



Sexual Violence Prevention and Education

State of Kansas

Five-Year Summary Report | February 1, 2019 – January 31, 2024

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This effort was funded by the Kansas Department of Health and Environment with Center for Disease Control and Prevention Rape Prevention and Education (1902) funds between 2/1/19 - 1/31/24. The University of Kansas Center for Community Health and Development supported capacity-building and participatory evaluation efforts.

Background and Introduction

Rape Prevention and Education Funding

The state of Kansas Department of Health and Environment received Rape Prevention and Education (1902) funds from the Center for Disease Control and Prevention between February 1, 2019 and January 31, 2024. A new five-year award was approved upon the completion of this grant period to continue the work. This report summarizes accomplishments of the 2019-2024 funding period and identifies opportunities for enhancing future primary prevention efforts.

State Planning Group

The Kansas Department of Health and Environment, in partnership with the Kansas Coalition Against Sexual and Domestic Violence (KCSDV), and with facilitation support from the University of Kansas Center for Community Health and Development, helped convene a planning group of careholders from across the state to develop the 2019-2024 Kansas Comprehensive Plan to Prevent Sexual and Domestic violence. The vision is “for all people in Kansas to lead a safe and healthy life, with communities free of sexual and domestic violence.” Using the Social-Ecological Model developed by the Center for Disease Control and Prevention (CDC), Kansas efforts primarily targeted interventions at community and societal levels.

The goals of the state plan included:

- 1) Decrease social norms that lead to oppression, including male superiority and sexual entitlement
- 2) Increase equity for people who experience gender-based oppression
- 3) Decrease unequal burden of risk factors for sexual and domestic violence
- 4) Increase efforts at the individual, relationship, community, and societal levels to prevent sexual and domestic violence before it occurs
- 5) Increase the capacity to monitor, evaluate, and improve primary prevention in a data-driven and evidence-based manner
- 6) Obtain resources to address prevention of sexual and domestic violence

Local Efforts

Using a competitive process informed by data (including sexual violence incidence data and the Social Vulnerability Index), subgrantee communities were awarded to three urban counties—Douglas, Johnson, and Wyandotte—and one rural county, Finney. Grantees adopted the CDC’s framework outlined in *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*. This framework emphasizes the interconnectedness of various forms of violence and advocates for moving upstream to address the risk and protective factors of violence, with the goal of preventing harm before it occurs.

Ongoing technical assistance and evaluation support were provided to funded communities by the Kansas Department of Health and Environment (KDHE) program officer and staff at the University of Kansas Center for Community Health and Development. There were also national technical assistance opportunities made available by the Centers for Disease Control and Prevention through ValorUS.

In Douglas County, the Sexual Trauma and Abuse Care Center in Lawrence partnered with LiveWell Douglas County to form a collaborative Sexual Violence Prevention (SVP) Work Group. By nourishing cross-sector partnerships and prioritizing strategies with broad community impact, this Work Group advanced sexual violence prevention efforts in Douglas County. Over the five-year funding period, they made significant strides in the areas of alcohol-related environmental supports and safe and affordable housing.

In Johnson County, Sexual Violence Prevention efforts were led by the local health department with contracted support from the Metropolitan Organization Countering Sexual Assault (MOCSA). Similar to the community-engaged initiatives in Lawrence, a Sexual Violence Prevention Work Group was established to conduct a comprehensive community assessment of risk and protective factors most affecting sexual violence in the county. This assessment used a community-engaged approach reviewing existing data, designing and disseminating a survey, and analyzing responses. From this data, the group prioritized efforts in the area of social connectedness and built environment improvements. The Work group engaged an interdisciplinary group of careholders, including representatives from local school districts, law enforcement, healthcare systems, Johnson County Corrections, mental health providers, rape crisis centers, Johnson County Developmental Services, the Kansas Department for Children and Families, and academic institutions to address social connectedness and make improvements to the built environment.

LiveWell Finney County also conducted a community-engaged health assessment to inform efforts and prepare for implementation of a community-determined strategic and action plan for the primary prevention of sexual violence. This assessment engaged local stakeholders in identifying and prioritizing key issues, including enhancing economic opportunities, improving youth well-being, fostering greater civic engagement and community connectedness, and growing leadership of women and refugees.

In Wyandotte County, efforts were led by the Metropolitan Organization Countering Sexual Assault (MOCSA) in close collaboration with the Unified Government Health Department. This partnership ensured alignment of strategies that also supported implementation of the community's health improvement plan. Wyandotte County's efforts included two active subcommittees: one focused on community prevention through environmental design (CPTED) and the other on social norms change.

“This is the space in which hope sits.”

COALITION PARTICIPANT

Methods

Each grantee community, as well as KDHE staff and the state planning group, used the Community Check Box Evaluation System to systematically document their implementation efforts. The Check Box is an online documentation and evaluation system developed by the University of Kansas Center for Community Health and Development to help community-based initiatives capture accomplishments, evaluate progress, make needed adjustments, and celebrate successes.

Accomplishments entered into the Community Check Box were coded and then further characterized to provide key information. A secondary scorer from the University of Kansas Center for Community Development offered quality assurance for the accomplishment coding by providing a second score and providing any needed training and technical assistance. The groups worked to achieve high levels of inter-observer agreement.

This report integrates and summarizes documentation between February 1, 2019, and January 31, 2024. Illustrative examples of accomplishments and their characterizations are included, as well as project performance measures and success stories.

Accomplishments

Members of the Kansas Sexual Violence Prevention initiatives documented 1,538 accomplishments during the 5-year reporting period, represented in Figure 1. These accomplishments are categorized in areas including community change, community action, development activities, service provided, and media (Figure 2). Table 1 provides code definitions and illustrative examples of types of accomplishments of the sexual violence prevention initiatives.

This report also provides an analysis of community accomplishments by characteristics such as behavioral change strategies used, accomplishment duration, socio-ecological level affected, key social determinants approach, objective addressed, specific community or population prioritized to be reached, STOP SV approach addressed, and types of communities engaged.

Table 1: Code Definitions and Illustrative Accomplishments of Kansas Sexual Violence Prevention Initiatives

| Code | Code Definition | Example |
|----------------------------------|---|---|
| Community Change (CC) | A new or modified program, policy, or practice in the community or system facilitated by the initiative and related to its mission | The City of Lawrence's City Commission passed Ordinance 9960, which created additional discrimination protections under Chapter 10 of the city code. The additional protections include source of income, immigration status, and survivor status. Members of the Sexual Violence Prevention Work Group and housing stakeholders provided public comment on the potential impact of the bill prior to the vote. |
| Community Action (CA) | Action to bring about a specific new or modified program, policy, or practice in the community or system | Vanessa Crawford Aragon of MOCSA met with the United Government Public Health Department about implementing a workplace violence prevention initiative. |
| Development Activity (DA) | Action taken to prepare the group to address its goals and objectives (e.g., staff training) | The Johnson County Department of Health and Environment met with the Overland Park Strang Park Connectivity group to discuss Sexual Violence Prevention funds being spent on additional seating and lighting in the park to encourage more neighborhood/community utilization. |
| Service Provided (SP) | Delivery of information, training, or other valued goods or activities | The Sexual Trauma and Abuse Care Center provided bystander intervention training compliant with the Lawrence City Ordinance to front-end managers from Chilli's, the Replay Lounge, Pueblo Mexican Restaurant, and Delicias del Sur. Training covered bystander intervention techniques, education about alcohol-facilitated sexual violence, and a facilitated conversation about environmental and policy changes. |
| Media (M) | Coverage of the initiative or its accomplishments by the media | Johnson County's "Know Your Neighbor Campaign" to increase social connectedness was covered on a local radio show. |
| Resources Generated (RG) | Acquisition of financial, human, or material resources that are internal to the initiative (e.g., grant received by the initiative) | LiveWell Finney County received \$60,000 for its capacity-building work through Centura Healthcare's Health Equity & Advancement Fund. Centura Health established the annual \$5 million community grant program to extend the impact of community efforts focused on advancing social justice through initiatives that extend health equity across Colorado and Western Kansas. This funding will allow LiveWell to continue working throughout the community to reduce gaps in medical and social services. |

