
MODELS FOR PRACTICE

FOCUS AREA: INJURY AND VIOLENCE PREVENTION

Program Name: Kansas Rape Prevention and Education Program

Location: Topeka, Kansas

Problem Addressed: Injury and Violence Prevention

Healthy People 2010 Objective: 15-34, 15-35, 15-36

Web Address: www.kdhe.state.ks.us/rpe/grantee.html

SNAPSHOT

The Kansas Rape Prevention and Education Program focuses on educational efforts as a means for rape prevention. Rape prevention is a public health concern since there are high societal costs due to violence against women. Such costs can include greater demand for health services, law enforcement resources, lost income, and substance abuse treatment services. The program conducts activities that are often presented to students in a school setting since the level of interaction between boys and girls is relatively high and occurs at an early age.

The program is flexible. The state provides resources and guidelines for local programs, but more specific educational decisions are made at the local level. Currently, the program is conducting activities in 11 counties including a Youth Violence Prevention Task Force, Safe Homes, Inc., Rape Victim/Survivor Services, a Risk Reduction Involving Sexuality of Kids project, a Crisis Center, Sexual Assault Center, and a Metropolitan Organization to Counter Sexual Assault.

THE MODEL

Blueprint: The Kansas Rape Prevention and Education Program began in 1995 and was fully implemented in 1996. It is a collaboration between the Kansas Department of Health and Environment, the Kansas Governor's Office of Federal Grant Programs, and the Kansas Coalition against Sexual Domestic Violence.

The goal of the program is to help young boys and girls aged 11–19 learn to distinguish and prevent sexually aggressive behavior. The program currently funds nine grantees in 11 counties throughout the state; five of these are rural areas. Together, the grantees sponsor programs and activities that focus on prevention through community awareness and education. The program also monitors state level policy change in the state legislature through its partnership with the Kansas Coalition against Sexual and Domestic Violence. Program activities include school-based educational efforts, media campaigns, and the coordination of services among community agencies.

The program is intended to complement efforts by parents, caregivers, and schools to facilitate the emotional development of boys and girls.

The program awards community-based grants to local non-profit organizations that provide violence prevention services to their communities. These interventions take place in settings such as schools, faith-based organizations, after-school programs, and other nonprofit agencies. The interventions are flexible so that grantees work with local representatives to tailor the programs to meet local needs. Program collaborators and grantees communicate often through various means including an e-mail list-serve.

The Kansas Rape Prevention and Education Program staff consists of a part-time injury and disability director, a full-time sexual assault prevention grant coordinator, and a part-time sexual assault prevention epidemiologist. An Office of Health Promotion director and an injury manager donate their time. In addition, there are three volunteer staff who serve as public health educators at the local level.

Making a Difference: The program is conducting several evaluations of the program's process, impact, and outcomes. Overall, indicators of program success are based on objectives stated in the grant application.

Currently, methods of evaluation are mainly composed of process evaluation including dates, session topics, and numbers of students. The program utilizes a series of pre- and post-tests to measure a number of indicators. Cognitive indicators measure changes in awareness of sexual harassment and awareness of school policies pertaining to sexual violence and sexual bullying. Attitudinal indicators include those toward gender violence, healthy relationships, bullying, self-esteem, and self-efficacy. Skills outcome indicators measure the ability to handle conflict resolution. Other outcome indicators measured include behavior based and environmental, as well as those pertaining to social and community levels.

Impact evaluation is mainly used for local program purposes such as demonstrating the extent of the problem and showing teachers, other school personnel, and coalition members that the program's educational activities have caused changes in understanding, attitudes, or behavior.

Beginnings: The program was identified after a review of several state surveys indicated specific characteristics useful in identifying target audiences for preventive measures and a timeline for preventive measures. This resulted in identifying the target audiences for the program. This includes youth ages 11–19, populations identified at risk for sexual assault including females, people with disabilities, ethnic minorities, people with low socioeconomic status, people living in rural areas, and youth identified by school or law enforcement authorities as high risk. The review of the

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surveys also indicated that preventive measures should begin before high school.

The program began in 1995, with an initial meeting at the Kansas History Museum. The original stakeholders included: the Kansas Department of Health and Environment, the Kansas Coalition against Sexual and Domestic Violence, the Kansas Office of the Attorney General (moved to the Governor's Office of Federal Grants Program in 2002), Kansas Department of Education, several mental health professionals, representatives from local crisis centers throughout the state, and representatives from Kansas State University Cooperative Education and Extension Office. This meeting led to the formation of a cooperative plan and provided direction on the allocation of resources. Since this initial meeting, no new stakeholders have been added, although some have withdrawn.

Challenges and Solutions: A significant challenge for the program is in the evaluation process. It is challenging to determine age-appropriate intermediate indicators of awareness, attitude, and behavioral changes that illustrate the program's effectiveness. Also, the rigorous evaluation necessary to answer this question with intermediary indicators is difficult given limited resources. To address both challenges, the program is working with the Centers for Disease Control to develop rigorous methods of program evaluation given limited resources. Once the full evaluation of the program supports significant change in the community, plans to disseminate the program statewide will move forward. Another approach to future sustainability of the program involves the drafting of a strategic sexual assault primary prevention plan for the state.

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