Homicide

<table>
<thead>
<tr>
<th>HP 2020 Objectives</th>
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<tbody>
<tr>
<td>Reduce homicides</td>
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<tr>
<td>Target: 5.5 homicide deaths per 100,000 population</td>
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Summary

This section reviews homicide mortality data from the past decade. Time trends, demographic characteristics and causes are presented to articulate the burden of homicides in Kansas. The burden of non-fatal assault injury is also presented.

Introduction

Violence is a significant problem in the U.S., with millions of Americans experiencing the physical, mental and economic consequences of violence – including child maltreatment, elder abuse, intimate partner violence, sexual violence, youth violence and suicide – each year. The public health approach to violence prevention includes defining the problem; identifying risk and protective factors; developing and testing violence prevention strategies; and assuring widespread adoption of effective strategies.¹
Homicide Deaths

Time Trends

From 2002-2011, the age-adjusted homicide rate in Kansas remained relatively stable at around 4 deaths per 100,000 population.2

Homicide Rates by Year, Kansas 2002-2011

Year


Age and Gender

Between 2007 and 2011, the homicide rate per 100,000 population in Kansas was highest among children less than 1 year old (9.7; 95% CI 6.0-15.1), young adults 15 to 24 years old (7.8; 95% CI: 6.6-9.1) and those 25 to 34 years old (8.4; 95% CI: 7.1-9.8). During this time period, the age-adjusted homicide rate per 100,000 population was significantly higher among males (6.1; 95% CI: 5.6-6.7) as compared to females (2.2; 95% CI: 1.8-2.6).3

Homicide Rates by Gender, Kansas 2007-2011

Gender

Race and Ethnicity

Between 2007 and 2011, the age-adjusted homicide rate per 100,000 population was significantly higher among non-Hispanic African Americans (19.6; 95% CI: 16.8-22.8) in Kansas as compared to other race/ethnic groups.³

Homicide Rates by Race/Ethnic Groups, Kansas 2007-2011

<table>
<thead>
<tr>
<th>Race/Ethnic Group</th>
<th>Age-adjusted Death Rate per 100,000</th>
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<tbody>
<tr>
<td>Hispanic</td>
<td>6.5</td>
</tr>
<tr>
<td>NH African-American</td>
<td>19.6</td>
</tr>
<tr>
<td>NH White</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Source: 2007-2011 Kansas Vital Statistics, Bureau of Epidemiology and Public Health Informatics, KDHE. Note: Rates are age-adjusted to the 2000 U.S. Standard population using the direct method. Rates for non-Hispanic (NH) Asians/Pacific Islanders and NH Native Americans not shown due to count<20

Cause

From 2007-2011, two-thirds (67%) of homicides in Kansas were caused by firearms.³

Homicide Causes, Kansas 2007-2011

- Firearm: 67%
- Poisoning: 9%
- Suffocation: 11%
- All Other: 13%


Assault

During a five year period from 2006 to 2010, there were 3,256 assault hospital discharges (HD) in Kansas (age-adjusted rate: 23.5 assault HD per 100,000 population). The age-adjusted assault HD rate was significantly higher among males than females (37.8 vs. 8.7 assault HD per 100,000 population, respectively). The assault HD rate was highest among children less than 1 year old (85.5; 95% CI 73.3-99.2) as compared to all other age groups.⁴

During a three year period from 2007 to 2009, there were 18,242 assault emergency department visits (EDV) in Kansas (age-adjusted rate: 220.5 assault EDV per 100,000 population). The age-adjusted assault EDV rate among males was significantly higher than females (246.2 vs. 193.3 assault EDV per 100,000 population, respectively). The assault EDV rate was highest among those 15 to 24 years old (586.3 per 100,000 population) as compared to all other age groups.⁵
Youth Violence