Accomplishments Over Time

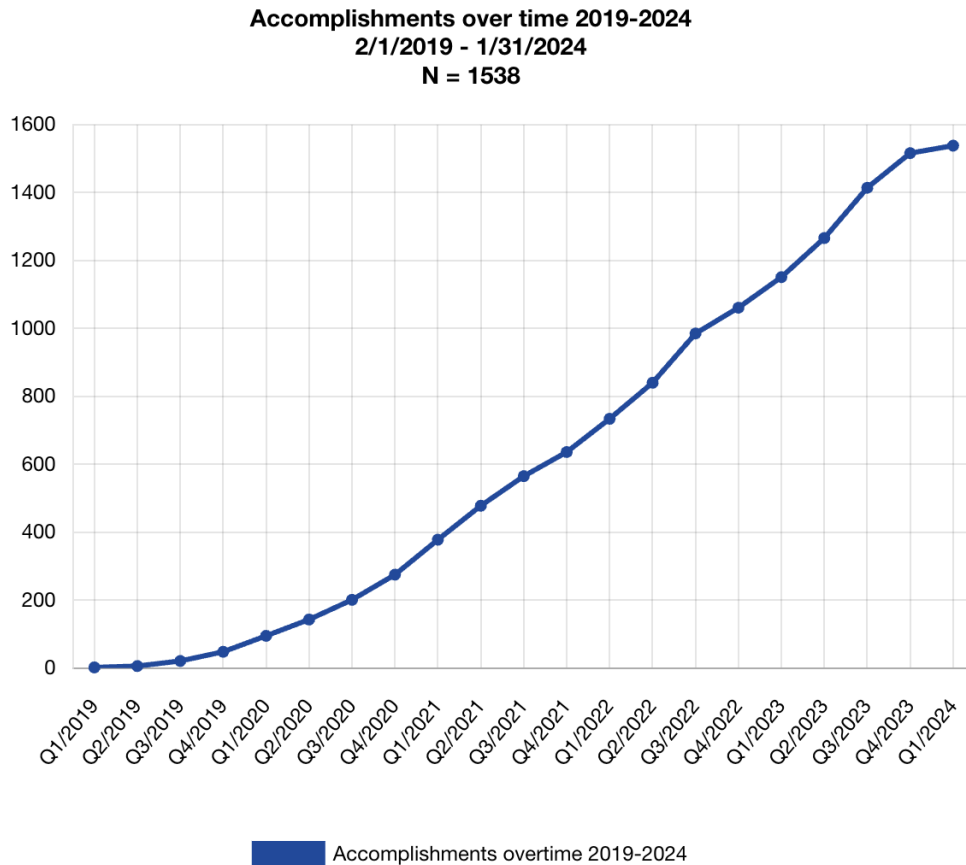


Figure 1. Community Accomplishments over Time, February 2019 to January 2024.

For the 1,538 community accomplishments recorded by the Kansas Sexual Violence Prevention initiatives, these efforts predictably started with a slower pace at the beginning of the initiative and saw a steady increase in documentation of accomplishments throughout the funding period. This aligns with the process of capacity building, development, and community change, and may also reflect increased attention to the importance of documentation of implementation efforts.

One grantee reflected, “It sometimes feels like when you are doing the work, it is hard to ground it in hope, because this is long work, and it isn’t always easy to step back and see the big picture, and the impacts of the work are not measurable or capturable in the way that, ‘we served X amount of people’ is. This [cumulative graph of accomplishments] really helps account for the fact that a lot of things have been happening and being done.”

Code

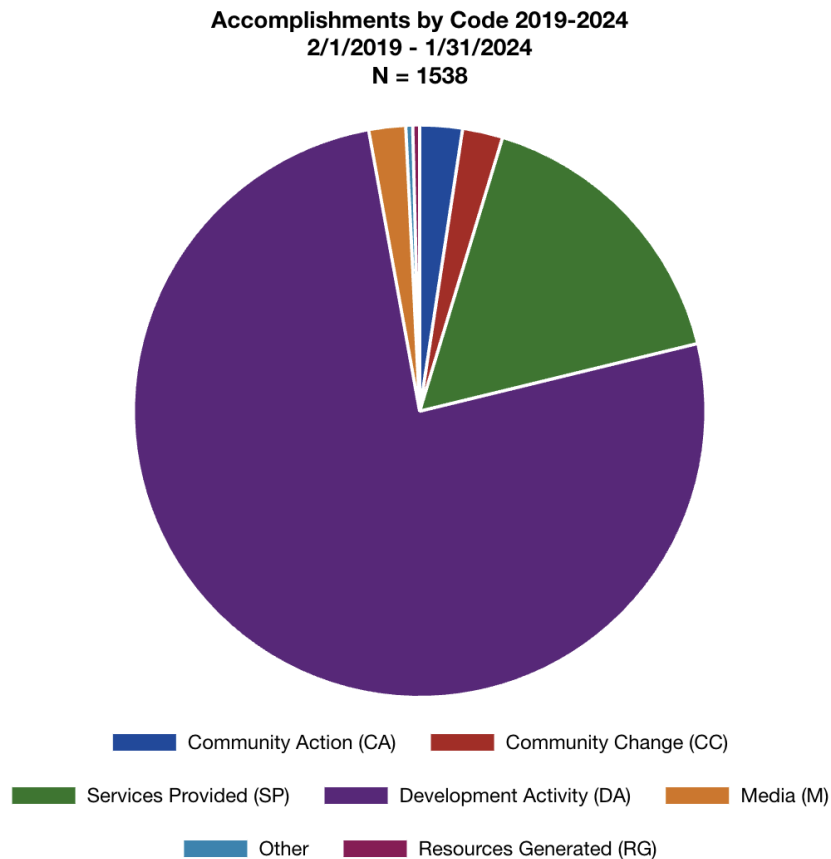


Figure 2. Accomplishments by Code, February 2019 to January 2024.

A total of 1,538 accomplishments were identified and recorded by the Kansas Sexual Violence Prevention initiatives from 2019-2024. Of these documented accomplishments, the initiatives most frequently engaged in development activities (N = 1,168), which focus on building the internal capacity of the group to act and achieve its goals and objectives. This represents 76% of overall documented activities. Examples of these activities include facilitating partnership development, leadership training, and coalition meetings.

The group also documented 254 instances of service provided, which focus on delivery of information, training, or other valued goods or activities. Additionally, there are 37 instances of community action, which are activities that support implementation of a community change. The group documented 35 instances of community change. Community change is defined as new or modified programs, policies, or practices implemented related to the mission. The group documented 32 instances of media coverage of the initiative or its accomplishments during the five-year grant cycle. Six instances of resources generated were documented, which refer to acquisition of financial, human, or material resources to support the initiative's work.

Behavior Change Strategy

Accomplishments by Behavior Strategy 2019-2024
2/1/2019 - 1/31/2024
N = 885

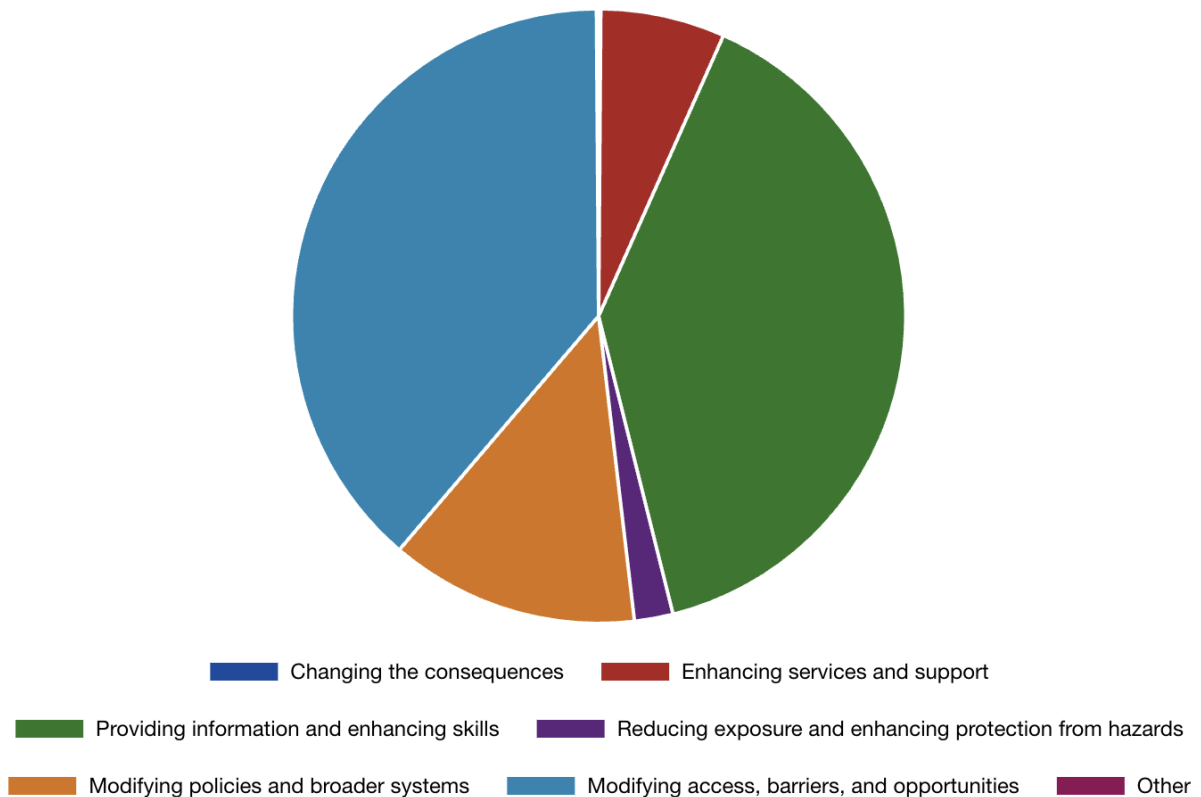


Figure 3. Accomplishments by Behavior Change Strategies, February 2019 to January 2024.

