

REPORT TO THE THIRTY-THIRD LEGISLATURE

STATE OF HAWAI'I

2024

**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**

OCTOBER 2023

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 elements, 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 12-13 of this report.
 2. Recommendations to improve services for domestic and sexual violence: Recommendations 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; promoting and distributing domestic violence fatality review recommendations; supporting community-level initiatives through collaborative partnerships to engage men in the primary prevention of domestic and sexual violence; supporting outreach efforts to 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 the recommendations developed through the Hawai'i Domestic Violence Fatality Review (DVFR), national and local data and reports, partnership recommendations and standards, and the Centers for Disease Control and Prevention (CDC) Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. Pursuant to HRS §321-471 through §321-476, the DOH is the lead agency for the Hawai'i DVFR. The DOH DVP Program is responsible for planning and implementing 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 or 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 domestic/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.

The DVP and SVP programs also collaborate together and with other DOH programs and external partners to reduce violence against women, children, men, and families. The DVP and SVP programs collaborate on activities that include primary prevention activities for young adults and community-level prevention strategies, such as engaging men as allies in domestic and sexual violence

prevention strategies and positive fatherhood initiatives. Other collaborations include increasing awareness of adverse childhood experiences (ACEs), including the impact of ACEs across the lifespan, resilience, and protective factors; supporting skills-building trainings on trauma-informed care; and promoting healthy and authentic masculinity; the Aloha Spirit law; safe, healthy relationships; nurturing families; and healthy communities.

- (4) The balance of the fund at the beginning of the current fiscal year 2024 is \$288,525.00.
- (5) The total amount of expenditures and other outlays from the fund account for the previous fiscal year, which in 2022 was \$211,677.83.
- (6) The total amount of revenue deposited to the account for the previous fiscal year 2022 was \$285,445.00. 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 2023, 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 2024 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 use a public health approach and are guided by (a) the CDC's Division of Violence Prevention, technical packages, RPE guidelines, and social-ecological model framework; (b) 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, and research 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 NVDRS report that covered violent deaths in 2019, when the female victim knew the suspect, 50.8% of the suspects were a current or former intimate partner.¹ Moreover, the NVDRS found that an argument or conflict related to intimate partner violence most often precipitated the homicide of female victims, usually at a house or apartment.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; and difficulty with memory, concentration, and decision-making, and, specifically for male victims, HIV/AIDS.⁵

¹ Wilson RF, Liu G, Lyons BH, et al. Surveillance for Violent Deaths — National Violent Death Reporting System, 42 States, the District of Columbia, and Puerto Rico, 2019. *MMWR Surveill Summ* 2022;71(No. SS-6):1–40. DOI: <http://dx.doi.org/10.15585/mmwr.ss7106a1>

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.

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 25.5% 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

The Hawai’i Youth Risk Behavior Survey (YRBS) is an example of a school-based survey that monitors health risk behaviors. In 2017, almost one-third of Hawai’i public high school students experienced being purposefully controlled or emotionally hurt by a dating partner in the past 12 months.⁸ According to the National Network to End Domestic Violence, emotional abuse causes the victim to feel worthless, hopeless, and responsible for the abuse and is very damaging due to ongoing psychological harm.⁹ Furthermore, dating violence, i.e., emotional, sexual, and physical, begins in middle school. For example, almost 20% of Hawai’i public middle school students in 2019 reported being purposefully controlled or emotionally hurt by a dating partner in the past 12 months,¹⁰ and 19.3% of Hawai’i public middle school students in 2021 reported they were forced to do sexual things or were physically hurt by a dating partner in the past 12 months.¹¹

Taking into consideration the public health approach, data, reports, and recommendations, 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 orders, and lethality risk assessment protocols); community-level primary prevention (e.g., the Nā Leo Kāne Collaborative aims to end domestic and sexual violence in Hawai’i by promoting authentic and healthy masculinity and strengthening organizational partnerships to counter harmful social norms); professional and workforce

⁶ Child and Adolescent Health Measurement Initiative. 2021 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 07/18/23 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 Health, Hawai’i Health Data Warehouse, Youth Risk Behavior Survey. *Emotional abuse – by partner, past 12 months by county, 2017*. Published January 29, 2021. Accessed July 18, 2023. https://hhdw.org/report/query/result/yrbs/Controlled/Controlled_HS_CNTY.html

⁹ <https://nnedv.org/content/forms-of-abuse/>

¹⁰ Hawai’i State Department Health, Hawai’i Health Data Warehouse, Youth Risk Behavior Survey. *Emotional abuse – by partner, past 12 months by county, 2019*. Published January 29, 2021. Accessed July 18, 2023. https://hhdw.org/report/query/result/yrbs/Controlled/Controlled_MS_CNTY.html

