

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



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KA LUNA HO'OKELE

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
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In reply, please refer to:
File:

December 29, 2025

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 on the Domestic Violence and Sexual Assault Special Fund to the Legislature, pursuant to Chapter 321, Section 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/department-of-health-reports-to-2026-legislature/>

Sincerely,

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

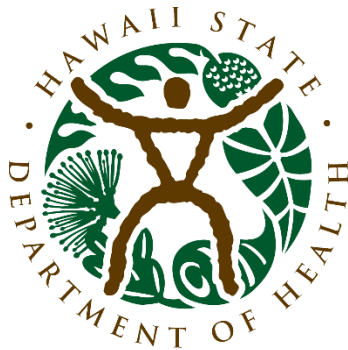
REPORT TO THE THIRTY-THIRD LEGISLATURE

STATE OF HAWAI'I

2026

**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 2025

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 14-15 of this report.
 2. Recommendations to improve services for domestic and sexual violence: Overlaying a continuum of efforts along the social-ecological model is an effective approach to both prevent incidents of domestic and sexual violence and improve services related to domestic and sexual violence. The social-ecological model addresses individuals, their relationships, the community agencies and organizations with which they interact, and the societal norms and policy decisions that influence their actions and behaviors. Recommendations are interconnected and work together from different levels of the model to prevent domestic and sexual violence and improve services that protect victims and hold perpetrators accountable. Recommendations include supporting primary prevention strategies; individual education, awareness, and bystander efforts; population-based surveys and surveillance; data collection and analysis; systems improvement, partnerships and collaboration; community outreach; and training and professional development opportunities. Specific activities include providing leadership and support for strengthening and improving coordinated community responses to domestic/intimate partner violence; promoting and distributing recommendations developed by the state domestic violence fatality review process; coordinating community-level, collaborative partnerships in engaging men as influential peers in the primary prevention of domestic and sexual violence; sharing domestic and sexual violence-related findings and trends with partners and stakeholders, including from population-based surveys and surveillance; organizing and participating in outreach activities; providing age-appropriate healthy relationship messages and sexual violence prevention curricula from pre-Kindergarten through high school; providing interpersonal violence prevention and bystander programs for young adults; promoting community education and awareness of domestic and sexual violence; promoting positive community norms; 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, 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 activities that have been planned and implemented by 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 and surveillance; needs assessments and evaluation surveys; partners' program standards and approaches; 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 (4) multidisciplinary and multiagency county DVFR teams; recording and distributing DVFR recommendations; collecting data and information about domestic/intimate partner violence-related deaths and near-deaths; and supporting and partnering with agencies and organizations that implement DVFR recommendations, domestic/intimate partner violence initiatives, and systems improvement strategies. Additional core domestic/intimate partner violence-related activities include strengthening internal and external partnerships; planning and implementing public awareness campaigns, professional development trainings/workshops, outreach efforts, and resources development; providing technical assistance; promoting public health policies; and supporting community-based public service announcements, trainings, and conferences.

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 for 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 on trainings and activities to increase knowledge and action steps on preventing sexual, dating, stalking, and domestic violence in the university setting for college faculty, staff, and students; 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 partners and programs on strategies to reduce violence against women, children, men, and families. The DVP and SVP programs' collaborations focus on public health efforts, 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 and protective factors over adverse childhood experiences (ACEs) and 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 2026 is \$296,690.38.*
- (5) *The total amount of expenditures and other outlays from the fund account for the previous fiscal year 2024 was \$250,559.02.*
- (6) *The total amount of revenue deposited to the account for the previous 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 2025, 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 2026 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 objectives of the DVP Program is to support statewide and county strategies and activities to prevent domestic/intimate partner violence and to 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's Division of Violence Prevention, data, reports, resources, RPE guidelines, and social-ecological model; (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 2022 NVDRS report, intimate partner violence was a precipitating circumstance for approximately 41.8% of homicides among females, and when the victim-suspect relationship was known, the suspect was a current or former intimate partner in 90.9% of homicides among females.¹

The CDC National Intimate Partner and Sexual Violence Survey (NISVS) is an example of a national population-based survey that collects data on intimate partner violence, sexual violence, and stalking victimization of adult women and men in the United States. 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.² 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.³ 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.⁴

