

## **Sexual Violence Prevention Best Practices for Nebraska RPE**

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# Sexual Violence Prevention Best Practices for Nebraska RPE

## Introduction & Using this Report

**The purpose of this report is to provide sexual violence prevention advocates and practitioners in Nebraska with support in choosing evidence-based or evidence-informed programs for implementation in their communities.**

The beginning sections of this report will provide you with background information and a foundation for selecting a model. This includes information on the socio-ecological model, CDC strategies and approaches, evidence-based programs, evidence-informed practices, fidelity, appropriate adaptations, and considerations for rural communities. Our hope is for this information to provide you with the resources you need to determine what type of evidence-based or evidence-informed practice will be the best fit for your agency and your community.

This report also includes an interactive Evidence-Based Program Selection Tool. The tool begins by asking if you are looking for a program to implement in a school, community, or workplace setting. From there, additional questions are asked related to target audience, program outcomes, and program capacity. This tool will then provide you with suggestions for evidence-based programming grounded in your agency's unique needs.

Finally, this report includes an index of evidence-based programs and evidence-informed practices based on socio-ecological levels, CDC strategies and approaches, dosage, cost, and other program characteristics.



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## The Social-Ecological Model

The CDC utilizes the four-level social-ecological model (SEM) to understand violence and the impact of prevention strategies. This model considers the relationships and interactions between individual, relationship, community, and societal factors. The SEM dictates that in order to prevent violence, it is crucial to act across multiple layers of the model at the same time.



### **Individual**

This level involves biological and personal dynamics that increase risk of perpetrating or experiencing violence. Examples of these factors are age, education, substance use, income, and history of abuse. At this level, prevention strategies target individual beliefs, attitudes, and behaviors that prevent violence.

### **Relationship**

This level involves relationships that may increase risk of perpetrating or experiencing violence. Examples of these factors are peer groups, partners, and family influences. At this level, prevention strategies target parenting, peer mentoring, problem-solving skills, and healthy relationships.

### **Community**

This level involves settings and places where social relationships occur and where violence is perpetrated. Examples of these factors are schools, workplaces, faith communities, and neighborhoods. At this level, prevention strategies target social and physical environments.

### **Societal**

This level involves broad societal factors that assist in creating the climate in which violence is encouraged or subdued. Examples of these factors include social and cultural norms that support violence. Other societal factors include economic, health, and educational policies that maintain inequalities between various societal groups.

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## CDC Strategies & Approaches

The CDC has developed a framework of strategies and approaches to sexual violence prevention. These strategies are designed and intended to work in combination and to impact both environmental and individual factors related to sexual violence. While some skill-based programs that target individual behaviors are useful in reducing sexual violence, the CDC is emphasizing approaches that also address relationships, schools, communities, and larger social forces in order to impact public health outcomes (Basile et al., 2016). The CDC's designated strategies and approaches are detailed in the table below.

Strategy	Approaches	Programs & Practices
<b>Promote Social Norms that Protect Against Violence</b>	<ul style="list-style-type: none"><li>• Bystander approaches</li><li>• Mobilizing men and boys as allies</li></ul>	<ul style="list-style-type: none"><li>• Bringing in the Bystander</li><li>• Green Dot</li><li>• Coaching Boys into Men</li></ul>
<b>Teach Skills to Prevent Sexual Violence</b>	<ul style="list-style-type: none"><li>• Social-emotional learning</li><li>• Teaching healthy, safe dating and intimate relationship skills to adolescents</li><li>• Promoting healthy sexuality</li><li>• Empowerment-based training</li></ul>	<ul style="list-style-type: none"><li>• Second Step</li><li>• Safe Dates</li><li>• Strong African American Families</li><li>• Safer Choices</li><li>• The Fourth R</li><li>• Ending Violence</li></ul>
<b>Provide Opportunities to Empower and Support Girls and Women</b>	<ul style="list-style-type: none"><li>• Strengthening economic supports for women and families</li><li>• Strengthening leadership and opportunities for girls</li></ul>	<ul style="list-style-type: none"><li>• Powerful Voices</li><li>• Work Support Policies</li><li>• Microfinance</li><li>• Comparable Worth Policies</li></ul>
<b>Create Protective Environments</b>	<ul style="list-style-type: none"><li>• Improving safety and monitoring in schools</li><li>• Establishing and consistently applying workplace policies</li><li>• Addressing community-level risks through environmental approaches</li></ul>	<ul style="list-style-type: none"><li>• Shifting Boundaries</li><li>• Proactive Sexual Harassment Prevention Policies and Procedures</li><li>• Alcohol-Related Policies</li></ul>

To learn more about these specific strategies and approaches and the rationale behind them, explore the CDC document [STOP SV: A Technical Package to Prevent Sexual Violence](#).

