Needs Assessment and Service Gap Analysis: Supporting Male Survivors of Violence

PREPARED FOR THE KC VIOLENCE AND TRAUMA RESPONSE NETWORK, THE AIM4PEACE PROGRAM, AND THE KANSAS CITY, MISSOURI HEALTH DEPARTMENT

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Assessment Report Background and Summary

In 2016, the Kansas City, Missouri Health Department received funding from the Department of Justice, Office of Victims of Crime, to enhance services and supports for male survivors of violence, with a priority focus on boys and young men of color between the ages of 13 and 24 and their families. The aim of the OVC grant, is to support the development and implementation of the KC Violence and Trauma Response Network to enhance coordination of community responses and services provided to youth survivors of violence.

- The initial target area for the KC Violence and Trauma Response Network is to enhance services and supports for male youth survivors of violence who reside in Beats 331 and 332 within the KC, MO East Patrol Division. The target area boundaries are 27th Street to 37th Street from Jackson to Wabash.

KC VIOLENCE AND TRAUMA RESPONSE NETWORK

PROBLEM STATEMENT:

- There are too many boys and young men of color exposed to violence in specific neighborhoods (Beats 331 and 332) of KC, MO.
- There is too little coordination of community resources and collaboration across violence response efforts, with the result that there is not a comprehensive approach for addressing the needs of youth survivors of violence.

NETWORK PURPOSE, GOALS, AND OBJECTIVES:

The Network supports the coordination of efforts to enhance violence survivor identification, the delivery of effective quality evidence-based services, and the facilitation of changes in program, policies, and practices across organizations and in the community to better support youth survivors of violence. “The overall purpose of the Network is to improve the health (physical, mental and emotional), social, and economic outcomes for young men who have been exposed to trauma and/or violence and to prevent further violence from occurring” (OVC Grant Proposal). Network partners will work collaboratively to support youth survivors of violence in not only preventing violence perpetration or victimization, but also to enhance the quality of life of the survivors across seven key domain areas. The seven life focus domain areas the Network will provide targeted and coordinated services to support youth survivors and their families include: education, employment, health, housing/shelter, legal issues, nutrition/family concerns, and social/recreational supports.

Network Goals:

- Goal 1: Improve identification and responses to young male survivors of violence;
- Goal 2: Expand access to and quality of services to male survivors of violence; and,
- Goal 3: Create social norm change regarding violence among young men of color in targeted communities.

Network Target Outcomes:

The key outcomes the Network will contribute to include:

- Reducing youth violence and youth victimization in targeted communities (Beats 331 and 332);
- Improving perception of neighborhood safety and community attitudes towards violence;
- Increasing the number of young male survivors of violence and their families linked to quality, evidence-based services;
• Increasing the number of young male survivors of violence and their families who improve behavior patterns and maintain healthy life choices;
• Improving collaboration among violence and trauma service agencies; and,
• Increasing the knowledge, skills and tools utilized by violence and trauma service providers.

NETWORK PLANNING COMMITTEE PARTNERS

An initial planning committee was formed of collaborative partners to support the assessment process and guide the development of the Network. There were multiple organizations involved in supporting the assessment including planning committee representatives from the KC, MO Health Department, Aim4Peace, Concerned Clergy Coalition of KC, Communities Creating Opportunities (CCO), Ad Hoc Group Against Crime, and the KU Work Group for Community Health and Development.

PURPOSE OF THIS REPORT

The Network Planning Committee conducted a needs assessment and gap analysis to assist the Network in identifying barriers and opportunities to enhance supports for male youth survivors of violence and their families. Multiple assessment methods were included as part of the process to provide opportunities for diverse stakeholders to contribute their perspectives in understanding the issue. This report provides a summary of the results from the assessment, as well as recommendations for how to enhance services and supports. The results from the assessment and gap analysis is intended to be used to inform the plan that will be developed and used by the Network.

ASSESSMENT PROCESS

The Network Partners used several methods to gather information from a variety of stakeholders including youth and adult residents, service providers, and community partner groups. Assessment methods used included: community resident surveys, service provider surveys, resident and stakeholder focus groups, resources and assets mapping, and a review of evidence-based approaches. Through the various methods, the assessment and gap analysis will help the Network to:

1. Understand violence experienced and services and supports utilized by community residents.
2. Identify resource and service needs from the perspective of residents, including those from the priority group and target area.
3. Identify gaps in services and supports, as well as barriers to service coordination.
4. Determine evidence-based approaches to violence prevention and trauma responses that may inform local efforts.

The report provides a summary of the process and findings of the needs assessment and gap analysis.

Community Change Recommendations

Recommendations are provided to guide the Network in considering appropriate program, policy and practice changes (i.e., community changes) to support to enhance violence prevention and trauma response approaches in the community. The recommendations are based on the assessment and gap analysis findings and are intended to be used to further inform the planning efforts of the Network. The figure below summarizes the recommended community change goals and strategies to be supported by the Network to facilitate broader environmental and system changes in the community.
Figure 2. Community Change Goals and Strategies Recommended from Assessment Findings

- **Provide Information**
  - Promote balanced media, marketing, and communication of the neighborhood and activities occurring in the priority area.
  - Develop and support a social marketing campaign for healthy lifestyles that promote coordinated messaging across agencies.
  - Coordinate and support multiple modes information dissemination to inform residents and organizations of services available.
  - Modify and enhance the approach to providing information to residents.

- **Enhancing Skills**
  - Enhance training for violence prevention, reduction and trauma response staff and volunteers.
  - Train, support and empower survivors to tell their stories.
  - Provide supports and trainings for community residents to help understand how to be an ally to survivors.
  - Provide workshop trainings to identify early signs of mental illness for partner organizations and residents.
  - Provide training to parents and caregivers to enhance parenting skills.
  - Provide and expand conflict mediation services to assist youth in peacefully resolving disputes, fights and arguments.
  - Support initiatives that support early childhood learning to work with parents and youth earlier to address reading deficits.
  - Offer training curriculum programs that teach the effects of drug use.

- **Services & Supports**
  - Foster opportunities for earlier prevention efforts available throughout the community for children younger than 13 years.
  - Provide more professional services (e.g., counseling, 24-hour hotlines) and lay support services (e.g., support groups, spiritual support) for survivors of violence.
  - Establish communication services such as hotlines, web chat lobbies, and other modes of providing resources and supports.
  - Enhance parental and community supports for youth in both school-based and out-of-school activities.
  - Establish evidence-based mentoring programs for young minority males.
  - Develop and coordinate a centralized response and intake system to link survivors to services and to reduces redundancy.
  - Ensure available and accessible services for survivors of across areas of violence.
  - Ensure that follow-up services are continued to be provided and accessible to survivors.
  - Provide young male survivors with access to evidence-based therapies.
  - Provide and enhance immediate services and ongoing supports for individuals and groups, witnessing and observing violence,
  - Maintain and enhance efforts of neighborhood groups to provide residents with services and supports.
  - Implement and support community organizing models for increasing community engagement.

- **Modifying Access & Barriers**
  - Support efforts to connect community neighborhood associations with youth in the neighborhood.
  - Enhance the provision of services and supports directly accessible in the target community and with the priority group.
  - Provide available and accessible services and supports for violence prevention and trauma responses for longer durations including over the weekend and late nights.
  - Provide ex-offenders with coordinated and enhanced resources and supports.
  - Ensure conflict mediation, violence prevention, and trauma supports and resources are available across multiple settings in the community (e.g., schools) and over multiple time periods (summer, weekend).

- **Modifying Policies & Systems**
  - Implement a plan that addresses systemic causes of violence and trauma by doing an analysis of the problem.
  - Network should include partners able to address a variety of social and structural determinants of health.
  - Support community conversation, attention, and commitment to understanding violence and trauma in the community as a shared problem that affects the entire community.
  - Increase funding and programs that provide training and support to organizations to saturate the area with positive support.
  - Obtain additional data to examine related to juvenile delinquency and truancy, as well as school incidences of violence.
  - Support efforts to improve basic neighborhood conditions, appearance, and the quality of life for residents.
  - Ensure that students are receiving high-quality and competitive public education.
  - Coordinate and enhance approaches to reintegrate those returning from prison.
  - Provide economic stimulation packages that support identifying and attracting well-paying blue collar jobs, policy changes to increase minimum wage, and local advantage options that incentive for hiring workers from the community.
  - Developing pipeline training opportunities with local community colleges and trade schools to recruit and support young male survivors in obtaining certifications, associate degrees, and training in trades.
Needs Assessment and Gap Analysis

The report provides a summary of the assessment and gap analysis process and results. The conclusions and recommendations proposed to guide the Network are based on the review of information gathered across the various assessment methods.

Focus Groups

PROCESS

Focus group sessions were conducted with different stakeholder groups by Network Planning Committee members. The format of the focus groups supported a facilitated small group discussion to learn about opinions and experiences related to the issue.

- Six community focus groups were organized and facilitated during the month of June by Planning Committee members in order to gain the community’s perspective regarding violence experienced and services available or utilized.
- Across the focus groups, there were a total of 52 participants. Each focus group consisted of 4 to 16 community members from different community sectors, including residents and family members who have lost loved ones to violence, violence prevention organizations, health organizations, neighborhood associations, clergy and congregants, and law enforcement.

The format of each focus group was consistent and included: an introduction to the Network’s goals, an overview of the topic of community violence and services, the aim of the session which was to gain the communities perspective to guide planning and examine root causes, and oral consent to record responses. Twelve questions were previously developed by the Planning Committee to guide an open discussion over a two-hour period. The group discussion was facilitated by a planning committee member and focused on listening to participant responses. Narratives from each focus group were later reviewed for themes and results and summarized. The information gathered from the focus groups is reported in three sections: The Community, Exposure to Violence, and Community Services.

