students reported they had experienced being purposefully controlled or emotionally hurt by a dating partner in the past 12 months.¹⁰ According to the National Network to End Domestic Violence, emotional abuse is a very effective tactic used by abusive partners to obtain power and control, which causes the victim to feel responsible for the abuse, as well as can cause extreme damage to the victim's self-esteem.¹¹ Furthermore, dating violence, i.e., emotional, sexual, and physical, begins in middle school. For example, 23.2% of Hawai'i public middle school students in 2015, 2017, and 2019 reported being purposefully controlled or emotionally hurt by a dating partner in the past 12 months,¹² and 15.6% of Hawai'i public middle school students in 2013, 2015, and 2021 reported they were forced to do sexual things or were physically hurt by a dating partner in the past 12 months.¹³

Taking into consideration the public health position, data, recommendations, and reports, the DVP and SVP programs continue to support such efforts as systems-level and policy-level initiatives (e.g., coordinated community responses to domestic violence, firearms and domestic violence-related protective and restraining orders, and lethality risk assessment protocols); community-level primary prevention (e.g., the Nā Leo Kāne Collaborative, which aims to end domestic and sexual violence in Hawai'i by promoting healthy, authentic masculinity and strengthening organizational partnerships to counter harmful social norms); professional and workforce development (e.g., Fundamentals of Domestic Violence, ACEs, sexual violence, trauma-informed care); outreach efforts (e.g., Sexual Assault Awareness Month, Domestic Violence Awareness Month, public service announcements); and individual- and community-level primary prevention strategies (e.g., sexual violence curricula for middle and high school students and domestic and sexual violence activities and workshops for college staff, faculty, and students).

- (3) Measures by which the effectiveness in attaining the objectives is to be assessed: Evaluation tools; data collection and analysis; multi-year comparisons of population-based surveys and surveillance results; and local and national statistics and trends are integral in shaping, planning, and assessing domestic and sexual violence activities. For example, in comparing the YRBS question of “ever having been physically forced to have sexual intercourse when they did not want to” that was asked in 2017, 2019, and 2021, male public middle and high school students responding “yes” trended downward while female public middle and high school students responding “yes” trended upward.^{14,15}

abuse, ever, Age Adjusted by Year, 2013, 2021, Published May 23, 2024. Accessed August 15, 2024.

¹⁰ Hawai'i State Department of Health, Hawai'i Health Data Warehouse, Youth Risk Behavior Survey. *Emotional abuse – by partner, past 12 months, high schools, state-level*, 2015, 2017. Updated June 18, 2024. Accessed August 18, 2024. https://hhdw.org/report/query/result/yrbs/Controlled/Controlled_HS_ST.html

¹¹ <https://nnedv.org/content/forms-of-abuse/>

¹² Hawai'i State Department Health, Hawai'i Health Data Warehouse, Youth Risk Behavior Survey. *Emotional abuse – by partner, past 12 months, middle schools, state-level*, 2015, 2017, 2019. Updated June 18, 2024. Accessed August 18, 2024. https://hhdw.org/report/query/result/yrbs/Controlled/Controlled_MS_ST.html

¹³ Hawai'i State Department Health, Hawai'i Health Data Warehouse, Youth Risk Behavior Survey. *Sex/Phys abuse – by partner, past 12 months, middle schools, state-level*, 2013, 2015, 2021. Updated June 18, 2024. Accessed August 18, 2024. https://hhdw.org/report/query/result/yrbs/SexPhysAbuseDate/SexPhysAbuseDate_MS_ST.html

¹⁴ Hawai'i State Department Health, Hawai'i Health Data Warehouse, Youth Risk Behavior Survey. *Sexual abuse – forced intercourse, ever, high schools, state-level*, 2017, 2019, 2021. Updated June 18, 2024. Accessed August 18, 2024. https://hhdw.org/report/query/result/yrbs/SexForced/SexForced_HS_ST.html

¹⁵ Hawai'i State Department Health, Hawai'i Health Data Warehouse, Youth Risk Behavior Survey. *Sexual abuse – forced intercourse, ever, middle schools, state-level*, 2017, 2019, 2021. Updated June 18, 2024. Accessed August 18, 2024. https://hhdw.org/report/query/result/yrbs/SexForced/SexForced_MS_ST.html

- (4) The level of effectiveness planned for each of the ensuing six (6) fiscal years: Evaluation surveys of specific activities determine the effectiveness, quality of services, and outcomes continually. Moreover, data collection, population-based surveys, and surveillance reports can capture trends over time to help document the effectiveness of MCHB efforts to prevent intimate partner and sexual violence.
- (5) A brief description of the activities encompassed:

Implementation of the Hawai'i DVFR and promotion and support of DVFR recommendations

At least four DVFR cases are coordinated and facilitated each fiscal year. County DVFR teams comprehensively review homicides, suicides, and near-deaths due to intimate partner violence and develop recommendations after each review is conducted. The DOH compiles the recommendations, and the DOH and the DVFR teams promote and support their implementation.

