



2018 Central Kenai Peninsula Needs and Resource Assessment of Intimate Partner Violence, Sexual Assault, and Teen Dating Violence Prevention



Peninsula Points on Prevention Coalition



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Contents

Coalition	1
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Acknowledgements	1
------------------	---

Community Overview	2
--------------------	---

Methods	4
---------	---

Key Findings	6
--------------	---

Community Perception	11
----------------------	----

Community Risk Factors	16
------------------------	----

Community Protective Factors	19
------------------------------	----

Recommendations	22
-----------------	----

Needs Statement	24
-----------------	----



The Peninsula Points on Prevention is a coalition united to enact a positive change in our community's health and safety through collaborative prevention efforts in the Central Kenai Peninsula. The needs and resource assessment is intended to help our community develop comprehensive prevention programming. The information in this assessment will assist us in identifying resources that are readily available, which resources are challenging to access, ultimately identifying any gaps in services and how we can close these gaps.

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And to the many community members that contributed to the Readiness Assessment and the Peninsula Points on Prevention Coalition

Community

The Kenai Peninsula is a large peninsula jutting from the coast of Southcentral Alaska. The Dena'ina people lived in the region long before the first Russian explorers arrived in Alaska in 1741. While they do not measure their history in years, the Dena'ina consider they have lived in the area since time immemorial, a period that is beyond the reach of memory or record. The name Kenai is derived from the word "Kenaitze" or "Kenaitze Indian Tribe", the name of the Native Athabaskan Alaskan tribe, the Kahtnuht'ana Dena'ina, that historically inhabited the area. The Kenai Peninsula is known as "Alaska's Playground".

The Central Kenai Peninsula is made up of many small communities such as Sterling, Nikiski, Cooper Landing, Kasilof and the two most populous communities of Kenai and Soldotna.

Soldotna is a service and retail-oriented community, the city's pattern of growth has been confined and shaped by natural and man-made features. The Kenai River, local wetlands, and the natural terrain have concentrated development in the western portion of Soldotna. Today, Soldotna remains Alaska's Kenai River City, pushing forward with bold and innovative efforts to protect and address its natural resources. In 2012, the city opened Soldotna Creek Park. Formerly a storage facility and maintenance grounds, the newest addition to Downtown Soldotna serves as community gathering space, with open greenspace, river boardwalks, picnic pavilions, an amphitheater, and year-round public restrooms.

Kenai's motto, "Village with a past, City with a future," reflects the link between the community's long and rich history and its opportunities for sustainable growth and development. Kenai's past has shaped its present. Its settlement history provides a strong cultural foundation and the physical pattern of growth that remains today. The Kenai River is a world-famous sport fishing destination that is especially known for its king salmon and river recreation opportunities. The Kenai River estuary, wetlands, and nearby uplands provide vital habitat for diverse fish and wildlife. Cook Inlet also supports important recreational and commercial fisheries, abundant marine life, and important oil and gas resources. The nearby Kenai National Wildlife Refuge offers year-round recreational opportunities.



The Central Kenai Peninsula, covers approximately 620 square miles, with a population of approximately 55,400. The age and ethnic demographics for the area include: 51% male and 49% female; 85% Caucasian, 6% American Indian/Alaska Native, .05% African American; 1% Asian; .05% Pacific Islander; 1% Other; and 6% 2 or more races. The median age is 37.

The main industries on the peninsula are oil, fishing, tourism, and healthcare but economic factors are greatly impacted by the boom/bust cycle of those industries. In the last 10 years, two major operating plants have closed and the fishing industry has continued to fall. In addition, at least five businesses closed in Kenai in the last two years. Kenai Peninsula Borough School District serves the entire Kenai Peninsula and is the largest employer on the Kenai Peninsula. The Central Kenai Peninsula has nine public elementary schools and one faith-based school serving grades K-12. Although the smaller communities of Kasilof and Sterling have local elementary schools, the high school students travel to schools in Soldotna or Kenai; Kenai also has an Alternative High School. Nikiski has a local high school as well. Connections home school program serves the entire Kenai Peninsula.

College or vocational opportunities in the Central Kenai Peninsula include the Kenai Peninsula College (KPC), the Alaska Christian College, and the New Frontier Vocational/Technical Center (NFVTC), a post-secondary training for various office occupations, all located in Soldotna.

Methods

Peninsula Points on Prevention is utilizing the Community Needs and Resource Assessment Guidance Document for Alaska Community Readiness and Capacity Building Primary Prevention Programs. The Guidance Document was developed for programs funded by the Council on Domestic Violence and Sexual Assault (CDVSA) through the Community Readiness and Capacity (CRC) and Community-based Primary Prevention Planning (CBPPP) grants. The Guidance Document was adapted from the Strategic Prevention Framework-Partnerships for Success Grant Guidance Document created by the State of Alaska Division of Behavioral Health.

The purpose of the Community Readiness and Capacity Program is to support communities in:

- ◆ Assessment of needs and resources
- ◆ Building capacity to coordinate efforts and work cooperatively
- ◆ Developing a strategic plan
- ◆ Implementing primary prevention strategies, policies, and practices that address the primary prevention of sexual assault (SA), intimate partner violence (IPV) and/or teen dating violence (TDV).
- ◆ Monitoring and evaluation of outcomes

In spring 2018, The LeeShore Center conducted a Community Readiness Assessment for Community Change developed by the Tri-Ethnic Center for Prevention Research in Colorado, to assess key factors influencing the community's preparedness to address Sexual Assault (SA), Intimate Partner Violence (IPV), and Teen Dating Violence (TDV). The LeeShore Center staff interviewed eight Key Respondents of the Kenai/Soldotna community. Interviewees represented a range of professional, organizational, and social entities, including: Law Enforcement, Faith-based community, Education, Health, Business, and Government (tribal). Interview responses were scored by two independent scorers utilizing standardized scoring criteria.