RESULTS

The Community

What is Going Well

Focus group participants named several improvements occurring in the community, including: transparency and action regarding community violence, physical neighborhood conditions, economic conditions, and availability of community and youth development services or programs. In terms of the transparency of violence that occurs and action being taken to reduce violence, focus group participants provided positive statements regarding problems not
Residents reported that notable successes in the community included closing down Ivanhoe community drug houses, re-investment and development efforts such as Linwood Shopping Center, and increased financial resources invested in Prospect Corridor.

What is Not Going So Well

Focus group participants named several community areas that have not been going as well, including: Lack of social connection and access to resources, generational patterns of behavior, and neighborhood physical conditions and public image. It was mentioned that community youth and school activities (e.g., sports and music) are not supported, which was seen as a strategy to keep youth busy and in school towards graduation. Programs being difficult to find (e.g., have to know there is a Combat website to look at) and lack of support for 0-13 year olds were shared concerns. Additionally, the lack of presence of male role models was discussed; possible reasons were men not knowing about or seizing opportunities to mentor.

![Figure 3. Barriers to employment reported in Focus Group sessions.](image-url)
The general absence of healthy support networks was brought up, as a possible alternative to gang membership for acceptance, encouragement and a group where people look out for each other. A loss of humanism and connection was described, where people are seen as numbers and those living outside the community seeing it as “their problem, their kids”, rather than “our problem, our kids”. General communication was said to be lacking for what is going on in the community, and a lack of accountability for residents find out.

Also, discussed was a lack of financial education and opportunities. One issue presented was the difficulty for African Americans to get loans, with many in the area not having bank accounts. It was also pointed out that petty loans are causing debt.

Participants highlighted persistent generational patterns of behavior (where people continue with the behavior cycles they were raised in and follow their friends) and physical neighborhood conditions as areas in need of improvement. Examples given of persistent behavioral patterns included having multiple sexual partners, looking for ways to make quick money, violence occurring in hot spots, and residents going through the cradle to prison pipeline.

Focus group participants also shared concerns regarding public image and physical aspects of the neighborhoods. Specifically, the need for trash clean-up and better lighting, the high number of liquor stores and guns being brought into community (and sold to anyone at gun shows and pawn shops), and negative neighborhood branding. Concerns were shared regarding the media painting a picture that the area is problematic and not highlighting positive events. Additionally, homicides reported in the media were sometimes associated with the wrong things (e.g., schools nearby, but not involved).

What Needs to Happen

When asked what needs to happen, participants discussed youth development, addressing the post high school gap, economic development and employment opportunities, and addressing structural racism and violence. The need for continuous (i.e., year-round) mentorship programs in school and the community, additional and consistent after-school activities, financial education (e.g., scholarships, building credit, etc.), and career coaching were pointed out.

Economic development and employment opportunities were also raised as community needs. Specifically, banks should be investing more in communities (e.g., there are vacant homes, but people can’t get loan to renovate) and more money is needed for organizations to avoid competition for resources. It was also mentioned that city goals and contract fund regulations need to be enforced, tax money should go to areas of need, and jobs with a livable wage need to be filled by residents. A barrier to overcome is the stigma associated with “re-entry” or “returning citizen”. It was shared that community dialogue that leads to action is needed to address structural racism, race relations and economic disparities, and community violence.

Exposure to Violence

Community Violence and Safety

In regards to community violence and safety, focus group participants called for more action to campaign for healthy community attitudes, consideration and deeper understanding for contextual factors for where people are and why they commit violent acts, and a more positive and responsive police presence. There was agreement among some that at least a portion of the community has accepted violence as normal and residents are complacent. Participants reported a lack of an appealing vision, hope, and awareness of choices that residents see as “for them”; residents who don’t travel think they will die on their block. Focus groups shared that people feel hurt, angry, forgotten and in despair, as well as entitled to something so they think about themselves and not their family or community.

Conflicts were reported to begin across settings and for various reasons. Gang activity was reported to start in the classroom. It was shared that young men are claiming blocks, but do not stay loyal and turn on each other and switch alliances. Social
media comments are a trigger for conflict that begins outside the area. Domestic violence witnessed by children has neighborhood effects as well; youth aren’t afraid of anyone and don’t listen to authority (e.g., parents, teachers, elders). People may carry guns to feel superior and like they have extra power needed for survival, money, street cred and respect. Additional perceptions regarding violence include young females facing more violence, shootings occurring in the early morning, and people behaving differently in the afternoon when they have alcohol and drugs in their system.

In the focus groups, the role of law enforcement in the community was also discussed. It was mentioned that the community needs a responsive and positive police presence. There is a need to hire officers who will protect and serve, have better communication and mediation skills, solve homicides, and not base interactions on intimidation and violence. Participants called for a quick police response after violence occurs and following up with the correct people regarding the crime that was committed.

**Differences in How Violence is Experienced**

When asked about differences in how violence is experienced for young males residing in beats 331 and 332, the following comments were provided:

- Black men in this area experience more violence and are shot more often;
- There is more black on black crime;
- Children see and feel communal violence from when they start going to school;
- Everyone acts tough around peers have to retaliate or you are thought to be less of a man;
- There are neighborhood gangs that go to school with each other;
- Harming each other in person often starts with men getting into word fights on Facebook.

**What Needs to Happen**

When asked what would make a difference for young males regarding violence, participants shared a need for hope, wrap around support and services, and community-wide efforts to reach tangible results. Community organizations, churches and faith groups, school faculty, neighbors, family members, and peers should link together and speak up collectively to individuals, showing they care and promoting respect for all. A view was presented where residents know that the community cares, and services are offered across settings and ages and where service providers and adults support the following: (a) have a consistent and dependable presence, (b) are trauma informed and aware, (c) are gracious when youth make mistakes, (d) listen to youth, (e) ask residents what they want or need first (so programs fit the person), and (f) seek out relatable messengers (e.g., looks), messages (e.g., rap lyrics), and goals based on what residents see every day in their neighborhoods. The following diagram provides a vision based on the responses of focus group participants.

Focus group participants also discussed changing the public image and marketing neighborhoods as places where people want to move. There was a call to shift the focus from negative aspects to telling the whole story, which should include positive aspects and activities. Participants expressed a need for a community calendar for all to access, post events or programs, and help eliminate schedule conflicts (e.g., expanding the tourist kiosk for centralized sharing between providers and residents). The community could then be held accountable to seek information after being publicly provided (e.g., know when meetings are held, so they should show up to meetings).

In regards to violence, focus group participants had several recommendations for improvements. There should be recommended steps for residents to access help and continue until problems are resolved. A smooth hand off processes is needed between trauma and violence agencies, and support throughout the process to ensure accountability. Comments

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*Figure 4. Types of violence reported by focus group participants.*
were made to increase funding for training, boots on the ground to saturate areas, a campaign for healthy lifestyles, and for programs to continue when what they are doing is working. An area in need of alignment is for educational components and awareness efforts across sectors (e.g., community centers, schools, churches, sports, etc.), so the same lessons and messages are carried by multiple sources. It was shared that people need to be empowered as survivors that can be heroes for their neighborhood and family.

Neighborhoods where people who live there work together to maintain housing and build a nice looking area, where people feel safe, crime can’t hide, and residents stay even when they can leave.

Year round activities with male role models who mentor youth, and youth can achieve and see they can be a good person.

More inner city jobs and supporting infrastructure.

More community centers with free youth activities/programs

More black mentors in the community, and incentives for well-to-do black men to come back to the inner city.

School education that shows youth they have skills, provide structure to develop skills, and share applications in the job market

Identify youth struggling with reading skills at an early age, and get them involved in reading.

Teach conflict resolution skills to resolve disputes with win-win solutions, rather than having a win-lose competition.

Schools need to be fully staffed with counselors that care and are not desensitized.

Healthy homes with parental support.

Figure 5. Focus group participants described community needs across ecological levels of influence.

Community Services

Services and Supports for Violence Survivors

Considerations from focus group participants in regards to services for survivors of violence include: how information is presented to residents, accessibility of services, and types of services available. Residents need to receive communication on what services are available, where, for how long, and how to access services and program requirements (e.g., income limits). It was suggested that information should be brought to residents (e.g., the scene, funeral homes); services should be explained to residents and a handout should be provided including contact information. Messengers should speak to families before the public, have a progressive understanding of how to talk about violence, and sincerely want to help achieve change.

In terms of accessibility of services, participants recommended bringing resources to residents. To overcome barriers, it was shared that there is a need for partial or full confidentiality regarding personal information, opportunities not associated with law enforcement, and reducing hoops that delay needed services (e.g., paperwork, transportation, drug testing).
Types of needed services for survivors of violence included:

- Mental health (free counseling services)
- Drug rehabilitation centers and 72-hour detox to get people off the street
- Case management
- Basic needs
- Conflict mediation (requirement)
- Ensuring safety in community (to address fear of retaliation)
- Liaisons for grieving families (to show concern)
- Assistance following up with law enforcement (to increase communication & accountability for solving cases)
- Making flyers and organizing walks
- Male support groups
- Bringing victims and offenders together when appropriate to hold offenders accountable and facilitate victim-offender dialogue

Other Resident Services and Supports

When asked about other service and support needs, focus group participants shared that not enough is being done and there are too many stipulations to access services and supports. Services need to be accessible from bus lines, in areas where crime is occurring, and affordable without insurance or state assistance (residents shouldn’t have to beg, plead, rob and steal). There is a need for bringing information or referrals to residents, or taking residents to where information can be located (e.g., what to do if lights, gas, or water are out, weatherization, current jobs, etc.). Concerns were shared for having minority counselors, since the majority of clients are a minority. Participants also requested a community center that is available to the whole community regardless of age.

What Would Make a Difference for Community Members Related to Community Services

When asked what would make a difference for residents regarding community services, focus group members agreed that a community-wide effort is needed that includes building community partnerships. It is important that the big picture is taken into account by talking with community members and seeing what is going on in the community setting. A recommendation was made to directly ask residents to come to meetings. It was also stated that leaders and officials would need to be held accountable to the community. A variety of services are needed (e.g., food, housing, education, jobs, clothing, vocational, parenting, etc.) and availability and access needs to be improved (i.e., elimination of red tape) to make a difference.

