

REPORT TO THE THIRTIETH LEGISLATURE
STATE OF HAWAII
2020

PURSUANT TO SECTION 321-1.3, HAWAII REVISED STATUTES
REQUIRING THE DEPARTMENT OF HEALTH TO SUBMIT
AN ANNUAL REPORT FOR THE
DOMESTIC VIOLENCE AND SEXUAL ASSAULT SPECIAL FUND

Prepared by:
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Department of Health
Health Resources Administration
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OVERVIEW

The Hawaii Revised Statutes, §321-1.3, established the Domestic Violence Sexual Assault Special Fund (DVSA Special Fund). The funds are to be administered and expended by the Department of Health 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 special fund shall be used for new or existing programs and shall not supplant any other moneys previously allocated to these programs. In accordance with Hawaii Revised Statutes, §338-14.5, “income tax remittances allocated under §235-102.5, interest and investment earnings attributable to the moneys 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 special fund.”

Per Hawaii Revised Statutes, §321-1.3, the Department is providing an annual report providing:

1. An accounting of the receipts of, and expenditures from, the special fund; and
2. Recommendations on how to improve services for victims of domestic violence and sexual assault.

The Domestic Violence Sexual Assault Special Fund is administered by the Hawaii State Department of Health (the Department), Health Resources Administration, Family Health Services Division (FHSD), Maternal and Child Health Branch (MCHB). The Department utilizes the special funds to implement strategies and activities to prevent, reduce, and eliminate sexual violence and domestic/intimate partner violence in Hawaii.

The Hawaii Revised Statutes, §321-471 through §321-476, established the Domestic Violence Fatality Review (DVFR), with the Department, through the MCHB, as the lead agency. Major functions of the Domestic Violence Prevention Program are the facilitation of the DVFR process whereby each county has a multidisciplinary and multiagency DVFR team that conducts a comprehensive review of domestic violence-related murders, murder-suicides, suicides, and near-deaths that occurred in their county. These reviews assist the teams in analyzing systems responses, guiding recommendations, identifying barriers and gaps, providing a forum to discuss coordination and response of intersecting issues, and informing prevention activities. Other related program efforts include DVFR data collection, technical assistance in the development, prioritization, and implementation of DVFR recommendations; collaboration and partnerships with internal and external programs and agencies on trainings and conferences; strengthening community recognition of domestic violence as a public health issue; increasing awareness of the impact of trauma across the lifespan and the preventative and buffering strategies to reduce its deleterious effects; promoting and supporting coordinated community response efforts, and planning and supporting opportunities for skills building, capacity building, systems improvement, and professional development related to preventing violence in Hawaii.

The Sexual Violence Prevention (SVP) Program’s primary prevention efforts include sexual violence educational activities for middle and high school-aged students; support for high school coaches to mentor male student-athletes on healthy and respectful relationships; support for the University of Hawaii system’s sexual assault 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. The SVP Program continues to identify community-level prevention strategies including sexual violence-related trainings and technical assistance for statewide community action teams to foster support and connectedness among service providers to reduce and prevent the risk for sexual violence perpetration.

The Domestic and Sexual Violence Prevention Programs also collaborate with internal Department programs and public and private partners to reduce violence against women, children, and families by promoting community-level strategies, resiliency, the impact of adverse childhood experiences (ACEs) and toxic stress, trauma-informed approaches, and factors that protect against violence. Examples include supporting healthy, respectful, and nurturing relationships; engaging men in violence prevention activities; awareness of teen dating violence; increasing community and provider understanding of ACEs/toxic stress and the corresponding negative health and well-being outcomes across the lifespan; and providing technical assistance, messaging, and informational factsheets related to violence prevention to public and private stakeholders.

Using a public health approach, the Department's Domestic and Sexual Violence Prevention Programs incorporate information and recommendations obtained through the DVFR findings, program data, needs assessments, population-based surveys, and other local and national data resources to identify comprehensive primary prevention strategies, coordination, and systems improvements needed to reduce and end domestic and sexual violence in Hawaii.