Additionally, the CDC has identified potential outcomes for each of their identified strategies for sexual violence prevention. For local programs, this is useful in pinpointing which strategies can be used in combination to target desired outcomes in the community. These potential outcomes are listed in a table on the following page.

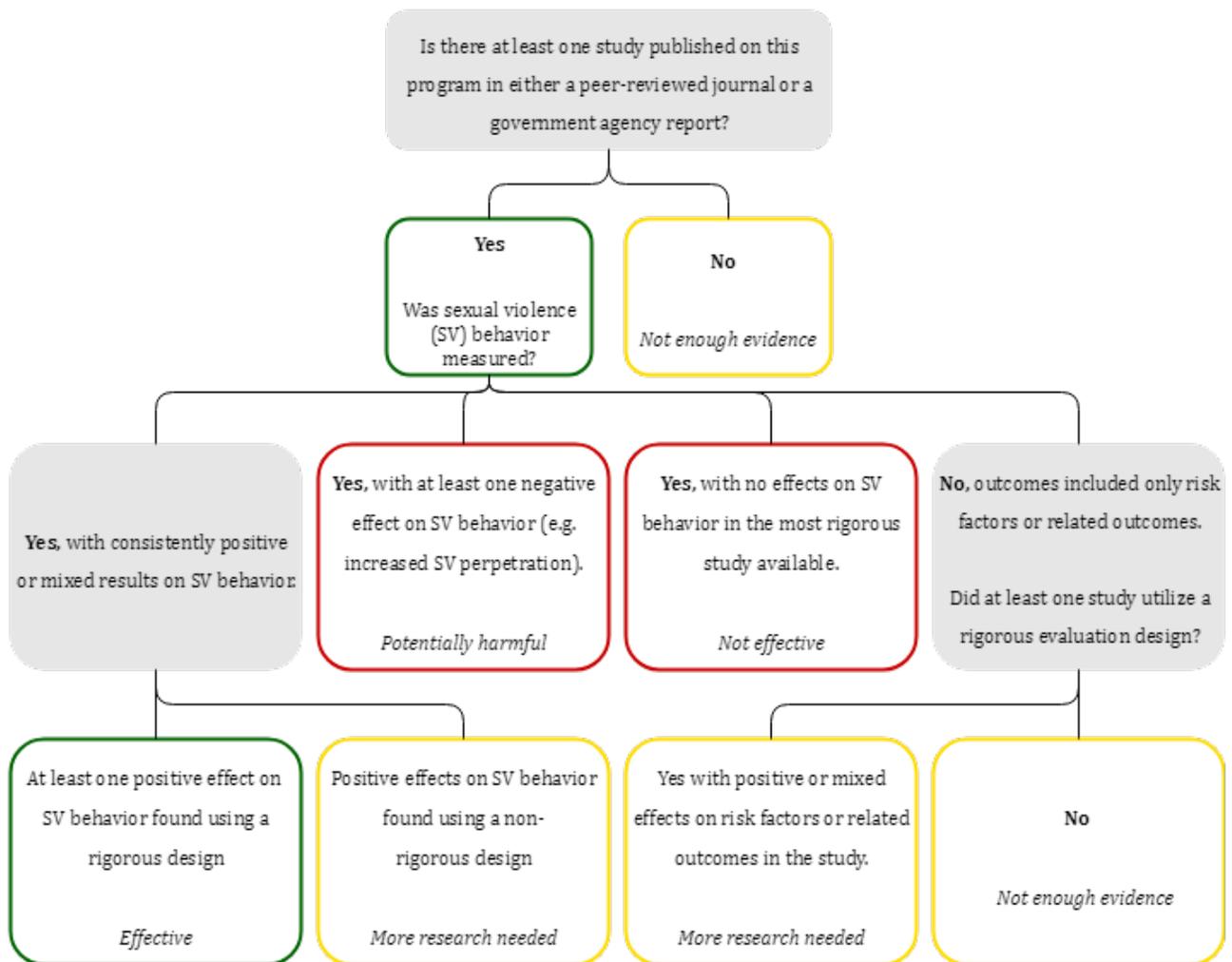
## Sexual Violence Prevention Best Practices for Nebraska RPE

