



Technical Assistance Guide and Resource Kit for Primary Prevention and Evaluation

PCAR
PENNSYLVANIA COALITION AGAINST RAPE



Technical Assistance Guide and Resource Kit for Primary Prevention and Evaluation

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Overview

For many years the staff of rape prevention programs have worked and struggled to get a foot in the doors of schools, community organizations, and faith communities. They have convinced educators and community leaders that youth and adults in the community need to learn about sexual violence and that it does happen in their communities. Program staff have developed curricula for all ages to raise awareness and to change attitudes about sexual violence. While the work is ongoing, great strides have been made in dispelling myths and shifting the blame away from survivors. Now the field is being asked to do more. Based on research that consistently shows that changing attitudes does not by itself change behaviors, the emphasis is now on primary prevention.

While this is a radical shift, it is a familiar idea. In fact, the word *radical* comes from the Latin for *root*. Its connotation is of getting to the root of the problem. Primary prevention is about addressing the roots of sexual violence – preventing sexual violence before it occurs by changing social and cultural norms. In essence, *changing our rape culture to a violence-free culture that promotes safety, equality and respect*. Primary prevention also brings us back to the roots of the rape crisis movement. The first gatherings of women around the kitchen table strategizing about the need to do something – the Take Back the Night marches and public Speak-Outs – the demands for public accountability of perpetrators and changes to the laws that protected them – all of these have been acts aimed at preventing sexual violence. Often times the women and men working in the movement have been frustrated that their social action and social change agendas were not fundable. Now with the emphasis on primary prevention those agendas can be supported and expanded. Rather than creating communities that are simply more aware of sexual violence, we can create communities that are successfully ending sexual violence.

Although primary prevention is at the root of the movement to end sexual violence, many programs are struggling to define how to do this work. What might primary prevention look like in our communities? How do we choose effective strategies? What resources do we need in order to implement primary prevention programs? How do we convince educators and other community leaders to make this shift with us?

At the same time, prevention educators throughout the nation are increasingly being asked to show evidence for the outcomes of their programs. Evaluation is important on many levels. Most importantly, evaluation helps to identify and sustain what is working and examine and change what is not. It also strengthens funding proposals, opens the doors to do programs in schools, and helps prevention educators build credibility within the community.

However, the growing need for evidence-based programming is not necessarily paralleled by a comparable increase in funding. Many of our nation's rape crisis centers are experiencing cuts to their programs and are unable to retain current staff, let alone hire a full-time evaluator.

Therefore, the task of evaluating prevention programs is largely falling to prevention educators themselves, some of whom are well versed in evaluation and other just learning the language. While current and future programming may demand greater effort and skill in the area of evaluation, the long-term rewards promise to outweigh the short-term costs. Evaluation will enable prevention educators to build upon strengths and improve programs to achieve desired results. Through evaluation, sexual violence prevention educators will be able to show what they have always trusted: that their programs do make a positive difference.

This manual is intended to support prevention educators in building upon what they are already doing to evaluate their programs. It is divided into five sections:

1. Introduction to Primary Prevention
2. Primary Prevention Strategies
3. Introduction to Program Evaluation
4. Basic Steps for Evaluating Your Programs
5. Evaluation Resources

The first section defines primary prevention and discusses some of the challenges of it. The second section presents a framework for choosing primary prevention strategies and presents information on a number of existing resources for primary prevention. Each resource is described; the descriptions include a brief summary of its evidence base. The third section provides an introduction to program evaluation. The fourth section walks the reader through five steps for evaluating one's own programs and offers suggestions for when and how to hire an outside evaluator. The final section consists of tools you may find useful when evaluating your prevention programs.

This manual is not intended to be a blueprint for programs to follow. While all of our communities are influenced by the same dominant rape culture, they are also unique. Each community has its own needs, strengths, challenges, resources, history, personalities, and priorities. While you may choose to adopt one of the strategies highlighted here, the greater hope is that the frameworks and exemplars in this manual will serve as a catalyst for brainstorming and creative thought. The possibilities for primary prevention and program evaluation are limited only by our own imaginations.

Introduction to Primary Prevention

What is Primary Prevention?

Why Does Primary Prevention Seem So Hard?

Theoretical Basis

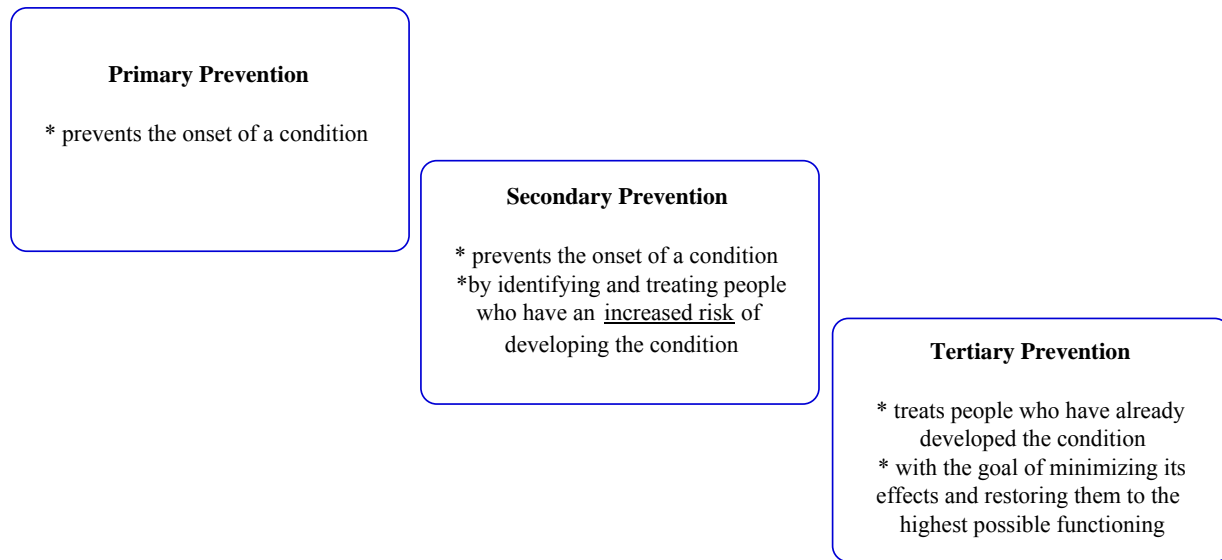
What Are the Guiding Principles of Primary Prevention?

Why Emphasize Primary Prevention?

Summary

What Is Primary Prevention?

The prevention of public health problems is widely conceptualized in terms of primary, secondary, and tertiary prevention¹. This framework defines the “when” of prevention. In other words, does the intervention or program occur before or after a disease or condition develops.



This framework was developed for physical illnesses that are biologically based, although there may be social or behavioral factors that increase an individual’s risk. While advocates in the movement to end sexual violence often find these definitions useful, the distinctions between the types of prevention can be awkward at times when applying them to sexual violence which is a behavior that occurs in certain social and cultural contexts. The lines are further blurred by the fact that rape prevention programs are often engaging in all three forms of prevention. A single curriculum may address multiple types of prevention. Additionally, a program may be using multiple curricula or activities that emphasize different types of prevention. Because most prevention programs are engaging in all three forms of prevention, the questions are what type of prevention is being emphasized more and whether there needs to be a shift in the balance.

There are two ways that these definitions are commonly applied to sexual violence: (1) to talk about preventing perpetration and (2) to talk about preventing long-term mental health problems for survivors of sexual violence. From these perspectives we can use the framework to think about when our interventions are implemented and with what goals.

¹ US Preventive Services Task Force (1996). *Guide to clinical preventive services* (2nd edition). Washington, DC: US Department of Health and Human Services.

Primary Prevention

- * takes place before an act of sexual violence occurs
- * to prevent violent behavior includes interventions that change the structures and norms in a particular setting or in our culture that support a rape culture

Secondary Prevention

- * takes place immediately after a sexual assault
- * to prevent short-term, negative effects

Tertiary Prevention

- * takes place after a sexual assault
- * with identified perpetrators
- * to prevent recidivism

OR

- * takes place after a sexual assault
- * with survivors
- * to reduce long-term, negative effects

The most common types of prevention activities being done by rape prevention programs are presentations to students, community groups, and other professionals. These presentations usually aim to increase awareness about sexual violence, reduce the acceptance of rape myths, increase disclosure rates, and/or suggest ways to respond more compassionately and effectively to survivors². Where do these types of programs, commonly called rape education or victim reduction, fit in the prevention framework?

Increasing the chances that a survivor will disclose their experience and seek support, raising awareness, and decreasing rape myths can lead people to seek support and/or to be more empathetic when someone discloses that they have been assaulted, but they do not prevent the assault from occurring. Therefore, they are not primary prevention. Instead, the common practices of rape education are most often classified as secondary prevention because they are most effective at increasing the chances that survivors will access support services and changing how people respond to survivors.

This is not to say, however, that common prevention activities are unrelated to primary prevention. For example, as a result of increased awareness in a classroom, students or teachers may see the need for changing school policies. They may then work to implement policies that promote gender equity or that change the climate in the school to be less tolerant of sexual aggression. Therefore, secondary and tertiary prevention can lead to primary prevention.

² Townsend, S. M., & Campbell, R. (2008). Identifying common practices in community based rape prevention programs. *Journal of Prevention and Intervention in the Community*, 36, 121-135.

However, we cannot assume that these chain reactions occur. If we want to claim that our awareness program leads to primary prevention then we must have evidence of those subsequent changes. Using the framework of primary, secondary, and tertiary prevention, the following are some of the types of activities in each category:

Primary Prevention

- * bystander training that emphasizes development and use of prevention skills
- * revising organizational and public policies to promote gender equity and to increase accountability for sexual harassment and sexualized bullying
- * promoting gender equity through changing norms of behavior in schools and workplaces
- * media campaigns to promote social norms that promote safety, equality, and respect
- * public education to teach critical viewing skills and advocacy campaigns to change images of women, gender roles, and violence in the media
- * assessment of and strategic plans to change high risk social settings
- * creating settings for males to work against violence
- * social action events and demonstrations to mobilize a broader audience around sexual violence prevention
- * skills training for parents/guardians focused on helping youth develop skills for safe, equal, and respectful relationships
- * creating norms that reject verbal pressure through policies and trainings of professionals who work with youth
- * training social services and schools to identify individuals at-risk for perpetration and get them into appropriate interventions
- * elimination of "legitimate" forms of violence (e.g., corporal punishment, violent sports, etc.)
- * promotion of economic opportunities and anti-oppression work

Secondary Prevention

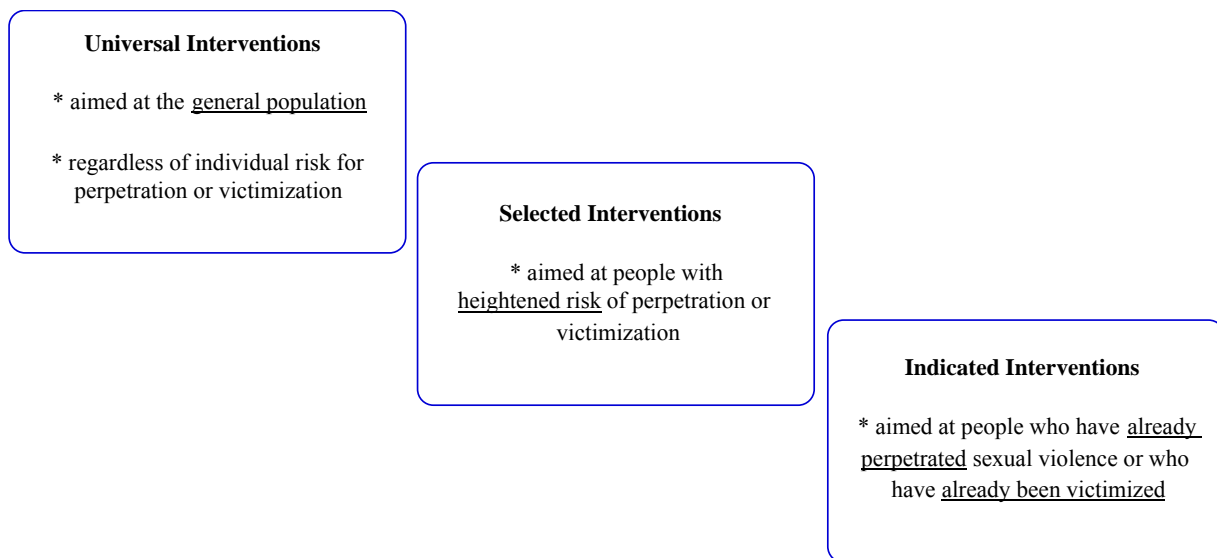
- * education programs to raise awareness and to challenge rape myths
- * professional trainings to improve responses given to survivors when they disclose
- * systems advocacy to improve responses and services for survivors accessing medical, legal, and mental health systems
- * public awareness campaigns, hotline advertising, Take Back the Night marches, Clothesline projects
- * hotline services

Tertiary Prevention

- * sex offender treatment
- * sex offender monitoring
- * professional trainings to strengthen ways in which offenders are held accountable
- * counseling services and support groups for survivors
- * professional trainings to improve support services for survivors

This list is only a starting point. Although all of our communities are influenced by the same dominant culture, they are also unique settings. Each community in which your program works has different needs, strengths, challenges and resources. Each community has its own history and personalities. The level of awareness about sexual violence and the degree to which it is seen as a local problem vary. How daring people are to try new things and the outside constraints they have placed on them also vary. This is not to say that we have to continually recreate the wheel. As will be described, there are principles that should guide prevention efforts regardless of the setting.

In addition to considering when an intervention occurs, we also need to determine the “who” of the program. In other words, who is the target audience for the intervention? From a public health perspective we again use a framework that distinguishes between three levels³:



The two frameworks for the “when” of prevention (primary, secondary, or tertiary) and the “who” of prevention (universal, selected, or indicated) can be combined in multiple ways. For example, *primary prevention* programs take place before an assault occurs and aim to prevent violent behavior. However, these interventions can be done with any of the target groups:

- **Universal interventions:** They can be done with everyone in a population, regardless of their individual risk for perpetration or victimization. The population can be defined geographically (e.g., everyone in a particular neighborhood, town, country, state, school, or school district, etc.) or by certain characteristics (e.g., everyone in a certain age range, gender, ethnicity, etc.).

³Offord, D. R. (2000). Selection of levels of prevention. *Addictive Behaviors*, 25, 833-842.

- **Selected interventions:** Alternatively, primary prevention can be done with people who are thought to have a heightened risk for perpetration or victimization. Heightened risk can be defined in many ways (e.g., endorsing hostile attitudes toward women, endorsing sexism, growing up in families where there is domestic violence, displaying other aggressive behaviors, etc.).
- **Indicated interventions:** Primary prevention can also be done with people who have already perpetrated sexual violence or have already been victimized.

When developing or evaluating prevention programs it is imperative that program staff be clear about the type of prevention they are doing and the intended recipients of the intervention. Without this clarity there is a risk that the evaluation questions and measures will not match the nature of the program. A mismatch can lead to misleading evaluation results.

For example, if you are raising awareness about sexual violence and decreasing rape myths with the goal of more survivors seeking support and receiving more effective responses from the people they tell (secondary prevention) but your evaluation is measuring the change in rate of sexual violence (primary prevention), there is a mismatch between the nature of the program and the evaluation measure. If you find that the rate of sexual violence does not decrease you might conclude that your program does not work – even if it is, in fact, leading to more survivors disclosing and receiving more effective support. In this case, you would need to change your evaluation to measure rates of disclosure, kinds of responses received, and survivors’ satisfaction with those responses. In other words, if your program has primary prevention goals you need to measure primary prevention outcomes. If your program has secondary prevention goals you need to measure secondary prevention outcomes.

Why Does Primary Prevention Seem So Hard?

Although primary prevention is at the heart of the movement to end sexual violence, it can still seem daunting. Before looking at some of the guiding principles of primary prevention it may be helpful to identify some of the major challenges to doing this work. There are four types of challenges that many program staff will encounter.

Practical Issues:

- Prevention of any sort is a *leap of faith*. How do you know that without your efforts the thing you are trying to prevent would have happened? This question is not unique to rape prevention. Your doctor tells you that regular exercise can reduce the chances of a heart attack so you make the effort to work out regularly despite the inconvenience of it. But maybe even if you had not exercised you would not have had a heart attack or you may still have a heart attack despite your exercise regimen.
- Because preventing sexual violence is a *long-term goal* it can be difficult to keep it on the front burner of other agencies that you work with and on which you depend.
- Programs do not have enough *resources or support* for what they already do, much less the resources to do something more or different.
- Many of the organizations and settings you currently work in, such as schools, community groups, and faith communities, are *comfortable* with what you currently are doing. They like the presentations you regularly provide to them so they may be hesitant to change the approach.

Process Issues:

- Primary prevention is *slow*. It requires a long-term commitment and vision. It can be difficult to sustain the work over time either due to internal changes such as staff turnover and funding changes or due to external changes in the schools and other community settings where you work.
- The change is *incremental*. Therefore, knowing whether or not you are making progress toward the ultimate goal requires accurately identifying and carefully measuring the intermediate steps.
- Because we are talking about *changing complex systems*, it may be that a change in one area leads to changes elsewhere. This is part of the power of systems change. However, it can also lead to a situation where change is happening in

places or ways that we are not looking for and so we are not aware of the impact and success we are having.

Underlying Social Norms:

- The cultural values and social norms that need to be changed are entrenched and sometimes so subtle that they are *hard to target*. Even when we see the causes of sexual violence clearly and have a plan of action, it can be difficult to convince others of how rape prevention is related to other issues like gender roles, images of masculinity and femininity, and other forms of violence and oppression.
- Changing social norms requires working in *multiple settings*, some of which may be very different from one another. At the very least an intervention needs to be *adapted* when going from one setting to another. Some adaptations may be due to developmental differences. For example, middle school students are developmentally very different from college students. Their abilities to analyze complex cause and effect relationships differ. Additionally, they are at different levels of moral reasoning: young teenagers tend to focus on gaining others' approval by doing what is perceived as the right thing to do, whereas young adults tend to focus more on social rules, laws, and abstract concepts of justice. Other adaptations may be due to cultural and historical differences. "Culture" doesn't refer only to ethnic groups. Each social setting has its own ways of doing things, values, relationships, experiences, resources, and challenges. For example, when working with a police department that has a very clear structure of authority it is often effective to take a top-down approach. If the commanders support making changes then their officers will often follow. However, if you are working with residents of a public housing complex who have been disregarded by the agency that manages the complex, then it would be counterproductive to start with the management. In this setting you would want to work directly with residents, fostering collaborative relationships and empowering them as they organize to solve problems that they have identified as important.

Connections to Other Forms of Oppression:

- Primary prevention also requires grappling with the *connections between sexual violence and other forms of oppression*. There are many alliances that can be established or strengthened in order to do collaborative work. For example, alliances can be built with other violence prevention programs, associations of ethnic/racial minorities, lesbian/gay/bisexual/transgender associations, disabilities groups, organizations that promote economic opportunities, and civil liberties and human rights groups.
- However, there may also be a history of disinterest, mistrust, or simply being stretched too thin on one's own issue to be able to address other social issues.

- Primary prevention requires *new kinds of collaborations*. The goal is for our allies to take on rape prevention work as part of their own activities. Often times rape crisis centers and rape prevention programs are welcome guests. Schools, faith communities and other groups may be happy to have you come in once or twice a year to give a presentation. But what happens during the other days of the year? What are they doing in their own work to promote gender equity? What are they doing to redefine masculinity as something other than dominance? What actions are they taking to end the objectification of women? If we are going to truly prevent sexual violence in our communities then we need our allies to be working actively in their own ways to change the underlying causes of rape.
- These new collaborations may also require that those of use working in the movement to end sexual violence *think more broadly about our own work*. How are we dealing with other forms of oppression and the ways that they perpetuate sexual violence?

Theoretical Basis for Rape Prevention

In order to choose strategies for the primary prevention of sexual violence it is necessary to understand the theory behind the causes of sexual violence and how prevention of sexual violence works.

Causes of Sexual Violence

The Centers for Disease Control and Prevention has chosen to use an ecological model to illustrate the many different factors that contribute to sexual violence in our society.⁴ The ecological model divides causes of sexual violence into four levels: individuals, relationships, community and society. Examples of the types of causal factors at each level are shown below.

Ecological Model of the Causes of Sexual Violence



In order to prevent sexual violence we must be intervening at each of these levels and addressing the multiple and complex causes.

⁴ Centers for Disease Control and Prevention (under review). Creating safer communities: Rape prevention education model of community change. Atlanta: CDC.

Primary Prevention of Sexual Violence

Because the causes of sexual violence are many and occur at multiple levels that interact with one another, the process of preventing sexual violence is also complex. The Centers for Disease Control and Prevention has recently created a model to illustrate how primary prevention of sexual violence happens. (See Theory Model in the Evaluation Resources section.)

The model emphasizes that rape prevention requires changing the norms, climate, and culture of our communities. At the same time, individuals must also change their behaviors. Therefore, the model addresses how we can promote both community change and individual behavior change.

The model begins by addressing the level of *community readiness to do prevention work*.⁵ In assessing and strengthening a community's readiness, prevention staff should consider questions such as:

- How aware is the community of the need for sexual violence prevention?
- Are there leaders in the community who are ready to take on prevention work?
- Is there a collective vision for sexual violence prevention?
- Is there a clear, community-wide action plan for sexual violence prevention?
- What types of partnerships are there across community groups and organizations?

Assessing and building community readiness is an ongoing process. While the community may be ready for one type of prevention strategy, they may not be ready for other types. Additionally, as the community and key people in it change it may be necessary to rebuild readiness. Note that awareness is one of the first elements of readiness for prevention. This is one way that the awareness education a prevention program has been doing is valuable. While awareness by itself may not be a primary prevention activity, it may be an important activity for building community readiness for prevention.

As community readiness builds, *prevention activities can be started or expanded*. These activities may be in the areas of:

- advocacy for public or organizational policies
- social norming and social message campaigns
- sexual violence prevention education and training.

These activities should be done in a way that saturates the community with prevention messages and skills.⁶

⁵This part of the model is drawn from theories of community readiness developed by Plested et al. (1999), Donnermeyer et al. (1997), and Oetting et al. (1995).

⁶Promotion and operation of hotlines is included in the model because it is a legislatively approved use of federal Rape Prevention Education funds. However, by itself it is not an activity of primary prevention.

If prevention activities are done with enough intensity (i.e., frequently enough, in enough different settings, and effectively), then *initial changes* in the community and in individuals will be seen.⁷ These include:

- increased awareness about sexual violence
- organizational and legislative actions that support rape prevention and address the broader causes of sexual violence
- increased community engagement in sexual violence prevention
- increased knowledge about and attitudes against sexual violence
- increased skills for bystander prevention.

As a result of these initial changes, *new norms in the community will start to emerge*.⁴ This will be seen in:

- community groups and institutions strengthening their commitments to anti-sexual violence work
- sharing responsibility for prevention by integrating it into their goals and activities
- community-level reforms to increase community justice and accountability regarding sexual violence.

At the same time as all of this is happening and as a result of these community-level changes, *individuals in the community* will begin to see⁸:

- that the norm in the community is to be non-violent
- that there is social pressure to be non-violent
- that there are social rewards for being non-violent and legal and social consequences for violence.

Consequently, they will engage in behaviors consistent with the non-violent norms.

The combination of these community-level and individual-level changes will lead to the *primary prevention of sexual violence* and the *promotion of safety, equality and respect*. In individuals we will see that they will not perpetrate acts of sexual violence, they will contribute to the prevention of sexual violence, and they will promote safety, equality and respect in their actions and relationships. In the community we will see these outcomes manifested in policies, organizational practices and activities. Together the individual-level and community-level changes will result in a decrease in perpetration rates.

⁷These phases of the model are informed by Rogers' (1995) Diffusion of Innovation theory.

⁸This phase of the model is informed by a synthesis of the Theory of Reasoned Action (Fishbein, 1967; Ajzen & Fishbein, 1980) , the Theory of Planned Behavior (Ajzen, 1991) , and the Health Belief Model (Becker, 1974) .

In order for this process to be successful, prevention activities must be designed and implemented in a way that takes into account the local context. *Contextual conditions* that need to be addressed include:

- poverty
- lack of employment opportunities
- general tolerance of sexual assault
- weak community sanctions against perpetrators
- social norms that support male entitlement
- weak laws and policies related to gender equality
- high levels of other forms of violence
- rigid gender roles
- definitions of masculinity that are linked to dominance
- other forms of oppression.

Therefore, strategies that address these contextual conditions are also considered to be part of the primary prevention of sexual violence.

As you can see, the primary prevention of sexual violence is a complex and long-term process. It requires:

- multiple prevention strategies
- that address different levels of the ecological causes of sexual violence
- that saturate the community with prevention messages
- that build skills for prevention and establish new behavioral norms
- and that are sustained over time.

Why Emphasize Primary Prevention?

There are four main ways that emphasizing primary prevention is beneficial to rape crisis and prevention programs.

- *Primary prevention is at the heart of the movement to end sexual violence.* It is reflected in PCAR's mission "...to eliminate all forms of sexual violence..." It is embodied in the thousands of women each year who take to the streets to Take Back the Night. Primary prevention is not a new concept. It is not an idea that is being imposed by funders. It is another term for what the movement has been about for decades. In many ways the commitment being made by funders to primary prevention is an opportunity for programs to do the social change work that they want to do but that has too often been unfunded.
- *Primary prevention fits with theories about the causes of sexual violence. Therefore, it is more likely to have the impact programs are wanting.* Sexual violence is a result of a complex web of interactions between individuals, the relationships they have, the communities in which they live, and the social structures, norms and values that make up the dominant culture. The activities associated with primary prevention can bring about change at each of those levels. Primary prevention has the potential to change the structures and norms of a community from being ones that permit and promote sexual violence to ones that promote safe and healthy relationships and social equality.
- *Using the framework of primary/secondary/tertiary prevention fits with the field of public health.* This can help to create a more prominent place for sexual violence interventions in the public health arena by providing a common language for talking with public health officials and other professionals who do prevention work.
- *Emphasizing primary prevention can further the argument for the cost benefit of allocating funds to prevention work.* The cost of sexual violence against adult women in the US has been estimated at \$127 billion.⁹ In contrast the 2005 Preventive Health and Health Services Block Grant set-aside for rape prevention was just over \$7.5 million.¹⁰ Clearly, increasing funding for primary prevention is a reasonable economic, social and political move.

⁹ Miller, T., Cohen, M., & Wiersma, B. (19). *Victims Cost & Consequences: A New Look*. US Department of Justice.

¹⁰ Centers for Disease Control and Prevention (2006). National allocation of funds by Healthy People 2010 health problem.

Summary

Primary prevention is here to stay for the foreseeable future. Many federal and state resources are being put into it. While change, especially change that affects funding, raises questions and is cause for some trepidation, the new emphasis on primary prevention is not something to be afraid of. It is what the movement to end sexual violence has always been about. So you might see it as funders getting on board with the movement. In the past, program staff often talked about how they were frustrated with not being able to address the root causes of sexual violence, with their social action and social change agendas not being fundable, with connections to other forms of oppression being overlooked. It is now possible to use prevention funds to carry out those bigger ideas. Are there enough resources available? Not yet. Does emphasizing primary prevention require that we shift resources away from crisis services and other core activities of rape crisis programs? No. Addressing the connections between sexual violence and other forms of oppression and forming more active alliances in the community can actually increase the resources available to prevention programs and magnify the impact of prevention activities. But by shifting our efforts to primary prevention there is the potential to have far greater impact using the resources we do have. Rather than creating communities that are simply more aware of sexual violence we can create communities that are successfully working to end sexual violence.

Primary Prevention Strategies

Choosing Primary Prevention Strategies

Exemplar Strategies

Choosing Primary Prevention Strategies

The strategies that can be used for primary prevention are limitless. While this provides much freedom of choice, it also can make it difficult to know which strategies to choose. Critical consideration of the many options is a vital part of the planning process. There are four key areas that program staff should consider:

1. What level of the ecological model does the strategy target?
2. What are the components of the strategy (including the goals and objectives, how the strategy works, its intensity, sample materials, cost, and resources)?
3. What is the evidence base for the strategy?
4. If the strategy was designed for another social issue (e.g., domestic violence, bullying, etc.), does it cross over to the prevention of sexual violence?

This section of the resource kit describes each of these four areas and issues program staff should consider when choosing a primary prevention strategy.

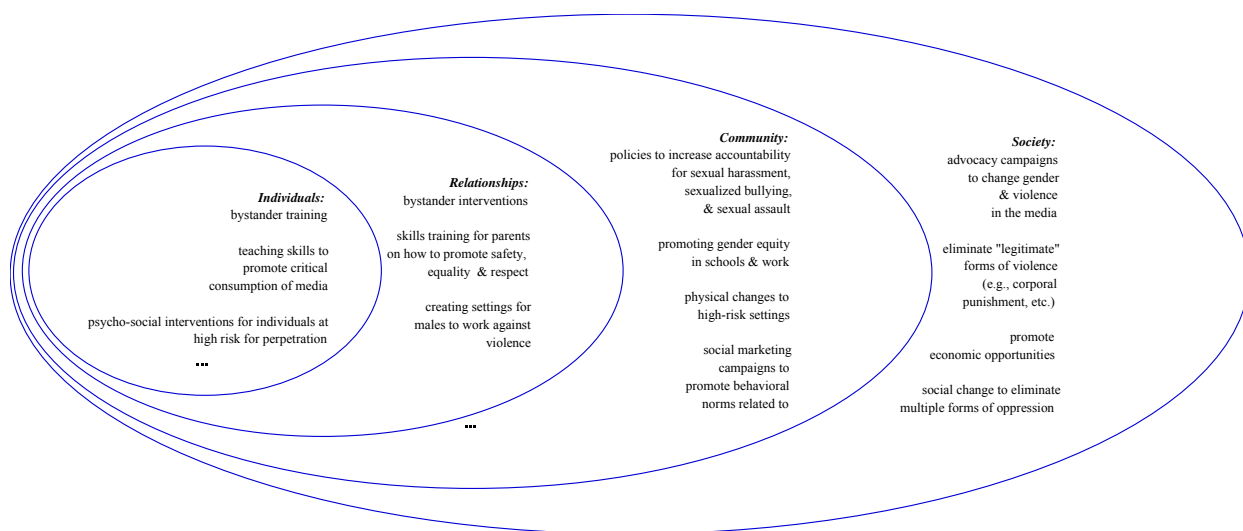
1. What Level of the Ecological Model Does the Strategy Target?

Primary prevention takes place before an act of sexual violence occurs. Its aim is to prevent violent behavior and it includes interventions that change the structures and norms in a particular setting or in our culture. The guiding principles of primary prevention of sexual violence are:

- saturation of the community with prevention messages
- creating new ways of putting out prevention messages
- developing new skills
- changing systems
- engaging other community leaders and members in prevention work.¹¹

When thinking about specific activities that constitute primary prevention, we can divide them into different levels. These levels of primary prevention correspond with the different levels of the causes of sexual violence, as shown below.

Levels of Primary Prevention in the Ecological Model



This is not an exhaustive list of primary prevention activities. Rather, it is a sampling to illustrate the different levels of prevention strategies and to generate creative thought about the variety of strategies that constitute primary prevention.

¹¹These principles are discussed in more detail in *Primary Prevention of Sexual Violence: A Technical Assistance Guide for Planning and Evaluation*, available from the Pennsylvania Coalition Against Rape.

A key element of the ecological model is that **change at one level can be related to change at other levels**. This occurs in two main ways.

1. Strategies that operate at more than one level simultaneously

Some strategies operate at more than one level simultaneously.



Case Example: Bystander Empowerment

Bystander empowerment programs view participants not as potential perpetrators or victims, but rather as empowered bystanders who can intervene when they see situations that reinforce rape culture or that may be leading to an assault. They build specific skills for identifying situations and for responding. They may also provide ongoing support and social reinforcement for intervening. This type of prevention strategy operates at three levels. At the *individual level*, it teaches the necessary skills for being empowered bystanders. When those individuals actually intervene, that creates changes at the *relationship level* by redefining social roles and creating new norms for what is acceptable behavior in those relationships. When bystander interventions repeatedly occur over time the community may become saturated with empowered bystanders. This can lead to changes at the *community level* with new norms for behavior being established.

2. Strategies that lay the foundation at one level for later strategies at another level

The different levels of prevention may also be connected by one strategy laying the necessary foundation for subsequent work at a different level.



Case Example: Media Education and Advocacy

Your program may be wanting to do work at the *society level* to change the ways that gender and sexual violence are portrayed in the media. For example, you may be planning boycotts of products that have rape-supportive images or messages in their advertising and of the magazines or shows that carry the ads. However, an effective campaign requires having enough people who recognize the problems with the ads and who are willing to take action in response to them. This means that at the *individual level* you need to teach skills for critically viewing messages about gender, gender roles, and sexual violence. The individual level strategy will lay the foundation that is necessary for the society level strategy to be successful.

In considering the different levels of primary prevention, the goal is that when considering all of the prevention work your program is doing you see that your program as a whole is targeting multiple levels of the ecological model and that at each level there is sufficient intensity and saturation of the community to bring about behavioral changes.

Identifying the levels of primary prevention that your strategies are targeting can help in identifying:

- levels that have been overlooked
- levels that are addressed but that lack sufficient intensity or saturation
- whether your resources are being efficiently used across the levels
- how to better balance your activities and allocation of resources.

2. What Are the Components of the Strategy?

The next consideration when selecting or developing primary prevention strategies is whether the main components of the strategy will meet the needs in your community(ies). There are four main components you will want to consider:

1. Strategy goals and objectives
2. How the strategy works and options for implementing it
3. How intense the strategy is
4. Sample materials

Strategy Goals and Objectives

Strategy *goals* refers to the general effects you want the program to have. They are stated in broad terms. For example, one of the goals of the *Healthy Relationships* curriculum is “to increase students’ awareness of the media’s influence”. *Objectives* refers to the specific effects that the program will have on the participants or community. These are narrower statements of who and what will change. You can measure objectives. Corresponding objectives of the *Healthy Relationships* curriculum include that students will be able to identify male and female stereotypes, identify gender stereotypes in advertising, and identify ways their own lives have been affected by gender stereotypes. When considering the goals and objectives of a prevention strategy that you are thinking of using, it is important to evaluate them critically. Specifically, there are three main questions to ask:

- Are the objectives relevant to the goals?
- Are the goals and objectives plausible?
- Do the goals of the strategy match your goals?

Are the objectives relevant to the goals?

One mistake that is often made is to skim over the goals and objectives, see that each piece by itself sounds good, and to assume then that the goals and objectives are clearly connected to one another. However, this is not always the case. For example, the goal may be to reduce acts of sexual perpetration committed by participants, but the evaluation measures may be focused only on rape myth acceptance. Before adopting a strategy you want to make sure that the goals and objectives are clearly stated and that they are logically connected. Otherwise, you may be adopting a strategy that has a shaky theoretical foundation.

Are the goals and objectives plausible?

While the long-term impact we are striving for is the reduction and eventual elimination of sexual violence in our society, we know that is not a simple thing to achieve. The causes of sexual violence are complex. They occur at multiple levels of the ecological model, are deeply entrenched in culture and history, and changing them requires a long-term, multi-faceted approach. Therefore, we need to be realistic about what any one strategy can achieve. The recent shift toward primary prevention is itself a plausibility-check. It has shed light on the fact that a

one- or two-hour presentation that dispels rape myths and educates people about the facts of sexual violence is not sufficient for changing actual behaviors. It may raise awareness and change attitudes. It may even mean that more survivors seek support and that when they disclose their experiences to others they receive more supportive responses. But expecting that someone who would otherwise commit a sexual assault will no longer do so is not plausible. Awareness education may be an important component of the movement to end sexual violence, but it is not sufficient by itself. Therefore, strategies that build prevention-related skills, change norms, and alter systems are now being emphasized as forms of primary prevention.

Examine the strategy closely. Compare what it actually does to its goals and objectives. Ask whether it is reasonable to expect that this strategy can have these stated outcomes. Your answer will depend in part on the goals and objectives as well as on the other program components discussed below. If the strategy has relevant and plausible goals and objectives then you can include it in your list of possible strategies to use. If it does not have relevant and plausible goals and objectives then you should probably not give it further consideration.

Do the goals of the strategy match your goals?

When adopting a strategy or campaign developed by someone else, you also should check that their stated goals and objectives match your goals and objectives. Otherwise, you may be adopting a strategy that is effective for one set of outcomes but having unrealistic expectations of the outcomes you will see.

How the Strategy Works and Options for Implementing It

After determining that a strategy has relevant and plausible goals and objectives that match your own goals, you want to consider how the strategy works. *The underlying question is whether you think the way the strategy works fits with the community(ies) where you will be using it.* Strategies are only effective if they fit with the resources and culture of the community.

Resources is more broad than your agency's budget or staffing. It also includes support from formal and informal community leaders, the availability of people in the community to help implement the intervention strategy, access to physical locations, available time, enthusiasm and ideas from people in the community, enthusiasm from your staff and volunteers, expertise required, materials, etc. Additionally, the resources for any prevention strategy must be considered in light of other agency and community needs and priorities.

Culture does not refer only to ethnic groups. It also refers to the ways we do things, the kinds of activities that are valued within a community, what makes people feel welcomed and valued, what makes an organization look credible, and how willing people (staff, Board, volunteers, community members and leaders) are to try new approaches.

The question "How does this strategy work?" may seem like it has one answer. However, the way you actually implement the strategy – the who, what, when, where – may allow for different options. Program staff can get stuck in thinking about only one way of doing prevention work, for example in thinking that interventions with youth can only be done in schools. This can be

very limiting and may mean that viable (and perhaps even more effective) options are overlooked.



Case Example: Parent Empowerment

Consider a prevention strategy that is focused on parents. The goal is to empower parents to teach their children about healthy dating. Objectives include that parents will: identify healthy versus abusive dating behaviors, be more comfortable talking with their children about healthy dating, acquire skills to talk with their children about dating, increase the frequency of those discussions, and establish family rules that will promote safe dating (e.g., curfews, parental supervision at parties, consequences for alcohol use, dating rules, etc.).

How the intervention works is that six facilitated workshop sessions are held with parents. The first session consists mostly of presentation of information on healthy vs. abusive relationships among teens and discussion of parents' questions and concerns. The next sessions are more hands-on with parents practicing skills through role-plays. Sessions are designed to take place one to two weeks apart so that parents can use their new skills, talk about their experiences during the sessions, and get feedback from other parents.

There are actually many different options for implementing this strategy. Workshops can be done in different locations, be facilitated by different people, and be connected to different contexts. For example, here are three different ways the same strategy could be implemented:

	Agency-Based	Church-Based	Neighborhood-Based
Resources	<ul style="list-style-type: none"> * Agency has a large pool of interns who can facilitate sessions * Agency has comfortable meeting space * Agency location is well-known and is easy to access 	<ul style="list-style-type: none"> * Agency has one staff person for prevention and well-trained community education volunteers * Although agency has comfortable meeting space, it is serving many communities that are spread out geographically and/or that do not overlap socially 	<ul style="list-style-type: none"> * Agency has one staff person for prevention and no community education volunteers * The city the agency serves has a strong history of neighborhood associations; many are well-organized, active, and have strong natural leaders
Culture	<ul style="list-style-type: none"> * Agency is seen as an integral and valuable asset in the community * There is a history of high attendance at agency-sponsored events 	<ul style="list-style-type: none"> * Churches and other faith communities are important institutions in the communities * There are some churches that provide a wide range of education and social services (e.g., tutoring, recreation programs, etc.) * Agency events that have gotten the most participation in the past have been those co-sponsored by churches 	<ul style="list-style-type: none"> * Successful violence prevention efforts in the city have happened within neighborhoods * Agency is valued for its rape crisis and advocacy services, but community education efforts have had low attendance * Agency staff are viewed as “outsiders” because most of them do not live in the city
Implementation	<ul style="list-style-type: none"> * Sessions are held at the agency and facilitated by agency interns 	<ul style="list-style-type: none"> * Sessions are held at four churches and facilitated by agency volunteers who have been trained * Workshops are open to the public, although most participants come from the respective churches * In-between sessions the staff meets with the volunteer facilitators to debrief * The staff visits each site one time to monitor and provide feedback to facilitators 	<ul style="list-style-type: none"> * Prevention staff runs the sessions with interested neighborhood leaders and trains them on how to lead sessions * Leaders then take the program back to their own neighborhoods and facilitate sessions * Sessions take place in homes and other neighborhood settings where people naturally gather; leaders connect sessions to other community events such as association meetings, potlucks, health fairs, etc. * Staff checks in with leaders to assess progress

Sometimes the general way a strategy works will preclude it from being feasible or effective in your community(ies). For example, if an intervention uses television public service announcements but the stations in your area will not donate air time (or the only air time they will donate is at 2:00 in the morning when there are few viewers), it probably is not going to be a feasible or effective strategy and you will need to look for other options.

In many cases, though, success of the strategy will depend on implementing it in a way that is effective. As the parent empowerment case example shows, effective implementation may require creative thinking. Some caution does need to be exerted, however. If creative implementation drastically changes the intervention strategy then its effectiveness may be compromised. For example, if the neighborhood-based approach to the parenting workshops ends up with most parents only ever attending one of the six workshops, the six-session program has by default become a one-session program. It may, therefore, not have the same impact. It is important to maintain fidelity to the basic way the strategy is supposed to work.

Intensity

Related to how the strategy works is the question of how intense it is. There are two types of intensity we are looking for: individual exposure and community saturation. *Individual exposure* refers to how many times an individual will be exposed to the prevention messages and the level of skills they will develop. *Community saturation* refers to how many different venues or settings in the community will the prevention messages be heard in. Ideally, a prevention strategy will have high levels of both individual exposure and community saturation. The goal is that individuals will not only receive repeated and consistent prevention messages, but that everywhere they go in the community they will be hearing those same messages.

Sometimes the intensity of a strategy is determined by its design.



Case Example: Increasing the Intensity of a School-Based Curriculum

A prevention curriculum that relies on a single session in ninth grade health classes is, by design, low in its intensity. Students will only be exposed to the prevention messages one time. It is also low in community saturation because although all students participate in the program, the only place where they are exposed to prevention messages and skills is in health class.

The intensity of individual exposure can be increased by redesigning the curriculum to increase the number of sessions. Community saturation can be increased by adding additional prevention components in the school as part of the intervention. For example, the *Safe Dates* intervention includes four school-based activities: a 10-

session interactive curriculum, a theater production presented by peers, a poster contest, and training of the teachers who teach the curriculum. These additional components mean that students are receiving prevention messages in a variety of settings in the school. This sends the message that prevention is a school-wide value and not just something you talk about in health class. The additional components also increase individual exposure by increasing the number of times students will be exposed to the prevention messages.

Other times the intensity of a strategy is determined by its implementation.



Case Example: Increasing the Intensity of a Social Marketing Campaign

The *Men of Strength* campaign provides radio announcements and images that can be printed as posters, billboards, on web sites, and in print media. The posters redefine social norms for acceptable behaviors and emphasize behavioral skills that prevent sexual violence. For example, one poster has the message “My strength is not for hurting. So when I wasn’t sure how she felt, I asked.” With this strategy, the intensity depends on how it is implemented.

If posters are only put up in schools then the strategy has low intensity because students will see the posters less frequently and the only setting in which they will see them is school. This sends the message that school personnel are the only ones who think sexual violence prevention is important.

In contrast, if posters are put up in schools, community centers, libraries, coffee shops, community gym locker rooms, church classrooms, skateboard shop bulletin boards, movie theater restrooms, etc., then youth will be seeing the prevention messages more frequently (increased individual exposure) and they will also be seeing them in many different settings (increased community saturation). This reinforces the idea that prevention is the norm in the community.

While strategies that are intense in terms of both individual exposure and community saturation are preferred, it is important to think about your prevention work as a whole. The goal is that the total of what you do is high in both types of intensity. However, you may have some strategies that are lower in individual exposure or community saturation but that still serve important functions.

Sample Materials

If you are considering the adoption of an existing prevention strategy, you want to take ample time to review any sample materials that are available to you. Preferably, you want access to all materials, but in the case of multi-session curricula sometimes free copies are only available of sample sessions.