The National Survey of Children's Health (NSCH), funded and directed by the federal Health Resources and Services Administration's Maternal and Child Health Bureau, is designed to provide annual national and state-level information on the health and well-being of children ages 0-17 years. The 2023 NSCH survey found that 10.4% of children 0-17 years old who live in Hawai'i have experienced two (2) or more ACEs, which has not

¹ Forsberg, K., Sheats, K. J., Blair, J. M., Nguyen, B. L., Amoakohene, E., Betz, C. J., & Lyons, B. H. (2025). *Surveillance for violent deaths — National Violent Death Reporting System, 50 states, the District of Columbia, and Puerto Rico, 2022. Morbidity and Mortality Weekly Report: Surveillance Summaries, 74(5), 1–42.* <https://doi.org/10.15585/mmwr.ss7405a1>

² 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.* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://stacks.cdc.gov/view/cdc/124625>

³ Ibid.

⁴ Ibid.

significantly changed from the 2022 NSCH with 10.8% of Hawai'i children 0-17 years old experiencing two (2) or more ACEs.⁵ To provide context, Harvard University's National Scientific Council on the Developing Child's Working Paper No. 15 states that persistent adversity early in life diverts energy away from growth and healthy development and 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.⁶

Locally, the Hawai'i Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone health survey that collects retrospective and current information on adults' preventive health practices and risk behaviors. Categories include chronic diseases and conditions, health behaviors, mental health status, substance use, and screening and preventive services. Questions on intimate partner violence and sexual violence fall under the health behaviors category. For those who answered yes to ever experiencing physical abuse by a current or former intimate partner, the percentage increased from 9.5% in 2013 to 11.9% in 2021.⁷ Those who answered yes to having ever experienced unwanted sex by a current or former intimate partner increased from 3.6% in 2013 to 5.9% in 2021.⁸ For sexual violence by anyone, those who experienced unwanted sex also increased from 3.1% in 2013 to 7.3% in 2023.⁹

The Hawai'i Youth Risk Behavior Survey (YRBS) is an example of a statewide public school-based survey, administered every other year, that monitors health risk behaviors of middle and high school students. Dating violence, including physical, sexual, and emotional abuse, is prevalent not only in high school but also in middle school. In 2023, 19.4% of public middle school students and 16.6% of public high school students reported being forced to do sexual things or were physically hurt by someone they were dating or going out with in the past 12 months.^{10,11} In 2023, 19.8% of public middle school students and 26.2% of Hawai'i public high school students reported being purposefully controlled or

⁵ Child and Adolescent Health Measurement Initiative. (2022 and 2023). *2022-2023 National survey of children's health (NSCH) data query*. Data Resource Center for Child and Adolescent Health, U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://www.childhealthdata.org>

⁶ 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. Center on the Developing Child at Harvard University. <https://developingchild.harvard.edu>

⁷ Hawaii State Department of Health, Hawaii Health Data Warehouse, Behavioral Risk Factor Surveillance System. *IPV – physical abuse, ever by year, 2013, 2021*. Published March 24, 2025. Accessed September 18, 2025. https://hhdw.org/report/query/result/brfss/IPVPhysAbus/IPVPhysAbusCrude11_.html

⁸ Hawaii State Department of Health, Hawaii Health Data Warehouse, Behavioral Risk Factor Surveillance System. *IPV – unwanted sex, ever by year, 2013, 2021*. Published March 24, 2025. Accessed September 18, 2025. https://hhdw.org/report/query/result/brfss/IPVUnwantedSex/IPVUnwantedSexCrude11_.html

⁹ Hawaii State Department of Health, Hawaii Health Data Warehouse, Behavioral Risk Factor Surveillance System. *Sexual violence – unwanted sex by year, 2013, 2023*. Published March 24, 2025. Accessed September 18, 2025. https://hhdw.org/report/query/result/brfss/SVRape/SVRapeCrude11_.html

¹⁰ Hawaii State Departments of Education and Health, Hawaii Health Data Warehouse, Hawaii School Health Survey: Youth Risk Behavior Survey. *Sex/phys abuse – by partner, past 12 months by year, 2023*. Published September 20, 2024. Accessed September 18, 2025. https://hhdw.org/report/query/result/yrbs/SexPhysAbuseDate/SexPhysAbuseDate_MS_ST.html