CDC Strategy	Potential Outcomes
<b>Promote Social Norms that Protect Against Violence</b>	<ul style="list-style-type: none"> <li>• Reductions in acceptability of sexual violence</li> <li>• Increases in favorable beliefs toward safe communities</li> <li>• Increases in favorable attitudes toward women and girls</li> <li>• Increases in recognition of abusive behavior toward men, women, and children</li> <li>• Increases in bystander behavior to prevent violence against men, women, and children</li> <li>• Reductions in negative bystander behavior</li> <li>• Reductions in perpetration of sexual violence</li> <li>• Reductions in the perpetration of related forms of violence (e.g. stalking, dating violence, intimate partner violence)</li> <li>• Reductions in peer support for violence</li> </ul>
<b>Teach Skills to Prevent Sexual Violence</b>	<ul style="list-style-type: none"> <li>• Reductions in sexual violence victimization and perpetration</li> <li>• Reductions in sexual harassment perpetration</li> <li>• Reductions in teen dating violence victimization and perpetration</li> <li>• Reductions in stalking victimization and perpetration</li> <li>• Reductions in homophobic teasing victimization</li> <li>• Increases in self-efficacy and intentions to engage in active bystander behavior</li> <li>• Reductions in peer victimization</li> <li>• Reductions in weapons carrying</li> <li>• Reductions in sexual risk behaviors (e.g. number of sexual partners)</li> </ul>
<b>Provide Opportunities to Empower and Support Girls and Women</b>	<ul style="list-style-type: none"> <li>• Increases in economic stability for women</li> <li>• Increases in equitable education opportunities</li> <li>• Increases in gender equality and economic and occupational status of women</li> <li>• Decreases in poverty of women and children</li> <li>• Decreases in pay differentials between women and men</li> <li>• Increases in employment stability for women</li> <li>• Reductions in sexual violence victimization</li> <li>• Reductions in sexual harassment</li> <li>• Reductions in sexual trafficking</li> <li>• Increases in knowledge of gender norms and health</li> <li>• Increases in knowledge and skills for girls on healthy relationships, education and employment, and civic engagement</li> <li>• Increased leadership skills for girls and young women</li> </ul>
<b>Create Protective Environments</b>	<ul style="list-style-type: none"> <li>• Reductions in perceived tolerance of sexual harassment and violence in communities</li> <li>• Reductions in sexual harassment</li> <li>• Reductions in excessive alcohol use at the community level</li> <li>• Increases in indicators of community connectedness</li> <li>• Increases in feelings of safety in ones school, workplace, or neighborhood</li> <li>• Reductions in rates of sexual violence at the community level</li> <li>• Reductions in bullying and other youth violence</li> <li>• Reductions in teen dating violence</li> </ul>

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## Evidence-Based Practices

Increasingly, sexual violence prevention practitioners are expected to implement evidence-based practices (EBPs) in order to qualify for funding. While many evidence-based programs for sexual violence have been established, and are included in this document, local prevention practitioners may come across new programs that appear to be a good fit for the community. Below is a decision-tree to help assist decision-makers in determining if a program qualifies as evidence-based.



Adapted from DeGue et al. (2014)

Programs and policies that fall within the yellow boxes of "not enough evidence" or "more research needed" may still be evidence-informed and useful to local programs. The following pages provides further context.

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## Evidence-Informed Practices

Some approaches to sexual violence prevention do not yet have well researched evidence demonstrating their impact on rates of sexual violence victimization or perpetration. Many of these approaches, however, are still supported by evidence indicating probable impacts on sexual violence risk factors. These approaches are rooted in theory, often from a public health perspective. For example, there has been less evaluation research on community and societal level approaches on sexual violence outcomes. Yet, many of these approaches still demonstrate effectiveness in reducing sexual violence risk factors (Basile et al., 2016).

**Evidence-informed practices** (EIPs) use the best available research and practice knowledge to guide program design and implementation. Ideally, programs will implement evaluation measures to ensure these practices are meeting community needs and program objectives.

[Examples of evidence-informed practices aimed at reducing sexual violence](#) can be found toward the end of this report.