Issues to consider when reviewing sample materials include:

- *Clarity and Ease:* Are the materials clear or confusing? How easy would they be to use? Are key concepts and terms defined? How much specialized knowledge or expertise is needed to use the materials?
- *Comprehensive:* How comprehensive are the materials? Are they simply an outline of basic concepts and tips? Or are they fully developed curricula/resources/activities to be implemented?
- *Developmental Appropriateness:* Are the materials developmentally appropriate for the audience with which you will be using them? Are they literacy-based? If so, in what language(s) and at what grade level of reading? Are concepts and definitions explained in a way that your audience will be able to understand?
- *Culturally Relevant:* Are the materials culturally relevant for the audience you will be addressing? Do they use images/examples/behaviors that fit the culture? Do they reflect the audience's values? Do they address specific cultural issues that may be relevant, such as the impact of racism or economic status? Do you think your audience will relate to the materials?
- *Substantive:* Are the materials substantive? Do they rely on messages and slogans that are meaningful or ones that seem trite?
- *Causes of Sexual Violence:* Do the materials address the root causes of sexual violence? It is not necessary that they address all of the causes, but in reviewing them you should see how they relate to causes of sexual violence.
- *Skill-Building:* For strategies that operate at the individual-level or relationship-level, do they build skills that can be used in preventing sexual violence or in promoting safe, healthy, and equitable relationships? How much do the materials promote action versus awareness?
- *Systems Change:* For strategies that operate at the community-level or society-level, does the strategy promote sustainable changes in systems?

Cost

In order to determine the true costs of implementing a strategy you need to consider all costs associated with it:

- *Purchase and Use of Materials:* Are materials available for free or at a charge? How many copies of the materials will you need and can you copy them yourself or must you pay the publisher for additional copies? Are there any licensing or copyright fees? Are you required to attend any type of training before using the materials?
- *Start-up Costs:* How much staff time will it take to get necessary community stakeholders to support or participate in the prevention strategy? Will there be individual or community meetings that entail costs?
- *Direct Implementation Costs:* What printing or broadcast costs will there be? What materials will you need to have available (e.g., A/V systems, markers, white boards, paper, art supplies, etc.)? Will you need to rent space? Will you need to pay stipends to facilitators/speakers/consultants? Will there be any advertising or recruitment costs?
- *Auxiliary Implementation Costs:* What auxiliary expenses will there be? Do you need refreshments, incentives/door prizes for participants, etc.?

Resources

The final component you want to consider ahead of time is what resources are available to help you with implementing the strategy. Some resources you might want to look for include:

- *Trainers:* Does the developer of the strategy have trainers available? Are there other trainings available for similar types of strategies (e.g., If you are going to adopt a particular bystander empowerment curriculum there may not be trainings available on that particular curriculum, but perhaps there are state or regional trainings being offered by a coalition or health department on the general principles of bystander empowerment.)
- *Established Network:* Can the developer of the strategy connect you with other people using that specific strategy/materials? If there is not an ongoing network like a listserve, can they at least connect you with individual programs that may help you with troubleshooting and give you feedback based on their experiences?
- *State Network:* Are there other programs in your state using a similar strategy? Can you establish a network among yourselves or has PCAR already established a network?

- *Online Resources:* What online resources are available for this type of strategy? Is there a relevant clearinghouse? Are you seeing a lot of programs posting online about their experiences with similar approaches?
- *PCAR's Resource Library:* What resources are available through PCAR that might be helpful to you?
- *Evaluation / Research Resources:* Are there university researchers or program evaluators who have expertise in evaluating or researching this type of strategy? Are they available to assist you with information, developing evaluation plans, or doing an evaluation for you? Does the developer of the strategy have evaluation measures to use with the strategy? Are there other evaluation measures available that are relevant to this type of strategy?

3. What is the Evidence Base for the Strategy?

There is a growing commitment to using evidence-based strategies in the prevention of sexual violence. Indeed, this is a trend in the social services and education fields that is likely to stay with us. Requiring that grantees use strategies and programs that have been shown to have measurable and positive outcomes is an act of responsible public policy. However, it presents particular challenges for sexual violence prevention because so little research has been done to date. Consequently, most strategies do not yet have an evidence base. Unlike the prevention of substance abuse or HIV/AIDS where “best practices” have begun to be identified, we do not yet know what the best practices are for preventing sexual violence. However, it is still important that we consider the evidence that is available. We can picture different types of evidence as occurring on a continuum from *higher quality evidence* to *lower quality evidence*.¹²



¹² See *Poverty and Sexual Violence: Building Prevention and Intervention Responses*, available from PCAR, for more information on types of evidence.

While *evidence-based* refers to evidence that is based on outcomes data, a strategy can also be *theory-based*. Theories can be used to provide guidance on how to bring about change and/or show the links between planned activities and expected outcomes. Similar to the evidence base, we can think of theories as ranging from higher to lower quality.

HIGHER QUALITY

Theories published in peer-reviewed journals that have been tested through scientific studies and found to have evidence to support them
Theories published in peer-reviewed journals, but that have not been tested through scientific studies
Theories published in books and non-peer reviewed journals or publicly promoted by individuals or organizations
Theories developed by individuals or agencies working in the field based on their own ideas and experiences

LOWER QUALITY

Given the small body of outcomes-based evidence available on sexual violence prevention, rape prevention programs may have to rely more on a theoretical basis until primary prevention strategies can be formally tested. Four theories were used to develop the CDC's logic model for rape prevention. Those theories may be useful when considering or developing primary prevention strategies.

1. The *Theory of Reasoned Action*¹³ is used to predict behaviors that are under the voluntary control of the individual. The theory argues that in order to change behaviors you need to increase the belief that the behavior is negative and that others disapprove of it.
2. The *Theory of Planned Behavior*¹⁴ focuses on how the environment affects our intents to behave in certain ways. It argues that even if someone is motivated to behave in a certain way, they will not do so unless the environment (social and physical) facilitates the behavior and makes it seem easy to do.
3. The *Health Belief Model*¹⁵ says that people will take preventive action if they think they are susceptible to a condition (in the case of rape prevention, that they are susceptible to being assaulted). Additionally, it emphasizes that people must feel confident in their ability to take action or to change their behaviors.
4. *Diffusion of Innovation Theory*¹⁶ explains how innovations or interventions can be spread throughout a community so that it becomes saturated with new ideas or principles. In the case of rape prevention, we are focused on saturating communities with ideas, information and skills that lead to prevention. In applying the theory to rape prevention, the innovations or interventions that increase saturation include those that:
 - are perceived as better than existing alternatives
 - are compatible with the intended audience and social setting
 - are easy to use
 - can be tried before being fully implemented
 - have results that are easy to see
 - cause little disruption to the social environment
 - can be discontinued easily
 - are easily understood
 - do not require too much time investment
 - have a low level of risk or uncertainty
 - can be adopted with minimal commitment
 - can be updated and modified over time

¹³Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice Hall.

¹⁴Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50, 179-211.

¹⁵Becker, M. H. (1974). The health belief model and personal health behavior. *Health Education Monographs*, 2, entire issue.

¹⁶Rogers, E. M. (1995). *Diffusion of innovations (4th edition)*. New York: Free Press.

Note: Be aware that peer-reviewed research journals are usually available on a subscription basis only. While most are now available electronically, usually you must access the electronic versions through a university library system requiring a university account. If the publisher of a strategy does not have a summary of the evidence base available to you or if you are developing your own strategy, you may need to forge a relationship with a nearby college or university to gain access to the social science databases. Undergraduate students with good search skills can be valuable volunteers for this type of task.



Case Example: The Evidence Against Awareness Education as a Form of Primary Prevention

First, let us look at an example of how the evidence has shown that a common strategy is not effective for primary prevention. The most common type of prevention education in middle schools and high schools distinguishes between myths and facts, dispels victim-blaming attitudes, suggests ways to reduce risk of being assaulted, teaches what to do after an assault and how to be supportive of survivors, and contrasts healthy and abusive relationships. These topics are typically covered in one to three hours. This type of strategy has, in fact, been tested repeatedly through scientific research. When considering the evidence we see that:

Research in peer-reviewed journals has consistently found these programs increase knowledge about sexual assault and change victim-blaming attitudes. However, effects usually dissipate over time. More importantly, they do not change rates of perpetration or victimization. Theories about what changes behavior that have been tested scientifically indicate that changing attitudes does not change behavior.

Published data on risk and protective factors indicate that there are many factors other than attitudes that have equal or greater weight. The synthesized theory of rape prevention also indicates that changing behavior is more complex than attitudes and knowledge.

A local program may have evidence that many youth in the community hold rape-supportive or victim-blaming attitudes. They may also have internal evaluation data that show their education programs change those attitudes (at least in the short-term.)

A local program may have evidence that indicates sexual assault is a problem in their community. Accounts of assaults, court testimony and observations may indicate that youth do not have a clear understanding of consent, coercion or the definition of sexual assault.

In this case, there is local evidence that rape-supportive and victim-blaming attitudes are a problem in the community **and** that the curriculum can change those attitudes. Therefore, the knowledge and attitudes curriculum may need to be continued as a way of encouraging survivors to reach out for help and increasing the likelihood that peers will respond empathically. However, in terms of primary prevention, the research evidence demonstrates that changing attitudes will **not prevent acts of rape**. Therefore, new strategies need to be developed that effectively change behaviors related to perpetration and prevention.



Case Example: The Evidence For Bystander Empowerment as a Form of Primary Prevention

Let us now look at an example of evidence showing that a different strategy is effective for primary prevention. A type of education that is becoming more widespread with middle school, high school, and college population is bystander empowerment. These programs view participants not as potential perpetrators or victims, but rather as empowered bystanders who can intervene when they see situations that reinforce rape culture or that may be leading to an assault. They build specific skills for identifying situations and for responding in ways that prevent an assault from occurring and/or that change the social norms and challenge a rape culture. A key element of the programs is the practicing of intervention skills in a way that provides feedback to individuals on how to be more effective and that builds their confidence in their own ability to intervene.

The evidence for the effectiveness of these programs is just beginning to appear in publications, but the initial findings are promising.

(example continues on next page)

A recently published study tested effects of a bystander empowerment program immediately following its completion and 2-, 4-, and 12-months later. Compared with people who did not participate, participants showed significant positive changes in attitudes, knowledge, behavioral intents, bystander efficacy, and bystander behaviors. Most effects were sustained over time.

Internal evaluations of another bystander empowerment program have also found significant effects on knowledge, attitudes, and behavioral intent. Studies on risk and protective factors have found that social norms play an important role in perpetration. The bystander empowerment is theorized to address not only individual attitudes and behaviors, but also to change social norms when bystanders take action.

A local program may have evidence that indicates most youth in the community do not support rape, but that they fail to intervene when they witness rape-supportive attitudes or potential assault situations.

A local program may have evidence that most sexual assaults by youth in their community are associated with group social situations (e.g., assaults occurring at parties, group assaults, or the presence of others during the assault.)

In this case, there is local evidence that most assaults by youth are occurring in settings where there are bystanders, but that most youth do not intervene. Therefore, building skills and confidence around how to intervene may be an effective primary prevention strategy. Additionally, the research (small though it is at this time) indicates that bystander empowerment programs that focus on practicing skills for

It is important to remember that the field of rape prevention is currently short on both theory and evidence. Unlike drug or HIV/AIDS prevention that have been heavily invested in and researched for two to three decades now, rape prevention has been under-studied. Most of the research has focused on the effects of sexual violence or on individual risk factors. Little attention has yet been paid to prevention strategies. But it is important that we pay close attention to the research that has been done and that we make decisions that are as informed as possible. Programs can also collaborate with researchers and evaluators to form the evidence base for emerging practices in the primary prevention of sexual violence. Having findings based on real-world implementation of these strategies is especially valuable.

4. Does the Strategy Cross Over From Other Social Issues?

For both practical and theoretical reasons, rape prevention educators sometimes turn to prevention strategies that address other social issues and use them or adapt them to sexual violence. While this type of crossover may be effective, it should be done with caution.

In some cases crossover makes sense from a *theoretical perspective*. For example, the prevention of physical abuse in dating relationships has much in common with the prevention of sexual violence. Among youth, both occur most often in dating relationships or among acquaintances. Whether they are perpetrated against women or men, the roots of both types of violence are found in gender roles, gender inequity, patriarchy, and misogyny. Because many of the causes of dating and sexual violence are the same, the strategies to prevent them may be the same.

Close attention should still be paid so that both forms of violence are explicitly addressed and any unique dynamics are explored. If this attention is not paid then necessary skills may be overlooked. For example, bystander empowerment is an important element of preventing both physical and sexual violence. However, using intervention skills requires first that the bystander recognize sexual assault and rape culture for what they are. A skills training program that only uses examples of physical violence may leave participants unable to recognize sexual coercion or expressions of rape culture.



Case Example: Healthy Relationships: A Violence-Prevention Curriculum

Healthy Relationships: A Violence-Prevention Curriculum (published by Men for Change) is a three-part curriculum for middle school and/or high school students. Each year of the curriculum consists of at least four to five sessions (or more depending on the number of activities done and how they are spread out). The first year focuses on dealing with aggression, the second year on gender stereotypes and media awareness, and the third year on building healthy relationships.

Most of the curriculum relates to both sexual and physical violence in relationships. For example, the activities on gender stereotypes expose the ways that women and men are socialized to take on certain roles, how those roles reflect notions of power, and the ways that conforming to stereotyped roles can make women vulnerable to violence. These activities target social dynamics that contribute to both physical and sexual violence.

However, each of type of violence is also addressed separately. There are activities that specifically address date rape, sexual harassment, and intergenerational domestic violence.

Crossover from other social issues may also be done for *practical reasons*. A prime example of this is rape educators' interest in bullying prevention as a way to get into or expand their programs in elementary or middle schools. There may be some overlap in the causes of both bullying and sexual violence (e.g., an ethos of violence, desire for power). However, many of the gender-based causes of sexual violence are absent from the theories about the causes of bullying (e.g., sexual behaviors, alcohol use, misperception of cues, hostility toward women, rigid gender roles, and gender inequality).

There may be some overlap in the skills needed to prevent both forms of violence. For example, assertiveness and intervention by bystanders can be important skills to develop in prevention programs for both bullying and sexual violence. However, recognizing when to use those skills is not interchangeable. Students may be able to recognize acts of bullying without recognizing expressions of rape culture or sexual coercion. The social norms, sanctions, and rewards around bullying and sexual violence are also different. Therefore, it is questionable whether a bullying prevention program can crossover into rape prevention without major additions to the intervention



Case Example: Olweus Bullying Prevention Program

A program that is growing in popularity is the Olweus Bullying Prevention Program. The program is a multi-level strategy that includes:

- *School-level components:*
 - formation of a Bullying Prevention Coordination Committee
 - anonymous student survey
 - staff training
 - implementation of school policies
 - consequences for positive and negative behaviors
- *Classroom-level components:*
 - reinforcement of school policies
 - classroom meetings
- *Individual-level components:*
 - interventions with students (aggressors and victims)
 - discussions with parents of students involved in bullying

Evaluations of the program are finding that it significantly reduces bullying in schools. As such, it is a laudable program and one that schools may be well-advised to use. However, its ability to impact sexual violence is questionable at best. The program's goals and objectives are about bullying, not about sexual violence. The developers of the program make no claims about its effects on sexual violence prevention.

5. Checklist for Thinking Critically About Primary Prevention Options

Levels of Primary Prevention

- ☐ What level(s) of the ecological model of sexual violence do your current prevention strategies target?
- ☐ What level(s) are you not targeting at all or you think you need to target more?
- ☐ What level(s) does the strategy you are thinking about using target?
 - ☐ Does it operate at a level where you already have many other successful strategies in place? If so, would it be better to put your resources into developing strategies at other levels?
 - ☐ Does it fill in gaps in your current work?
- ☐ Does the strategy operate at more than one level simultaneously?
- ☐ Does the strategy lay a foundation at one level that is necessary for strategies you want to implement at another level?

Goals and Objectives

- ☐ Are the goals and objectives of the strategy clearly stated? If not, can you infer what they are from the way the program works or how it has been evaluated?
- ☐ Are the objectives relevant to the goals?
- ☐ Are the goals and objectives plausible?
- ☐ Do the goals and objectives focus on building skills or creating new settings? If so, are they skills and settings that directly contribute to primary prevention?
- ☐ Do the goals of the strategy match the goals of your program?

How the Strategy Works

- ☐ Is the form the strategy takes (e.g., workshops, posters, policies, etc.) one that fits the culture of your community(ies)?
 - ☐ Has your program used this form of intervention before with success?
 - ☐ Have other types of programs used this form of intervention before with success? What is the history with this type of strategy in your community(ies)?
 - ☐ Does the strategy fit with your community(ies)'s values? Would it seem credible?
- ☐ Can the intended recipients of the strategy easily access the program/materials?
 - ☐ Would it pose physical access barriers (e.g., location, transportation, etc.)?
 - ☐ Are there other constraints that would keep people from participating and can you adapt the strategy to overcome those constraints (e.g., child care, work schedules, etc.)?
 - ☐ Are written materials in a language and at a reading level that most people can understand? Are the images culturally relevant to the community(ies)?
- ☐ Do you think the community(ies) will trust you to carry out the strategy? If not,

- are there endorsements or participation you need from community leaders?
- ☐ Where can the strategy be implemented? Do not limit your thinking only to schools. Consider the many culture and institutions in the community(ies):
 - ☐ Head Start programs, preschools, daycare centers
 - ☐ K-12 schools (public and private)
 - ☐ technical schools, community colleges, colleges, universities
 - ☐ athletic associations
 - ☐ scouting organizations
 - ☐ parent-teacher organizations
 - ☐ cultural groups
 - ☐ community service groups
 - ☐ social clubs
 - ☐ professional and business organizations
 - ☐ businesses
 - ☐ churches and other faith communities
 - ☐ social service organizations (government and community-based)
 - ☐ other prevention programs (drug abuse, child abuse, etc.)
 - ☐ neighborhood associations
 - ☐ volunteer organizations
 - ☐ community centers/recreation centers
 - ☐ parks departments
 - ☐ public libraries
 - ☐ gyms / athletic centers / fitness centers / yoga studios

Intensity

- ☐ What is the intensity of the program?
- ☐ How much exposure will individuals get who participate?
- ☐ How much can you saturate your community(ies) with the intervention?
 Note: A prevention strategy that depends on community saturation is not worth doing if you cannot sufficiently saturate the community.
- ☐ Can you achieve the levels of individual exposure and community saturation necessary for achieving the intended outcomes?

Materials

- ☐ Are the materials:
 - ☐ Clear
 - ☐ Comprehensive
 - ☐ Developmentally appropriate
 - ☐ Culturally relevant
 - ☐ Substantive
 - ☐ Able to address the causes of sexual violence
 - ☐ Oriented toward building skills

- ☐ Promoting systems change

Resources/Cost

- ☐ Do you have the resources it takes to implement the strategy? Will implementing the strategy take resources away from other vital services you provide? Consider:
 - ☐ Staff/volunteer time
 - ☐ Necessary expertise
 - ☐ Financial costs
 - ☐ Materials
 - ☐ Location
 - ☐ Media access
 - ☐ Recruitment costs
 - ☐ Access to intended audience
- ☐ Can your program afford to implement the strategy?

Evidence Base for the Strategy

- ☐ Are there any studies on outcomes of this strategy published in peer-reviewed research journals?
- ☐ Is there any published evaluation data in other venues (e.g., program websites, conference presentations, etc.)
- ☐ Is there published data on prevalence, risk groups, or risk and protective factors that support the strategy?
- ☐ Is there locally generated data that supports the strategy?
- ☐ Is the strategy based on theories that have been tested through scientific study?
- ☐ Is the strategy based on published theories that have not yet been tested but have been published in peer-reviewed journals?
- ☐ Is the strategy based on theories that have been published in books or generated in the field?
- ☐ Has the strategy been tested and found effective for a related health behavior (e.g., prevention of HIV/AIDS)?

Crossover

- ☐ Does crossover between issues make sense theoretically?
- ☐ Does the intervention develop the necessary skills for sexual violence prevention?
- ☐ Are unique issues related to sexual violence adequately addressed?
- ☐ Do you have the expertise to address the other issues? Or do you have partners who can address the other issues?

Exemplar Strategies

This section of the resource kit highlights a variety of strategies that can be used for the primary prevention of sexual violence. For each strategy a summary is provided of the:

- level(s) of primary prevention targeted by the strategy
- goals and objectives of the strategy
- how the strategy works and considerations for implementing it
- intensity of the strategy
- summary of the evidence base
- suggestions for evaluating the strategy's impact in your own community(ies)
- how to obtain sample materials and/or the complete materials
- cost

For most of these strategies the evaluation of outcomes is just beginning to be established. None of these strategies has enough evidence yet to be labeled a *best practice* in the sense of there being multiple, well-designed studies demonstrating effective outcomes that have been published in peer-reviewed journals. However, given the theoretical and evidence base of the programs they are worth considering.

An attempt has been made to include strategies that target different levels of primary prevention and that can be implemented in a variety of venues, not only school settings. The categories represented in this resource kit are:

- school-based, multi-session/multi-component programs
- bystander empowerment programs
- sociodrama
- social marketing campaigns
- initiatives to mobilize men
- professional prevention trainings.

The following is a summary of the strategies included in this resource kit:

Strategy	Type	Settings	Intensity		Behavioral Outcomes	Cost
			Individual	Community		
Safe Dates	Curriculum	Schools Other	High	Limited	Strong	\$195
Healthy Relationships	Curriculum	Schools Other	High	Limited	Moderate (evaluation underway)	\$70
Bringing in the Bystander	Curriculum	Schools Other	Low	Varies	Strong	Free
Mentors in Violence Prevention	Curriculum	Athletes	High	Varies	Moderate	\$35 - \$500
interACT	Drama	Schools Other	Low	Varies	Moderate	Negotiable
Strength Campaign	Social Marketing	Community	Varies	Varies	Not established	Varies
Men of Strength Clubs	Curriculum Social Support	Schools Other	High	Varies	Evaluation Underway	\$5,000
Coaching Boys Into Men	Social Marketing	Community	Varies	Varies	Moderate	Free
Men's Program	Curriculum	Schools Other	Low	Varies	Weak	\$26
Coaches Playbook	Professional Training	Coaches	Varies	Varies	Not established	Free
Promoting Positive Fatherhood	Professional Training	Community Leaders	Low	Varies	Not established	Free

1. School-Based, Multi-Session/Multi-Component Programs: *Safe Dates*

Levels:	Mostly individual-level change Depending on program impacts, it can change relationship roles/behaviors and norms within the school regarding what are acceptable behaviors in relationships
Goals and Objectives:	<ul style="list-style-type: none">• To raise student awareness about what makes for healthy and abusive dating relationships• To raise student awareness about the causes and consequences of dating abuse• To build students' skills for helping themselves or friends who may be in abusive dating relationships• To build students' skills for having healthy dating relationships by practicing skills such as positive communication, anger management, and conflict resolution
How the Strategy Works:	<p>This is a school-based curriculum for middle school and high school students. It is designed to be taught by teachers or school counselors. It fits well in health education, family life skills, or general life skills classes. In Pennsylvania it can fit with the following academic standards: 10.3 (Safety and Injury Prevention) and 11.2 (Balancing Family, Work, and Community Responsibility).</p> <p>The program includes five components:</p> <ol style="list-style-type: none">1. Curriculum2. Play3. Poster Contest4. Parent Materials5. Teacher Training <p>The curriculum consists of nine sessions that focus on attitudes and behaviors associated with dating abuse. Each session is approximately 50 minutes. There are suggestions made for a six-session or four-session program, but it is noted that this may compromise the effectiveness of the program. The nine sessions focus on the following topics:</p> <ol style="list-style-type: none">1. Defining Caring Relationships

2. Defining dating Abuse
3. Causes of Abuse
4. How to Help Friends
5. Helping Friends
6. Overcoming Gender Stereotypes
7. Equal Power Through Communication
8. How We Feel, How We Deal
9. Preventing Sexual Assault

The sessions all include some type of interactive activity including role plays to practice skills.

The play about dating abuse was written by high school students. It is a 45-minute play that can be performed in the school and followed by small group discussions about the issues presented.

The poster contest is an optional activity that is designed to reinforce the curriculum. Students can submit posters about dating abuse prevention that are displayed in the school or community.

Parent materials include a brochure for parents and a letter explaining the program.

An outline for a three-hour teacher training is provided. While it is possible for a school to purchase and implement the curriculum on their own, ideally rape prevention staff would train teachers or counselors on basic issues of dating violence, issues specific to sexual violence, how to identify and refer students who may disclose experiences with violence, and how to facilitate the curriculum. Prevention staff can then monitor and support the teachers or counselors as they facilitate the sessions. Note: The original form of the program that was evaluated and found to be effective included a twenty-hour teacher training component. Rape prevention staff may want to expand the training in order to provide teachers with a deeper understanding of the issues and to build their skills for facilitating this type of curriculum.

Notes and Modifications: Because this program has been found to have significant effects on the rates of both sexual and physical violence, this is a good curriculum for dual programs and for collaborative efforts between domestic and sexual violence agencies.

Because the Safe Dates curriculum can be taught by teachers and integrated with the health curriculum, prevention programs may find that schools are more receptive to this curriculum than to a multi-session curriculum that is taught by prevention program staff. It does still represent a significant investment on the part of the school. However, it is one that can be done with minimal disruption to the regular academic schedule. Although academic assignments are not part of the curriculum, prevention staff may want to work with teachers to develop appropriate academic assignments that correspond with the Safe Dates curriculum. This can help with integrating the program with the regular academic curriculum and, therefore, increase the likelihood of schools agreeing to use the program.

Although this program was designed to be implemented in schools, it can also be implemented in other settings. Therefore, prevention programs that are having a difficult time gaining entry into schools or convincing schools to expand their involvement in prevention can use this program elsewhere. For example:

1. church/faith community youth groups
2. community centers
3. scouting groups

While these settings may not reach as many students, the students it does reach will carry what they have learned into their relationships with students in the schools.

Intensity: This intervention is high for individual exposure. If used only in schools, community saturation is limited to the school setting. Using all five program components will increase saturation. Additionally, training all teachers (not just those doing the intervention) on skills for identifying and intervening in abusive student relationships can increase saturation.

Summary of Evidence Base: This curriculum operates in a way that is consistent with the Theory of Reasoned Action, Theory of Planned Behavior, and Health Belief Model. It is consistent with the ecological model of sexual violence promoted by the Centers for Disease Control and

Prevention.

The evidence base for this program is high. It has been evaluated in a study of 14 schools in North Carolina using a rigorous pretest-posttest design with a control group. Program outcomes were measured one month after the program ended and again once a year for four years following the program. While many programs may show positive outcomes immediately following the program, the real question is whether those outcomes can be maintained over time. The evaluation of the Safe Dates program is one of the few to date that has tested the program outcomes for such an extended period of time. Therefore, it is one of the more rigorously evaluated programs. The research has also tested behaviors as well as attitudes and knowledge, which again makes it more rigorous than many other studies and evaluations.

The research indicates that when compared to students who did not participate in the program, students who participated in the program show:

- less acceptance of dating violence
- stronger communication and anger management skills
- less gender stereotyping, and greater awareness of community services for dating abuse.

More important from the perspective of primary prevention, the program has been shown to decrease both victimization and perpetration rates. The data collected four years following the end of the program shows that students who participated in the program reported between 56% and 92% less physical and sexual victimization or perpetration than students who did not participate in the program.

The program has been found to be effective for both male and female students and for white students and students of color.

In terms of research, what is needed is to have these findings replicated in other communities that may be different in demographics or social context.

Research reports can be found in the following publications:

- Foshee, V., Bauman, K., Arriaga, X., Helms, R., Koch, G., & Linder, F. (1998). An evaluation of Safe Dates, an adolescent dating violence prevention program. *American Journal of Public Health*, 88, 45-50.
- Foshee, V., Bauman, K., Greene, W., Koch, G., Linder, F.,

- & MacDougall, J. (2000). The Safe Dates Program: One-year follow-up results. *American Journal of Public Health*, 90, 1619-1621.
- Foshee, V., Bauman, K., Ennett, S., Linder, F., Benefield, T., & Suchindran, C. (2004). Assessing the long-term effects of the Safe Dates program and a booster in prevention and reducing adolescent dating violence victimization and perpetration. *American Journal of Public Health*, 94, 619-624.

Evaluating the Impact in Your Community:

The recommended way to evaluate the impact of this strategy is to conduct a pretest-posttest comparison. Your ability to draw causal inferences will be strengthened if a group does not receive the curriculum (or receives it later) and is also given a pre-test and post-test.

When you analyze the data you will want to see:

- changes in the intended direction in the group that received the curriculum (e.g., after participants complete the program they report greater likelihood to speak out when they witness rape-supportive attitudes than they did before the program)
- differences between the group that received the curriculum and the group that did not
- the differences between the groups being such that the group that received the curriculum shows more prosocial knowledge, attitudes, intents, and behaviors than the group that did not receive the curriculum

While looking at percentages and group averages is the first step in analyzing responses to pretests and posttests, it is important that the responses be analyzed for statistical significance. Very small differences may be due to random fluctuations and not due to actual differences between the pre-post tests or between the groups. Statistical tests can determine whether the differences are random or actual differences. To create a plan for analyzing your data you may want to consult with a researcher or program evaluator who has experience with this type of evaluation and data analysis.

Outcome measures that are relevant to this strategy include:

- Behavioral Vignettes†

- Illinois Rape Myth Acceptance Scale (Short Version)
- Knowledge of Sexual Assault
- Understanding Consent Scale
- Pennsylvania Survey of Sexual Experiences
- Male Peer Support Scale
- Readiness to Change Scale
- Willingness to Help Scale
- Bystander Behavior Scale
- Bystander Efficacy Scale

Given the emphasis in primary prevention on changing behaviors, it is strongly recommended that any evaluation of this curriculum include some measure of behavioral intents, efficacy and/or actual behaviors. Relying only on attitude and knowledge measures will not be a sufficient indicator of whether you are meeting primary prevention goals.

Process measures that are relevant to this strategy include:

- Participant Satisfaction Survey
- Teacher Satisfaction Survey

Available Materials:

Curriculum scope and sequence, sample session, and other program information are available at www.hazelden.org/safedates.

Cost:

\$195

2. School-Based, Multi-Session/Multi-Component Programs: *Healthy Relationships by Men for Change*

Levels: Mostly individual-level change
Possible changes in relationship roles/behaviors and norms within the school regarding what are acceptable behaviors in relationships

Goals and Objectives:

- Distinguish between passive, aggressive, and assertive expressions of anger
- Explore choices when dealing with conflict situations and learn effective communication skills for dealing with conflicts
- Increase students' awareness of the media's influence on their lives
- Show students how sexism leads to violence
- Help students recognize the pervasiveness of gender stereotypes and how they negatively impact relationships
- Explore the attitudes that support violent relationships between men and women, including both sexual and physical violence and sexual harassment
- Identify dynamics that contribute to male violence against women, including power and control
- Identify examples of gender bias within students' own school and mobilize students to take action against gender bias and violence

How the Strategy Works: This is a school-based curriculum for middle school and high school students. It is designed to be taught by teachers or school counselors, although it could be taught by rape prevention staff. In Pennsylvania it can fit with the following academic standards: 10.2 (Healthful Living), 10.3 (Safety and Injury Prevention), and 11.2 (Balancing Family, Work, and Community Responsibility).

The curriculum consists of 53 activities that include handouts and an appendix of print and video resources. Each activity is designed to take 45 minutes to 1 hour. Some activities also include suggestions for extension activities. If all activities plus extensions are used the curriculum can take up to 75 hours. Fewer activities can also be selected for a shorter curriculum or to fit classroom time constraints. The curriculum is designed to be done over three years, but all three volumes can be taught in a single academic year

if enough class time is allotted for it.

The three volumes are divided into the following main topics:

1. Dealing with Aggression
 - a. Exploring Emotions
 - b. Nuts and Bolts of Aggression
 - c. Being Responsible
 - d. Conflict Resolution
2. Gender Equality and Media Awareness
 - a. Exposing Gender Stereotypes
 - b. Learning Gender Stereotypes
 - c. Impact of Gender Role Stereotypes
 - d. Options and Choices
3. Forming Healthy Relationships
 - a. When Relationships Go Wrong
 - b. How Sexism Leads to Violence (includes activity on date rape)
 - c. Understanding Anger
 - d. Communication Skills
 - e. Gender Justice in the School

Notes and Modifications: The emphasis in this curriculum on societal-level causes of sexual violence sets it apart from many other curricula. This emphasis can create more educated consumers of media and establish a foundation for subsequent prevention strategies that more directly target community-level and society-level causes of sexual violence.

This broader focus may also help in negotiating class time with schools because the curriculum taps into a wider range of academic topics. Many health curricula include lessons on critical viewing of media and there are also other topics in the Health Relationships curriculum that tap into health education, such as activities on peer pressure, body image, and self-esteem.

Although the curriculum is flexible and allows you to choose activities, caution should be used when shortening the curriculum. The evaluation described below was based on use of the full curriculum over three consecutive years.

Although this program was designed to be implemented in schools, it can also be implemented in other settings. Therefore, prevention programs that are having a difficult time gaining entry into schools

or convincing schools to expand their involvement in prevention can use this program elsewhere. For example:

- church/faith community youth groups
- community centers
- scouting groups

While these settings may not reach as many students, the students it does reach will carry what they have learned into their relationships with students in the schools.

Intensity:

This intervention is high for individual exposure.
Community saturation is limited to the school setting.

Summary of Evidence Base: The theoretical basis of this curriculum is very strong. Although the level of intervention is primarily individuals, it addresses many of the societal-level causes of sexual violence such as gender stereotypes, gender roles and socialization, and media portrayals of gender and violence. This curriculum operates in a way that is consistent with the Theory of Reasoned Action, Theory of Planned Behavior, and Health Belief Model. It is consistent with the ecological model of sexual violence promoted by the Centers for Disease Control and Prevention.

The research on this curriculum is currently underway. A three-year evaluation of the outcomes has been conducted by researchers at the University of Winnipeg and a summary is available on the program's website. A more detailed analysis of the outcomes is in preparation for publication in a peer-reviewed journal.

The three-year evaluation was conducted with more than 1,000 students in grades 7 - 9 at six schools. The evaluation used a pretest-posttest design to measure changes in students' knowledge, attitudes, self-esteem, self-efficacy, relationship satisfaction, behavioral intent, and experiences of victimization and perpetration. Preliminary findings indicate that after participating in the program students:

- have higher levels of self-esteem
- are less likely to blame the victims of violence
- are more likely to change from an aggressive to an assertive response in a verbal conflict situation
- have increased knowledge about television violence and awareness of techniques used by advertisers to influence teenagers (including use of gender stereotypes)

- have more factual knowledge about relationship violence, boundary setting, and jealousy in relationships
- have reduced belief in gender stereotypes
- are more confident in their ability to use skills taught in the program including identifying stereotypes, recognizing and resisting peer pressure, and recognizing personal boundaries, power, and effects of stereotypes on behavior
- show less acceptance of physical and sexual violence
- have stronger intentions for confronting abusers (as empowered bystanders), talking with victims of abuse, and talking with a teacher or guidance counselor about what to do if they think someone is being abused
- reported significantly lower incidences of physical violence and passive-aggressive tactics, decreased psychological abuse, and fewer injuries in their relationships

Evaluating the Impact in Your Community:

The recommended way to evaluate the impact of this strategy is to conduct a pretest-posttest comparison. Your ability to draw causal inferences will be strengthened if a group does not receive the curriculum (or receives it later) and is also given a pre-test and post-test.

When you analyze the data you will want to see:

- changes in the intended direction in the group that received the curriculum (e.g., after participants complete the program they report greater likelihood to speak out when they witness rape-supportive attitudes than they did before the program)
- differences between the group that received the curriculum and the group that did not
- the differences between the groups being such that the group that received the curriculum shows more prosocial knowledge, attitudes, intents, and behaviors than the group that did not receive the curriculum

While looking at percentages and group averages is the first step in analyzing responses to pretests and posttests, it is important that

the responses be analyzed for statistical significance. Very small differences may be due to random fluctuations and not due to actual differences between the pre-post tests or between the groups. Statistical tests can determine whether the differences are random or actual differences. To create a plan for analyzing your data you may want to consult with a researcher or program evaluator who has experience with this type of evaluation and data analysis.

Outcome measures that are relevant to this strategy include:

- Behavioral Vignettes
- Illinois Rape Myth Acceptance Scale (Short Version)
- Causes of Rape Scale
- Knowledge of Sexual Assault
- Understanding Consent Scale
- Pennsylvania Survey of Sexual Experiences
- Male Peer Support Scale
- Readiness to Change Scale
- Willingness to Help Scale
- Bystander Behavior Scale
- Bystander Efficacy Scale

Given the emphasis in primary prevention on changing behaviors, it is strongly recommended that any evaluation of this curriculum include some measure of behavioral intents, efficacy and/or actual behaviors. Relying only on attitude and knowledge measures will not be a sufficient indicator of whether you are meeting primary prevention goals.

Process measures that are relevant to this strategy include:

- Participant Satisfaction Survey
- Teacher Satisfaction Survey

Available Materials:

Curriculum scope and sequence and other program information are available at www.m4c.ns.ca.

Cost:

\$70

3. Bystander Empowerment - Short Strategy: *Bringing in the Bystander*

Levels:	Individual-level change Relationship-level changes in roles and behavioral norms With enough community saturation, community-level change in social norms
Goals and Objectives:	Build skills for: <ul style="list-style-type: none">• interrupting situations that could lead to an assault before it happens• speaking out against social norms that support sexual violence• being an effective and supportive ally to survivors As the community begins to be saturated with people who have and use these skills, roles are redefined so that the empowered bystander role becomes normative and community-level norms for prevention of sexual violence and support of survivors are strengthened
How the Strategy Works:	<p>This program was developed in collaboration with a statewide coalition on domestic and sexual violence and staff at local rape crisis centers. Time and resource constraints were kept in mind when designing the program.</p> <p>The program was tested with university undergraduates who volunteered to participate. However, it is easily used in school classrooms and other community settings such as youth groups, community centers, etc.</p> <p>The program has two versions: one 90-minute session or three 90-minute sessions. Both versions include:</p> <ul style="list-style-type: none">• basic information about rates, causes and consequences of sexual violence• roles bystanders can play in prevention• roles friends can play when a survivor discloses an assault experience• active learning exercises including role plays focuses on how to intervene safely and how to be a supportive ally to survivors• creation of a personal “bystander plan” and signing of a

pledge to be active, supportive bystanders

Additionally, a 30-minute booster session was administered 2 months after the prevention program. The booster session included:

- small discussion groups
- a 5-minute videotaped skip depicting a survivor asking for help
- open-ended 20-minute discussion about what participants remembered from the bystander empowerment program

Notes and Modifications: This intervention was designed with the practical constraints and barriers facing prevention programs explicitly in mind. Therefore, it is designed to be a short intervention that is easily implemented in schools and other community settings. While there is reason to believe that longer bystander programs will have greater effects, the fact that this short program has positive behavioral effects is cause for optimism about the efficacy of this approach.

In considering the logic model for primary prevention of sexual violence, it is important to keep in mind that a bystander empowerment approach operates at two levels. First, it changes individuals' knowledge, attitudes, and behaviors. Second, as enough individuals adopt prosocial bystander attitudes and act on those attitudes to intervene when faced with instances of rape culture or potential assault situations, we may see an impact on community norms. The actions of empowered bystanders will send the message that rape-supportive attitudes and assaultive behaviors are not acceptable in this community/setting. Therefore, the intervention continues to operate outside of the curriculum itself.

Although this program was designed to be implemented in a college setting, it can also be implemented in other settings. Therefore, prevention programs that are having a difficult time gaining entry into schools or convincing schools to expand their involvement in prevention can use this program elsewhere. For example:

- church/faith community youth groups
- community centers
- scouting groups

While these settings may not reach as many students, the students it does reach will carry what they have learned into their relationships with students in the schools.

Additionally, with the development of relevant materials bystander empowerment can be used with a variety of age groups and relationships, including:

- elementary students
- parents
- professionals
- clergy
- teachers
- businesses

Intensity:

This intervention is low for individual exposure.

Community saturation can be low, moderate or high, depending on the number and diversity of settings in which the intervention is implemented.

Summary of Evidence Base: The theoretical base of bystander empowerment is very strong. This curriculum operates in a way that is consistent with the Theory of Reasoned Action, Theory of Planned Behavior, Health Belief Model, and Diffusion of Innovation Theory. It is consistent with the ecological model of sexual violence promoted by the Centers for Disease Control and Prevention.

Current research is beginning to show that even a relatively short bystander empowerment intervention can have positive impacts. A recently published experimental study using a pretest-posttest design with a control group tested the effectiveness of both the one-session and three-session University of New Hampshire programs. It found that following the completion of the program college students who participated demonstrated:

- decreased acceptance of rape myths
- increased knowledge of sexual violence
- increased prosocial bystander attitudes
- increased bystander efficacy
- increased self-reports of actual bystander behaviors

While both the one-session and three-session versions showed these effects, participants in the three-session version demonstrated greater change. One strength of this evaluation was that it not only measured general attitude and knowledge change, but also attitudes specific to bystanders taking prosocial actions and actual reports of intervening. Therefore, we have evidence for actual behavioral change.

Another strength of this evaluation was that it tested whether the effects were sustained over time by measuring participants' knowledge, attitudes, and behaviors at 2-, 4, and 12-months after the end of the program. While these findings did show that effects weakened over time, there were positive effects in knowledge and many of the attitude measures even at the 12-month follow-up. The three-session version showed more sustained effects than the one-session version. This persistence of effects is especially notable in light of research on more traditional rape awareness programs that usually show most effects, including knowledge and attitude effects, being non-significant over time. Given the decay of behavioral effects over time, it may be that periodic booster sessions or other strategies for reinforcing bystander behaviors and norms can help to sustain the increase in bystander interventions.

A theoretical overview of the bystander empowerment approach can be found in:

- Banyard, V. L., Plante, E. G., & Moynihan, M. M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology*, 32, 61 - 79.

The research findings on program effects can be found in:

- Banyard, V. L., Moynihan, M. M., & Plante, E. G. (2007). Sexual violence prevention through bystander education: An experimental evaluation. *Journal of Community Psychology*, 35, 463 - 481.

Evaluating the Impact in Your Community:

The recommended way to evaluate the impact of this strategy is to conduct a pretest-posttest comparison. Your ability to draw causal inferences will be strengthened if a group does not receive the curriculum (or receives it later) and is also given a pre-test and post-test.

When you analyze the data you will want to see:

- changes in the intended direction in the group that received the curriculum (e.g., they report greater likelihood to speak out when they witness rape-supportive attitudes than they did before the program)
- differences between the group that received the curriculum and the group that did not
- the differences between the groups being such that the group that received the curriculum shows more prosocial knowledge, attitudes, intents, and behaviors than the group

that did not receive the curriculum

While looking at percentages and group averages is the first step in analyzing responses to pretests and posttests, it is important that the responses be analyzed for statistical significance. Very small differences may be due to random fluctuations and not due to actual differences between the pre-post tests or between the groups. Statistical tests can determine whether the differences are random or actual differences. To create a plan for analyzing your data you may want to consult with a researcher or program evaluator who has experience with this type of evaluation.

Outcome measures that are relevant to this strategy include:

- Behavioral Vignettes
- Illinois Rape Myth Acceptance Scale (Short Version)
- Knowledge of Sexual Assault
- Understanding Consent Scale
- Pennsylvania Survey of Sexual Experiences
- Male Peer Support Scale
- Readiness to Change Scale
- Willingness to Help Scale
- Bystander Behavior Scale
- Bystander Efficacy Scale

Given the emphasis in primary prevention on changing behaviors, it is strongly recommended that any evaluation of this curriculum include some measure of behavioral intents, efficacy and/or actual behaviors. Relying only on attitude and knowledge measures will not be a sufficient indicator of whether you are meeting primary prevention goals. Because this is a short intervention, posttest measures of actual behaviors will need to be done at a later date in order to allow enough time for respondents to be in situations where they might use the skills they learned.