According to the Centers for Disease Control and Prevention's (CDC) Data Brief from The National Intimate Partner and Sexual Violence Survey (NISVS),¹ in the United States (U.S.), sexual violence and intimate partner violence experienced as a child or adolescent is a risk factor for repeated victimization as an adult. Violence is also associated with chronic physical and psychological adverse health conditions, with over 1 in 3 women experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime. In another CDC report, *Connecting the Dots: An Overview of the Links of Multiple Forms of Violence*,² 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. In addition, they may also experience behavioral (e.g., alcohol and drug use, unsafe sexual practices), mental (e.g., anxiety, depression, suicide), and chronic physical conditions (e.g., diabetes, hypertension, heart disease). 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. Moreover, those who are exposed to one form of violence are at higher risk for both being a victim of other forms of violence and becoming a perpetrator of violence.

¹ The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief - Updated Release. Atlanta, GA. Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

² Wilkins, N., Tsao, B., Hertz, M., Davis, R., Kleven, 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.

Evaluation tools are used to determine the effectiveness, quality of services, and outcomes of program activities on a continuous basis. Program evaluation and data collection are integral to MCHB efforts in shaping and planning domestic and sexual violence activities, along with assessing local and national statistics and trends. The Department’s factsheet, *Violence Between Intimate Partners in Hawaii Across the Life Span*,³ includes the following local statistics: for every 100 people that reported intimate partner violence, 65 were women; nearly 1 in 5 middle school students report experiencing physical dating violence, and 1 in 30 report sexual dating violence; and 1 in 10 high school students report experiencing physical dating violence, and 1 in 12 report experiencing sexual dating violence. Important findings in the 2010 Behavioral Risk Factor Surveillance System⁴ include: almost 2/3 of surveyed adults report at least 1 ACE, and more than 1 in 5 reported 3 or more ACEs.

Continued surveillance of population-based measures and efforts to assess the impact of specific program activities could help document the effectiveness of MCHB efforts to prevent violence.

RECOMMENDATIONS

MCHB is guided by the CDC, DVFR findings, program data, needs assessments, population-based surveys, and other local and national data resources to identify recommendations and support initiatives and strategies. MCHB continues to build on its initiatives, as well as strengthen its current primary prevention and systems improvement strategies. This includes prevention education and awareness for youth and young adults, partnerships and collaboration efforts, DVFRs, and coordinated community response efforts. MCHB is also guided by the CDC social-ecological model framework. The CDC encourages the implementation of primary prevention approaches and strategies at the “community-level” of the social-ecological model. MCHB provides the following recommendations:

1. Provide trainings on ACEs, Toxic Stress, Resiliency, and Trauma-Informed Practices

According to the CDC, an estimated 62% of adults surveyed across 23 states reported that they had experienced one (1) ACE during childhood, and nearly one-quarter reported that they had experienced three or more ACEs. ACEs can have negative, lasting effects on health, wellbeing, and opportunity. The total economic and social costs to families, communities, and society are in the hundreds of billions of dollars each year.⁵ The MCHB is working on a number of strategies and partnerships to address ACEs and end family violence in Hawaii:

The Hawaii Early Childhood Action Strategy (ECAS) Initiative is a statewide public-

³ Vergara R, Hayes D, Higashi J, Liang S, Kaiwi H, Arakaki K. “Violence Between Intimate Partners in Hawaii Across the Life Span. Data from BFRSS, PRAMS and YRBS” Honolulu, HI: Hawaii State Department of Health, Family Health Services Division; October 2018.

⁴ Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Module Data, 2010. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2015. Available from <https://www.cdc.gov/violenceprevention/acestudy>.

⁵ Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

private collaborative that recognizes the strength of communities and works across public and private sectors to increase the number of young children in Hawaii who are born healthy, are developing on track, are ready for school when they enter kindergarten, and are reading proficiently by the third grade. The MCHB violence prevention programs participate in the ECAS Safe and Nurturing Families Team (Team 2). Team 2 goals include the reduction of actual cases of family violence in homes with young children and strengthening the early childhood education providers' capacity to educate families at risk on protective factors, as well as provide community referrals for families at risk. Team 2 recognizes the need for ACEs and trauma-informed care training for early childhood care providers as a primary prevention strategy in response to providers' requests to build their capacity when working with families with young children to avoid re-traumatization (e.g., how to model and provide appropriate support and resources to families experiencing violence).