## Principles of Evidence-Informed Practices

Researchers have found nine characteristics to be strongly associated with evidence-informed practices. Those characteristics are comprehensive, appropriately timed, use of varied teaching methods, sufficient dosage, administration by well-trained staff, opportunities for positive relationships, socio-cultural relevance, theory-driven, and inclusion of outcome evaluation (DeGue et al., 2014).

1

### Comprehensive

Comprehensive strategies include multiple intervention components and affect multiple settings in order to address a range of sexual violence risk and protective factors. Effective programs tend to reach beyond individual-level interventions and include programming that targets peer attitudes, social norms, and organizational climate and policies.

2

### Appropriately Timed

Primary prevention efforts are best targeted at younger populations, before or during adolescence. Studies show that sexually violent behavior is often initiated in adolescence and 40% of victims are under the age of 17.

3

### Use of Varied Teaching Methods

The most successful primary prevention approaches utilize interactive instruction and skills-based learning. Positive outcomes are associated with multiple engagement strategies (e.g. role playing, writing exercises) and group participation. The use of presentations or lectures only is less effective.

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## Principles of Evidence-Informed Practices (continued)

4

### **Sufficient Dosage**

Longer programs are more likely to achieve lasting results. It is unlikely that one-session, time-limited strategies will have lasting impacts on complex behaviors such as sexual violence.

5

### **Fostering Positive Relationships**

Strategies are more effective when they foster positive relationships between program participants, their parents, peers, and/or other adults.

6

### **Socio-Cultural Relevance**

Strategies are more effective when they are sensitive to and reflective of community norms and cultural beliefs. Socio-cultural relevance impacts recruitment, retention, and outcomes.

7

### **Well-Trained Staff**

Successful strategies utilize staff, implementers, and/ or facilitators who are stable, committed, competent, and who can connect effectively with participants. Staff should have sufficient buy-in to the program model in order to credibly deliver and reinforce programming messages.

8

### **Theory Driven**

Prevention strategies are more effective when they are rooted in a strong theoretical framework.

9

### **Inclusion of Outcome Evaluation**

A key component of evidence-informed practices is evaluation of “what works” and “what doesn’t work.” This requires programs to evaluate their strategies for sexual violence prevention and determine if those strategies are producing desired outcomes.

## Evidence-Based vs. Evidence-Informed

### Both Evidence-Based Programs and Evidence-Informed Practices:

- Articulate a theory of change.
- Include a detailed logic model or conceptual framework.
- Include a standardized book, manual, or training.
- Are generally accepted among prevention practitioners.
- Have not demonstrated harm to participants.
- Include outcome measures that are valid and reliable.
- Are committed to building stronger evidence through ongoing research and evaluation.
- Require implementation be done with fidelity to the model or with appropriate adaptations.

### Evidence-Based Programs

- Demonstrate effectiveness through randomized controlled trials (RCTs) or comparable methodology.
- Demonstrate sustained effectiveness at least one year beyond the end of the intervention.
- Findings have been reported in published, peer-reviewed literature.

### Evidence-Informed Practices

- Research supports efficacy of the program practice.
- Evaluation demonstrates positive outcomes related to sexual violence perpetration or risk factors.

Adapted from FRIENDS (2017).

## Program Fidelity

Fidelity refers to the extent to which delivery of an intervention adheres to the protocol or program model as originally developed (Mowbray, Holter, Teague, & Bybee, 2003).

Local programs are encouraged to select approaches that meet the needs of their communities. However, both evidence-based and evidence-informed approaches should be implemented with fidelity as often as possible.