Process measures that are relevant to this strategy include:

- Participant Satisfaction Survey
- Teacher Satisfaction Survey

Available Materials:

Curriculum is available from Victoria Banyard at
Victoria.Banyard@unh.edu.

Cost:

free

4. Bystander Empowerment - Long Strategy: ***Mentors in Violence Prevention (MVP)***

Levels: Individual-level change
Relationship-level changes in roles and behavioral norms
With enough community saturation, community-level change in social norms

Goals and Objectives:

- increase knowledge and awareness of men’s violence against women, including sexual violence
- increase prosocial attitudes and decrease acceptance of men’s violence against women
- increase self-efficacy (confidence) in the ability to intervene in and change situations involving men’s violence against women

How the Strategy Works: The MVP program is designed for use with athletes. It has been used with adults and with students in college and high school. While the length of the program is flexible, the program developers recommend a minimum of 14 hours:

- initial training lasting 8-10 hours, divided into 1.5 - 2 hour sessions
- additional 4-6 hours of advanced “train the trainer” sessions to prepare participants to facilitate the curriculum with younger students in their community
- no more than 3 weeks between training sessions

Typically most sessions are single-gender, although there may be mixed-gender introductory and concluding sessions. Group sessions usually involve 10-30 people. The program can be implemented with a variety of groups including:

- classrooms
- sports teams
- coaching associations

The curriculum views students not as potential perpetrators or victims, but rather as empowered bystanders who can confront abusive peers and prevent men’s violence against women. The curriculum uses interactive discussions, exercises, and role plays to stimulate critical thought and dialogue and to build bystander intervention skills. The use of examples from popular culture helps

to illustrate the cultural influences that have created a culture of men's violence against women.

Notes and Modifications: As with the University of New Hampshire bystander empowerment program, it is important to keep in mind that a bystander empowerment approach has the potential to operate at two levels. First, it may change individuals' knowledge, attitudes, and behaviors. Second, as enough individuals adopt prosocial bystander attitudes and act on those attitudes to intervene when faced with instances of rape culture or potential assault situations, we may see an impact on community norms. The actions of empowered bystanders will send the message that rape-supportive attitudes and assaultive behaviors are not acceptable in this community/setting. Therefore, the intervention continues to operate outside of the curriculum itself. However, unlike the UNH program, we have to be more circumspect about assuming that the program is operating in this way because of the fact that we do not have evidence of behavioral effects of the MVP program.

Local programs that choose to use the MVP program may wish to collaborate with a researcher or evaluator to assess behavioral impacts of the program. This would be an opportunity for a program to evaluate not only their own outcomes, but also to make a contribution to the scientific study of rape prevention.

Intensity: For athletes/coaches who participate in the MVP program the level of individual exposure is moderate. For those who go on to the train-the-trainer portion of the program and to facilitate MVP programs with other athletes the level of individual exposure is high.

Community saturation can be low, moderate or high, depending on the number and diversity of settings in which the intervention is implemented

Summary of Evidence Base: The theoretical base of MVP is very strong. This curriculum operates in a way that is consistent with the Theory of Reasoned Action, Theory of Planned Behavior, and Health Belief Model. It is consistent with the ecological model of sexual violence promoted by the Centers for Disease Control and Prevention. Additionally, the use of role models whom the athletes can identify with (e.g., peer athletes and coaches) has a basis in social learning

theory.

A two-year evaluation of the MVP program has been conducted internally. The report is available online at www.sportinsociety.org/vpd/mvp.php, but it has not been published in a peer-reviewed journal. Therefore, it does not carry quite as much weight from a scientific perspective simply because its methods, analyses, and interpretation of results have not been vetted through a review process. However, the methods (pretest-posttest design with a comparison group) and analyses do appear to be appropriate for the evaluation.

The evaluation has found strong effects of the program on participants' knowledge and attitudes. Compared with the comparison group, program participants demonstrated:

- significantly more accurate knowledge about sexual violence
- significant, positive (i.e., less sexist) changes in attitudes toward gender violence (with the effects being stronger for males)
- increased self-efficacy (confidence) about their personal ability to prevent or intervene in situations involving male violence against women

Unfortunately, the evaluation did not measure actual reported behaviors. So while we can say that the MVP program makes people feel more confident about preventing sexual violence as an empowered bystander, we do not know whether they actually report using those skills more often than before the program.

Evaluating the Impact in Your Community:

The recommended way to evaluate the impact of this strategy is to conduct a pretest-posttest comparison. Your ability to draw causal inferences will be strengthened if a group does not receive the curriculum (or receives it later) and is also given a pre-test and post-test.

When you analyze the data you will want to see:

- changes in the intended direction in the group that received the curriculum (e.g., after participants complete the program they report greater likelihood to speak out when they witness rape-supportive attitudes than they did before the program)

- differences between the group that received the curriculum and the group that did not
- the differences between the groups being such that the group that received the curriculum shows more prosocial knowledge, attitudes, intents, and behaviors than the group that did not receive the curriculum

While looking at percentages and group averages is the first step in analyzing responses to pretests and posttests, it is important that the responses be analyzed for statistical significance. Very small differences may be due to random fluctuations and not due to actual differences between the pre-post tests or between the groups. Statistical tests can determine whether the differences are random or actual differences. To create a plan for analyzing your data you may want to consult with a researcher or program evaluator who has experience with this type of evaluation and data analysis.

Outcome measures that are relevant to this strategy include:

- Behavioral Vignettes
- Illinois Rape Myth Acceptance Scale (Short Version)
- Knowledge of Sexual Assault
- Understanding Consent Scale
- Pennsylvania Survey of Sexual Experiences
- Male Peer Support Scale
- Readiness to Change Scale
- Willingness to Help Scale
- Bystander Behavior Scale
- Bystander Efficacy Scale

Given the emphasis in primary prevention on changing behaviors, it is strongly recommended that any evaluation of this curriculum include some measure of behavioral intents, efficacy and/or actual behaviors. Relying only on attitude and knowledge measures will not be a sufficient indicator of whether you are meeting primary prevention goals.

Process measures that are relevant to this strategy include:

- Participant Satisfaction Survey
- Teacher Satisfaction Survey

Available Materials:

The MVP Playbook is a series of real-life scenarios that are used in the interactive sessions to stimulate discussions and

to explore options for interrupting, confronting, and preventing violence by peers.

The MVP Supplemental Exercise and Curriculum Guide includes additional exercises and examples.

The Trainer's Guide outlines how to train athletes to facilitate the program with their peers or younger athletes.

MVP Strategies (MVPstrategies@aol.com) is available to conduct trainings and do consultation. MVP staff from Northeastern University's Sport in Society Center (www.sportinsociety.org/vpd/mvp.php) provide semi-annual trainings.

Cost:

Available from MVP Strategies:

- MVP Playbook for High School Males, MVP Trainer's Guide for Working with High School Males, MVP Playbook for High School Females, MVP Trainer's Guide for Working with High School Females = \$35
- MVP Playbook for College Males, MVP Trainer's Guide for Working with College Males = \$20

Available from Northeastern University, Sport in Society Center:

- three-day training to start a program and all materials = \$500

5. Sociodrama

interACT Sexual Assault Prevention Program

Levels:	Mostly individual-level change Possible changes in relationship roles/behaviors and norms regarding what are acceptable behaviors in relationships
Goals and Objectives:	Increase participants' belief in their own abilities to: <ul style="list-style-type: none">• understand the plight of sexual assault survivors• connect with the feelings of distress that occur• show concern for the welfare of survivors• comfort someone who has been assault• intervene as empowered bystanders to prevent sexual violence
How the Strategy Works:	<p>InterACT is a performance group that uses interactive and improvisational theater (sociodrama) in its rape prevention programs. The sociodramas are done in one session. The time for the sessions can vary depending on what time is available. In the published evaluation of this program the sessions were 50 minutes. The interACT program has mostly been done with college students.</p> <p>What makes a sociodrama approach unique is that the audience members are directly involved in changing and enacting the scenes. Unlike other theater-style presentations where the action may be stopped and audience members asked to make suggestions, in sociodrama the audience members actually come up on the stage to try out behaviors and see what happens. This lets the audience draw their own conclusions about how to respond to situations based on their own experiences in the sociodrama, rather than the presenters making suggestions of what to do. It also allows audience members to try on different roles and to experience a situation from someone else's perspective.</p> <p>The program includes two short scripted scenes followed by several interactive and improvised scenes in which the audience participates. The first interactive scene is designed to explore victim-blaming messages and to increase empathy for survivors. The second interactive scene is designed to identify, explore and</p>

practice bystander strategies for preventing an assault. At the conclusion of the theater portion of the program there is a facilitated discussion of effective bystander strategies, rape myths and facts, and local resources.

Notes:

There is not yet strong evidence for behavioral outcomes with this approach. The strategy does have promise for being a mechanism to saturate the community. Because it is a one-session program it is easy to implement time-wise. Given the way audience interaction is done, an individual could participate in multiple performances (e.g., at school, in a youth group, etc.) and learn new things each time.

While the strategy does not demand much time from sites where the performances are done, it is a labor- and skill-intensive strategy to implement. The actors must be well-trained and have superb improvisation skills. This requires careful selection and ample preparation time. It is recommended that the training in improvisational acting occur for at least two months and preferably longer. Additionally, they will need training in group facilitation and sexual assault.

Although this program was designed to be implemented in schools, it can also be implemented in other settings. Therefore, prevention programs that are having a difficult time gaining entry into schools or convincing schools to expand their involvement in prevention can use this program elsewhere. For example:

- church/faith community youth groups
- community centers
- scouting groups

While these settings may not reach as many students, the students it does reach will carry what they have learned into their relationships with students in the schools.

Additionally, with the development of relevant scripts and scenarios the intervention can be used with a variety of age groups and relationships, including:

- elementary students
- parents
- professionals
- clergy
- teachers
- businesses

Intensity:

This intervention is low for individual exposure.

Community saturation can be low, moderate or high, depending on the number and diversity of settings in which the sociodrama is enacted.

Summary of Evidence Base: The theoretical base of this curriculum is moderate. Sociodrama is based on psychological theories of social learning that have been supported by research in a variety of areas of human behavior and the practice of psychodrama in therapy is well substantiated. However, applying the principles in a proactive way to social problems of violence has only recently been tested. Given findings that sociodrama has been effective in addressing issues like discrimination and exclusion, bullying, harassment, and other social issues, there is reason to be hopeful about its possible effects. However, there is concern that a one-session intervention may not provide sufficient individual exposure to bring about sustained behavioral change.

Current research shows positive outcomes, but has not measured actual behaviors related to the prevention of sexual violence. The interACT approach to using sociodrama in preventing sexual violence has been evaluated and the findings published in a peer-reviewed journal. The evaluation used a posttest-only design and compared the sociodrama program to a lecture on sexual assault and a control condition that received rape prevention education. The results indicated that the participants in the sociodrama reported greater perceived self-efficacy in understanding the plight of sexual assault survivors, connecting with the feelings of distress that occur, showing concern for the welfare of survivors, and comforting someone who has been assaulted. The study did not evaluate self-efficacy for bystander interventions. Note: feeling more self-efficacy (or confidence) is not necessarily the same as taking action, although higher self-efficacy does often correspond with more action. Further evaluation of outcomes is ongoing and should be watched for behavioral outcomes.

Research reports and detailed descriptions of the interACT program can be found in:

- Rodriguez, J. I., Rich, M. D., Hasting, R., & Page, J. L. (2005). Assessing the impact of Augusto Boal's "proactive performance: An embodied approach for cultivating prosocial responses to sexual assault. *Text and Performance Quarterly*, 26, 229 - 252.
- Rich, M., Robinson, L., Ahrens, C., & Rodriguez, J. I. (2008). Proactive performance to prevent sexual assault: The role of masculinity in violence prevention. In *Intercultural Communication: A Reader* (12th edition). L. A. Samovar, R. E., Porter, and E. R. McDaniel (Eds.). Belmont, CA: Wadsworth Publishing.
- Rich, M., & Rodriguez, J. (2007). A proactive performance approach to peer education: Considering the efficacy of a sexual assault intervention program. In *Communication Activism: Media and Performance Activism, Vol. 2*. L. Frey and K. Carragee (Eds.). New York: Hampton Press.

A summary of the sociodrama approach as it applies to prevention of sexual violence and a detailed description of the interACT program can be found in:

- Ahrens, C. (2008). *Using sociodrama to prevent sexual assault: A literature review*. Enola, PA: Pennsylvania Coalition Against Rape.

Evaluating the Impact in Your Community:

The recommended way to evaluate the impact of this strategy is to conduct a pretest-posttest comparison. Your ability to draw causal inferences will be strengthened if a group does not receive the program (or receives it later) and is also given a pre-test and post-test.

When you analyze the data you will want to see:

- changes in the intended direction in the group that received the curriculum (e.g., after participants complete the program they report greater likelihood to speak out when they witness rape-supportive attitudes)
- differences between the group that received the curriculum and the group that did not
- the differences between the groups being such that the group that received the curriculum shows more prosocial knowledge, attitudes, intents, and behaviors than the group that did not receive the curriculum

While looking at percentages and group averages is the first step in analyzing responses to pretests and posttests, it is important that the responses be analyzed for statistical significance. Very small differences may be due to random fluctuations and not due to actual differences between the pre-post tests or between the groups. Statistical tests can determine whether the differences are random or actual differences. To create a plan for analyzing your data you may want to consult with a researcher or program evaluator who has experience with this type of evaluation.

Outcome measures that are relevant to this strategy include:

- Behavioral Vignettes
- Illinois Rape Myth Acceptance Scale (Short Version)
- Knowledge of Sexual Assault
- Understanding Consent Scale
- Pennsylvania Survey of Sexual Experiences
- Readiness to Change Scale
- Willingness to Help Scale
- Bystander Behavior Scale
- Bystander Efficacy Scale

Given the emphasis in primary prevention on changing behaviors, it is strongly recommended that any evaluation of this curriculum include some measure of behavioral intents, efficacy and/or actual behaviors. Relying only on attitude and knowledge measures will not be a sufficient indicator of whether you are meeting primary prevention goals. Because this is a short intervention, posttest measures of actual behaviors will need to be done at a later date in order to allow enough time for respondents to be in situations where they might use the skills they learned.

Process measures that are relevant to this strategy include:

- Participant Satisfaction Survey
- Teacher Satisfaction Survey

Available Materials:

Summaries of the program are available from the sources mentioned below. The developer and theater troupe are available for demonstrations and to do trainings. You can contact them through Dr. Marc Rich of California State Long Beach University at mrich2@csulb.edu.

Cost:

Training costs negotiable

6. Social Marketing Campaign: *Strength Campaign*

Levels: Community-level norms at local and state levels

Goals and Objectives:

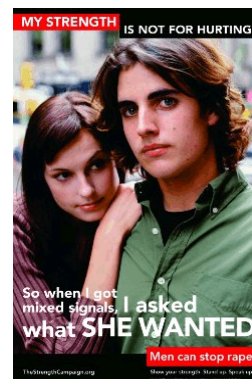
- Change public perceptions of rape and sexual violence
- Raise awareness of sexual violence among youth
- Highlight the role young men can play in fostering healthy, safe relationships
- Involve men and boys in prevention of rape and sexual violence

How the Strategy Works: The campaign is a media package of posters, billboards, and radio and television ads that promote prosocial behaviors on the part of men and that stress that men can maintain their strength without using coercion, intimidation, force, or violence. Examples of prosocial messages about men's behaviors include:

- "My strength is not for hurting. So when I wasn't sure how she felt, I asked."
- "My strength is not for hurting. So when I wanted to and he didn't, we didn't."
- "My strength is not for hurting. So when she said to stop, I stopped."
- "My strength is not for hurting. So when she changed her mind, I stopped."
- "My strength is not for hurting. So when she wasn't ready, I didn't push it."

Materials are available in both English and Spanish.

Example of a Strength Campaign poster:



The campaign can be implemented in a variety of ways. The California Coalition Against Sexual Assault implemented it as a coordinated statewide effort that provided a consistent message about prevention and prosocial behavioral norms and that built the capacity of local programs. The campaign targeted males ages 14 - 18 years in both rural and multicultural urban areas. The California campaign had two components:

- My Strength posters and ads sent prosocial messages about men's behaviors and were posted within schools, throughout communities, displayed as billboards, and run on radio and television
- Men of Strength Clubs were formed in high schools to allow young men to explore issues of masculinity and sexual violence and to take leadership roles in their schools and communities around the prevention of rape

To carry out the campaign in California:

- Every rape crisis center received media materials (posters, digital files, ads)
- A 2-day training was done for rape crisis centers on social marketing techniques and the principles of the campaign
- Six pilot sites were funded to implement Men of Strength Clubs in their local high schools; these centers received 4-5 days of in-depth training on facilitating the groups

Notes:

Effective social marketing campaigns require (A) effective materials and (B) community saturation. The My Strength campaign was developed following an in-depth process of formative research on message design and audience analysis.

The key difference between the Strength Campaign and other rape awareness campaigns is its emphasis on behaviors. The messages promote specific behaviors that, when enacted, are part of preventing sexual assaults and promoting relationships based on safety, equality, and respect.

Organizations that have used the Strength Campaign materials from Men Can Stop Rape include: California Coalition Against Sexual Assault, Virginia Department of Health, District of Columbia Department of Health, White Ribbon Campaign, and Nevada Coalition Against Sexual Violence.

Intensity:

Both individual exposure and community saturation depend on how well the campaign saturates the targeted market. Intensity can range from low to high depending on implementation.

Summary of Evidence Base: The theoretical basis of social marketing is grounded in both marketing and psychological principles. This strategy operates in a way that is consistent with the Theory of Reasoned Action, Health Belief Model, and Diffusion of Innovation Theory. It is consistent with the ecological model of sexual violence promoted by the Centers for Disease Control and Prevention.

Social marketing has been used to address a wide variety of public health issues. Most relevant to sexual violence has been the use of social marketing to promote safer sex practices and other behaviors for reducing the transmission of HIV/AIDS. Many evaluations of these campaigns have found that with sufficient community saturation and with well-developed materials changes in individuals' behaviors and in community norms can occur. However, there are not yet any published studies of social marketing outcomes for sexual assault prevention. The only published studies of social marketing pertaining to sexual violence are campaigns that aim to increase use of SANE services post-assault.

**Evaluating the Impact
in Your Community:**

The recommended way to evaluate the impact of this strategy is to conduct a pretest-posttest comparison where you do a community survey before the campaign starts and again after the campaign has run for a certain amount of time.

When you analyze the data you will want to see:

- changes in the intended direction (e.g., less male peer support for rape)
- differences between people who saw the posters/ads and those who did not
- the differences between the groups being such that people who saw the posters/ads show more prosocial intents and behaviors people who did not see the posters/ads

While looking at percentages and group averages is the first step in analyzing responses to pretests and posttests, it is important that the responses be analyzed for statistical significance. Very small

differences may be due to random fluctuations and not due to actual differences between the pre-post tests or between the groups. Statistical tests can determine whether the differences are random or actual differences. To create a plan for analyzing your data you may want to consult with a researcher or program evaluator who has experience with this type of evaluation and data analysis.

Outcome measures that are relevant to this strategy include:

- some measure of whether respondents saw the posters/ads or are aware of the campaign
- Understanding Consent Scale
- Male Peer Support Scale
- Readiness to Change Scale

Given the emphasis in primary prevention on changing behaviors, it is strongly recommended that any evaluation of this strategy include some measure of behavioral intents, efficacy and/or actual behaviors. Relying only on attitude and knowledge measures will not be a sufficient indicator of whether you are meeting primary prevention goals.

Available Materials:

Free downloads of posters and postcards plus radio ads are available at www.mystrength.org. Information on timelines and campaign planning are available at www.calcasa.org. You can license the Strength Campaign for your program by contacting Men Can Stop Rape. More information on the campaign and additional images are available on their website. Men Can Stop Rape is available to do training and consultations.

Cost:

Some downloads are available for free from www.mystrength.org. Posters are available from Men Can Stop Rape. Bulk orders for Sexual Assault Awareness Month begin at \$7.75/poster and decrease for larger orders. Licensing from Men Can Stop Rape begins at \$7,500 and varies according to type of media, number of versions and designs, size of market, production timeline, and terms of license. If you are not interested in licensing the materials, there are inexpensive ways you can customize the posters with your agency's contact information.

7. Mobilizing Men: *Men of Strength Clubs*

Levels:

Individual-level change
Relationship-level changes in definition of men's role in preventing sexual violence
With enough community saturation, community-level change in social norms

Goals and Objectives:

- Educate young men about men's role in preventing violence against women
- Inspire members to create definitions of masculinity that promote health, safety, and equality for all men and women
- Create a setting for young men to gather for honest discussions and support
- Increase young men's awareness that they can be allies to women and girls and that they can take action to prevent violence against women
- Mobilize young men to take actions that promote social justice, nonviolence, and prevention of men's violence against women

How the Strategy Works:

Clubs begin with a 16-week curriculum that explores how traditional definitions of masculinity put men and women at risk. The curriculum uses interactive exercises to discuss violence in members' own lives and to explore relationships issues including dating violence. Each Club ends with a Community Strength Project. The projects are developed by the club members as a way of translating what they have learned and experienced into community action. The projects also extend the program impacts beyond the club as the members become role models in the community for how men can be strong without being violent.

Establishing a MOST Club begins with submitting an application to Men Can Stop Rape. The application assesses the resources available for the MOST Club and whether the program is a good fit for the local site. It also details the code of conduct for facilitators of MOST Clubs that include policies on sexual conduct and interpersonal violence.

Notes:

While MOST Clubs are designed for high school and college men, the model may be able to be adapted to mobilizing adult males as well.

Club sites include:

- 15 clubs in California through CalCASA's MyStrength campaign
- 19 clubs in Washington, D.C.
- 4 clubs in New York City
- 4 clubs in North Carolina
- Clubs on 6 college campuses, including Temple University

Intensity:

For men who participate in the MOST Clubs, the level of individual exposure is high.

Community saturation can be low, moderate or high, depending on the number and diversity of settings in which MOST Clubs are formed, the nature of the Community Strength Projects, and the visibility of the clubs and projects.

Summary of Evidence Base: MOST Clubs operate in a way that is consistent with the Theory of Reasoned Action and Health Belief Model. It is consistent with the ecological model of sexual violence promoted by the Centers for Disease Control and Prevention.

A preliminary evaluation of the impact of MOST Clubs was conducted in the 2004-2005 school year. The evaluation include pretest-posttest surveys and focus groups. Findings indicated positive changes related to knowledge, beliefs, and behaviors. This included the finding that club members were significantly more likely after participating in the MOST Club to intervene in situations where a young woman is touched inappropriately by male peers. Plans are underway for doing further evaluation of the program's effects, including evaluating the impact of long-term membership in the clubs.

Evaluating the Impact in Your Community:

The recommended way to evaluate the impact of this strategy is to conduct a pretest-posttest comparison. Your ability to draw causal inferences will be strengthened if a group does not participate in the clubs (or participates later) and is also given a pre-test and

post-test.

When you analyze the data you will want to see:

- changes in the intended direction in the group that participated in the clubs (e.g., after participants complete the program they report greater likelihood to speak out when they witness rape-supportive attitudes than they did before the program)
- differences between the group that participated in the clubs and the group that did not
- the differences between the groups being such that the group that participated in the clubs show more prosocial knowledge, attitudes, intents, and behaviors than the group that did not receive the curriculum

While looking at percentages and group averages is the first step in analyzing responses to pretests and posttests, it is important that the responses be analyzed for statistical significance. Very small differences may be due to random fluctuations and not due to actual differences between the pre-post tests or between the groups. Statistical tests can determine whether the differences are random or actual differences. To create a plan for analyzing your data you may want to consult with a researcher or program evaluator who has experience with this type of evaluation and data analysis.

Outcome measures that are relevant to this strategy include:

- Behavioral Vignettes
- Illinois Rape Myth Acceptance Scale (Short Version)
- Knowledge of Sexual Assault
- Causes of Rape Scale
- Understanding Consent Scale
- Pennsylvania Survey of Sexual Experiences
- Male Peer Support Scale
- Readiness to Change Scale
- Willingness to Help Scale
- Bystander Behavior Scale
- Bystander Efficacy Scale
- Focus Group Guide

Given the emphasis in primary prevention on changing behaviors, it is strongly recommended that any evaluation of this curriculum include some measure of behavioral intents, efficacy and/or actual behaviors. Relying only on attitude and knowledge measures will

not be a sufficient indicator of whether you are meeting primary prevention goals.

A process measure that is relevant to this strategy:

- Participant Satisfaction Survey

Available Materials:

MOST Club training is provided by Men Can Stop Rape. They provide the MOST Club curriculum, training for the facilitator, evaluation tools, participation in a national video summit, student eligibility for annual grants, and access to the international network of club members. An information packet is available at www.mencanstoprape.org.

Cost:

\$5,000 training and materials fee for one site; \$1,000 per additional site
Contact Neil Irvin at Men Can Stop Rape at nirvin@mencanstoprape.org

8. Mobilizing Men: *Coaching Boys Into Men*

- Levels:** Individual-level change
Relationship-level changes in definitions of men's/father's role in preventing sexual violence through mentoring young boys
- Goals and Objectives:**
- Raise awareness among father's and adult men about their role in preventing violence against women
 - Promote prevention through mentoring of young boys
 - Create parenting/social norms that include teaching young boys about respectful and healthy relationships
- How the Strategy Works:** Coaching Boys Into Men is a public education campaign developed by the Family Violence Prevention Fund. Materials for the campaign include public service announcements, posters, brochures, billboards, and online resources about fathering. Materials are disseminated throughout the community and may be incorporated into other educational and awareness strategies.

Sample poster:



Notes:

The effectiveness of this campaign in a particular community will depend largely on how much the community is saturated with the messages. This is not simply a matter of distributing posters and brochures. Rather, it may also include training other professionals on:

- the role of fathers and adult men in preventing violence against women
- how to talk with fathers and adult men about their role
- how to mobilize fathers and adult men to take action

This is an example of how primary prevention of sexual violence requires mobilizing others in the community to do prevention work, rather than the rape crisis/prevention program doing all of the prevention work.

Examples of settings where the campaign might be implemented include:

- churches and other faith communities
- counseling centers
- social service agencies (government and community-based)
- athletic associations (focusing on coaches) and school coaches
- parenting education programs
- community/family recreation centers
- community service organizations (Kiwanis, Lions Club, etc.)
- veterans' groups
- school-based parent organizations
- public libraries
- Head Start programs

Examples of professionals who can be trained to help promote the campaign:

- clergy
- social workers providing child welfare services
- social workers administering aid programs
- therapists
- community recreation administrators
- school counselors
- day care/after school care providers
- coaches
- teachers

Intensity:

This intervention is low for individual exposure.

Community saturation can be low, moderate or high, depending on the number and diversity of settings in which the materials are disseminated and the ways in which it is incorporated into other educational and awareness strategies.

Summary of Evidence Base: This strategy is consistent with the Theory of Reasoned Action, Health Belief Model, and Diffusion of Innovation Theory. It is consistent with the ecological model of sexual violence promoted by the Centers for Disease Control and Prevention.

The Ad Council conducted a general market tracking survey that included six waves of random-digit dialed, computer-assisted telephone surveys. Each wave consisted of 500 surveys found that:

- after three years of the campaign 14% of respondents were aware of the public service announcements (up from 3% the first year)
- 41% of respondents had actually spoken to boys about violence against women (up from 29% the first year)
- 25% of people who had seen the advertisement were taking action, compared with 16% of people who had not seen it

A summary of the evaluation report is available from the Waitt Institute (www.waittinstitute.org).

Evaluating the Impact in Your Community:

The recommended way to evaluate the impact of this strategy is to conduct a pretest-posttest comparison where you do a community survey before the campaign starts and again after the campaign has run for a certain amount of time.

When you analyze the data you will want to see:

- changes in the intended direction (e.g., more conversations with boys about respecting women)
- differences between people who saw the posters/ads and those who did not
- the differences between the groups being such that people who saw the posters/ads show more prosocial intents and behaviors people who did not see the posters/ads

While looking at percentages and group averages is the first step in analyzing responses to pretests and posttests, it is important that the responses be analyzed for statistical significance. Very small

differences may be due to random fluctuations and not due to actual differences between the pre-post tests or between the groups. Statistical tests can determine whether the differences are random or actual differences. To create a plan for analyzing your data you may want to consult with a researcher or program evaluator who has experience with this type of evaluation and data analysis.

Outcome measures that are relevant to this strategy include:

- some measure of whether respondents saw the posters/ads or are aware of the campaign
- some measure of likelihood to talk with boys about violence against women and of actual conversations
- Readiness to Change Scale

Given the emphasis in primary prevention on changing behaviors, it is strongly recommended that any evaluation of this strategy include some measure of behavioral intents, efficacy and/or actual behaviors. Relying only on attitude and knowledge measures will not be a sufficient indicator of whether you are meeting primary prevention goals.

Available Materials:

Print-ready brochures and posters are available at www.endabuse.org.

Television and radio PSAs are also posted online at www.endabuse.org. Contact the Family Violence Prevention Fund for information about PSA copies that are in a broadcast format.

Culturally-specific posters and brochures are available for the African American and Native American communities.

Cost:

print-ready brochures and posters are available for free
printing costs will depend on your local printer

9. Mobilizing Men: *The Men's Program*

Levels:	Individual-level change Relationship-level changes in definitions of men's role in preventing sexual violence With enough community saturation, community-level changes in social norms
Goals and Objectives:	<ul style="list-style-type: none">• Decrease men's acceptance of rape and rape myths• Increase men's support of rape survivors• Decrease men's likelihood to rape• Decrease rates of sexual violence
How the Strategy Works:	The Men's Program is a one-hour presentation and discussion designed for college age men. It is led by male peer educators and is titled "How to help a sexual assault survivor: What men can do". Following a presentation of basic definitions, a video is shown that describes a rape situation. In the video a male police officer describes being raped by two men. Following the video the facilitators lead a discussion that explores the case as an act of violence (not sex) and draws parallels from the officer's experiences to the common experiences of female survivors. Participants are then taught how to respond to female survivors and there is a discussion of a scenario in which men can take action as bystanders to prevent an assault.
Intensity:	For men who participate in the program, the level of individual exposure is low. For the peer educators who go through an additional 20 hours of training, the level of individual exposure is high. Community saturation can be low, moderate or high, depending on the number and diversity of settings in which the program is implemented.
Summary of Evidence Base:	The theoretical basis of the Men's Program is grounded in psychological principles that focus on social norms, social support, and attitude and behavioral change. Specific theories used include

the Belief System Theory and the Elaboration Likelihood Model (ELM). Belief System Theory suggests that in order to change people's attitudes in a sustainable way, they must be allowed to maintain their self-concepts. In the case of rape prevention, this means that prevention programs that portray all men as potential rapists are unlikely to change men's attitudes or behaviors about rape. In contrast, programs that portray men as potential allies to women/survivors may bring about the desired changes. ELM theory says that when participants are motivated and when they perceive the information that is being presented to them is personally relevant, they are more likely to change their attitudes and behaviors.

The Men's Program has been studied and numerous peer-reviewed articles have been published in professional journals. The studies have examined longitudinal effects, effects on attitudes, and changes in behavioral intents and behaviors using pretest-posttest designs with control groups as well as qualitative methods.

Findings include:

- Rape myth acceptance declined immediately after the program and remained significantly lower seven months later
- Likelihood of raping declined immediately after the program and remained significantly lower seven months later
- However, reports of actual behaviors indicate that there were no significant declines in self-reports of actual perpetration of sexual assault

The findings on the outcomes of this program highlight the need for caution when thinking about changes in attitudes, behavioral intents, and actual behaviors. Studies on this program have consistently shown that although there are changes in participants' attitudes and behavioral intents, there have not been changes in actual self-reports of perpetration behaviors. We cannot assume that because people demonstrate less support for sexual violence and less likelihood of committing rape, that we will see decreases in perpetration.

The reason for the lack of behavioral effects may be due to the low intensity of the program. In the words of one researcher, "It may simply be unrealistic to expect that long-held, deeply ingrained attitudes and beliefs will be changed in any lasting way as the result of a 1 or 2 hour program. *The danger of such programs is*

that they can make us think that we are doing something, even if we are not”.¹⁷ This caution is especially important to heed in light of the fact that The Men’s Program curriculum and its results are very similar to the traditional approaches to rape education. The one distinctive aspect is its use of male-only groups and of an exercise designed to promote male empathy.

Research reports of the Men’s Program can be found in:

- Foubert, J. D., & LaVoy, S. L. (2000). A qualitative assessment of “The Men’s Program”: The impact of a rape prevention program on fraternity men, *NASPA Journal*, 38, 18-30.
- Foubert, J. D. (2000). The longitudinal effects of a rape prevention program on fraternity men’s attitudes, behavioral intent, and behavior. *The American Journal of College Health*, 48, 158-163.
- Foubert, J. D., & McEwen, M. K. (1998). An all-male rape prevention peer education program: Decreasing fraternity men’s behavioral intent to rape, *The Journal of College Student Development*, 39, 548-556.
- Foubert, J. D., & Marriott, K. A. (1997). Effects of a sexual assault peer education program on men’s belief in rape myths, *Sex Roles*, 36, 257-266.
- Foubert, J. D., & Marriott, K. A. (1996). Overcoming men’s defensiveness toward sexual assault programs: Learning to help survivors, *Journal of College Student Development*, 37, 470-472.

Evaluating the Impact in Your Community:

The recommended way to evaluate the impact of this strategy is to conduct a pretest-posttest comparison. Your ability to draw causal inferences will be strengthened if a group does not receive the presentation (or receives it later) and is also given a pre-test and post-test.

When you analyze the data you will want to see:

- changes in the intended direction in the group that received the curriculum (e.g., after participants complete the program they report greater likelihood to speak out when they witness rape-supportive attitudes than they did before

¹⁷Frazier, P., Valtinson, G., & Candell, s. (1994). Evaluation of a coeducational interactive rape prevention program. *Journal of Consulting and Development*, 73, 153-158; emphasis added.

- the program)
- differences between the group that received the curriculum and the group that did not
- the differences between the groups being such that the group that received the curriculum shows more prosocial knowledge, attitudes, intents, and behaviors than the group that did not receive the curriculum

While looking at percentages and group averages is the first step in analyzing responses to pretests and posttests, it is important that the responses be analyzed for statistical significance. Very small differences may be due to random fluctuations and not due to actual differences between the pre-post tests or between the groups. Statistical tests can determine whether the differences are random or actual differences. To create a plan for analyzing your data you may want to consult with a researcher or program evaluator who has experience with this type of evaluation and data analysis.

Outcome measures that are relevant to this strategy include:

- Behavioral Vignettes
- Illinois Rape Myth Acceptance Scale (Short Version)
- Knowledge of Sexual Assault
- Understanding Consent Scale
- Pennsylvania Survey of Sexual Experiences
- Male Peer Support Scale
- Readiness to Change Scale
- Willingness to Help Scale
- Bystander Behavior Scale
- Bystander Efficacy Scale

Given the emphasis in primary prevention on changing behaviors, it is strongly recommended that any evaluation of this curriculum include some measure of behavioral intents, efficacy and/or actual behaviors. Relying only on attitude and knowledge measures will not be a sufficient indicator of whether you are meeting primary prevention goals. Because this is a short intervention, posttest measures of actual behaviors will need to be done at a later date in order to allow enough time for respondents to be in situations where they might use the skills they learned.

Process measures that are relevant to this strategy include:

- Participant Satisfaction Survey
- Teacher Satisfaction Survey

Available Materials:

The Men's Program: A Peer Education Guide to Rape Prevention is available from PCAR. In addition to describing the curriculum, it also has a detailed outline of the intensive training for peer educators who teach the curriculum.

The author, John Foubert, is available to do workshops and trainings, including:

- 8-hour train-the-trainers workshop for professional on getting men involved in rape prevention
- 2-day workshop for students who are sexual assault peer educators
- 1-2 hour workshop for faculty and college administrators on educating men about sexual violence

Additional information can be found at:
<http://jdfoub.people.wm.edu>.

Cost:

The Men's Program: A Peer Education Guide to Rape Prevention retails for \$26.20 from PCAR
Training and consultation costs vary

10. Professional Prevention Training: *Coaches Playbook*

Levels: Individual-level change
Relationship-level change in definitions of coaches' role
Community-level change in norms of acceptable behavior in athletic settings

Goals and Objectives:

- Develop coaches' skills for teaching athletes about violence against women
- Develop coaches' skills for intervening in situations that promote violence against women and in promoting prosocial messages about respect and prevention
- Establish new team norms for acceptable behavior in regard to respect and violence prevention
- Teach athletes how to treat women with honor and respect, that violence does not equal strength, and how to be role models for peers

How the Strategy Works: The Coaches Playbook is another component of the Coaching Boys Into Men campaign developed by the Family Violence Prevention Fund. The Playbook itself is available online and in print. It can be distributed to coaches in the community. The Playbook includes:

- Basic definitions of abuse
- A coaches' and players' pledge to treat women with honor and respect, speak out against violence against women, and act as a role model
- A suggested preseason speech for coaches to use with athletes about how promoting honor and respect for women is an expectation of team members, the same as the athletic expectations
- Suggestions for establishing team penalties for abusive language, acts of abuse, and failing to intervene when witnessing abuse
- Scenarios of likely events and practical suggestions for how coaches can both intervene in the moment and address the issues proactively (e.g., locker room talk about women, cat calls, talk about publicized assaults, and reports of rape involving athletes)

In order to capitalize on the Playbook and further build skills and

support for coaches as they take on this new role, your program can do workshops with coaches and athletic administrators, using the Playbook as the foundation for the training. The Men's Network Against Domestic Violence offers workshops for coaches that can serve as a model. You may also want to consider periodic networking/follow-up meeting with coaches to reinforce the concepts, develop further skills, address emerging issues, and provide technical assistance.

Intensity:

This strategy can be low, medium or high in individual exposure for both coaches and athletes, depending on how it is implemented. Community saturation will also depend on implementation.

Summary of Evidence Base: The Coaches Playbook is consistent with the ecological model of sexual violence promoted by the Centers for Disease Control and Prevention. Its is also consistent with the principles of the Theory of Reasoned Action, Theory of Planned Behavior, and Diffusion of Innovation Theory.

Unfortunately, there is no evaluation data available at this time. This is an opportunity for prevention programs to collaborate with researchers and evaluators to conduct systematic evaluations of the outcomes of this strategy.

**Evaluating the Impact
in Your Community:**

The recommended way to evaluate the impact of this strategy is to conduct a pretest-posttest comparison. Your ability to draw causal inferences will be strengthened if a group does not receive the training (or receives it later) and is also given a pre-test and post-test.

When you analyze the data you will want to see:

- changes in the intended direction in the group that received the training (e.g., after participants complete the training they report greater likelihood to speak out when they witness rape-supportive attitudes among their players than they did before the training)
- differences between the group that received the training and the group that did not
- the differences between the groups being such that the group that received the training shows more prosocial

knowledge, attitudes, intents, and behaviors than the group that did not receive the training

While looking at percentages and group averages is the first step in analyzing responses to pretests and posttests, it is important that the responses be analyzed for statistical significance. Very small differences may be due to random fluctuations and not due to actual differences between the tests or between the groups. Statistical tests can determine whether the differences are random or actual differences. To create a plan for analyzing your data you may want to consult with a researcher or program evaluator who has experience with this type of evaluation and data analysis.

Outcome measures that are relevant to this strategy include:

- Behavioral Vignettes; vignettes should be adapted to the types of scenarios coaches are likely to encounter
- Illinois Rape Myth Acceptance Scale (Short Version)
- Knowledge of Sexual Assault
- Understanding Consent Scale
- Readiness to Change Scale
- Willingness to Help Scale; adapted to scenarios coaches are likely to encounter
- Bystander Behavior Scale; adapted to scenarios coaches are likely to encounter
- Bystander Efficacy Scale; adapted to scenarios coaches are likely to encounter

Given the emphasis in primary prevention on changing behaviors, it is strongly recommended that any evaluation of this curriculum include some measure of behavioral intents, efficacy and/or actual behaviors. Relying only on attitude and knowledge measures will not be a sufficient indicator of whether you are meeting primary prevention goals. Because this is a short intervention, posttest measures of actual behaviors will need to be done at a later date in order to allow enough time for respondents to be in situations where they might use the skills they learned.

Available Materials:

The Coaches Playbook is available online from the Family Violence Prevention Fund at www.coaches-corner.org. You can also order free print copies from FVPF (the link to order is in the online Playbook).

The Men's Network Against Domestic Violence can provide details on the workshops they do. They can be reached through

www.menagainstdv.org

Cost:

Free

11. Professional Prevention Training: *Promoting Positive Fatherhood*

Levels of Prevention:	Individual-level change Relationship-level change in definitions of professionals' and fathers' roles Community-level change in norms of fathering
Goals and Objectives:	<ul style="list-style-type: none">• Develop skills of educators and professionals who work with fathers' groups to be effective role models for prevention of sexual violence• Develop their skills to integrate sexual violence prevention into their own work
How the Strategy Works:	<p>A project of the Men's Initiative for Jane Doe Inc. (the Massachusetts coalition against domestic and sexual violence), the project uses prevention educators to facilitate two-hour workshops with fatherhood networks throughout the state. Participants are leaders of various fathers' groups.</p> <p>To date the project has included two to three workshops for each networking group. Topics covered in the workshop include:</p> <ul style="list-style-type: none">• definitions of prevention• sexual violence prevention throughout the life span• awareness of multiple forms of oppression• cultural definitions of masculinity• connections between fatherhood and prevention of sexual violence• readiness for leadership around sexual violence prevention <p>Various interactive exercises are used including a Masculinity Box exercise, multi-oppression worksheet, and household tasks and responsibilities worksheet.</p>
Notes:	<p>The effectiveness of this strategy will depend largely on how much the community is saturated with the messages. Examples of professionals who could be trained include:</p> <ul style="list-style-type: none">• leaders of men's groups• clergy

- social workers doing outreach with men
- parenting educators
- therapists

Additionally, the workshops can be done with men who are not service providers, but who may be fathers or male role models in the community, such as:

- men's groups at churches and other faith communities
- community/family recreation centers
- community service organizations (Kiwanis, Lions Club, etc.)
- veterans' groups
- school-based parent organizations

Intensity:

Individual intensity is low.

Community saturation can be low, moderate, or high depending on the number and variety of settings in which workshops are done.

Summary of Evidence Base: The workshops are consistent with the ecological model of sexual violence promoted by the Centers for Disease Control and Prevention. They are also consistent with the principles of the Theory of Reasoned Action, Theory of Planned Behavior, and Diffusion of Innovation Theory.

Unfortunately, there is no evaluation data available at this time. This is an opportunity for prevention programs to collaborate with researchers and evaluators to conduct systematic evaluations of the outcomes of this strategy.

Evaluating the Impact In Your Community:

The recommended way to evaluate the impact of this strategy is to conduct a pretest-posttest comparison. Your ability to draw causal inferences will be strengthened if a group does not receive the training (or receives it later) and is also given a pre-test and post-test.

When you analyze the data you will want to see:

- changes in the intended direction in the group that received the workshop (e.g., after participants complete the workshop they report more integration of sexual violence prevention in their work than before the workshop)

- differences between the group that received the workshop and the group that did not
- the differences between the groups being such that the group that received the workshop shows more prosocial knowledge, attitudes, intents, and behaviors than the group that did not receive the workshop

While looking at percentages and group averages is the first step in analyzing responses to pretests and posttests, it is important that the responses be analyzed for statistical significance. Very small differences may be due to random fluctuations and not due to actual differences between the tests or between the groups. Statistical tests can determine whether the differences are random or actual differences. To create a plan for analyzing your data you may want to consult with a researcher or program evaluator who has experience with this type of evaluation and data analysis.

