



Capacity Assessment for the Primary Prevention of Sexual Violence

Spring 2024

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Background and Overview

The Kansas Coalition Against Sexual and Domestic Violence (KCSDV) is a statewide coalition comprised of organizations providing essential services to Kansas survivors of sexual assault, domestic violence, stalking, and dating violence. KCSDV is the federally recognized and designated state domestic violence and sexual assault coalition in Kansas. This recognition comes from the U.S. Department of Health and Human Services, the U.S. Department of Justice Office on Violence Against Women, and the Centers for Disease Control and Prevention.

In 2023, KCSDV received funding from the Centers for Disease Control and Prevention (CDC) and subcontracted with the University of Kansas Center for Community Health and Development to assess capacity for future primary prevention of sexual violence, with the goal of preparing KCSDV and stakeholders to plan for improvement, including identifying strategies that address health inequities.

Methods

Tools and resources available on CDC's Veto Violence website were utilized and adapted to build this capacity assessment. Per CDC's guidance, the capacity assessment includes the following areas of focus: Staffing & Resources, Skills & Expertise, Collaboration & Partnerships, and Data & Evaluation. The KU CCHD collected and analyzed the quantitative and qualitative data generated from the capacity assessment. Methods included two focus groups with stakeholders (one at KCSDV's Annual Summit, and one at KDHE's State Planning Meeting, held in November 2023). Eleven key informant interviews were conducted including with the State AG's Office, Kansas Department of Health and Environment, KCSDV board members, and staff from coalition member programs. A partner survey was disseminated via eNewsletter and social media and was completed by 35 respondents. Additionally, a Best Process Assessment was completed by three core staff of KCSDV.

Following the completion of the capacity assessment, KCSDV staff and collaborative partners will develop recommendations and action steps to advance primary prevention and health equity in Kansas.

Staffing & Resources



KCSVD staff representing rural programming, housing, protection order support, child welfare, and training programs all came together for the 21st Advocacy Day for Survivors of Sexual and Domestic Violence.

Staff Support for Sexual Violence Prevention Efforts

Stakeholders provided positive feedback about current KCSVD staff members, sharing comments like: “KCSVD is incredibly responsive.” However, there has been little capacity for supporting primary prevention efforts.

“Before, there were no resources. It was just unfunded work that the coalition knew needed to happen, but **there were no people or money to do the work.**”

Although the Kansas Coalition Against Sexual & Domestic Violence (KCSVD) does not currently have a full-time staff member working on primary prevention of sexual violence, the receipt of this Centers for Disease Control and Prevention (CDC) Rape Prevention and Education (RPE) grant for Assessing Coalition Capacity to Advance Primary Prevention has enabled funding sexual violence prevention efforts for the first time in years, since the loss of CDC DELTA funding.

One stakeholder shared that KCSVD’s loss of funding and staffing for primary prevention has affected member programs across the state. “You can really feel it. When the Coalition had the DELTA money from CDC, and KDHE had the sexual violence prevention money from CDC, those two came together and there was that state planning committee for sexual violence prevention. When those efforts are happening and they’re funded, and they’re staffed, programs like ours [local programs] --we were trained, better equipped, had resources to do primary prevention. And none of that has been in place since that money went away. While KDHE has continued their efforts with a few grantees on the sexual violence side of it, you can just see those gaps with the Coalition’s member programs now. I don’t know who all is doing prevention now...My guess would be most are not doing primary prevention anymore. That went away.” The new funding to advance sexual violence prevention in Kansas is acutely needed.

In the interim, the majority of KCSDV's efforts have been devoted to intervention. KCSDV shared, "Over the past few years, while we have not had a designated staff working on primary prevention, I have done some side things, stayed engaged with the state action planning committee, and worked with KDHE a bit. KCSDV has also been working on the state action plan. We have facilitated both the Prevention Conference and Prevention Summit every year since 2015. I think people probably know more than they may give themselves credit for, but definitely the majority of our work and people's experience is intervention-based."

KCSDV staff also shared they have been trying to include prevention where they can. For example, in child and youth projects, "we tend to talk about it, like for healthy relationships or preventing teen violence or those kinds of national curriculums that are out there around primary prevention. So, it's more of a talking point in training."

Annual Budget for Sexual Violence Prevention

KCSDV did not have funds in the annual budget devoted to sexual violence prevention prior to receiving the current funding. These new resources will enable more focus on primary prevention efforts.

Stakeholders consider funding a crucial component in sexual violence prevention work, "**It's a funding issue, always has been.** People, community partner agencies, are interested in doing prevention work. It is hard to find funding to keep it going long term. Sustainability could be an issue for maintaining a robust program."

"We're so heavily reliant on intervention money."

"Some of the practices or some of the moves or decisions historically have been made to just keep our organization funded. And I don't think that should be our primary motivation."

"There's just not been the funding out there for prevention, which [has been] a big, missing part of our work."

Sustaining prevention work going forward, a stakeholder shared: "Funding would probably be the only barrier I could see. **I think it is something that is needed that a lot of programs would welcome, having that additional focus for primary prevention.**"

Turnover

Stakeholders report some turnover at KCSDV, though consistent with the field. "That comes with the work. It's a high-stress job. A lot of secondary trauma happens when you're working with victims and survivors of violent crimes." A member program shared, "They have about as much turnover as we do. That's just a challenge in the nature of the work." Additionally, one stakeholder shared: "It's just part of running an organization - people find different opportunities, better pay; maybe they're burned out."

Partners appreciate the transparency and communication received from KCSDV about transitions.

The turnover rate for the past five years is as follows:

2023	2022	2021	2020	2019
27%	32%	34%	10%	26%

Stakeholders did note turnover can also provide opportunity. “I recognize **whenever there’s turnover, there’s new ideas that come in** and new ways of doing things, and that’s great.”

Many stakeholders voiced appreciation for the new Executive Director, who has focused on strengthening partnerships. “Opportunities for partnership have been strengthened.”

They also shared the reorganization and changes being made will be beneficial, ultimately providing better service and technical assistance.

KCSDV can also face unique challenges filling positions. “There has been a lot of open positions and turnover, with some unique challenges for a coalition that is statewide but based in Topeka. If you don't have staff from all over the state, you have a limited applicant pool, especially in this field and this specialty. That has been a challenge for the coalition for a long time--that it's harder for them to fill positions.”

Skills & Expertise

Primary Prevention

Although KCSDV had some funding years ago for prevention, most stakeholders are not aware of current staff specifically dedicated to primary prevention. Despite lack of funding, KCSDV has been providing some training and technical assistance in prevention, including through their annual prevention summit.

“From attending trainings over past 8+ years, I believe they identify and provide content that is relevant to addressing issues in communities.”

“[KCSDV was] trying to stay on top of primary prevention and would do some efforts around it, even without the dedicated funding for it.”

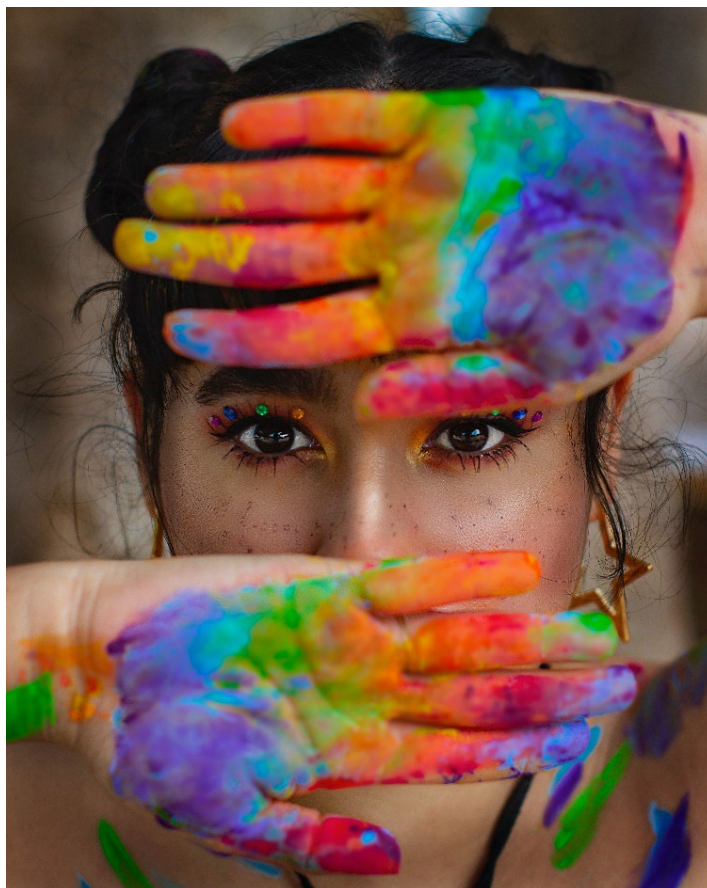
With new staff and change of positions, KCSDV is making an intentional shift towards supporting additional primary prevention efforts. “There’s **an interest in getting more staff involved in the prevention work** such as the state planning advisory committee for the SV prevention state plan. It can blend with current positions.”