Root Causes and Strategies to Address Community Violence

As a component of the focus group process, the facilitators guided the participants through examining the root causes or underlying factors that underlie violence in the community, as well as identifying strategies to address these causes. The facilitators prompted the focus group participants to consider the following statement: Too many residents in the community experience violence, why is this happening/occurring? What should be done? The facilitators, then prompted dialogue by asking “but why is this occurring” and “what can be done”. Figures 7 and 8 summarize the root causes and strategies identified by participants to be contributing to violence in the community. The factors identified as root causes related to systemic issues, neighborhood characteristics, responses to violence, drugs, mental health, a lack of income and employment opportunities, the educational system, broken homes and family structures, a lack of neighborhood connectedness, and media.
<table>
<thead>
<tr>
<th>Figure 7. Root Causes of Community Violence</th>
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</thead>
<tbody>
<tr>
<td><strong>Systemic Issues</strong></td>
</tr>
<tr>
<td>• Generational patterns and institutionalized racism (e.g., redlining, system designed for people to go to jail).</td>
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<tr>
<td>• Rather than calling parents when youth commit minor offenses, youth are taken to family court and assigned a number that leads to incarceration later.</td>
</tr>
<tr>
<td><strong>Neighborhood Characteristics</strong></td>
</tr>
<tr>
<td>• Too much litter</td>
</tr>
<tr>
<td>• Too many liquor stores and guns</td>
</tr>
<tr>
<td>• Too many empty/abandoned houses (lead burglary).</td>
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<tr>
<td><strong>Response to Violence</strong></td>
</tr>
<tr>
<td>• Lack of services in the community after violence occurs.</td>
</tr>
<tr>
<td>• Patrolling police take a long time to respond.</td>
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<tr>
<td><strong>Drugs</strong></td>
</tr>
<tr>
<td>• Drug availability, use and abuse.</td>
</tr>
<tr>
<td>• Drug sales are a means for money, and people want fast money, so selling drugs becomes about survival.</td>
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<tr>
<td><strong>Mental Health</strong></td>
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<tr>
<td>• People have mental health issues and there are not enough resources available and at the right times (i.e., people wondering around at night).</td>
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<tr>
<td>• Some people may be sick and not know it (e.g., depression and drug use).</td>
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<tr>
<td>• Financial aspects of mental health for those in need to seek and afford help (e.g., copay and medicine costs).</td>
</tr>
<tr>
<td>• To access help you need to commit a violent act.</td>
</tr>
<tr>
<td><strong>Income and Employment Opportunities</strong></td>
</tr>
<tr>
<td>• Lack of organizations providing quality employment opportunities for ex-offenders without disqualifying them before given a chance to earn an income.</td>
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<tr>
<td>• Lack of jobs paying enough for a single parent to take care of their family without working multiple jobs.</td>
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<tr>
<td>• Lack of transportation to go out of area to different demographics (flight to the suburbs and residential segregation). There are minimum wage jobs, but people are still paying taxes same as the rest of the city.</td>
</tr>
<tr>
<td>• More single parents in that area, a lot of dads are incarcerated or dead, and mothers rely on income from the government but do not get that much. If there is a father with a couple kids, child support takes so much and they have to go back to the street to make money.</td>
</tr>
<tr>
<td>• High risk individuals don’t take jobs because they have to carry their guns everywhere (others still carry and their life may be in danger).</td>
</tr>
<tr>
<td><strong>Educational System</strong></td>
</tr>
<tr>
<td>• Lack of education that fits the needs of the people: Parenting, life skills, conflict resolution, and reading.</td>
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<tr>
<td>• Youth are skipping school and hanging out in the area, they aren’t sure what they want to be or do.</td>
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<tr>
<td>• Disciplinary issues in schools (discipline from what is well defined).</td>
</tr>
<tr>
<td><strong>Broken homes and Family Structure</strong></td>
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<tr>
<td>• Absentee parents, kids raising kids, and children raising themselves leads to angry sons and daughters looking for a male role model and love.</td>
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<tr>
<td>• Black males have been removed from the family unit.</td>
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<tr>
<td>• Lack of parents in the home because they are on drugs, in jail, or dead.</td>
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<tr>
<td>• Parents working different hours or multiple jobs to meet financial demands, parents want to forget what they need to do and they didn’t get a chance to kick it when they were young.</td>
</tr>
<tr>
<td>• Lack of healthy discipline in the home, young mothers don’t see what is going on and generational issues with lack of parenting skills.</td>
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<tr>
<td>• Myth that you need to be single to be independent and married women are weak or dependent; required independent thinker to hold household.</td>
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<tr>
<td><strong>Neighborhood Connectedness:</strong></td>
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<tr>
<td>• People don’t know their neighbors and hard to address neighborhood youth or parents fight.</td>
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<tr>
<td>• People don’t tell police when they see something (i.e., snitching) for fear of retaliation.</td>
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<td><strong>Media</strong></td>
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<tr>
<td>• Facebook has videos of people fighting and retaliation.</td>
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<tr>
<td>• Television shows are designed for specific audiences (white versus black), and shows depict misguided youth, a culture of sex, lack of leadership, and independence as sexy.</td>
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</table>
Figure 8. Strategies Recommended by Focus Group Participants to Address Identified Root Causes of Community Violence

**Systemic Issues**
- Collaboratively create a plan that addresses systemic causes by doing an analysis of the problem (entire picture) and look at research studies from other cities.
- Holistic change looking at various factors (e.g., education, jobs, healthy neighborhoods, spirituality).
- The community needs to welcome and reintegrate those returning from prison addressing their needs. Individuals who lived in the community and have been in the street or jail can share their experiences to educate their own community against engaging in the same behaviors.

**Neighborhood Characteristics**
- Improve infrastructure.
- Improve homes (sell or tear down).

**Response to Violence**
- Services for family members who have lost loved ones, comes/listen for people to get frustration out.
- Conflict mediation services.
- More police patrolling who are aware and ready at all times and can identify perpetrators with technology so they are held accountable and brought to justice.

**Drugs**
- Programs that teach the effects of drugs on your system after 5-years of use.

**Mental Health**
- Workshop trainings for organizations (e.g., Aim4Peace and Concerned Clergy Coalition), teachers and school counselors, and parents to identify early signs of mental illness.

**Income and Employment Opportunities**
- Eliminate the box for those getting out of prison.
- Provide ex-offenders resources: job skills and hiring process training, go with them to help get in the door with employers that will put forth effort in training and offer opportunity to come clean and share results, mentors that follow through and hold employers accountable for benefits, health insurance, etc.
- A good economic stimulation package, and good blue collar upper class jobs that pay more, increasing minimum wage, and plan for keeping money inside the community.

**Educational System**
- Hold school board accountable for student academic success and have consistent superintendents.
- Beautification of schools, new curriculum with stress management, books and computers, and make school fun (summer curriculum is more fun).
- Bring back home economics, shop, and automotive classes that build self-esteem promote positivity.
- Early childhood initiatives to work with parents and youth earlier, and identify reading deficits early on.

**Broken homes and Family Structure**
- Increase sex education and dating rules (e.g., come to door not honking).
- Provide youth mentorship.
- Provide parenting skills training and rebuild family structure.
- Send information home with youth for services available to parents and request that parents come to parent meetings.
- Talk to youth, show them they are loved, teach them their value, teach respect (e.g., mam and sir), and hold them accountable for chores at home.

**Neighborhood Connectedness**
- Neighborhood watches, committees and events to get to know your neighbors by name, having male mentors on every block, elders getting involved, and having community responsibility for youth discipline.
Listening Session: My Brother’s Keeper Kansas City

PROCESS
A supplemental document is included along with this assessment with data that were collected from the My Brother’s Keeper Listening Session in August 2014. The listening session was designed to examine community member’s perspectives of what boys and young men of color need in order to reach their full potential. The listening sessions encouraged collaborative dialogue in order to identify strategies for improving the lives of boys and young men of color. The My Brother’s Keeper Session was hosted by the Aim4Peace Program and the KC, MO Health Department and included multisectoral representation with more than 100 participants including community residents, faith and community-organizations, government agencies, foundations, service providers, and others from across the bi-state area. The My Brother’s Keeper Report includes a summary of the issues discussed and recommendations from the panel sessions, as well as from the root cause (“but why”) analysis.

FINDINGS
The findings that resulted from the listening session were very similar to the focus group session conclusions. The full My Brother’s Keeper Report is accessible as a supplemental compendium to this report and further substantiates the findings from the smaller focus group sessions conducted by the Network Planning Committees. Figures 8 and 9 summarize the root causes and strategies identified by participants of the My Brother’s Keeper Session to be contributing to challenges experienced by young men of color in the six areas noted.

The root cause analysis examined underlying factors that influenced young males of color in the following six areas:

1. **Boys of color do not have a healthy start and are not entering school ready to learn.**
   Recommendations: Community members determined that solutions to the problem include: ensuring that all families have access to healthcare (e.g., preschool; maternal and infant care) and accredited educational systems.

2. **Boys of color are not reading at grade level by the third grade.**
   Recommendations: Community members recommended strategies including: Group learning and project-based learning in the classrooms; supports needed for computers/media such as math and reading games; and smaller classes.

3. **Young men of color are not entering the work force.**
   Recommendations: Recommendations included providing career and technical resources for young men, and conducting meet-and-greets between mentors and young men in order to facilitate their transition to college and career.

4. **Young men of color are not completing college or career/technical training programs.**
   Recommendations: Strategies include providing resources for individuals with criminal backgrounds (e.g., job support) and linking them with mentors who can help to motivate youth.