¹¹ Hawaii State Departments of Education and Health, Hawaii Health Data Warehouse, Hawaii School Health Survey: Youth Risk Behavior Survey. *Sex/phys abuse – by partner, past 12 months by year, 2023*. Published September 20, 2024. Accessed September 18, 2025. https://hhdw.org/report/query/result/yrbs/SexPhysAbuseDate/SexPhysAbuseDate_HS_ST.html

emotionally hurt by a dating partner in the past 12 months.^{12,13} Emotional abuse is damaging. 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 and to feel worthless and hopeless.¹⁴

Guided by public health priorities, data, and evidence-based recommendations, the DVP and SVP programs continue to support a range of initiatives across multiple levels:

- *Systems and policy-level efforts*, such as coordinated community responses to domestic violence, lethality risk assessment protocols, and economic support strategies for women.
- *Community-level prevention*, including initiatives like the Nā Leo Kāne Collaborative, which fosters partnerships to challenge and change harmful social norms.
- *Professional and workforce development*, offering training on topics such as the fundamentals of domestic violence, adverse childhood experiences (ACEs), sexual violence, trauma-informed care, and promoting positive community norms.
- *Outreach and public engagement*, through events like Sexual Assault Awareness Month and Domestic Violence Awareness Month, as well as public service announcements and community education campaigns.
- *Individual and relationship-level education*, including sexual violence prevention curricula for middle and high school students; train-the-trainer programs for educators; bystander intervention training for college faculty, staff, and students; and workshops addressing dating, domestic, and sexual violence in campus settings.

(3) *Measures by which the effectiveness in attaining the objectives is to be assessed:*

Evaluation tools, data collection and analysis; multiyear comparisons of population-based surveys and surveillance results; and local and national statistics are integral in shaping, planning, and assessing domestic and sexual violence activities. For example, the YRBS included the question, “Have you ever been physically forced to have sexual intercourse when you did not want to?” in 2019, 2021, and 2023. Results showed that male public middle and high school students experienced a decline in reported incidents in 2021 compared to 2019, followed by an increase in 2023. In contrast, female students at both school levels showed a consistent upward trend across all three years. These increases may reflect greater awareness and willingness to report experiences of domestic and sexual violence.

(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 intended outcomes. 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:*

¹² Hawaii State Departments of Education and Health, Hawaii Health Data Warehouse, Hawaii School Health Survey: Youth Risk Behavior Survey. *Emotional abuse – by partner, past 12 months by year, 2023*. Published September 20, 2024. Accessed September 18, 2025. https://hhdw.org/report/query/result/yrbs/Controlled/Controlled_MS_ST.html

¹³ Hawaii State Departments of Education and Health, Hawaii Health Data Warehouse, Hawaii School Health Survey: Youth Risk Behavior Survey. *Emotional abuse – by partner, past 12 months by year, 2023*. Published September 20, 2024. Accessed September 18, 2025. https://hhdw.org/report/query/result/yrbs/Controlled/Controlled_HS_ST.html

¹⁴ <https://nnedv.org/content/forms-of-abuse/>

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

recommendations: At least four DVFR cases are reviewed 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 implementation of the DVFR recommendations.

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 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. Additionally, the DVP Program collaborates with internal and external partners to prevent all forms of violence and supports and participates in initiatives that strengthen coordinated community responses to domestic violence. The DVP Program is providing technical assistance to assist four (4) multidisciplinary teams in strengthening their coordination efforts within their counties to truncate lethality and prevent and reduce intimate partner violence in their communities.

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. 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.¹⁵

The SVP Program provides technical assistance and funding for the Sex Abuse Treatment Center (SATC) to provide sexual violence prevention trainings; train-the-trainer trainings; facilitator trainings; K-12 curricula presentations; community presentations; and outreach activities 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 capacity of school staff, parents, and guardians to prevent sexual violence. Sexual violence prevention, education, and trainings are also provided to other organizations such as Lili'uokalani Trust, Job Corps Hawai'i, and the University of Hawai'i. Existing partnerships continue to be strengthened, and new collaborations have been established to expand training on preventing sexual violence.