Outcome measures that are relevant to this strategy include:

- Behavioral Vignettes; vignettes should be adapted to the types of scenarios professionals are likely to encounter
- Readiness to Change Scale
- Willingness to Help Scale; adapted to scenarios professionals are likely to encounter
- Bystander Behavior Scale; adapted to scenarios professionals are likely to encounter
- Bystander Efficacy Scale; adapted to scenarios professionals are likely to encounter

Given the emphasis in primary prevention on changing behaviors, it is strongly recommended that any evaluation of this curriculum include some measure of behavioral intents, efficacy and/or actual behaviors. Relying only on attitude and knowledge measures will not be a sufficient indicator of whether you are meeting primary prevention goals. Because this is a short intervention, posttest measures of actual behaviors will need to be done at a later date in order to allow enough time for respondents to be in situations where they might use the skills they learned

Available Materials:

Sample workshop outlines are available from Craig Norberg-Bohm at the Men's Initiative for Jane Doe Inc., cNorbergBohm@janedoe.org.

Cost:

Free

Introduction to Program Evaluation

Why Evaluate Primary Prevention Efforts?

What Are the Different Types of Evaluation?

What Are the Challenges of Evaluating Primary Prevention?

What Have Previous Evaluations of Rape Prevention Programs Found?

How Can Program Staff Use Research and Evaluations?

Why Evaluate Primary Prevention Efforts?

There are four common reasons for evaluating any type of program:

- Evaluation can help program staff make informed decisions about continuing or modifying a program. Evaluations can be used to identify programs that show promise or that demonstrate clear success in areas that are a priority. These programs would likely be continued. Evaluations can also identify programs that are not showing sufficient impact or that are having effects in areas that are not as important to the mission of the agency. These programs may need to be modified or discontinued. It is also important to consider unintended negative effects. Evaluations can reveal whether the program is inadvertently having effects that are not desirable and changes can be made to correct those effects. By providing a basis for informed decisions, evaluation protects programs from making capricious decisions. It also provides checks and balances so that other factors (political climate, personal preferences, etc.) do not lead to arbitrary decisions about the continuation or cancellation of a program.
- Evaluation can also help in defending a program against outside criticism. There are many reasons that people may not support rape prevention programming, especially in the schools. A common fear is that the program will “plant ideas”. This fear can be ameliorated by surveys that show how familiar students already are with sexual violence. For example, some people fear that talking about drug-facilitated rapes will introduce students to the idea and lead them to try something that they otherwise would not have thought of. However, surveying students before prevention programs start often shows that students already have heard about drug-facilitated rapes.
- Evaluation can also provide insight into how or why a program is working or not. Understanding the mechanisms by which programs work provides a foundation that staff can build on in developing new programs. Rather than reinventing the wheel or shooting in the dark, staff can take elements and strategies that are most successful and use them in other interventions. Likewise, precious time and resources will not be wasted on strategies that have minimal impact.
- Finally, evaluation is a mechanism for accountability. Public funds are limited. Citizens are entitled to know that their tax dollars are being used wisely. Private funders similarly want to know that their dollars are having a positive impact.

What Are the Different Types of Evaluation?

Often times when people think about evaluation they have in mind something like the Consumer Reports. They want to rate programs so that they know which ones work and which ones are best. Or they make think of evaluation like a report card: How well did this program do as measured on some supposedly objective scale? However, evaluation is actually a much broader concept. Different types of evaluation answer different questions. It is important that program staff identify what type of evaluation will best answer their questions.

There are five main types of evaluation¹⁸:

Type of Evaluation	Purpose	Uses	Common Methods
Needs Assessment	Identify and prioritize needs	Decisions about how to allocate resources; whether, where and when to start new programs	Interviews Focus Groups Surveys Existing data Observations
Program Theory	Clarify underlying theory about why and how program works	Improve how program is conceptualized; identify intermediate and long-term effects	Interviews Document review Logic model
Process and Performance	Describe how a program is operating	Identify implementation problems; fidelity checks; assessing satisfaction	Routine data collection Satisfaction surveys Fidelity checks
Program Impact	Determine if program has intended effects and how strong effects are	Decisions about continuation or expansion of program; modifying program	Pre-test / post-test comparisons Community surveys
Efficiency	Compare program costs to outcomes	Large scale policy and funding allocation decisions	Cost-benefit analysis Impact analysis

¹⁸ Rossi, P. H., Freeman, H. E., Lipsey, M. W. (1999). *Evaluation: A Systemic Approach*. Thousand Oaks: Sage Publications.

1. **Assessing the need for a program:**

Assessing the need for a program is used to identify, compare, and prioritize needs.

This type of evaluation can help in making decisions about how to allocate resources and whether, where, and when to start new programs.

Needs assessments are often done through

- Interviews, focus groups, and surveys with community leaders, members of the intended audience (e.g., adolescents if it will be a school-based program), others who may be affected by the program (e.g., parents), others who deal with sexual violence from a different perspective (e.g., law enforcement, medical personnel, mental health professionals), and professionals in related fields (e.g., school personnel, other social service providers)
- Data from existing sources such as police and court records, crime reports, school disciplinary reports, hotline records, client usage reports, and news reports
- Observations of physical environments (e.g., graffiti in the community), social behaviors in public settings (e.g., of teachers to assess gender equity in classrooms), and social messages (e.g., advertising and other media)
- When conducting a needs assessment it is important to include all of the relevant people who may have insight into or be affected by the program. A common mistake is to get input from other professionals but leave out the people who will be participating in or otherwise affected by the program. In doing interventions with youth it is especially common to leave them out of the needs assessment. This is a grave error. Finding out the experiences and views of the people who will be participating in or benefiting from the program is a valuable source of information about how the intended program may be received, how well needs are currently being met, what needs are not being met, and strategies that may be more or less effective.

2. **Assessing program theory:**

Assessing program theory is used to articulate and clarify the underlying logic about why and how the program should work.

This type of evaluation can be useful in itself because a program that is based on a weak or faulty theory has little chance of achieving intended results. Assessment of program theory can help to improve how the program is conceptualized. It can also help to identify the kinds of effects that you might expect. This is especially important when the process of prevention is expected to be a long-term endeavor. In the case of sexual violence, we cannot expect to see the rates of sexual violence drop in the immediate future. If that is our only measure of success we may set ourselves up for appearing like

we have failed by measuring rates of violence in the short-term. Or if we start a program and delay its evaluation for many years later we may be disappointed to learn that the resources we have been devoting to the effort have been for naught. However, if we understand clearly the theory of the program including the incremental changes and chain reactions that we expect to see, then we can measure those changes and assess our progress every step of the way.

Assessing program theory usually involves describing program goals and objectives and the chain reaction that leads from the activities of the program to the intended outcomes. This is often done through:

- Interviews with program staff and program participants
- Review of program documents including mission statements, written objectives, curricula, program materials, and prior evaluation results
- Using the information collected through interviews and documents to create a logic model which is a picture that illustrates the chain reaction between activities and outcomes

When assessing program theory it is important to repeatedly refine the model. It is often helpful to talk with program staff, create a first draft, go back to program staff for feedback, revise the model, go back to program staff again, and continue this process until there is a consensus that the model accurately captures the program. Often the model will become more complex as underlying, unspoken assumptions become evident.

3. Monitoring program process and performance:

Monitoring program process and performance describes how a program is operating.

This type of evaluation may help in identifying problems in how the program is being implemented and making adjustments along the way. It can be used to assess whether the program is delivered in the way it is intended, if it is reaching the targeted audience, how satisfied participants are with the program, and what is going well or not going well.

Monitoring is often done through:

- Routine data collection including the number of programs done, frequency of programs, number of participants, components of the program used, etc.
- Program satisfaction surveys that are given to program participants; in schools these often include surveys of both students and teachers. It is important to note that satisfaction surveys are a method of monitoring process and performance. They are not a method of assessing program impact. Just because participants enjoyed the program does not mean that it is an effective program. This is especially true when thinking about primary prevention. The ultimate goal is to change behaviors in ways that prevent sexual violence. Participant satisfaction does not measure whether this goal has been achieved.

- Fidelity checks determine whether the program is being implemented like it is intended; with curricula this often involves observing the presenter to make sure they are covering the topics in the curriculum and how much time they are spending on each topic

Program monitoring is the type of evaluation that program staff tend to be the most familiar with because they are already doing it. Sometimes the monitoring process is limited to what is required by funders. However, it can be worthwhile to consider if there is additional information that would be useful to the program.

4. Assessing program impact:

Assessing program impact is done in order to determine whether a program has the effects it is intended to have and how strong those effects are. This is typically the type of evaluation that people think of when they hear “program evaluation”.

Researchers most often assess program impact by randomly assigning people to receive the intervention or not receive it. They then test some outcome of interest (e.g., acceptance of rape myths, self-report of perpetrating behaviors, self-report of victimization, etc.). Usually the test is given twice: once before the intervention and again afterward. The two groups are then compared. If the intervention is effective then the group that participated in the program should show significantly different results than the group that did not participate.

However, this approach to evaluation (often called a randomized pre-post test or an experimental design) is generally not feasible for community-based sexual violence programs. Besides the time and resources it takes to test people who are not receiving the intervention, it is often politically untenable to ask that people who could potentially benefit from the program not receive it for purposes of evaluation. A common strategy used by researchers in this type of situation is to delay the intervention for one group. Thus, the evaluation is done and then the group that did not receive it has the chance to go through the program. However, this may be practically difficult for rape prevention programs and the benefits may not outweigh the costs.

An alternative approach is to rely on one group of participants, all of whom receive the intervention. In this case you would compare the pre-test and post-test and consider whether there were other factors besides the intervention that could have accounted for any changes. Other factors might include school curricula, exposure to sexual violence issues through news and entertainment media, or violence prevention programs being run by other organizations such as law enforcement, youth services, or faith communities.

It is also necessary to re-think your evaluation strategy when you want to evaluate an intervention that is not a program or curriculum per se. For example, what if the intervention is a message campaign that involved posters, radio PSAs, and television

PSAs? In this case there is no identifiable subgroup to assess. Instead, your target was to change something in the community at large starting with people who saw the campaign. You can still assess program impact by surveying people in the community. It would be advisable to survey people prior to the start of the campaign to get a baseline assessment of where the community is at in regard to the message. Then conduct a second survey after the campaign has happened to see if the community has changed in the ways you intended. While you might want to ask about the extent of their exposure to the campaign, keep in mind that even people who did not see the campaign may still show changes if they are influenced by people who did see it. So you may want to focus on the comparison of before and after the campaign, not so much on the comparison between people who saw the campaign and those who did not.

Regardless of what kind of intervention you are assessing or the exact evaluation strategy you use, it is critical that the questions you ask or other measures you use directly relate to what the program is intended to do. The most common mistake in rape prevention is to say that the program is designed to prevent sexual violence (which is a behavior) and then assess it by asking factual questions about sexual violence and what they think about it (which are knowledge and attitudes). There must be a clear correspondence between the intervention's goals and what you measure. The logic model can help with this process.

It is also important to consider how effects may change over time. Many programs assess changes immediately after the program ends. The logistics of doing this are relatively easy. However, it does not answer the question of whether those changes are maintained over time. What do participants think a month later? A year later? You cannot assume that the changes will be maintained over time.

5. Measuring efficiency:

Evaluations of program efficiency or cost-benefit analyses are used to compare program costs to the outcomes in order to determine if the program is worth continuing to invest in.

These types of evaluations are typically not feasible or even useful at the local level. It can be very difficult to estimate the costs of sexual violence and to quantify outcomes in terms of monetary value. Because most funding for sexual violence prevention is coming from federal and state sources or from private foundations that are regional or national in scope, local analyses are not necessarily helpful.

What Are the Challenges of Evaluating Primary Prevention Programs?

Just as there are challenges in doing primary prevention, there are similar challenges in evaluating primary prevention. Four challenges are particularly worth keeping in mind:

1. Program staff often face barriers to doing the type of prevention work they think will be most effective. Prevention educators often know that they need to do programs that have more sessions, address more of the root causes of sexual violence, include social activism, and that build on prevention messages over time. All too often, however, their efforts are thwarted by others in the community who (often for very legitimate reasons) can't provide educators with the time or type of access that is needed.
2. The reduction of sexual violence is a long-term outcome. If you measure the rate of new sexual assault cases in the short-term it will look like your prevention program failed even if it is actually working. It is simply not feasible to expect the rate to decline within a fiscal year. In fact, by creating a more supportive climate for survivors you may see the rate of reporting increase, making it look like the problem is actually getting worse. Alternatively, if you focus only on theory and process evaluations you may never get around to assessing impact.
3. Intermediate outcomes need to be identified so that steps along the way to the long-term goal can be evaluated. However, it can be difficult to know precisely what those intermediate steps are. This is why program theory is so important. A clear, detailed logic model that shows the chain reaction that leads from your activities to the prevention outcomes will point to intermediate outcomes. One of the most common gaps is between increasing knowledge and decreasing victim-blaming attitudes to changing behaviors. Knowledge and attitudes may be necessary precursors to behavioral change, but what comes in-between? The CDC logic model indicates that there are community-level changes that create new norms about sexual violence (perceiving costs of sexual violence and benefits of prevention; integrating sexual prevention into goals and activities; reforms to eliminate social inequalities and to increase justice and accountability). It also indicates that there are individual changes that lead to individuals behaving in ways that are consistent with non-violence (perception of norms and awareness of social rewards and consequences).
4. Evaluation tools tend to overlook community-level changes. Most evaluations of rape prevention programs rely on surveys that are administered to individuals who participated in an education program and that ask them about their own knowledge, attitudes, beliefs, and behaviors. However, the changes that we are

trying to bring about are social changes. How do we measure changes in social norms? Cultural values? Changes in systems? New tools are needed, but most local programs are not equipped to create them. Much more collaboration needs to be done between the field and researchers who have the resources to do this type of development on behalf of the field. The CDC is currently working to develop evaluation tools that correspond with their logic model for RPE programming. These should be very useful for programs when they are available.

These challenges are not impossible to resolve but they do require close attention. Otherwise we risk the appearance of failure when, in fact, our programs and interventions may be having important effects. This manual provides a process and resources for program evaluation that will help programs do evaluations that are mindful of these challenges. The forthcoming Getting to Outcomes manual and measures that the CDC is developing will be additional resources that should help in evaluating primary prevention programs more effectively.

What Have Previous Evaluations of Rape Prevention Programs Found?

Using evaluations that have been done by researchers (often in collaboration with community-based or university-based rape prevention programs) is one way of checking the potential effectiveness of your own programs. If you are doing a similar type of program that researchers have already found to be effective, then you are warranted in thinking it may be effective in your community as well. (Note: If you are using a program that was developed by someone else you may need to make modifications to it in order to meet the needs of your audience, to be culturally relevant, or to accommodate limitations you face. However, be aware that the more you modify a successful program the less confident you can be that it will have the same effects with your audience. This does not mean you should not modify it, merely that you need to be certain you do your own evaluation as well so that you can determine if the program works with your modifications.)

There are four main types of rape prevention programs that have been evaluated for program impact in the research literature. An overview of the programs and the major findings follows. A detailed chart of the studies is found in the Evaluation Resources section.

Type of Program	Common Content	Short-Term Effects	Long-Term Effects
Short Educational Programs	Myths, definitions, signs, resources, risk reduction (healthy relationships)	- Increased knowledge - Decreased myth acceptance	None found
Theatre Programs	Same as above	- Increased knowledge - Decreased myth acceptance	None found
Intensive Programs	Same as above over more time plus more skill-building, gender roles, analyzing media, gender equity, social activism	- Increased knowledge - Decreased myth acceptance - Increased intent to intervene - Decreased rates of physical and sexual violence	- Increased knowledge - Decreased myth acceptance - Increased intent to intervene
Bystander Education	Skill-building to confront sexist and violent peers	- Increased positive attitudes toward bystander behavior - Increased confidence for acting as a bystander - Increased intent to act as a bystander - Increased reports of bystander interventions	- Increased positive attitudes toward bystander behavior - Increased confidence for acting as a bystander - Increased intent to act as a bystander - Increased reports of bystander interventions

1. Short Educational Programs:

This is perhaps the most common type of prevention program. It typically involves 1-2 sessions that are usually 1-2 hours each. Most often they are done with mixed-gender groups, but sometimes the groups are single-gender. These programs focus on myths about sexual assault, legal definitions, signs of potential perpetrators, and local resources for survivors. Some also include a general discussion about healthy relationships and/or tips for reducing risk (e.g., safe dating strategies).

The programs often try to be interactive in nature by using didactic presentations, discussion, and interactive exercises.

Most of the evaluations of this type of program have found that participants show:

- Increases in knowledge about sexual assault
- Decreases in acceptance of rape myths
- However, follow-ups at later times show that the effects tend to weaken over time.
- Only a few studies have measured actual behaviors by asking participants about whether they have engaged in specific sexually aggressive behaviors or have been the victim of such behaviors. These studies show no reductions in sexual violence.

As one group of researchers noted following their study, “It may simply be unrealistic to expect that long-held, deeply ingrained attitudes and beliefs will be changed in any lasting way as the result of a 1 or 2 hour program. The danger of such programs is that they can make us think that we are doing something, even if we are not.”¹⁹ This is a challenging statement, but an important one to consider. A more positive way of looking at the situation is that these educational programs are effective at increasing knowledge and changing attitudes. This is a necessary starting point. However, if we want to do primary prevention we must go further and do more intensive or different programs that target changing behaviors. Providing more intensive programs will require increased access to participants as well as funding and staffing resources in prevention education departments of community-based sexual violence centers.

2. Short Theater-Style Presentations:

These programs are very similar to the short educational programs. They are usually done in single sessions with mixed-gender audiences. The topics they address are also similar with an emphasis on defining sexual violence, debunking myths, identifying signs of

¹⁹ Frazier, P., Valtinson, G., & Candell, S. (1994). Evaluation of a coeducational interactive rape prevention program. *Journal of Counseling and Development*, 73, 153-158.

potential perpetrators and dangerous situations, sometimes acting out ways to avoid potential assaults, presenting ways to help survivors, and sometimes presenting ways to confront potential perpetrators.

The major difference between these programs and short educational programs are that they use actors to present vignettes of rape related scenarios. Sometimes the action is stopped to obtain feedback from the audience on what they think is going on and to get suggestions for what the characters should do. In some programs audience members are invited to take on a character's role to act out and experience how the scene might go differently if the characters were to follow the audience's suggestions. Some programs involve discussion afterwards.

Evaluations of theater-style programs have shown very similar results as the short educational programs:

- Short-term increases in knowledge
- Short-term decreases in rape myth acceptance including victim blaming
- Effects weaken over time
- No reductions in sexual violence perpetration or victimization have been reported.

3. Intensive Educational Programs:

Intensive educational programs have many of the same goals as short programs. However, they are much longer, including at least 10 sessions with the same participants over time. The increased time allows for a number of differences:

- Each topic can be explored in more depth with more opportunities for participants to process their reactions to what they are learning
- More interactive activities, including more skill-building exercises, can be used
- More topics can be addressed. Often times the additional topics are focused on understanding and changing specific aspects of a rape culture such as exploring gender roles, analyzing media for how it objectifies women, identifying gender inequity, and promoting social activism.
- There is ample time to complete an evaluation of the program without detracting from the program.

Evaluations of two intensive programs are particularly worth noting, both as examples of content and the potential effects that programs might see when taking a more intensive approach.

Safe Dates is a 10-session high school curriculum that is taught by teachers who receive 20 hours of training. The program also includes a theater production by peers, a school poster contest, services in the community for adolescents in abusive relationships, and training given to community service providers.

- The initial evaluation of Safe Dates²⁰ showed promising results. There were significant increases in students' knowledge and changes in attitudes as well as 60% less sexual violence perpetration in the school that received the full intervention.
- However, at a 1-year follow-up the knowledge and attitude changes remained but the differences in perpetration rates had disappeared.²¹
- This evaluation supports intensive programs that have multiple components within the school and community as a way of decreasing sexual violence in the short-term.
- However, it may be that multi-year programming is needed in order to maintain the prevention effects over time.

Healthy Relationships²² is a three-year program designed for grades 7 through 9. It is an interactive, activities-based curriculum. Each year includes approximately 20 lessons. The first year teaches students to recognize emotions that can lead to violence and teaches basic communication skills that can be used to solve problems including assertiveness skills. The second year teaches students to examine gender stereotypes with a specific emphasis on media images. Students use critical thinking skills to analyze power and control dynamics in popular culture and to connect those images to physical and sexual violence in relationships. The third year explores the connections between sexist attitudes and violence in relationships. It reinforces values of safety, equality, respect, empathy, personal responsibility, and personal empowerment. It also has a social action component.

²⁰ Foshee, V. A., Bauman, K. E., Arriaga, X. B., Helms, R. W., Koch, G. G., & Linder, G. F. (1998). An evaluation of Safe Dates, an adolescent dating violence prevention program. *American Journal of Public Health*, 88, 45-50.

²¹ Foshee, V. A., Bauman, K. E., Greene, W. F., Koch, G. G., Linder, G. F., & MacDougal, J. E. (2000). The Safe Dates program: 1-year follow-up results. *American Journal of Public Health*, 90, 1619-1621.

²² Men for Change (2000). *Healthy Relationships Curriculum*. Order through www.m4c.ns.ca.

- A three-year evaluation of the Healthy Relationships curriculum showed promising results in many areas despite the fact that the evaluation was based on only a small selection of activities from the curriculum rather than the entire curriculum.
- Students who participated in the program: were more likely to use assertive rather than aggressive responses to conflicts; demonstrated increased knowledge about television violence, relationship violence, and boundary setting; showed fewer beliefs in gender stereotypes; indicated that they were more likely to talk to abusers about their behavior, to talk with a teacher or guidance counselor about what to do if they know someone is being abused, and to talk directly with the person being abused; were more confident in using the skills taught in the program, including identifying stereotypes in advertising, resisting peer pressure, and recognizing power dynamics.
- In terms of actual behaviors, students who participated in the program were more likely to break up with a violent dating partner and reported significantly lower rates of physical violence, passive-aggressive tactics, and psychological abuse in their relationships.
- This evaluation supports intensive programs that occur over multiple years, that build basic communication and assertiveness skills, and that strengthen critical thinking about cultural messages and norms.

5. **Bystander Empowerment Programs:**

Bystander empowerment programs train students to be empowered bystanders who confront sexist and abusive peers. Students show other students, through example and mentoring, that sexism and gender violence are not acceptable and will not be tolerated in the school culture or other setting where the program is implemented.

One of the most notable programs is Mentors in Violence Prevention at Northeastern University. An evaluation of this program is currently underway²³.

There is a strong theoretical basis for bystander programs²⁴, especially as a way of changing norms in a community.

²³ Katz, J. (1994). *Mentors in Violence Prevention (MVP) Trainer's Guide*. Northeastern University's Center for the Study of Sport in Society. Boston: Northeastern University.

²⁴ Banyard, B. L., Plante, E. G., & Moynihan, M. M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology*, 32, 61-79.

In summary, evaluations of rape prevention programs have found that common educational programs are good at increasing knowledge and decreasing acceptance of rape myths, including victim blaming. However, they have not been found to be effective at changing behaviors, other than possibly how people respond to a friend/family after an assault. There is evidence that more intensive, multi-component interventions may decrease perpetration. However, the effects on behavior tend to weaken over time so we need to be looking at multi-year interventions.

How Can Program Staff Use Research and Evaluations?

Existing research evaluations can be used in a number of ways by program staff.

- *It can inform your decisions about continuing, change, and/or expanding your programs.* You may want to continue your short educational programs for other important reasons such as increasing awareness about services, building bridges in the community, and strengthening community awareness about the need for prevention efforts. However, do not view them as primary prevention programs. The research has consistently found that they do not succeed at preventing sexual violence.
- *You can use this information to advocate with others in the community (e.g., schools) for why more intensive programs are needed.* Schools especially may be very comfortable with the current arrangements, especially if it involves your staff coming in as guest speakers for a day or two once a year. It takes more commitment on their part to have you come in for multiple sessions and to create space in their curriculum for a multi-year program. However, the research evaluations can be used to build a strong argument for a multi-session, multi-year program.
- *You can also use this information to make connections between sexual violence prevention and other efforts schools are making to meet learning objectives.* In particular, curricula like the Healthy Relationships curriculum have numerous components that can be used to help meet academic learning standards. While sexual violence may not be the first issue that school administrators and teachers think of when planning their curricula, they may be receptive to arguments for how rape prevention (especially programs that take a broad-based approach to building skills) do fit the standards that they are required to meet. Some of the Pennsylvania academic standards to consider when talking with school personnel include:

Standard	Grade 3	Grade 6	Grade 9	Grade 12
10.2 Healthful Living	(C) Identify media sources that influence health and safety	(C) Explain the media's effect on health and safety issues	(C) Analyze media health and safety messages and describe their impact on personal health and safety	(C) Compare and contrast the positive and negative effects of the media on adult personal health and safety
	(D) Identify the steps in a decision-making process	(D) Describe and apply the steps of a decision-making process to health and safety issues	(D) Analyze and apply a decision-making process to adolescent health and safety issues	(D) Examine and apply a decision-making process to the development of short-term and long-term health goals
10.3 Safety and Injury Prevention	(A) Recognize safe/unsafe practices in the home, school, and community	(A) Explain and apply safe practices in the home, school and community	(A) Analyze the role of individual responsibility for safe practices and injury prevention in the home, school and community	(A) Assess the personal and legal consequences of unsafe practices in the home, school or community
	(C) Recognize conflict situations and identify strategies to avoid or resolve	(C) Describe strategies to avoid or manage conflict and violence	(C) Analyze and apply strategies to avoid or manage conflict and violence during adolescence	(C) Analyze the impact of violence on the victim and surrounding community
11.2 Balancing Family, Work, and Community Responsibility	(A) n/a	(A) Contrast the solutions reached through the use of a simple decision making process that includes analyzing consequences of alternative solutions against snap decision making methods	(A) Solve dilemmas using a practical reasoning approach	(A) Justify solutions developed by using practical reasoning skills
	(F) Explain daily activities that fulfill family functions in meeting responsibilities	(F) Compare and contrast how different cultures meet family responsibilities within differing configurations	(F) Contrast past and present family functions and predicts their probable impact on the future of the family	(F) Assess the relationship of family functions to human developmental stages

Standard	Grade 3	Grade 6	Grade 9	Grade 12
	(H) Identify how to resolve conflict using interpersonal communication skills	(H) Describe positive and negative interactions within patterns of interpersonal communications	(H) Justify the significance of interpersonal communication skills in the practical reasoning method of decision making	(H) Evaluate the effectiveness of using interpersonal communication skills to resolve conflict
11.4 Child Development	(B) Identify health and safety needs for children at each stage of child development	(B) Identify ways to keep children healthy and safe at each stage of child development	(B) Evaluate health and safety hazards relating to children at each stage of child development	(B) Analyze current issues in health and safety affecting children at each stage of development

These evaluations can also help in advocating for more funding and additional resources. Again, the evidence is compelling that 1-2 session programs are not achieving primary prevention goals. Therefore, sources that fund prevention efforts need to be supporting multi-session, multi-year programs. This information can be used when doing public policy advocacy for increases in state and federal prevention funds as well as when writing RFPs.

Although limited, the existing research and data can still be used to help rape crisis centers market their programs and make the case for additional funds, programs and partnerships in prevention.

Basic Steps for Evaluating Your Programs

Scope

Step 1: Clarify Program Goals and Objectives

Step 2: Plan Your Evaluation Design

Step 3: Choose Your Measurement Tools

Step 4: Collect Your Data

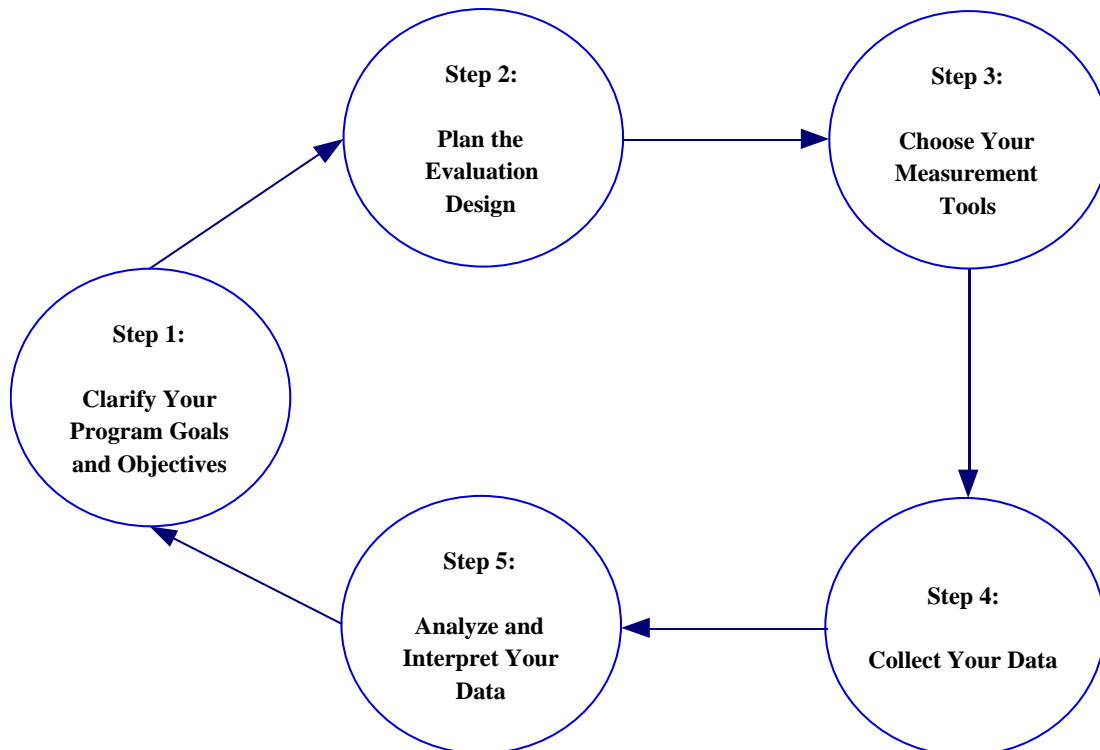
Step 5: Analyze and Interpret Your Data

Guidelines for Hiring an Outside Evaluator

Scope

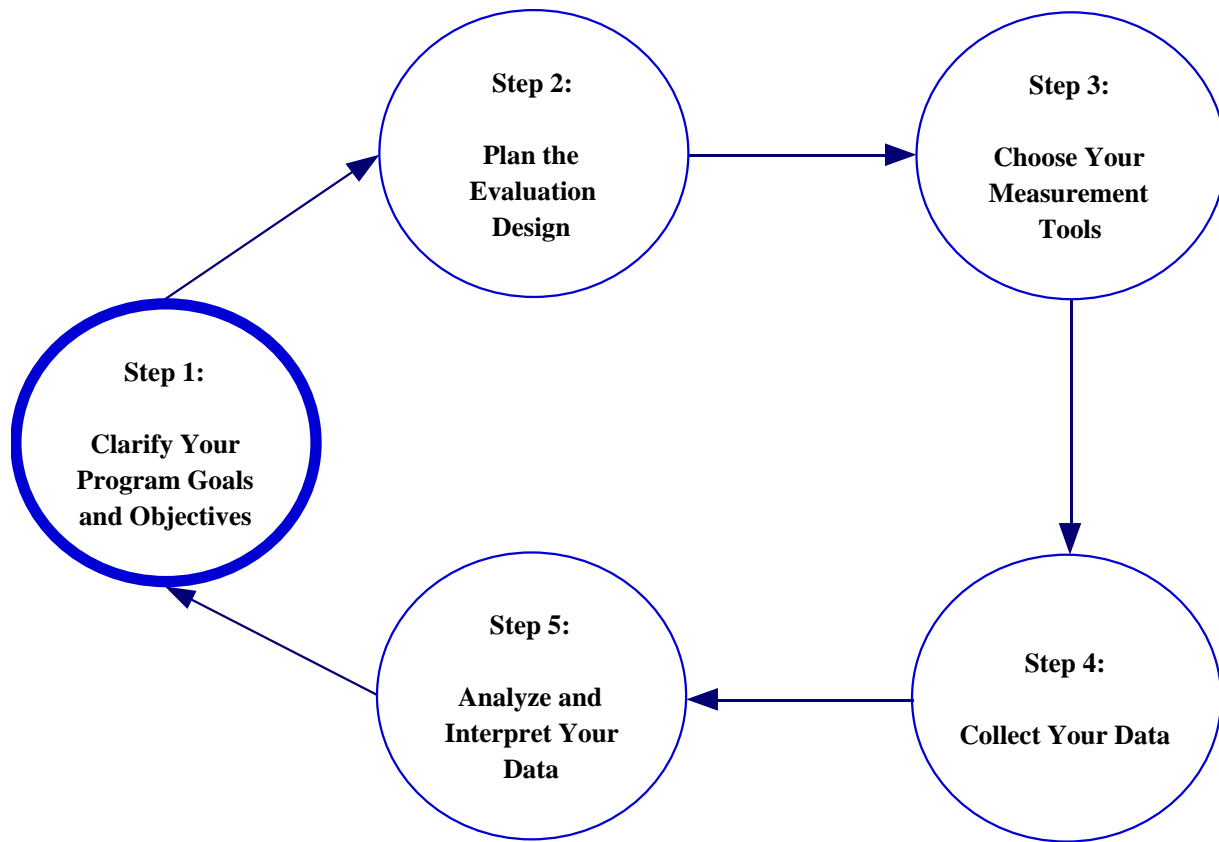
As described in the previous section, there are many different types of evaluations and different techniques that can be used. It is best to have various evaluation techniques that you can choose from. Your staff are completely capable of learning numerous evaluation strategies and using them effectively.

This section includes a detailed outline of the five basic steps of evaluating program impact (adapted from *Training and Practice for Sexual Assault Prevention*)²⁵. The focus is on program impact because this is the type of evaluation that staff usually want to learn how to do. This part of the manual will walk you through the basic steps of evaluating program impact. This should orient you to the key issues you need to consider at each step. It should help you to identify where your program has the capacity to do evaluation on your own and where you might need to hire outside help.



²⁵Centers for Disease Control and Prevention (2006). *Sexual violence prevention and education program announcement: Guidance Document for Part A Applicants*.

Step 1: Clarify Program Goals and Objectives



The first step in any evaluation of program impact is to clarify the program's goals and objectives. This involves three tasks:

- Task 1: Articulate the changes that should occur as a result of your program
- Task 2: Based on that theory, define the program's goals and objectives
- Task 3: Confirm that the goals and objectives capture the expected change process, and revise them if necessary

Task 1: Articulate the changes that should occur as a result of your program

It is important that you clearly communicate the changes that you expect to see as a result of your program. Often times we have an intuitive sense of what we expect, but we have not always articulated the specific changes. It is critical to do so when we are talking about long-term changes in behavior and social norms. There are many changes that occur in the process of preventing sexual violence, and we need to identify what those changes are. This requires that

we have a clear sense of our program theory.

When articulating our program theory we typically develop a graphic representation of the changes we expect to see. This picture illustrates what we think will happen as a consequence of the program. In other words, “If we do A, then B will happen. If B happens then C will happen, etc.” until we get to our ultimate goal for the program.

There is no one way to illustrate program theory. Some approaches specify certain boxes or columns that you should have and programs fit what they do into that pre-set structure. Excellent examples of this approach are found in the *W. K. Kellogg Foundation Logic Model Development Guide* (free download available at www.wkkf.org). The main advantage of a structured approach is that it helps people who are new to theory models get started and provides them with a clear sense of direction. The disadvantage is that the structures can sometimes restrict creative thought and may lead to important dynamics being overlooked. Other approaches encourage starting with a blank sheet and developing the structure that best captures the particular program. This approach allows for an end product that is unique to the program and that may better capture the particular dynamics of the program and the way change occurs in that community. What follow are suggestions for taking the latter approach.

The main question we are trying to answer with a theory model is, **How does change happen?** In other words, how does what we do in our prevention programs lead to the goal of preventing sexual violence? In order for our programs to prevent sexual violence, what needs to change in individuals? In social settings? In organizations and systems? In culture and values? With a program theory model we are trying to illustrate how one change leads to another. We are not worried about the specific activities we will do or the resources we need to do them.

How to Develop a Theory Model

Theory models are developed through an iterative process. It is important to allocate time for many revisions. It may be helpful to start with a small group that works most closely with the program and then present the draft to a wider range of staff and volunteers. Include people who know about the issues but who are not directly part of the program. You should expect to go through many revisions. It is important to continue revising until no significant changes are being suggested. At that point you will know that you have reached the saturation point and you have the best model possible at that time. However, theory models should be periodically revisited throughout the life of the program to make changes based on what you have learned, how the program has changed, and whether the results you are seeing from your evaluations support the assumptions you made about the connections between different steps in the change process.

The following are some questions that can help in developing your program theory model. Your answers to these questions will help you to clarify what the different steps of the change process should look like and how they are connected. Note: although we read a finished theory model from left to right, some people find it easier when they are developing the model to work from right to left. In other words, start with the end goal and work step-by-step backwards as you

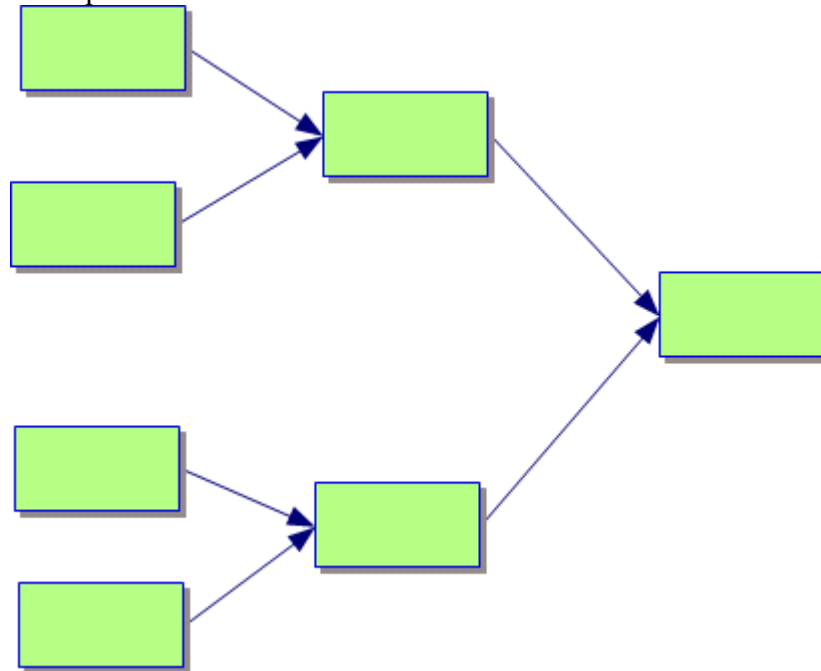
think about what would need to happen immediately prior to this step.

- What is the problem your program is trying to solve or the issues your program will address? Are there multiple problems that are interrelated?
- What needs to change in order for the ultimate goal to be reached? If there are multiple goals, identify which changes go with which goal(s).
- Are there are different types of change needed, such as changes in awareness, attitudes, perceptions, knowledge, intents, skills, and behaviors? Remember that because sexual violence is a behavior, primary prevention requires changes in skills and behaviors.
- For each change ask if there is something that needs to happen before it in order for the change to occur.
- What are potential barriers to change? Is there anything you need to do to address those barriers in order for your program to be successful? Significant barriers should be addressed in your model.
- What are potential supports to change? How might these supports help you accomplish your goals? Can you be successful without those supports? Supports that are necessary to the success of your program should be included in your model.
- As your model develops, do the connections between steps seem plausible? If not, then there are probably missing steps that need to be added.
- In addition to talking about the program, take some time to review documents related to it (e.g., brochures, procedure manuals, curriculum guides, etc.). What actions are reflected in these documents? What is the rationale for them?
- If the program is already running, observe it in action. What issues come up during the program? How are they responded to and what does the response say about the kinds of changes the staff are trying to bring about?
- If the program is already running, to what extent do you think you reach the audience? What helps or hinders your reaching them? Include factors that help in your model as necessary components for success. Include how you respond to factors that hinder success.

How to Draw a Theory Model

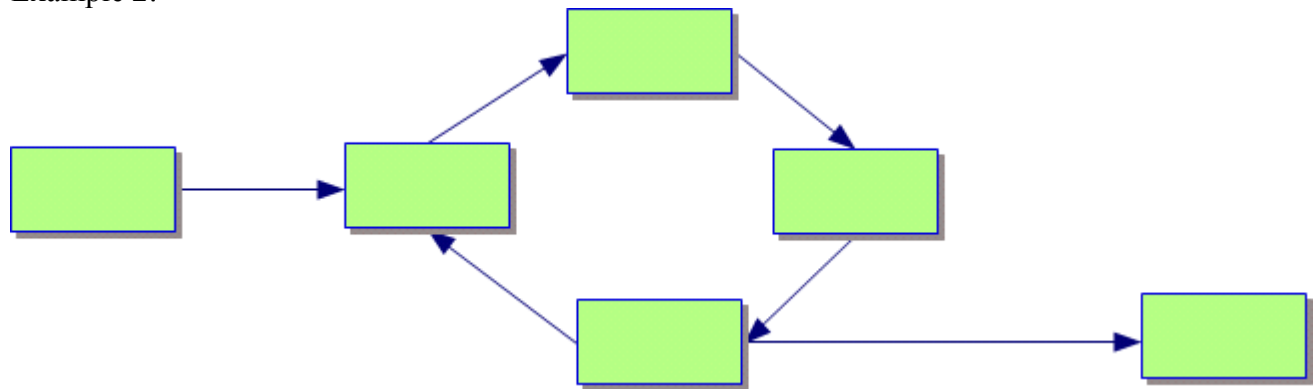
After discussing the questions above you can begin to draw your illustration of the program theory. Each square or circle represents a step in the change process. Each arrow indicates that one step should lead to the next step(s). Arrows are single-headed if the change process only goes in one direction. They are double-headed if there is a back and forth or some type of iterative process. Typically, the graph is drawn so that it is read from left to right. On the left hand side we usually see the activity. Then come the initial, direct changes that the activity should cause. Then come subsequent changes that result. This continues until we reach the far right side where we have the ultimate outcome we are looking for from the program. A blank example of how a theory model might be structured is seen in Example 1.

Example 1:

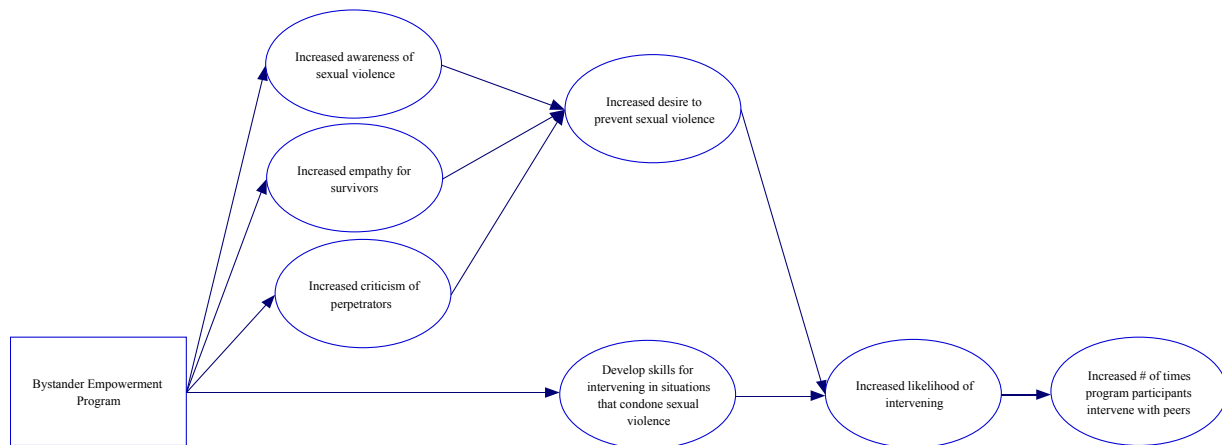


Although theory models often look like a linear process, there is often an iterative nature to them as the program builds. You may find creative ways to reflect that back and forth process. Think about when it is logical double headed arrows. Also consider how you arrange the squares or circles – sometimes you will find that a different arrangement can capture a more complex dynamic such as shown in Example 2.