5. **Young men of color are not staying on track and given second chances when they do experience problems or get into trouble.**
   Recommendations: Helping parents become more knowledgeable about financial aid is by providing community financial aid workshops.

6. **Young men of color are not staying on track and given second chances when they do experience problems or get into trouble.**
   Recommendations: Some strategies for addressing this problem are to provide young men with positive role models and legal resources. Community members also reported that young men of color should have opportunities to provide their opinion on how organizations can help them to receive a second chance or stay on track.
Figure 9. Root Causes (Factors) Identified in the My Brother's Keeper Session Related to Six Critical Areas

- **Entering school ready to learn**
  - Lack of parenting & family structure within home
  - Poor healthcare and parental care
  - Lack of consumption of foods with appropriate nutritional value. Lack of accessible healthy and fresh foods
  - Lack of accredited educational resources within the community
  - Competing demands and responsibilities of caregivers who are single-parents and/or work multiple jobs. Reduced in-home time with children

- **Reading at grade level by third grade**
  - Parents and teachers aren’t spending enough time teaching young men to read.
  - Young men are becoming too distracted by other things (e.g., video games, watching television)
  - Lack of culturally appropriate teaching within the classrooms

- **Graduating from high school ready for college & career**
  - Lack of parental support in the household to assist young men as they transition. Lack of stable home. Lack of family engagement.
  - Lack of financial training
  - Young men of color are graduating high school and do not have a plan for the future
  - Lack of educational curriculum for young men of color

- **Entering Workforce**
  - Lack of job training for young men
  - Young men of color lack motivation to find legal employment
  - Young men may have criminal histories that prevent them from entering the workforce

- **Completing college or career/technical training programs**
  - Parents lack knowledge of financial aid and resources

- **Staying on track/second change when get into trouble**
  - Eliminate the box for those getting out of prison.
  - Provide ex-offenders resources: job skills and hiring process training, go with them to help get in the door with employers that will put forth effort in training and offer opportunity to come clean and share results, mentors that follow through and hold employers accountable for benefits, health insurance, etc.
  - A good economic stimulation package, and good blue collar upper class jobs that pay more, increasing minimum wage, and plan for keeping money inside the community
Figure 10. Strategies Identified in the My Brother’s Keeper Session to Address Challenges in Six Critical Areas

<table>
<thead>
<tr>
<th>Critical Area</th>
<th>Strategies</th>
</tr>
</thead>
</table>
| Entering school ready to learn                    | • Provide community-based programs and services that help empower parents/caregivers and encourage clear educational expectations for their children.  
• Ensure all parents and children have appropriate healthcare and resources (e.g., maternal care, preschool)  
• Provide resources and information regarding appropriate nutritional value that children need and enhance access to healthy food options  
• Create and provide a resource guide on accredited educational resources in or near the community  
• Increased opportunities for parents/caregivers to make livable wage to permit more in-home time and interaction with children |
| Reading at grade level by third grade             | • Provide smaller educational classes to support reading  
• Enhance computers/media to ensure that they are used appropriately. Provide math and reading games. Provide educational television  
• Ensure that group learning and project-based learning are occurring |
| Graduating from high school ready for college & career | • Ensure that young men are provided with mentors/role models at a young age.  
• Provide meet-and-greet events that allow parents to be involved in the transition  
• Provide resources that are geared toward financial aid in order for parents to help young men transition easily  
• Provide resources on alternative program choices for young men  
• Enhance educational curriculum and ensure it enhances opportunities for young men of color |
| Entering Workforce                                 | • Provide more educational and training programs and information on entering the workforce  
• Ensure that all youth are being trained for new and different jobs  
• Provide resources and promote group discussions on how to get young men of color to become more motivated |
| Completing College or Career/Technical Training Programs | • Provide parents with information on available financial supports. Provide financial aid workshops. |
| Staying on track & giving second chances when experience problems or trouble | • Establish mentoring programs  
• Solicit input from young men of color on programs that will help them succeed  
• Provide resources for legal services within the community  
• Focus on positive accomplishments  
• Develop different ways of sustaining positive efforts  
• Provide young men with positive male role models. Ensure that male educators are given the opportunity to help young men |
Community Resident Survey

PROCESS
The focus of the community resident survey was to identify types of violence1 experienced by residents, and current services and resources available to those experiencing violence. The community resident surveys were distributed by Network Planning Committee partners through a variety of community activities and events, as well as at the focus group sessions. Between July and August 2016, surveys were completed by 246 individuals.2

- 57% of individuals surveyed were between the ages of 13 and 34 (range 13-76; average 35 years);
- Majority of residents resided in the 64127 (20%), 64130 (15%) and 64128 (13%);
- 40% of respondents were male;
- The majority of individuals surveyed were African American (92%).

RESULTS

Experience with Violence
The majority of individuals indicated that they, or others they know, have experienced violence, with many of the respondents having experienced violence in their lifetime.

- The majority of individuals (80%) reported experiencing violence at least once in their lifetime, with 47% of respondents experiencing violence 6 or more times. Nearly, 20% of respondents indicated experiencing violence.

Individuals were most likely to first experience violence between the ages of 5 to 7 years old or 10 to 15 years old. The ages that individuals most frequently noted experiencing violence were 5 years old (8%) and 12 years old (8%). Of the individuals who experienced violence:

- 88% indicated that they first experienced violence on or before 18 years old.
- 77% indicated that they first experienced violence on or before 15 years old.
- 45% indicated that they first experienced violence on or before 10 years old.

The most frequently reported location of violence was the neighborhood/street (61%), followed by the home of someone the respondent knew (35%), school (34%), and the person’s home (34%). Violence was least likely to be experienced in a business (16%). “Other” responses included jail, parties, church, and night clubs.

Frequency of Observing or Experiencing Violence
The majority of individuals reported that within the past year, they have experienced violence at least once (56%). Individuals reported experiencing violence either 0 times (44%), 2 or 3 times (16%), or 6 or more times (18%).

- Although the majority of individuals (63%) surveyed indicated that they haven’t experienced violence in the past 30 days, approximately 32% of respondents reported experiencing violence 1 or more times in the past 30 days.
- The majority of individuals reported that they did observe violence in the past 30 days (63%). While, 12% reported observing violence once, 25% reported observing violence 2 or 3 times, and 17% reported observing violence 4 or more times.
- Nearly, 62% of individuals reported that a member of their family experienced violence, and 60% reported that they have heard of someone who has experienced violence.

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1 Violence was defined as the intentional use of physical force or power (e.g., threat) with the intent to hurt, harm, force, and/or kill someone or something.
2 The survey results are at a 90% confidence level based on the sample size.
Figure 11. Resident experienced violence.

Figure 12. Places where residents experienced violence.
Types of Violence Experienced

Participants were asked to indicate all of the types of violence they had experienced in their lifetime. The table below depicts the responses. The most frequently reported type of violence was fighting/physical assault, followed by violence in the home (domestic/intimate partner violence).

<table>
<thead>
<tr>
<th>Type of Violence Experienced</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fighting/physical assault with another person</td>
<td>71.9%</td>
</tr>
<tr>
<td>Violence in the home (domestic/intimate partner violence)</td>
<td>53.6%</td>
</tr>
<tr>
<td>Violence with weapons other than guns (e.g., baseball bat, knife, etc.)</td>
<td>48.0%</td>
</tr>
<tr>
<td>Gun-related violence</td>
<td>46.9%</td>
</tr>
<tr>
<td>Bullying</td>
<td>44.4%</td>
</tr>
<tr>
<td>Gang violence</td>
<td>35.7%</td>
</tr>
<tr>
<td>Police violence/altercations</td>
<td>33.7%</td>
</tr>
<tr>
<td>Child abuse and neglect</td>
<td>31.6%</td>
</tr>
<tr>
<td>Sexual violence</td>
<td>29.6%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>17.9%</td>
</tr>
<tr>
<td>Military trauma (i.e., trauma experienced while deployed as a service member)</td>
<td>6.6%</td>
</tr>
<tr>
<td>Other</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

Table 1. Percentage of lifetime exposures to different types of violence.

Support Seeking

The majority of individuals who experienced violence reported never seeking services (54%). While 23% of individuals “occasionally/sometimes” sought services, 17% of individuals “almost never” sought services, and 6% of individuals reported seeking services “almost every time” or “every time.”

Satisfaction with Services

Participants were asked to rate the importance of, and their satisfaction with, services for individuals who are impacted by violence.

- The majority of participants reported that the services in the community were very important for those who are at-risk for, or committing, violence (57%); however, participants were more likely to report they were not satisfied (23%), low satisfaction (25%) or medium satisfaction (28%) with services.
- The majority of participants also reported that services for survivors/victims of violence were very important (54%); however, 22% of participants reported no satisfaction, 23% reported low satisfaction, and 25% reported medium satisfaction.
- Participants reported that it was very important (47%) for individuals who have experienced violence to receive services from the community.
Figure 13. Community resident importance of issues.

Figure 14. Community resident satisfaction with addressing issues.
Reasons for Not Seeking Services

Participants were asked, “What do you think are the main reasons people may not seek services and supports from a community organization/agency when they experience or witness violence? (e.g., unaware of services, don’t think helpful, can’t afford)? The word cloud below depicts common responses, with larger words indicate that the word or phrase was used more often.

![Word Cloud](image_url)

Figure 15. Reasons given for why residents may not seek community services after exposure to violence.

The most frequent reasons for not seeking services reported were that individuals were “scared” or “afraid” (20% of responses), unaware of services (14% of responses), and that services would not be helpful (12% of responses). In addition to the 20% of responses including the words afraid or scared, 7% of responses specifically indicated fears of retaliation, and 8% indicated shame, embarrassment, and fear of judgement. Individuals also reported that there was a lack of trust (3% of responses) and that they “did not want to be a snitch” (4% of responses). The word cloud depicts the most frequent responses.
Services Used
Participants were asked, “What type(s) of services or supports from a community organization/agency have you or others you know ever used as a result of experiencing violence? (e.g., counseling, legal, police, employment, shelter, case management, medical, financial, support groups)?”