Strengthen participation in and collaboration on domestic violence-related activities

Domestic/intimate partner violence is complicated and complex. It intersects with many other societal concerns, such as gun violence; suicide; substance/alcohol use; teen dating violence; sexual minority youth; children exposed to violence; ACEs; homelessness/houselessness; unemployment/underemployment; mental health; immigration; health equity; strangulation; sexual violence within intimate partner relationships; awareness of and access to services and resources; culture; trauma-informed care; and systems improvement (e.g., data sharing, lethality risk assessments, and coordinated community responses).

The DVP Program actively participates in task forces, councils, and work and planning groups that focus on domestic/intimate partner violence and intersecting issues. The DVP Program also provides and supports trainings on domestic violence and related topics, activities that increase awareness of domestic violence in traditional and digital media, and projects that provide resources for domestic violence victims. In addition, the DVP Program supports and participates in initiatives that strengthen coordinated community responses to domestic violence and collaborates with internal and external partners to prevent all forms of violence.

Provide sexual violence primary prevention education to youth and young adults

The CDC RPE Program encourages using evidence-based/informed primary prevention strategies and approaches. Data findings are also important. For example, the 2018 DOH Intimate Partner Violence Fact Sheet indicates that middle and high school students are experiencing dating and sexual violence.¹⁶ The 2021 Hawai'i YRBS found that 13.4% female and 4.9% male public high school students and 10.0% female and 2.7% male public middle school students experienced sexual violence in the past 12 months.^{17,18}

¹⁶ Vergara R, Hayes D, Higashi J, Liang S, Kaiwi H, Arakaki K. (2018, October). *Violence Between Intimate Partners in Hawaii Across the Life Span*. Hawai'i State Department of Health. https://health.hawaii.gov/mchb/files/2018/12/IPV-Fact-Sheet_2018.pdf

¹⁷ Hawai'i State Department Health, Hawai'i Health Data Warehouse, Youth Risk Behavior Survey. *Sexual abuse – by anyone, past 12 months, high schools, state-level*, 2021. Updated June 18, 2024. Accessed August 18, 2024. https://hhdw.org/report/query/result/yrbs/SexualForced/SexualForced_HS_ST.html

¹⁸ Hawai'i State Department Health, Hawai'i Health Data Warehouse, Youth Risk Behavior Survey. *Sexual abuse – by anyone, past 12 months, middle schools, state-level*, 2021. Updated June 18, 2024. Accessed August 18, 2024.

According to the CDC Data Brief from the NISVS, in the United States, sexual violence and intimate partner violence experienced as a child or adolescent is a risk factor for repeated victimization as an adult.¹⁹

In addition, in 2021, the UH Office of Institutional Equity conducted a survey of UH students across all ten (10) campuses regarding their experiences with on- and off-campus sexual and domestic violence: 18.5% of enrolled students reported experiencing dating and domestic violence, and for offenders of nonconsensual sexual contact, 56.1% were UH students.²⁰ It was also noted that results consistently show high statistics of harassment and violence experienced by LGBTQ+ students. For example, 25.6% of LGBTQ+ students experienced IVP as compared to 16.7% for heterosexuals. Based on these national and local findings, strategies to prevent sexual violence, dating and domestic violence, and other forms of violence are focused on youth through young adults and populations at risk for violence.

The Sex Abuse Treatment Center (SATC) provides sexual violence prevention outreach, trainings, K-12 curricula presentations, and facilitator trainings throughout the state. To create protective environments in schools, SATC delivers age-appropriate curricula to public and private schools and other youth-serving organizations. Prevention strategies utilize a community-level approach within school settings to include building SVP capacity of school staff, parents, and guardians. SVP prevention and education also expanded to organizations such as the Honolulu Department of Parks and Recreation and the Pearl Harbor Aviation Museum youth program. Existing partnerships continue strengthening, and new collaborations are established to expand SVP training. During Sexual Assault Awareness Month (SAAM), DOH partners with SATC to collaborate with community partners on a statewide SAAM sign-waving event and to share SVP community presentations and resources. The UH PAU Violence Task Forces provide evidence-informed, locally adapted bystander education online trainings, Sexual Assault Awareness Month and Domestic Violence Awareness Month events, and technical assistance throughout campuses statewide.