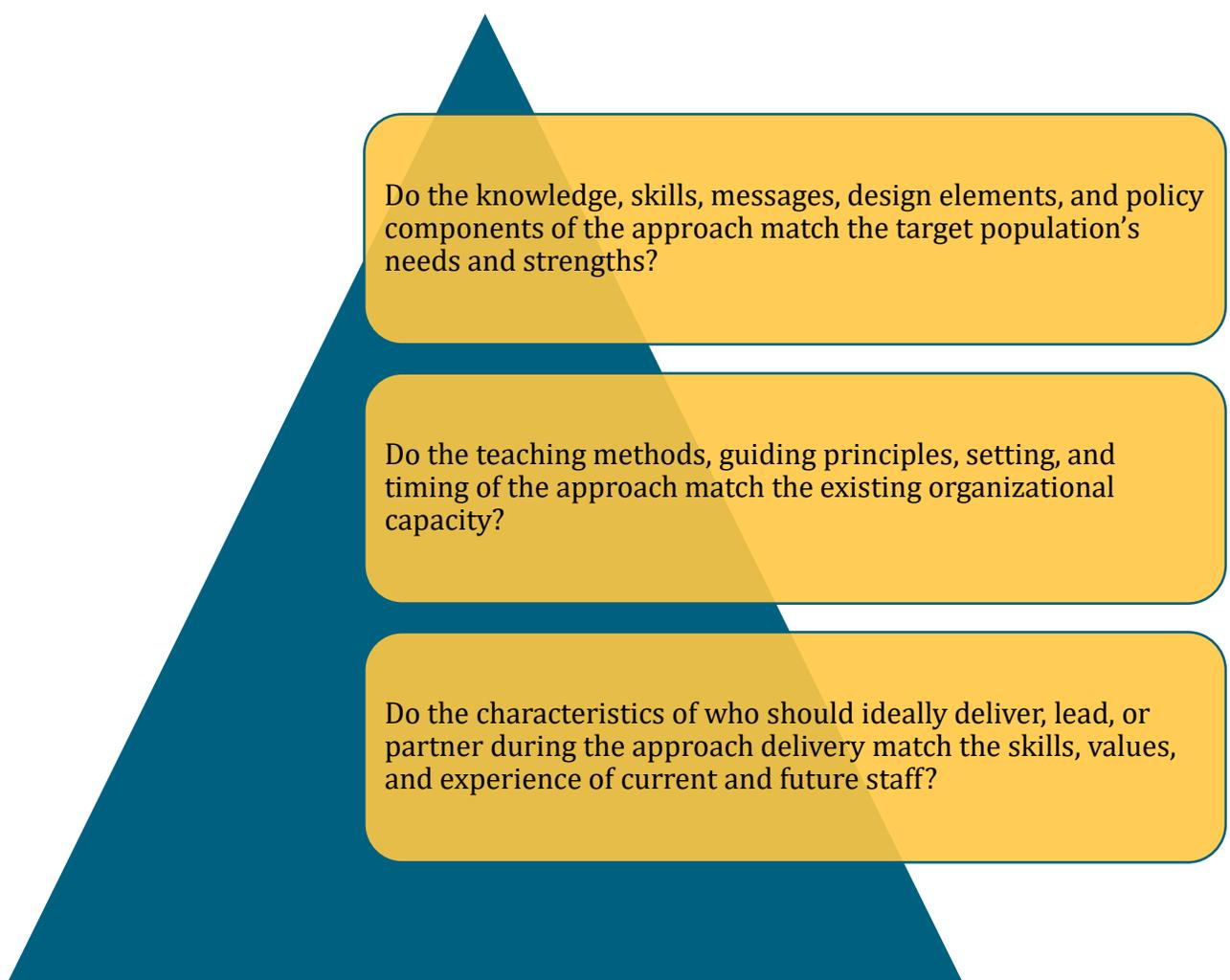
The following pages provide guidance for programs related to meeting community needs, maintaining fidelity, and making appropriate adaptations when necessary.

## Selecting an Approach

Because each practice setting is unique, practitioners are often faced with decisions about how to balance fidelity to practice models and the reality of local context. When assessing program fit for the local context, practitioners should consider:

1. Strength and quality of the evidence supporting the approach.
2. Availability of implementation guidance and evaluation tools.
3. Amount of training and technical assistance needed to successfully deliver the approach.
4. Cost of adopting and sustaining the approach.

Local programs should utilize community needs assessments, organizational capacity assessments, and environmental scans to learn about the context in which their approach will be implemented. Organizations need to determine if the approach will fit their unique context. The following questions are important for organizations to consider.



Do the knowledge, skills, messages, design elements, and policy components of the approach match the target population's needs and strengths?

Do the teaching methods, guiding principles, setting, and timing of the approach match the existing organizational capacity?

Do the characteristics of who should ideally deliver, lead, or partner during the approach delivery match the skills, values, and experience of current and future staff?