Example 2:



While you can fill in the boxes in whatever way makes sense to you, it is common that the far left boxes reflect the major activities of your prevention program, the middle boxes represent the intermediate changes, and the far right box reflects the long-term goal. The following is a sample of a theory model for a bystander empowerment program:



This program's theory model says that the bystander empowerment program will increase participants' awareness of sexual violence, empathy for survivors, and criticism of perpetrators. In turn, these three effects will combine to increase participants' desire to prevent sexual violence. At the same time, the program will develop participants' skills for intervening in situations that condone sexual violence. The combination of increased desire and skill development will increase the likelihood of participants intervening which will then increase the number of times they intervene with their peers.

Task 2: Based on that theory, define the program's goals and objectives

Once you have a model of your program theory you can define the specific goals and objectives. What do we mean by goals and objectives? *Goals* refer to the general effect you want the program to have. They are stated in broad terms. The goals often correspond with the middle boxes in your program theory. *Objectives* refer to the specific effects the program will have on the participants or community. They are narrow statements of exactly who and what will change. The objectives will be determine the types of questions you will ask and other data you will collect for your evaluation. Each goal must have at least one objective. For example, a program may identify one of their goals as:

Goal 1: Students will have more knowledge about sexual assault after participating in the program than they did before the program.

The objectives used to measure whether this goal has been achieved might be:

Objective 1: Students will be able to define sexual assault

Objective 2: Students will be able to distinguish between common myths and facts about sexual assault

A common mistake in program evaluation is having objectives that are not directly relevant to the goals. Here is an example of a common mistake that is made in evaluating rape prevention programs:

Goal: Reduce sexual perpetration committed by high school boys.

Objective 1: Boys who participate in the program will report significantly less intent to use coercion to get sex than they did before the program.

Objective 2: Boys who participate in the program will report significant less intent to use physical force to get sex than they did before the program.

Problem: The goal is to reduce actual acts of sexual violence but the objective is measuring the boys' intent. While intent does correspond with actual behaviors, intent and action are not the same thing. We all have probably had the experience of intending to do something but not following through on doing it (think of your last New Year's resolutions). Similarly, we sometimes do things that we said we never would do (anyone who is a parent has probably had this experience).

Solution: Change the objectives to be about actual acts committed within a specified time period. For example: "*Significantly fewer boys who participate in the program will report using coercion to get sex after participating than did before the program.*"

Task 3: Determine if objectives capture the expected change process, and revise them if necessary.

What you want to do in this task is to compare your theory model to your objectives and make sure that they match. Remember what was said earlier about program theory models: they can be very useful at identifying the intermediate steps that lead to the ultimate impact you are hoping to have. When program staff first write goals and objectives they often are thinking only of the final impact, in the example above of the bystander empowerment program, it is easy to focus only on increasing the number of times program participants intervene with their peers in situations that condone sexual violence. However, by drawing the chain reaction that leads from the program to that final impact we see that there are actually six additional changes that must precede that final impact. So instead of having just one goal we now have seven. Each one of these can be translated into measurable objectives. This greatly expands the number of program objectives that we can measure. This is critical when we are talking about long-term change. If we only measure the final impact then we run the risk of appearing that we have failed when we are in fact succeeding but we just haven't yet reached the final impact.

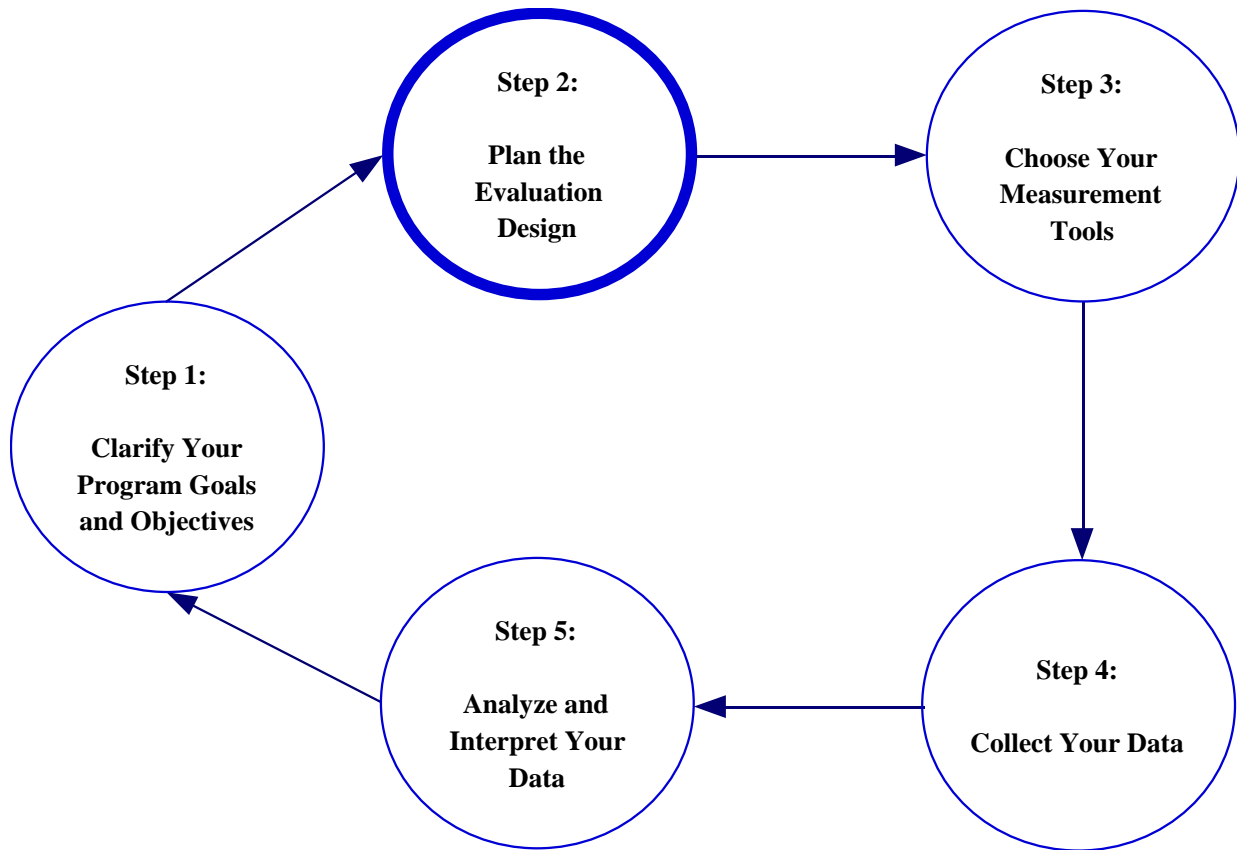
Practical Tips: Here are some practical tips to keep in mind when clarifying your programs' goals and objectives²⁶:

- Goals and objectives should focus on the most important parts of your program. It is easy to generate a long and overwhelming list. Try to gain consensus among your staff and others with whom you work as to what information will be the most useful for improving your program and for making decisions about the program.
- Make your goals and objectives easy to understand. Avoid jargon. Your goals and objectives should be a useful tool for you when talking with the public about what you are doing.
- Make sure that each goal and objective contains only one idea. This will make your evaluation much more precise and will help you determine what aspects of the program are working well and which may require a different approach.
- Avoid borrowing goals and objectives from other programs. Although all rape prevention programs have the same ultimate mission, there can be details that don't transfer well from one program to another. It is worth taking the time to write your own goals and objectives. This way they will reflect your program's values, priorities and expectations.

²⁶ Campbell, R., Davidson, W. S., Ahrens, C. Aponte, G., Dorey, H., Grubstein, L., Naegeli, M., & Wasco, S. (1998). *Introduction to Evaluation Training and Practice for Sexual Assault Prevention*. Okemos, MI: Michigan Public Health Institute.

- Be realistic about what can be achieved given the level of intensity of your program. For example, if you are working in a school where are allowed to make a single, 40-minute presentation to an auditorium full of students, then it is not realistic to expect that you will see significant changes in the incidence of sexual assaults as a result of that presentation. However, it may be realistic to expect that students will gain some basic knowledge about sexual violence or that they will learn about support services that are available through the rape crisis program.

Step 2: Plan the Evaluation Design



There are multiple designs that are used when doing program evaluation. The design you choose is based on:

- The type of evaluation (e.g., program impact, program performance, needs assessment, etc.)
- The resources you have available for the evaluation (e.g., skills, time, and funding)
- How you weigh the advantages and limitations of the different designs

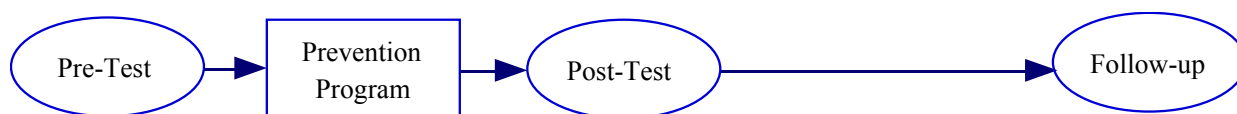
This manual presents the most common design used for assessing program impact by community-based programs: the Pre-Post Design with Follow-up. The advantages and limitations of this design will be discussed with some thoughts presented about alternative approaches.

Planning your evaluation design involves three tasks:

- Task 1: Understand the design
- Task 2: Determine the timing of your evaluation
- Task 3: Determine who will participate in the evaluation

Task 1: Understand the Pre-Post Design with Follow-up

The evaluation design that is recommended is what is commonly called a Pre-Post Design with Follow-up. The design look like this:



- **Pre-Test:** The pre-test is a way of measuring people’s knowledge, attitudes, intents, and behaviors before you do your prevention program. This is sometimes called a *baseline*. The pre-test can be done in many ways, including surveys, interviews, focus groups, or observations.
- **Prevention Program:** This is your intervention. It may be an educational program, PSA campaign, change in a system, or other strategy that you are using to prevent sexual violence.
- **Post-Test:** This is same measure you used at the pre-test. You give it a second time shortly after the prevention program is completed. By comparing the results of the Pre-Test and Post-Test you can see whether or not there have been changes.
- **Follow-up:** This is a third time of assessing the people you wanted to affect with your program. Most often it again uses the same measure as the Pre-Test and Post-Test. The difference is that it is done at a much later time, usually a minimum of 4 weeks and a maximum of 1 year after the intervention is completed. The follow-up assessment lets you see whether or not the changes you saw at the Post-Test are sustained over time.

The advantage of the Pre-Post Design with Follow-up is that it lets you see how program participants change over time. If you see substantial changes from the Pre-Test to Post-Test and those changes are in the direction you intended, then you can conclude that your program was effective. If you see no drop from Post-Test to Follow-up then you can conclude that the changes were sustained over time.

The assumption underlying this evaluation design is that nothing else caused the changes. This is why researchers often have a *control group*. This is a group that does not get the prevention program but is given the same tests. If the group that goes through the prevention program shows substantial changes but the control group does not, then that supports the idea that it was the program and not something else that caused the change.

Using a control group requires additional resources. It can also be difficult for a community-based program to convince the public to withhold the program from a group (such as from one school) but still invest in testing that group. For this reason, the use of a control group is not often used by community-based programs. In order to be more confident that the changes you see are in fact due to your program and not something else, it is important to take note of other events that might be influencing the outcomes. For example, it is worthwhile to keep a log of:

- major news stories about sexual violence
- major events in the community that could also influence the outcomes of your program (e.g., Take Back the Night rallies, Clothesline Project displays, etc.)
- major changes in personnel in the settings where you do the program (e.g., changes in school administrators, counselors, or teachers who may be addressing sexual violence outside of your program)
- major changes in community-based systems that respond to sexual violence (e.g., law enforcement, prosecution, and social services)
- enactment of new laws about sexual violence
- other programs, campaigns, or interventions that your agency is running simultaneous to the program you are evaluating

You may not be able to determine how much of the changes you see are due to your prevention program and how much are due to these other events. But if you are aware of other possible influences then you can make a reasonable judgment about how to interpret your evaluation results.

Task 2: Determine the Timing of Your Evaluation

This is a fairly straight forward task. However, there are some things to keep in mind:

- Your pre-test needs to happen before the program begins, but not too far ahead of time. For example, if you do the pretest in September but the intervention doesn't start until December there could be important events that occur in between those two times that impact your results. To make it

easy, many programs do the pretest right at the start of the program. However, this can take precious time away from your program and it can also affect the experience people have of the program. There is no one best time to do a pretest, but it is worth doing it a few days to a week before the program starts if at all possible. Otherwise, do it immediately before the program begins.

- The post-test needs to happen after the program ends, but not too soon or too late. If you do the posttest the same that the program ends then people may give answers that they remember by rote but have not really thought about yet. You are also more likely to get the answer that they think you want to hear. Whenever possible, it is best to delay the post-test for a short time, perhaps a day to a week. This will be a better assessment of what the participants actually retained when they left the classroom or other setting in which the program was delivered.
- The timing of the follow-up should be determined by the time frame you are interested in as well as what is feasible. If possible, do multiple follow-up assessments, for example at four weeks, 12 weeks, and one year. This will let you see how quickly (if at all) the effects are wearing off.

Task 3: Determine Who Will Participate in the Evaluation

It is easy to think that the more surveys you administer, the better. This is not true. As long as you have collected data from a group that fairly represents your audience you can draw reasonable conclusions. Collecting more data may simply mean more work for your staff.

If you choose to collect from only a sample of participants, keep the following ideas in mind:

- Getting a good sample starts by understanding the larger group. To use an obvious example, if your program is intended to reach both high school boys and high school girls then your sample needs to fairly represent both genders. If you do presentations to all ninth grade students and there are 50% girls, then a sample that consisted of 90% girls would underrepresent the boys. When working in school settings some factors to consider in determining if your sample is adequate are: gender, age/grade, academic performance, ethnicity, students in special education classrooms or receiving academic support services, socioeconomic status, language, and literacy. The question is: How well does your sample represent the students who receive your program?
- The default way to sample is randomly. Of course it would be awkward to only survey some students in the same classroom. So it is more common

to randomly select classes or to randomly select schools (if the schools you work in have similar demographics). Usually random sampling will result in adequate representation. The number of people you have in your sample will depend in part on the type of analyses you plan on doing. It is useful, therefore, to plan your analyses ahead of time, working with a consultant if necessary. In general, if you are testing changes in attitude or knowledge a sample size of 150 – 200 people is probably sufficient. If you are testing changes in behavior you will want a larger sample.

- Randomly sampling people does not mean that you cannot be strategic as well. If there is a particular group that is very small then a random sample might not include them. For example, if you randomly select half of the classrooms that you do your program in but there is only one special education classroom, then there is a good chance that the special education classroom might not be included, but knowing how well the program works for them could be very important. In this case you can do a random selection of the mainstreamed classrooms and also survey the special education classroom.

Evaluating Other Kinds of Interventions

Although the Pre-Post Design with Follow-up was described here in regard to educational programs, it can also be used to evaluate other types of community interventions. The following are a few examples that may help in thinking about your own evaluations.

Social Message Campaigns:

Whether you are doing a PSA campaign or some other type of social marketing, you can use a similar evaluation design. You could develop a survey to evaluate the campaign's objectives and administer it to people (A) before the campaign starts, (B) immediately after the campaign ends, and (C) at a later follow-up date. The biggest difference here is who you assess. You have two main options.

Option #1 is to survey the same people at all three times. This ensures that any changes you see are really changes in those people and that you didn't get different results simply because you surveyed different people. The disadvantage to this strategy is that it is very difficult to keep the same group of people over time. It takes resources on your part to track people over time. Some people will drop out because they lose interest or for other reasons. When people drop out that makes it more difficult to know if any changes you see are true changes in the group or simply due to the fact that certain people didn't take the next survey. For this reason it is important to record as much relevant information as possible about the participants so that you can determine whether people who drop out are somehow different from the people who complete all of the surveys.

Option #2 is to survey different people at each time. This may be a much easier approach in terms of your resources. However, the disadvantage to this strategy is that it's harder to know if any changes you see are true changes in the community or due to differences between the groups. There are ways of dealing with this, for example by making sure that each group has the same demographic make-up and recording information about any factors that you reasonably think could influence the outcomes.

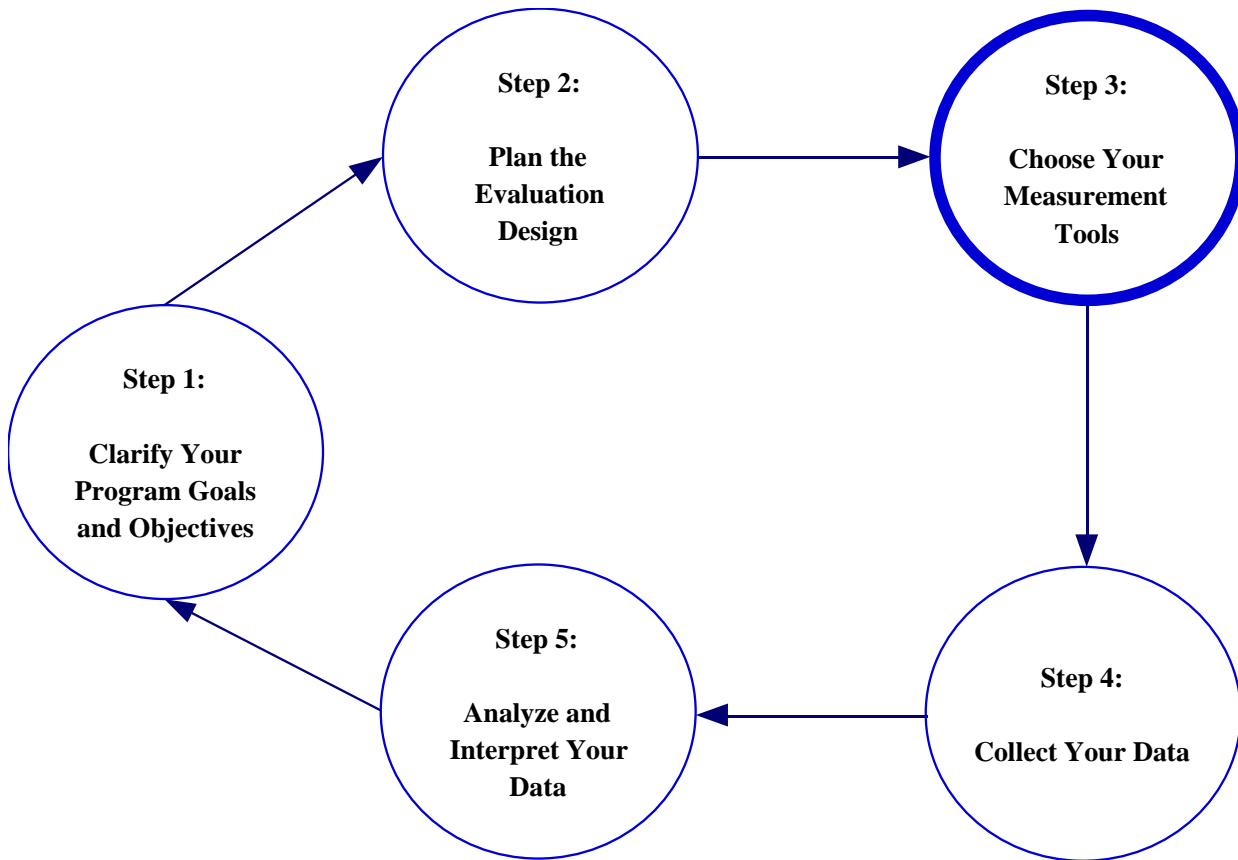
Systems Changes:

Your preventive intervention may involve changing the way systems work, such as school disciplinary procedures, law enforcement or medical responses, or social services. These interventions can also be evaluated using a similar design. Here the major difference is that your objectives are likely to be focused on actions taken within the system. In this type of evaluation your data often come from system records. You may be interested in who takes certain actions, how long they take, the results of the actions, etc. The evaluation design is still basically the same: (A) review documents before the change takes place, (B) review them again shortly after the change is implemented, and (C) and review them a third (or more) time after the change has been in place for a while.

There are a few things to keep in mind when using records as your source of information:

- Records are rarely complete. You will need to have a plan for how to deal with missing information (e.g., ignore it, substitute an average answer, estimate it based on other information, etc.)
- Old records may not have the information that you need to evaluate your objectives. In the course of planning the system change you will ensure that new records will have the required information, for example by creating new forms, but you may not have comparable information to compare with if you are using existing records for your Pre-Test.
- Systems are a complex web of interactions. Changes made in one part of the system can lead to changes in many other parts of the system. Therefore, it is important to have a good understanding of the entire system you are working in so that you can be reasonably sure that any outcomes you see are a result of your intervention and not of some other change in the system.

Step 3: Choose Your Measurement Tools



Once you have figured out the design for your evaluation you need to select the actual tools you will use to measure effectiveness. There are two main tasks in this step:

- *Task 1:* Select the type of measure you want to use
- *Task 2:* Select the specific measure you will use and modify it as needed OR create your own measure
- *Task 3:* Decide if answers will be anonymous or confidential.

Task 1: Select the type of measure you want to use

There are many types of measures, each with their own advantages and disadvantages. The most important factor determining which type of measure you use is what type of measure will give you the richest information for the questions you are asking. Different questions may be best answered using different measures (see table on next page). You will also want to consider issues of feasibility, including:

- the time it takes to use a particular measure
- whether your staff has the requisite skills to use it

- how receptive will participants be to the measure?

There are four main types of tools you can use to measure the effects of your program:

	Good For Assessing	Advantages	Disadvantages
Surveys	Knowledge Attitudes Intentions Behaviors	A quick and inexpensive way to get information from a large number of people It's easy to be consistent in how you administer the surveys Analyzing surveys is relatively straight forward	Writing a good survey is harder than many people realize It's easy to get flooded with surveys and for inputting data to take longer than expected Behaviors are self-reported
Focus Groups	Attitudes Opinions Interpretations	Let you get more in-depth information Discussion among a diverse group of people can lead to insights that you would not get from individuals Relatively low-cost and low-time investment	Results will be influenced by group dynamics; requires skill in group facilitation How to interpret the group discussions is not always self-evident
Interviews	Attitudes Opinions Interpretations Motives Experiences	Let you get in-depth information Participants may disclose information and details that they would not write about on a survey or talk about in a focus group	Time intensive Being consistent across interviews is challenging Requires good interviewing skills How to interpret the interviews is not always self-evident
Observations	Behaviors Environments	Record actual behaviors versus self-reports Gives insight into interactions between individuals and their physical and social settings	Need to have clear definitions of what you are looking for Requires good observation skills Difficult to be consistent across observations

In selecting the type of measure you want to use, keep in mind the following:

- The type of measure you use must match the goals and objectives of your program. In some cases this leads to more than one option. For example, three of these methods are good for assessing attitudes.
- When you have more than one option, the type of measure you use will depend on weighing the advantages and disadvantages as well as determining the skills, time and other resources you have available.
- The most common types of measures used by community-based programs are surveys. However, they are not the only option. Carefully consider the kind of evaluation questions you want to answer, the resources you have available, and your audience. Then decide if surveys are the best option for your evaluation.
- Focus groups are too often overlooked as a useful and very feasible approach. Focus groups are small group discussions that get in-depth information on specific topics. Although they are facilitated, the goal is to get participants talking with one another. The facilitator's role is primarily to get conversation going and to keep it going. You may want to consider using focus groups as either a replacement for or a supplement to surveys if you are finding that surveys aren't giving you the rich details you want, you are left with too many unanswered questions, or the process of administering surveys and entering the data into a computer is too time-consuming for your staff and you don't have outside evaluation help available to you.
- You may want to use different types of measures to answer different evaluation questions. For example, you may want to use surveys to answer questions about changes in participants' knowledge, attitudes, and behaviors. This could be augmented with focus groups to explore how different parts of the program impacted people in different ways.

Task 2: Select the specific measure you want to use

Once you have selected the type of measure, you need to choose the specific tools you will use. Because surveys are the most common type of measure used and there are so many available, here are tips for selecting surveys:

- The specific survey you use must match the goals and objectives of your program. If they don't, then you will be evaluating something, just not the thing you want to evaluate. Each question that you include in your survey must relate to your outcome goals and objectives. If a question doesn't

relate, then don't ask it.

- If your goals are about changing behaviors, then assess behaviors. If your goals are about changing attitudes, then assess attitudes. If your goals are about increasing knowledge, then assess knowledge. If your goals are about changing intents, then assess intents. This may sound obvious, but often times there is a mismatch between our goals and what we ask on surveys.
- Make sure that the survey is a good fit with the people who will be using it. Think about reading level, language and cultural sensitivity. Consider attention spans and survey length. Make it appear interesting – visual layout can go a long way toward maintaining interest, especially with teenagers.
- Writing surveys that give you consistent answers and that actually measure what it is that you want to measure is harder than it seems. For this reason, it is advisable to start with a survey that has been written and tested by researchers. You may need to modify it to fit your program goals, objectives and audience. But starting with a survey that has already gone through a process of testing and revision will get you started on the right track. Do be cautious in making changes. Measures that have gone through careful development have often been determined to be what researchers call *valid and reliable* measures. Altering the questions or range of answers can change the validity and/or reliability. However, changes may be made to ensure that the survey fits your program goals and objectives or that it is understandable to your audience. Too, there is no reason to reinvent the wheel. You may find a survey that fits your program very well.
- If time permits, include a couple of open-ended questions. These are questions that the respondents answer in their own words, as opposed to multiple choice or true/false questions. The advantage to open-ended questions is that people can give their own answers and don't have to make their thoughts or experiences fit the narrow multiple choice categories. The disadvantage is that most people will write short, uninformative answers. You can improve the quality of the answers you get by using open-ended questions sparingly and only for questions that you think people will be interested in writing about.
- Examples of surveys are found at the end of this manual.

If you are modifying a measure or writing your own from scratch, keep in mind the following

guidelines²⁷:

- Try to give people a range of responses from which to choose. It's better to use a scale such as *strongly disagree*, *disagree*, *feel neutral*, *agree*, *strongly agree* than it is to use "yes / no" answers. Using scales like these is less limiting and lets you measure change better. For example, if a person changes their belief about a specific question a little bit but all that they have are "yes" and "no" for options, they will probably answer the same way on both surveys. But if they have more choices then you might find that they went from "strongly agree" to "agree".
- Make sure that you are only asking one thing in each question. For example, think about if people are asked to say how much they agree with this statement:

"Advertising and music portray women as sex objects."

What if someone thinks that only one of these portray women as sex objects? How are they supposed to answer the question? This problem is easily solved by breaking the statement into two different questions. Any time you use the word "and", double check that you are truly only asking one question.

- Make sure that the answers you give for them to choose from are mutually exclusive. To illustrate this, think about the question:

"How much do your teachers talk about sexual violence?"

They talk a lot about it

They talk enough about it

They talk a little about it

They don't talk at all about it

Talking "enough" is not exclusive of the other answers. A student could think that teachers only talk a little bit about sexual violence, but that is enough because they don't think it needs to be talked about more.

- Avoid loaded questions that may bias people's answers. For example, if you start a question with "*Do you agree that...*" you are implying that people should agree at least a little bit with what you say. Instead, you can ask "*How do you feel about...*" or "*What do you think about...*"

²⁷ Campbell, R., Davidson, W. S., Ahrens, C. Aponte, G., Dorey, H., Grubstein, L., Naegeli, M., & Wasco, S. (1998). *Introduction to Evaluation Training and Practice for Sexual Assault Prevention*. Okemos, MI: Michigan Public Health Institute.

- Give people permission to give unacceptable answers. When asking about controversial issues or behaviors it is important to give people permission to give their honest answer even if it is not socially acceptable. For example, most people if asked whether it is okay to coerce someone to have sex will say “no” because they know it’s not acceptable to do so. However, they may actually approve of using coercion in some circumstances or they may think that certain types of coercion are okay. Therefore, you need to phrase the question in a way that indicate that you know that people do use coercion sometimes. For example, “*How often have you...*” or “*Under what circumstances would you...*” make it easier for people to admit to unacceptable behaviors, intents, or opinions. You still need to give “never” as one of the possible answers.

Task 3: Decide if answers will be anonymous or confidential

This task applies mostly to surveys, but is also relevant to focus groups and to interviews.

Anonymous measures are ones that do not contain any information that can identify the person who gave the answers. In the case of surveys this means that there are no names or other unique identifiers written on the survey. You may ask for demographic information. The bottom line of anonymous data is that there is no way you can match the answers to an individual.

Surveys that ask about satisfaction with the program should always be completed anonymously. There is no reason to have identifying information on these surveys and you will get more honest feedback on what participants liked and did not like about the program if you make them anonymous.

- Anonymity in focus groups and interviews is slightly different because you typically have some knowledge of who the people are due to how they were invited to participate. However, there may be times when an outside person (e.g., a teacher or school administrator) has chosen the participants and you do not have any personal knowledge of them. In either case, you can provide anonymity for their answers by using pseudonyms in the notes you take and when you write up your results in reports.

Confidential measures are ones in which participants’ names are not used, but there is some kind of ID number used instead. Why would you need to use an ID number?

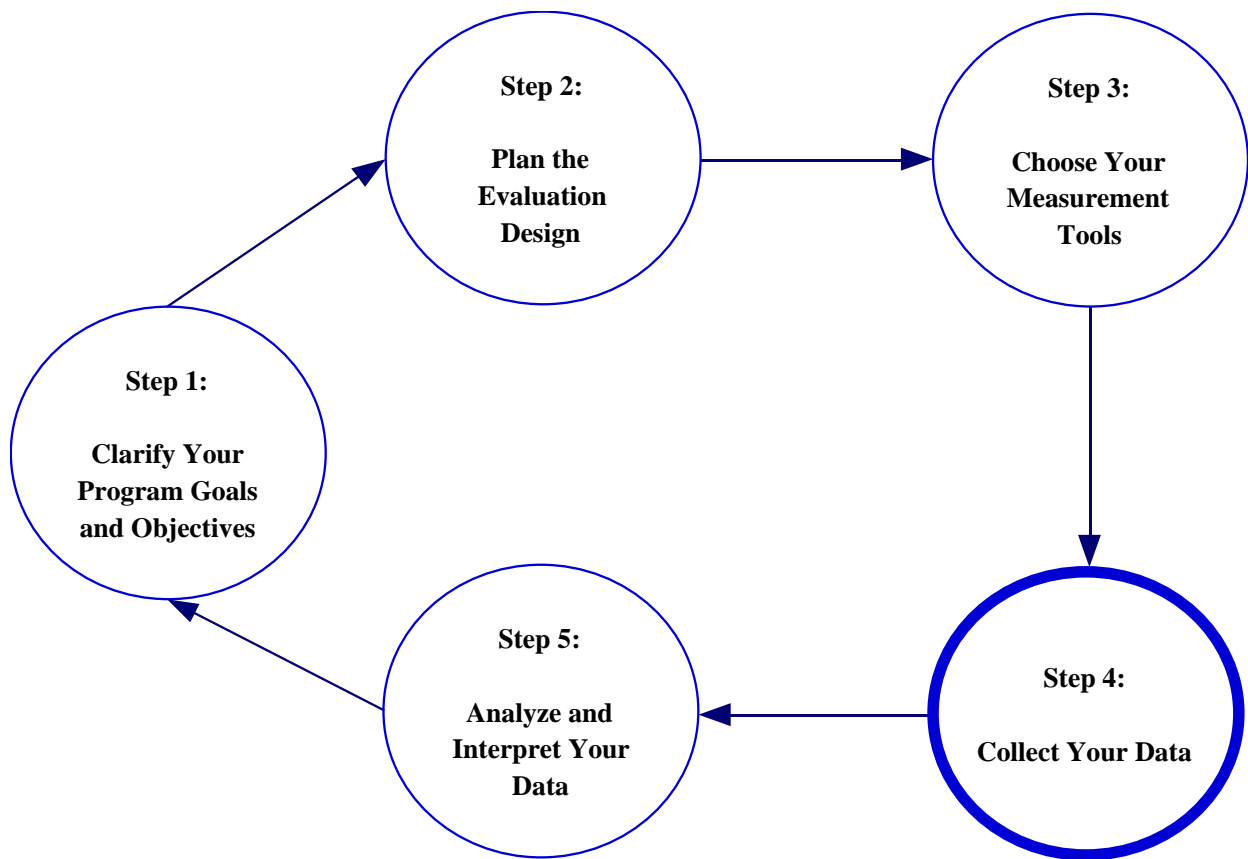
- When doing a pre-post survey you **must** use ID numbers so that you can match the surveys. Part of the analysis that is done on pre-post surveys requires that we know which surveys go together. However, it does not require that you know who actually completed the surveys. A common way to assign ID numbers is to use the last four digits of a person’s phone

number. Or you can make up number using questions that will give a unique combination of answers when strung together (e.g., # of siblings, # of pets, street address). In either case you can reassure participants that you have no way of connecting their ID number to them.

- ID numbers may be used for necessary administrative purposes. For example, if you are compensating participants for participating you may need to be able to verify that they completed the survey before mailing them the check. In this case, in truth you could connect their answers to them. Therefore, you need to explain that the list of which ID numbers go with which person will be kept separate from the surveys and that no one other than your staff will have the list.

Whether your measures are anonymous or confidential, you need to explain to the people participating in your evaluation which they are and what that means. Most people, especially teenagers, do not realize that there is a difference between the two terms. Teenagers will be especially concerned about whether their parents/guardians or teachers will find out their answers. They can come up with some remarkable ideas about the ways program staff and teachers can figure out which survey belongs to which person. So you will need to be prepared to explain anonymity and confidentiality and to get them to trust you. Even with adults these reassurances are important, especially if you are asking behavioral questions.

Step 4: Collect Your Data



Before you collect your data you should think carefully about exactly what you are going to do. The goal is to ensure that all of the information is collected in a similar manner. This is true whether you are using surveys, focus groups, interviews, or observations. You want to eliminate any variations that could influence your findings. The following are some basic guidelines to consider when collecting your data.

Surveys

While surveys seem to be the simplest approach to evaluation, there are still ways you can accidentally introduce unintended variations that can affect your findings. These variations often happen when you have multiple people who are collecting the data or when you are collecting data in multiple settings. While you may need to show some flexibility, especially when working with schools, you cannot be so flexible that you compromise the evaluation. School personnel understand about the need for demonstrating that programs are effective and for using standardized procedures, so a brief explanation of your evaluation procedures should go a long way toward obtaining cooperation. When planning how to collect your survey data, consider the

following:

- Ensure that you have enough time for the surveys. If participants have to hurry through the questions then they will not give as thoughtful answers. They may also take the survey less seriously, leading to flippant answers. The need for sufficient time to do the surveys is another reason for doing the surveys at a different time than the program itself (e.g., the day before and the day after).
- Script out the instructions. It is important that all participants be given the same instructions and explanations. Some points to include when giving instructions are²⁸:
 - Let the group know what they are being asked to do (i.e., complete a survey).
 - Tell them why they are being asked to fill out a survey and how their responses will be used (e.g., to find out what parts of the program are working well and to improve it)
 - Explain how the surveys are anonymous OR confidential.
 - Tell them how to complete the survey. Be as specific as possible (e.g., circle your answers on the page).
 - Reassure them that this is not a test and that they will not be graded or judged for their answers. Emphasize that you are interested in hearing what they think. Encourage them to be honest.
 - Tell them how long you think it will take them to finish the survey.
 - Encourage them to ask questions if they don't understand a question or if they are unsure of the instructions.
- Script out answers to common questions. In addition to the instructions it can be useful to anticipate some of the common questions participants might ask and to script out the answers. This list can be revised over time. Note: As mentioned earlier, youth are especially prone to worrying about whether or not you can or will figure out which survey belongs to which person. For example, if you are using the last four digits of phone numbers as ID numbers it is common that someone will say, "But the school knows what all of our phone numbers are." It's also common to have a student say, "But the teachers know what our handwriting looks like." Think about how you want to alleviate these concerns and make sure that similar answers are always given.

Focus Groups

²⁸ Campbell, R., Davidson, W. S., Ahrens, C. Aponte, G., Dorey, H., Grubstein, L., Naegeli, M., & Wasco, S. (1998). *Introduction to Evaluation Training and Practice for Sexual Assault Prevention*. Okemos, MI: Michigan Public Health Institute.

If you run more than one focus group there will be variations between them due to the different group dynamics. This is fine. However, the basic procedures you follow from one group to the next should be the same even if the conversations themselves unfold in different ways. Keep the following guidelines in mind when running focus groups:

- Who participates in your groups will greatly influence the results. It is generally recommended that each group represents one “audience” for your program. For example, if you are interested in the experiences of both students and teachers you would want to run two separate groups. Within the group, however, you want a diversity of views. For example, if you are running a group with teachers you might want to make sure that the group includes new and experienced teachers, teachers who teach core subjects as well as those who teach electives, and others who have a teaching-type role even if they do not teach in classrooms such as coaching staff.
- Keep groups small. Typically groups range from 6-12 people. Fewer than six can make people feel too scrutinized. More than 12 makes it difficult for everyone to participate.
- Choose facilitators wisely. You want to use facilitators that participants will be comfortable with, especially when working with youth. If you have a mixed gender group then it is best to have both a male and female facilitator. Even if only one person facilitates while the other takes notes, the mere presence of both genders can put people at ease.
- Have a designated notetaker. The person(s) facilitating the discussion should not be burdened with simultaneously taking notes. They should be able to focus completely on the people participating in the discussion.
- The facilitator should have a guide to work from during the group session. The guide should include introductions, a few general questions to get discussion going on the major topics you are interested in, and a few follow-up questions to make sure that you have gotten the information you want. The guide should be flexible. It is not a rigid agenda. Discussion should be allowed to flow naturally with participants responding to and feeding off of one another’s comments. The guide is mostly a way to get discussion started, to jump start discussion when there are extended lags, and to ensure that by the end of the focus group the essential evaluation questions have been answered. By being flexible and following the natural flow of the discussion you will find out information that you never even thought to ask about, which is one of the advantages of focus groups over surveys.

- Focus groups usually last 60 – 90 minutes. You want ample time for discussion, but not so long that it becomes onerous for participants.
- Make sure the facilities are comfortable. Participants should be able to see each other; a circle format with no tables is usually best for promoting discussion. Make sure that chairs, temperature, and lighting are as comfortable as possible. Having snacks available can help people to relax.
- Check equipment ahead of time. Focus groups are usually taped, either with videotape or audiotape. This is done because the discussions often jump around a lot and can move at a quick pace. It is difficult to rely on notes alone. If you do any taping the equipment should be unobtrusive (although participants must be informed that a tape is being made), which includes testing it ahead of time so there is no awkward and time-wasting dealing with equipment. All sound checks should be done prior to the participants entering the room.

Interviews

Interviews are an excellent (albeit time-consuming) way of getting rich, detailed information from people. There are a number of considerations to keep in mind when doing interviews.

- People who are willing to be interviewed have their own reasons for participating and they are not the same as your reasons. It is often helpful if you can think about why people would want to participate in your evaluation interviews. You need to figure out what the major reasons are someone would want to be interviewed and then make sure that their needs are met during the course of the interview. When interviewing survivors the driving need is often for the survivor to tell her story. Therefore, some researchers have found that it's helpful to start out by asking, "Tell me your story" or "Tell me why you wanted to do this interview." This way the survivor can put out there what she wants to say and have it be heard in an empathic way. Some of what she says will be relevant to your purposes, some of it will not. But you can then proceed with the interview and get what you need out of it and the person being interviewed has also gotten what she needs out of it.
- The interview should be focused but not rigid. The most common approach to interviewing is what researchers call a semi-structured interview. In this approach you have some main questions that you want to ask (a good number is 6 – 12 questions). These questions are the same for all interviews. For each question you might ask some additional questions to clarify the answer or to get more details about specific parts of the answer. These additional questions, usually called probes, are going to

depend in part on what the individual person says and how articulate they are in their answers so there may be quite a bit of variation between interviews in how you probe the answers. Although the main questions are usually asked in the same order, this approach allows for variation. For example, if you're on question #3 and the interviewee spontaneously starts talking about something related to question #6, you will want to go with the flow and jump ahead rather than asking them to hold onto those thoughts so you can come back to them later. The order you ask the questions doesn't matter as much as getting rich, meaningful answers. That richness depends in part on establishing rapport, helping the person feel comfortable, and having the interview feel natural.

- Use open-ended questions. The point of interviews is to obtain a rich, detailed understanding of people's experiences. In the case of program evaluation, it is to understand the needs they see in their community (needs assessment), their experiences of participating in a program (process evaluation), or the impact the program has had on them (impact evaluation). In order to get this rich, detailed understanding you need to ask questions that are sufficiently broad enough to capture many different experiences, including ones that you would never think to ask about directly, yet sufficiently narrow enough that people understand what it is that you're asking.
- You need to know what constitutes an "adequate" answer so that you can probe more when needed. Although we are not looking for "right" answers, we do have a sense of what we are looking for with our questions. There is nothing more frustrating than doing an interview and then later realizing that you should have asked for more details. Think ahead of time of what you mean by each main question and what would make for an adequate or full answer. Use that to think of how you can probe for more details.
- Always end the interview on a positive note. Concluding questions should be slanted toward positive experiences. Depending on what your evaluation is about, these may be questions about what they liked about the prevention program, the strengths they see in their community for responding to sexual violence, hopes that they have for prevention, etc.
- Be prepared for disclosures. Although what we are talking about here are interviews for the sake of program evaluation, you may still have people disclose their experiences with sexual violence. Be prepared to be supportive. If the person is distraught then you may have to stop the formal interview and go into crisis intervention mode. PCAR's statewide hotline connects callers to the nearest rape crisis center: **1-888-772-**

PCAR. However, if they are not in crisis then you want to provide them empathy and information without having it derail the interview.

- Use the interview as an opportunity for education. Regardless of what the interview is about or whether or not a disclosure occurs, this is an opportunity to provide information and resources. Have a short handout available to give to all participants at the end of the interview that provides some basic, supportive information about sexual violence and that includes a hotline number or other pertinent resources.
- A list of interview questions that you might find helpful is found in the Evaluation Resources section of this manual.

Observations

There are many ways to do observations. The approach that may be most useful for program evaluation is the use of structured observations. This method may be especially helpful in conducting needs assessments. It can also be used to assess program impact. Sometimes the same type of observation can be used for both purposes. For example, documenting that youth frequently use coercion when interacting with each other can be used to justify the need for an intervention that aims to reduce the acceptance of and use of coercion. You can then use that same method of observing as a type of pre-post test to determine whether youth are, in fact, using coercion less frequently.

Some of the types of evaluation questions that can be explored through observations include:

- In what ways do youth in your community maintain power over their peers, especially in interactions between genders? How common are acts of verbal coercion, social manipulation (e.g., ostracizing, cliques, etc.), and physical manipulation?
- How do peers respond when they witness acts of power over another person? How do adults respond?
- How common are public acts of violence among youth? What forms of violence are most common?
- How do peers respond when they witness acts of violence? How do adults respond?
- How widespread are images of sexual objectification, exploitation, and violence? Where are these images accepted? Where are they prohibited, explicitly or implicitly? Who generates them (e.g., images generated by media, graffiti, graphics designed by individuals, etc.)?

- How accessible is pornography to adults in your community? To youth?
- Where do youth gather in your community? When are they most often there?

Structured observations involve four main steps.

Step 1: Identify Behaviors

The first and most important step in doing structured observations is to identify behaviors that are related to your evaluation question(s). You must have clear definitions for the behaviors that you will count as evidence. To do this, you will want to consider a few questions.

- Are there relevant subcategories of behavior? For example, if you are interested in coercion you might want to think about ways that coercion can be done verbally, socially, and physically.
- In each category, what specific behaviors will count? You need to do as exhaustive of a brainstorm as possible to make sure you don't leave any important behaviors out. Keep in mind that "behavior" is being used here in a broad sense. Behaviors may involve interpersonal interactions, but they can also include environmental characteristics (e.g., what types of posters are on display, where are pornographic magazines located in the store, what type of graffiti do youth draw, etc.). Also, behaviors can include what people do not do. For example, when youth commit abusive acts if their peers ignore it, the ignoring is as much an act as speaking up on behalf of the victim.
- In each category, what behaviors will **not** count? It can be useful to think of the kinds of behaviors that an observer might think to count but that do not actually fit what you mean by that behavior. For example, if you want to assess how youth respond when their peers act abusively, does it not count if the response involves physical or verbal aggression? In other words, do you only want to count positive, assertive responses?
- Whose behaviors will count? In any setting there may be people whose behaviors you are interested in as well as people whose behaviors you do not want to include. Be clear about whose behaviors will count. For example, you may be interested only in youth behavior, or only in behavior between two people, or only in mixed-gender groups.