One stakeholder shared, “I feel like this is evolving for them. **Most of the local programs have been really reactionary and maybe could use some additional supports in how to shift toward primary prevention.**”

One stakeholder recommended that as KCSDV seeks to grow its primary prevention efforts, it reaches out to other state coalitions. “Talk with other state-level coalitions already doing a lot more prevention work. MOCASDV Missouri Coalition Against Sexual and Domestic Violence has done a lot of primary prevention technical assistance and training for their member programs in the last 10 years. Reach out to similar organizations in other states that already do it robustly. Maybe the Idaho Coalition, too. Depends on what area they want to focus on.”

Health Equity

The sexual violence prevention movement has a history of attending to how populations are differentially affected by sexual violence and differentially served. The Kansas Coalition Against Sexual and Domestic Violence (KCSDV) has a history of engaging marginalized populations. One stakeholder shared, “[Equity is] built into everything they do.” Growing in this area is a primary focus of the new director, and there have been intentional efforts to build internal capacity. **Areas for continued focus include anti-oppression and anti-racism work, recruiting and retaining more diverse staff, and further partnering with agencies that reach marginalized communities.** KCSDV staff shared, **“this is an area of growth, and we could really do so much more, but there is a solid foundation to build upon.”**



Another staff member shared, **“in order to end violence, we have to end all forms of oppression – racism, sexism, ableism...but what is harder is for us to be able to explain that to people succinctly...One thing I do really appreciate is there is that belief there.”**

A partner noted that the resources may not be equally distributed in the state, “Capacity is one. I also think statewide that a lot of times these efforts are structured to be on the eastern side of the state, so continuing with that model and not expanding to the western side could be a barrier to health equity for those on the western side of the state.” This has implications for funding opportunities. “The health equity piece because of the types of grants that they go after and programs that they do. I know they are out there, but they vary by community, county to county.”

One partner who provides services to indigenous populations shared that, “While KCSDV has a broader responsibility to the state of Kansas, in our organization with specific tribes, I think that is something maybe we could partner with in the future is how to be more specific when it comes to cultural needs for our populations we serve.”

A different stakeholder shared, “I have interacted with KCSDV staff through diverse situations, including strategic planning and attending conferences where they are presenting, and I do think **they always keep health equity at top of mind.**”

Stakeholders report the coalition incorporates health equity into training and technical assistance. For example, “KCSDV provides an annual prevention summit/conference that focuses primarily on primary prevention. The trainings I have attended have been helpful with excellent speakers and have included a health equity lens.” And, “A lot of prevention topics [they provide] do touch health equity in different ways.”

Additionally, KCSDV provides training to boards of directors for its member programs in Kansas communities. They have added information about the intersections of racism, sexism, ageism, and other marginalized identities so that boards of directors can better support their organizations’ work.

An additional area of KCSDV’s work that impacts health equity is the MAVIS (maternal anti-violence) project. Health equity is a critically important lens in their development of training and provision of technical assistance, given the disparities in outcomes by race.

KCSDV staff members shared they want to continue to grow addressing health equity. **“Things evolve. We’re not going to be stagnant as an organization.”**

KCSDV staff additionally share a desire to **diversify their staff**. They are working to ensure that KCSDV is a place where diverse populations want to work. They are currently engaging in training from a DEI consultant and seek to be mindful of learning from historically marginalized communities as they work to implement a plan for diversifying their workforce.

Selecting and Adapting Prevention Strategies

Selecting and adapting prevention strategies for intervention may be an area for future technical assistance.

One staff member shared, “Staff overall bring unique perspectives and skillsets from different experiences, education, and training, but I would say there is room for improvement. Outside of a few positions that are specifically dedicated to survivors who are experiencing houselessness or survivors with disabilities or the MAVIS [maternal anti-violence] project position, outside of those areas, **I don’t know that it is necessarily operationalized that we are thinking of [selecting and adapting prevention strategies for marginalized populations]**, or those things are at the center of our work.”

Primary Prevention Training and Technical Assistance (T/TA)

Stakeholders speak positively about KCSDV’s ongoing training and technical assistance to the state and to the member programs. They help partners navigate unique situations and provide resources and connections. KCSDV hosts an annual prevention summit/conference that invites speakers and organizations from diverse backgrounds. They also provide webinars and recorded trainings via their

website. KCSDV consistently seeks training feedback for ways to improve. Overall, KCSDV is perceived as competent and supportive in providing training and technical assistance.

“[Trainings] have shared...protective factors and finding different approaches with sexual violence prevention and how it can be impacted by other areas/social determinates of health.”

“They have a prevention summit each year...It is great. Their speakers are dynamic. The topics are always very timely. Keep doing it!”

“They have [helpful resources] dedicated to domestic violence and sexual violence.”

“Trainings offered are spectacular”

Another stakeholder shared that a strength of KCSDV was: “Providing ‘101’ type trainings for newer advocates or those not in the field.”

Although the majority of training may not currently have the explicit focus of primary prevention, trainings do often cover topics of primary prevention such as universal education, racism, and disparately impacted populations.

KCSDV has plans to provide equity training for board members. Staff shared that, “It is important structurally for the board members to get educated about the intersections of racism and sexism and ageism (all the -isms), and how they need to be educated on that in order to be good supporters of the organization.”

Going forward, it is likely KCSDV will strengthen its primary prevention training resources for partners as it seeks to strengthen capacity in Kansas.

Evidence-based Prevention Programs Knowledge

Evidence-based prevention programs are incorporated into curriculum KCSDV staff share with those doing direct work (e.g., child welfare, teen dating, trauma-informed and strengths-based resources). KCSDV also collaborated with Jana’s Campaign to secure funding to implement evidence-based teen dating violence prevention in rural schools statewide.

Stakeholders who had feedback in this area say that KCSDV staff are very knowledgeable and helpful.

“The people I have been in contact with at KCSDV are aware of the prevention initiatives and...able to answer questions if I have them.”

“They all seem very knowledgeable. And even when they don't know the answer, they'll either direct you to somebody in KCSDV who would know the answer, or they'll team up with each other to try to come up with the answer, or they'll send it out to the listserv.”

Growing knowledge in evidence-based prevention programs and strategies will continue to be an area of expansion with the new acquisition of CDC funding for primary prevention.

Partner Development Knowledge

KCSDV has skills for partnering with diverse individuals, groups, and organizations (details about partnerships in the Collaboration & Partnerships section).

Some partners reported some historical barriers to partnership development. “[Our organization] is in partnership with KCSDV currently...[However], up until the current Director, we had no collaborative efforts, not because [our organization] didn’t want to; the opportunity wasn’t available. But things are going in a better direction now.”

Stakeholders also shared there have been debates about whether they should bring in law enforcement and other systems that have been historically oppressive. “There was this real divide in the coalition and field as a whole in terms of partnerships - really questioning partnerships with law enforcement and partnerships with other systems that have been historically oppressive, ‘should we really be partnering with people who are part of the problem’ kind of mentality. Then there are also people who will were more thinking ‘how can you change that system if you're not at the table?’”

Stakeholders report with new leadership, open communication, and opportunities, stakeholders are confident that the current state of KCSDV’s partner development is positive.



KCSDV Executive Director Michelle McCormick shakes Governor Laura Kelly’s hand.

“They are good at developing partners. I’ve seen them work through the state-level action planning, facilitating conversations, draw on partners for hosting summits, and draw on partners for serving survivors in rural areas. I have seen their staff present at different conferences; they are very knowledgeable.”

“KCSDV always works in partnership. That’s one of the things that makes them such a strong organization. They know they can’t do the work by themselves. They always reach out to build partnerships, not just through their own circle, but they also reach out to the other supporting agencies – ‘Do you have partners that you can bring to the table? Who do you think is important?’”

Additional partnership activities have also included pursuing and obtaining projects and funding with collaborating agencies.

“They've always been pretty open and receptive to any type of ideas of partnership work that we can do together.”