Behavioral change strategies are defined as strategies and tactics that promote positive and measurable changes in people’s environments, societies, and behaviors. Strategies measured included 1) changing the consequences, 2) enhancing services and support, 3) providing information and enhancing skills, 4) reducing exposure and enhancing protection from hazards, 5) modifying policies and broader systems and 6) modifying access, barriers and opportunities.

The Kansas Sexual Violence Prevention initiatives documented 885 accomplishments that used these types of strategies: providing information and enhancing skills (N = 349), modifying access, barriers, and opportunities (N = 342), modifying policies and broader systems (N= 116), enhancing services and support (N =58), reducing exposure and enhancing protection from hazards (N = 18), changing the consequences (N = 1), and other (N = 1) (Figure 3).

Duration

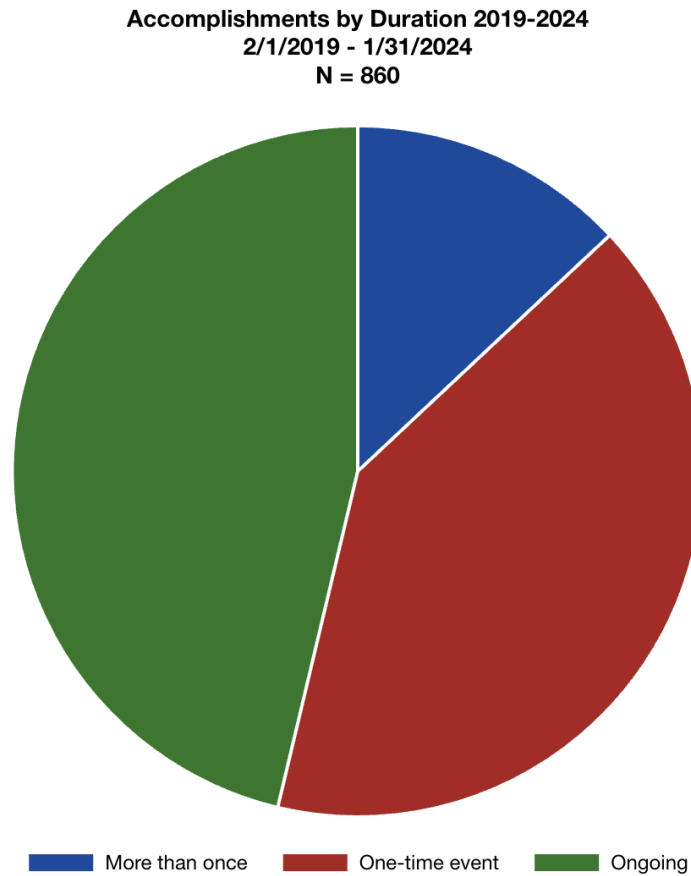


Figure 4. Community Accomplishments by Duration, February 2019 to January 2024.

Duration of community accomplishments affects the “dose” or amount of the initiative delivered. Figure 4 depicts the duration of accomplishments implemented. Among the 860 documented accomplishments, 46% are ongoing (N = 398), 41% of them occurred one time (N = 350), and 13% occurred more than once (N = 112). The majority of accomplishments were ongoing or occurred more than once.

Socio-ecological Level

Accomplishments by Socio-ecological Level 2019-2024
2/1/2019 - 1/31/2024
N = 793

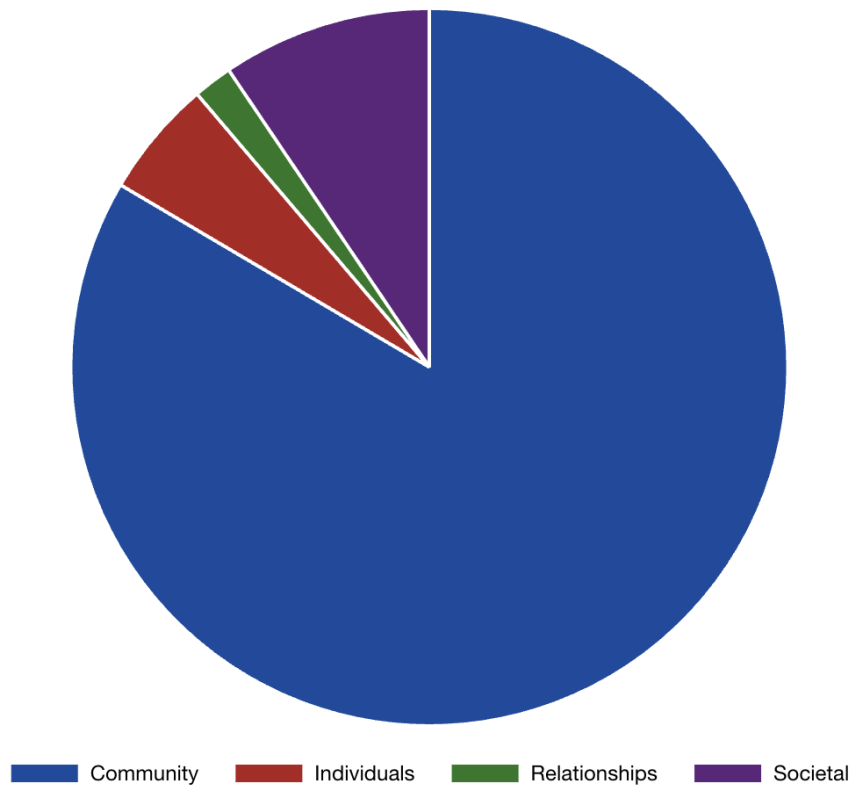


Figure 5. Community Accomplishments by Socio-ecological Level, February 2019 to January 2024.

The socio-ecological model communicates the interplay between individual, relationship, community, and societal factors in change efforts. It helps us understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence.

Of the 793 documented accomplishments, the Kansas Sexual Violence Prevention initiatives focused the most on community-level (N = 662), followed by societal-level interventions (N = 75). Fewer focused on individual (N = 42) and relationship-level (N = 14) factors. This is in line with CDC recommendations, which promote action across multiple levels of the model, with special focus on the community and societal levels for sustainable population-level change.