Dimensions of readiness are key factors that influence a community's preparedness to take action on the issues of SA, IPV, and TDV. The following formed the basis of inquiry for the assessment:

- ◆ **Community Efforts:** To what extent are there efforts, programs, and policies that address SA, IPV, and/or TDV prevention?

- ◆ **Community Knowledge of the Efforts:** To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
- ◆ **Community Climate:** What is the community's prevailing attitude toward these issues and early detection and prevention?
- ◆ **Community Knowledge:** To what extent do community members know about or have access to information and its existence or impact on the community?
- ◆ **Resources:** To what extent are local resources – people, time, money, space, etc. – available to support prevention efforts?
- ◆ **Leadership:** To what extent are appointed/elected leaders and influential community members (non-elected/appointed) supportive of SA, IPV, and TDV prevention?

Peninsula Points on Prevention Coalition utilized information from numerous community and statewide assessments and surveys conducted over the past five years around the nation, state, and Kenai Peninsula.

Collection of national data was obtained through the Centers for Disease Control (CDC) National Intimate Partner and Sexual Violence Survey (NISVS) which is a national telephone survey that gathers data on sexual violence, stalking, and intimate partner violence in the United States. Started in 2010, the survey collects data from adult women and men on past-year and lifetime experiences of violence.

Local data was collected utilizing the 2013 Kenai Peninsula Victimization Survey conducted by the University Anchorage Alaska Justice Center. Up until, 2010 regional data was not available to guide planning and policy development or to evaluate the impact of prevention and intervention services in the state. The Victimization Survey provided the first definitive measure of intimate partner violence and sexual violence for the Kenai Peninsula Borough. The survey was designed to establish a baseline for the Kenai Peninsula Borough so that results could be used to support prevention and intervention efforts to help reduce violence against women. A total of 987 adult women in the Kenai Peninsula Borough participated in the survey. Respondents were randomly selected by phone (using both land lines and cell phones) from April to July 2013. Respondents were asked behaviorally specific questions about intimate partner violence (both threats and physical violence). Intimate partners included romantic and sexual partners. Respondents were also asked about sexual violence (both alcohol and drug involved sexual assault and forcible sexual assault).

These questions were not limited to intimate partners. Procedures were designed to maximize the safety and confidentiality of all respondents. The survey was approved by multiple institutional review boards and was supported by The LeeShore Center.

Data was also obtained through the State of Alaska, Department of Health and Social Services report: Adverse Childhood Experiences, Overcoming ACEs in Alaska and the Alaska Division of Public Health's 2013 Behavioral Risk Factor Surveillance Survey (BRFSS), which is a public health phone survey of adults, developed by the U.S. Centers for Disease Control and Prevention (CDC) and conducted in all states and territories nationwide. To better understand childhood trauma the CDC developed a set of ACEs questions that States could add to their BRFSS surveys starting in 2009. Alaska became the 20th state to do this in 2013.

The Alaska Division of Public Health surveyed more than 4,000 Alaskans 18 years and older for 2013's Behavioral Risk Factor Surveillance System (BRFSS). The responses give us insight into the relationship between ACEs and chronic disease in Alaska, and how our ACE rates compare with other states.

Additional data included: Connections between ACEs and Resilience developed by the Southern Kenai Peninsula Resilience Coalition Search Institute; Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence is a publication of the Centers for Disease Control and Prevention and Prevention Institute; Department of Justice, National Institute of Justice, Violence Against American Indian and Alaska Native Women and Men; and the National Intimate Partner Violence and Sexual Violence Survey (May 2016).

Key Findings

Intimate Partner Violence/Sexual Assault

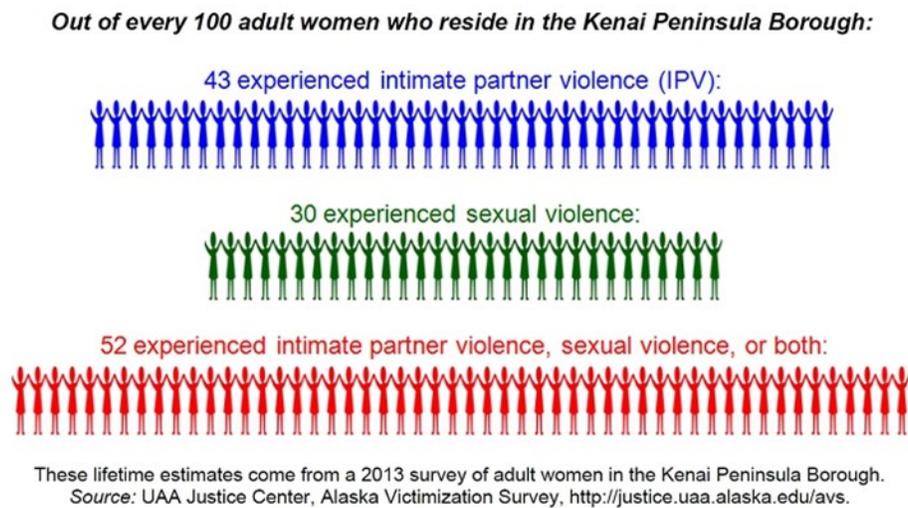
Based on the CDC's National Intimate Partner and Sexual Violence Survey (NISVS) conducted in 2011-2012, the burden of sexual violence, stalking, and intimate partner violence is significant:

- ◆ In the U.S., about 1 in 3 women and nearly 1 in 6 men experienced some form of contact sexual violence during their lifetime.
- ◆ Nearly 23 million women and 1.7 million men have been the victims of completed or attempted rape at some point in their life.

- ◆ In the U.S., more than 27% of women and 11% of men have experienced contact sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime and experienced an intimate partner violence related impact.
- ◆ 1 in 6 women and 1 in 19 men experienced stalking at some point during their lifetime.

Sexual violence, stalking, and intimate partner violence continue to be a public health epidemic affecting millions of Americans each year. Survey findings underscore the heavy toll of this violence, the young age at which people often experience violence, and the negative health conditions associated with these forms of violence.