Step 2: Develop a Dictionary

Once you have defined the behaviors you are interested in, you need to develop a **dictionary**. This can be a simple table that lists the name of the behavior, what counts, and what does not count. The people who will do the observations will use this as their guide. You want to keep your dictionary as short as possible, but also as clear as possible. The goal is to have a guide that results in consistent ratings. For example:

Behavior	What Counts	What Does Not Count
Physical Aggression	Kicking, hitting, shoving, pushing, grabbing, etc.	Physical acts that are done in self-defense

Step 3: Develop Codes

Once you have determined what behaviors you will be looking for, you need to determine how you will rate them. There are two common strategies used:

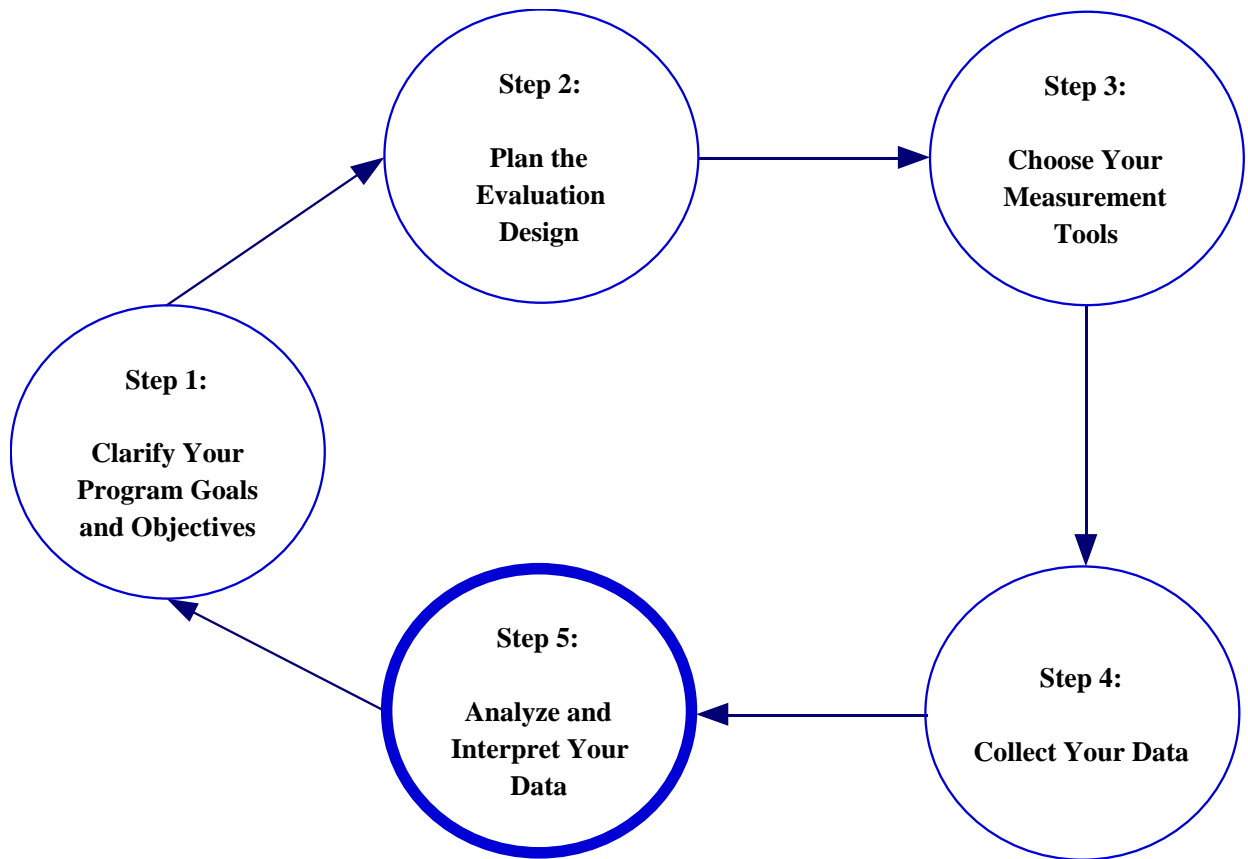
- Yes/No coding: This approach is the simplest. You simply record whether or not you observed the behavior. At the end of your observations you can total up the behaviors and look for patterns. For example, did you observe more physical aggression at the school or at the mall? Did you see more boys or girls acting physically aggressive?
- Scaled coding: This approach allows you to record variations or degrees in the behavior. For example, you might have a scale that ranges from 1 – 4 where mild physical aggression is a “1” and extreme acts of physical aggression are a “4”. This approach can let you not only count the number of incidents, but also to make distinctions based on severity. For example, a yes/no coding scheme may make it appear that girls and boys both act physically aggressive with about the same frequency. However, if boys are more severely aggressive that can be captured by a 1-4 scale if you see, for example, that the average rating you observed for boys was a “3” and the average rating you observed for girls was a “1”. This additional precision is the advantage of using scaled coding. The disadvantage is that you need to have clear definitions not only of what counts as “physical aggression” but also of what counts as a 1, 2, 3, or 4 on the scale. So the upfront work can be more time-consuming.

Step 4: Observe

Finally, you need to conduct the observations. Here are some things to keep in mind to make your observations as successful as possible:

- Scout out the setting. Before you do your observations you want to have a good sense of the setting where you will be. This includes being familiar with the environment and the kinds of activities you can expect to be taking place there. There is a big difference between making observations in a setting with a lot of people and high levels of activity (where you will probably need to focus on only a small number of people or a small area because you won't be able to pay attention to everyone) and a setting with a small number of people and low levels of activity (where you might be able to include everyone in your observations).
- Choose the best time to observe. Scouting out the setting can also help you determine when the best time is to observe. You don't want to have the best chances of seeing the behaviors you are interested in, so some times may be better than others.
- Be unobtrusive. Whether or not the people you are observing know what you are doing, you need to try and blend in as much as possible. Think about how you fit naturally into the environment. Consider what to wear, how to record your observations (e.g., clipboard, small notebook, mental count, etc.), where to be, and how to act.
- Make sure you have addressed any possible ethical issues. While program evaluation is not subject to the same protections of human subjects that is required in research, you still want to make sure that you are engaging in ways that are ethical and that are acceptable in your community. For this reason, observations are usually done in public settings. If it is a private setting you will probably want to be honest with people ahead of time about who you are and what you are doing (a general explanation will suffice). You will need to consider issues of privacy, confidentiality, and anonymity. If you are observing minors you will need to consider whether additional steps need to be taken.

Step 5: Analyze and Interpret Your Data



Once you have collected your evaluation data you need to analyze and interpret it. The type of analysis you use will depend on a number of factors, including:

- What evaluation questions you want to answer
- Whether your data are quantitative (either are numbers or can be converted to numbers) or qualitative (open-ended answers in which participants give the answer in their own words)
- The skills your staff have in data analysis
- Outside help you can get from volunteers, interns, or consultants
- How quickly you need results

There are many sophisticated approaches to data analysis that someone with a background in data analysis can do. You may want to consider contracting with an outside consultant for this step. However, there are also simple analyses that you can do yourself using widely available software such as Microsoft Excel. A step-by-step tutorial in data analysis is outside the scope of

this manual. However, a *Technical Assistance Guide for Analyzing Evaluation Data* is available from PCAR. That manual describes how to:

- set up spreadsheets
- determine the appropriate method(s) of data analysis
- conduct four common methods of analysis (frequencies, percentages means, and *t*-tests to compare pre-post data)
- handle missing or unclear data
- interpret and summarize results

For those programs that have staff with some data analysis skills, here are a few reminders and suggestions about how to manage, analyze, and interpret your data.

Data Management

- Make sure that every survey has an ID number. Even if it is a satisfaction survey on which participants did not make up a unique identifier you still need to number them. This way if questions or problems arise in the data entry process you can easily find the survey in question.
- Quantitative data need to be organized and stored in a spreadsheet. Typically this means that each participant's survey or each observation will be a row in the spreadsheet and each question will be a column.
- For analysis purposes, every answer needs to be a number. This is called coding the data. You can easily convert many answers to numbers. For example:

Strongly Disagree = 1

Disagree = 2

Agree = 3

Strongly Agree = 4

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

No/False = 0

Yes/True = 1

Male = 1

Female = 2

- Codes need to be logical and consistent. When possible, higher numbers should indicate “more” of something. For example, in the above coding for the agreement scale higher numbers mean participants agree more. You also need to make sure that higher numbers have the same meaning. For example, suppose you had participants say how much they agreed with these two statements:

If a woman doesn't physically fight back, you can't call it rape.

No matter what a woman does, rape is never acceptable.

People who say they “Strongly Agree” with the first statement are accepting rape myths. In contrast, people who say they “Strongly Agree” with the second statement are rejecting rape myths. In this case you need to do what we call “reverse coding”. First determine what you want higher numbers to mean. If you want high scores to reflect acceptance of rape myths then for the second question you need to reverse the numbers so that someone who says they “Strongly Agree” that rape is never acceptable will get a “1” for that answer instead of a “4”. This way when you average all of the questions about rape myths the average will be based on consistent scores. If you need to reverse code and fail to do so then your numbers will “cancel each other out”, so to speak.

- Before you run any analyses, screen your spreadsheet. Check to make sure that there are no invalid numbers. Invalid numbers usually represent typos. For example, if the scale is from 1 to 4 and you have a 33 in there then probably the real answer was a 3 and the person entering the data simply hit the key twice. This is why you need ID numbers – You cannot assume the typo. You must find that survey and double check the answer before you make a correction.

Data Analysis

- Frequencies: Calculate frequencies when you want to know the number of times people gave a certain answer.
- Percentages: Calculate percentages when you want to know the proportion of times people gave a certain answer. Percentages are especially useful when you want to compare answers between groups. For example, what if you want to compare how many girls accepted a specific rape myth versus how many boys accepted that same myth? If you have the same number of girls and boys you can simply use the frequencies. However, usually we don't have the same number. In this case, you can compare the percentage of girls who accepted the myth with the percentage of boys who accepted

it. Note: If the difference is very small (e.g., 43% of girls versus 40% of boys) we must be very cautious in conclusions we draw because this difference may be “due to chance” and may not represent a “real” difference.

- Means (averages): Calculate means when you want to know the average for a set of questions. For example, if you ask 10 questions about rape myth acceptance you might want to get a sense of how much, overall, people accept rape myths. In this case, you can take all 10 questions and calculate the average score. This will greatly simplify the data and provide you with a single score that summarizes people’s answers.
- t-tests and ANOVAs: Calculate *t*-tests and ANOVAs when you want to compare groups or compare pre-tests, post-tests and follow-ups. These types of analysis let you determine whether the difference you see between two groups is what we call “statistically significant”. If it is significant then we can infer that the difference (for example, between the pre-test and post-test scores) is a “real” difference and it is not simply “due to chance”.
- Regressions: There are a wide range of statistical techniques that are based on what statisticians call regressions. In general, these techniques let you determine how well a variety of factors predict some outcome. For example, imagine that you are evaluating a bystander empowerment program. One of the questions you asked was, “*When you hear sexist comments, how likely are you to say that you disagree with the comments?*” There are many factors that could influence someone’s answer: how much they accept rape myths, their attitudes toward women, their general level of self-esteem, their gender, their age, etc. Regression analyses can let us test how much those factors influence the likelihood of voicing disagreement with sexist comments.
- Think about how you will analyze your data when you first choose your measures. There is nothing more frustrating than going to analyze your data and suddenly realizing that you don’t have the information you need to answer the evaluation questions you’re interested in.

Data Interpretation

Interpreting your data requires that you summarize and synthesize the results in meaningful ways. A long list of numbers will be overwhelming to you and to anyone with whom you share your results.

- Think about the purpose of your evaluation. Decide what information is most relevant. Do not present every single detail of the results. Instead, highlight the most important findings.
- Summarize the findings in a succinct way. Think in terms of bullet points and take-away messages.
- When possible, use graphs, charts, tables, and diagrams. Visual summaries are often easier for you and others to understand.
- If you have negative findings (i.e., something didn't work), think about the positive lessons you can learn from them. It is valuable to know what objectives you are not achieving so that you can plan for how to improve the program.
- Don't be modest about your successes.

Guidelines for Hiring an Outside Evaluator

If you skipped over the five steps of program evaluation because you think that it is not possible for your program to do its own evaluation, stop right here and go back and read the preceding pages. While hiring an outside evaluator is sometimes a wise and efficient strategy it is important that you understand the steps of evaluation because some steps of program evaluation an outside evaluator cannot do for you. They may be able to help you do them but they cannot do them alone. Only you know:

- What your program goals are
- How you define success
- What outcomes are most important to your program
- What questions you want answered by an evaluation
- What values your program holds and want to see reflected in the evaluation
- How you want to use the evaluation findings

Furthermore, you probably have more insight than an outside evaluator does on issues such as:

- What kinds of evaluations people in your community will be most accepting of and even enthusiastic about doing
- Political pitfalls of evaluation in your community
- What has worked and failed in the past when you have done evaluations
- What resources your program has available for evaluation
- What will be of interest to funders or others with whom you might share evaluation findings

Before hiring an outside evaluator it will be useful for you to consider carefully what specific parts of the evaluation you need help with and what parts you can do on your own. You may find that you can do much of the work, thereby cutting down on the costs of the evaluation contract.

Finding an Evaluator

There are numerous ways you can find an evaluator. Some places to start include:

- Talk with other programs or with PCAR for names of evaluators that they have used and been pleased with
- Go to eval.org and look at their listings of evaluators under the tab “Find an Evaluator”. Note: Most evaluators who list at this site are evaluation firms. Independent consultants tend to drum up business more by word of mouth. So if you don’t see a person’s name listed there, don’t worry about

it.

- Contact the Division of Violence Prevention at the CDC for names of evaluators that they have worked with
- Contact the faculty of nearby colleges or universities to inquire about their interest or if they know anyone they could recommend. Likely departments to contact include: psychology, social work, sociology, criminal justice, public health, or nursing.

Hiring an Evaluator

In evaluating rape prevention programs it is especially important to work with an evaluator who either has some knowledge of sexual violence, of prevention in general, and/or of rape prevention in particular – or who is willing to learn and able to get up to speed quickly on the specific issues that the rape prevention/rape crisis movement faces.

Some questions that may help you in hiring an outside evaluator include:

- Is the evaluator a member of the American Evaluation Association? Members of AEA subscribe to professional principles and standards of practice. They may also have access to evaluation resources through the AEA network.
- What background or training does the evaluator have in program evaluation? Program evaluation is not the same as research, although many of the methods overlap. It is generally best to work with someone who has some type of training or experience specifically in program evaluation. Many people who have graduate degrees in social work, psychology, public health, applied sociology, nursing, or criminal justice have been trained in program evaluation. However, do not assume that just because they have a degree in one of these areas that they have the kind of training you need. Ask them specifically about their training in program evaluation.
- What methods does the evaluator use? Not all evaluators use both quantitative and qualitative methods. So if you know that you would like to have information from interviews or focus groups you need to make sure that the evaluator is willing to do qualitative research and analysis. If you have specific things you want to learn from a survey, you need to make sure that the evaluator can do the necessary statistical analyses. You don't need to know what those analyses are; that's the evaluator's job. But you do need to know that if you say, "We want to know _____" that the evaluator can do the necessary analyses to find the answer. If they say

they can't answer that question but they could do analyses to answer a different question then you may want to find a different evaluator.

- What experience does the evaluator have with rape prevention or rape crisis work? Some familiarity with sexual violence or domestic violence issues is important. You want an evaluator who has at least a basic understand of myths and facts about sexual violence and the kind of work that is done by programs like yours. An understanding of the larger political climate (e.g., funding structures, history of the movement, etc.) may also be useful.
- What kind of relationship does the evaluator want with you? There is no one right answer to this question. However, there will be answers that fit with the kind of relationship you are looking for and answers that don't fit. How much collaboration do each of you want – working jointly on all aspects of the evaluation? working jointly on planning the evaluation but then the evaluator working more independently once you've agreed on the plan? the evaluator taking the lead and running major steps/products by you for approval?
- How much time does the evaluator need to complete the project? Be sure that you establish a clear timeline for the project and that it is spelled out in the contract. Deadlines may need to be negotiated as situations arise. However, your needs should take priority in establishing the deadline. An evaluation that comes in late is no good if it means that you can't use it for a grant proposal, board retreat, etc.
- Does the evaluator have any samples from prior evaluations? Feel free to ask for copies of evaluation reports, evaluation summaries, etc. This is a good way of ensuring that the evaluator can communicate with you in a clear, jargon-free way. Keep in mind that the evaluator may have limits on what can be shared due to confidentiality agreements with previous clients. However, she should be able to provide you with some type of sample. If an evaluator gives you an article from an academic journal as a sample of evaluation work or provides you with a list of professional publications this may be an indicator that she is not accustomed to translating results into a clear, jargon-free format.

Responsibilities of an Evaluator

If you do decide to hire an outside evaluator/consultant to help you, it is important to be aware of what you can expect from a professional evaluator. According to the American Evaluation Association, an evaluator should abide by five professional principles²⁹:

Systematic Inquiry: Evaluators should conduct systematic, data-based evaluations. This includes:

- Exploring strengths and shortcomings of different approaches that might be used in an evaluation
- Communicating their methods and approaches in a way that you can understand
- Being open to questions and critiques you may have of the methods and approaches

Competence: Evaluators should provide competent services. This includes:

- Possessing the appropriate education, abilities, skills, and experience for the job
- Ensuring that the evaluation is done in a way that is appropriate for the cultural context, including considering gender, race, ethnicity, religion, socio-economics, or other factors that may be relevant to the evaluation
- Turning down evaluation opportunities if they do not have the necessary training or skills for the particular project

Integrity / Honesty: Evaluators should display honesty and integrity in their own behavior and work to ensure the honesty and integrity of the evaluation. This includes:

- Negotiating honestly with clients about costs, tasks to be undertaken, limitations of the evaluation, and how the data may be used
- Disclosing any potential conflicts of interests
- Informing you in a timely fashion of any changes that need to be made to the evaluation plan and the likely impact of those changes
- Being open about their own interests and values concerning the evaluation
- Taking all possible action to correct any use of the evaluation that is misleading

Respect for People: Evaluators should respect the security, dignity, and self-worth of respondents, program participants, clients, and other evaluation stakeholders. This includes:

- Abiding by professional standards and regulations about protecting participants from potential risks and ensuring informed consent
- Maximizing the benefits and minimize unnecessary harms that may result from negative findings
- Fostering social equity in the evaluation

²⁹ American Evaluation Association (2004). *Guiding Principles for Evaluators*. Available at www.eval.org.

Responsibilities for General and Public Welfare: Evaluators should take into account the diversity of general and public interests and values that may be related to the evaluation. This includes:

- Including relevant perspectives from a full range of stakeholders
- Considering the broader implications and potential side effects of the evaluation
- Allowing you access to all evaluation information in ways that will not compromise confidentiality.
- Presenting the results to you in a way that is clear and understandable

If you hire an outside evaluator who fails to meet these responsibilities you should voice your concerns to them. You are the client and it is the evaluator's obligation to do everything in their power to ensure that you are being given the service that you want. Although they may be an expert on evaluation, remember that you are the expert on rape prevention and you are the expert on your community. An evaluator should work with you, drawing in as much of your expertise as possible.

Evaluation Resources

Measuring Changes in Individuals' Knowledge and Attitudes:

- Behavioral Vignettes
- Beliefs About Reporting Rape Scale
- Causes of Rape Scale
- Illinois Rape Myth Acceptance Scale (Short Version)
- Knowledge of Sexual Assault
- Understanding Consent Scale
- Attitudes Toward Women Scale for Adolescents
- Sex Role Attitudes
- Pacific Attitudes Toward Gender

Measuring Prevalence of Perpetration and Victimization:

- Pennsylvania Survey of Sexual Experiences
- Conflict Tactics Scale

Measuring Bystander Attitudes and Behaviors:

- Bystander Efficacy Scale (Short Version)
- Bystander Attitudes (Short Version)
- Decisional Balance (Short Version)
- Readiness to Change Scale (Short Version)
- Bystander Behavior Scale (Short Version)

Measuring Changes in Community Norms:

- Male Peer Support Scale
- Community Readiness for Rape Prevention
- Community Risk Map
- Focus Group Guide
- Individual Interview Guide

Measuring Satisfaction with Prevention Programs:

- Participant Satisfaction Survey
- Teacher Satisfaction Survey

Summary of Research Literature on Rape Prevention

Rape Prevention Education Model of Community Change (CDC)

- Theory Model
- Activities Model

MEASURING CHANGES IN INDIVIDUALS' KNOWLEDGE AND ATTITUDES

BEHAVIORAL VIGNETTES TO MEASURE ATTITUDES TOWARD RAPE AND AWARENESS OF RESOURCES AVAILABLE FOR RAPE VICTIMS

Developed by: Rebecca Campbell, Michigan State University

Use to Evaluate: attitudes and beliefs about rape
awareness of resources and coping strategies

Editing: only use the vignettes that are most closely related to the goals and objectives of your program

edit the stories to make them more applicable to your audience, keeping in mind vocabulary and cultural sensitivity

If you are using these in a pre-post test design you must use the same stories before and after the program. However, you can change the names of the characters for the post-test so that the stories are not immediately recognizable.

Instructions:

Please read the following story and answer the questions below.

STORY ONE:

Jill and Donny met while they were each camping at a lake with some friends. Donny asked Jill for her number and later called her to ask her out. They went out for a picnic one afternoon. This is Jill's account of what happened that afternoon:

He picked me up and we drove out to the lake. He was kind of quiet on the trip up. When we got there we picked out a spot away from everybody, near some trees and spread out the blanket and the food. I barely got one bite of food before he leaned over and kissed me. I sort of laughed it off and tried to make some joke about wanting to at least finish my lunch. He said, "there's time for everything." He shoved the food off the blanket onto the grass and pushed me down. I started struggling with him and told him to stop. I told him I would scream if he kept it up. He eased up for a second and I tried to push him off so I could leave. He pulled me back down and grabbed me by the throat with one hand while he pulled down my shorts with the other hand. He told me if I screamed he would kill me. He held my arm really hard with one hand and wiggled out of his pants. He then pushed his penis into me.

1. How confident are you that a rape has occurred?
_____ %
2. Rank the importance of the following factors in making this decision (1--most important to 5--least important, use each number only once)
2 _____ Donny held Jill down
_____ Jill and Donny knew each other and were dating
_____ Jill let Donny kiss her
_____ Jill didn't hit him, or bite him, or use a lot of force to protect herself
_____ Donny threatened to kill Jill
3. What percentage of responsibility for this having occurred is Jill's?
_____ %
4. What percentage of responsibility for this having occurred is Donny's?
__ _____ %
5. What percentage is due to "chance" or "circumstances" (e.g., things were getting "out of hand") for this incident having occurred?
_____ %
6. How confident or "sure" are you that Jill is telling the truth?
_____ %
7. How confident or "sure" are you that this incident should be reported to the authorities (the police, a doctor, a counselor)?
_____ %

8. How confident or "sure" are you that Jill would make a good and credible witness if the case went to trial?
_____ %
9. What could Jill do next? List everything you can think of that Jill could do next--who could she turn to? who could she talk to for help? who could she report this to? what resources exist to help Jill? what programs exist to help Jill?
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
 - 9.
 10. _____

(keep listing ideas below if you can think of more)

Instructions:

Please read the following story and answer the questions below.

STORY TWO:

Lori and her friends went out to the party one night. She was in the mood to have fun, so she got dressed up and went with three of her girlfriends to a party at one of her classmate's house (his parents were out of town). This is Lori's account of what happened that night:

We were having a great time. We were talking to lots of people and I met some new guys, who kept bringing me drinks. I really don't know how much I had to drink or how much my friends had either. I started getting really tired and I wanted to go home. I think it was about 12:30 and I wandered out of the house. I think I had some trouble walking. I was about a block or so from my home when some guy came up from behind me and asked me if I needed help. I said "No, I can manage. " He knocked me down to the ground and bent over me and told me not to make a sound. He pulled me across the sidewalk and behind a row of bushes. He pulled up my skirt and ripped off my underwear. I was so scared I couldn't move. He held me down and forced sex on me.

1. How confident are you that a rape has occurred?
_____ %
2. Rank the importance of the following factors in making this decision (1--most important to 5--least important, use each number only once)

_____ Lori was drunk
_____ The man pushed Lori down and ripped her clothes
_____ Lori didn't hit him, or bite him, or use a lot of force to protect herself
_____ Lori was walking alone at night
_____ Lori did not know the man \
3. What percentage of responsibility for this having occurred is Lori's?
_____ %
4. What percentage of responsibility for this having occurred is the man's?
_____ %
5. What percentage is due to "chance" or "circumstances" (e.g., things were getting "out of hand") for this incident having occurred?
_____ %
6. How confident or "sure" are you that Lori is telling the truth?
_____ %
7. How confident or "sure" are you that this incident should be reported to the authorities (the police, a doctor, a counselor)?
_____ %

8. How confident or "sure" are you that Lori would make a good and credible witness if the case went to trial?
_____ %
9. What could Lori do next? List everything you can think of that Lori could do next--who could she turn to? who could she talk to for help? who could she report this to? what resources exist to help Lori? what programs exist to help Lori?
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
 - 9.
 10. _____

(keep listing ideas below if you can think of more)

Instructions:

Please read the following story and answer the questions below.

STORY THREE:

Bianca and Juan were out on a first date with Bianca's friend Ana and her date Raymond. Bianca and Juan had known each other for a while and had studied together before. Ana and Raymond decided to set them up one night. This is Juan's account of what happened that night:

Bianca kept making me drinks all night long. She kept saying, "Here, have a drink," "Here, drink this." She was downing them too. After Ana and Raymond left, we were sitting on the couch and she leans over and kisses me and I'm thinking, "This is great!" Then the phone rang and when she came back I was standing up. She grabbed me from behind and then put her hands over my eyes and we were walking through her house. It was really dark and I didn't know where on earth she was taking me. I had never walked through her house. I was really dizzy from the alcohol and had trouble keeping my balance.

She laid me down on a bed and kissed me. She starts taking my clothes off and I said, "Wait--time out! I can't do this right now I don't feel so good," and I sat up. She said something like this is what lowed her because she made me dinner. I was dizzy so I laid back on the bed and we kept kissing some more. Her hands started going up my shirt and down my pants. She rolled off of me momentarily. I started to get up so I could leave, 'cause I felt really sick and really wasn't wanting to have sex, but she pulled me back down onto the bed, and kissed me some more There was nothing I could do. She got up on top of me and pushed herself onto my penis.

1. How confident are you that a rape has occurred?
_____ %
2. Rank the importance of the following factors in making this decision (1 -- most important to 5--least important, use each number only once)
3.
 - _____ Juan let Bianca kiss him and liked kissing her
 - _____ Bianca and Juan knew each other and were dating
 - _____ Juan told Bianca that was not what he wanted
 - _____ Juan didn't hit her, or bite her, or use a lot of force to protect himself
 - _____ Juan was drunk
3. What percentage of responsibility for this having occurred is Bianca's?
_____ %
4. What percentage of responsibility for this having occurred is Juan's?
_____ %
5. What percentage is due to "chance" or "circumstances" (e.g., things were getting "out of hand") for this incident having occurred?
_____ %
6. How confident or "sure" are you that Juan is telling the truth?
_____ %

- 7 . How confident or "sure" are you that this incident should be reported to the authorities (the police, a doctor, a counselor)?
_____ %
8. How confident or "sure" are you that Juan would make a good and credible witness if the case went to trial?
_____ %
- 9 . What could Juan do next? List everything you can think of that Juan could do next--who could she turn to? who could she talk to for help? who could she report this to? what resources exist to help Juan? what programs exist to help Juan?
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
 - 9.
 - 10.

(keep listing ideas below if you can think of more)

Instructions:

Please read the following story and answer the questions below.

STORY FOUR:

Mari and Alex had been involved in a relationship for six months. They were starting to have some problems and Mari wasn't sure if she wanted to stay together with him. One night she told him she wanted a little time apart to think things through. This is Mari's account of what happened:

I told him that afternoon that I needed a little time to sort things out--that I needed some time to think. Later on, at about 11 :30 pm I woke up with a start. Alex was standing over me, just staring. I asked him what he wanted and why he was there. He didn't say anything--it gave me the creeps. I told him that if he didn't leave, I would call the police. He said nothing. I picked up the phone, he grabbed it, ripped it out of the wall, and came after me. He tried to strangle me with the cord. I was gasping and begged him to stop. Finally, he unwrapped the cord. He started hitting me and pinned me down on the bed. He called me names and told me I was a slut. At one point I got free long enough to grab a ceramic bowl that was on my nightstand and I hit him on the head with it as hard as I could. There was blood everywhere. He pinned me down again. There was no fight left in me. He forced sex on me.

1. How confident are you that a rape has occurred?
_____ %
2. Rank the importance of the following factors in making this decision (1--most important to 5--least important, use each number only once)
_____ Alex pinned Mari down on the bed
_____ Mari and Alex knew each other and were dating
_____ Mari was thinking of breaking up with Alex
_____ Mari used force to protect herself
_____ Alex tried to strangle Mari
3. What percentage of responsibility for this having occurred is Mari's?
_____ %
4. What percentage of responsibility for this having occurred is Alex's?
_____ %
5. What percentage is due to "chance" or "circumstances" (e.g., things were getting "out of hand") for this incident having occurred?
_____ %
6. How confident or "sure" are you that Mari is telling the truth?
_____ %
7. How confident or "sure" are you that this incident should be reported to the authorities (the police, a doctor, a counselor)?
_____ %

8. How confident or "sure" are you that Mari would make a good and credible witness if the case went to trial?
_____%
9. What could Mari do next? List everything you can think of that Mari could do next--who could she turn to? who could she talk to for help? who could she report this to? what resources exist to help Mari? what programs exist to help Mari?
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
 - 9.
 - 10.

(keep listing ideas below if you can think of more)

Instructions:

Please read the following story and answer the questions below.

STORY FIVE:

Andrea and Khan worked at the same restaurant after school. Finally, Khan asked for her number and asked her out on a date. This is Andrea's account of what happened that night

We went out to a nice dinner at a really nice restaurant. Afterwards, Khan invited me back to his house--his mom was already asleep. We sat on the couch for a while and drank some beer he found in the fridge and talked and kissed a little. It was nice, I really liked kissing him. But, I was getting tired so I told him I wanted to go home soon. I got up and went into the bathroom, I was feeling a little queasy from the beer. When I came out he was standing in the living room looking at me. He began to undress. I asked him why he was taking his clothes off, that I didn't want things to go any further--it was a nice date, that's it. He moved closer to me--he was stripped to his shorts. Suddenly, his hands came up and he was hitting me on both sides of my head. His final blow lifted me off my feet, into the air, and sent me flying backward, crashing into the TV stand as I fell to the floor. He pinned me to the floor and told me that if I tried to hit him I would be very, very sorry. That he would hurt me more than I could imagine. He rolled over on top of me and pushed his way inside of me.

1. How confident are you that a rape has occurred?
_____ %
2. Rank the importance of the following factors in making this decision (1--most important to 5--least important, use each number only once)
_____ Khan and Andrea knew each other
_____ Andrea let Khan kiss her and liked kissing him
_____ Andrea told Khan she didn't want things to go any further
_____ Khan hit Andrea and threw her across the room
_____ Andrea didn't hit him, or bite him, or use a lot of force to protect herself
3. What percentage of responsibility for this having occurred is Andrea's?
_____ %
4. What percentage of responsibility for this having occurred is Khan's?
_____ %
3. What percentage is due to "chance" or "circumstances" (e.g., things were getting "out of hand") for this incident having occurred?
_____ %
6. How confident or "sure" are you that Andrea is telling the truth?
_____ %

7. How confident or "sure" are you that this incident should be reported to the authorities (the police, a doctor, a counselor)?
_____%
8. How confident or "sure" are you that Andrea would make a good and credible witness if the case went to trial?
_____%
9. What could Andrea do next? List everything you can think of that Andrea could do next--who could she turn to? who could she talk to for help? who could she report this to? what resources exist to help Andrea? what programs exist to help Andrea')
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
 - 9.
 - 10.

(keep listing ideas below if you can think of more)

Developed by: Rebecca Campbell
University of Illinois at Chicago

Instructions:

Please read the following story and answer the questions below.

STORY SIX:

Desserae was working late at her job. She had gone home at five, ate a quick dinner, changed into sweats, and drove to work. This is Desserae's account of what happened that night:

I was trying to finish the xeroxing my boss wanted done, so I had to work late. About midnight I called it quits, packed up my stuff and left. The parking lot was pretty dark even though there were a few light posts around. There were several other cars in the parking lot where I parked my car. When I got to my car I fumbled for my key and I dropped my bag and all my papers fell out. I started swearing and I was picking them up when some guy walked up to me. I thought he might have seen me drop my papers and came to help. He picked up the ones by his feet and came over to me. I looked up and saw his fist coming at me. It hit me hard in the face and I fell backwards. He picked up my keys and opened my car. I tried to get up to run away. He grabbed me and put his hand over my mouth, picked me up and threw me into the car. He hit me several more times in the face. He pinned me down in the back seat and ripped my clothes off. He then forced sex on me.

1. How confident are you that a rape has occurred?
_____ %
2. Rank the importance of the following factors in making this decision (1--most important to 5--least important, use each number only once)
3.
_____ Desserae was walking alone at night
_____ The man hit Desserae and ripped her clothes
_____ Desserae didn't hit him, or bite him, or use a lot of force to protect herself
_____ Desserae did not know the man
_____ Desserae was swearing in the parking lot
4. What percentage of responsibility for this having occurred is Desserae's?
_____ %
4. What percentage of responsibility for this having occurred is the man's?
_____ %
5. What percentage is due to "chance" or "circumstances" (e.g., things were getting "out of hand") for this incident having occurred?
_____ %
6. How confident or "sure" are you that Desserae is telling the truth?
_____ %
7. How confident or "sure" are you that this incident should be reported to the authorities (the police, a doctor, a counselor)?
_____ %

- 8, How confident or "sure" are you that Desserae would make a good and credible witness if the case went to trial?
_____ %
9. What could Desserae do next? List everything you can think of that Desserae could do next--who could she turn to? who could she talk to for help? who could she report this to? what resources exist to help Desserae? what programs exist to help Desserae?
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
 - 9.
 - 10.

(keep listing ideas below if you can think of more)

Instructions:

Please read the following story and answer the questions below.

STORY SEVEN:

Shanika and Kareen were out on a date. They had several classes together and had talked off and on during classes. One day he asked her out on a date and she accepted. This is Shanika's account of what happened that night:

Kareen picked me up and we went to an early movie. It was nice and he held my hand throughout the movie and we kissed a little. Afterwards he asked me if I wanted to go get some ice cream. We had a really cool talk: at the ice cream place and we were getting along really well. It was one of those times when things just "click," and you're getting along really well and never run out of things to talk about. He invited me back to his apartment to talk some more, and I agreed. No one was home at his place. He said his grandmother and mother were at church. We sat on the floor and kept talking. He leaned over and started kissing me. I really liked it, he was a great kisser. Things started getting more intense. He took my shirt off and unhooked my bra. I took off his shirt and we kept kissing some more. He moved his hand down to my pants and I pushed it away. He was all right about it, but then he started kissing me some more and things got very intense again. I didn't want him to think I was a sleaze and did this with everybody I went out with. I told him that I thought we should stop. He rolled over on top of me and we kissed for a long time. I told him again I thought we should stop. He put his hands on my arms and held onto them and pushed his penis inside of me.

1. How confident are you that a rape has occurred?
_____%
2. Rank the importance of the following factors in making this decision (1--most important to 5--least important, use each number only once)
_____ Shanika told Kareen she thought they should stop
_____ Kareen held onto Shanika's arms
_____ Shanika and Kareen knew each other and were dating
_____ Shanika let Kareen kiss her and liked kissing him
_____ Shanika didn't hit him, or bite him, or use a lot of force to protect herself
3. What percentage of responsibility for this having occurred is Shanika's?
_____%
4. What percentage of responsibility for this having occurred is Kareen's?
. _____%
5. What percentage is due to "chance" or "circumstances" (e.g., things were getting "out of hand") for this incident having occurred?
_____%
6. How confident or "sure" are you that Shanika is telling the truth?
_____%

Developed by: Rebecca Campbell
University of Illinois at Chicago

7. How confident or "sure" are you that this incident should be reported to the authorities (the police, a doctor, a counselor)?
_____%
8. How confident or "sure" are you that Shanika would make a good and credible witness if the case went to trial?
_____%
9. What could Shanika do next? List everything you can think of that Shanika could do next--who could she turn to? who could she talk to for help? who could she report this to? what resources exist to help Shanika? what programs exist to help Shanika?
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
 - 9.
 - 10.

(keep listing ideas below if you can think of more)

Developed by: Rebecca Campbell
University of Illinois at Chicago

BELIEFS ABOUT REPORTING RAPE SCALE

Developed by:	Rebecca Campbell, Michigan State University
Use to Evaluate:	beliefs about why survivors do/not report assaults to the police and aother authorities
Editing:	<p>check to make sure the questions are easily understood by your participants</p> <p>edit for cultural sensitivity and to address issues specific to the law enforcement jurisdictions you work in</p> <p>This scale has 9 questions about stranger rape and 9 questions about acquaintance/date rape. If your program does not discuss similarities and differences between stranger and acquaintance rape then you should only use the first set of questions and delete the word “stranger” so that the questions are simply asking about “rape”.</p>

Instructions:

Read each question and circle your answer.

These first 9 questions are about stranger rape.

1. How often do you think victims make up or lie about stranger rape to seek revenge against the alleged assailant?

VERY FREQUENTLY	1
OCCASIONALLY	2
SELDOM	3
NEVER	4

2. How often do you think victims make up or lie about stranger rape to protect their reputations?

VERY FREQUENTLY	1
OCCASIONALLY	2
SELDOM	3
NEVER	4

3. How often do you think victims report stranger rape because they want education/treatment for the alleged assailant?)

VERY FREQUENTLY	1
OCCASIONALLY	2
SELDOM	3
NEVER	4

Some victims choose not to report to the police or other authorities (like school teachers or principals); these next questions are about why victims don't report stranger rape.

4. How often do you think victims DON'T report a stranger rape because they were afraid of some form of retaliation from the assailant (that the assailant would get back at them)?

VERY FREQUENTLY	1
OCCASIONALLY	2
SELDOM	3
NEVER	4

5. How often do you think victims DON'T report a stranger rape because they were afraid no one would believe them?

VERY FREQUENTLY	1
OCCASIONALLY	2
SELDOM	3
NEVER	4

6. How often do you think victims DON'T report a stranger rape because they have no physical injuries or physical evidence?

VERY FREQUENTLY	1
OCCASIONALLY	2
SELDOM	3
NEVER	4

7. How often do you think victims *DON'T* report a stranger rape because they were afraid their family or mends might find out about the incident?

VERY FREQUENTLY	1
OCCASIONALLY	2
SELDOM	3
NEVER	4

8. How often do you think victims DON'T report a stranger rape because they were afraid of how the police or other authorities (like a school teacher or principal) might respond/treat them?

VERY FREQUENTLY	1
OCCASIONALLY	2
SELDOM	3
NEVER	4

9. How often do you think victims DON'T report a stranger rape because they don't want to go through the lengthy process of reporting and prosecuting a rape?

VERY FREQUENTLY	1
OCCASIONALLY	2
SELDOM	3
NEVER	4

These **last 9 questions are about acquaintance/date rape**.

10. How often do you think victims make up or lie about acquaintance/date rape to seek revenge against the alleged assailant?

VERY FREQUENTLY	1	
OCCASIONALLY	2	
SELDOM		3
NEVER		4

11. How often do you think victims make up or lie about acquaintance/date rape to protect their reputations?

VERY FREQUENTLY	1	
OCCASIONALLY	2	
SELDOM		3
NEVER		4

12. How often do you think victims report acquaintance/date rape because they want education/treatment for the alleged assailant?

VERY FREQUENTLY	1	
OCCASIONALLY	2	
SELDOM		3
NEVER		4

Some victims choose not to report to the police or other authorities (like school teachers or principals); these next questions are about why victims don't report acquaintance/date rape.

13. How often do you think victims DON'T report an acquaintance/date rape because they were afraid of some form of retaliation from the assailant (that the assailant would get back at them)?

VERY FREQUENTLY	1	
OCCASIONALLY	2	
SELDOM		3
NEVER		4

14. How often do you think victims DON'T report an acquaintance/date rape because they were afraid no one would believe them?

VERY FREQUENTLY	1	
OCCASIONALLY	2	
SELDOM		3
NEVER		4

15. How often do you think victims DON'T report an acquaintance/date rape because they have no physical injuries or physical evidence?

VERY FREQUENTLY	1	
OCCASIONALLY	2	
SELDOM		3
NEVER		4

16. How often do you think victims DON'T report an acquaintance/date rape because they were afraid their family or friends might find out about the incident?

VERY FREQUENTLY	1	
OCCASIONALLY	2	
SELDOM		3
NEVER		4

17. How often do you think victims DON'T report an acquaintance/date rape because they were afraid of how the police or other authorities (like a school teacher or principal) might respond/treat them?

VERY FREQUENTLY	1	
OCCASIONALLY	2	
SELDOM		3
NEVER		4

18. How often do you think victims DON'T report an acquaintance/date rape because they don't want to go through the lengthy process of reporting and prosecuting a rape?

VERY FREQUENTLY	1	
OCCASIONALLY	2	
SELDOM		3
NEVER		4

CAUSES OF RAPE SCALE

Developed by:	Rebecca Campbell, Michigan State University
Use to Evaluate:	beliefs about the causes of rape
Editing:	check to make sure the questions are easily understood by your participants edit for cultural sensitivity

This scale has 6 questions about stranger rape and 6 questions about acquaintance/date rape. If your program does not discuss similarities and differences between stranger and acquaintance rape then you should only use the first set of questions and delete the word "stranger" so that the questions are simply asking about "rape".

Instructions:

Read each question **and circle** your answer.

These first 6 questions are about stranger rape.

1. How much do you see an assailant's desire for sex as a cause of stranger rape? As ...

- 1 THE MOST IMPORTANT FACTOR (I.E., THE SOLE CAUSE)
- 2 VERY IMPORTANT FACTOR (BUT NOT THE SOLE CAUSE)
- 3 A SOMEWHAT IMPORTANT FACTOR
- 4 A LITTLE IMPORTANT
- 5 NOT A CAUSE AT ALL

2. How much do you see an assailant's need for control and power as a cause of stranger rape? As ...

- 1 THE MOST IMPORTANT FACTOR (I.E., THE SOLE CAUSE)
- 2 VERY IMPORTANT FACTOR (BUT NOT THE SOLE CAUSE)
- 3 A SOMEWHAT IMPORTANT FACTOR
- 4 A LITTLE IMPORTANT
- 5 NOT A CAUSE AT ALL

3. How much do you see alcohol use by an assailant as a cause of stranger rape? As ..

- 1 THE MOST IMPORTANT FACTOR (I.E., THE SOLE CAUSE)
- 2 VERY IMPORTANT FACTOR (BUT NOT THE SOLE CAUSE)
- 3 A SOMEWHAT IMPORTANT FACTOR
- 4 A LITTLE IMPORTANT
- 5 NOT A CAUSE AT ALL

4. How much do you see "craziness" of an assailant as a cause of stranger rape? As ...

- 1 THE MOST IMPORTANT FACTOR (I.E., THE SOLE CAUSE)
- 2 VERY IMPORTANT FACTOR (BUT NOT THE SOLE CAUSE)
- 3 A SOMEWHAT IMPORTANT FACTOR
- 4 A LITTLE IMPORTANT
- 5 NOT A CAUSE AT ALL

5. How much do you see victim's carelessness with their safety as a cause of stranger rape? As ...

- 1 THE MOST IMPORTANT FACTOR (I.E., THE SOLE CAUSE)
- 2 VERY IMPORTANT FACTOR (BUT NOT THE SOLE CAUSE)
- 3 A SOMEWHAT IMPORTANT FACTOR
- 4 A LITTLE IMPORTANT
- 5 NOT A CAUSE AT ALL

5. How much do you see victim's use of alcohol as a cause of stranger rape? As ...

- 1 THE MOST IMPORTANT FACTOR (I.E., THE SOLE CAUSE)
- 2 VERY IMPORTANT FACTOR (BUT NOT THE SOLE CAUSE)
- 3 A SOMEWHAT IMPORTANT FACTOR
- 4 A LITTLE IMPORTANT
- 5 NOT A CAUSE AT ALL

These last 6 questions are about acquaintance/date rape.