Key Social Determinants Approach

Accomplishments by Key Social Determinants Approach 2019-2024
2/1/2019 - 1/31/2024
N = 1631

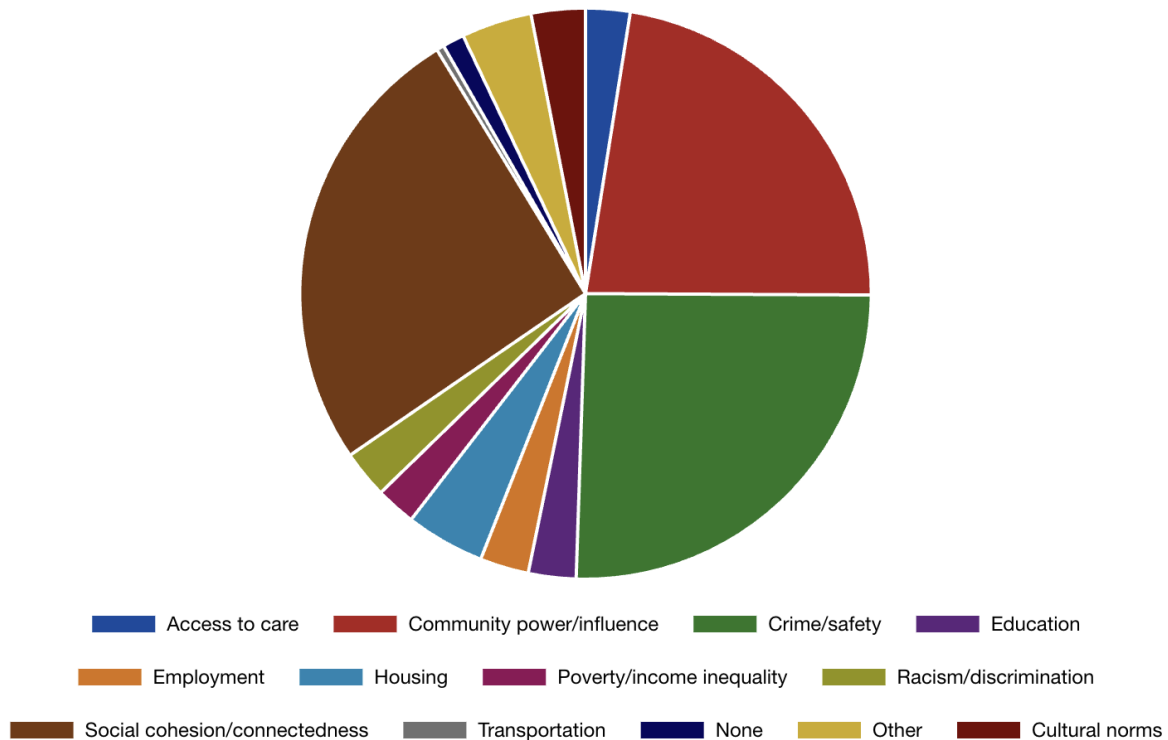


Figure 6. Community Accomplishments by Key Social Determinants Addressed, February 2019 to January 2024.

Key social determinants approaches refer to the critical social factors that affect access to power, money, resources, and the conditions of daily life that affect health and well-being. As seen in Figure 6, eleven key social determinants approaches were addressed by the Kansas Sexual Violence Prevention initiative, including 1) access to care, 2) community power/influence, 3) crime/safety, 4) education, 5) employment, 6) housing, 7) poverty/income inequality, 8) racism/discrimination, 9) social cohesion/connectedness, 10) transportation, and 11) cultural norms.

Among these accomplishments, the most efforts focused on addressing social cohesion/connectedness (N = 422), crime/ safety (N = 415), and community power/ influence (N = 368).

Objective Addressed

Accomplishments by Objective Addressed 2019-2024
2/1/2019 - 1/31/2024
N = 1739

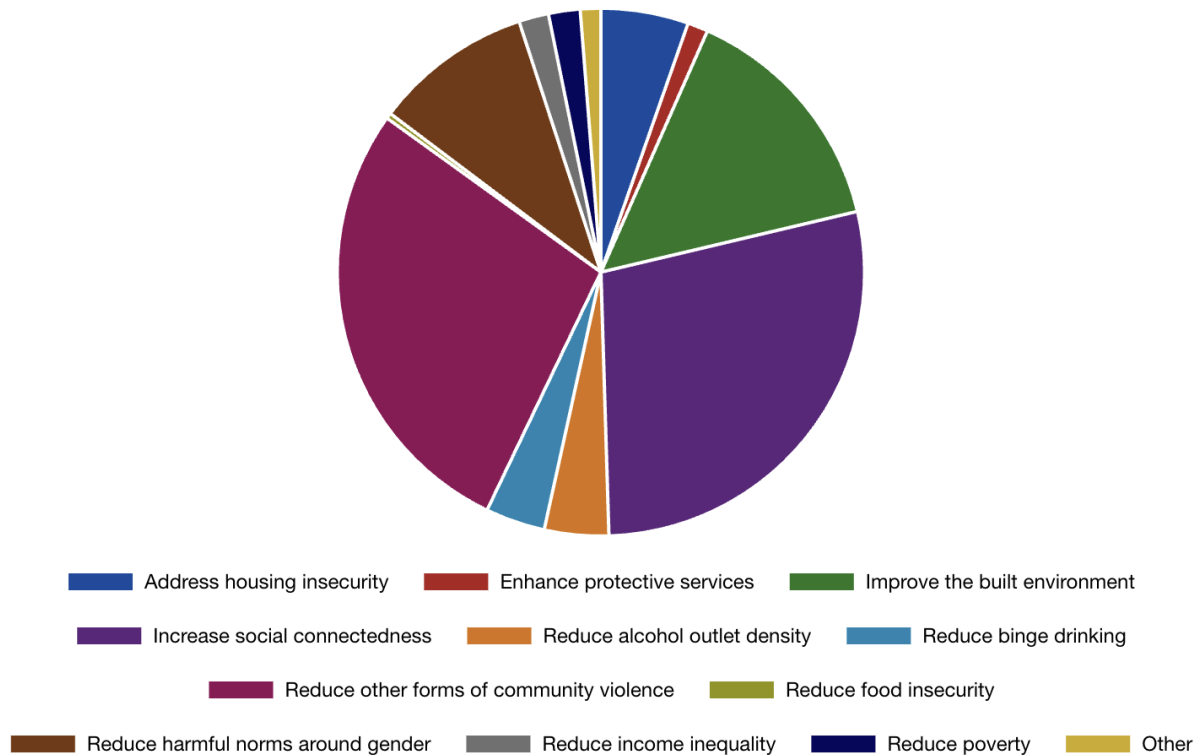


Figure 7. Community Accomplishments by Objectives Addressed, February 2019 to January 2024.

Accomplishments were characterized by which objectives they addressed: 1) addressing housing insecurity, 2) enhancing protective services, 3) improving the built environment, 4) increasing social connectedness, 5) reducing alcohol outlet density, 6) reducing binge drinking, 7) reducing other forms of community violence, 8) reducing food insecurity, 9) reducing harmful norms around gender, 10) reducing income inequality, 11) reducing poverty, and 12) other objectives that may be associated with sexual violence prevention.

As seen in Figure 7, community accomplishments documented by the Kansas Sexual Violence Prevention initiatives addressed each of the named objectives. Objectives most addressed were increasing social connectedness (N = 494), followed by reducing other forms of community violence (N = 487), improving the built environment (N = 257), and reducing harmful norms around gender (N = 170). Other objectives addressed leadership training for minority groups and providing additional information and resources to the community.

Specific Community or Population

Accomplishments by Specific Community or Population 2019-2024
 2/1/2019 - 1/31/2024
 N = 360