The Kenai Peninsula Borough's results of the Alaska Victimization Survey conducted in 2013 found that more than 3 out of every 10 adult women in the Kenai Peninsula Borough have experienced sexual violence in their lifetime; more than 4 out of every 10 have experienced intimate partner violence in their lifetime; and astonishingly 52% of adult women in the Kenai Peninsula Borough have experienced intimate partner violence, sexual violence or both, in their lifetime.



Comparatively, roughly 35 percent of women and 28 percent of men in the general population of the U.S. have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.

One specific population at a significant higher risk for domestic and sexual violence than others is American Indians and Alaska Native women. According to a study from the National Institute of Justice, 84% of American Indian and Alaska Native women have experienced violence in their lifetime, and more than half have endured this violence at the hands of an intimate partner. More than two-thirds of the women, or 66%, say they have been the victims of psychological aggression by a partner.

Recently, the Department of Justice's (DOJ) National Institute of Justice (NIJ) examined this issue and commissioned an in-depth study on violence against American Indian and Alaska Native people. The study found that the scope is even greater than previously thought. According to the study, not only are there incredibly high rates of domestic violence in Indian Country, but non-Indian intimate partner violence accounts for the overwhelming majority of it. NIJ found more than half (55%) of American Indian and Alaska Native women have experienced physical violence by an intimate partner in their lifetime and 90% of those victims report being victimized by a non-American Indian/Alaska Native perpetrator, while only 18% report being victimized by an American Indian/Alaska Native perpetrator. In addition, more than half of all Native women who have experienced abuse say they have also endured sexual assault, and another 48% have been stalked.

On a local level, The LeeShore Center works closely with local law enforcement and the judicial system to obtain local data to understand the prevalence of interpersonal violence and sexual assault in our community and to ensure appropriate services and support are provided. For example, the most recent domestic violence and sexual assault arrest data for 2017 by the Alaska State Troopers, E Detachment (which incorporates all arrests for the Kenai Peninsula Borough including the communities of Homer and Seward) showed 459 incidents of domestic violence and sexual assault; 30% of those incidents included alcohol and drugs with an arrest rate of 53%. Kenai and Soldotna police responded to 97 domestic violence and sexual assault incidents - 72% of the perpetrators were male and 28% female. Further data from Kenai showed that 89% of perpetrators were arrested; children were present in 50% of the incidents; and alcohol was present in 38% of the incidents. The LeeShore Center continues to work with community partners to increase data collection on domestic and sexual crimes committed in our community.

During FY17, The LeeShore Center provided safe shelter to 165 women and children for a total of 6262 bed nights. Of the adult women served, 78% were fleeing domestic violence, 15% had experienced sexual assault, and 7% were victims of stalking. Thirty-seven percent (37%) were victims who had never accessed their services before and 7% had been victimized by multiple perpetrators. Fifty-five percent (55%) of the violent crimes were not reported to law enforcement. LeeShore advocates answered 876 crisis calls, provided advocacy and crisis intervention support to 352 walk-in clients, and provided 10,401 safety check calls per victim request.

Teen Dating

Unhealthy relationships can start early and last a lifetime. In a recent national survey, nearly 10% of high school students reported physical violence and 11% reported that they experienced sexual violence from a dating partner in the 12 months before the survey. Teens who are victims are at higher risk for victimization during college and throughout their lifetimes. Victims of teen dating violence are more likely to experience symptoms of depression and anxiety. They might also engage in unhealthy behaviors, such as using tobacco, drugs, and alcohol. (Centers for Disease Control).

We do not currently have local data regarding Teen Dating Violence; however, Alaska conducted a statewide Youth Risk Behavior Survey in 2015 (this survey is conducted bi-annually). The survey found physical dating violence among adolescents (high school students in grades 9-12) was 9.5% for all Alaska adolescents and 9.8% for Alaska Native adolescents, virtually unchanged from levels in 2013 (questions on adolescent dating violence have been asked on the YRBS since 2003 but the question on dating violence changed in 2013 preventing comparisons with earlier time periods).

Statistics from the US Dept. of Justice, Centers for Disease Control and Prevention, and Liz Claiborne Inc. teen dating violence survey revealed that:

- ◆ Girls and women between the ages of 16 and 24 experience the highest rates of intimate partner violence.
- ◆ 1 in 5 high school girls is physically or sexually hurt by a dating partner.
- ◆ 1 in 3 teens experience some kind of abuse in their romantic relationships.
- ◆ Teen girls face relationship violence 3 times more than adult women.
- ◆ Many teens think this is normal.
- ◆ The majority of parents of teen victims are unaware of the abuse.

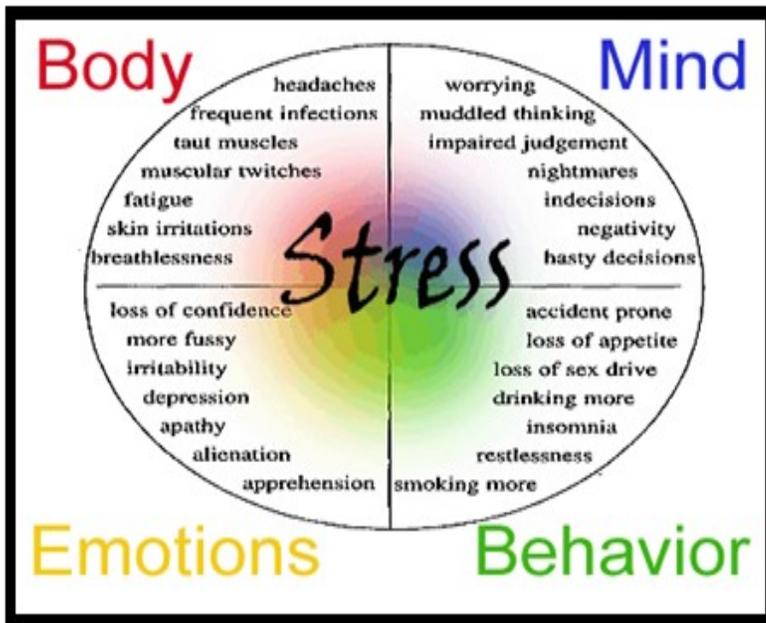


Adverse Childhood Experiences (ACEs)

In the past two decades, we've learned two key things about Alaskans' health:

- Childhood trauma is far more common than previously realized; and
- The impact of this trauma affects individuals over a lifetime and societies over generations.