- 23% of responses indicated police
- 19% of responses indicated counseling
- 13% of responses indicated shelter
- 8% of responses indicated medical services
- 7% of responses indicated support groups
- 4% of responses indicated legal support
- 4% of responses indicated faith-based resources

Of the respondents, who reported using a specific service by name the following were mentioned: Aim4Peace, Ad Hoc, Rose Brooks, MOCSA (Metropolitan Organization to Counter Sexual Assault), Mothers in Charge, Swope Parkway Health, Police, and Red Cross.

*Figure 16. Types of Community Services Residents Have Utilized*
Services Needed

Participants were asked, “What services do you think should be made available for survivors/victims of violence in your community?” The word cloud on the following page depicts responses from respondents.

The most frequent answer was counseling.

- Participants often specified that they wanted “free counseling” “24 hour counseling” or “more counseling.”
- Additionally, 10% of respondents indicated that participants “don’t know” what services were needed in the community.

The responses indicated that resources were a potential barrier to survivors: 6% of responses indicated needing more shelters, 3% of responses indicated that survivors should be given financial assistance, and 3% reported that survivors should receive help leaving the area or relocating.

- Respondents also requested more community and family programs for violence prevention and abuse education.
Service Provider Survey

PROCESS

Approximately, 140 service providers were identified through internet searches and informational brochures. Organizations that either provide services related to violence prevention, trauma responses, or across the seven domain areas were invited to participate. Surveys were distributed to providers through email containing a link to a survey created using SurveyMonkey®. Aim4Peace solicited initial participation; follow-up emails were sent by the Work Group for Community Health and Development. There was a low response rate, with surveys completed by slightly more than 10% (n=15) of service providers. Respondents were either managers or directors with their organization.

RESULTS

Goal Areas Targeted by Providers

Respondents were asked to identify the category of services provided from a list of areas, results are displayed below in Table 2.

<table>
<thead>
<tr>
<th>Goal Area / Life Domain</th>
<th>Number of Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>8</td>
</tr>
<tr>
<td>Referral services</td>
<td>6</td>
</tr>
<tr>
<td>Family support (e.g., family planning, food stamps, parenting classes, child care, etc.)</td>
<td>5</td>
</tr>
<tr>
<td>Mental health services (e.g., counseling, anger management)</td>
<td>5</td>
</tr>
<tr>
<td>Advocacy</td>
<td>5</td>
</tr>
<tr>
<td>Clothing assistance</td>
<td>4</td>
</tr>
<tr>
<td>Employment (e.g., job interview skills, job training, job placement, clothes and tools for work)</td>
<td>4</td>
</tr>
<tr>
<td>Drug/alcohol counseling/rehabilitation</td>
<td>4</td>
</tr>
<tr>
<td>Medical services (e.g., medical health providers, dental health providers)</td>
<td>3</td>
</tr>
<tr>
<td>Community Health and Development</td>
<td>3</td>
</tr>
<tr>
<td>Social/Peer Supports (e.g., mentoring, peer groups)</td>
<td>3</td>
</tr>
<tr>
<td>Shelter/Housing</td>
<td>3</td>
</tr>
<tr>
<td>Recreational (e.g., leisure-time activities, sports, volunteering opportunities)</td>
<td>3</td>
</tr>
<tr>
<td>Safety/Violence</td>
<td>3</td>
</tr>
<tr>
<td>Police/law enforcement</td>
<td>2</td>
</tr>
<tr>
<td>Financial</td>
<td>2</td>
</tr>
<tr>
<td>Other [Respondents filled in: food and computer/internet access]</td>
<td>2</td>
</tr>
<tr>
<td>Legal (e.g., legal aid probation, victim services)</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 2. Number of service provider respondents whose organization provides services by life domain goal areas prioritized by the Network.

Demographics of Individuals Served by Providers Completing Survey

Age:
- 14 organizations serve adults (i.e., individuals aged 19 years and older)
- 10 organizations serve individuals aged 15 to 18
- 9 organizations serve individuals aged 13 to 14

Gender:
- 15 organizations serve both males and females
- 14 organizations serve transgendered individuals

Race/Ethnicity:
- 15 organizations reported serving African-Americans, Asians, Caucasians, Hispanic/Latinos, and Native Americans.
Services for Survivors of Violence

Providers were asked to indicate whether they serve survivors/victims of violence. If yes, providers were also asked to indicate the types of violence experienced by consumers.

- 13 of the 15 organizations indicated that they serve survivors/victims of violence.
- The most commonly reported types of violence consumer's experienced were sexual violence (8 responses), domestic/intimate partner violence (8 responses), child abuse and neglect (6), and fighting/physical assault (6).
- The table below depicts all types of violence reported by providers.

![Figure 18. Violence experienced by consumers, as reported by Community Providers.](image)

Providers were asked to select the types of services and supports that their organization provides to individuals impacted by violence. The table below depicts the responses. Overall, more services were available for *victims/survivors* of violence. **Referrals and information distribution** were the most common form of assistance provided. Providers were unlikely to offer follow-up services.
Table 3. Services available by population.

Service Provider Availability

Service providers were asked to provide information about the days and times that serve are available. The graphs below depict the questions asked and the percentage of providers providing services. Most providers provided services Monday through Friday (n = 12).

- Wednesday was the day of the week that services were most commonly available and Sunday was the day the least services were offered.
- All of the providers that responded to the question were open in the morning between 7:00 AM and 12:00 PM (n = 13). Providers were least likely to offer services between 10:00 PM and 7:00 AM.

<table>
<thead>
<tr>
<th>Individuals Served</th>
<th>Referrals</th>
<th>Information</th>
<th>Direct services</th>
<th>Follow-Up Services</th>
<th>None of These Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victims/survivors of violence</td>
<td>10</td>
<td>10</td>
<td>6</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Individuals at-risk for violence</td>
<td>7</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Individuals who have committed violence</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

Figure 19. Days of the week services are available.
Service Eligibility

Providers were asked to indicate how long individuals are eligible to receive services through their organization.

- More than one-third of the respondents indicated services with their organization were available for 1 year.
- Providers reporting “other” and “not applicable” often indicated in text comments that individuals were eligible as long as they needed or desired services.

*Figure 20. Service provider organization hours of operation.*

*Figure 21. Length of time individuals are eligible to receive services.*
Importance and Satisfaction

The following graphs depict provider’s reports regarding the importance of various community issues as well as their satisfaction with the community’s current efforts to address these issues. Overall, the results indicate that service providers feel the issues are highly or very highly important; however, service providers reported mostly low and medium satisfaction with the community’s current efforts.

- There was a disconnect between the service provider survey and community resident survey in regards to satisfaction with services or help available in the community with responding to similar questions asked on both surveys.

**Figure 22. Service provider ratings of importance of key issues.**

**Figure 23. Service provider ratings of satisfaction with community’s current efforts to address issues.**
Figure 24. Service provider ratings of importance of key issues.

Figure 25. Service provider ratings of satisfaction with community’s current efforts to address key issues.
Assets Mapping

PROCESS
An asset map was created for the KC Violence and Trauma Response Network team in order to examine access to services for male survivors of violence. Seven life domains are represented in the asset map including: education, employment, health, housing/shelter, legal, nutrition/family, and social/recreational services. Utilities assistance which are also depicted on the map. Figure 26 below shows the map legend.

RESULTS
The map can be viewed electronically at the following Google Map hyperlink. In addition, several snapshots of the map have been provided on the following pages. The appendix provides a listing of the names of each service provider organization identified in the map based on the seven domain areas.

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Figure 26. Map legend and asset map including all identified assets.
Kansas City Metropolitan Area

Overall, services in all seven life domains are present in the Kansas City metropolitan area. The most frequently identified services were health services and nutrition/family services.

Figure 27. Asset map including target beat areas (view 1). Shaded areas represent Beat 331 (top) and beat 332 (bottom), these beats comprise zip code 64128.
**Kansas City, Missouri: Additional View**

*Most services in Kansas City, Missouri, are located west of the target beats (331, 332). Services are more densely clustered around the heart of Kansas City, Missouri.*

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**Figure 28. Asset map including target beat areas (view 2). Shaded areas represent Beat 331 (top) and Beat 332 (bottom), these beats comprise zip code 64128.**
Beats 331 and 332

Only six services were identified within the target beats (i.e., three health related services, one recreational service, and two educational services). These included the Ad Hoc Group Against Crime (health), Kansas City Public Library: Lucile H. Bluford Branch (education), Alcoholics Anonymous (health), Hope Family Care Clinic (health), and the Linwood Family YMCA (education and social/recreational).

Figure 29. Asset map including target beat areas (view 3). Asset map of Beats 331 (top) and Beat 332 (bottom), these beats comprise zip code 64128.
**KC, MO Police Department Victims of Crimes Data**

**PROCESS**

Planning Committee members retrieved Kansas City Police Department crime data from OPENDATA KC (https://data.kcmo.org/) for the last four years, in order to gather information regarding the frequency and types of violence experienced by males of color ages 13-24 in the target area (beats 331 and 332). When examining the portion of KC, MO crime victims living in beats 331 and 332, similar types of offenses have been combined into single categories (e.g., strong arm robbery, armed robbery, and residential burglary have been combined into one category for robbery). Ages were then grouped (13-15, 16-18, 19-21, and 22-24) and the total number of individuals within each age group reported as victims in each offense category were calculated. Table 4 and figures 30-33 below display annual results from 2012 through 2015.

**FINDINGS**

Across the four-year period, the offense that youth in the target area have more disproportionately contributed to as victims of crime (i.e., accounts for 10% or more of the offenses in the City) is homicides. Although it should be noted that in 2014 homicides in the target area and age group were substantially lower.