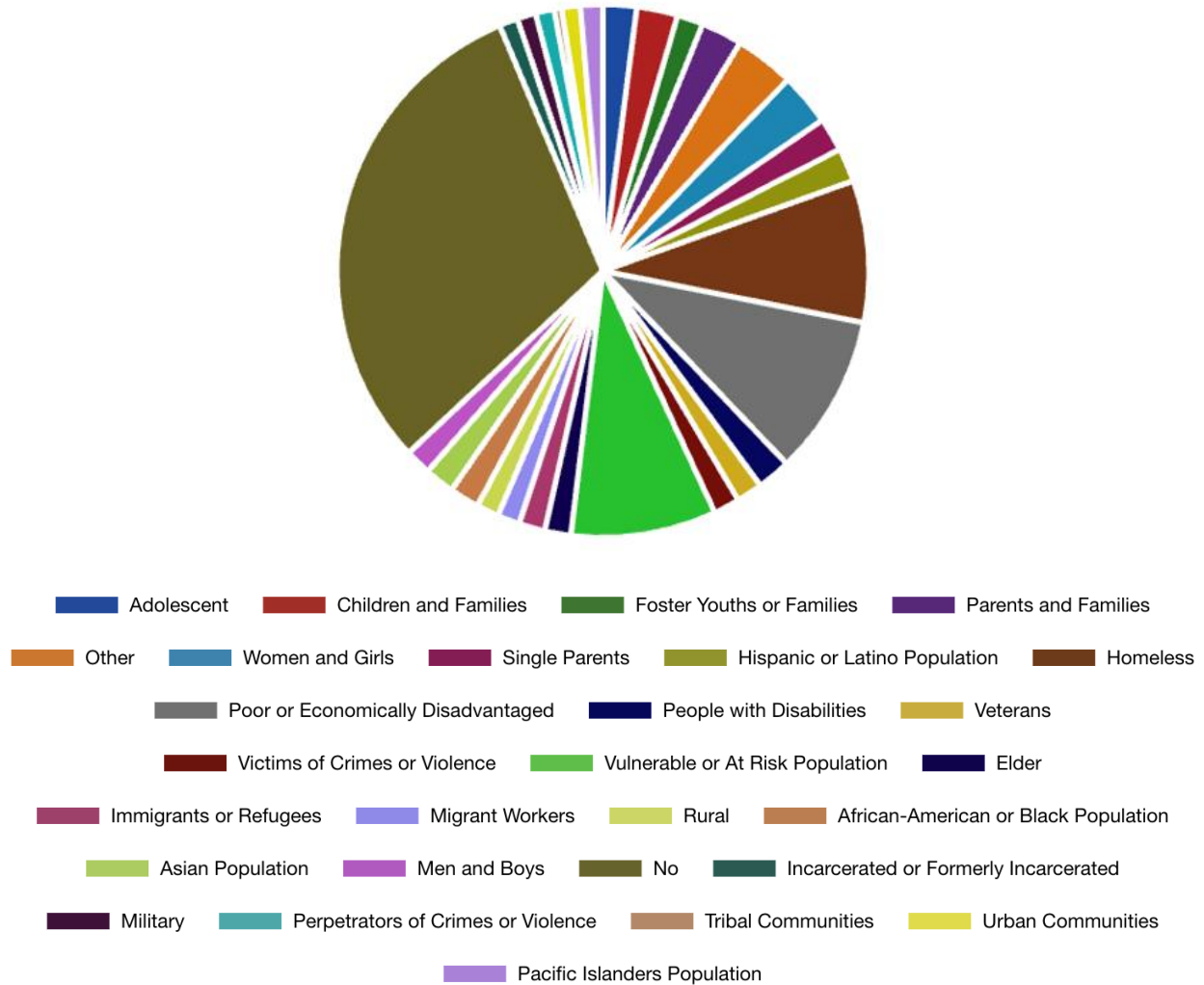


Figure 8. Accomplishments by Community/ Population Affected, February 2019 to January 2024.

Accomplishments were also characterized by the specific community/ population prioritized to be reached, especially those who may be disproportionately affected by or at risk for experiencing sexual violence (Figure 8).

The kaleidoscope-like distribution of accomplishments demonstrates activities and efforts that prioritized a wide range of community groups, especially marginalized populations such as Hispanic or Latino, those experiencing homelessness, those with economic disadvantage, and other vulnerable or at-risk populations.

STOP SV Approach

Accomplishments by STOP SV Approach 2019-2024
2/1/2019 - 1/31/2024
N = 891

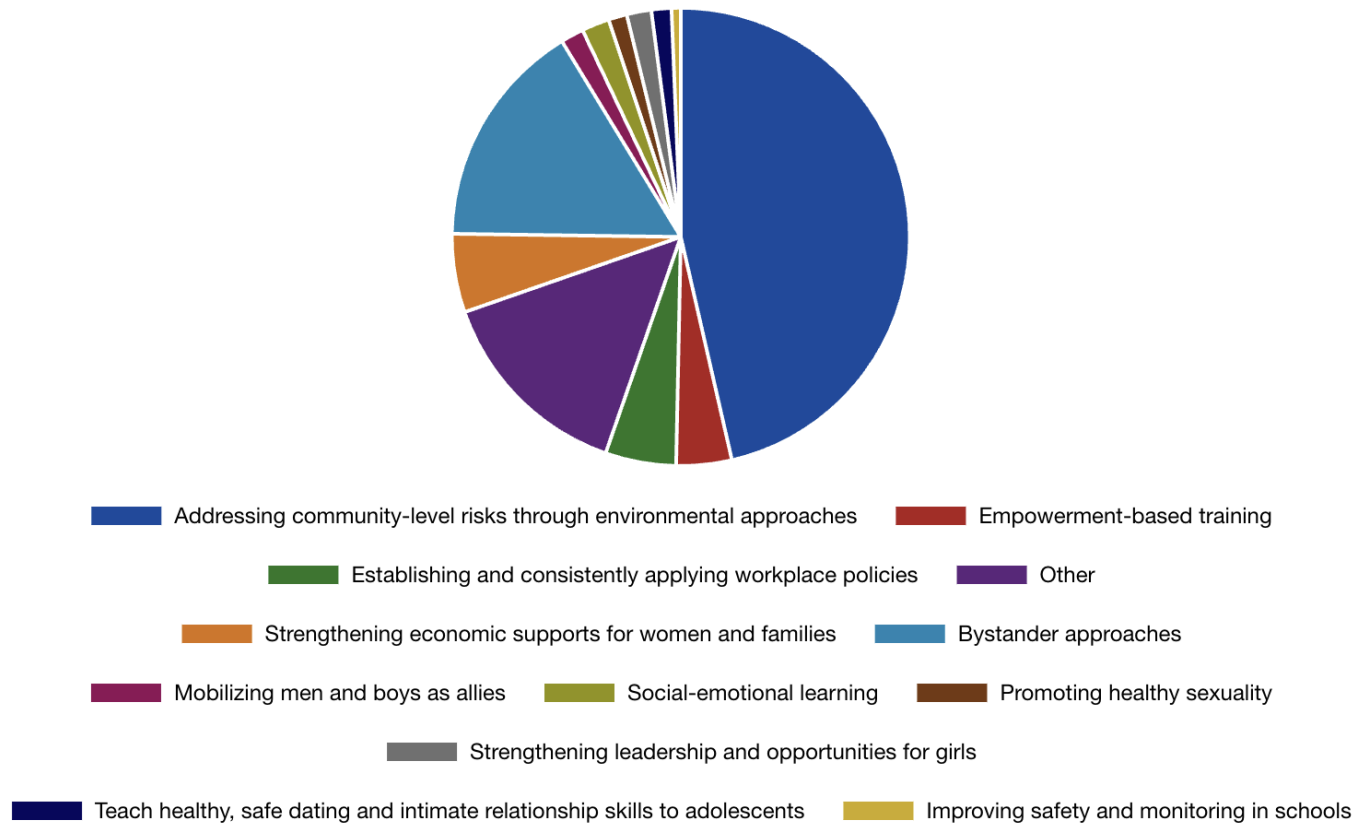


Figure 9. Accomplishments by STOP SV Approach, February 2019 to January 2024.

STOP SV is an acronym for a technical package that aims to prevent sexual violence developed by the National Center for Injury Prevention and Control at the CDC. This approach includes: 1) addressing community-level risks through environmental approaches, 2) empowerment-based training, 3) establishing and consistently applying workplace policies, 4) strengthening economic supports for women and families, 5) bystander approaches, 6) mobilizing men and boys as allies, 7) social-emotional learning, 8) promoting healthy sexuality, 9) strengthening leadership and opportunities for girls, 10) teach healthy, safe dating and intimate relationship skills to adolescents, 11) improving safety and monitoring in schools.

Kansas documented 891 activities relevant to the STOP SV categories (Figure 9). The most documented were addressing community risks through environmental approaches (N = 427), bystander approaches (N = 148), other STOP SV approaches (N = 132), strengthening economic supports for women and families (N = 51), establishing and consistently applying workplace policies (N = 46), and empowerment-based training (N = 36).