The MCHB violence prevention programs, along with the Home Visiting Program, collaborated with early childhood partners (i.e. Children with Special Health Needs Branch, Executive Office of Early Learning, Partners in Development Foundation, and ECAS) to offer training on ACEs and trauma-informed care. Training was offered to 200 early childhood professionals on August 8, 2019, along with cohort (train-the-trainer) training the following day. The final cohort training for 2019 was held in December. Plans for future trainings will be discussed as this will support MCHB violence prevention programs' vision for widespread understanding of ACEs, toxic stress, resilience, and trauma-informed practices to prevent domestic/intimate partner violence, sexual violence, and child abuse and neglect. Providing decision-makers with a regular forum to discuss and plan coordinated approaches will support the public and private agencies in implementing strategies, including the adoption of trauma-informed practices to reduce ACEs and toxic stress and increase resiliency.

Moreover, stakeholders often rely on the DOH to provide statistics, data, and other informational guidelines on various topics affecting Hawaii citizens. Reports, factsheets, and infographics are some of the means that the DOH can provide information to the broader community. The MCHB Domestic and Sexual Violence Prevention Programs and the Child Abuse and Neglect Prevention Program recognize the importance of providing ACEs information to their internal and external partners, as well as the broader community.

2. Focus prevention education effort on boys and men – Na Leo Kane: Engaging Men as Allies to Prevent Domestic and Sexual Violence

According to the National Sexual Violence Resource Center, 96% of people who sexually abuse children are male⁶. Over 98 percent (98.1%) of female victims and 93 percent (93.3%) of male victims of rape report a male perpetrator (Black, et al. 2011). CDC's *STOP SV: A Technical Package to Prevent Sexual Assault* encourages the

⁶ National Sexual Violence Resource Center. (2011). Child sexual abuse prevention: Overview. Retrieved from http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Overview_Child-sexual-abuse-prevention_0.pdf

mobilization of men and boys as allies to promote social norms that protect against teen dating, intimate partner, and sexual violence. The Na Leo Kane (*Translation: "Voices of Men"*, "NLK") Collaborative was initiated by the MCHB Domestic and Sexual Violence Prevention Programs in 2017 to engage men as allies to speak out against domestic and sexual violence in Hawaii and promote positive masculinity. The NLK Collaborative is co-lead by the DOH MCHB's Domestic and Sexual Violence Programs with funding support from the CDC's Rape Prevention and Education Grant, and the DVSA Special Fund. The NLK Collaborative includes representatives from the following agencies and organizations: DOH Adolescent Health; Department of the Attorney General, Community and Crime Prevention Branch; Department of Human Services (DHS), Office of Youth Services and Commission on Fatherhood; U.S. Army and Army Reserve; Hawaii Army and Air National Guard; University of Hawaii's (UH) Prevention, Awareness, and Understanding Program; Domestic Violence Action Center's Teen Alert Program; Sex Abuse Treatment Center; Ala Kuola; Kauai Fatherhood Council; Maui Kane Connections; and the West Hawaii Support Services Fatherhood Initiative. The Collaborative also includes individuals from the local community.

The NLK project hosts trainings for members of its partner organizations and the broader community to address social norms change, especially through the use of media and maintains an online resource for promoting positive masculinity, including creations of original material. Social media is used to engage young men and initiate community discussions about positive masculinity through community outreach events and rallies. As a collaborative, NLK also offers opportunities to network and partner with other group members, leveraging resources, and supporting each other's work whenever possible. NLK builds the capacity of its members to conduct domestic and sexual violence prevention activities with the intention to build critical mass to change harmful norms about masculinity that impact the health and well-being of men and their families.

3. Focus sexual violence prevention education on youth and young adults

The CDC Rape Prevention and Education Program encourages the use of evidence-based/informed primary prevention strategies and approaches. The 2018 DOH Intimate Partner Violence Fact Sheet (https://health.hawaii.gov/mchb/files/2018/12/IPV-Fact-Sheet_2018.pdf) indicates that Hawaii's middle and high school students are experiencing dating and sexual violence. Therefore, strategies to prevent domestic and sexual violence will focus on youth through young adult populations.

Middle and High School Sexual Violence Prevention Presentations

Kapiolani Medical Center for Women and Children's Sex Abuse Treatment Center (SATC) continues to partner with the Honolulu Theatre for Youth (HTY) to provide interactive theatrical performances based on SATC's middle and high school sexual violence prevention curricula. Funded by the DVSA Special Fund, the plays challenge students' attitudes, beliefs, and behaviors around sexual violence, explores consent and bystander issues, and the responsible use of social

media. Plays will be presented at selected Department of Education (DOE) schools.