A keystone 1998 study asked middle class Americans how many traumas they had experienced as a child. Traumas included physical abuse, witnessing domestic violence and having a parent in jail.



Researchers then developed an 'Adverse Childhood Experiences' (ACE) score — the more traumas, the higher the ACE score. Researchers compared scores to measures of adult health and well-being, and found strong links with poor health, social challenges and low earning power. If children experience trauma, this undermines their ability to learn and cope, which in turn undermines their health and ability to earn a living.

Follow-up studies found stress from trauma shows up at the cellular level and its influence can be passed on genetically from one generation to the next. This relates directly to many of the health and social problems we wrestle with in Alaska. This information is incredibly important for Alaska, where rates of child abuse and domestic violence are so high. No nation-wide ACE study has been done, but Alaska's first measured rates, in 2013, were higher than those of an earlier five-state study by the U.S. Centers for Disease Control and Prevention.



Community Perceptions

Findings from the Community Readiness Assessment of Kenai/Soldotna area reflected a higher score in the area of Community Knowledge of the Issue; indicating that at least *some* community members have heard of Sexual Assault (SA), Intimate Partner Violence (IPV), and Teen Dating Violence (TDV). Among some community members, there are *some misconceptions* about SA, IPV, and TDV. Additionally, some members of the community are at least *somewhat aware* that these issues are occurring locally.

The overall community readiness score of 2.6 puts the community in the **Denial/Resistance** stage of readiness, showing that leadership and community members in Kenai believe the issue is not a primary concern, and, in some cases, don't think it can or should be addressed. Community members also have misperceptions or misinformation about efforts that are currently taking place or don't always support using available resources to address SA, IPV, or TDV in community.

A. Existing Community Efforts: 2.5

A number of respondents in the community recognized The LeeShore Center as a prominent organization working to address power-based violence in the community, though many were unsure of specific efforts, especially in terms of work being undertaken to prevent power-based violence. Some noted the perceived reactionary nature of those efforts:

“Well I know that LeeShore is a resource, it's kind of like post, after it's happened. As far as prevention, I can't say that I know of any.” (Educator)

Respondents also mentioned several social services organizations, in addition to certain sectors of the faith community as taking on efforts to address these issues in Kenai:

“I know of Love Inc., The LeeShore, there's some faith-based opportunities and desires to prevent and help with this type of lifestyle. Unfortunately, we don't have other programs. We have lots of efforts- there's a lot of communication about what needs to be done.” (Faith-based Leader)

When asked about the accessibility of programs in Kenai/Soldotna area, respondents conveyed a sense that programs and efforts do seem inaccessible, and that most of the inaccessibility stems from the community at large being unaware of those programs and efforts. One interviewee explains:

“I think it’s kind of an obscure element of assistance, like you really have to dig to find out what’s out there and how to get that help. And so I don’t think many of us really know where to send people or what to do once we’re approached, and we find out there is a need [and] we start scrambling really to find out what to do or where to send them.” (Educator)

B. Community Knowledge about Efforts: 2.2

Respondents rated community knowledge of efforts as being low, with some interviewees speculating that the average citizen could probably not name any efforts currently taking place in Kenai to address and prevent power-based violence. Two respondent stated:

“Most people are not aware if it doesn’t impact them, if they’re not a victim, they don’t have a loved one that’s a victim, then it doesn’t even cross their mind that there should be, could be resources and programs out there. And then even the people that once they do become victims or have loved ones as a victim, it probably takes a while to still learn that there are resources and programs out there for them.” (Law Enforcement)

“I don’t think the average community member thinks about it being an issue unless you go up to someone and asked them what they think about this. I honestly think most people on the street- ask them that question [and] they would just kind of look at you and go, “what?” (Community Business Owner)

Not surprisingly, respondents reported that the reason many community members are not aware of efforts is largely due to the community being unaware of the issue of power-based violence generally. One interviewee juxtaposed the awareness of power-based violence issues with that of the highly successful breast cancer awareness campaigns, and pointed to a disconnect people have with power-based violence as a health issue:

“...they’re not aware of the efforts because they’re not aware of the problem. And so with all of us trying to get it going it’s almost like I would connect it with when the breast cancer awareness was first starting- the very first pink ribbons and you know things like that that people were, [sic] like “What is the big deal, you know, ok, so it’s another cancer.” No, no. It is bigger than that...I think that prevention [for power-based violence] [sic] would be so much more accepted because we try to prevent health problems but we don’t see this as a health problem.” (Educator)

C. Community Climate: 2.4

Respondents reported the community's attitude toward preventing power-based violence to be relatively unconcerned. As one interviewee plainly stated:

"Folks don't want to acknowledge that the problem exists." (Faith-based Leader)

"I think there is a lot of stigma around it and I think that there's a lack of understanding. I think our community has done a good job understanding domestic violence and sexual assault but there's layers that go deeper that people don't necessarily recognize." (Prevention Program Coordinator)

When asked if there were any circumstances in which community members would tolerate power-based violence, some respondents conveyed that there were. One interviewee explained:

"I'm afraid I can think of circumstances in which people [sic] are of the opinion that that's ok to have your opinion, and it's ok to push your opinion, and if a person can't handle it then it's their problem and not yours. They don't have that respect for other people who may not be strong enough in many ways, especially socially, to stand up for themselves. And they think that's their problem and [sic] it's the weaker person, or the person that doesn't have the skills to handle their forcefulness- that's their fault or that they asked for it." (Educator)