Types of Communities Impacted

Accomplishments by Types of Community 2019-2024
2/1/2019 - 1/31/2024
N = 853

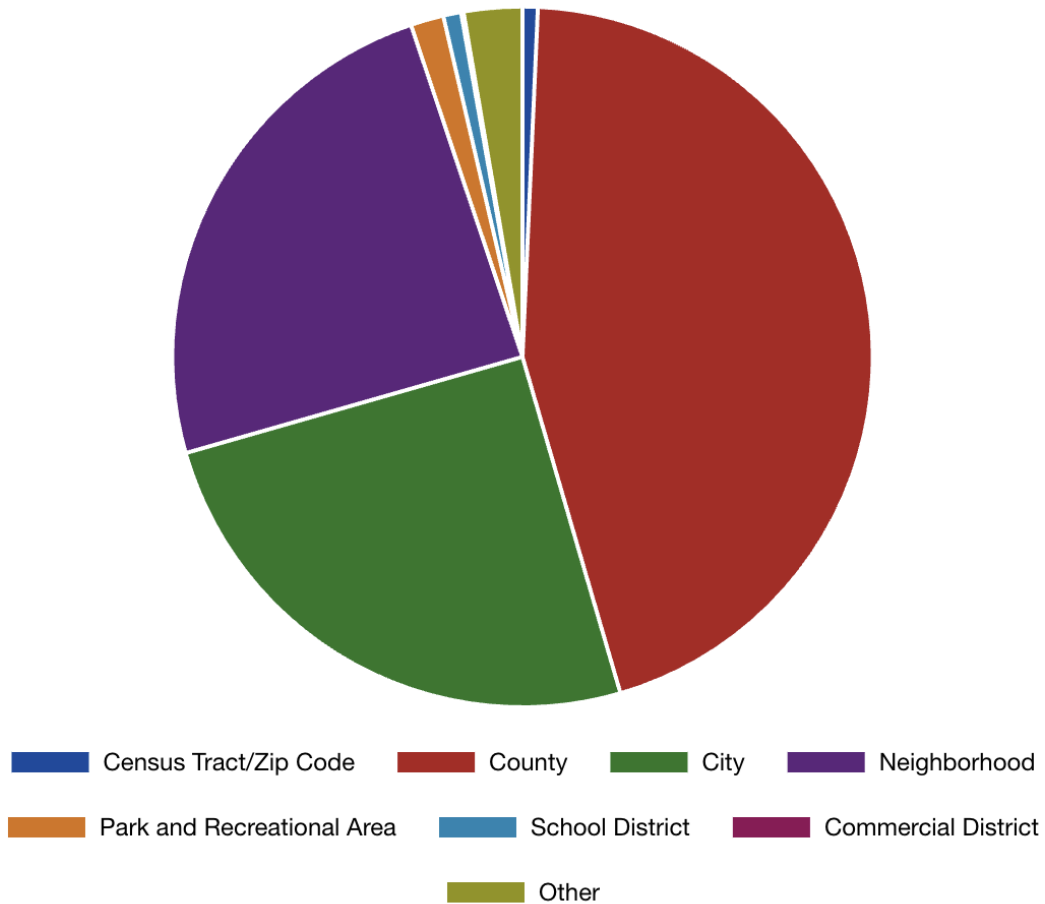


Figure 10. Accomplishments by Type of Communities, February 2019 to January 2024.

This graph represents the type of communities impacted by documented accomplishments. County-level efforts were the most common (N = 382), followed by city-level efforts (N = 214) and neighborhood-level efforts (N = 207). A smaller number of accomplishments targeted other types of communities, parks and recreational areas, school districts, and census tracts or zip codes.

Project Performance Measures

The COVID pandemic also hit during this project implementation period. Unfortunately, despite many positive accomplishments at the community and state level, they were no match for the havoc wrought by the pandemic. Most of the project performance measure indicators did not see significant improvement or even saw declines. “ND” denotes where data is not yet publicly available.

| Community & Societal Risk/ Protective Factor | Indicator | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|--|--------|--------|--------|--------|--------|------|
| Harmful norms around masculinity and femininity | Male householder, no wife present | 4.4% | 4.4% | 4.4% | 4.3% | 4.4% | ND |
| | Female householder, no husband present | 9.8% | 9.7% | 9.8% | 9.8% | 9.7% | ND |
| | Single moms’ median annual earnings ratio to single dads’ median annual earnings | 0.66 | 0.63 | 0.67 | 0.64 | 0.65 | ND |
| | Female-to-male ratio of above-poverty level income (employed) | 0.87 | 0.87 | 0.87 | 0.87 | 0.86 | ND |
| | Female-to-male ratio of below-poverty level income (employed) | 1.21 | 1.25 | 1.32 | 1.33 | 1.3 | ND |
| | Female-to-male ratio of full-time employment | 0.74 | 0.74 | 0.75 | 0.76 | 0.74 | ND |
| | Female-to-male ratio of those 16 years and older employed in management, professional, and related occupations | 0.95 | 1.03 | ND | 0.98 | 1 | ND |
| Societal income inequity | Female-to-male ratio of above-poverty level income (employed and unemployed) | 0.86 | 0.88 | 0.87 | 0.86 | 0.86 | ND |
| | Female-to-male ratio of above-poverty level households (female householder, no husband present vs married couple families) | 0.15 | 0.15 | 0.15 | 0.16 | 0.16 | ND |
| | Median earnings for male full-time, year-round workers | 50,967 | 51,792 | 52,422 | 55,070 | 59,353 | ND |

| Community & Societal Risk/ Protective Factor | Indicator | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|--|---|--------|--------|--------|--------|--------|------|
| Societal income inequity | Median earnings for female full-time, year-round workers | 38,927 | 39,968 | 40,845 | 42,966 | 46,499 | ND |
| | Ratio of income inequality (median female income/median male income) | 0.76 | 0.77 | 0.78 | 0.78 | 0.78 | ND |
| | Gini coefficient | 0.46 | 0.46 | 0.46 | 0.46 | 0.46 | ND |
| Weak health, educational, economic, and social policies/laws | Male to female median annual earnings ratio | 1.31 | 1.3 | 1.28 | 1.28 | 1.28 | ND |
| Civic participation/ engagement | Percentage of people ages 18 years or older who are registered to vote | 82.41% | ND | 86.34% | ND | 81.47% | ND |
| | Voter turnout: Presidential election | NA | NA | 71% | NA | NA | NA |
| Community Engagement | Rate of associations per 10,000 population | 13.7 | 13.7 | 13.7 | 13.6 | 13.5 | 13.2 |
| Community support/ connectedness | % of children ages 6-17 who have participated in organized activities outside of school | 79.6% | 77.7% | ND | 74.4% | 77.7% | ND |
| | % of parents who feel their neighborhood is safe for children | 97.6% | 94.1% | 95.4% | 97.6% | 97% | ND |
| | Residential stability: proportion of homeowners who did not move in the past 1 year (same house 1 year ago) | 91% | 91.57% | 91.79% | 91.47% | 91.13% | ND |
| | Residential stability: proportion of renters who did not move in the past 1 year (same house 1 year ago) | 67.31% | 68.91% | 68.53% | 71.09% | 72.54% | ND |
| Neighborhood poverty | % of households with very low food security | 5.5% | 5.5% | 4.2% | 4.2% | 4.2% | ND |
| | High school graduation rate | 87.2% | 87.3% | 88.2% | ND | ND | ND |

| Community & Societal Risk/ Protective Factor | Indicator | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|----------|----------|----------|----------|----------|------|
| Neighborhood poverty | Median annual income for families with own children under age 18 living in the household | \$72,497 | \$75,707 | \$74,882 | \$83,416 | \$90,679 | ND |
| | Percentage of households without access to a car | 5.3% | 5.3% | 5.2% | 5.2% | 5.4% | ND |
| | Proportion of persons 25 years and over with less than a high school graduate education | 8.2% | 8.2% | 8.2% | 8.2% | 8.2% | ND |
| | % of people living below federal poverty level | 12% | 11.4% | 11.4% | 11.7% | 12% | ND |
| | % of children (under age 18) living below federal poverty level | 14.9% | 14.7% | 13.9% | 13.4% | 13.8% | ND |
| Substance use | % of past month binge drinking among adults | ND | ND | ND | 18.9% | 17% | ND |
| | % of adults who are heavy drinkers (BRFSS) | 5.8% | 6.2% | 6.5% | 6.1% | 6.2% | ND |
| Violence | Violent crime offenses (rate/1,000) | 4.2 | 4.3 | 4.7 | 4.6 | 4.7 | ND |
| Diminished economic opportunities/high unemployment rates | % students eligible for the free lunch program including enrolled | 38% | 37% | 36.6% | 36.2% | 33.5% | ND |
| | # of students enrolled in the reduced-price lunch program | 490,629 | 491,423 | 491,291 | ND | ND | ND |
| | % households with food insecurity | 12.5% | 12.5% | 9.6% | 9.6% | ND | ND |
| | % of households with severe housing problem | 12.5% | 12.5% | ND | ND | ND | ND |
| | % of persons estimated to be uninsured | 12.3% | 12.8% | 12.5% | ND | ND | ND |
| | Population instability | 4.86% | 5.91% | 5.29% | 3.11% | 6.28% | ND |
| | Proportion of residents employed in managerial and professional specialty occupations (management, business, science, and arts occupations) | 38.18% | 39.98% | 39.21% | 41.85% | 42.06% | ND |

Impact and Success Stories

The following are some illustrative examples of the impacts of the collective efforts.