High School Coaches and Male Student-Athletes

Hawaii Family Law Clinic dba Ala Kuola continues statewide implementation and expansion of the evidence-based Coaching Boys into Men (CBIM) program for coaches and high school male student-athletes. CBIM uses the relationships between high school coaches and their male student-athletes to change social norms and behaviors around all forms of violence. Engaged coaches can be influential by positively impacting how young male athletes think and behave. The CBIM program will continue to be implemented at DOE schools statewide.

College Students (18 to 24 years old), Faculty, and Staff

University of Hawaii's Prevention, Awareness, and Understanding (PAU) Violence Task Forces continue successful outreach to large numbers of students, faculty, and staff. The PAU Violence Task Forces will adapt and implement the evidence-based Bringing in the Bystander (BITB) program for UH campuses statewide. BITB is an interactive program that uses a "community of responsibility" approach, and promotes bystander intervention, emphasizing that everyone has a role to play in ending sexual violence.

4. Continue statewide interdisciplinary Domestic Violence Fatality Reviews

At least four (4) DVFRs per year will be conducted and each county DVFR team will continue to develop local and state response, intervention, and prevention recommendations, pinpoint barriers and gaps, and identify areas where agencies can better coordinate or systems can improve. It is important to note that domestic violence-related reviews are time-intensive both in preparation for the full-day review and in compiling post-review data and information.

The four (4) county DVFR teams will collectively meet every other year as the Statewide DVFR Team. The biennial meeting will include training on relevant DVFR topics and synthesis and prioritization of recommendations and identified issues of the eight (8) DVFRs conducted in the previous two (2) years. The outcomes from the biennial meetings will inform a DVFR report, infographic, or other DVFR-related documents to be produced in alternate years.

Other program or DVFR-based initiatives/recommendations on domestic violence and related issues include: (1) training on red flags, strangulation, gun violence, lethality/risk assessment, healthy relationships, how to help, and accessing services and resources; (2) training on domestic violence dynamics, characteristics of batterers/perpetrators, impact of domestic violence on childhood development, and available services and resources; (3) supporting multidisciplinary teams to strengthen coordinated community responses to domestic violence and intersectional issues; and (4) facilitating and supporting efforts for system improvements, e.g., data sharing, coordination, and trauma-informed policies.

Issues and topics such as gun violence, suicide, substance use, teen dating violence, sexual minority youth, children exposed to violence, mental health, immigrants, homelessness, sexual violence (including within intimate partner relationships), health equity, strangulation, and trauma-informed practices all intersect with the Domestic Violence Prevention Program and DVFR work. Therefore, the program participates as opportunities arise to strengthen knowledge about the issues and topics that intersect domestic violence, better understand how the agencies within the systems are interconnected on these issues and topics, and support internal and external partners' efforts to prevent all forms of violence, especially due to the complexity of domestic violence and the many ways it overlaps and interconnects with other issues.

FISCAL YEAR 2019 ACTIVITIES

The MCHB partnered with internal and external partners to support and implement initiatives to prevent and/or reduce domestic and sexual violence:

1. Developing a Safe and Nurturing Family Framework to reduce intimate partner violence, sexual violence, and child abuse and neglect;
2. Mapping family strengthening supports and services statewide and creating a pre-natal through early childhood parenting support system;
3. Supporting statewide trainings, workshops, and forums to raise awareness of ACEs and childhood toxic stress, as well as to provide action steps to promote resiliency and trauma-informed practices, for decision-makers, early childhood providers, those working with young children, and other stakeholders;
4. Developing an ACEs infographic that includes local Hawaii data and information
5. Supporting Na Leo Kane, a statewide collaborative to engage men as allies in preventing domestic and sexual violence through implementing *Aloha Starts with "i"* trainings (i.e., self-reflection changes the culture), promoting resources online and through social media, producing storytelling initiatives and conversation on masculinity and what it means to be a man, and participating in activities that promote healthy relationships, healthy families, and violence prevention, e.g., Oahu's Governor's and Mayor's Proclamations for Sexual Violence Awareness Month, Oahu's Men's March Against Violence, Kauai's Men's Conference, Oahu's Celebrate Safe Communities Fair, and Maui's Celebration of Fathers;
6. Supporting sexual violence primary prevention services for youth by contracting with the Kapiolani Medical Center for Women and Children's Sex Abuse Treatment Center to implement sexual violence prevention curricula in select middle and high schools and to promote a culture of respect with the Honolulu Theatre for Youth's interactive plays, *Expect [respect]*, and *[respect] 2.0*;
7. Supporting the promising evidence-based Futures Without Violence Coaching Boys into Men curriculum that consists of a series of coach-to-athlete trainings that illustrate ways to model respect, promote healthy relationships, and help prevent relationship abuse, harassment, and sexual assault;
8. Supporting the University of Hawaii (UH) Women's Center PAU Violence Program to work with the ten (10) UH sexual violence task forces in promoting sexual violence prevention, including sexual harassment, assault, rape, dating violence, stalking, and cyber-stalking, providing victim services, and implementing the