During the 2010/2011 school year, 5.5 percent (9.9%; 95% CI: 4.3-7.1%) of Kansas high school students in grades 9 through 12 had been threatened or injured with a weapon such as a gun, knife or club on school property in the past year, and 4.6 percent (95% CI: 3.3-6.3) did not go to school on one or more days in the past month because they felt they would be unsafe at school or on their way to or from school. Nearly 1 in 4 (22.4%; 95% CI: 19.6-25.4) Kansas high school students reported being in a physical fight one or more times during the past year, and 7.8 percent (95% CI: 6.2-9.7) reported being in a physical fight on school property at least once in the past year.6

References

2. 2002-2011 Kansas Vital Statistics, Bureau of Epidemiology and Public Health Informatics, KDHE.
4. 2006-2010 Kansas Hospital Discharge Database, Kansas Hospital Association.
5. 2007-2011 Kansas Emergency Department Database, Kansas Hospital Association.
6. 2011 Kansas Youth Risk Behavior Survey, Kansas State Department of Education.
## Sexual Violence

### HP 2020 Goals

<table>
<thead>
<tr>
<th>Goal</th>
<th>Details</th>
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<tr>
<td>Reduce sexual violence by current or former intimate partners.</td>
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<tr>
<td>Reduce abusive sexual contact other than rape or attempted rape.</td>
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## Summary

This section reviews the prevalence of sexual violence among Kansas women overall and by various social demographics and health factors. Although men experience unwanted sex, they were excluded from analyses due to relatively small numbers.

## Introduction

Sexual violence is a public health problem impacting Kansans. The problem not only affects the victim but also affects friends, families and communities. Sexual violence does not discriminate; it impacts individuals of various ages, genders, race and ethnicities, and socioeconomic statuses. Although police reports can provide some information about the prevalence of sexual violence, it is estimated that two-thirds of cases of rape go unreported.

Definitions of sexual violence include interpretations of harassment, molestation, rape, voyeurism and non-consensual exposure. The Centers for Disease Control and Prevention (CDC) define sexual violence as “any sexual act that is perpetrated against someone’s will. Sexual violence encompasses a range of offenses, including a completed nonconsensual sex act (i.e., rape), an attempted nonconsensual sex act, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment). All types involve victims who do not consent, or who are unable to consent or refuse to allow the act.”

The Kansas Behavioral Risk Factor Surveillance System (BRFSS) survey is a useful method for collecting self-reported data on prevalence of sexual assault because it looks at any lifetime experience and evaluates current health conditions and risk behaviors. The 2011 BRFSS provided, for the first time, population-based data on the percentage of Kansans who ever experienced unwanted sex at the age of 18 or older.

## Sexual Violence

### Age

Among Kansas women, 8.6 percent reported ever experiencing unwanted sex. Women 65 years and older had the lowest prevalence of ever experiencing unwanted sex (3.7%) compared to all other age groups.

### Race and Ethnicity

The prevalence of ever experiencing unwanted sex did not differ across race/ethnicity groups. The prevalence of experiencing unwanted sex among non-Hispanics as compared to Hispanics did not differ significantly even after age-adjustment.
Economic and Social Factors

The percentage of women who ever experienced unwanted sex was more than twice as high among those who were unable to work (19.6%) as compared to women who were employed for wages/self-employed (8.1%). The percentage of women who ever experienced unwanted sex was more than three times higher among those living with a disability (16.3%) compared to those living without a disability (5.9%).

Overall Health

The percentage of Kansas women who self-reported fair/poor health was nearly twice as high among those who ever experienced unwanted sex (26.4%) as compared to those who did not experience unwanted sex (14.2%).

Mental Health

The percentage of Kansas women who reported 14 or more days of poor mental health was nearly three times higher among women who ever experienced unwanted sex (29.9%) as compared to those who did not experience unwanted sex (10.8%).

In Kansas, 1 in 3 women who experienced unwanted sex were ever diagnosed with an anxiety disorder (33.9%), which is nearly three times higher than the percentage of women who did not experience unwanted sex (12.8%). Nearly half of Kansas women who experienced unwanted sex were ever diagnosed with depression (47.3%), which is almost three times higher as compared to those who never experienced unwanted sex (16.7%).