Building Leadership Within Marginalized Populations (Finney County)

More than half of the Finney County population is of Latinx origin. However, there has been historic underrepresentation of women and people in color in positions of leadership. One community member shared there are normally, “five white men that make the decisions.” The coalition sought decisions that better represented everyone’s needs, with participation from diverse groups reflective of the community. LiveWell Finney County decided to prioritize the goal areas of building leadership opportunities and increasing gender equity for women, especially women of color and Latinx origin.

Partnering with the Kansas Health Foundation, in 2023 LiveWell brought in a Latinx leadership trainer to deliver leadership training on-site in Finney County. LiveWell worked with leadership at the Tyson plant to facilitate shift employees being able to attend the leadership training. Childcare and food were provided to reduce barriers to participation. Local promotoras of health and other trusted community partners helped with recruitment. Ultimately, 28 women participated in the leadership training experience.



Photo credit: LiveWell Finney County.

Building a More Physically Welcoming Community (Finney County)

Home to a diverse population including migrants and refugees, LiveWell Finney County was aspiring to make the community a welcoming place of connection. One strategy they implemented was working with multiple community agencies (e.g., hospital and local nonprofit organizations) to implement wayfinding signage around their buildings in multiple languages.



Community health worker Ifrah Farah and Birgit Lemke make phone calls for Somali refugees Koos Husen (in yellow) and Asli Muhamud (in red) at LiveWell Finney County Neighborhood Learning Center in Garden City, Kansas. LiveWell helps refugees and immigrants with health care, housing, and job applications and offers classes in English, nutrition and other life skills. *Photo courtesy of the Robert Wood Johnson Foundation. (c) Annabel Clark 2019 and (c) Josh Kohanek 2019.*

Housing Policy to Reduce Source of Income Discrimination (Douglas County)

A pressing risk factor in Lawrence-Douglas County is high rates of residents experiencing severe housing cost burden and lack of access to affordable housing. In response to this need, a housing work group of the LiveWell sexual violence prevention initiative was formed. This effort was shepherded by Gabby Boyle at the Sexual Trauma and Abuse Care Center. Gabby worked to develop relationships with housing stakeholders, including the Human Relations Commission, the Lawrence City Commission, and other service providers such as Tenants to Homeowners, the Lawrence Community Shelter, Family Promise, the Willow Domestic Violence Center, the Lawrence-Douglas County Housing Authority, the United Way of Kaw Valley, People's Owned and Operated Collective House (POOCH), Lawrence Tenants (a local tenants advocacy group), and others.

Many of these housing stakeholders were brought into work group meetings. With support from the KU Center for Community Health and Development, the work group researched best practices and promising approaches for increasing housing access. Strategies discussed included improving community land trusts, incentivizing affordable housing development, improved legal support for tenants during eviction trials, and increasing protections for renters.

Local housing stakeholders expressed bottlenecks in housing choice voucher and rent assistance programs. Many tenants benefitting from these programs were unable to find landlords that would accept them. The group decided to pursue a local ordinance to prohibit source of income (SOI) discrimination. The goal of this ordinance would be to decrease barriers to housing and provide equal opportunity for tenants to rent without discrimination, regardless of how they would be paying for their rent.

“Source of income discrimination is the practice of landlords, owners, and real estate brokers to refuse to rent to prospective tenants seeking to pay for housing costs with lawful income other than job wages (such as a housing voucher, Social Security Disability Income, rent relief program funds, emergency rental assistance from nonprofit entities, or other assistance), or because of the source of those wages.”

(<https://lawrenceks.org/attorney/soi/#:~:text=9960.,%2C%20human%20trafficking%2C%20or%20stalking>) Examples of SOI discrimination include a landlord stating “No Section 8” in a rental listing or ad; charging higher rent to someone using a voucher; property being listed as unavailable to someone using specific income types; or a landlord attempting to coerce a tenant to not use a specific source of income, such as COVID relief funds.

After narrowing the scope to focus on passing source of income protections, the work group continued to engage in deep research and relationship development. They partnered with the Affordable Housing Advisory Board and the Human Relations Commission to build trust with decisionmakers and share local and national research. The work group also engaged with the general public, including through hosting an affordable housing panel about source of income protections at the Lawrence Public Library to dispel misinformation and energize community members.



Panelists during a panel on affordable housing, December 8, 2022 at the Lawrence Public Library. From left: Kincaid Dennett, Gabi Sprague, Savannah Fergus, Mariel Ferreiro, and Gabby Boyle. Source: The Lawrence Times <https://lawrencekstimes.com/2022/12/08/housing-panel-20221208/>

After years of assessing, planning, and organizing efforts, the Lawrence City Commission passed Ordinance No. 9960 to expand protections against discrimination in housing on February 14, 2023. This prohibits discrimination in housing on the basis of a person’s source of income or immigration status and provides protections to persons who are survivors of domestic violence, sexual assault, human trafficking, or stalking. The ordinance also prohibits discrimination based on immigration status in public accommodation. The law went into effect on June 1, 2023. These protections will decrease barriers to housing and improve positive outcomes for individuals and families at risk of or experiencing houselessness or housing stress.

The group is now partnering on the emerging community health improvement plan *and A Place for Everyone: A Community Plan to End Homelessness* to provide ongoing support for the enforcement and refinement of Ordinance No. 9960.

To learn more about this work, listen to the National Sexual Violence Resource Center (NSVRC) podcast episode Housing for Prevention: Janae Sargent and Ashleigh Klein-Jimenez in conversation with Gabby Boyle: <https://www.nsvrc.org/resource/housing-prevention-janae-sargent-and-ashleigh-klein-jimenez-conversation-gabby-boyle>.

Gabby Boyle also presented this work in a session in the prevention track at the 2023 National Sexual Assault Conference in San Francisco, California, and KDHE Program Manager Belinda Flores and University of Kansas Evaluator Christina Holt presented on these and other efforts in the *Growing RPE Grantee Primary Prevention Efforts to Address Social Determinants of Health* session at the National Sexual Assault Conference: <https://youtu.be/z2zuhmj4nuo>.



Source: The STA Care Center, <http://stacarecenter.org/safebar-alliance>.

Liquor Licensing Training Ordinance (Douglas County)

The Sexual Trauma and Abuse Care Center worked to pass a Lawrence City Ordinance that requires front-end managers in all alcohol-serving establishments to attend sexual violence prevention training as a part of their liquor license application/renewal. The training content is similar to the SafeBar Alliance, which is a voluntary training program for any establishments serving alcohol, although less time is focused on skills practice due to the delivery method. After training completion, attendees receive certificates that are provided to the city clerk with other licensing materials. This ordinance is the first of its kind in the United States. STA CARE Center provides training compliant with the ordinance at no cost to participants. The STA CARE Center has provided technical assistance to others interested in exploring similar initiatives for their communities.

The implementation of this ordinance began in December 2020. From 12/2020 to 12/2023, 313 participants representing 166 establishments attended 66 trainings provided by the STA CARE Center. In a post-training evaluation, nearly 90% of participants indicated that they learned something. One participant wrote, “Keep doing what you're doing. Over the three decades of owning bars and restaurants, more awareness and understanding is needed by everyone. Not just the staff, management and ownership. These kinds of conversations eventually make [their] way out into the public.”

“Know Your Neighbor” Cards (Johnson County)

The Johnson County sexual violence prevention initiative forged an unlikely partnership with their local emergency preparedness department. One of their goals was increasing social connectedness, and they learned that their emergency preparedness department was also trying to increase connectedness so that in the event of a disaster, folks would know their neighbors. Although their end goals were different, they were able to collaborate. They sought feedback on the online “Nextdoor” platform and ended up creating “Know your Neighbor” cards that were distributed to neighborhood and civic groups and shared with neighbors.



Johnson County Department of Health and Environment
December 29, 2023 · 🌐

Pledge to be prepared in **2024**!

Neighbors can be an important source of assistance in the days after an emergency 🚒. Use these new “Know Your Neighbor” cards to connect with those who live closest to you. The cards are available at these [Johnson County Library - KS](#) locations: Central Resource, Lenexa City Center, Antioch and Corinth. You can also print them yourself (link to print is in the comments).

Learn why knowing your neighbors is important to your health preparedness:
<https://blogs.cdc.gov/publichealthma.../2021/12/hi-neighbor/>



Jenalea Myers and 1.2K others

63 comments 138 shares

Facilitators of Success

Participatory sensemaking was conducted with key stakeholders from each funded coalition as well as with the state planning group. The following distills some of the stakeholders' reflections on what helped facilitate success.