- primary prevention Bringing in the Bystander program;
9. Providing the 8th annual Community Action Team training and leadership meeting on socio-cultural risk and protective factors to prevent sexual violence perpetration by young adults, shifting social norms through environmental changes, and addressing the intersection of alcohol and sexual violence;
 10. Planning and organizing four (4) statewide Fundamentals of Domestic Violence trainings (domestic violence dynamics, batterers characteristics, domestic violence, and childhood development) for State and County staff that work with people who experience or may experience domestic violence;
 11. Planning, supporting, and organizing a statewide, two (2)-day Hawaii Fatality Review Summit on such topics as ACEs, death certificates, vicarious trauma/self-care, child death/domestic violence investigations, public health prevention, cultural values, childhood adversity/adolescent suicide, perinatal/maternal mortality prevention, and implementation of strategies;
 12. Participating as a representative from one (1) of twenty (20) states in the National Domestic Violence Fatality Review Clearinghouse Summit on the development of a national uniform reporting database that included discussions of state statutes on confidentiality, communication among fatality review members, communication with other states' fatality review members, data fields, database security, and the ethics and legalities of data collection; and,
 13. Supporting the professional development of internal and external partners to attend such conferences as the National Sexual Assault Conference, Hawaii State Coalition Against Domestic Violence Conference, Ending Violence Against Women International Conference, and Institute on Violence, Abuse, and Trauma International Summit.

Domestic Violence and Sexual Assault Special Fund
Revenues for FY 2019
(Receipts from Fees for Vital Records Certified Copies,
Tax Designations, 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>			
07/25/18	00JM0218	23,311.00	
08/31/18	00JM0714	25,226.00	
09/12/18	00JM0995	22,853.00	
11/01/18	00JM2155	22,450.00	
11/15/18	00JM2372	24,314.00	
12/20/18	00JM3070	21,044.00	
01/07/19	00JM3355	22,816.00	
02/11/19	00JM4153	27,439.00	
03/15/19	00JM4839	22,360.00	
04/12/19	00JM5531	26,082.00	
05/31/19	00JM6665	25,786.00	
06/14/19	00JM6954	24,365.00	
		Subtotal:	\$ 288,046.00
<i>From Tax Designations--</i>			
06/17/19	00JM7017	3,808.89	
06/17/19	00JM7028	31,793.33	
07/29/19	00JM0337	28,907.78	
		Subtotal:	\$ 64,510.00
<i>Interest earned from investment pool--</i>		1,622.44	
		Subtotal:	\$ 1,622.44
<i>Refund of Prior Period Expenditures</i>		10,788.88	
		Subtotal:	\$ 10,788.88
TOTAL			\$ 364,967.32

* Source: DATAMART-Rev Download, date receipt processed to FAMIS system

**Domestic Violence and Sexual Assault Special Fund
Expenditures for FY2019**

FY2019 Revenues	\$364,967.32
Receipts from Fees for Vital Records Certified Copies	\$288,046.00
Tax Designations	\$64,510.00
Interest	\$1,622.44
Refund	\$10,788.88
 FY2019 Expenditures	 \$320,618.00
Domestic Violence Prevention Program	\$137,427.55
Personnel, fatality reviews, conferences, trainings	
 Sexual Violence Prevention Program	 \$107,817.79
Implementation of primary prevention strategies, trainings, activities	
 Collaboration of Violence Prevention Programs	 \$29,665.81
Trainings, outreach, activities with public and private partners	
 Professional Development	 \$12,101.60
Conferences, trainings, partnerships	
 Supplies (Education and Other)	 \$1,789.27
 Subscriptions	 \$263.40
 Transportation	 \$4,803.99
Intra-state and out-of-state (employees)	
 Trainings costs and registration fees	 \$3,390.00
 Central Services Administrative Fee	 \$23,358.59
 FY2019 Remaining Balance	 \$44,349.32