“[The current director] has a good handle [on the importance of partnerships. That leadership really shapes what the priorities are for the Coalition. I trust that that’s important [going forward].”

Stakeholders also appreciate transparency. “We have been able to grow our partnership and while they are good about working with me to develop our partnership, they have been honest with me as well at times when they don’t have the capacity to commit to me time. That’s good because they are not overpromising.”

One KCSDV staff member reflected, “Can we learn more? Absolutely. Collaboration is not only project-focused but is definitely something we practice as well as educate our member programs so they can do it as a community level.”

KCSDV staff highlighted some areas for growth: engaging culturally-specific and grassroots organizations. They shared that, “Our field very much got aligned historically with the criminal legal system. [We are] interested in shifting so resources are going in different directions as well. Housing, childcare access, food equity - areas that could really impact survivors’ wellbeing and lives.”

Data & Evaluation

Data Sources and Access

KCSDV publishes and shares data bidirectionally with partners, including for funding purposes and monitoring trends in the field. Data is also used to share with legislators and with the public.

KCSDV data sources to date include:

- Community presentation including direct communication with marginalized communities
- Centers for Disease Control and Prevention
- Data from member programs
- Internal assessments and data sources, including data about trainings and services provided
- Kansas Department of Health and Environment (KDHE)
- Kansas Community that Cares (CTC) Survey

KCSDV staff shared that there are barriers for them to access certain types of data, “I know KDHE has some data they are collecting, but I’m not sure I am as comfortable being able to pull those right up and have access to those.” From KCSDV’s engagement with marginalized communities, they shared, “People with disabilities - violence against them is always at the national level and not at the state level. Most of that could be because of the lack of resources to attain the data. People are talking because we’re not being believed. It’s an extra layer for people with disabilities because they’re already perceived by society as less credible and are believed even more so than violence. National stats show people with disabilities are one of the highest targeted groups. We need to find a way to make Kansas statistics achievable for us.”

Stakeholders shared, “We would send our quarterly reports and they would publish that info and use that to inform gaps and needs within the state and use that to advocate for funding at the state and national level. [They also] kept us up to date on what was going on.”

Partners additionally shared that the data KCSDV provides at quarterly collaboration meetings is helpful.

KCSDV staff shared it would be helpful to identify additional available data to inform their efforts, and how to access and share that data more easily.

Data-Driven Decision Making

KCSDV staff shared, “We would like to [use data to drive decisions about priorities, resources, and staffing]. It’s a challenge given the data we have accessible to us. We’ve been limited to evaluating our own program by training evaluations...but I’m not sure we have other data available.”

Should KCSDV be funded for implementation, CDC resources will provide additional support for monitoring and evaluation, including support identifying available data and collecting data to support data-driven decision making.

Data Adequacy

KCSDV staff shared that they do not have access to sufficient data on the state level. “The data I’m using is national data. **I think we have a lack of state level data. We have a lack of data about shared risk and protective factors.** I was working on KDHE suicide prevention initiative. **There is a gap in knowledge.** There was a report that came out nationally but can’t tell in Kansas. [We are] much more aware of CDC’s resources.”

KCSDV had a Data-driven Advocacy Specialist position open for an extended time. This is a crucial role that will help enhance data collection, trend analysis, and reporting processes to better serve the population. In March 2024, this position was filled, which should be a step towards filling this gap.

Staff also shared that, “Having someone who knows how to analyze the data is challenging. That’s been true at KCSDV and member programs as well. We don’t typically get into this work or the data research side of it, we want to help the people and move the process forward. While staff do a fantastic job of trying to navigate the data system and help provide Band Aid fixes, trying to get somebody with that skill-set in place would be incredibly helpful.”

Relevant to having sufficient data on the needs and resources of populations served, how data was collected and whose responses were collected is also important. “[We need to think] about how white supremacy got built in those systems as well.”

Implementation Monitoring Processes

Partners shared that they are not familiar with KCSDV’s process for monitoring implementation and evaluation activities, **“I’m not aware of any formal evaluation efforts.”** “I don’t know that I’ve been involved in evaluation that KCSDV has done, other than when we’ve worked collaboratively to assess the state plan, basically.”

As the primary prevention processes for sexual violence get underway with new support, KCSDV will need to work with their evaluation partner to identify how implementation will be tracked and shared with stakeholders.



Making Adjustments from Data, Evaluation Results, and Feedback

Stakeholders shared that KCSDV tries to make prompt adjustment from feedback after training. “They always evaluate after trainings and even when we're at program counsel, they have us fill out surveys and want our feedback of how the training was for us and if we got what we gained from it, and how we can implement it into our work.”

KCSDV staff shared, "Considering the [sexual violence prevention] initiative is a project that is not yet funded or started, we have not created the processes for data collection or evaluation of the data. However, KCSDV collects some data on our agency (as a whole) that may be useful to consider."

"We are in the process of hiring someone to focus on the data. Currently this is not one person's responsibility. **Data is currently being used to report to funders but not to improve interventions.**"

"When gathering feedback, KCSDV faces competing needs, with a primary focus on satisfying funder requirements. This emphasis on meeting funder expectations may influence the prioritization and nature of feedback collection efforts. Factors such as the timing of funding cycles, reporting deadlines, and specific metrics required by funders can impact the feedback-gathering process. Additionally, KCSDV must balance funder requirements with the need to collect feedback that is meaningful and relevant to its mission and stakeholders. This may involve identifying ways to align funder expectations with broader organizational goals and priorities, **ensuring that feedback collection serves both external reporting needs and internal learning and improvement objectives.**"

Additional funding from the CDC will enable resources for evaluation supports focused on using data for making adjustments from the data, how to use evaluation results, and sharing with stakeholders.

Use of Staff Time for Evaluation

Some KCSDV staff time has been used for some evaluation of programmatic efforts.

One stakeholder shared that, “We did use data for evaluation and decision-making from the local level to the state level. That was a pretty big thing that was worked on for a good 5 to 10 years, really focusing in on collecting the data, analyzing the data. There are probably areas of improvement, there always are, but nobody was paid to collect it. It's hard.”

With the new CDC funding going forward, it will be helpful to include staff time for monitoring implementation of primary prevention efforts.

Collaboration & Partnerships

Collaboration Activities with Health Department

In recent years, KCSDV and the Kansas Department of Health and Development (KDHE) have developed a strong working relationship. While they have partnered for many years, their partnership has strengthened with the new executive director. Within KDHE's Division of Injury and Prevention, KCSDV and KDHE staff collaborate on the Sexual Violence Prevention and Education program, the Essentials for Childhood initiative (including membership in Kansas Power of the Positive), and the

Advisory Council for Zero Suicide. KCSDV also works with KDHE's Bureau of Family Health, including a strong collaborative for MAVIS, a maternal anti-violence program. However, one stakeholder cautioned that since KDHE has had the funding all along and the Coalition is just now receiving the funding, they need to determine how their working relationship will be structured so there will be "a meaningful partnership where they could pool resources and really make some advancement for Kansas."

Within the Sexual Violence Prevention and Education program, KCSDV and KDHE partner on the Kansas Comprehensive Plan to Prevent Sexual and Domestic Violence. This has been a years-long partnership, and they are getting ready to jointly convene stakeholders to update this comprehensive plan for the next five years.

KDHE staff share they look forward to exploring how they might grow even more opportunities for partnership, for example within additional injury and violence prevention programs.

Relationships with Community Leaders and Collaboration with Community Groups

Stakeholders identified strong relationships KCSDV has built with community and organizational leaders through training and working with stakeholders such as medical professionals including hospitals, emergency departments, and birthing facilities, law enforcement; the disability community; tribal community leaders; the criminal justice system, and historically marginalized groups such as the LGBTQIA+ community.

They have statewide relationships with a number of organizations and groups, including the Kansas Housing Resources Corporation (KHRA), Kansas Emergency Rental Assistance (KERA), Kansas Department of Health and Environment (KDHE), Kansas Department of Corrections (KDOC), Law enforcement groups within the state, within the Capitol, Kansas Bureau of Investigation, Kansas Governor's Grant's Office, Attorney General's office, Self-Advocate Coalition of Kansas (SACK), and hope to continue to grow their relationships. KCSDV additionally co-chairs the Kansas Sexual Assault Response Advisory Committee (K-SARAC). They conduct awareness activities and collaborate with entities statewide especially sexual assault awareness month in April and child abuse prevention month.

Community partners share KCSDV lets them take the lead in their work with authentic engagement and consider them equal partners.