<table>
<thead>
<tr>
<th>Offense Category</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homicides</td>
<td>5/29 = 17%</td>
<td>4/12 = 33%</td>
<td>0/21 = 0%</td>
<td>2/18 = 11%</td>
</tr>
<tr>
<td>Aggravated Assaults</td>
<td>29/433 = &lt;1%</td>
<td>27/355 = 8%</td>
<td>18/330 = 5%</td>
<td>21/440 = 5%</td>
</tr>
<tr>
<td>Non Aggravated Assaults</td>
<td>15/316 = 5%</td>
<td>15/273 = 5%</td>
<td>15/304 = 5%</td>
<td>21/279 = 8%</td>
</tr>
<tr>
<td>Intimidation</td>
<td>2/19 = 11%</td>
<td>0/13 = 0%</td>
<td>1/16 = 6%</td>
<td>0/22 = 0%</td>
</tr>
<tr>
<td>Robbery</td>
<td>21/303 = 7%</td>
<td>20/310 = 6%</td>
<td>19/277 = 7%</td>
<td>14/281 = 5%</td>
</tr>
<tr>
<td>Property damage and arson</td>
<td>8/133 = 6%</td>
<td>7/102 = 7%</td>
<td>5/91 = 5%</td>
<td>7/104 = 7%</td>
</tr>
</tbody>
</table>

Table 4. Total Count of offenses involving African American male victim’s ages 13-24 living in beats 331 and 332 out of all Kansas City, Missouri African American male victims ages 13-24, 2012-2015.

There are some differences in the types and frequency of incidences for some offenses for young African American males across age distributions.
• Incidences for youth ages 16-18 show increasing numbers of victims over the years, with distribution shifting among categories and between aggravated and non-aggravated assaults.

• For those 13-15 years of age, robberies have been increasing and non-aggravated assaults were the most frequent category, although variability is demonstrated with 2012 and 2014 having the lowest counts.

• Levels of intimidation are only seen for 13-15 and 19-21 year olds, each occurring at low levels and not at all in 2013 and 2015.

• Property damage increased over time for individuals 16-18 years, although absent in 2014. Property damage occurs at comparatively low levels, but maintains over time for the 22-24 age group only.

Offenses over Time

For the six offense categories examined, overall there has been a slight decrease in incidences in the target beats (i.e., Beats 331 and 332) and population (i.e., 13-24) across offenses between 2012 and 2015, except for non-aggravated assaults. Whereas, in KC, MO there was a decrease observed for male youth ages 13-24 across offense categories from 2012 to 2015, except in the areas of aggravated assaults and intimidation.

• Between 2012 and 2015, there was a 60% change decrease in overall homicides for young African-American males in the target beats, and a 38% change for KC, MO for homicide incidences for young African-American males (13-24 years) overall.

• For non-aggravated assaults there was a 40% increase in the target area from 2012-2015 for young African-American males (13-24 years). Although for KC, MO overall there was nearly a 12% decrease in incidences for the same demographic group.

2012 Annual Total Count of Victimization by Offense Across Age Groups in Beats 331 and 332

Figure 30. Total annual count of reported victims, grouped by age, in offense categories for 2012.
2013 Annual Total Count of Victimization by Offense Across Age Groups Groups in Beats 331 and 332

Figure 31. Total annual count of reported victims, grouped by age, in offense categories for 2013.

2014 Annual Total Count of Victimization by Offense Across Age Groups Groups in Beats 331 and 332

Figure 32. Total annual count of reported victims, grouped by age, in offense categories for 2014.
Evidence-Based Strategies Review

A literature review was conducted to identify current evidence-based strategies (EBS)\(^3\) used to prevent violence. A comprehensive EBS list was not identified specifically for male survivors of violence. It is expected that the findings of this literature review can be adapted for use with the priority population. Nine categories of programs, practices and policies were identified, figure 34 depicts a summary of these strategies. Data collection methods, model program examples, and a comprehensive compendium of EBS identified are expanded upon below.

**PROCESS**

Information for this report was collected from EBS databases, scientific journals, and internet websites. The information reported also includes electronically published books, reports, and fact sheets.

Table 5. Evidence-based strategy databases represented in the report.

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\(3\) Evidence-based strategies (EBS) are programs, practices, and policies that have been scientifically evaluated and produced effective results.
The search terms used included combinations of the following words: violence, male/men, and victim/survivor of violence, evidence-based practice/program/strategy, best practices, fact sheet, and violence intervention/prevention / treatment. EBS that were identified as "effective" "best practice" "recommended" and "4/4 rating" were included. Programs with promising results are identified as “(Promising)” in the report. EBS exclusively for female survivors of violence were excluded from the report.

Figure 34. Evidence-based strategy summary adapted from: CDC (2014, 2002), WHO (2010), What Works Guide to Preventative Services (2013), and UIC reports.
PROGRAMS FOR IDENTIFYING & SUPPORTING TRAUMA & VIOLENCE SURVIVORS

The majority of EBS identified were programs for identification and support for survivors of trauma and violence; approximately 35 strategies have been evaluated in this area. The most frequently evaluated support for survivors were therapies. Cognitive Behavioral Therapy (CBT) was evaluated most frequently. Several types of CBT have been demonstrated as effective including: individual CBT, group CBT, trauma-focused CBT, substance abuse treatment provided concurrently with CBT, and integrated CBT. In addition to therapies, EBS for survivors of trauma and violence included: programs designed to improve knowledge and skills, case management services, programs designed to prevent Post-Traumatic Stress Disorder (PTSD), and programs combined with substance abuse treatment. Figures 35 and 36 summarize the evidence-based therapies, strategies and programs.

Figure 35. Summary of evidence-based strategy therapies for supporting survivors of violence and trauma.
Figure 36. Summary of evidence-based strategy programs for supporting survivors of violence and trauma.
STREET OUTREACH AND COMMUNITY MOBILIZATION APPROACHES

Six evidence-based outreach and community mobilization approaches were identified: Communities that Care, Cure Violence, Little Village Comprehensive Gang Model (Promising), Richmond Comprehensive Homicide Initiative (Promising), Operation Ceasefire, and Safe Streets.

Promising Program Spotlight:

Street outreach and community mobilization strategies generally consist of multiple components. Aim4Peace is a replication of the Cure Violence program that utilizes trained street outreach teams to provide conflict mediation techniques to interrupt and prevent violence. Aim4Peace provides case management services for individuals at-risk for violence and implements individual and community-based strategies such as community events, education, and outreach in order to change community norms surrounding violence and prevent retaliatory violence.

Mentorship Approaches

Four evidence-based mentorship programs were identified in the literature review. In addition, the CDC identified 19 resources listed in the right-hand column.

According to the National Council of Juvenile and Family Court Judges (2011), mentoring “... can develop social and emotional competence (which is also a tool to prevent bullying), as well as build self-esteem and self-confidence. Moreover, effective mentoring programs can increase school attendance as well as school engagement. Therefore, not only does mentoring address issues related to youth violence, it can also serve as yet another tool in efforts to improve outcomes for students in America’s public education system.”

POLICY, ENVIRONMENTAL, AND STRUCTURAL APPROACHES
The figure below depicts the policy, environmental, and structural approaches that were identified as evidence-based.

*Figure 37. Policy, Environmental, & Structural Approaches*
EXISTING TRAUMA RESPONSE NETWORKS: HIGHLIGHTS

A need exists for a centralized response and intake system to link survivors of violence to wraparound services to prevent violence. The Kansas City Violence and Trauma Response Network (the Network) seeks to fill this need. Three programs were identified whose purposes and methods are similar to those of the Network; these programs incorporate evidence-based strategies and thus might serve as useful models for the Network.

1. The Wraparound Project\(^5\) was developed in San Francisco and subsequently replicated and expanded in Indianapolis, Indiana and in Davis, California. The Wraparound Project identifies survivors of violence in the hospital and provides case management, mentorship, and wraparound referral (e.g., crisis response, vocational training, tattoo removal, after-school programs, mental health services, Cognitive Behavioral Therapy, education support services, vital document assistance, advocacy, and victims services).

In addition, the Wraparound Project has partnered with the National Network of Hospital-based Violence Intervention Programs (NNHVIP) to create a National Database to measure outcomes in violence prevention. The Wraparound Project currently partners with several EBS identified in this review such as Cure Violence, Caught in the Crossfire, Project Ujima, and the Violence Intervention Program. The Wraparound Project might serve as a model for the Network’s referral methodology once partnerships with appropriate partners (e.g., Truman Medical Center) have been established.

2. The Pennsylvania Injury Reporting and Intervention System (PIRIS)\(^6\) is a collaborative project between Pennsylvania’s Department of Health, the Hospital of the University of Pennsylvania, the Firearm and Injury Center at Penn (FICAP), the Philadelphia Health Management Corporation, and other community partners. The program uses a public health model and tracks data for youth 15-24 with gunshot wounds for use in advancing violence prevention strategies. PIRIS involves multiple levels of intervention and provides wraparound referrals to emergency trauma care and support services (e.g., community services, job training, education, mental health, treatment, etc.).

3. The Boston Public Health Commission\(^7\) oversees several violence intervention and prevention programs including the Violence Intervention Advocacy Program (VIAP) at Boston Medical Center, the Violence Intervention and Prevention (VIP) Initiative, the Family Justice Center, Partners Advancing Communities Together (PACT), Men’s Health Community Resources for Empowerment and Wellness (CREW), the Defending Childhood Initiative, and the Social Emotional Learning Initiative. Several of these programs can serve as effective models for the Network.

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The VIAP uses a Trauma Informed Care approach to treat survivors of gunshot or stabbing wounds and their families using case management services. The VIP Initiative involves collaboration between the Division of Violence Prevention and five community coalitions which are disparately impacted by gun violence. The VIP Initiative works to increase capacity in neighborhoods in order to prevent violence and increase community engagement and action. The Men’s Health CREW is a training and internship program for men of color aged 18 to 24, designed to empower men to advocate for their health care needs and pursue health career goals. The participants receive training, case management, stipends, and internship placement.