6. How much do you see an assailant's desire for sex as a cause of acquaintance/date rape? As ...

- 1 THE MOST IMPORTANT FACTOR (I.E., THE SOLE CAUSE)
- 2 VERY IMPORTANT FACTOR (BUT NOT THE SOLE CAUSE)
- 3 A SOMEWHAT IMPORTANT FACTOR
- 4 A LITTLE IMPORTANT
- 5 NOT A CAUSE AT ALL

8. How much do you see an assailant's need for control and power as a cause of acquaintance/date rape? As ...

- 1 THE MOST IMPORTANT FACTOR (I.E., THE SOLE CAUSE)
- 2 VERY IMPORTANT FACTOR (BUT NOT THE SOLE CAUSE)
- 3 A SOMEWHAT IMPORTANT FACTOR
- 4 A LITTLE IMPORTANT
- 5 NOT A CAUSE AT ALL

9. How much do you see alcohol use by an assailant as a cause of acquaintance/date rape? As ...

- 1 THE MOST IMPORTANT FACTOR (I.E., THE SOLE CAUSE)
- 2 VERY IMPORTANT FACTOR (BUT NOT THE SOLE CAUSE)
- 3 A SOMEWHAT IMPORTANT FACTOR
- 4 A LITTLE IMPORTANT
- 5 NOT A CAUSE AT ALL

11. How much do you see victim's carelessness with their safety as a cause of acquaintance/date rape? As ..

- 1 THE MOST IMPORTANT FACTOR (I.E., THE SOLE CAUSE)
- 2 VERY IMPORTANT FACTOR (BUT NOT THE SOLE CAUSE)
- 3 A SOMEWHAT IMPORTANT FACTOR
- 4 A LITTLE IMPORTANT
- 5 NOT A CAUSE AT ALL

12. How much do you see victim's use of alcohol as a cause of acquaintance/date rape? As ...

- 1 THE MOST IMPORTANT FACTOR (I.E., THE SOLE CAUSE)
- 2 VERY IMPORTANT FACTOR (BUT NOT THE SOLE CAUSE)
- 3 A SOMEWHAT IMPORTANT FACTOR
- 4 A LITTLE IMPORTANT
- 5 NOT A CAUSE AT ALL

ILLINOIS RAPE MYTH ACCEPTANCE SCALE (SHORT VERSION)

Developed by: Diana L. Payne, Kimberly A. Lonsway, and Louise F. Fitzgerald
University of Illinois at Urbana-Champaign
Payne, D. L., Lonsway, K. A., & Fitzgerald, L. F. (1999). Rape myth acceptance: Exploration of its structure and its measurement using the Illinois Rape Myth Acceptance Scale. *Journal of Research in Personality*, 33, 27-68.

Use to Evaluate: beliefs about rape myths and general attitudes toward rape

check to make sure the questions are easily understood by your participants

edit for cultural sensitivity

You can choose to use only those questions that most closely relate to your program's goals and objectives.

Some of these questions overlap with the Causes of Rape Scale and the Beliefs About Reporting Scale. If you are using these other scales as well, make sure that you edit the scales so that you are not asking the same question multiple times.

Instructions:

Please read the following statements and rate how much you agree with them.

1 =STRONGLY DISAGREE
 2=DISAGREE
 3=NEUTRAL
 4=AGREE
 5=STRONGLY AGREE

	Strongly Disagree				Strongly Agree
1. Women tend to exaggerate how much rape affects them.	1	2	3	4	5
2. All women should have access to self defense classes.	1	2	3	4	5
3. Many women secretly desire to be raped.	1	2	3	4	5
4. Most rapists are not caught by the police.	1	2	3	4	5
5. If a woman doesn't physically fight back, you can't really call it rape.	1	2	3	4	5
6. When women are raped, it's often because the way they said "no" was ambiguous (not clear).	1	2	3	4	5
7. It is preferable that a female police officer conducts the questioning when a women reports a rape.	1	2	3	4	5
8. Rape accusations are often used as a way of getting back at men.	1	2	3	4	5
9. Men from nice middle-class homes almost never rape.	1	2	3	4	5
10. It is usually only women who dress suggestively who are raped.	1	2	3	4	5
11. If the rapist doesn't have a weapon, you really can't call it rape.	1	2	3	4	5
12. Rape is unlikely to happen in the woman's or in familiar neighborhood.	1	2	3	4	5
13. Men don't usually intend to force sex on a woman, but sometimes they get sexually carried away.	1	2	3	4	5
14. A woman who dresses in skimpy clothes should not be surprised if a man tries to force her to have sex.	1	2	3	4	5
15. Rape happens when a man's sex drive is out of control.	1	2	3	4	5
16. A lot of women lead a man on and then they cry rape.	1	2	3	4	5

Illinois Rape Myth Acceptance Scale

- | | | | | | |
|---|---|---|---|---|---|
| 17. A woman who "teases" a man deserve anything that
might happen. | 1 | 2 | 3 | 4 | 5 |
| 18. Although most women wouldn't admit it, they
generally find being physically forced into sex a
real "turn-on." | 1 | 2 | 3 | 4 | 5 |
| 19. If a woman is raped while she is drunk, she is at
least somewhat responsible for letting things get
out of control. | 1 | 2 | 3 | 4 | 5 |
| 20. If a woman is willing to "make out" with a guy,
then it's not big deal if he goes a little further and
has sex. | 1 | 2 | 3 | 4 | 5 |

Developed by: Diana L. Payne, Kimberly A. Lonsway, and Louise F. Fitzgerald University of Illinois at Urbana-Champaign

UNDERSTANDING CONSENT SCALE

Developed by:	Rebecca Campbell, Michigan State University
Use to Evaluate:	understanding of consent in sexual relations understanding of how consent can be violated
Editing:	check to make sure the questions are easily understood by your participants edit for cultural sensitivity chose those questions that most closely match your program's goals and objectives

Instructions:

What do you think should count as lack of consent? What do you think should indicate that a person does not want to have sexual relations?

Read each statement and rate on the 1-5 scale below the degree to which you feel the person has given a sign of consent or given a sign that there is NOT consent.

	Is a sign of consent			Is <u>not</u> a sign of consent	
1. A person says "no" to sexual advances.	1	2	3	4	5
2. A person says "no" repeatedly to sexual advances.	1	2	3	4	5
3. A person sends a non-verbal message of "no" to sexual advances (like body language that says "no").	1	2	3	4	5
4. A person sends repeated non-verbal messages of "no" to sexual advances (like body language that says "no").	1	2	3	4	5
5. A person physically resists sexual advances.	1	2	3	4	5
6. A person repeatedly resists sexual advances.	1	2	3	4	5
7. A person is legally drunk and cannot speak clearly to respond to sexual advances.	1	2	3	4	5
8. A person is legally drunk and passed out.	1	2	3	4	5
9. A person is high on drugs and cannot speak clearly to respond to sexual advances.	1	2	3	4	5
10. A person is high on drugs and passed out.	1	2	3	4	5

ATTITUDES TOWARD WOMEN SCALE FOR ADOLESCENTS (AWSA)

Developed by: Nancy L. Galambos, Anne C. Petersen, Maryse Richards, Idy B. Gitelson*

Use to Evaluate: attitudes about gender roles

Editing: check to make sure the questions are easily understood by your participants

edit for cultural sensitivity

Scoring: convert the answers to a 1-4 scale where

1 = agree strongly

2 = agree some

3 = disagree some

4 = disagree strongly

reverse code items 3, 5, 7, 9, and 12

calculate an average score

higher scores reflect more egalitarian gender roles

* Galambos, N. L., Petersen, A. C., Richards, M., & Gitelson, I. B. (1985). The attitudes toward women scale for adolescents (AWSA): A study of reliability and validity. *Sex Roles*, 13, 343 - 356.

For each statement, indicate how much you agree with it by circling your answer.

1. Swearing is worse for a girl than for a boy.	agree strongly	agree some	disagree some	disagree strongly
2. On a date, the boy should be expected to pay all expenses.	agree strongly	agree some	disagree some	disagree strongly
3. On the average, girls are as smart as boys.	agree strongly	agree some	disagree some	disagree strongly
4. More encouragement in a family should be given to sons than daughters to go to college.	agree strongly	agree some	disagree some	disagree strongly
5. It is all right for a girl to want to play rough sports like football.	agree strongly	agree some	disagree some	disagree strongly
6. In general, the father should have greater authority than the mother in making family decisions.	agree strongly	agree some	disagree some	disagree strongly
7. It is all right for a girl to ask a boy out on a date.	agree strongly	agree some	disagree some	disagree strongly
8. It is more important for boys than girls to do well in school.	agree strongly	agree some	disagree some	disagree strongly
9. If both husband and wife have jobs, the husband should do a share of the housework such as washing dishes and doing the laundry.	agree strongly	agree some	disagree some	disagree strongly
10. Boys are better leaders than girls.	agree strongly	agree some	disagree some	disagree strongly
11. Girls should be more concerned with becoming good wives and mothers than desiring a professional or business career.	agree strongly	agree some	disagree some	disagree strongly
12. Girls should have the same freedom as boys.	agree strongly	agree some	disagree some	disagree strongly

ATTITUDES TOWARD WOMEN SCALE (AWS)

Developed by: Spence and Helmreich*

Use to Evaluate: attitudes about gender roles

Editing: check to make sure the questions are easily understood by your participants (note: #8 will need to be updated)

edit for cultural sensitivity

Scoring: convert the answers to a 1-4 scale where

0 = agree strongly

1 = agree mildly

2 = disagree mildly

3 = disagree strongly

reverse code items 2, 3, 4, 6, 10, 11, 14

calculate an average score

higher scores indicate a profeminist, egalitarian attitude

lower scores indicate a traditional, conservative attitude

* Spence, J. T., & Helmreich, R. L. (1978). *Masculinity and femininity: Their psychological dimensions, correlates, and antecedents*. Austin: University of Texas Press.

For each statement, indicate how much you agree with it by circling your answer.

1. Swearing and obscenity are more repulsive in the speech of a woman than a man.	Agree Strongly	Agree Mildly	Disagree Mildly	Disagree Strongly
2. Under modern economic conditions with women being active outside the home, men should share in household tasks such as washing dishes and doing laundry.	Agree Strongly	Agree Mildly	Disagree Mildly	Disagree Strongly
3. It is insulting to women to have the "obey" clause remain in the marriage service.	Agree Strongly	Agree Mildly	Disagree Mildly	Disagree Strongly
4. A woman should be as free as a man to propose marriage.	Agree Strongly	Agree Mildly	Disagree Mildly	Disagree Strongly
5. Women should worry less about their rights and more about becoming good wives and mothers.	Agree Strongly	Agree Mildly	Disagree Mildly	Disagree Strongly
6. Women should assume their rightful place in business and all the professions along with men.	Agree Strongly	Agree Mildly	Disagree Mildly	Disagree Strongly
7. A woman should not expect to go to exactly the same places or to have quite the same freedom of action as a man.	Agree Strongly	Agree Mildly	Disagree Mildly	Disagree Strongly
8. It is ridiculous for a woman to run a locomotive and for a man to darn socks.	Agree Strongly	Agree Mildly	Disagree Mildly	Disagree Strongly
9. The intellectual leadership of a community should be largely in the hands of men.	Agree Strongly	Agree Mildly	Disagree Mildly	Disagree Strongly
10. Women should be given equal opportunity with men for apprenticeship in the various trades.	Agree Strongly	Agree Mildly	Disagree Mildly	Disagree Strongly
11. Women earning as much as their dates should bear equally the expense when they go out together.	Agree Strongly	Agree Mildly	Disagree Mildly	Disagree Strongly
12. Sons in a family should be given more encouragement to go to college than daughters.	Agree Strongly	Agree Mildly	Disagree Mildly	Disagree Strongly
13. In general, the father should have greater authority than the mother in the bringing up of the children.	Agree Strongly	Agree Mildly	Disagree Mildly	Disagree Strongly

14. Economic and social freedom is worth far more to women than acceptance of the ideal of femininity which has been set up by men.	Agree Strongly	Agree Mildly	Disagree Mildly	Disagree Strongly
15. There are many jobs in which men should be given preference over women in being hired or promoted.	Agree Strongly	Agree Mildly	Disagree Mildly	Disagree Strongly

SEX ROLE ATTITUDES

Developed by: Claire M. Renzetti

Use to Evaluate: attitudes about traditional gender roles
feminist attitudes about gender roles
awareness of gender inequality
attitudes toward the women's movement

Editing: you may choose to use only those sub-scales that are relevant to your goals and objectives

check to make sure the questions are easily understood by your participants (note: you may want to change the references to the "women's liberation movement" to "feminists", "feminism", or "the feminist movement")

edit for cultural sensitivity

Scoring: convert the answers to a 0-4 scale where

- 0 = undecided
- 1 = strongly disagree
- 2 = somewhat disagree
- 3 = somewhat agree
- 4 = strongly agree

reverse code items 1, 2, 3, 5, 6, 7, 10, 11, 12, 13, 16, 17, 18, 20, & 21

calculate an average score for each sub-scale:

- traditional attitudes toward gender roles* = 1, 2, 5, 6, 10, 11, 12, 16, & 17
- feminist attitudes toward gender roles* = 4, 14, 19, 23, & 24
- awareness of gender inequality* = 7, 8, 13, & 22
- attitudes toward the women's movement* = 3, 9, 15, 18, 20, & 21

lower scores reflect traditional and nonfeminist attitudes toward gender roles, a low level of awareness of gender inequality, and little support for the women's movement

higher scores reflect nontraditional and feminist attitudes, a high level of awareness of gender inequality, and high support for the women's movement

* Renzetti, C. M. (1987). New wave or second stage? Attitudes of college women toward feminism. *Sex Roles*, 16, 265 - 277

For each statement, indicate how much you agree with it by circling your answer.

1. For a woman, marriage should be more important than a career.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
2. Most men are better suited emotionally for politics than are most women.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
3. Women are right to be unhappy about their role in American society, but wrong in the way they are protesting.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
4. If there is a military draft, both men and women should be included in it.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
5. For a woman to be truly happy, she needs to have a man in her life.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
6. If a husband and wife each have an equally good career opportunity, but in different cities, the husband should take the job and the wife should follow.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
7. If women want to get ahead, there is little to stop them.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
8. Many women who do the same work as their male colleagues earn substantially less money.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
9. In general, I am sympathetic with the efforts of women's liberation groups.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
10. A wife should willingly take her husband's name at marriage.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
11. There are some jobs and professions that are more suitable for men than for women.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
12. Women should take care of running their homes and leave running the country up to men.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
13. Things are much easier for girls growing up today than they were for girls growing up 10 years ago.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
14. There should be no laws preventing a woman from having an abortion if she wants one.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
15. I consider myself to be a feminist.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree

16. For a woman in college, popularity is more important than grade point average.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
17. Career women tend to be masculine and domineering.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
18. Many of those in women's rights organizations today seem to be unhappy misfits.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
19. A woman should not let bearing and rearing children stand in the way of a career if she wants it.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
20. The leaders of the women's liberation movement are trying to turn women in men and that won't work.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
21. Women should worry less about their rights and more about becoming good wives and mothers.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
22. Men tend to discriminate against women in hiring, firing and promotion.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
23. A woman can live a full and happy life without marrying.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree
24. When you get right down to it, women are an oppressed group and men are the oppressors.	undecided	strongly disagree	somewhat disagree	somewhat agree	strongly agree

PACIFIC ATTITUDES TOWARD GENDER SCALE

Developed by: Tracy Vaillancourt & Campbell Leaper*

Use to Evaluate: attitudes about gender roles

Editing: check to make sure the questions are easily understood by your participants

edit for cultural sensitivity

Scoring: convert the answers to a 1-6 scale where

1 = strongly disagree

2 = mostly disagree

3 = slightly disagree

4 = slightly agree

5 = mostly agree

6 = strongly agree

reverse code items 1, 2, 3, 4, 6, 7, 12, 14, 16, 17, 18, 19, 20, 22, 24, 26, & 28

calculate an average score for each sub-scale:

Gender-Role Behaviors and Activities = 3, 4, 9, 16, 19, 24, 25, 27

Dating and Heterosexual Relationships = 7, 10, 15, 17, 21

Marital and Parental Roles = 2, 11, 13, 26

Work and Career = 1, 6, 8, 12, 18, 20, 22

General Equality = 5, 14, 23, 28

Higher scores reflect greater endorsement of equal rights and roles for women and men.

Lower scores reflect greater endorsement of traditional views

People have different opinions about desirable roles for girls and boys and for women and men. The following questionnaire is designed to get at your own opinions about gender roles. There are no “right” or “wrong” answers here – only your opinions. Therefore, please provide your honest opinion regarding each statement.

1. I believe it is better for a daycare or a preschool teacher to be a woman than to be a man.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
2. I believe the husband should have primary responsibility for the financial support of the family.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
3. I believe using obscene language is worse for a girl than for a boy.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
4. I believe women are too easily offended by certain jokes.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
5. I believe feminists are making entirely reasonable demands of men.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
6. I believe only men should be allowed to participate in military combat.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
7. I believe a man should be expected to pay the expenses on a date with a woman.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
8. I believe sexual harassment is a serious problem in the workplace.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
9. I believe it should be equally acceptable for girls and boys to play rough sports like hockey or football.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
10. I believe it is all right for a woman to take the first steps to start a relationship with a man.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
11. I believe a woman employed outside of the home can establish as warm and secure a relationship with her children as a mother who is not employed outside of the home.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree

12. I believe discrimination against women in the labor force is no longer a problem.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
13. I believe it should be equally acceptable for a man or a woman to stay home and care for the children while the other spouse works.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
14. I believe feminists exaggerate problems faced by women in today's society.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
15. I believe it should be equally acceptable for women and men to have sex with casual acquaintances.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
16. I believe it is wrong for boys to play with dolls.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
17. I believe a woman should be careful not to appear smarter than the man she is dating.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
18. I believe there are certain jobs that are inappropriate for women.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
19. I believe girls should have greater limits placed on them than boys when they go out of the house.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
20. I believe many women in the paid workforce are taking jobs away from men who need the jobs more.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
21. I believe when men show special courtesies only to women (like holding open the door), it reinforces the stereotype that women are helpless.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
22. I believe it is more difficult to work for a woman than a man.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
23. I believe men and women should be able to make choices about their lives without being restricted by gender.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
24. I believe women should be more concerned with clothing and appearance than men.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree

25. I believe it should be equally acceptable for men and women to cry in front of other people.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
26. I believe when both parents are employed and their child gets sick at school, the school should call the mother first rather than the father.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
27. I believe it should be equally acceptable for a women to go to a bar alone as it is for a man.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree
28. I believe society has reached a point where women and men have equal opportunity for achievement.	strongly disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	strongly agree

MEASURING PREVALENCE OF PERPETRATION AND VICTIMIZATION

PENNSYLVANIA SURVEY OF SEXUAL EXPERIENCES

Developed by:	Stephanie Townsend
Use to Evaluate:	Prevalence of sexual victimization or sexual perpetration
Editing:	<p>Establish a specific time frame that you are interested in for the survey. If you are using the survey as a pre-test and post-test measure then you <u>must use the same time frame</u> for each survey.</p> <p>check to make sure the questions are easily understood by your participants</p> <p>edit for cultural sensitivity</p> <p>Typically with behavioral measures like this only half the survey is given at one time. It is most common to give the sexual victimization questions to women and the sexual perpetration questions to men. However, both sets of questions can be used with either gender. However, if you give both of them at the same time you are less likely to get honest answers on the perpetration questions. <u>If your prevention program's goals and objectives are focused on reducing perpetration then you should use the perpetration questions.</u></p>

PENNSYLVANIA SURVEY OF SEXUAL EXPERIENCES

Instructions:

Indicate whether you have had any of the following experiences **in the past _____ months** by circling your answer.

Have you...

...had <u>sexual intercourse</u> when you did not want to because someone physically forced you to, for example by holding you down, restraining you, twisting your arm, etc.?	Yes	No
...had <u>sexual intercourse</u> when you did not want to because someone threatened to hurt you?	Yes	No
...had <u>sexual intercourse</u> when you did not want to because someone overwhelmed you with arguments, pressure, or emotional abuse?	Yes	No
...had <u>sexual intercourse</u> when you did not want to because someone gave you alcohol or drugs?	Yes	No
...had <u>sexual intercourse</u> when you did not want to because someone did not listen when you said "no"?	Yes	No
...had someone commit <u>other sex acts</u> that included penetration when you did not want to because someone physically forced you to, for example by holding you down, restraining you, twisting your arm, etc.?	Yes	No
...had someone commit <u>other sex acts</u> that included penetration when you did not want to because someone threatened to hurt you?	Yes	No
...had someone commit <u>other sex acts</u> that included penetration when you did not want to because someone overwhelmed you with arguments, pressure, or emotional abuse?	Yes	No
...had someone commit <u>other sex acts</u> that included penetration when you did not want to because someone gave you alcohol or drugs?	Yes	No
...had someone commit <u>other sex acts</u> that included penetration when you did not want to because someone did not listen when you said "no"?	Yes	No
...had <u>sexual contact</u> when you did not want to because someone physically forced you to, for example by holding you down, restraining you, twisting your arm, etc.?	Yes	No
...had <u>sexual contact</u> when you did not want to because someone threatened to hurt you?	Yes	No
...had <u>sexual contact</u> when you did not want to because someone overwhelmed you with arguments, pressure, or emotional abuse?	Yes	No
...had <u>sexual contact</u> when you did not want to because someone gave you alcohol or drugs?	Yes	No
...had <u>sexual contact</u> when you did not want to because someone did not listen when you said "no"?	Yes	No

Indicate whether you have had any of the following experiences **in the past _____ months** by circling your answer.

Have you...

...had <u>sexual intercourse</u> when the other person did not want to by physically forcing them to, for example by holding them down, restraining them, twisting their arm, etc.?	Yes	No
...had <u>sexual intercourse</u> when the other person did not want to by threatening to hurt them?	Yes	No
...had <u>sexual intercourse</u> when the other person did not want to by overwhelming them with arguments, pressure, or emotional abuse?	Yes	No
...had <u>sexual intercourse</u> when the other person did not want to by giving them alcohol or drugs?	Yes	No
...had <u>sexual intercourse</u> when the other person said "no"?	Yes	No
...done <u>other sex acts</u> that included penetration when the other person did not want to by physically forcing them to, for example by holding them down, restraining them, twisting their arm, etc.?	Yes	No
...done <u>other sex acts</u> that included penetration when the other person did not want to by threatening to hurt them?	Yes	No
... done <u>other sex acts</u> that included penetration when the other person did not want to by overwhelming them with arguments, pressure, or emotional abuse?	Yes	No
...done <u>other sex acts</u> that included penetration when the other person did not want to by giving them alcohol or drugs?	Yes	No
...done <u>other sex acts</u> that included penetration when the other person said "no"?	Yes	No
...had <u>sexual contact</u> when the other person did not want to by physically forcing them to, for example by holding them down, restraining them, twisting their arm, etc.?	Yes	No
...had <u>sexual contact</u> when the other person did not want to by threatening to hurt them?	Yes	No
...had <u>sexual contact</u> when the other person did not want to by overwhelming them with arguments, pressure, or emotional abuse?	Yes	No
...had <u>sexual contact</u> when the other person did not want to by giving them alcohol or drugs?	Yes	No
...had <u>sexual contact</u> when the other person said "no"?	Yes	No

MEASURING BYSTANDER ATTITUDES AND BEHAVIORS

BYSTANDER EFFICACY SCALE (short version)

Developed by: Victoria Banyard & Mary Moynihan
University of New Hampshire

Use to Evaluate: self-confidence for performing bystander behaviors

Check to make sure the questions are easily understood by your participants

Edit for cultural sensitivity

You may need to alter the questions to fit age-appropriate and/or context-relevant behaviors and scenarios

Please read each of the following behaviors. Indicate in the column *Confidence* how confident you are that you could do them. Rate your degree of confidence by recording a number from 0 to 100 using the scale given below:

0	10	20	30	40	50	60	70	80	90	100
can't do	quite uncertain				moderately certain					very certain

	Confidence
1. Express my discomfort if someone makes a joke about a woman's body.	_____ %
2. Express my discomfort if someone says that rape victims are to blame for being raped.	_____ %
3. Call for help (i.e. call 911) if I hear someone in my dorm or apartment yelling "help."	_____ %
4. Talk to a friend who I suspect is in an abusive relationship.	_____ %
5. Get help and resources for a friend who tells me they have been raped.	_____ %
6. Ask a stranger who looks very upset at a party if they are ok or need help.	_____ %
7. Ask a friend if they need to be walked home from a party.	_____ %
8. Ask a stranger if they need to be walked home from a party.	_____ %
9. Speak up in class if a professor is providing misinformation about sexual assault.	_____ %
10. Criticize a friend who tells me that they had sex with someone who was passed out or who didn't give consent.	_____ %
11. Do something to help a very drunk person who is being brought upstairs to a bedroom by a group of people at a party.	_____ %
12. Do something if I see a woman surrounded by a group of men at a party who looks very uncomfortable.	_____ %
13. Get help if I hear of an abusive relationship in my dorm or apartment	_____ %
14. Tell an RA or other campus authority about information I have that might help in a sexual assault case even if pressured by my peers to stay silent.	_____ %
15. Speak up to someone who is making excuses for forcing someone to have sex with them.	_____ %
16. Speak up to someone who is making excuses for having sex with someone who is unable to give full consent.	_____ %
17. Speak up to someone who is making excuses for using physical force in a relationship.	_____ %
18. Speak up to someone who is calling their partner names or swearing at them.	_____ %

BYSTANDER ATTITUDES (short version)

Developed by: Victoria Banyard & Mary Moynihan
University of New Hampshire

Use to Evaluate: willingness to engage in prosocial bystander behaviors

Check to make sure the questions are easily understood by your participants

Edit for cultural sensitivity

You may need to alter the questions to fit age-appropriate and/or context-relevant behaviors and scenarios

For this set of questions, please keep in mind the following definitions:

Sexual violence – by sexual violence we are referring to a range of behaviors that are unwanted by the recipient and include remarks about physical appearance, persistent sexual advances that are undesired by the recipient, as well as unwanted touching and unwanted oral, anal, vaginal penetration.

Intimate partner abuse – by Intimate partner abuse we are referring to a range of behaviors that involve the use of physical force or threats of force against an intimate partner including slapping, punching, throwing objects, threatening with weapons or threatening physical harm.

Acquaintances – people you know a little but not enough to consider them friends. For example, you have been in class with them or members of the same organization.

Strangers – people you may recognize by sight from campus but people you haven't really had any formal contact with before.

Please read the following list of behaviors and check how likely you are to engage in these behaviors using the following scale:

	1	2	3	4	5
	Not at all likely				extremely likely
1. Think through the pros and cons of different ways I might help if I see an instance of sexual violence.	1	2	3	4	5
2. Express concern to a friend if I see their partner exhibiting very jealous behavior and trying to control my friend.	1	2	3	4	5
3. If an acquaintance has had too much to drink, I ask them if they need to be walked home from the party.	1	2	3	4	5
4. Indicate my displeasure when I hear sexist jokes being made.	1	2	3	4	5
5. Refuse to remain silent about instances of sexual violence I may know about.	1	2	3	4	5
6. If an acquaintance is being yelled at or shoved by their partner, I ask if they need help.	1	2	3	4	5
7. Express disagreement with a friend who says forcing someone to have sex with them is okay.	1	2	3	4	5
8. If I saw a friend taking an intoxicated person back to their room I would say something to them.	1	2	3	4	5
9. Go with my friend to talk with someone (e.g. police, counselor, crisis center, resident advisor) about an unwanted sexual experience.	1	2	3	4	5
10. Enlist the help of others if an intoxicated acquaintance is being taken upstairs at a party.	1	2	3	4	5
11. If I heard a stranger insulting their partner I would get help from others including authorities or university staff.	1	2	3	4	5
12. Call 911 if an acquaintance needs help because they are being hurt sexually or physically.	1	2	3	4	5

DECISIONAL BALANCE (short version)

Developed by: Victoria Banyard & Mary Moynihan
University of New Hampshire

Use to Evaluate: perceived positive benefits and negative consequences for
intervening in a situation

Check to make sure the questions are easily understood by your
participants

Edit for cultural sensitivity

You may need to alter the questions to fit age-appropriate and/or
context-relevant behaviors and scenarios

Each statement represents a thought that might occur to a person who is deciding whether or not to help someone who is in trouble. Please indicate how important each of these statements would be to you if you were considering intervening in a situation where you thought someone might be being hurt or was at risk of being hurt. Please circle the number that best describes how important each statement would be to you if you were deciding whether or not to intervene.

	1	2	3	4	5
	not at all important	slightly important	moderately important	very important	extremely important
1. If I intervene regularly, I can prevent someone from being hurt.	1	2	3	4	5
2. It is important for all community members to play a role in keeping everyone safe.	1	2	3	4	5
3. Friends will look up to me and admire me if I intervene.	1	2	3	4	5
4. I will feel like a leader in my community if I intervene.	1	2	3	4	5
5. I like thinking of myself as someone who helps others when I can.	1	2	3	4	5
6. Intervening would make my friends angry with me.	1	2	3	4	5
7. Intervening might cost me friendships.	1	2	3	4	5
8. I could get physically hurt by intervening.	1	2	3	4	5
9. I could make the wrong decision and intervene when nothing was wrong and feel embarrassed.	1	2	3	4	5
10. People might think I'm too sensitive and am overreacting to the situation.	1	2	3	4	5
11. I could get in trouble by making the wrong decision about how to intervene	1	2	3	4	5

READINESS TO CHANGE SCALE (short version)

Developed by: Victoria Banyard & Mary Moynihan
University of New Hampshire

Use to Evaluate: individual readiness to get involved in sexual assault prevention

Check to make sure the questions are easily understood by your participants

Edit for cultural sensitivity

You may need to alter the questions to fit age-appropriate and/or context-relevant behaviors and scenarios

Please read each of the following statements and indicate how true each is of you.

	1	2	3	4	5
	Strongly disagree				Strongly agree
	Not at all true				Very much true
1. I don't think sexual assault is a big problem on campus.	1	2	3	4	5
2. I don't think sexual assault is at all a problem on this campus.	1	2	3	4	5
3. I don't think physical intimate partner abuse is a problem on campus.	1	2	3	4	5
4. I don't think there is much I can do about sexual assault on campus.	1	2	3	4	5
5. I don't think there is much I can do about physical intimate partner abuse on campus.	1	2	3	4	5
6. There isn't much need for me to think about sexual assault on campus.	1	2	3	4	5
7. There isn't much need for me to think about physical intimate partner abuse on campus.	1	2	3	4	5
8. Doing something about sexual assault is solely the job of the crisis center.	1	2	3	4	5
9. Doing something about physical intimate partner abuse is solely the job of the crisis center.	1	2	3	4	5
10. Sometimes I think I should learn more about sexual assault.	1	2	3	4	5
11. Sometimes I think I should learn more about physical intimate partner abuse.	1	2	3	4	5
12. I have not yet done anything to learn more about physical intimate partner abuse.	1	2	3	4	5
13. I have not yet done anything to learn more about sexual assault	1	2	3	4	5
14. I think I can do something about sexual assault.	1	2	3	4	5
15. I think I can do something about physical intimate partner abuse	1	2	3	4	5
16. I am planning to learn more about the problem of sexual assault on campus.	1	2	3	4	5
17. I am planning to learn more about the problem of physical intimate partner abuse on campus.	1	2	3	4	5
18. I have recently attended a program about sexual assault (besides this one).	1	2	3	4	5
19. I have recently attended a program about physical intimate partner abuse.	1	2	3	4	5
20. I am actively involved in projects to deal with sexual assault on campus (besides attending this program).	1	2	3	4	5
21. I am actively involved in projects to deal with physical intimate partner abuse on campus	1	2	3	4	5
22. I have recently taken part in activities or volunteered my time on projects focused on ending sexual assault on campus (in addition to this program).	1	2	3	4	5
23. I have recently taken part in activities or volunteered my time on projects focused on ending physical intimate partner abuse on campus.	1	2	3	4	5
24. I have been involved in ongoing efforts to end sexual and/or physical partner violence on campus for at least one semester	1	2	3	4	5
25. I have been involved in ongoing efforts to end physical intimate partner abuse on campus for at least one semester.	1	2	3	4	5

BYSTANDER BEHAVIOR SCALE (short version)

Developed by: Victoria Banyard & Mary Moynihan
University of New Hampshire

Use to Evaluate: self-reported prosocial bystander behaviors

Check to make sure the questions are easily understood by your participants

Edit for cultural sensitivity

You may need to alter the questions to fit age-appropriate and/or context-relevant behaviors and scenarios

For this set of questions, please keep in mind the following definitions:

Sexual violence – by sexual violence we are referring to a range of behaviors that are unwanted by the recipient and include remarks about physical appearance, persistent sexual advances that are undesired by the recipient, as well as unwanted touching and unwanted oral, anal, vaginal penetration.

Intimate partner abuse – by Intimate partner abuse we are referring to a range of behaviors that involve the use of physical force or threats of force against an intimate partner including slapping, punching, throwing objects, threatening with weapons or threatening physical harm.

Acquaintances – people you know a little but not enough to consider them friends. For example, you have been in class with them or members of the same organization.

Strangers – people you may recognize by sight from campus or may not have met before but people you haven't really had any formal contact with before.

Please read the list below and circle yes for all the items indicating behaviors you have actually engaged in **IN THE LAST 2 MONTHS**.

1. Thought through the pros and cons of different ways I might help if I see an instance of sexual violence.	Yes	No
2. Expressed concern to a friend when I saw their partner exhibiting very jealous behavior and trying to control my friend.	Yes	No
3. When an acquaintance had too much to drink, I asked them if they needed to be walked home from the party.	Yes	No
4. Indicated my displeasure when I heard sexist jokes being made.	Yes	No
5. Refused to remain silent about instances of sexual violence I may know about.	Yes	No
6. When an acquaintance was being yelled at or shoved by their partner, I asked if they needed help.	Yes	No
7. Expressed disagreement with a friend who said forcing someone to have sex with them is okay.	Yes	No
8. When I saw a friend taking an intoxicated person back to their room I said something to them.	Yes	No
9. Went with my friend to talk with someone (e.g. police, counselor, crisis center, resident advisor) about an unwanted sexual experience.	Yes	No
10. Enlisted the help of others when an intoxicated acquaintance was being taken upstairs at a party.	Yes	No
11. When I heard a stranger insulting their partner I got help from others including authorities or university staff.	Yes	No
12. Called 911 when an acquaintance needed help because they were being hurt sexually or physically.	Yes	No

MEASURING CHANGES IN COMMUNITY NORMS

MALE PEER SUPPORT

Developed by:	Walter S. DeKeseredy Used in the Canadian National Survey in collaboration with Martin D. Schwartz DeKeseredy, W. S., & Schwartz, M. D. (1998). <i>Woman Abuse on Campus: Results from the Canadian National Survey</i> . Thousand Oaks: Sage Publications.
Use to Evaluate:	social norms that support sexual violence can be used over time to track changes in male support for sexual violence can be used in different settings to identify where prevention efforts should be targeted
Editing:	check to make sure the questions are easily understood by your participants; the survey was developed for use with college students so be especially aware of whether the language will be understood by younger audiences edit for cultural sensitivity

MALE PEER SUPPORT

The following questions are about your participation in various recreational, school, or work activities with other men. How many times in a typical month during the past year have you participated in each activity with other men? Only include those events that were all male. Circle your answer.

	never	once	twice	3-5 times	6-10 times	more than 10 times
1. worked on school assignments	0	1	2	3	4	5
2. exercises or played sports	0	1	2	3	4	5
3. attended sports events as a spectator	0	1	2	3	4	5
4. went to bars or nightclubs	0	1	2	3	4	5
5. went to movies or plays	0	1	2	3	4	5
6. went out for dinner or lunch	0	1	2	3	4	5
7. worked for wages (e.g., a part-time or full-time job, summer job)	0	1	2	3	4	5

8. Do you belong to any social clubs or community organizations that allow only male members?

Yes

No

9. Do you currently belong to a fraternity?

Yes

No

10. Have you ever belonged to a fraternity?

Yes

No

The next questions are about your current male friends' dating relationships. For each of the following questions please circle the number that best represents your answer.

	None	One or two	Three to five	Six to ten	More than 10	Don't know
11. To the best of your knowledge, <u>how many of your male friends</u> have ever made physically forceful attempts at sexual activity with women they were dating which were disagreeable and offensive enough that the woman responded in an offended manner such as crying, fighting, screaming, or pleading?	0	1	2	3	4	5
12. To the best of your knowledge, <u>how many of your male friends</u> have ever used physical force, such as hitting or beating, to resolve conflicts with their girlfriends and/or dating partners to make them fulfil some demand?	0	1	2	3	4	5
13. To the best of your knowledge, <u>how many of your male friends</u> insult their dating partners and/or girlfriends, swear at them, and/or withhold affection?	0	1	2	3	4	5

The next questions are about the information your current male friends may have given you concerning how to deal with problems in male-female dating relationships.

14. Did any of your male friends ever tell you that you should respond to your dates' or girlfriends' challenges to your authority by using physical force, such as hitting or slapping?

Yes No

15. Did any of your male friends ever tell you that it is alright for a man to hit his date or girlfriend in certain situations?

Yes No

16. Did any of your male friends ever tell you that your dates or girlfriends should have sex with you when you want?

Yes No

17. Did any of your male friends ever tell you that if a man spends money on a date, she should have sex with him in return?

Yes No

18. Did any of your male friends ever tell you that you should respond to your dates' or girlfriends' challenges to your authority by insulting them or putting them down?

Yes No

19. Did any of your male friends ever tell you to respond to your dates' or girlfriends' sexual rejections by employing physical force to obtain sex?

Yes No

20. Did any of your male friends ever tell you that it is alright for a man to physically force a woman to have sex with him under certain conditions?

Yes

No

21. How much pressure did your friends place on you to have sex with your dating partners and/or girlfriends?

1. A great deal
2. Considerable
3. Moderate
4. Little
5. None

Now we would like to ask you some more questions about your current male friends. Some people think it is alright for a man to slap his dating partner or girlfriend in certain situations. Other people think it is not alright. For each of the following situations, please tell us if your male friends would approve of a man slapping his dating partner or girlfriend. Circle the number which best represents your answer.

Would they approve if...

	Yes	Depends	No	Don't Know
22. she won't do what he tells her to do	1	2	3	4
23. she insults him when they are home alone	1	2	3	4
24. she insults him in public	1	2	3	4
25. she comes home drunk	1	2	3	4
26. she is sobbing hysterically	1	2	3	4
27. she won't have sex with him	1	2	3	4
28. he learns that she is dating another man	1	2	3	4
29. she hits him first when they are having an argument	1	2	3	4

COMMUNITY READINESS FOR RAPE PREVENTION

Developed by:	Stephanie Townsend
Use to Evaluate:	<p>How ready an organization is to incorporate sexual violence prevention activities, programs, or messages into their work</p> <p>The intent of this measure is for use with organizations that are not primarily focused on sexual violence or violence against women. Items are written to apply to a wide array of organizations including schools, youth services, social services, medical providers, faith communities, neighborhood associations, parent associations, law enforcement, etc.</p> <p>Ratings can be based on informal or formal interviews with people in the organization or observations.</p> <p>Ratings can be used to identify specific areas where capacity for engaging in rape prevention work needs to be strengthened, as a tool for strategic planning, and to track how the organization's responsiveness to rape prevention change.</p> <p>In addition to rating individual organizations, multiple ratings throughout the community can be combined for an overall assessment of community readiness and to identify patterns that may help in strategic planning.</p>
Editing:	<p>The ratings can be edited to be more specific to an organization and/or to better reflect the needs in the community.</p>

COMMUNITY READINESS FOR RAPE PREVENTION:

How ready are organizations to integrate rape prevention into their own work?

Stage	Rating	Dimension					
		<i>knowledge re: sexual violence</i>	<i>relationship with RCC</i>	<i>efforts to increase community awareness of rape prevention</i>	<i>organizational leadership</i>	<i>rape prevention programs/activities</i>	<i>community support for community-wide rape prevention efforts</i>
No Awareness	0	organization is not aware that sexual violence is a problem in the community	organization does not know that local RCC exists	organization is unaware of current rape prevention programs	no key leaders in the organization are aware of the need for rape prevention in the community	organization is unaware that rape prevention is being done in the community	community leaders are unaware of sexual violence as a problem in the community and are unaware of the need for prevention
Denial	1	organization thinks that other communities have sexual violence, but there's not a problem in their community and/or that there is nothing that can be done about it	organization knows that local RCC exists but has not learned about their programs and services because they are seen as unrelated to the organization's own work	organization thinks rape prevention is solely the responsibility of RCCs	key leaders state that rape prevention is outside the scope of the organization's mission	organization is aware that rape prevention programs exist in the community but does not think rape prevention is part of their organization's role	community leaders see rape prevention as unnecessary in the community and/or that nothing can be done about it
Vague Awareness	2	organization suspects that sexual violence is a problem in their community but does not have detailed information about prevalence or local factors that contribute to the problem	organization knows about RCC crisis and prevention services but has not had direct contact with them or has only had contact in community networking meetings	organization is aware that rape prevention is related to their own mission, but are not talking about the connections with the public	key leaders are aware of overlap between rape prevention and the organization's mission but are not actively discussing the issues with others	organization has no immediate plans for addressing sexual violence or rape prevention, but is aware that there are connections to their own mission	community leaders think that the need for rape prevention is a problem, but only in specific parts/groups in the community
Preplanning	3	organization is learning about sexual violence generally	organization has met with local RCC to discuss the need for more organizations to get involved in rape prevention efforts	organization is having internal discussions re: what their role is in talking with clients, constituents or benefactors about rape prevention	key leaders are soliciting input from others within and outside of the organization about rape prevention programs/activities	organization is having internal discussions re: doing rape prevention programs/activities	community leaders are discussing the need for community-wide rape prevention
Preparation	4	organization is identifying questions they have about sexual violence and its causes in their local community and is actively seeking answers and information	organization has met with local RCC to discuss specific ways the organization can support rape prevention efforts in its own work	organization is preparing ways to inform the public about how rape prevention is related to the organization's mission and what their plans are for doing programs/activities to support rape prevention	key leaders have organized staff/volunteers to work on planning prevention programs /activities	organization has decided to do rape prevention programming/activities and has made some decisions about the scope of their work and the type of programming	community leaders have had initial discussions re: how to integrate prevention with other social issues and has had no opposition

		<i>knowledge re: sexual violence</i>	<i>relationship with RCC</i>	<i>efforts to increase community awareness of rape prevention efforts</i>	<i>organizational leadership</i>	<i>rape prevention programs/activities</i>	<i>community support for community-wide rape prevention efforts</i>
Initiation	5	staff/volunteers are receiving any necessary training on sexual violence and on rape prevention	organization has shared its plan for integrating rape prevention into its own work with the local RCC and has solicited feedback	organization has begun to disseminate information about their efforts at integrating rape prevention into their work	responsibilities of staff/volunteers have been assigned but may be temporary or ad hoc	organization has a plan in place for addressing issues related to rape prevention	community leaders have established mechanisms for sharing information about what different organizations are doing to integrate rape prevention into their work
Stabilization	6	staff/volunteers who are responsible for prevention programs/activities are continuing to learn about the issues	organization and local RCC have frequent contact to discuss prevention efforts and how to coordinate their work	organization routinely incorporates rape prevention and related issues in the information it distributes to the public	responsibilities for prevention programs/activities have been incorporated into permanent job descriptions of staff	prevention programs/activities are underway	community leaders recognize rape prevention as a necessary component multiple organizations and routinely discuss ways to better coordinate services
Confirmation / Expansion	7	trainings are being done internally on issues related to sexual violence in order to increase the general awareness of all staff/volunteers including those who are not directly involved in prevention programs/activities	organization and local RCC are sharing evaluation results and discussing future plans	organization has shared evaluation results of its rape prevention efforts with the public or appropriate entities and is planning ways to increase the visibility of the issue	additional staff/volunteers have been brought into prevention programs/activities	programs/activities are established in the organization; efforts are being evaluated and future plans considered	evaluation results are being shared throughout the community and discussions are underway for how to better coordinate efforts in the future
Professionalization	8	organization participates in ongoing, community-wide monitoring of issues related to sexual violence	organization and local RCC are engaged in collaborative projects to integrate/enhance one another's work	organization has established ways to keep rape prevention and related issues in the information it distributes to the public and those mechanisms designs to last in the face of staff turnover	organization is seeking additional training for staff/volunteers on more advanced issues related to rape prevention	organization has a plan in place for ensuring that rape prevention and related issues remain integrated into their activities when there is staff turnover	some type of active coalition exists that plan for how to better integrate multiple prevention efforts across organizations

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COMMUNITY RISK MAP

Developed by:	Stephanie Townsend Adapted from M. P. Brown Brown, M. P. (2003). Risk mapping as a tool for community based participatory research and organizing. In M. Minkler & N. Wasslerstein (Eds.) <i>Community-based Participatory Research for Health</i> (pp. 446-450). San Francisco: Jossey-Bass Publishers.
Use to Evaluate:	geographic areas that are high-risk for sexual violence and that are potential sites for interventions relationships between physical or social aspects of the community and sexual violence priority issues and long-range goals
Editing:	The labels suggested here should be modified to fit the specific characteristics, needs and issues in your community.