"KCSDV made us [Self Advocate Coalition of Kansas] a central partner with advocates and equal partners. This relationship further impacted federal grant funding and we were able to come up with very authentic documents."

There can also be some limitations to building relationships with community leaders. For example, there are logistical and capacity challenges with being involved in all rural communities. One stakeholder shared, "Would, having KCSDV personnel physically visiting our agencies from time to time be possible?"

Some rural stakeholders shared that when trainings are offered by those not "born and raised in these parts," locals can sometimes reject outsider language, and it can be challenging for the local providers to adapt prevention language in ways that make sense to the local rural residents.

Another partner shared, "Historically, the coalition has been a good resource and also good force within the state of Kansas. I'm interested to see how that transition looks after the leadership has changed...I

expect that quality of services and resources will continue. Just our perspective of working with tribes, it's a little bit challenging, especially when it's an outside organization. So, for us, in our coalition, being able to support the work that KCSDV does, but then also be an ally in that effort. We see value in when it comes to how to best impact our tribes and our survivors within our tribal communities.”

Stakeholders identified some successful collaborations to address sexual violence prevention and/or advance health equity with community groups. Several mentioned KCSDV’s accomplishments in the SAKI project (The Sexual Assault Kit Initiative), a program that connect victims to advocates and needed services, help bring perpetrators to justice, and increase safety in communities by preventing future sexual assaults. They have also worked to integrate sexual violence prevention into other advisory groups to broaden the conversation. KCSDV also works with tribes to amplify voices that have too often not been heard.

Future Directions and Opportunities for Collaboration

The following emerged from conversations with stakeholders as recommendations for the future:

- Intentionally include those experiencing the issues, as well as historically marginalized communities
- Continue to broaden growth of cross-issue community-based partnerships
- Look to expand reach outside of eastern Kansas
- Provide connections for partners to build relationships and help others network
- Elicit feedback from, listen to, and partner with member programs



Recommendations for Engaging Other Stakeholders

Stakeholders shared invaluable insights for broadening partnerships and engaging others. Their recommendations follow.

“Survivors need to be at the forefront of every movement.”

“Support efforts that directly affect the most vulnerable population, Indigenous Women.”

“4H [club] is huge in rural communities. Empowers girls to be leaders. Perhaps a strategy incorporates SVP into those efforts.”

“Working together across anti-oppression groups”

“Disability rights organizations, more organizations focused around helping people of color, LGBTQ organizations.”

“Military communities...It is abnormal for a spouse to speak out. [We must provide more support to deployed families.]”

“I would encourage them to consider nontraditional partners. That may be taking them outside of their comfort zone, but when we look at a shared risk and protective factor approach -- housing, food instability--those can be some really great partnerships.”

“It’s really important because of the challenges we see in our local areas, it starts at the top - judges, Chief of Police, sheriffs, those individuals in those communities that are at the top of their field and really getting them invested in this...that really sets the tone of how successful it can be within each community.”

“SARTs as well as coordinated community responses. All the key stakeholders...on those types of committees that work together. Identify those that may have been left out and bring them to the table.”

“Might want to look at partnering with the University, for example, as a DEI consultant.”

“Getting the legislature on board is something that really has to be a focus for Kansas. They need to buy into that because you're going to be setting the policy, the funding, the tone. The partners are different for planning, assessing, and getting the conversations going versus implementation...If it's really about state statewide primary prevention changes around sexual violence, it's having to be broken down into different phases with different partners at each phase.”

“Speaking to survivors directly. No one knows the needs of survivors better than survivors. DVSA programs, SANE/SARTS, any minority, underserved population agencies that work directly with those populations, disability rights centers.”

“Survivor-led initiatives, and incorporating survivor voices in media, print, discussions, and leadership opportunities.”

“Let’s start talking to some youth...What do they want to see?...What would capture their imagination?”

“Moving toward shared risk and protective factor approach and yet making sure we are still in our lane is difficult. Businesses could also be good partners. KCSDV has agreed to be a mentor/ resource for businesses who want to develop DV policies for their employees.”

“I would like to see more trainings provided for those whose first language is Spanish... Providing a training/ gathering of statewide Latinx Advocates would be encouraging and empowering to these individuals. As a seasoned Latin advocate, it was very eye opening to attend trainings that were culturally specific(.)”

“Develop partnership and continue partnerships with agencies that do prevention not only for SV, but suicide prevention, drug and alcohol prevention, and other social issues. Identify some of the adverse health outcomes/adverse health behaviors from experiencing trauma and make sure that it’s done across the state and not just eastern side.”

“Listen to your programs from across the state because they're there on the ground doing the work and they're the ones seeing the challenges within their local communities and the barriers that we face.”

“I feel like it would be helpful for KCSDV to focus a lot more on rural communities and prevention in those communities.

“At some point, they're going to have to hear from their members - challenges, gaps and needs - and partner with them through this.”



Barriers and Recommendations

Stakeholders and KCSDV staff identified potential barriers KCSDV may encounter when implementing primary prevention strategies or promoting health equity.

Some potential barriers include:

- Funding sustainability and flexibility for primary prevention
- Capacity to do the work (e.g., staff time and consistency)
- Resistance to directing resources upstream to primary prevention
- Resistance to equity/ DEI language
- Education requirement barrier for hiring staff from different cultural backgrounds
- Building trusting relationships with historically marginalized groups (e.g., tribal communities)
- Cultural norms and broader social context (e.g., political climate in Kansas, resistance from society as a whole)

KCSDV staff identified a critical factor in prevention work, “A lot of people in the field don’t understand what primary prevention is. It’s so steeped in public health language that’s not very accessible to people. I think a lot of focus has been on awareness activities or doing things in schools, because that’s what has been available to people. It gets lumped on top of everything they are already doing, and they are stretched beyond capacity. Lack of resources; a lot of people need some foundational, baseline training about what primary prevention is.”

“Number one is plain language. Sometimes, not everybody has that education or is in the environment that uses that language. Plain language or breaking it down. Being in connection with different entities in the community, getting it out there.”

Stakeholders shared that the broader social environment and political climate play a role in the external challenges that KCSDV are facing, “We live in Kansas. That's a big enough barrier...A lot of the work that we do can be politicized.” “If they encounter barriers, it's going to be the same barriers that we all face as a society... There's a lot of resistance from society as a whole. After the ‘Me Too’ movement, that mentality still exists of victim blaming such as the clothes they were wearing, they shouldn’t have been out at night ‘dressed like that,’ drunk at the party, etc. Although we've gotten better at it in society, it still exists, particularly in a lot of rural areas in Kansas. That mentality definitely is still front and center.”

Another partner shared, “In the state of Kansas, equity is a hot topic word now, so...I think the climate we live in right now, the words we choose are important. Because if people can’t get past the word, the values we’re putting on the words when we say ‘health equity,’ there’s a group of people who go, ‘oh, equity,’ you know, they connect it with DEI and say, ‘well, we don’t need that.’ So, I think we have to find a way we can talk about it in a language that is not polarizing but still is expressing the importance of equity. I can’t believe that we are fighting over that stuff still. But here we are.”

Another potential barrier noted was continued funding. “The most successful (strategies) will be the outer layers of the social ecology such as the public policy work. The challenges are going to be the funding gaps...the capacity has to be there as well. We have grants that don't allow us to do primary prevention so we can't send advocates to a training on primary prevention, for example.” Related to funding is staff capacity. Another stakeholder shared, “Capacity might be one. Consistency of staffing to build a good program. That’s something we all worry about. They have the skills, they have the knowledge. I’m not worried about that. It’s more the external environment they can’t control.”

“I’m not sure if these assessment calls are happening with all programs or just a few, but at some point, they are going to have to hear from their programs’ challenges, gaps, needs, and they are going to have to hear from their members and partner with and through this. Because there are always things at the local level you’re not thinking about. There are barriers you’re not thinking about. Like the fact we can’t send people to train. That feedback has to get to the Coalition. I know that they’re aware of that. But those kinds of little things that you may not be aware of are there for the local level. I think at some point they are going to have to have that conversation in a bigger way with all the programs – ‘Where are we at? Where do we want to be? How do we want to get there?’ Because it is going to take everybody, I think, especially if there are policy initiatives or funding initiatives, because those are worked on as a group, because it’s not just the Coalition on its own, usually.”