Nā Leo Kāne: Engaging men as allies to prevent domestic and sexual violence

The National Sexual Violence Resource Center reports that 96% of people who sexually abuse children are male.²¹ According to the National Intimate Partner and Sexual Violence Survey: 2010 Summary Report, the majority of both female and male victims of rape knew their perpetrators; across all types of violence, the majority of female victims reported that their perpetrators were male; and male rape victims and male victims of non-contact unwanted sexual experiences reported predominantly male perpetrators.²² The CDC's Sexual Violence Prevention: Resource for Action is a compilation of the best available evidence. One of the recommended approaches is the mobilization of men and boys as

https://hhdw.org/report/query/result/yrbs/SexualForced/SexualForced_MS_ST.html

¹⁹ Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., Chen, J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>

²⁰ The University of Hawai'i System Office of Institutional Equity. *2021 Report on University of Hawai'i Student Campus Climate Survey on Sexual Harassment and Gender-Based Violence* (2021). Retrieved from <https://www.hawaii.edu/titleix/documents/12871/>

²¹ National Sexual Violence Resource Center. (2011). Child sexual abuse prevention: Overview. Retrieved from https://www.nsvrc.org/sites/default/files/2012-03/Publications_NSVRC_Overview_Child-sexual-abuse-prevention_0.pdf

²² Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from https://www.nsvrc.org/sites/default/files/2021-04/NISVS_Report2010-a.pdf

allies to promote social norms that protect against teen dating, intimate partner, and sexual violence.²³ In 2017, the Nā Leo Kāne (Translation: Voices of Men) Collaborative (NLK) formed and is co-led by the MCHB DVP and SVP programs with funding support from the CDC's RPE Grant and the DVSA Special Fund.

NLK engages men as influential peers and allies to speak out against domestic and sexual violence and to promote healthy, authentic masculinity. As a community-level initiative, NLK focuses on expanding the conversation of what it means to be a man in Hawai'i and incorporates HRS, §5-7.5, the "Aloha Spirit" statute. Aloha is the essence of relationships in which each person is important to every other person for collective existence. The cultural significance of integrating aloha into the prevention strategy cannot be overlooked. It is an integral part of the local cultural norm and way of being. NLK values the positive influences of the Native Hawaiian culture, including perspectives on healthy masculinity. NLK is committed to preventing domestic and sexual violence and promoting healthy relationships with A.L.O.H.A. (Akahai, Lōkahi, Olu'olu, Ha'aha'a, Ahonui). NLK aims to shift gender norms towards healthier perspectives of masculinity to prevent intimate partner and sexual violence by sharing authentic stories and experiences in community outreach events, digital storytelling, and multimedia formats. The intention is to build critical mass to change harmful norms about masculinity and positively impact the health and well-being of men and their families.

NLK comprises statewide representatives from state agencies, community-based organizations, and individuals from the community. In the past year, NLK focused on learning digital storytelling techniques; hosting digital storytelling workshops; supporting leadership opportunities through facilitation trainings; collaborating in community service; promoting healthy masculinity using "Kāne on the Street" vignettes on social media; and participating in community outreach events (e.g., Sexual Assault Awareness Month, Domestic Violence Awareness Month, and presentations).

Reduce adverse childhood experiences and promote nurturing families and healthy communities

The ACEs Study by Vincent J. Felitti, M.D., found a strong relationship between the breadth of exposure to violence during childhood and the multiple risk factors for several of the leading causes of death in adults.²⁴ According to the CDC, ACEs can have lasting negative effects on health (obesity, diabetes, depression, suicide attempts, cancer, heart disease, stroke); behaviors (smoking, alcoholism, drug use); and life potential (graduation rates, academic achievement, lost time from work).²⁵ Moreover, ACEs are common: About 64% of adults reported that they experienced at least one (1) type of ACE, and nearly one (1) in six (6) reported that they experienced four (4) or more ACEs.²⁶ ACEs-related health consequences are costly, with an estimated economic burden of hundreds of billions of

²³ Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). *Sexual Violence Prevention Resource for Action: A Compilation of the Best Available Evidence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/SV-Prevention-Resource_508.pdf

²⁴ Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *Am J Prev Med*, 1998; 14(4). doi: 10.1016/s0749-3797(98)00017-8

²⁵ Centers for Disease Control and Prevention (2019). *Adverse childhood experiences (ACEs) prevention resource for action: A compilation of the best available evidence*. National Center for Injury Prevention and Control. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/ACEs-Prevention-Resource_508.pdf