EBS SUMMARY

The results of this report indicate that there are several existing EBS available for violence prevention and intervention. Nine categories of EBS were identified including: a) Programs for Identifying and Supporting Survivors of Trauma and Violence b) Intensive, Family-focused Approaches c) Street Outreach and Community Mobilization Approaches d) Mentorship e) Early Childhood Education (ECE) f) Early Childhood Home Visitation g) Parenting Skill and Family Relationship Approaches h) Universal School-based Programs and i) Policy, Environmental, and Structural Approaches.

It is recommended that survivors receive access to evidence-based therapies as identified in the report. In addition, survivors should be linked with evidence-based programs designed to improve knowledge and skills, case management services, programs designed to Prevent Post-Traumatic Stress Disorder (PTSD), and programs combined with substance abuse treatment (if applicable).

In addition, the Network should continue to utilize Street Outreach and Community Mobilization Approaches Community through Aim4Peace and Concerned Clergy Organization (CCC). It is recommended that Communities Creating Opportunities continue to support evidence-based community organization models such as the PICO model. Although community organizing models are not identified as evidence-based strategies specifically for violence prevention, they are recommended for increasing community engagement and thus may be effective in preventing violence.

Finally, the Office of Victims of Crime identified the need to develop and coordinate a centralized response and intake system to link survivors to services in a way that reduces redundancy and increases service provision. Identifying existing evidence-based strategies was the first step in achieving this goal. In addition, the Wraparound Project, the Pennsylvania Injury Reporting and Intervention System (PIRIS), and the Boston Public Health Commission exist to improve referrals for survivors of violence. These projects may serve as models for the Kansas City Violence and Trauma Response Network.
Community Change Goals and Strategy Recommendations

Recommendations are provided to guide the Network in considering appropriate program, policy and practice changes (i.e., community changes) to support enhanced violence prevention and trauma response approaches in the community. The recommendations are based on the various assessment and gap analysis findings and are intended to be used to further inform the planning efforts of the Network. A comprehensive community-based approach to violence prevention and trauma requires the implementation of multiple and diverse strategies. The recommendations are organized around five categories of strategies that support behavior change across different levels.

PROVIDING INFORMATION

1. Promote balanced media, marketing, and communication of the neighborhood and activities occurring in the priority area.
   a. Ensure that the positive aspects of the neighborhood are communicated as much as the negativity.
   b. Enhance the public image of the neighborhood to promote pride, ownership, investment and commitment to improvement in the priority area.
   c. Enhance the public image and marketing of the neighborhood as places where people want to reside.
2. Develop and support a social marketing campaign for healthy lifestyles that promote coordinated messaging across agencies, organizations and throughout the community.
   a. Enhance coordination of awareness efforts across sectors (e.g., community centers, schools, churches, sports, etc.), so the same lessons and messages are carried throughout the community and to residents by multiple sources.
3. Coordinate and support multiple modes of communication and information dissemination to inform residents, as well as organizations, about services available.
   a. Develop resources, tools and communication outlets across multiple coordinated modes that provide one-stop hub for information and resources including a community calendar for all to access, post events or programs, and help eliminate schedule conflicts (e.g., kiosk for centralized sharing between providers and residents).
4. Modify and enhance the approach to providing information to residents. It was suggested that information should be brought to residents (e.g., the scene, funeral homes); services should be explained to residents, and a handout should be provided including contact information.
   a. Increase the knowledge of volunteers and providers by developing and maintaining a coordinated list of providers/organizations to distribute to individuals who might be interested in volunteering in key sectors.

ENHANCING SKILLS

1. Enhance training for violence prevention, reduction and trauma response staff and volunteers. It is important that staff and volunteers speak to the survivors of violence and their families and have a progressive understanding of how to talk about violence.
2. Train, support and empower survivors to tell their stories and become more involved in championing the importance of violence prevention, reduction and trauma responses.
3. Provide supports and trainings for community residents, both adults and youth, to help understand how to be an ally for those they know experiencing violence, as well as how to deal with the effects of witnessing violence.
4. Provide workshop trainings to identify early signs of mental illness for partner organizations, as well as teachers and school counselors, and parents.
5. Provide training to parents and caregivers to enhance parenting skills and strengthen the family structure.
6. Provide and expand conflict mediation services that assist youth in peacefully resolving disputes, fights and arguments. The offense category that is slightly increasing over time between 2012 and 2015 in the target area is for non-aggravated assaults, which may be a precursor of other offenses such as aggravated assaults and homicides.
7. Support initiatives that support early childhood learning to work with parents and youth earlier to address reading deficits, which is a risk factor related to other issues in later childhood and adolescence.
8. Offer training curriculum programs that teach the immediate and longer-term effects of drugs.

**ENHANCING SERVICES AND SUPPORTS**

1. Foster opportunities for earlier prevention efforts that are available throughout the community for children and youth who are younger than 13 years.
   a. Provide supports for 10 to 11 year olds who will age into the priority group (13-24 years) during the life of the grant and will be 13 years of age prior to the conclusion of the OVC grant period.
2. Provide more professional services (e.g., counseling, 24-hour hotlines) and lay support services (e.g., support groups, spiritual support) for survivors of violence.
3. Establish communication services such as hotlines, web-based chat lobbies, and other modes of providing resources and supports to young males and their families.
   a. Consider the use of telehealth approaches to also make counseling services and other supports more available and also potentially culturally-tailored/facilitated. Supporting technology-based means of communication may also enhance access and available of services, as well as provide just-in-time supports.
4. Enhance parental and community supports for youth in both school-based and out-of-school activities.
5. Establish evidence-based mentoring programs for young minority males to implement throughout the target area and priority group.
   a. Continue supports for mentoring and coaching that goes from the ages of 13 to 24 (and doesn’t stop at the ages of 18). Recruit and engage young males in mentoring programs earlier as the pivotal tween period (9 to 12 years) is when children begin to establish key behaviors (positive, negative) and the development of social networks.
   b. Determine how to utilize the assets existing in the target community to support mentoring approaches (e.g., churches for mentor locations).
6. Develop and coordinate a centralized response and intake system to link survivors to services in a way that reduces redundancy and increases service provision.
   a. Enhance coordination between trauma and violence prevention and reduction agencies to support a “smooth hand-off process” and to ensure accountability.
   b. Provide coordinated wrap-around services and supports for young male survivors of violence and their families (e.g., family programs, substance abuse counseling, financial assistance, shelter).
   c. Ensure that services are offered across settings that are accessible to youth and families.
   d. Develop a coordinated system of tracking supports to determine if individuals are seeking multiple services from different agencies at the same or different points of
time. Since of the most commonly supported services identified by providers are referral services, then it would be also helpful to know how many of the referrals are followed-up on by either other providers or the consumers/individual served.

7. Ensure available and accessible services for survivors of across areas of violence. Provide more services and supports specifically for youth violence prevention and reductions, specifically.

8. Ensure that follow-up services are continued to be provided and accessible to survivors of violence and their families.

9. Provide young male survivors with access to evidence-based therapies. In addition, survivors should be linked with evidence-based programs designed to improve knowledge and skills, case management services, programs designed to Prevent Post-Traumatic Stress Disorder (PTSD), and programs combined with substance abuse treatment (if applicable).

10. Provide and enhance immediate services and ongoing supports for individuals and groups, witnessing and observing violence, including family members who have lost loved ones.

11. Maintain and enhance the efforts of neighborhood groups to provide residents with services and supports across multiple life goal domain areas.
   a. Determine appropriate programs and supports that can be offered through the neighborhood groups, which will enhance resident access to resources and services within the neighborhood.
   b. Offer volunteer opportunities (e.g., mentoring) more readily available for individuals and groups in the community who want to serve (e.g., kiosks, apps, etc...).
   c. Support increased neighborhood-level engagement of residents, particularly youth and families (e.g., male mentors on every block).

12. Implement and support community organizing models for increasing community engagement.

MODIFYING ACCESS, BARRIERS, AND OPPORTUNITIES

1. Support efforts to connect community neighborhood associations with youth in the neighborhood (e.g., re-establishment of youth councils). Determine the potential for youth councils that may be coordinated across multiple neighborhood associations and groups to share the responsibility and resources for supporting youth councils.

2. Enhance the provision of services and supports directly accessible in the target community and with the priority group (i.e., youth male survivors of violence and their families).
   a. Broker more accessible violence prevention and trauma response services within the immediate neighborhood. Identify and develop partnership to enhance the use of potentially underutilized assets in the target area with access to the priority group such as neighborhood associations, schools, faith-based institutions, libraries, and other resources.

3. Provide available and accessible services and supports for violence prevention and trauma responses for longer durations including over the weekend, particularly on Sunday as well as in the late evening and early mornings.
   a. Ensure transportation (e.g., bus lines, vans) to enhance accessing services by residents when most needed (e.g., weekends, late night).
   b. Offer the availability of hotlines, chat lines, as well as other types of services that may be more accessible during different time periods.

4. Provide ex-offenders with coordinated and enhanced resources and supports including: job skills and hiring process training, broker connections to help individuals who have offended obtain opportunities with employers (e.g., interviews, references), and provide supports that
will allow offenders to demonstrate their efforts to improve, as well as hold employers accountable for benefits, health insurance, etc. for employees who are offenders.

5. Ensure conflict mediation, violence prevention, and trauma supports and resources are available across multiple settings in the community (e.g., schools) and over multiple time periods (e.g., summer, weekend, late night).
   a. Enhance opportunities (e.g., employment, housing) for individuals who are returning to the community after prison (i.e., eliminate the box for those getting out of prison).
      • Provide ex-offenders with resources and supports including: job skills and hiring process training, broker connections to help individuals who have offended obtain opportunities with employers (e.g., interviews, references), and provide supports that will allow offenders to demonstrate their efforts to improve, as well as hold employers accountable for benefits, health insurance, etc. for employees who are offenders.
   b. Provide incentives for employers who support the hiring of individuals who have offended.