“It’s by design that primary prevention hasn’t been at the forefront of this work. Not because of the coalition but because of greater power structures. If we think of gender-based violence as caused by coercive power, if the structures and institutions are wanting to give money to prevention efforts, then that is against their best interests. It behooves us as people who recognize that anti-oppression work is bound up with the work of gender-based violence, push back against that as much as possible.”

A KCSDV staff member from underrepresented cultural background shared that, “Hiring people from different cultures. Having education requirements is a barrier, we need to focus if they have the experience, the ability to communicate, the ability to get down and talk with somebody so that the community knows that they have an actual place to go where there are going to be people who understand their culture or where they are at and how they communicate with each other. It is intimidating to go into a place filled with Caucasian people.”

The partner focus group shared additional insights: “We are not going far enough upstream. We are still talking about after primary prevention.” “Working with children, involving men in shared liberation. Getting men on board.”



Recommendations for Advancing Primary Prevention

Stakeholders identified some potential action steps and strategies to advance primary prevention:

- Seek feedback from member programs and others “on the ground” about needs and challenges
- Support local programs in the shift to primary prevention
- Find common goals and partner with other prevention efforts such as additional KDHE injury and violence prevention programs and others
- Invest time in relationship and trust-building with diverse community partners, including with nontraditional partners, marginalized groups, and those experiencing disparities (e.g., tribal communities, communities of color, disability rights organizations, LGBTQ+ organizations)
- Protect staff time/ capacity for primary prevention
- Seek any needed support (e.g., consultation, training, technical assistance) around topics such as primary prevention, equity, and data and evaluation, including from TA providers as well as other states doing this work
- Hire people from diverse cultures; find a way to replace education barriers with experience

"To improve KCSDV's implementation of its processes, it's crucial to prioritize clear communication, stakeholder engagement, capacity building, resource allocation, flexibility, continuous evaluation, sustainability planning, and fostering a learning culture. By ensuring transparent communication, involving diverse stakeholders, investing in staff training, strategically allocating resources, remaining adaptable to change, implementing robust evaluation mechanisms, planning for sustainability, and promoting a culture of learning and improvement, KCSDV can enhance its ability to address sexual violence effectively and support survivors within Kansas communities."

Even when you have partners with different missions, start with, “Finding the common goals with sexual violence prevention and leading with that (e.g., ‘we both want a safe neighborhood.’)”

“Develop and continue partnerships with agencies that do prevention not only for SV, but suicide prevention, drug and alcohol prevention, and other social issues. Identify some of the adverse health outcomes/adverse health behaviors from experiencing trauma and make sure that it’s done across the state and not just the eastern side.”

“It’s always helpful to participate in training or seek consultation around equity or prevention-related activities. I think they would do that (get whatever training they need). Don’t be afraid to engage with a partner you might not normally engage with. Think outside the box of who you might want to engage. It takes a lot of relationship-building and trust-building in the community to do prevention work.”

“I hope KCSDV is willing and wanting to grow and to learn and to take chances on how best we can serve our communities and come up with different creative ideas to do so.”

“This is a good first step in reaching out to stakeholders who are actually in the field and working directly with survivors who are on the frontlines and would have the best experience and feedback to provide.”

“Just keep doing what you are doing. I like the direction that they are going. We do need to focus more on primary prevention. And how do we talk about primary prevention for all the audiences. There are audiences that are going to be driven by data. There are audiences that are going to be driven by the impact stories, then there are going to be audiences that are driven by the money savings...How do we talk about it in all of those terms with all of those different audiences?”

Appendix A: KCSDV Partner Survey

What are some of KCSDV's primary prevention strengths?

Do you have any feedback when it comes to KCSDV's resources for supporting primary prevention of sexual violence?

What primary prevention supports would be helpful? *(Multi-select)*

- Tools and resources
- Live webinars
- Online trainings (recorded/ asynchronous courses)
- In-person workshops
- All of the above
- Other: _____

What topics would you like to see? *(Multi-select)*

- Primary prevention 101
- Building community partnerships
- Addressing social determinants of health
- Information about best practices/ promising approaches from other communities
- Advocating for change
- Strategic planning
- Using equity-informed approaches
- Increasing community participation
- Cultural humility/ cultural competence
- Other: _____

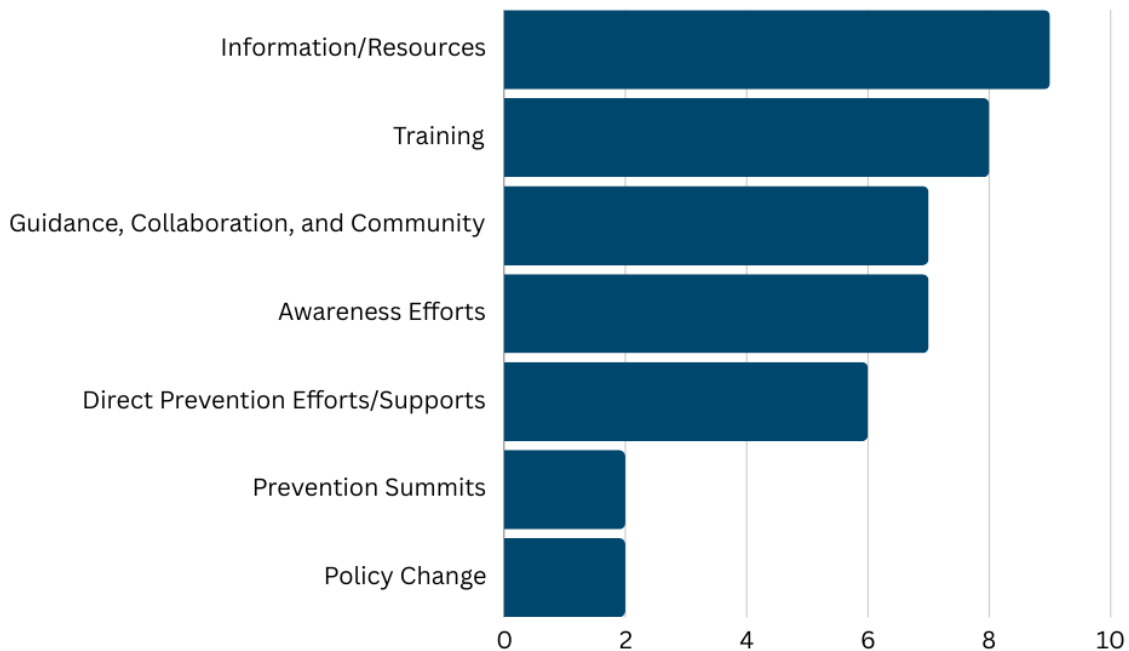
Do you have any other recommendations for KCSDV to advance support for primary prevention of sexual violence in Kansas?

Appendix B: Partner Survey Results

The partner survey was distributed to partners of KCSDV via email, eNewsletter, and social media. 35 respondents completed the survey. The results of the survey can be found below.

The graph below depicts a summary of themes that emerged from partners' views of the current primary prevention strengths of KCSDV.

What are some of KCSDV's primary prevention strengths?



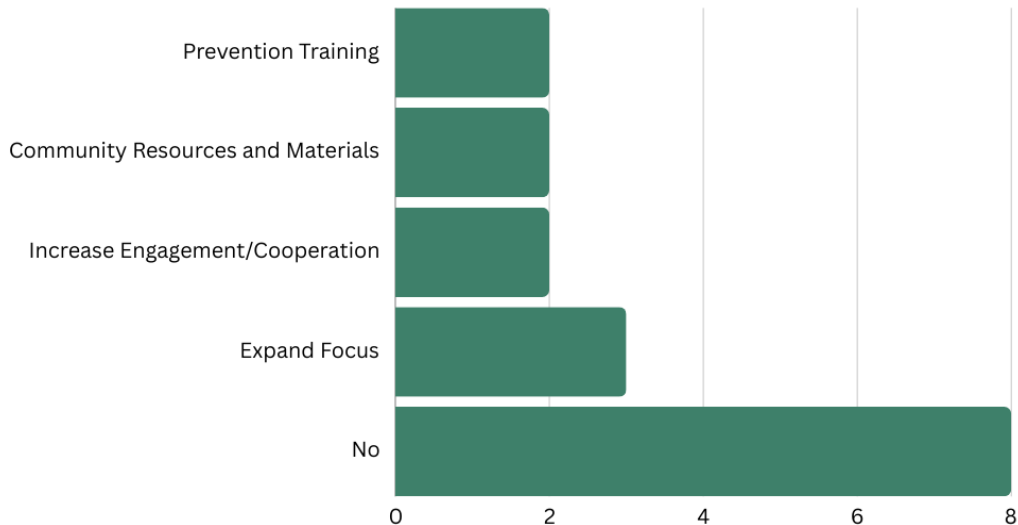
The responses below were given to the question, "What are some of KCSDV's primary prevention strengths?"