²⁶ Centers for Disease Control and Prevention. (2024, May 16). *About Adverse Childhood Experiences*. https://www.cdc.gov/aces/about/index.html#cdc_behavioral_basics_quick-quick-facts-and-stats

dollars each year.²⁷

Furthermore, those who are exposed to one form of violence are at higher risk of being a victim of other forms of violence and/or becoming a perpetrator of violence. In the CDC report, *Connecting the Dots: An Overview of the Links of Multiple Forms of Violence*, early childhood trauma or negative experiences in the home or community puts children at a substantially higher risk of experiencing domestic and/or sexual violence, as well as other forms of violence over the lifespan.²⁸

The MCHB recognizes that all its programs work with communities that experience ACEs' negative physical, mental, and behavioral health effects. The DVP and SVP programs collaborate with the MCHB Home Visiting Services Unit on events to reach early childhood providers and home visitors. The group plans, organizes, advises, and supports activities on ACEs, toxic stress, trauma-informed practices, resilience, and nurturing families and healthy communities. The annual Kahewai Summit was held in April 2024, a two-day statewide conference to provide ACEs and trauma-informed practices to early childhood providers and home visitors.

- (6) The program size indicators: The DVP and SVP programs are statewide.
- (7) The program size planned for each of the next six (6) fiscal years: The DVP Program and the SVP Program will continue to support statewide violence prevention efforts as planned over the next six years.

§37-49 Non-general fund cost element reports

No later than October 1 annually, each department shall submit to the legislature a report for each non-general fund under its control that shall include but not be limited to the following:

- (1) Budget details by cost element

Payroll: \$101,464.11
Subscriptions: \$351.53
Contractual: \$119,993.70
Other Misc. Expenditures: \$15,737.80

- (2) Non-general fund names and account codes for each item or object code

Non-general fund name: Domestic Violence and Sexual Assault Special Fund
DVSA Special Fund account code: S 321 H
DVSA Special Fund payroll object code: 2000
DVSA Special Fund subscriptions object code: 3520
DVSA Special Fund contractual object code: 7190
DVSA Special Fund other misc. expenditures object code: 7290

²⁷ Ibid.

²⁸ Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). *Connecting the dots: An overview of the links among multiple forms of violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute. https://www.cdc.gov/violence-prevention/about/connecting_the_dots-a.pdf

Domestic Violence and Sexual Assault Special Fund

Revenues for FY 2024

(Receipts from Fees for Vital Records Certified Copies, Tax Designations, Prior Year Refund, and Interest Earned)

<u>Date of Receipt*</u>	<u>JV No.</u>	<u>Amount</u>	<u>Totals</u>
<i>From Fees for Vital Records Certified Copies--</i>			
08/07/2023	00JM0431	23,485.00	
09/13/2023	00JM1078	20,271.00	
10/09/2023	00JM1609	27,416.00	
11/09/2023	00JM2283	21,961.00	
12/21/2023	00JM3098	21,048.00	
01/12/2024	00JM3453	20,044.00	
02/09/2024	00JM4116	25,740.00	
03/12/2024	00JM4823	24,664.00	
04/11/2024	00JM5558	22,980.00	
05/15/2024	00JM6370	33,256.00	
06/20/2024	00JM7228	16,289.00	
		Subtotal:	\$257,154.00
<i>From Tax Designations--</i>			
01/30/2024	00JM3942	3,622.22	
		Subtotal:	\$3,622.22
<i>Refund of Prior Period--</i>			
08/10/2024	00201501	92.35	
		Subtotal:	92.35
<i>Interest Earned from Investment Pool--</i>			
09/21/2023	00JS1168	873.94	
01/30/2024	00JM3859	1,172.77	
02/21/2024	00JM4313	1,057.56	
03/05/2024	00JM4639	644.73	
03/12/2024	00JM4809	1,119.60	
03/18/2024	00JM4969	565.73	
04/02/2024	00JM5309	653.98	
04/18/2024	00JM5489	1,510.27	
05/01/2024	00JM6023	1,029.77	
05/13/2024	00JM6318	500.90	
05/24/2024	00JM6587	1,253.29	
07/02/2024	00JM7656	791.95	
		Subtotal:	\$11,174.49
	TOTAL		\$272,043.06

Source: DATAMART-RevDownload, date receipt processed to FAMIS system

**Domestic Violence and Sexual Assault Special Fund
Expenditures for FY 2024**

FY24 Revenues

Receipts from Fees for Vital Records Certified Copies	\$257,154.00
Tax Designation	\$ 3,622.22
Refund	\$ 92.35
Interest	<u>\$ 11,174.49</u>
Total	\$272,043.06

FY24 Expenditures

Domestic Violence Prevention Program Personnel	\$101,464.11
Subscriptions	\$ 351.53
Contracted Services	\$119,993.70
Travel	\$ 13,011.88
Other (Central Services Administrative Fee)	<u>\$ 15,737.80</u>
Total	\$250,559.02