COMMUNITY RISK MAP

Create Your Map:

1. Obtain a large street map of your community. Find the most detailed map available.
2. Using symbols and/or color codes mark important institutions in the community, including locations of:
 - a. Schools
 - b. Places of worship
 - c. Hospitals / urgent care clinics
 - d. Police departments
 - e. Fire departments
 - f. Social service organizations
 - g. Mental health services
3. Using symbols and/or color codes mark where formal and informal associations meet including:
 - a. Neighborhood associations
 - b. Service organizations
 - c. Community activism organizations
 - d. Social and special interest clubs
4. Using symbols and/or color codes mark where youth and young adults have social gatherings and that tend to be supervised by adults or have significant adult presence including:
 - a. Athletic fields
 - b. Youth clubs, recreation centers
 - c. Schools for extra-curricular activities
5. Using symbols and/or color codes mark where youth and young adults have social gatherings that tend to be unsupervised including:
 - a. Shopping malls
 - b. Night clubs, bars, etc.
 - c. Entertainment venues (arcades, movie theatres, bowling alleys, etc.)
 - d. Parks
6. Obtain the local sex offender registry. Using symbols and/or color codes mark the residences of registered sex offenders.
7. Obtain local police reports for a specific time period you are interested in, for example for the past six months or past year. Using symbols and/or color codes mark where sexual assaults have been reported.
8. Review your hotline records for that same time period. Using symbols and/or color codes mark where sexual assaults occurred, when possible eliminating duplications with police records.
9. Using symbols and/or color codes mark where you did rape prevention programs or activities during the year prior to the reported assaults.

Analyze Your Map:

1. Identify areas where more sexual assaults have been reported.
2. Identify any common characteristics of the areas.
 - a. Are they in certain neighborhoods?
 - b. What type of areas are they in: residential, business, entertainment, other?
 - c. Are they near areas where youth and young adults have social gatherings that tend to be unsupervised?
 - d. Are there other trends or characteristics you see?
 - e. Use this information to develop profiles of high risk areas/settings.
3. Compare where assaults are occurring with where you did prevention programs and activities.
 - a. Do prevention programs and activities correspond with the areas of greatest risk?
 - b. How are your prevention programs and activities spread throughout the community?
 - c. Are there clusters of high prevention activities?
 - d. Are there gaps in the community where little to no prevention work is being done?
 - e. Use this information to identify areas/settings where you may need to do more prevention work.
4. Compare where assaults are occurring with the community institutions and formal and informal associations.
 - a. In areas where more sexual assaults have been reported are there community institutions and the formal and informal associations with whom you are not working or with whom you have weak ties?
 - b. Use this information to identify community institutions and formal and informal associations with whom it may be beneficial to develop collaborative relationships.
5. Compare where assaults are being reported to police versus where assaults are being reported to the hotline but not to police.
 - a. Are assaults in certain areas more/less likely to be reported to police?
 - b. Are assaults in certain areas more/less likely to be reported to the hotline?
 - c. Use this information to identify areas where more outreach needs to be done by law enforcement and/or rape crisis services.
6. Look for other trends in the map.
 - a. Use this information to plan new strategies for prevention programs and activities.

FOCUS GROUP GUIDE

Developed by: Stephanie Townsend

Use to Evaluate: needs in the community, process, and interpreting program impact results

Focus groups are especially good when you want:

- to gain a rich understanding of people's experiences and views
- to explore people's opinions
- to hear multiple interpretations
- to create a process for sharing and comparing ideas
- to understand how the target audience for your program thinks about the issues (especially helpful when you expect that their views or experiences are very different from yours)
- to gain information that is too detailed or complex for a survey
- to gain input from people who might not take a survey seriously
- to gain input from people who might feel alienated by a survey or who have historically not been listened to

Editing: You will need to develop your own questions for the focus group. Some suggestions are presented here to give you an idea of the types of questions that can generate discussion and ways to make them as open-ended as possible. However, the actual questions you ask will be determined by what you want to find out from the groups.

Be particularly sensitive to using language that is easily understood by the participants and to other steps you can take to convey the importance of their opinions (e.g., hold the group in a location convenient to participants, use a facility with which participants are familiar and comfortable, etc.)

FOCUS GROUP GUIDE

1. Gathering

- a. Make sure entrance is clearly visible so people can easily find where the group is meeting
- b. Have the entrance be hospitable and welcoming, perhaps having refreshments available and a comfortable place to sit for people who arrive early
- c. Participants should be warmly greeted by a staff person
- d. Help put people at ease, facilitate informal introductions to one another, start casual conversation
- e. Have nametags prepared that use first names only and that are printed large enough that during the focus group people can read one another's nametags from across the circle
- f. When it's time, invite people to enter the room where the group will be meeting

2. Room Set-Up

- a. Make sure the room where you are meeting is comfortable: well-lit, comfortable temperature, comfortable chairs
- b. Chairs should be arranged in a circle with everyone easily able to see one another; the facilitator should have a space in the circle; the notetaker should be unobtrusively sitting on the side
- c. Some people hold focus groups around a table, others prefer to just have chairs; make your choice depending on what you think will make participants most comfortable
- d. If you are using recording equipment ensure that it has been checked ahead of time and is placed where it will pick up all voices, but make it as unobtrusive as possible

3. Focus Group Introduction

- a. Greet participants, thank them for taking the time to be there
- b. Explain the purpose of the focus group
- c. Introduce the facilitator and notetaker
- d. Explain how the focus group will work:
 1. facilitator will ask some questions to get conversation started
 2. what we want is to hear people's opinions
 3. encourage them to ask questions of one another and to respond to what one another has said
- e. Explain groundrules:
 1. establish what you think are reasonable expectations for confidentiality and protection of privacy
- f. Explain video and/or audio recording if you will be recording the group

4. Participant Introductions

- a. Ask people to introduce themselves using their first names only
- b. Ask for any other information that is relevant to the group and purpose of the focus group; for example, students may be asked to identify their year in school, representatives of organizations may be asked to identify their organization and role there, etc.
- c. Include some type of ice-breaker type of trivia questions to help put people at ease; for example, a piece of trivia about themselves, the most recent trip they took, favorite sport, etc.

5. Introduce Topic and Start Discussion

- a. Your opening question should be conversational, clear, brief, and straightforward; make sure the type of language you use fits the group
- b. Pose only one question to start the discussion
- c. The specific question will depend on what the purpose of the focus group is; some ideas to help you in planning your questions:
 1. Needs Assessment Questions:
 1. When did you first become concerned about sexual violence in our community?
 2. What do you know about sexual violence in our community?
 3. How important do you think rape prevention programs are in our community?
 2. Process Evaluation Questions:
 1. What did you like the most about the program/speaker/activity?
 2. What did you get out of the program/speaker/activity?
 3. What were you thinking about during the program/speaker/activity?
 3. Program Impact Questions:
 1. [Provide a brief explanation of a specific finding from the impact evaluation]...What do you think this means?
 2. ...Why do you think we found this result?
 3. ...Given this finding, what else do you want to know?

6. Probe for Reasons Behind Their Answers and For More Detail

- a. Silent probes:
 1. don't be afraid of silence
 2. use your body language to show interest
- b. Echo probes:
 1. show you understand what was said
 2. don't overuse this probe
- c. Uh-Huh probes:
 1. "I see..."
 2. "Can you say more about that..."
 3. "Yes, keep talking..."
- d. Probes for clarity:
 1. "You mentioned _____ and now you mentioned _____; can you explain more?"
 2. "You said _____ which is different from what {name} said; why do think you have a different experience/opinion/perspective?"
 3. "Remember what we were saying about _____? Can you tell me more about that?"
- e. Probes for meaning:
 1. "Can you give us some examples of what you mean by _____?"
 2. "What would it look like to do _____?"
 3. "Why is _____ important to you?"

7. Key Questions

- a. Ask your additional key questions about the topic of the focus group
- b. Limit yourself to just a few (3-4) key questions
- c. Use probes to elicit more detail and generate more in-depth discussion

8. Ask for Ideas for the Future

- a. The specific question will depend on what the purpose of the focus group is; some ideas to help you in planning your questions:
 - 1. Needs Assessment Questions:
 - 1. What do you think is the most important thing that we can do about these issues?
 - 2. What do you want to see us do next about these issues?
 - 3. What can you or your organization do to address these issues?
 - 2. Process Evaluation Questions:
 - 1. What do you think should be done to improve the program/speaker/activity?
 - 2. What do you want to see stay the same?
 - 3. Program Impact Questions:
 - 1. What do the results of our evaluation mean for what we do in the future?
 - 2. What parts of the program do you think should be continued?
 - 3. What parts of the program do you think should be discontinued or modified?

9. Debrief and Wrap Up

- a. Facilitator should summarize major themes that have been discussed
- b. If there will be mechanism for sharing results of the focus groups, plans that come out of the groups, etc., then explain it to participants
- c. Thank people for their time and participation

INDIVIDUAL INTERVIEW GUIDE

Developed by:	<p>Stephanie Townsend Adapted from K. Charmaz Charmaz, K. (2002). Qualitative interviewing and grounded theory analysis. In J. F. Gubrium & J. A. Holstein (eds.) <i>Handbook of Interview Research: Context & Method</i> (pp. 675-694). Thousand Oaks: Sage Publications.</p>
Use to Evaluate:	<p>needs in the community, process, and interpreting program impact results</p> <p>Interviews are especially good when you want:</p> <ul style="list-style-type: none">○ to gain a rich understanding of people's experiences and views○ to understand how the target audience for your program thinks about the issues (especially helpful when you expect that their views or experiences are very different from yours)○ to gain information that is too detailed or complex for a survey○ to gain input from people who might not take a survey seriously○ to gain input from people who might feel alienated by a survey or who have historically not been listened to
Editing:	<p>You will need to develop your own questions for the interview. Some suggestions are presented here to give you an idea of the types of questions that can generate discussion and ways to make them as open-ended as possible. However, the actual questions you ask will be determined by what you want to find out from the interviews.</p> <p>Be particularly sensitive to using language that is easily understood by the participants and to other steps you can take to convey the importance of their opinions (e.g., hold the interviews in a location convenient to participants, use a facility with which participants are familiar and comfortable, etc.)</p>

INTERVIEW GUIDE

1. Welcome

- a. If the interview is taking place at your office or at a neutral location make sure the participant has clear directions on where to go, where to park, etc.; make sure the entrance is clearly visible so the participant can easily find you
- b. Participants should be warmly greeted
- c. Offer coffee/tea/cold drink

2. Room Set-Up

- a. Make sure the room where the interview will be done is comfortable: well-lit, comfortable temperature, comfortable chairs
- b. If possible, let the participant choose where they sit; make sure that where you sit does not set you up as an authority figure (e.g., don't sit behind a desk or in a chair that's significantly larger)
- c. If you are using recording equipment ensure that it has been checked ahead of time and is placed where it will pick up all voices, but make it as unobtrusive as possible

3. Interview Introduction

- a. Thank the person for taking the time to be there
- b. Introduce yourself and explain your role in your organization
- c. Explain the purpose of the interview
- d. Explain how the interview will work:
 - i. you have some questions to start with
 - ii. you are mostly interested in their experiences and opinions so if the conversation goes in a different direction than the questions that's okay
 - iii. if there's any question the participant does not want to answer, that's fine
 - iv. if the participant wants to take a break or stop the interview at anytime they just need to let you know
 - v. establish what you think are reasonable expectations for confidentiality and protection of privacy
 - vi. explain video and/or audio recording if you will be recording the interview

4. Initial Open-ended Questions

- a. The specific questions you ask will depend on the purpose of the interviews
- b. The following questions are merely examples of the types of questions that help to get an interview started
- c. You should have 1-2 initial questions
 - i. "What made you want to do this interview?"
 - ii. "What makes you interested in _____?"
 - iii. "Tell me about how you came to _____"
 - iv. "What events led up to _____?"
 - v. "What contributed to _____?"
 - vi. "How did you view _____ before _____? How, if at all, have your views changed?"

5. Intermediate Questions

- a. The specific questions you ask will depend on the purpose of the interviews
- b. The following questions are merely examples of the types of questions that help to get an interview started
- c. You should have 3-9 intermediate questions
 - i. "What, if anything, do you know about _____?"
 - ii. "Tell me what you thought when you learned about _____"
 - iii. "Tell me about how you learned to handle _____"
 - iv. "What do you think about _____?"
 - v. "What positive changes have occurred because of _____?"
 - vi. "What negative changes have occurred because of _____?"
 - vii. "Tell me how you go about _____. What do you do?"
 - viii. "What challenges do you see/face when _____?"
 - ix. "Could you describe for me a typical _____?"
 - x. "As you look back on _____ are there other events that stand out in your mind? Could you describe them?"
 - xi. "How does/did _____ affect what happens/ed next?"
 - xii. "What are the most important lessons you learned about _____ from _____?"
 - xiii. "Where do you think _____ should be two (five, ten, etc.) years from now?"
 - xiv. "What helps you to manage _____?"
 - xv. "What problems might you/they encounter in _____?"
 - xvi. "Who/what has been the most helpful in dealing with _____?"

6. Probes

- a. Use probes to follow-up on answers to intermediate questions and to gain more details.
 - i. Silent probes:
 1. don't be afraid of silence
 2. use your body language to show interest
 - ii. Echo probes:
 1. show you understand what was said
 2. don't overuse this probe
 - iii. Uh-Huh probes:
 1. "I see..."
 2. "Can you say more about that..."
 3. "Yes, keep talking..."
 - iv. Probes for clarity:
 1. "You mentioned _____ and now you mentioned _____; can you explain more?"
 2. "You were saying _____. Can you tell me more about that?"
 - v. Probes for meaning:
 1. "Can you give me some examples of what you mean by _____?"
 2. "What would it look like to do _____?"
 3. "Why is _____ important to you?"

7. Ending Questions

- a. Bring the interview to a close on a positive note:
 - i. "What do you think are the most important ways to _____?"
 - ii. "How have you grown as a person since _____?"
 - iii. "How has the community improved since _____?"
 - iv. "After having these experiences, what advice would you give to _____?"
- b. Allow for any final thoughts or things that the interview didn't cover that the participant wants to include:

- i. "Is there anything that we haven't talked about that you want me to know?"
- ii. "Is there anything else that you want to add?"
- iii. "Do you have any questions for me?"

8. **Wrap Up**

- a. Thank the person for what they have shared with you; acknowledge anything that was particularly difficult for them to talk about
- b. If there will be mechanism for sharing results of the interviews, plans that come out of the interviews, etc., then explain how the outcomes will be shared
- c. Give a final thank you
- d. Provide participant with general information on sexual violence, your services, etc.

MEASURING SATISFACTION WITH PREVENTION PROGRAMS

PARTICIPANT SATISFACTION SURVEY

Developed by: Michigan Public Health Institute / University of Illinois at
Chicago Sexual Assault Rape Prevention Evaluation Project

Use to Evaluate: whether participants liked the presentation/ activity
if material how interesting and engaging
if material was relevant to participants
suggestions for improving the program

Editing: check to make sure the questions are easily understood by
your participants

edit for cultural sensitivity

Choose those questions that are most important for your
program. Aim to use no more than 10 close-ended questions
and no more than 5 open-ended questions.

Instructions:

Please read the following statements and rate how much you agree with them.

1 = STRONGLY AGREE

2=AGREE

3 = NEUTRAL

4 = DISAGREE

5=STRONGLY DISAGREE

	SA	A	N	D	SD
1. Overall I liked the presentation	1	2	3	4	5
2. I learned a great deal from the presentation.	1	2	3	4	5
3. I understand what the presentation was trying to get across.	1	2	3	4	5
4. The presentation was interesting.	1	2	3	4	5
5. The material presented was well organized.	1	2	3	4	5
6. The presentation moved along well.	1	2	3	4	5
7. The length of the presentation was good.	1	2	3	4	5
8. What I learned will be helpful to me in my life.	1	2	3	4	5
9. The information I learned was valuable.	1	2	3	4	5
10. I feel that it is important for me to learn about this topic.	1	2	3	4	5
11. My questions were answered well.	1	2	3	4	5
12. The speaker encouraged me to ask questions.	1	2	3	4	5
13. I felt comfortable asking questions.	1	2	3	4	5
14. The handouts were good.	1	2	3	4	5
15. Overall. I liked the speaker.	1	2	3	4	5
16. The speaker seemed to know a lot about the topic.	1	2	3	4	5
17. The speaker used language I could easily understand.	1	2	3	4	5
18. The speaker seemed at ease with participants.	1	2	3	4	5
19. I would recommend that my friends attend this presentation.	1	2	3	4	5
20. I would definitely like more information on this topic.	1	2	3	4	5

Participant Satisfaction Survey

Please answer the following questions in the space provided.

What did you like best about the presentation?

What did you like least?

Was there anything not covered in the presentation that you think would be useful and/or interesting to learn?

Do you have any suggestions or ideas for improving this presentation?

Additional Comments:

Thank You - Your feedback helps us improve future presentations!

TEACHER SATISFACTION SURVEY

Developed by:	Michigan Public Health Institute / University of Illinois at Chicago Sexual Assault Rape Prevention Evaluation Project
Use to Evaluate:	whether the teacher/counselor/administrator who observed the program liked it and felt it was valuable suggestions for improving the program
Editing:	check to make sure the questions are easily understood by your participants edit for cultural sensitivity Choose those questions that are most important for your program. Aim to use no more than 10 close-ended questions and no more than 5 open-ended questions.

Instructions:

Please read the following statements and rate how much you agree with them.

- 1 = STRONGLY AGREE
- 2 = AGREE
- 3 = NEUTRAL
- 4 = DISAGREE
- 5 = STRONGLY DISAGREE

	SA	A	N	D	SD
1. Overall, I thought the presentation was well done.	1	2	3	4	5
2. The material presented was well organized.	1	2	3	4	5
3. The presentation pace was appropriate for student.	1	2	3	4	5
4. The presentation started and ended on time.	1	2	3	4	5
5. The speaker encouraged students to ask questions.	1	2	3	4	5
6. The handout complemented the presentation	1	2	3	4	5
7. The speaker engaged students .	1	2	3	4	5
8. The speaker established good rapport with students.	1	2	3	4	5
9. The speaker seemed knowledgeable about the topic.	1	2	3	4	5
10. The speaker used language students could easily understand.	1	2	3	4	5
11. The speaker seemed at ease with presenting.	1	2	3	4	5
12. The speaker used care in addressing sensitive issues.	1	2	3	4	5
13. I would recommend that this speaker come again.	1	2	3	4	5
14. I feel that it is important for students to learn about this topic.	1	2	3	4	5

Please answer the following questions in the space provided.

What did you like best about the presentation?

What did you like least?

Was there anything not covered in the presentation that you think would be useful and/or interesting for students to learn?

Do you have any suggestions or ideas for improving this presentation?

Additional Comments:

Thank you. Your feedback helps us improve future presentations.

SUMMARY OF RESEARCH LITERATURE ON RAPE PREVENTION

Program Component	Summary of Findings	References
information re: myths and facts about sexual violence, including statistics, definitions, characteristics of perpetrators	<ul style="list-style-type: none"> * increased knowledge * increased empathy for survivors * decreased endorsement of rape-supportive attitudes *no consistent findings that support decreases in perpetration or victimization 	Black et al. (2000) Breitenbecher & Gidycz (1998) Breitenbecher & Scarce (1999) Foubert (2000) Gidycz et al. (2001) Hilton et al. (1998) Heppner et al. (1995) Holcomb et al. (1993) Lee (1987) Lenihan et al. (1992) Lonsway & Kothari (2000) Mahlstedt et al. (1993) Pacifici et al (2001) Pinzone-Glover et al. (1998)
effects of victim blaming and supportive responses	<ul style="list-style-type: none"> * increased empathy for survivors * decreased victim-blaming attitudes *no consistent findings that support decreases in perpetration or victimization 	Black et al. (2000) Foubert (2000) Mahlstedt et al. (1993)
risk reduction strategies	<ul style="list-style-type: none"> * increased knowledge of strategies *increased use of risk reduction strategies *no consistent findings that support decreases in perpetration or victimization 	Breitenbecher & Scarce (1999) Gidycz et al. (2001) Gray et al. (1990) Himelein (1999) Hanson & Gidycz (1993)
gender roles, gender socialization, media awareness	<ul style="list-style-type: none"> * less acceptance of rape myths * less endorsement of adversarial sexual beliefs * more support for feminist movement 	Feltey & Ainslie (1991) Foshee et al. (1998) Foshee et al. (2000) Heppner et al. (1995) Lonsway & Klaw (1998) Mahlstedt et al. (1993)
self-confidence skills, communication skills including assertiveness training, conflict management skills, leadership skills	<ul style="list-style-type: none"> * more effective conflict management * women use more risk reduction strategies * women use more assertive and direct verbal resistance * men demonstrate more concern for women's thoughts, feelings and desires 	Foshee et al. (1998) Foshee et al. (2000) Himelein (1999) Josephson & Proulx (1999) Lonsway & Klaw (1998)

bystander empowerment (skills training)	<ul style="list-style-type: none"> * increased knowledge and empathy * increased skills for intervening * increased willingness and confidence to intervene * increased acts of confronting sexism and assault-supportive behaviors 	Banyard et al. (2004) Josephson & Proulx (1999) Ward (2000, 2002)
short programs (1-4 hours)	<ul style="list-style-type: none"> * changes in knowledge, attitudes, and beliefs * increased awareness of support services * no findings that support decreases in perpetration or victimization 	Black et al. (2000) Breitenbecher & Gidycz (1998) Breitenbecher & Scarce (1999) Foubert (2000) Gidycz et al. (2001) Hilton et al. (1998) Heppner et al. (1995) Holcomb et al. (1993) Lee (1987) Lenihan et al. (1992) Lonsway & Kothari (2000) Mahlstedt et al. (1993) Pacifici et al. (2001) Pinzone-Glover et al. (1998)
long programs (10+ hours)	<ul style="list-style-type: none"> * changes in knowledge, attitudes, and beliefs (long-term) * increased awareness of support services (long-term) * decreases in perpetration and victimization rates (short-term) 	Foshee et al. (1998) Foshee et al. (2000) Josephson & Proulx (1999) Lonsway & Klaw (1998)

**RAPE PREVENTION AND
EDUCATION MODEL OF COMMUNITY
CHANGE:**

**CENTERS FOR DISEASE CONTROL
AND PREVENTION**

CREATING SAFER COMMUNITIES: RAPE PREVENTION EDUCATION MODEL OF COMMUNITY CHANGE
FINAL DRAFT--JANUARY 31, 2007

In conjunction with initiating prevention activities, **COMMUNITY READINESS** for engaging in prevention must be assessed and strengthened so that rape prevention programs can build **COALITIONS** and **MOBILIZE** the **COMMUNITY** and **STATE** for prevention.

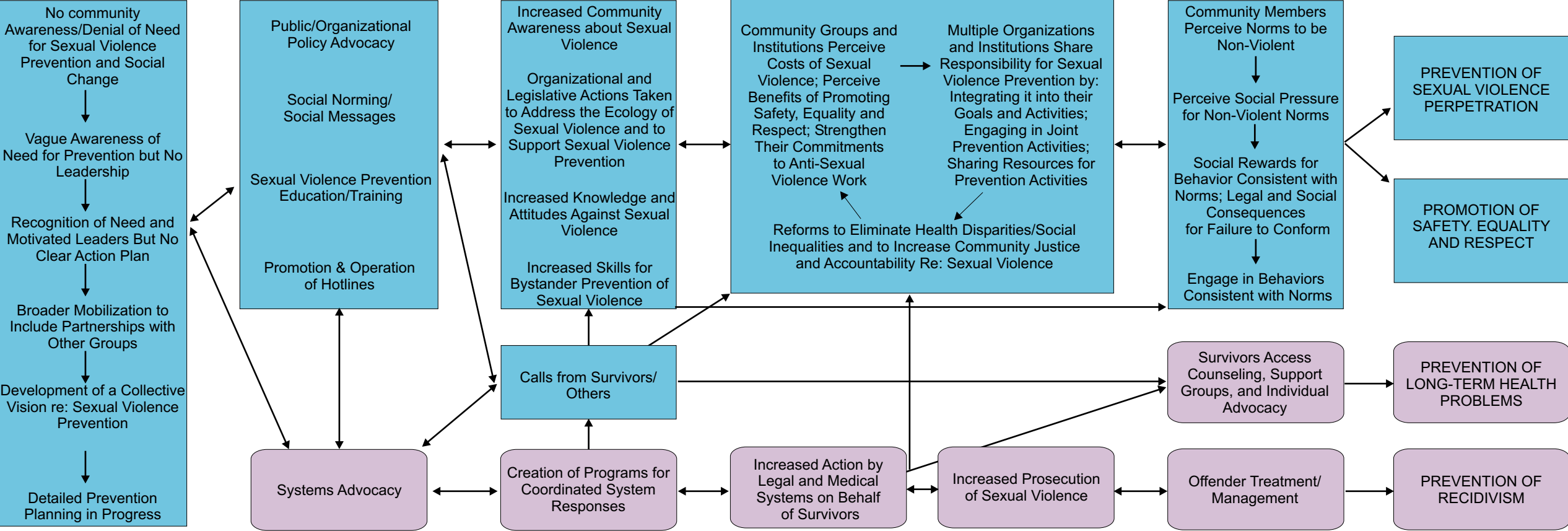
Culturally appropriate initiatives must be implemented at the **COMMUNITY**-and **STATE**-level with sufficient intensity and in diverse settings in order to saturate communities and states with an alternative paradigm. As community readiness for engaging in sexual violence prevention strengthens, activities should be modified or added to increase saturation.

With sufficient intensity, diversity, and saturation, these **INITIAL CHANGES** in **COMMUNITIES** and **STATES** will occur.

As a result of these changes, new **COMMUNITY**-level and **STATE**-level **NORMS** will emerge. The new norms will lead to increased **ACTION** by **COMMUNITY** agencies,

In response to new community norms and actions, **INDIVIDUALS** throughout the community and state will begin to change their beliefs and behaviors.

Changes in beliefs, behaviors, policies, and systems will lead to reduction in sexual violence and related health consequences at the community and state levels.



Key: Teal boxes indicate RPE-funded components. Purple rounded boxes indicate non-RPE-funded components

ACTIVITIES MODEL FOR PRIMARY PREVENTION OF SEXUAL VIOLENCE

Draft Submitted for Approval January 31, 2007

AIM:

This Activities Model should be read in conjunction with the document *Creating Safer Communities: RPE Model of Community Change*. The model of social change provides the overarching theory of the components of sexual violence prevention that are funded by the federal Rape Prevention Education funds and non-RPE funded components that are integral to the work of most rape crisis centers. This Activities Model provides additional detail about the resources needed and the types of activities that may contribute to the prevention of sexual violence. The activities specified here only apply to activities that are funded by RPE funds. There may also be non-RPE funded activities that organizations engage in that are related to sexual violence prevention.

STRUCTURE:

This Activities Model is divided into six parts: (1) resources that may be helpful in carrying out sexual violence prevention activities; (2) activities that may help to assess and strengthen community readiness for sexual violence prevention; (3) activities related to public/organizational policy advocacy; (4) activities related to social norming and social messages; (5) activities related to sexual violence prevention education and training; and (6) activities related to the promotion and operation of sexual assault hotlines.

CONTEXT AND USE:

It is important to remember that the prevention of sexual violence must be undertaken within the particular contexts/ecologies in which it occurs. Therefore, this model is not a blueprint of specific interventions, programs, curricula, etc. The details of what state organizations or local programs do must be tailored to the needs, resources, experiences, and norms of the specific setting. Similarly, it is not necessary for a program to do all of these activities within a single funding cycle. The goal is for programs, over time, to increase the intensity and breadth of their prevention work with an emphasis on changing community norms. The specific activities and strategies used will depend on the needs of the particular community or state. Additionally, the activities are an iterative process. If they are engaged in with sufficient intensity and duration, then over time measurable changes should be seen. However, it is not expected that the goals will be fully achieved in the designated time periods. Rather, the prevention of sexual violence is ongoing work that should have incremental effects over time.

RESOURCES / INPUTS

National		State	Local
Centers for Disease Control and Prevention	Other		
<p>Technical assistance provided to Departments of Health and state sexual assault coalitions</p> <p><i>Creating Safer Communities: RPE Model of Social Change Theory Model</i></p> <p>RPE Practice Guidelines</p> <p>RPE Indicators and Measures</p> <p><i>Getting to Outcomes for Intimate Partner Violence and Sexual Violence Prevention</i></p> <p>Research and surveillance translated into accessible language/format</p> <p>Identification of promising materials, messages, and strategies (MMS)</p>	<p>Technical assistance, training opportunities, materials, and information provided by:</p> <ul style="list-style-type: none"> ▪ National Sexual Violence Resource Center ▪ Department of Justice, Office of Violence Against Women ▪ National Center for Victims of Crime ▪ PREVENT ▪ State and Territorial Injury Prevention Directors Association ▪ Prevention Connection ▪ RPE Directors Council <p>Information provided by:</p> <ul style="list-style-type: none"> ▪ National Crime Victims Research and Treatment Center ▪ VAWnet <p>Policy information and advocacy provided by the National Alliance to End Sexual Violence</p>	<p>Technical assistance, training opportunities, materials, and information provided by the state Department of Health to local programs</p> <p>Technical assistance, training opportunities, materials, information, and policy advocacy provided by the state sexual assault coalition</p> <p>Technical assistance and information provided by the state Attorney General's Office and other state agencies</p> <p>Technical assistance and information provided by the state victim's compensation agency</p>	<p>Networking and collaboration with diverse constituents, such as, but not limited to: K-12 schools, post-secondary schools, universities, youth services, youth recreation, law enforcement, prosecutors, medical providers, public health agencies, businesses, cultural groups, social organizations, and faith communities</p> <p>Staff trained in: community assessment, strategic planning, policy advocacy, culturally relevant interventions, implementation of social marketing and media campaigns, non-literacy based campaigns, primary prevention, public health approach, outreach to underserved populations</p> <p>Sexual assault programs staffed at levels sufficient for current prevention programs and direct services and projected increases in programs and services</p> <p>Capacity for providing prevention programs and direct services in multiple languages plus TTD access for hotlines</p>

COMMUNITY READINESS

Activities	Outcomes		Impact
<i>We can use resources to accomplish these planned activities</i>	<i>If we accomplish planned activities with sufficient saturation of the community, then we will see these benefits in 1-4 years</i>	<i>If we accomplish planned activities with sufficient saturation of the community, then we will see these benefits in 5-9 years</i>	<i>If we achieve these outcomes, then we will see these systemic changes in 10+ years</i>
<p>Assess state/community readiness for sexual violence prevention, including identification of existing sexual violence prevention efforts, public knowledge of those efforts, leadership around sexual violence prevention, climate for sexual violence prevention, public knowledge about sexual violence, and resource availability/resource needs for sexual violence prevention including the promotion of safety, equality and respect</p> <p>Strengthen collaboration between state department of health (or other funding conduit) and state coalition</p> <p>Strengthen collaboration between state coalition, state department of health, and local programs</p> <p>Network and build relationships to raise state/community awareness about sexual violence and existing prevention efforts with diverse constituents, such as, but not limited to: youth services, youth recreation, law enforcement, prosecutors, medical providers, public health agencies, businesses, cultural groups, social organizations, faith communities, K-12 schools, post-secondary schools, universities, and domestic violence organizations and coalitions</p> <p>Identify state/community leaders for prevention efforts</p> <p>Develop leadership skills of those identified as potential leaders</p> <p>Develop a state/community action plan for strengthening and increasing prevention efforts</p>	<p>Engagement of broad-based partners for prevention efforts</p> <p>Access to multiple sites and other venues for prevention activities</p> <p>Commitment from partners for implementation of prevention activities</p>	<p>Sustained engagement of partners for prevention efforts</p> <p>Continued access to multiple sites and venues for prevention activities</p> <p>Integration of sexual violence prevention activities, related policy changes, and the promotion of safety, equality and respect into the goals and activities of other organizations in the state/community</p>	<p>Sustained community commitment to sexual assault prevention efforts</p> <p>Coordination of prevention programming and services throughout community and state</p> <p>Sustained capacity for implementation of sexual violence prevention activities among other organizations in the state/community</p> <p>Development of new resources in the state/community to support sexual violence prevention and the promotion of safety, equality, and respect</p>

PUBLIC / ORGANIZATIONAL POLICY ADVOCACY

Activities	Outcomes		Impact
<i>We can use resources to accomplish these planned activities</i>	<i>If we accomplish planned activities with sufficient saturation of the community, then we will see these benefits in 1-4 years</i>	<i>If we accomplish planned activities with sufficient saturation of the community, then we will see these benefits in 5-9 years</i>	<i>If we achieve these outcomes, then we will see these systemic changes in 10+ years</i>
<p>Work with youth services organizations, businesses, faith communities, schools, universities, and social organizations to assess gender equity and organizational policies and practices that contribute to inequity</p> <p>Review/revise policies in youth services organizations, schools, universities, and businesses re: sexual harassment and sexualized bullying, ensuring compliance with federal and state laws</p> <p>Work with youth services organizations, businesses, faith communities, schools, universities, and social organizations to develop strategic plans for changing organizational policies and practices</p> <p>Conduct state-level cost analysis of the financial and social costs associated with sexual violence and/or draw from national data to substantiate the need for increased funding for prevention, victim services, and offender treatment</p> <p>Advocate at state and federal levels for increased funding for prevention, victim services, and offender treatment</p>	<p>Youth services organizations, schools, universities, and businesses enact revised sexual harassment policies</p> <p>Demonstrate increased reporting of sexual harassment</p> <p>Youth services organizations, schools, universities, and businesses more actively address hostile environments</p> <p>Initial changes in organizational policies and practices among youth services organizations, faith communities, schools, universities, and social organizations to promote gender equity</p> <p>Authorization of additional state and federal funds for sexual violence prevention, victim services, and offender treatment</p>	<p>Decreased rates of sexual harassment and sexualized bullying in schools, universities, youth services organizations, and businesses</p> <p>Increased gender equity in schools, universities, youth services organizations, faith communities, and social organizations</p> <p>Establishment of stable funding streams for state and federal funds for sexual violence prevention, victim services, and offender treatment</p>	<p>Emergence of community norms against sexual violence</p> <p>Sustainable community-wide systems of early intervention for individuals at-risk for perpetration</p> <p>Sustainable community-wide systems that promote safety, equality and respect</p> <p>Institutionalization of permanent funding for sexual violence prevention, victim services, and offender treatment</p>

SOCIAL NORMING / SOCIAL MESSAGES

Activities	Outcomes		Impact
<i>We can use resources to accomplish these planned activities</i>	<i>If we accomplish planned activities with sufficient saturation of the community, then we will see these benefits in 1-4 years</i>	<i>If we accomplish planned activities with sufficient saturation of the community, then we will see these benefits in 5-9 years</i>	<i>If we achieve these outcomes, then we will see these systemic changes in 10+ years</i>
<p>Networking and collaboration with diverse constituents for development of state and local social marketing, media campaigns, and media advocacy</p> <p>Conduct state and local social marketing and mass media campaigns over time to promote societal norms that support prevention and the promotion of safety, equality, and respect</p> <p>Networking and collaboration with diverse constituents to coordinate on state and local media advocacy focusing on depictions of sexual violence, intimate relationships, and gender in news, advertising, and other media</p> <p>Public education to teach critical viewing and to raise awareness about connections between media messages and sexual violence</p> <p>Work with parent groups, youth services, youth recreation, social organizations, businesses, schools, universities, and law enforcement to identify high risk social settings</p> <p>Conduct environmental assessments of settings highly populated by youths and young adults to identify social norms in high risk social settings (e.g., social gatherings, youth-oriented entertainment, etc.)</p> <p>Based on environmental assessments, strategic plans developed by schools, parent groups, and youth services to increase mentoring and supervision of youth, which is needed to support the emergence of pro-social adolescent behavior</p> <p>Social action events and demonstrations, including events intended to reach a broad audience and to mobilize people who are not yet active in sexual violence prevention and the promotion of safety, equality, and respect</p>	<p>Increased awareness among organizations and institutions in the community of the need for sexual violence prevention</p> <p>Community organizations collaborating on monitoring media and organizing responses</p> <p>Increased and more accurate coverage of sexual violence in the news and entertainment media</p> <p>Changes in high risk social settings highly populated by youths and young adults</p> <p>Establishment of mentoring program that emphasizes promoting safety, equality, and respect</p> <p>Initial actions taken by schools, parent groups, and youth services to increase supervision of youth in support of pro-social adolescent behavior</p> <p>Increased requests for prevention education and public events by other professionals, community leaders, social service providers, law enforcement, medical providers, faith communities, and organizations</p> <p>Increased awareness of sexual violence among the public and increases in attitudes that support sexual violence prevention, safety equality, and respect</p>	<p>Increased commitment among organizations and institutions in the community to sexual violence prevention through coordination with rape prevention programs and internal efforts at prevention</p> <p>Establishment of a formal advisory relationship with major media outlets</p> <p>Decreases in news reports, advertising and other media portrayals that reinforce rape myths, engage in victim-blaming, fail to hold perpetrators accountable, link sex and violence, link sex and alcohol, use sex to sell commodities, objectify women, and portray women as weak/vulnerable</p> <p>Sustained activities by schools, parent groups, and youth services to increase mentoring and supervision in support of pro-social adolescent behavior</p> <p>Increase in individuals who participate in anti-sexual violence events</p>	<p>Integration of sexual violence prevention into the goals and activities of organizations and institutions throughout the community</p> <p>Significant increases in individuals who perceive new norm to be non-violent</p> <p>Significant increases in individuals who perceive social pressure to follow non-violence norm</p> <p>Significant increases in individuals who are motivated to avoid marginalization for not following norm</p> <p>Significant increases in individuals who develop intent to perform non-violent behavior norms</p>

PREVENTION EDUCATION AND TRAINING

Activities	Outcomes		Impact
<i>We can use resources to accomplish these planned activities</i>	<i>If we accomplish planned activities with sufficient saturation of the community, then we will see these benefits in 1-4 years</i>	<i>If we accomplish planned activities with sufficient saturation of the community, then we will see these benefits in 5-9 years</i>	<i>If we achieve these outcomes, then we will see these systemic changes in 10+ years</i>
<p>Identify partners for education programming and professional training with a focus on securing access to diverse settings and diverse audiences</p> <p>Develop and implement strategic, community-wide / state-wide plan for primary prevention education and training</p> <p>Develop bystander education programs for both youth and adults to increase skills in intervening in response to behaviors that contribute to a rape-prone culture or that may lead to a sexual assault and to increase skills for promoting safety, equality, and respect</p> <p>Develop men's/boys' discussion groups re: sexual violence, gender issues, and their roles in promoting safety, equality and respect</p> <p>Develop parenting skill-building programs focused on helping youth develop skills for safe, equal, and respectful relationships</p> <p>Conduct professional training programs to increase skills/capacity for sexual violence prevention and changing organizational practices</p> <p>Assess emerging/changing needs and new priority populations</p> <p>Develop sustainability plans for education, bystander, and training programs</p> <p>Train social services and schools to identify individuals at-risk for perpetration and to get them into appropriate interventions, including community-based and culturally-relevant educational and mentoring services</p>	<p>Increased knowledge and concern about sexual violence, especially among men/boys, parents, professionals and community leaders, and other education / training audiences</p> <p>Decrease in attitudes that condone sexual violence and victim-blaming, especially among men/boys, parents, professionals and community leaders, and other education / training audiences</p> <p>Increased involvement of professionals and community leaders in sexual violence prevention initiated by RPE programs</p> <p>Increased involvement of men/boys and of parents in sexual violence prevention activities</p> <p>Increase in referrals to perpetrator intervention and victim support services from professionals and community leaders</p> <p>Increase in individuals who intervene when witness rape-supportive behaviors and in potential sexual assault situations</p> <p>Increased referrals of individuals at-risk of perpetration for early intervention</p>	<p>Increase in collaborating partners and levels of investment in education programs</p> <p>Increased capacity for sustained anti-sexual violence work at local and state levels</p> <p>Professionals and community leaders, in their own work and settings, initiating sexual violence prevention initiatives and other activities to promote healthy relationships and gender equity</p> <p>Professionals and community leaders instituting changes in organizational policies and practices to change norms re: sexual violence, healthy relationships, and gender equity</p> <p>Changes in <u>behavioral</u> norms regarding sexual violence, healthy relationships, and masculinity</p> <p>Sustained, high levels of coordination of educational and mentoring services of individual at-risk of perpetration</p>	<p>Increased awareness among community members re: sexual violence</p> <p>Significant increases in individuals who perceive new norm to be non-violent</p> <p>Significant increases in individuals who perceive social pressure to follow non-violence norm</p> <p>Significant increases in individuals who are motivated to avoid marginalization for not following norm</p> <p>Significant increases in individuals who develop intent to perform non-violent behavior norms</p> <p>Significant decreases in perpetration of sexual offenses</p>

PROMOTION AND OPERATION OF HOTLINES

Activities	Outcomes		Impact
<i>We can use resources to accomplish these planned activities</i>	<i>If we accomplish planned activities with sufficient saturation of the community, then we will see these benefits in 1-4 years</i>	<i>If we accomplish planned activities with sufficient saturation of the community, then we will see these benefits in 5-9 years</i>	<i>If we achieve these outcomes, then we will see these systemic changes in 10+ years</i>
<p>Assess current utilization of hotlines in the state and/or community</p> <p>Develop strategic plan to increase utilization of hotline in the state and/or community, including to increase accessibility of hotline to non-English speakers, people with disabilities, and people living in poverty</p> <p>Advertise hotline through multiple methods and in diverse settings</p> <p>Train staff/hotline advocates to provide culturally appropriate services on the hotline and to reinforce sexual violence prevention and the promotion of safety, equality and respect</p>	<p>Implementation of strategic plan for increasing utilization and accessibility of hotline</p> <p>Increased use of hotlines, particularly for under-served populations</p>	<p>Continued use of hotlines by survivors, significant others, and community members as point of contact to the rape crisis center</p> <p>Increased awareness among community members re: sexual violence as a result of hotline advertising</p>	<p>Continued use of hotlines by survivors, significant others, and community members as point of contact to the rape crisis center</p> <p>Increased awareness among community members re: sexual violence</p>