- "The breadth of knowledge and resources, the confidentiality guarantees, batterer intervention program connections."
- "Very informative and willing to partner at the drop of a hat."
- "KCSDV provides current information to DV/SA agencies and advocates. KCSDV provides training/education in person or online webinars to DV/SA advocates. KCSDV responds promptly by guiding advocates when questions and doubts arise."
- "(N)umber of educational opportunities, education for providers, victims and for perps"
- "Trainings"
- "Training Distribution of Information Literature Media exposure"
- "Trainings offered are spectacular"
- "Providing '101' type trainings for newer advocates or those not in the field."
- "Offering trainings on preventing sexual and domestic violence"
- "Some strengths are the training opportunities you provide."
- "Their mission is well thought out."

- “I feel like KCSDV is great at getting information out and supporting agencies that serve more urban communities than in the rural communities.”
- “KCSDV’s strengths are centered around working with professionals.”
- “Collaboration/Partnerships/Networking”
- “Risk factors, community awareness, support for client services”
- “Sexual & Domestic Violence prevention and education.”
- “Education Awareness Community Buy ins changing perceptions Criminal Accountability”
- “Education and awareness programs”
- “Education to agencies and the community.”
- “Talking about the issues, raising awareness about a range of prevention issues.”
- “KCSDV is aware of the need and that awareness is a strength to begin with. Primary prevention is ongoing work and there is always room for improvement.”
- “Preventing sexual violence before it starts. (P)romoting healthy relationship(s). (P)romoting equity involved identifying groups affected by violence”
- “(S)topping violence before it starts”
- “KCSDV has hosted several prevention summits/trainings over the past 10 years. Those have been really helpful! Additionally, KCSDV does a good job of connecting others, which is a protective factor.”
- “I’m not sure or aware of any efforts besides the Prevention Summit held in Nov 2023.”
- “Working with the legislature on creating, supporting, and collaborating to create laws that protect sexual assault victims in Kansas. Providing training to sexual assault agencies to better serve sexual assault victims Supporting sexual assault agencies as a partner on policies, staffing, etc.”
- “Advocacy at the state Capitol is great but could incorporate more survivor focused work and including survivors at the table, especially with public policy, and advocacy work. Survivors need to be at the forefront of every movement.”

The graph below depicts a summary of themes that emerged regarding feedback on KCSDV’s resources for supporting primary prevention of sexual violence.

Do you have any feedback when it comes to KCSDV's resources for supporting primary prevention of sexual violence?



Below are responses given to the question, “Do you have any feedback when it comes to KCSDV’s resources for supporting primary prevention of sexual violence?”

- “Providing training on primary prevention would be helpful. There are a lot of resources for providing victim services, but not as many for primary prevention. I would love to see a prevention 101 training offered in-person or virtual.”
- “Need more ‘in-depth’ trainings or advance trainings for those who have been in the field a while.”
- “Trainings for interaction/exposure are great resources.”
- “It would be helpful if law enforcement and courts, specifically in Greenwood County, took complaints of DV, harassment, and stalking more seriously the first time these things occur. Perhaps a training for these entities would be helpful.”
- “Community resources, printing materials, and suggestions offered by KCSDV to our DV/SA agencies are always current and useful. A good example of these is the Hispanic/Latino kit, which is very well thought and organized to equip advocates to keep serving and sharing with our Latinx community as a way to contribute to the prevention of DV and sexual violence.”
- “I would like to see more primary prevention resources for all ages and all levels within communities.”
- “More engagement!”
- “Partner Agencies should work better with each other.”
- “I think that KCSDV needs to be circulated at the community and individual levels more. I think that there could be a better understanding of exactly what services are available both to individuals and professionals.”
- “(C)ontinue to provide education and preventative classes for both victims and perpetrators/ potential perps educate on what begins as sexual violence- in the early stages”

- “I perceive KCSDV focus on sexual violence education, prevention and support has historically been secondary to domestic violence this would be a great opportunity to increase resources to focus on sexual violence.”
- “I feel like it would be helpful for KCSDV to focus a lot more on rural communities and prevention in those communities. I also believe there should be more education available for sexual assault. It often seems the primary focus is on domestic violence.”
- “I would like to have suggestions and ideas on how to spread awareness in rural Kansas.”

When asked which primary prevention supports would be helpful and given choices between “tools and resources,” “live webinars,” “online trainings,” and “in-person workshops,” most respondents chose “all of the above.”

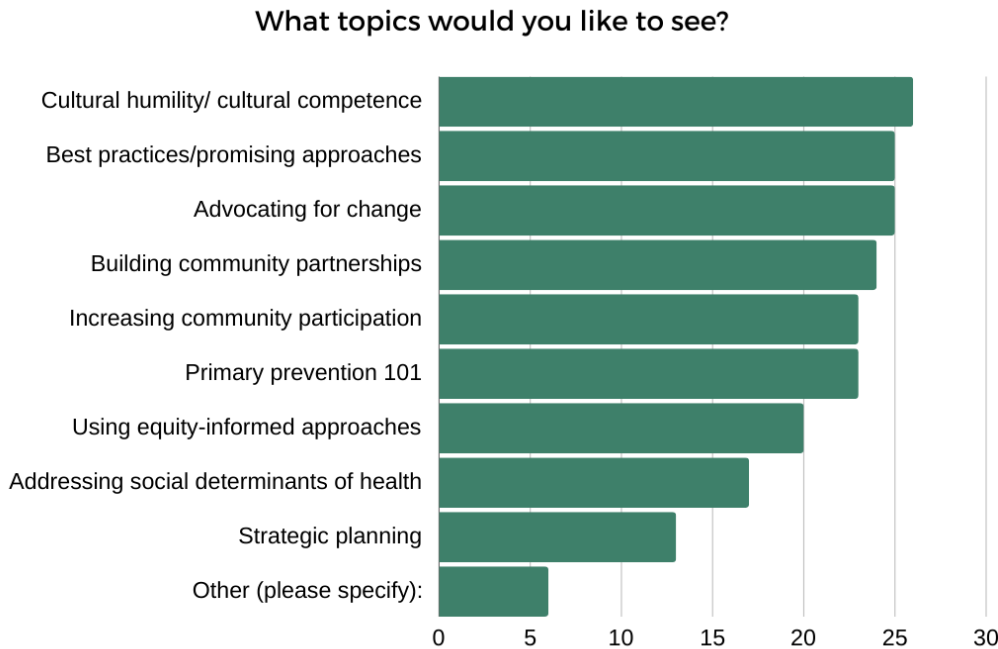
What Primary Prevention Supports Would Be Helpful?



For “Other,” the below responses were given related to this question:

- “I would like to see more trainings provided for those whose first language is Spanish... Providing a training/ gathering of statewide Latinx Advocates would be encouraging and empowering to these individuals. As a seasoned Latin advocate, it was very eye opening to attend trainings that were culturally specific(.)”
- “Survivor led initiatives, and incorporating survivor voices in media, print, discussions, and leadership opportunities.”

The graph below depicts respondents' ratings to a list of training topics they would like to see.