D. Community Knowledge of the Issue: 3.0

Respondents reported the community as having a vague sense of awareness of power-based violence in Kenai, or that they may have heard of the issue, but little else. One interviewee offered an explanation, reporting that people are unlikely to get involved personally with issues related to power-based violence, and therefore are less likely to be curious about the issue as a whole:

"...most people choose not to get involved with domestic violence issues because it's someone else's problem, such as the State Troopers or the police, and we'll let the government handle it. And then it's the idea of "I don't want to know." And so we don't make inquiry where we think we should. We see someone who may be a little aggressive in the stores and then we say, "Well we don't know exactly what was going on," or [sic] we dismiss it and it seems easier to dismiss it and close our eyes to it than it is to approach it aggressively." (Faith-based Leader)

When asked about a time they have heard someone in the community talk about power-based violence, one respondent reported that they had, and what stood out was the sense of those involved not knowing what action to take or where to seek help:

“What stood out in my mind is that they spoke about it in a way that there wasn’t going to be support. There wasn’t going to be any- what do you do? It just [was] all about getting children out of there, which you know is ok, but they talked about what to do after but never about getting that person help, and never about what to do to prepare the rest of the family to deal with it.” (Educator)

Some respondents were unsure about where to access local data on the issue of power-based violence. While interviewees mentioned that they knew, in general terms, that data exists, some were unsure of where to access it. One respondent explains:

“I don’t know of any. I mean there is domestic violence rates, and sexual assault rates, but as far as the wider net of power-based violence, I don’t know.” (Community Business Owner)

E. Resources: 2.8

Respondents reported the level of support within the community for efforts to prevent power-based violence including volunteer time, allocating or donating financial resources, and willingness to provide space, among others, to be relatively low community-wide. Some interviewees mentioned counseling services, The LeeShore Center, social services programs, and government entities as resources, but conveyed that more should be done to increase the amount of resources available to community members. One respondent stated:

“...there are some counseling programs out there, but the counseling programs that are government-based, or financed in some way or another, are limited because other restrictions are placed upon the counselors. The limited resources that are provided for them I think restrict the rest of the community. We can do better in this area, but we all have to have an active voice and we need to work together as a community.” (Faith-based Leader)

When asked about the level of support in the community for efforts to address and prevent power-based violence, respondents mentioned fundraisers for The LeeShore Center, along with a few outlets for volunteers. One community member remarked:

“I don’t know. I think that there are [resources]. I do see [sic] many fundraisers for, like, LeeShore Center. I myself have participated in runs to help raise money for help to, I don’t know if I want to say prevent, [but] help prevent the power- based violence. I think Soldotna in itself does help financially [some] volunteer outlets like that.” (Community Business Owner)

F. Leadership: 2.6

When asked who the leaders are in the community in terms of preventing power-based violence, many respondents were unsure, or named specific individuals in the community. Others reported The LeeShore Center and the faith-based community, among others, as being leaders. One interviewee explained their perceptions of who the community leaders are:

“Other than The LeeShore Center, I would say that many of the therapists have been working on it. Many of the churches are really working hard. I know at our church we’ve been trying to get the word out- trying to communicate the best we can. I would say other than that the school system in its way with trying to get awareness from the little [students] all the way up, especially at the high school level. We’ve been working on attempting to get an open conversation, but other than that- doctors’ offices I’ve noticed have been asking if [people] feel safe.” (Faith-based Leader)

Some respondents reported that for the community to take authentic ownership for challenging social norms that allow sexual violence to occur in Kenai/Soldotna, aligning with diverse sectors of community partners would yield the best results. Two respondents said the following when asked who they would want to participate with in the effort to change social norms in the community:

“I would want the Chief of Police, I would want LeeShore, and Kenaitze, and just because they are already doing it and they have a lot of the information and the skill sets and the people in place and with that motivation and passion. I would want the leaders in the faith-based community. Yeah, I guess I would start there. Probably the people involved in the courts, judges, if we could get them involved that would be helpful and Legislators.” (Law Enforcement)

“I would want the political leaders of the community. Specifically, I would want the borough mayor. I would want the Kenai mayor. I would want the city councils. I would want all of them. Someone from each of those. I would want the school district on board. I would want someone from the board of education. I would want people from the police force...I think it would be really good to get with, say even the college and places where sometimes these things happen [and] people can feel very alone.” (Educator)

Risk Factors

There are numerous causal conditions that have been specifically linked to domestic and sexual violence. Many of these links are universal yet each community has its own distinct voice and story to tell depending on the cultural and social norms, community connectedness, economic conditions, as well as individual and relationship factors. Our community has many strengths, yet at the same time many challenges and risk factors that contribute to domestic, sexual and other violent crimes.

Due to distances between outlying areas and hub communities, there is risk for isolation as well as lack of connectedness and resource availability that can lead to unsafe conditions for victims of domestic violence, sexual assault and other violent crimes, i.e., slow response time due to distance when law enforcement respond to incidents of domestic or sexual violence, lack of available transportation to safe shelter, isolation from friends and family or other support systems, increased risk of substance use as a coping mechanism and mental health issues related to depression, anxiety, and other trauma history.

Other causal conditions include health and social factors. Disabled individuals are at increased risk for experiencing domestic and sexual violence. On the peninsula, the disability rate (under age 65) is 20.9% (higher than the state and national average). Social factors, such as social norms that support domestic and sexual violence, lack of offender accountability, and traditional gender norm beliefs that marginalize and negatively impact other people.