¹⁵ 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: 2015 data brief – updated release*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://stacks.cdc.gov/view/cdc/60893>

Over the past several years, the UH Office of Equity Assurance has conducted campus climate surveys across all ten (10) UH campuses to assess students' experiences with sexual harassment, stalking, dating and domestic violence, and non-consensual sexual contact, both on and off campus. According to the 2023 UH Student Campus Climate Survey on Sexual Harassment and Gender-Based Violence, 7.8% of students reported experiencing sexual harassment in 2023, compared to 8.0% in 2019; 5.5% reported stalking (down from 6.1%); 10.2% reported dating and domestic violence (down from 12.1%); and 2.8% reported non-consensual sexual contact (slightly down from 2.9%). Despite these slight decreases, a significant majority of survivors did not disclose their experiences to official programs. Among those who experienced any of the four behaviors—sexual harassment, stalking, dating and domestic violence, or non-consensual sexual contact—nearly nine (9) in ten (10) reported serious consequences, including emotional and mental health challenges and academic disruptions such as decreased class performance or withdrawal from courses or school. The survey authors noted that these findings offer a foundation for understanding and quantifying the economic impact of gender-based violence in Hawai'i. In response, the SVP Program continues to provide technical assistance and support to UH's Prevention, Awareness, and Understanding (PAU) Violence Task Forces across all campuses. These efforts include trainings and presentations on sexual violence; dating and domestic violence, stalking; and evidence-informed, locally adapted bystander education for students, faculty, and staff.

During Sexual Assault Awareness Month (SAAM) in April, DOH partnered with SATC to collaborate with government and community partners on a statewide SAAM sign-waving event.¹⁶ Other SAAM activities (e.g., community presentations, resources, and outreach efforts) also included education on such topics as parental awareness of and education on online safety for children; how parents and trusted adults can start conversations about online safety with children; and sextortion and revenge porn education for young adults.

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

In his 2013 TED Talk, Jackson Katz, Ph.D., a pioneer in the fields of gender violence prevention and media literacy, posed the question, "Why is that, when we talk about sexual assault and domestic abuse, we talk about the women involved and erase the men from the conversation?"¹⁷ The CDC published domestic violence and sexual violence resource guides that compiled the best available evidence, and one of the recommended approaches in both guides is the mobilization of men and boys as allies to promote social norms that protect against teen dating, intimate partner, and sexual violence. To bring men into the conversation, the Nā Leo Kāne (Translation: Voices of Men) Collaborative (NLK) was formed in 2017 and is co-led by the DVP and SVP programs. NLK is comprised of statewide representatives from state agencies, community-based organizations, and individuals from the community. NLK members work together as a community-level initiative and incorporate the "Aloha Spirit" statute, HRS §5-7.5,¹⁸ as a foundation of NLK's values. Aloha is the essence of relationships in which each person is important to every other person for collective existence. NLK engages men as influential peers and mentors to speak out against domestic and sexual violence. The initiative promotes healthy, authentic masculinity, broadens the conversation around what it means to be a man in Hawai'i, and encourages shifts in gender norms toward more positive and inclusive

¹⁶ <https://www.hawaiiipacifichealth.org/news/2025/sexual-assault-awareness-month/>

¹⁷ https://www.ted.com/talks/jackson_katz_violence_against_women_it_s_a_men_s_issue

¹⁸ https://www.capitol.hawaii.gov/hrscurrent/Vol01_Ch0001-0042F/HRS0005/HRS_0005-0007_0005.htm

perspectives. NLK members share personal stories and experiences through community outreach, digital storytelling, and multimedia platforms to foster awareness and cultural change. The intention is to build critical mass to change harmful norms about masculinity; positively impact the health and well-being of men; and promote healthy relationships, healthy fatherhood, healthy and nurturing families, and healthy communities.

In the past two (2) years, NLK focused on digital storytelling techniques; hosting digital storytelling workshops; supporting leadership opportunities through facilitation trainings; collaborating in community service; promoting healthy masculinity 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 Adverse Childhood Experiences (ACEs) Study 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.¹⁹ ACEs are preventable, which is especially important since 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).²⁰ Recent data show that approximately 64% of adults reported experiencing at least one (1) ACE, and nearly one (1) in six (6) reported four (4) or more ACEs.²¹ The economic and social burden of ACEs is substantial and costly, with ACEs-related health consequences costing an estimated \$14.1 trillion dollars annually in the U.S. in direct medical spending and lost healthy-life years.²² Additionally, those 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's *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence* report, 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.²³

The MCHB recognizes that all its programs work with communities that experience the negative physical, mental, and behavioral health effects of ACEs. The DVP and SVP programs collaborated with the Honolulu Theatre for Youth (HTY) on a 30-minute