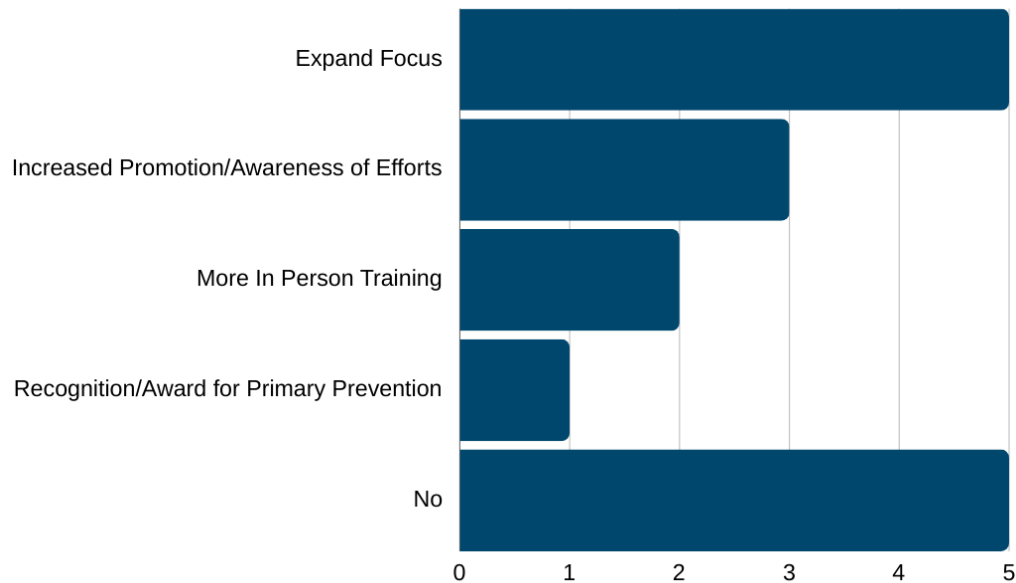


For “Other, please specify” the additional responses were provided:

- “How to fundraise for and sustain primary prevention services.”
- “Self-care”
- “Training specific to the courts and law enforcement”
- “Focusing on prevention with behavioral training for elementary age students, on how to treat others, what to do if they see something or experience something, or someone tells them something happened.”
- “LGBTQ, intersectionality of domestic, gun and sexual violence and how they can all relate together. More discussions about the risk of HIV/STD transmission.”

The graph below summarizes themes of participants' recommendations for advancing support for primary prevention of sexual violence in Kansas.

Do you have any other recommendations for KCSDV to advance support for primary prevention of sexual violence in Kansas?



Recommendations for KCSDV to advance support for primary prevention of sexual violence:

- “Present programs in the schools”
- “To support efforts that directly affect the most vulnerable population, Indigenous Women.”
- “Change KCSDVs interpretation on the role of mandatory reporting of children who are abused or witness abuse. Research is very clear that abuse and witnessing abuse negatively impacts children, stop being part of the problem.”
- “I think Southwest Kansas could use more support for the advocates.”
- “(S)tart early education in the high schools!”
- “Ensure the military community has information for program trainings, etc.”
- “I think the silent witness was very eye opening for me I think it should be shared more...”
- “KCSDV is an incredible organization that is staffed with caring professionals. I think that more Kansans need to know about the incredible work that KCSDV does.”
- “Talk about it more”
- “More training for prosecutors, related to harassment, stalking, online stalking and jurisdiction, and training specific to the courts and law enforcement”
- “Avoid online trainings, not beneficial.”
- “Would, having KCSDV personnel physically visiting our agencies from time to time be possible? :)”
- “KCSDV has previously recognized victim service professionals over the years, and it would be nice if there was an award recognizing someone for doing primary prevention of sexual violence as well.”

Appendix C: Assessment of Best Processes for Change

Another assessment method implemented was of best processes for change and improvement.

The Institute of Medicine's (IOM) report on *The Future of Public Health in the 21st Century* offers a comprehensive framework for collaborative action. The figure below displays an adapted version of this framework, which includes five phases in this iterative process (see A–E), along with 12 associated development processes or “best processes for change.” These five phases illustrate a path (and iterative cycle) toward improvement: a) Assessing, prioritizing, and planning; b) Implementing targeted action; c) Changing conditions and systems; d) Achieving widespread change in behavior; and e) Improving population health and development.



FIGURE: Framework for Community Change and Improvement, and Associated Development Processes. Adapted from the “Framework for collaborative public health action,” as cited in *The Future of the Public’s Health in the 21st century*.

An overview, evidence base, and recommendations for practice for these 12 processes associated with promoting development are outlined in the Community Tool Box “Best Change Processes” (available at <https://ctb.ku.edu/en/best-change-processes>).

Assessments of the implementation of these 12 processes have been developed, field tested, and refined for more than 20 years by the University of Kansas Center for Community Health and Development and partners. Results from these assessments guide reflection and prioritization for targeted action, training, and technical assistance.

Three core staff from the Kansas Coalition Against Sexual & Domestic Violence (KCSDV) completed the best process assessments. They answered each question based upon their knowledge and experience with the organization, however some respondents answered the questions more regarding the state of implementation of KCSDV’s primary prevention efforts. Individual assessments were not associated with single respondents.

Best Processes for Change: Summary of Level of Implementation and Importance Ratings

The table below provides a summary of staff ratings of the level of implementation (on a scale of 1 to 5) and importance (on a scale of 1 to 5).

Best Process	Level of implementation (Scale 1 to 5)	Importance (Scale 1 to 5)
1: Analyzing Information about the Problem	2.7	4.7
2: Establishing a Vision and Mission	3	5
3: Developing an Organizational Structure	3	5
4: Developing a Logic Model	2.4	3.4
5: Developing a Strategic Plan	2.4	4
6: Arranging for Community Mobilization	1.7	3.7
7: Developing Leadership	2.7	4
8: Implementing Effective Interventions	1.7	4.4
9: Assuring Technical Assistance	2.7	3
10: Documenting Progress and Using Feedback	1.4	3
11: Making Outcomes Matter	1	3
12: Sustaining the Work	2	4

Highlights of participant reflections from these assessments are below.

Best Process 1: Analyzing Information about the Problem

When asked to identify factors or considerations that might affect the group’s implementation of this process (e.g., the group’s stage of development, timing, other demands, available resources), the following responses were submitted:

- "I think we've done well considering that we are still in the early stages of the project. With additional funding and a longer grant cycle, we will be able to dive deeper into this work."
- "Our organization is statewide and so the ‘community’ is quite different than the questions reflected above. The implementation of our primary prevention of sexual violence project for all of Kansas through our organization is in the capacity building phase. Though we have years of input and information from victims and survivors who also are members of the ‘community,’ both through input from the programs and also the survivors who are on staff, we have not formalized that data collection due to the resources needed to do this."
- "Factors such as KCSDV's stage of development, timing aligned with external factors like funding cycles, other demands on resources, and the availability of financial, human, and technological resources, all influence the implementation of its processes. Moreover, community engagement, organizational culture, staff capacity, and the establishment of evaluation

mechanisms play critical roles. Addressing these factors will enable KCSDV to anticipate challenges and capitalize on opportunities, ensuring the effective implementation of its processes in addressing sexual violence within Kansas communities."

When asked for comments/recommendations to improve the group's implementation of this process, the following response was submitted:

- "To improve KCSDV's implementation of its processes, it's crucial to prioritize clear communication, stakeholder engagement, capacity building, resource allocation, flexibility, continuous evaluation, sustainability planning, and fostering a learning culture. By ensuring transparent communication, involving diverse stakeholders, investing in staff training, strategically allocating resources, remaining adaptable to change, implementing robust evaluation mechanisms, planning for sustainability, and promoting a culture of learning and improvement, KCSDV can enhance its ability to address sexual violence effectively and support survivors within Kansas communities."

Best Process 2: Establishing a Vision and Mission

When asked to identify factors or considerations that might affect the group's implementation of this process (e.g., the group's stage of development, timing, other demands, available resources), the following responses were submitted:

- "KCSDV has a strategic framework that was developed in 2019 and includes a vision and mission statement. We are planning to make updates to the framework in the near future."
- "KCSDV adopted a strategic framework in 2019 that created the vision and mission for the organization and outlines the activities that are implemented to accomplish these goals. However, in Feb. 2024 the staff is starting the process to update this strategic framework. The RPE primary prevention project does not yet have a mission/vision statement as our organization is in this process to assess our capacity for a larger project in this area of practice."
- "KCSDV's implementation of its mission statement without a vision statement creates a need for clarity in direction. Implementing this could be impacted by the ongoing brand refresh process."

When asked for comments/recommendations to improve the group's implementation of this process, the following response was submitted:

- "Staff were not given a lot of input into the vision and mission statement- this was mostly a process completed by the Board. We do not refer frequently to the vision and mission statements."

Best Process 3: Developing an Organizational Structure

When asked to identify factors or considerations that might affect the group's implementation of this process (e.g., the group's stage of development, timing, other demands, available resources), the following responses were submitted:

- "Just a note that we don't generally utilize volunteers, other than board members. We are also navigating the fact that our Finance Director will be retiring in April."
- "Within the last year the organization has a new Executive Director and so all of the processes and procedures are being evaluated for the need to be updated. Additionally, the only volunteers that are used at KCSDV are the Board of Directors, so all of the above questions regarding volunteers are specific to the Board."