Two of the most critical needs and gaps in our community focus on mental health and alcohol and drug abuse. Due to the current drug epidemic in the state our community's victim supports, like many other victim service providers around the state, are experiencing an increase in the number of victims seeking safe shelter who have addictions to alcohol and drugs. According the National Center on Domestic Violence, Trauma and Mental Health, 22%-72% of domestic violence shelter residents have current or past problems with alcohol or other substances. The LeeShore Center estimates around 70%-75% of the women residing in the emergency shelter annually are struggling with alcohol and/or drug addiction. For victims the stakes are high - it is a significant health and safety risk. Drugs and alcohol abuse create additional barriers in keeping or finding employment or securing housing, child custody may be threatened, further isolation may develop, abuser coercion may increase, etc. Access to immediate treatment is critical. Currently treatment resources includes a 12-bed (6-8 week) residential treatment center and 6-bed detox facility.

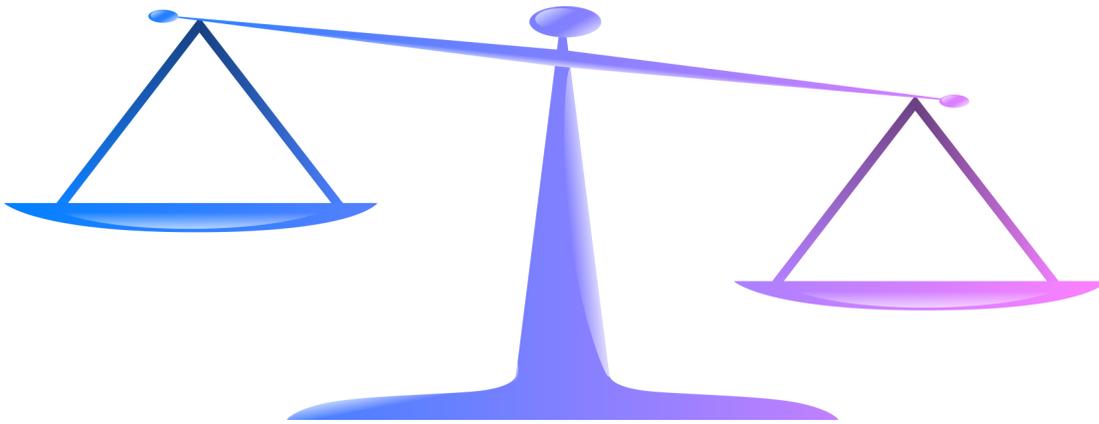
There are no other in-treatment facilities. The community has two sober living facilities after an individual has gone through treatment; a 7-bed faith-based recovery facility which opened in May 2017, and a newly opened 16-bed sober living facility. Long wait times for mental health care and substance abuse care are significant challenges - sometimes taking 9 months or greater.

Access to mental health, as well as medical resources are also problematic; wait time for mental health counseling can be a month or more and even though we have multiple primary care physicians in the community, most are not taking new patients or are limiting Medicaid patients. In FY17, 21% of the women in the emergency shelter disclosed mental health issues (mental illness, chronic alcohol, traumatic brain injury, and developmental disabilities) but that number is much higher - just not disclosed. Conservatively, that figure is at least 50% if not much higher.

Transportation continues to be a great need for our community. Victims trying to access safe shelter who don't have reliable transportation are at greater risk of further violence. Currently, individuals either have to rely on taxi service or use the only public transportation available, the Central Area Rural Transit System (CARTS). Wait times for taxi service for victims living in outlying areas could be up to or more than an hour. Rides through CARTS require a reservation and registration process and available times are only on weekdays from 8:00am-5:00pm. Cost is an issue - many victims can't afford to pay for CART's rides. Additionally, victims find it difficult to schedule or keep appointments since CARTS requires reservations and some appointments with service providers happen quickly due to scheduling openings.

Economic stability and housing are other critical needs and gaps in service provision. As mentioned earlier, the poverty rate for our area is 11.5%. Victims coming into LeeShore's emergency shelter do so with little or no money and no way to access money - an estimated 85%-90% of shelter residents fall within the poverty range. Housing rentals are limited - the average single family dwelling is \$252,986 and the average rent is \$1059 a month (Dept. of Labor, 2016). The number of housing vouchers available for victims annually through Alaska Housing Finance Corporation's (AHFC) Empowering Choice Housing Program (ECHP) is 18; current usage is already at 71%.

Offender accountability continues to be a concern as evidenced by the criminal justice response. One of the biggest hurdles is securing all relevant data needed to analyze effectively. For example, during FY17 The LeeShore Center assisted with filing 66 long-term protection orders, yet only 30 were granted. Changes within the court have made it difficult to obtain follow up data to track reasons why orders were denied. They have also seen a 53% reduction in the number of men court-ordered into the agency's Batterer's Intervention Program (BIP) over the last fiscal year. Seventy-one (71) charges related to domestic and sexual violence were filed in the Kenai District Court in 2017. Charges included: criminal mischief, assault 2, 3, 4, 5, kidnapping/sexual assault, violation of protection orders, interfering with a report of a domestic violence crime, stalking, sexual assault of a minor, etc. Sentences were as follows: substance abuse treatment (1); jail/fines (8); anger management (1); Batterer's Intervention Program (1); no sentence/dismissed (38); and open cases (22). Without having access to all the data, we don't have a clear picture of the true number of domestic and sexual crimes committed in Central Kenai Peninsula.



A July 2018 a survey was distributed to partner agencies as a part of this assessment, respondents were asked the following questions:

1. From your perspective, are there barriers to services for victims of domestic violence/sexual assault in our community? Yes/No
If yes, please provide a brief description of the barriers.
2. If funding were not an issue, what programming would you like to see implemented to help victims and survivors?
3. What public education and awareness efforts that you are aware of have been made around domestic violence, dating violence, sexual assault, and stalking?

Of the 30 respondents, 87% believed that there are barriers to services for victims; the top three barriers identified were housing and transportation (both 23%), and support for mental health/behavioral issues (19%).

If funding were not an issue 25% felt that community education and awareness were most important, whereas 21% saw counseling services as important, with 14% citing affordable transportation and more family supports were needed. When asked what public education/awareness efforts they were aware of 30% cited Green Dot, 27% cited The LeeShore Center and 13% The Women's Run which is an annual run hosted by The LeeShore Center to bring awareness to the community at large about the intimate partner violence and sexual assault in our state and community.