¹⁹ 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*. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)

²⁰ Centers for Disease Control and Prevention. (2019). *Preventing adverse childhood experiences: Leveraging the best available evidence*. National Center for Injury Prevention and Control, Division of Violence Prevention. <https://stacks.cdc.gov/view/cdc/82316>

²¹ Swedo, E. A., Aslam, M. V., Dahlberg, L. L., et al. (2023). *Prevalence of adverse childhood experiences among U.S. adults — Behavioral Risk Factor Surveillance System, 2011–2020*. *MMWR Morbidity and Mortality Weekly Report*, 72(26), 707–715. <https://doi.org/10.15585/mmwr.mm7226a2>

²² Peterson C., Aslam M. V., Niolon P. H., et al. (2023). *Economic burden of health conditions associated with adverse childhood experiences among U.S. adults*. *JAMA Netw Open*. 2023;6(12):e2346323. doi:10.1001/jamanetworkopen.2023.46323

²³ Wilkins, N., Tsao, B., Hertz, M., Davis, R., & Klevens, J. (2014). *Connecting the dots: An overview of the links among multiple forms of violence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Prevention Institute. https://www.cdc.gov/elder-abuse/communication-resources/connecting_the_dots-a.pdf

television episode for young children and their families that addressed family violence and promoted compassion, friendship, and health equity. Discrete segments of the episode are available for educators. The DVP Program, SVP Program, and the MCHB Home Visiting Services Unit are also collaborating with HTY to develop a 30-minute television episode on houseless youth, which may be due to domestic violence and other family or life crises. The episode is designed for children ages 4 to 7 and focuses on promoting protective factors, healthy relationships, trauma-informed care, and health equity. It also provides resources to help children and families understand and empathize with peers experiencing houselessness, while aiming to reduce and prevent family violence, domestic violence, sexual violence, and child abuse and neglect. These MCHB programs provide support and technical assistance for the development of these episodes. A live production will merge the topics of the two (2) television episodes and, when completed, will be open to schools and families that attend HTY's play schedule.

- (6) *The program size indicators:* The DVP Program and the SVP Program 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: \$134,241.33
Subscriptions: \$464.69
Contractual: \$205,255.00
Other Misc. Expenditures: \$20,140.81

- (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 2025

(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>			
07/25/2024	00JM0300	22,025.00	
09/13/2024	00JM1095	49,855.00	
10/09/2024	00JM1569	22,108.00	
03/24/2025	00JM4881	26,946.00	
03/24/2025	00JM4883	19,527.00	
03/24/2025	00JM4878	22,533.00	
03/24/2025	00JM4884	25,644.00	
03/24/2025	00JM4881	21,170.00	
04/07/2025	00JM5171	26,419.00	
06/03/2025	00JM6554	25,617.00	
06/10/2025	00JM6759	24,913.00	
		Subtotal:	\$286,757.00
<i>From Tax Designations--</i>			
		Subtotal:	\$0.00
<i>Refund of Prior Period--</i>			
		Subtotal:	\$0.00
<i>Interest Earned from Investment Pool--</i>			
08/19/2024	00JS0725	991.34	
11/18/2024	00JM2302	1,516.66	
12/13/2024	00JM2887	1,159.15	
12/27/2024	00JM3146	957.17	
01/14/2025	00JM3458	1,602.22	
01/27/2025	00JM3694	706.24	
02/13/2025	00JM4072	733.99	
05/02/2025	00JM5876	762.51	
05/22/2025	00JM6307	1,374.19	
07/08/2025	00JM7500	907.82	
		Subtotal:	\$10,711.29
	TOTAL		\$297,468.29

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

**Domestic Violence and Sexual Assault Special Fund
Expenditures for FY 2025**

FY25 Revenues

Receipts from Fees for Vital Records Certified Copies	\$286,757.00
Tax Designation	\$ 0.00
Refund	\$ 0.00
Interest	\$ 10,711.29
Reimbursements	<u>\$ 2,400.00</u>
Total	\$299,868.29

FY25 Expenditures

Domestic Violence Prevention Program Personnel	\$134,241.33
Subscriptions	\$ 464.69
Contracted Services	\$205,255.00
Travel	\$ 3,764.56
Other (Central Services Administrative Fee)	<u>\$ 20,140.81</u>
Total	\$363,866.39