When asked for comments/recommendations to improve the group's implementation of this process, the following responses were submitted:

- "We are working on building/enhancing a number of our processes currently, including our evaluation process, financial procedures, supervision process, etc."
- "To improve KCSDV's organizational structure and operating mechanisms without overwhelming the organization, it's essential to prioritize changes, break them down into manageable steps, and focus on areas that will have the most significant impact. By taking a phased approach, addressing one or a few key areas at a time, KCSDV can ensure that changes are implemented effectively and sustainably, without stretching resources too thin. This approach allows the organization to build momentum and demonstrate progress while minimizing the risk of burnout or setbacks."

Best Process 4: Developing a Logic Model

When asked to identify factors or considerations that might affect the group's implementation of this process (e.g., the group's stage of development, timing, other demands, available resources), the following responses were submitted:

- "KCSDV does not have a logic model but does utilize a strategic framework. The framework was last updated in 2022 and we are starting the process to update it in Feb. 2024."
- "KCSDV does not have a logic model but does have a strategic framework that was developed in 2019. The framework technically expired in 2022, but the Board voted to extend it. KCSDV staff had limited input in the first round of the framework, but we will be looking at it internally and discussing updates at our next staff meeting."
- "We have a strategic framework, and we are we are in the beginning stages of evaluating it. The goal is to reflect on the framework, consider changes/updates to the framework, consider ways to better use the framework and make this a flexible/adaptable but guiding tool for us to use more actively."

There is not yet a logic model for KCSDV's primary prevention of sexual violence efforts.

Best Process 5: Developing a Strategic Plan

When asked to identify factors or considerations that might affect the group's implementation of this process (e.g., the group's stage of development, timing, other demands, available resources), the following response was submitted:

- "We are just starting the process of reviewing the framework it is not currently a guiding tool for us."

There is not yet a strategic plan for primary prevention efforts; that will be forthcoming.

Best Process 6: Arranging for Community Mobilization

When asked to identify factors or considerations that might affect the group's implementation of this process (e.g., the group's stage of development, timing, other demands, available resources), the following responses were submitted:

- "Our organization would need to secure funding for a position to serve as the community mobilizer for the primary prevention project, which we hope to do within this year with the CDC opportunity. The capacity assessment duties of the current RPE project are being handled by existing staff."

- "We are thinking of the 'community mobilizer' as a staff person that we would hire with continued funding under the RPE project. We recognize the importance of having a dedicated staff member fill this role as their primary responsibility but have not had the resources to do so yet."
- "All of us tasked with this role are new to our roles and have many additional commitments and responsibilities."

Due to the stage of development the project is in, no responses were submitted when asked for comments/recommendations to improve the group's implementation of this process.

Best Process 7: Developing Leadership

When asked to identify factors or considerations that might affect the group's implementation of this process (e.g., the group's stage of development, timing, other demands, available resources), the following response was submitted:

- "KCSVDV recently received a grant from the Kansas Leadership Center to send all staff through leadership training. We are also in the process of identifying additional professional development needs for staff. Onboarding has been consistently brought up as an area where we need to improve- we have assigned two directors to begin looking at how to improve this process."

Due to the stage of development the project is in, no responses were submitted when asked for comments/recommendations to improve the group's implementation of this process.

Best Process 8: Implementing Effective Interventions

When asked to identify factors or considerations that might affect the group's implementation of this process (e.g., the group's stage of development, timing, other demands, available resources), the following responses were submitted:

- "The implementation of the primary prevention project has not started yet, so even though many of these answers would be a "yes" for other projects in our organization, I answered "no" to many of these as the project has not yet been funded."
- "We are in the process of hiring someone to focus on the data. Currently this is not one person's responsibility. Data is currently being used to report to funders but not to improve interventions."

Due to the stage of development the project is in, no responses were submitted when asked for comments/recommendations to improve the group's implementation of this process.

Identification, development, and implementation of effective prevention strategies will be forthcoming.

Best Process 9: Assuring Technical Assistance

No responses were submitted when asked for factors/ considerations or comments/recommendations to improve the group's implementation of this process.

It is recommended that technical assistance for the primary prevention of sexual violence is assured.

Best Process 10: Documenting Progress and Using Feedback

When asked to identify factors or considerations that might affect the group's implementation of this process (e.g., the group's stage of development, timing, other demands, available resources), the following responses were submitted:

- "Again, considering the initiative is a project that is not yet funded or started, we have not created the processes for data collection or evaluation of the data. However, KCSDV collects some data on our agency (as a whole) that may be useful to consider."
- "When gathering feedback, KCSDV faces competing needs, with a primary focus on satisfying funder requirements. This emphasis on meeting funder expectations may influence the prioritization and nature of feedback collection efforts. Factors such as the timing of funding cycles, reporting deadlines, and specific metrics required by funders can impact the feedback-gathering process. Additionally, KCSDV must balance funder requirements with the need to collect feedback that is meaningful and relevant to its mission and stakeholders. This may involve identifying ways to align funder expectations with broader organizational goals and priorities, ensuring that feedback collection serves both external reporting needs and internal learning and improvement objectives."

Due to the stage of development the project is in, no responses were submitted when asked for comments/recommendations to improve the group's implementation of this process.

Development of a documentation and evaluation plan for the primary prevention of SV efforts will be critical.

Best Process 11: Making Outcomes Matter

When asked to identify factors or considerations that might affect the group's implementation of this process (e.g., the group's stage of development, timing, other demands, available resources), the following response was submitted:

- "Some of the data questions are difficult to answer because we are so early in the process of working on SV prevention."

When asked for comments/recommendations to improve the group's implementation of this process, the following response was submitted:

- "Balancing multiple demands while making outcomes matter for KCSDV poses a challenge. To address this, focusing on clear objectives, efficient data collection, stakeholder engagement, and transparent communication is vital. Despite the burden of competing tasks, prioritizing actions that align with funders while remaining mission-focused ensures effectiveness in addressing sexual violence and supporting survivors in Kansas communities."

Best Process 12: Sustaining the Work

Due to the stage of development the project is in, no responses were submitted when asked for factors/considerations or comments/recommendations to improve the group's implementation of this process.

Although it is early in the development of the primary prevention work, it is helpful to plan for sustainability from the beginning.

Appendix D: Focus Group Questions

Focus Group Questions

1. Can you tell me about KCSDV's relationships with community leaders?
2. What current partnerships help with advancing the primary prevention of sexual and domestic violence in Kansas (preventing violence before it starts)?
 - a. How are these partnerships meeting (or not meeting) the current and future primary prevention and health equity work needs?
3. What facilitates/ supports KCSDV primary prevention efforts?
 - a. What assets/ staff expertise are available?
 - i. Expertise in primary prevention?
 - ii. Health equity?
 - iii. Skill in selecting and adapting prevention strategies that reflect the needs of the population(s)?
 - b. What resources are available?
4. What barriers are there to furthering primary prevention efforts?
5. What helps support KCSDV in ensuring equity informs its efforts?
 - a. What data sources are used to identify populations and communities of focus?
6. Can you tell me about KCSDV technical assistance provision, and how well it helps you perform your work?
 - a. How well does it incorporate equity/ help you address equity in your efforts?
7. What do you most appreciate?
8. What recommendations do you have?

Appendix E: Key Informant Interview Questions

Staffing & Resources

Can you tell me anything about current staffing turnover within KCSDV?

Can you tell me about KCSDV's resources for sexual violence prevention?

Skills & Expertise

Can you tell me about KCSDV staffing for primary prevention? What about their experience engaging vulnerable or historically marginalized populations?

Does KCSDV provide primary prevention training and technical assistance? If so, do you have any feedback about this training? Does this training and technical assistance provided incorporate health equity? (Please explain.)

Are staff knowledgeable about prevention initiatives? (Please explain.)

Are staff knowledgeable about partnership development? (Please explain.)

Collaboration & Partnerships

(If from state health department.) Can you tell me about KCSDV's partnership with the state health department? Can you tell me about examples of previous collaboration activities?

Does KCSDV have a history of successful collaboration to address sexual violence prevention and/or advance health equity with community and organizational leaders? (Prompt for examples.)

Data & Evaluation

Does KCSDV use data to drive decisions about their efforts? (Please explain.)

Can you tell me about any KCSDV evaluation activities you are aware of related to the effectiveness of SV prevention strategies?

Barriers

What challenges or barriers, if any, do you anticipate KCSDV will encounter in implementing primary prevention strategies or promoting health equity?

Recommendations

Do you have any recommendations or suggested action steps for KCSDV as they seek to reduce inequities and advance primary prevention of sexual violence in Kansas?

Do you have any recommendations for additional stakeholders to engage in this work?

Is there anything else you would like to share with us?