Local efforts:

- Civic engagement from different sectors of the community. Energy from community partners, including government partners and elected officials
- Community partnerships – great people, action-focused, passionate about their community and making a difference
- “I think at the height of COVID there was a real economic fallout that caused loss of housing, people losing their jobs, and not being able to afford rent. So, there was a real sense of urgency surrounding housing in general at that time which brought a lot of people to the table, many people were eager to be in a place that felt actionable versus a space that was more restricted in terms of what could and could not be said or done..”
- Willingness to meet and momentum of sub-groups
- “An easy meeting format – a virtual format – since we are all spread out throughout the community, so we can be together easily”
- Everyone felt free to speak freely; a smaller work group promoted more engagement
- Backbone support from the community partner facilitating the work. “If we didn’t have them in this community, I don’t know how much of this work would have gotten done.”
- Health department collaborative support. Alignment with areas of the community health assessment/ community health improvement plan (e.g., housing, poverty & jobs)
- Funding and implementation support from KDHE and CDC, and technical and evaluation support and check-ins from the University of Kansas technical assistance partner
- Reflection on accomplishment data. “It was really nice to see that data. It gives me a lot to think about regarding what future iterations of this might look like when this work starts back up again.”

State efforts:

- Engagement: the active involvement of KDHE staff, university partners, and state and local community organizations played a crucial role in facilitating positive outcomes.
- Access to relevant and reliable data enabled informed decision-making for the initiative.
- National conversation: Me Too and George Floyd movements, harm in NCAA sports, feminist perspectives, LGBTQ+ rights
- COVID created real sense of urgency around social and political change (e.g., housing)

Barriers

Stakeholders also shared barriers or impediments to the work.

Local efforts:

- “You can invite people to the table, but they don’t always want to have dinner”
- Work group member capacity to take on extra work between meetings
- Communication of primary prevention with stakeholders
- Policies and procedures of different agencies, such as protected contact lists
- Programs trying to do great things but the market is saturated with initiatives
- “We dealt with a lot of pandemic burnout”
- Turnover and retaining subcommittee members, and new member recruitment
- Institutional leadership changes
- COVID-19 was both a barrier but also provided energy for the work, such as around housing
- “When you say sexual violence, that’s not always a topic that engages people. It’s not a topic the community wants to talk about or has awareness about.”
- “Some of it is big work, it’s a big elephant – trying to figure out what to bite off. And sometimes, not feeling like you are making a difference. Also, recognizing the layers of work. Once you uncover one layer of the onion, you realize there are more layers [to address].”
- Barriers to sufficient data, especially broken down for health equity. “A lot of times when we collect data, we are like, ‘this group of people is too small,’ so we’re going with the average or the most identified need, which then centers white, cis, het, middle-class needs. In thinking about the highest prevalence rates of sexual violence and whose needs are we meeting, I’m thinking about trans women of color, bisexual people, indigenous people who literally one in two has experienced sexual violence in their lives...I get it, and it is a way to do these things, especially if we are looking at significance in values in quantitative data. How do we dig deeper? Do we want to? Is there space for that?”

State efforts:

- Some partners’ lack of experience with primary prevention in the SV field, and initial community partner confusion over broadening focus and moving upstream to look at risk and protective factors.
- Limited time for selecting sub-grantees and getting started with the work.

- The National Intimate Partner and Sexual Violence Survey (NISVS), Behavioral Risk Factor Surveillance System (BRFSS), and other needed indicator data were slow to be released, and often were not available at levels of analysis that would be helpful.
- Extended KDHE epidemiologist staffing vacancies posed a challenge.
- Challenges getting non-funded key stakeholders to submit accomplishment data to track progress on state plan implementation.
- Backlash against progress/ national conversation (Me Too movement, feminist perspectives, LGBTQ+ rights)
- Burnout after COVID/ being in state of emergency for a couple of years

Additional Reflections

Stakeholders also shared things they were particularly proud of.

Local efforts:

- “Naming the unnamable. In many of the cultures our people come from, it is part of the culture. It is the right of the guy to do whatever.”
- Advocacy training they enabled for their community coalition, and leadership training they have provided community members
- “The way that this group has made violence prevention and sexual violence prevention more of a topic of conversation in community meetings and spaces, and the recognition that this group has brought to...the work being done there.”
- Building community understanding of primary prevention
- “I’ll speak as a community member first. It is exciting to be a part of something that is speaking to front-end issues rather than intervention issues. I feel like this is the space in which hope sits. In which being able to envision a different paradigm exists. I am not only proud of this work, but I think it is essential in order to not just burn out of the work that we do.”
- “I’m inspired by the way this group has taken information, brought people together, and doggedly worked toward policy change and brought that to pass. That is hard work...That the group accomplished that is a huge thing to celebrate. And it is making a difference for people.”
- When reflecting on the cumulative line graph of accomplishments and reflecting on the positive trend of implementation over time, a health department staff member shared, “We did work during COVID – look at this in 2019 – that is significant and needs to be acknowledged. Everything at the health department shut down except COVID, except this grant. That is really great. Because there was still a need for the work, and this group was engaged enough to adapt quickly. We had just adopted a strategic plan, and the plan needed to become the opposite of what it was [encouraging people to connect in person]. We had to consider, ‘How do we support connectivity for people who may not be safe in their homes?’ [due to domestic violence and other concerns.] We took action even in the midst of the pandemic chaos.” Another work group member shared, “This graph shows a representation of how hard we’ve worked – kudos to everyone!”
- Relationship building laid the ground for future work together

State efforts:

- “I’m proud of the community and societal work this group is doing. That’s due to partners being willing to cross over and blend efforts. People at NSAC saying Kansas is ahead of the work - that’s because the partners are willing to work with these groups. I think that’s a barrier that some other states and communities see, and it’s great to feel like we have great partners.”

Recommendations

Recommendations for future efforts were generated by the state planning group in a reflection/ sensemaking session in November, 2023.

- Ensure documentation of efforts from more partners so data is representative of the work happening
- Consider what voices are not being heard, and engage additional careholders to make the work more reflective of our communities
- Grow focus on equity efforts such as access to care, racism, and poverty
- Prioritize populations that have been marginalized so we can actively work towards health equity
- Generate resources to support and sustain the work

Conclusion

The sexual violence prevention initiatives in Kansas engaged stakeholders in cross-sectoral collaborative action at the state and community level. Grantees worked to develop relationships with a variety of community actors to address deeply felt and data-driven needs. After hearing about Kansas' efforts at the National Sexual Assault Conference, the RPE director from New York said they "feel like Kansas is five years ahead of the rest of us!" The Kansas efforts have adopted a public health approach to sexual violence prevention with a focus on upstream strategies addressing social determinants of health and reducing community- and societal-level risk factors for sexual violence.

With momentum and synergy on numerous initiatives, and with continued funding support, we are optimistic important efforts will sustain long into the future.



References

- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health (2024). *BRFSS Prevalence & Trends Data (2015-present)*. <https://www.cdc.gov/brfss/brfssprevalence/>
- Digest of Education Statistics (2021). *Table 204.10. Number and percentage of public school students eligible for free or reduced-price lunch, by state: Selected years, 2000-01 through 2019-20*. National Center for Education Statistics https://nces.ed.gov/programs/digest/d21/tables/dt21_204.10.asp
- Kansas Health Matters (2024). *Selected characteristics, Community Health Dashboards (2018-2023)*. Conduent Healthy Communities Institute. <https://www.kansashealthmatters.org/indicators>
- Klein-Jimenez, A. & Sargent, J. (Hosts) [Audio Podcast]. *Housing for Prevention: Janae Sargent and Ashleigh Klein-Jimenez in conversation with Gabby Boyle*. National Sexual Violence Resource Center (NSVRC). <https://www.nsvrc.org/resource/housing-prevention-janae-sargent-and-ashleigh-klein-jimenez-conversation-gabby-boyle>
- Sexual Trauma and Abuse Care Center (n.d.) *SafeBar Alliance*. <http://stacarecenter.org/safebar-alliance>
- University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps 2023*. <https://www.countyhealthrankings.org/>
- U.S. Bureau of Labor Statistics (2024). *Alternative Measures of Labor Underutilization in Kansas – 2023*. U.S. Department of Labor. https://www.bls.gov/regions/mountain-plains/news-release/laborunderutilization_kansas.htm
- U.S. Census Bureau (2024). *Selected characteristics, American Community Survey 1-year estimates and 5-year estimates (2018-2022)*. U.S. Department of Commerce. <https://data.census.gov/>