Chronic Conditions and Risk Behaviors

Kansas women who ever experienced unwanted sex had more than twice the prevalence of currently having asthma (22.4%) as compared to women who never experienced unwanted sex (9.1%).

Prevalence of chronic obstructive pulmonary disorder (COPD), which can make it difficult to breath, was more than twice as high among women who ever experienced unwanted sex (16.9%) as compared to women who never experienced unwanted sex (6.3%).

Prevalence of current smoking was much higher among women who experienced unwanted sex (41.2%) as compared to women who did not experience unwanted sex (16.8%).

References

Strengths and Assets

Strengths

Suicide
Headquarters Counseling Center in Lawrence was recently awarded a three-year federal grant to engage in a statewide collaborative process to reduce the frequency of suicide attempts and deaths among 10 to 24 year old Kansans. This funding represents the first major investment in suicide prevention in Kansas. This project is funded through the SAMHSA “Garrett Lee Smith” award for suicide prevention.

Bullying
Steps to Respect is a national bullying prevention program developed by the Committee for Children. The program relies on a comprehensive approach to bullying prevention impacting students, parents and staff in K-6 schools. In 2012, 18 schools in Kansas implemented the program.

Kansas schools participating in the program experienced a decline in the number of 3rd and 4th grade students who reported experiencing physical bullying. Participating schools experienced a significant decrease in the number of students’ who reported feeling unprepared to help victims of bullying. (Making sure children feel empowered to help victims of bullying can be a great strength in bullying prevention efforts.)

Sexual and Domestic Violence
In 2011 the first state plan for Sexual and Domestic Violence Primary Prevention in Kansas was released. The plan was the result of a collaborative effort between KDHE, the Kansas Coalition Against Sexual and Domestic Violence, and a committee of state and local stakeholders.

In 2012, the Kansas Legislature passed legislation requiring batterer intervention programs to meet minimum standards, use a standardized assessment and be certified by the Office of the Attorney General. Outcome evaluations by court services regarding several certified programs indicate 12 percent to 23 percent recidivism. Currently, there are 26 certified programs in Kansas. An additional eight programs are in the process of becoming certified. There are four judicial districts that do not have a batterer intervention program.

“The Outrage,” an interactive theater piece developed by Johnson County SAFEHOME, is performed by teen actors to educate youth about teen dating violence and sexual assault. As of 2012, the “The Outrage” had been performed 110 times for over 20,000 people. In April of 2010 the Safe States Alliance honored “The Outrage” with their Innovative Initiative of the Year Award. In 2011, “The Outrage” was selected to perform in
Washington, DC at the first National Summit on Gender Based Violence Among Young People organized by the U.S. Department of Education and the U.S. Department of Justice. Currently, “The Outrage” Program is being replicated in six communities across Kansas.

**Child Abuse or Neglect**

The Period of PURPLE Crying was developed by the National Center on Shaken Baby Syndrome. The Kansas Children’s Cabinet and Trust Fund works with the Kansas Children’s Service League to provide outreach to Kansas hospitals on the program. As of 2012, 65 hospitals and 200 community agencies across Kansas had implemented the program.

### Assets

- People and professionals working on this issue: teachers, parents, students, mental health professionals, violence prevention professionals
- Stakeholder and community groups: Court Appointed Special Advocates, faith community, civic community groups, Child Death Review Board, Human Trafficking Advisory Board, Batterer Intervention Program Advisory Board, law enforcement, National Alliance on Mental Illness Kansas
- Policies and programs in Kansas that are addressing violence issues
  - Bullying hotline managed by Kansas Children’s Service League
  - National Suicide Prevention hotline
  - Kansas anti-bullying statute
  - Kansas certification of batterer intervention programs
  - Garrett Lee Smith grant funding for suicide prevention efforts
  - Kansas State Department of Education released social/emotional developmental standards that schools can use (just one of two states that have done this)
  - Engaging men in current work on sexual and domestic violence prevention