MODIFYING POLICIES AND BROADER SYSTEMS

1. Collaboratively develop and implement a plan that addresses systemic causes of violence and trauma by doing an analysis of the problem, as well as examine models in other cities.

2. The Network should include partners that are able to address a variety of social and structural determinants of health that were identified by various assessment methods to contribute to violence and trauma in the community. Some of the key determinants to address as it relates to policy and environmental changes are in the areas of: access to resources, transportation to services and supports, social connectedness; educational attainment, employment opportunities and hiring practices, structural racism (e.g., lending practices).

3. Use the Network assessment and planning processes as an opportunity to advance the collective community conversation, attention, and commitment to understanding violence and trauma in the community as a shared problem that affects the entire community.
   a. Develop a coordinated and comprehensive approach to violence prevention and trauma, which may be initially piloted in core priority areas in the community.
   b. Develop community metrics across organization, agencies and institutions to holistically examine change in the community across the multiple factors (e.g., education, jobs, healthy neighborhoods, spirituality) that may influence violence and other interrelated issues.

4. Increase funding and programs that provide training and support to organizations to saturate the area with positive supports (including men) by having more boots on the ground in the priority areas.

5. Obtain additional data to examine related to juvenile delinquency and truancy, as well as school incidences of violence, to better understand the types and patterns of incidences occurring in the community across different sectors.

6. Support efforts to improve basic neighborhood conditions, appearance, and the quality of life for residents, particularly youth and families.
   a. Improve the infrastructure (e.g., lighting, curbs,) in the area.
   b. Improve and stabilize the quality of housing (sell or tear down).

7. Ensure that students are receiving high-quality and competitive public education. Support accountability for student academic success. Promote more training opportunities and classes in the school that support trades (e.g., ring back home economics, shop, and automotive classes).
8. Coordinate and enhance approaches to reintegrate those returning from prison into the community.

9. Provide economic stimulation packages that support identifying and attracting well-paying blue collar jobs, policy changes to increase minimum wage, and local advantage options that incentive for hiring workers from the community.

10. Developing pipeline training opportunities with local community colleges and trade schools to recruit and support young male survivors in obtaining certifications, associate degrees, and training in trades that will support marketable and well-paying jobs, as well as enhance the understanding of young males of different longer-term opportunities.
Appendix A: Community Resident Survey

The purpose of this survey is to identify types of violence experienced by residents, and current services and resources available to those who have experienced violence. In this survey, violence includes the intentional use of physical force or power (e.g., threats) with the intent to hurt, harm, force and/or kill someone or something. The purpose of this survey is to identify the current resources available to individuals who are impacted by violence. Please answer the questions to the best of your ability. Please answer the questions to the best of your ability. You may skip any questions or stop at any time. The purpose of this survey is to identify the current resources available to individuals who are impacted by violence. Please answer the questions to the best of your ability.

1. What is your age:

2. What is your gender (select one):
   - Male
   - Female
   - Transgender
   - Other (please specify)

3. What is your Race/Ethnicity (select one):
   - African American
   - Asian
   - Caucasian
   - Hispanic/Latino
   - Native American
   - Other (please specify)

4. What is the zipcode of where you live:
5. Please select all that apply about how you or others you know have experienced violence.

☐ I have experienced violence.
☐ A member of my family has experienced violence.
☐ A close friend has experienced violence.
☐ An acquaintance or someone I know in my community has experienced violence (e.g., neighbor).
☐ I observed or saw violence against another person.
☐ I have heard of someone who has experienced violence (e.g., a friend-of-a-friend).
☐ None of the above.

6. Have you ever experienced violence in any of these places? (Select all that apply.)

☐ Your job
☐ Your home
☐ The home of someone you know
☐ Neighborhood/street (e.g., park, street, etc.)
☐ Business (e.g., restaurant, bar, etc.)
☐ School
☐ Not applicable.
☐ Other (please specify)

7. In the past month (30 days), how many times did you observe or witness someone else (not yourself) who was involved in violence?

☐ 0 times
☐ 1 time
☐ 2 or 3 times
☐ 4 or 5 times
☐ 6 or more times
8. In the past month (30 days), how many times did you experience violence?
   - 0 times
   - 1 time
   - 2 or 3 times
   - 4 or 5 times
   - 6 or more times

9. In the past year (12 months), how many times did you experience violence?
   - 0 times
   - 1 time
   - 2 or 3 times
   - 4 or 5 times
   - 6 or more times

10. In your lifetime, how many times have you ever experience violence?
    - 0 times
    - 1 time
    - 2 or 3 times
    - 4 or 5 times
    - 6 or more times

11. How old were you when you first remember experiencing violence?
12. Please select ALL the type(s) of violence you have experienced in your lifetime.

- Violence in the home (domestic/intimate partner violence)
- Sexual violence
- Child abuse and neglect
- Fighting/physical assault with another person
- Gang violence
- Police violence/altercations
- Bullying
- Attempted suicide
- Gun-related violence
- Violence with weapons other than guns (e.g., baseball bat, knife, etc.)
- Military trauma (i.e., trauma experienced while deployed as a service member)
- Other (please specify)  

13. How often did you seek or get support from a community organization/agency as a result of experiencing violence?

- 1 - Never
- 2 - Almost never
- 3 - Occasionally/sometimes
- 4 - Almost every time
- 5 - Every time

14. What do you think are the main reasons people may not seek services and supports from a community organization/agency when they experience or witness violence? (e.g., unaware of services, don’t think helpful, can’t afford)


15. What type(s) of services or supports from a community organization/agency have you or others you know ever used as a result of experiencing violence? (e.g., counseling, legal, police, employment, shelter, case management, medical, financial, support groups)


16. What services do you think should be made available for survivors/victims of violence in your community?


17. Please indicate how important the following issues are. Then, indicate how satisfied you are with available services.

<table>
<thead>
<tr>
<th>How important is this issue?</th>
<th>How satisfied are you with how this issue is being addressed in the community?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Services are available in the community for individuals who are at-risk for or committing violence.</td>
<td>▲ ▼</td>
</tr>
<tr>
<td>b. Services are available in the community for individuals who are survivors/victims of violence.</td>
<td>▲ ▼</td>
</tr>
<tr>
<td>c. Individuals who have experienced (survived) violence receive the help they need from community organizations/agencies.</td>
<td>▲ ▼</td>
</tr>
</tbody>
</table>
Appendix B: Service Provider Survey

Kansas City Violence and Trauma Response Network:
Community Provider Survey

The purpose of this survey is to identify types of violence experienced by residents, and current services and resources available to those who have experienced violence. In this survey, violence includes the intentional use of physical force or power (e.g., threats) with the intent to hurt, harm, force and/or kill someone or something. The purpose of this survey is to identify the current resources available to individuals who are impacted by violence. Please answer the questions to the best of your ability. You may skip any questions or stop at any time. The purpose of this survey is to identify the current resources available to individuals who are impacted by violence. Please answer the questions to the best of your ability.

1. Please provide your organization’s name:

2. Please indicate how long you have been employed with the organization:

3. Please list your title/role within the organization:

4. Please select all of the age groups that your organization serves. (Select all that apply).
   - [ ] 0-12 years
   - [ ] 13-14 years
   - [ ] 15-18 years
   - [ ] 19-24 years
   - [ ] 25-40 years
   - [ ] 41-64 years
   - [ ] 65+ years
5. Please select the gender(s) that your organization serves. (Select all that apply.)

- Male
- Female
- Transgender
- Other (please specify)

6. Please indicate if your organization serves individuals belonging to a specific race/ethnicity. (Select all that apply).

- African-American
- Asian
- Caucasian
- Hispanic/Latino
- Native American
- Other (please specify)

7. Please describe any eligibility criteria that consumers must meet (e.g., must be 18 years or older, must have a criminal record, must reside in the state of Missouri, etc.)
8. Please select the areas that your organization primarily targets:

- Education (e.g., public school system, tutoring programs, GED, vocational schools, community college)
- Clothing assistance
- Legal (e.g., government assistance, legal aid/lawyer, probation, victim services, child welfare services)
- Medical services (e.g., medical health providers, dental health providers)
- Community Health and Development
- Family support (e.g., family planning, food stamps, parenting classes, child care, etc.)
- Employment (e.g., job interview skills, job training, job placement, clothes and tools for work)
- Social/Peer Supports (e.g., mentoring, peer groups)
- Shelter/Housing
- Recreational (e.g., leisure-time activities, sports, volunteering opportunities)
- Referral services
- Safety/Violence
- Mental health services (e.g., counseling, anger management)
- Drug/alcohol counseling/rehabilitation
- Advocacy
- Police/law enforcement
- Financial
- Other (please specify)

9. Does your organization serve survivors/victims of violence?

- Yes
- No
10. If you selected yes, please indicate what type(s) of violence your consumers experience. (Select all that apply.)

- [ ] Child abuse and neglect
- [ ] Fighting, physical assault
- [ ] Bullying
- [ ] Domestic/Intimate Partner violence
- [ ] Sexual violence
- [ ] Elder abuse
- [ ] Suicide/Attempted Suicide
- [ ] Gun-related violence
- [ ] Youth Violence
- [ ] Community Violence
- [ ] Not applicable.
- [ ] Other (please specify)

11.

Please indicate how important the following issues are on a scale from 0-4. Then, indicate how satisfied you are with the services available on a scale from 0-4.

Rating Scale: Not at all (0), Low (1), Medium (2), High (3), Very high (4)

<table>
<thead>
<tr>
<th>Importance of the issue</th>
<th>Satisfaction with the community’s current efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Help is available for individuals who are at risk for or involved in committing violence.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>b. Help is available for individuals who are survivors/victims of violence.</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>d. Help is available for parents having difficulty managing their children without violence.</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>