¹¹ Hawai’i State Department Health, Hawai’i Health Data Warehouse, Youth Risk Behavior Survey. *Sex/Phys abuse – by partner, past 12 months by county, 2021*. Published April 14, 2023. Accessed July 18, 2023. https://hhdw.org/report/query/result/yrbs/SexPhysAbuseDate/SexPhysAbuseDate_MS_CNTY.html

development (e.g., DV 101, ACEs, conferences, workshops, and trauma-informed care trainings); outreach efforts (e.g., Sexual Assault Awareness Month, Domestic Violence Awareness Month, public service announcements); and individual- and relationship-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’ 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 trended upward.^{12 13}
- (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 continuously. Moreover, data collection, population-based surveys, and surveillance reports can capture trends over time to help document the effectiveness of MCHB efforts to prevent 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 violence is complicated and complex; it overlaps with many other focus areas such as gun violence, suicide, substance/alcohol use, teen dating violence, sexual minority youth, children exposed to violence, ACEs, mental health, immigration, health equity, strangulation, homelessness/houselessness, unemployment/underemployment, sexual violence within intimate partner

¹² Hawai‘i State Department Health, Hawai‘i Health Data Warehouse, Youth Risk Behavior Survey. *Sexual abuse – forced intercourse, ever, by year and sex, female and male, high school, 2017, 2019, 2021*. Published April 14, 2023. Accessed July 18, 2023. https://hhdw.org/report/query/result/yrbs/SexForced/SexForced_HS_ST.html

¹³ Hawai‘i State Department Health, Hawai‘i Health Data Warehouse, Youth Risk Behavior Survey. *Sexual abuse – forced intercourse, ever, by year and sex, female and male, middle school, 2017, 2019, 2021*. Published April 14, 2023. Accessed July 18, 2023. https://hhdw.org/report/query/result/yrbs/SexForced/SexForced_MS_ST.html

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 violence and overlapping areas. The DVP Program also provides trainings on domestic violence and related topics; supports activities that increase awareness of domestic violence in traditional and digital media; supports projects that provide resources for domestic violence victims; and supports and participates in initiatives that strengthen coordinated community responses to domestic violence; as well as 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.¹⁴ 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.¹⁵ ¹⁶ 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.¹⁷

In addition, in 2021, UH 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.¹⁸ 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 adult populations.

The Sex Abuse Treatment Center (SATC) provides sexual violence prevention trainings, K-12 curricula presentations, and facilitator trainings throughout the

¹⁴ 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

¹⁵ Hawai'i State Department Health, Hawai'i Health Data Warehouse, Youth Risk Behavior Survey. *Sexual abuse – by anyone, past 12 months, female and male, high school, 2021*. Published April 14, 2023. Accessed July 18, 2023. https://hhdw.org/report/query/result/yrbs/SexualForced/SexualForced_HS_ST.html

¹⁶ Hawai'i State Department Health, Hawai'i Health Data Warehouse, Youth Risk Behavior Survey. *Sexual abuse – by anyone, past 12 months, female and male, middle school, 2021*. Published April 14, 2023. Accessed July 18, 2023. https://hhdw.org/report/query/result/yrbs/SexualForced/SexualForced_MS_ST.html

¹⁷ 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>

¹⁸ 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/>

community. Project schools completed full program implementation at Mililani Middle School, Mililani High School, and Moloka'i Middle School. Educators have noted that the COVID-19 pandemic has negatively impacted students' social skills, interactions with others, and understanding of boundaries. SATC also meets with the Hawai'i State Department of Education, private institution educators, and school staff to strengthen partnerships and identify new opportunities to expand sexual violence prevention training. During Sexual Assault Awareness Month, the DOH partnered with SATC to develop a three-year strategic plan (2023-2025) and to collaborate with community partners to provide virtual community presentations statewide. The plan includes more collaborative statewide efforts to be implemented to address prevention and response and to transform perceptions around sexual violence. The UH PAU Violence Task Forces provided 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.¹⁹ 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.²⁰ CDC's STOP SV: A Technical Package to Prevent Sexual Assault encourages the mobilization of men and boys as allies to promote social norms that protect against teen dating, intimate partner, and sexual violence. 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 allies to speak out against domestic and sexual violence and to promote authentic and healthy 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 important 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).