Results from the survivors in The LeeShore Center followed similar themes; 73% believed that there are barriers to services for victims, of those 73% the top four barriers identified were safe/sober housing, accessing current services like Medicare, pro-bono legal services, and transportation. It should also be noted that many felt that they were not believed by law enforcement and the court system.

Protective Factors

One of the most important protective factors includes the availability of safe shelter and support services for those in need. The LeeShore Center's 32-bed emergency shelter and 24-hour crisis line is available to victims, seven days a week, 365 days a year. Additionally, LeeShore arranges for emergency transportation to the shelter as needed and collaborates with law enforcement to transport victims. LeeShore is able to provide, as funding allows, emergency travel assistance for victims needing to relocate for safety reasons; and coordinate with community partners through mutual grant efforts to secure funding for emergency transportation for victims when opportunities arise.

Confidential surveys completed by victims after accessing The LeeShore Center's services is encouraging, 99% knew more or different intervention strategies for safety; 99% reported they knew more about what resources and help are available and how to access those resources; and 95% had a better understanding of the impact of the crisis and trauma they experienced. The LeeShore Center's comprehensive advocate services, including crisis intervention, support, resources and referrals to numerous partners ensure clients received services that best fit their needs.

The LeeShore Center took the initiative to participate in piloting a community based violence prevention program in 2012 (Green Dot Violence Prevention Strategy); it took three years to develop an Alaska specific curriculum ensuring that it would resonate with Alaskan communities. The curriculum was completed and launched statewide in 2015. Green Dot's goal is the permanent reduction of power-based personal violence (but not limited to) sexual assault, domestic violence, stalking, and child abuse. In order to accomplish the following objectives:

- ◆ Power-based violence will not be tolerated.
- ◆ Everyone does his/her part to maintain a safe community

In order to change social norms, the Green Dot Violence Prevention Strategy seeks to engage the majority of the community in new behaviors through awareness, programming and education. The community currently has a certified community trainer and one high school certified trainer, who have been working in the community for the past couple of years conducting countless overviews and Bystander trainings. Although there has been some interest and participation it has not been at a level that is impactful enough to affect change. The Green Dot team continues efforts by offering educational opportunities, conducting monthly overview, Bystander Trainings, and will also provide customized trainings for community groups, partner agencies, and businesses.

Kenaitzi Indian Tribe delivers a variety of programs and services that promote community wellness. In 2014, they opened the 52,000-square-foot Dena'ina Wellness Center, a fully integrated healthcare facility offering a wide range of services beneath one roof. They offer many services to encourage sobriety, including early intervention, outpatient treatment and continuing care. They also operate a tribal justice system, early childhood education center, Elders center, and social services programs

The Kenaitzi Domestic Violence and Sexual Assault program is open to women, men and children, offering culturally relevant advocacy and support. Services include mental health screening, housing assistance and transportation services. They also collaborate with Tribal Court on short-term and long-term protective orders for victims of domestic violence, sexual assault, dating violence or stalking.

Change 4 the Kenai (C4K) is a coalition that is united to work toward connecting the community. C4K is currently dedicated to understanding the local increasing prevalence of drug use and the dire consequences. They plan to implement harm reduction programs and to help break the stigma of addiction within the community through education.

The Kenai Peninsula Reentry Coalition is a coalition focused on finding ways to make our community safer by reducing the constant cycle of people returning to crime and incarceration. They are working in several areas, such as transportation, housing, wellness, and socio-economic concerns. The reduction of recidivism in our communities will help to make our neighborhoods safer by reducing the number of offenders that commit new crimes, thus reducing the number of victims of those crimes.

The Alaska Safe Children’s Act (House Bill 44) was signed into law on July 9, 2015 by Governor Bill Walker. The Act requires public schools to provide child sexual abuse and assault awareness and prevention training (Grades K-12) and teen dating violence awareness and prevention training (grades 7-12). The Alaska Safe Children’s Act went into effect June 30, 2017. Protecting and educating our children is the first step in developing a foundation for them at the earliest stages possible. This law is an opportunity for collaboration between the school district and local agencies such as The LeeShore Center, Kenaitze Indian Tribe, and Kenai Public Health, who have the trained staff and expertise for many of the curriculums suggested by the Task Force. Our children are our future, which is why it is vital that we give our children the necessary knowledge and tools so they can identify these behaviors and understand which ones are inappropriate. Our children deserve to receive a curriculum that teaches what healthy behaviors and relationships look like.

There are various events and activities that occur in the community to support education/awareness, prevention and community connectedness, such as:

- ◆ Choose Respect March
- ◆ Community Awareness Workshop on Domestic Violence and Sexual Assault
- ◆ Kenaitze Candlelight Vigil
- ◆ Community Forums
- ◆ Soldotna Creek Park host many community events to support community connectedness, Wednesday Market, Music, Family Movie Night



Recommendations

Although the rates of IPV, SA, and TDV are alarming at a national level and at the state level, it is even more alarming to find more than half (52 out of 100) of the women residing on the Kenai Peninsula have experienced intimate partner violence, sexual violence or both in their lifetime. Violence and abuse are major unresolved public health problems nationally, statewide and locally. This assessment should be a strategic call to action for all of us who work and reside in our community.

Violence takes many forms, including intimate partner violence, sexual violence, and teen dating violence. These forms of violence are interconnected and often share the same root causes. They can also all take place under one roof, or in a given community or neighborhood and can happen at the same time or at different stages of life. Understanding the overlapping causes of violence and the things that can protect people and communities is important, and can help us better address violence in all its forms. As can be seen by the data and results presented in this assessment, IPV, SA, and TDV are critical concerns for all community members including professional settings.