¹⁹ 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

²⁰ 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

NLK is comprised of statewide representatives from state agencies, community-based organizations, and individuals from the community. In the past year, NLK endeavored to promote healthy, authentic masculinity and address social norms change through such statewide activities as bimonthly meetings, trainings, presentations, workshops, service learning, talk story events, cultural perspectives, men's stories of being nurturing and having healthy relationships, and community outreach events (e.g., Sexual Assault Awareness Month, Domestic Violence Awareness Month, and the Kaua'i Men's Expo).

The collaborative offers opportunities for networking and partnering among group members to leverage resources and support each other's work. NLK aims to strengthen leadership capacity, storytelling, and digital platform skills to conduct and facilitate domestic and sexual violence prevention activities. 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.

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.²¹ According to the CDC, ACEs can have lasting negative effects on health (obesity, diabetes, depression, suicide attempts, cancer, heart disease); behaviors (smoking, alcoholism, drug use); and life potential (graduation rates, academic achievement, employment, lost time from work).²² 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.²³ The total economic and social costs to families, communities, and society are hundreds of billions of dollars each year.²⁴

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.²⁵

²¹ 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

²² Centers for Disease Control and Prevention (2019). *Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence*. National Center for Injury Prevention and Control. <https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf>

²³ Centers for Disease Control and Prevention. (2023, June 29). *Fast Facts: Preventing Adverse Childhood Experiences*. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

²⁴ Centers for Disease Control and Prevention (2019). *Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence*. National Center for Injury Prevention and Control. <https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf>

²⁵ 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/violenceprevention/pdf/connecting_the_dots-a.pdf

The MCHB recognizes that all of its programs work with communities that experience the negative physical, mental, and behavioral health effects of ACEs. The planning group, comprised of the MCHB Violence Prevention Unit, MCHB Home Visiting Services Unit, and FHSD Children with Special Health Needs Branch, collaborate on trainings and events to reach early childhood providers, home visitors, first responders, community-based organizations, and decision-makers. The group plans, organizes, advises, and supports activities on ACEs, toxic stress, trauma-informed practices, resilience, and nurturing families and healthy communities. The third annual Kahewai Summit, a two-day statewide conference to provide ACEs and trauma-informed practices to early childhood providers and home visitors, was held in April 2023.

- (6) The program size indicators: The DVP and SVP programs are statewide programs.
- (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: \$89,971.41
- Subscriptions: \$351.53
- Contractual: \$173,039.90
- Other Misc. Expenditures: \$29,945.64

- (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

Domestic Violence and Sexual Assault Special Fund

Revenues for FY 2023

*(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>			
10/17/2022	00JS1656	47,512.00	
10/17/2022	00JM1767	23,738.00	
10/18/2022	00JS1654	48,255.00	
11/28/2022	00JM2735	22,860.00	
01/13/2023	00JM3588	43,674.00	
02/10/2023	00JM4231	26,410.00	
03/09/2023	00JM4799	21,196.00	
04/18/2023	00JM5721	28,713.00	
05/05/2023	00JM6208	23,402.00	
06/08/2023	00JM7029	25,000.00	
*07/15/2023	00JM0006	24,975.00	
		Subtotal:	\$335,735.00
<i>From Tax Designations--</i>			
01/30/2023	00JM3942	3,208.89	
07/12/2023	00JM7897	24,513.33	
		Subtotal:	\$27,722.22
<i>Interest Earned from Investment Pool--</i>			
08/09/2022	00JS0464	159.20	
01/24/2023	00JM3792	170.48	
02/08/2023	00JM4157	264.23	
02/23/2023	00JM4475	105.20	
03/09/2023	00JM4816	307.72	
03/17/2023	00JM5028	212.56	
03/28/2023	00JM5258	372.35	
04/20/2023	00JM5813	434.78	
05/05/2023	00JM6204	541.02	
05/19/2023	00JM6529	458.46	
06/06/2023	00JM6935	814.61	
07/03/2023	00JM7713	504.95	
		Subtotal:	\$4,345.56
	TOTAL		\$367,802.78

* The 7/15/2023 Journal Voucher (JV) is a FY23 transaction.

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

**Domestic Violence and Sexual Assault Special Fund
Expenditures for FY 2023**

FY23 Revenues

Receipts from Fees for Vital Records Certified Copies	\$335,735.00
Tax Designation	\$ 27,722.22
Interest	\$ 4,345.56
Reimbursements	<u>\$ 3,800.00</u>
Total	\$371,602.78

FY23 Expenditures

Domestic Violence Prevention Program Personnel	\$ 89,971.41
Subscriptions	\$ 351.53
Contracted Services	\$173,039.90
Travel	\$ 10,033.13
Central Services Administrative Fee	<u>\$ 19,912.51</u>
Total	\$293,308.48