Some of the most interesting findings come from the ACEs study showing how exposure to trauma can have lifetime implications; not surprisingly, childhood trauma can reduce Alaskans' ability to earn a good living. The research also showed that of the adult smokers in 2013, 32% could be linked back to ACEs and indicated that our state spends an estimated 350 million in healthcare and 246 million in direct and indirect costs associated with substance abuse (to read the Alaska ACEs report in its entirety visit dhss.alaska.gov/abada/ace-ak/Documents/ACEsReportAlaska.pdf).

The community has many supports and resources available for victims including The LeeShore Center, Kenaitze Indian Tribe, Child Advocacy Center, law enforcement, etc. These supports are currently centered on intervention; meaning the violence has already occurred. The focus for three of the major coalitions in the community, Change 4 the Kenai, Peninsula Re-entry, and Peninsula Points on Prevention Coalitions and the many community events such as, Choose Respect March, community awareness events, (community barbecues, runs/walks) are working towards bringing awareness and primary prevention (stopping the violence before it starts), although it has not been enough to raise the level enough for our community to take action. Unfortunately, prevention efforts are often lost among various sectors as to whose venue they fall under (for example, public health, medical, clinical, etc.). Both research and practice have confirmed that, in fact, there is no one agency or discipline that can address this complex, multifaceted issue. In that same vein, there is no one intervention or program that can effectively address the multiple intertwined layers that lie at the root of this issue.

As a community we need to begin educating not only our service agencies, but our community at large showing them how many of the challenging issues faced by our community today intersect with each other.

Prevention efforts work to modify and/or entirely eliminate the events, conditions, situations, or exposure to influences (risk factors) that result in the initiation of IPV, SA, and TDV and associated injuries, disabilities, and deaths. Additionally, IPV, SA, and TDV prevention efforts address perpetration, victimization, and bystander attitudes and behaviors, and seek to identify and enhance protective factors that impede the initiation of power-based violence in at risk populations and in the community. It is a community-oriented approach that takes the onus from victims and advocates and encourages the entire community (women, men, and youth) to prevent power-based violence. (Sexual Violence Prevention: Beginning the Dialogue/CDC),

Although the Community Readiness Assessment provided a score of 2.6, finding the community at the level of denial/resistance for preventing power-based violence, it also provided us with valuable information about what work needs to be done.

It is critical to start focusing on increasing the level of awareness about power-based violence and its long term implications. It is important for community members to understand that unless change is introduced, these patterns of violence are passed from one generation to the next thus creating societies that allow unacceptable rates of violence. In order to accomplish this it is imperative that multiple avenues are used to reach as many community members as possible utilizing web-based outreach, presenting to a variety of community groups, service agencies, business owners, and conducting one on one meetings with community leaders.

The primary prevention of IPV, SA, and TDV strategy currently being facilitated in the community is the Green Dot Violence Prevention Strategy. In Alaska, rates of all these types of abuse are too high. Most people want to prevent violence from occurring in their community, but often individuals feel they do not know what to do about it or how to intervene. Green Dot has the potential to help our community discover and recognize options for intervening when we see signs of violence as well as how to begin to change the dialogue and social norm that promote and/or accept violence.

The Peninsula Points on Prevention Coalition is working on understanding shared risk and protective factors of violence to help us plan how to prevent multiple forms of violence at once. We are focused on violence prevention and intervention efforts that currently address only one form of violence and how it can be broadened to address multiple, connected forms of violence and increase public health impact. It is time as a community to begin pooling resources to take action on our shared protective factors that could have a significant violence prevention impact in our community.

Needs Statement

In a region of rich cultural and bio diversity and beauty, we also see geographical isolation, lack of accountability for offenders, and the stigma and fear associated with victims of IPV, SA, and TDV. It is imperative that we begin building capacity within our community to address this issue through education of the rates of power-based violence and how it intersects with many of the issues faced by our community. Understanding shared risk and protective factors of violence in our community are the important first steps in developing strategies, activities, and resources to effectively prevent multiple forms of violence.

The goal of any primary violence prevention work is to change social norms and behaviors; it is a long term goal that requires support and resources. It also requires work in multiple settings and community collaboration, including enhancing partnerships and bringing new people to the table as allies.

As with any community, multiple prevention efforts may be independent of one another so our goal over the next two years is to connect and build upon these efforts to provide a more cohesive and effective centralized endeavor.

It is imperative that we raise overall awareness of the multifaceted issue of power-based violence, and elevate its importance among stakeholders at all levels. We need to identify meaningful outlets/opportunities for sharing of information among individuals and organizations working in prevention (for example public health workers/educators, responders to victims, law enforcement, judges, prosecutors etc.). We understand the importance of educating and partnering with policymakers and legislators, and move toward leadership commitment and sustained political and economic support for overall statewide prevention efforts. Ultimately, the overall sentiment of this assessment shows the need for a coordinated, prevention effort. In order to achieve this broad goal, several activities need to begin. First, a concerted effort must be made to facilitate collaboration and coordination of prevention efforts among organizations serving different populations.

Efforts should be comprehensive and address the entire lifespan, and take into consideration the spectrum of primary to tertiary prevention when appropriate. In addition, a development of a website for existing programs, data, and resources. This website would encompass accurate, updated information where individuals and organizations of all backgrounds would be able to find relevant information. It is important to identify opportunities for inter-agency/organization collaboration and coordination, exploring avenues where primary prevention of IPV, SA, and TDV can be built into existing efforts.

Intimate partner violence, sexual assault, and teen dating violence are complex and multifaceted issues with a multitude of origins, risk and protective factors, and outcomes. As a state, Alaska has seen different movements and hallmarks of progress in primary prevention of these types of violence. The information in this assessment is to reflect on current research, intervention and prevention efforts, and also set forth a plan for continuing prevention momentum. However, most importantly we must remember that no individual program, organization, or agency can address these issues alone. Therefore, strategies and approaches should encompass a vast range of violence prevention initiatives. All of us, in all disciplines, have a role in IPV, SA, and TDV prevention.