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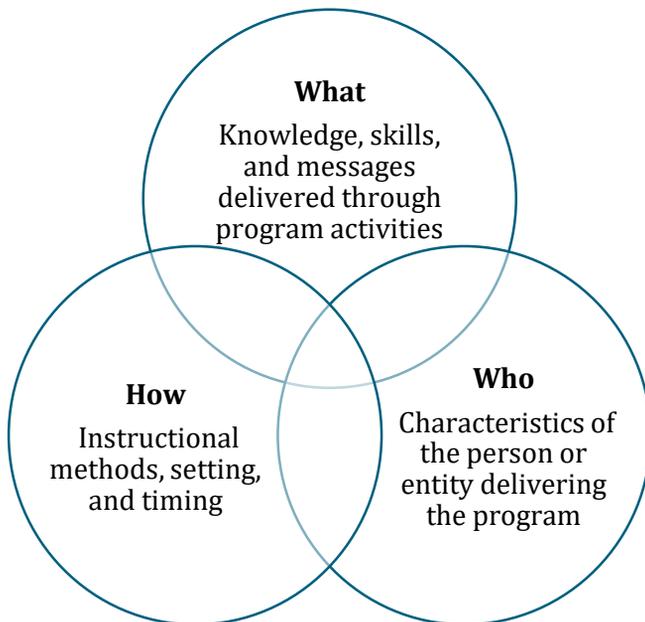
## Appropriate Adaptations

After a model or approach is selected, programs can make adaptations, if necessary, to increase fit. Practitioners often adapt approaches to increase relevancy of material, increase participant understanding, increase participation, create or maintain relationships, and respond to time and resource limitations

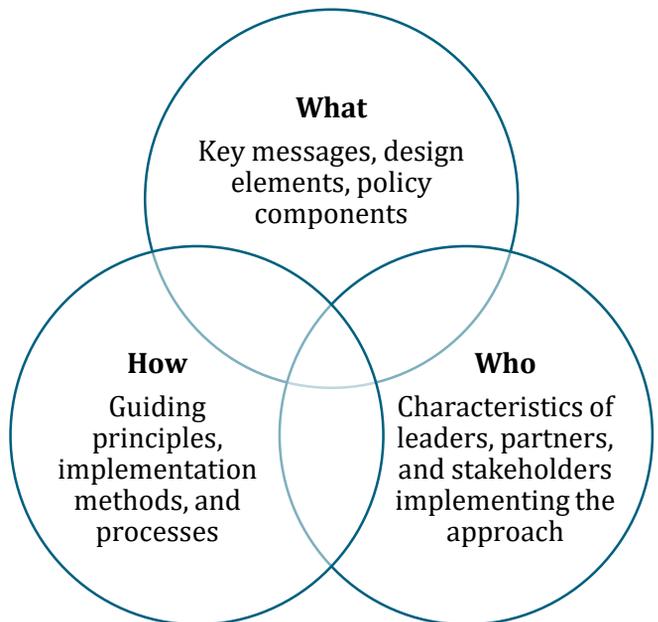
Appropriate adaptations must be guided by the approach's essential elements. To determine essential elements, begin by looking at the approach's logic model. In order to move from activities to outcomes, an EBP's essential elements must be delivered fully in a way that is consistent with the approach's original design.

**Essential Elements:** The active ingredients of a prevention approach assumed to be responsible for achieving intended outcomes. They are characteristics of approach activities and components that define how an approach is intended to influence risk and protective factors and violence outcomes. Estimating essential elements helps practitioners select approaches and guide decisions about delivery and adaptations to help maintain fidelity and achieve outcomes in local contexts (Perkinson, Freire, & Stocking, 2017).

### Essential Elements of Programs (Individual and Relationship Approaches)



### Essential Elements of Community and Societal Level Approaches



Adapted from Perkinson, Freire, & Stocking (2017).

Ideally, essential elements are identified by the developer of the approach. If not, practitioners can estimate essential elements using the CDC's [adaptation guide worksheets](#).

## What Constitutes an Appropriate Adaptation?

An adaptation is appropriate when it supports essential elements. An adaptation is likely inappropriate if it shortens or skips important discussion without integrating those objectives into another portion of the approach (Perkinson, Freire, & Stocking, 2017).

For example, let's say a session is designed to increase understanding that sexual violence is a serious problem and the facilitator makes an adaptation from using a brief lecture to using a group conversation. This is an appropriate adaptation if key messages and activities about violence are delivered and then discussed in a well-managed format. This is an inappropriate adaptation if participants talk over one another and key messages are lost or contradicted.

### Planned vs. Field Adaptations

**Planned Adaptations** are designed to leverage existing opportunities and respond to existing constraints, and they often apply to the entire approach rather than to a specific activity.

**Field Adaptations** include adaptations made to a specific activity or component in response to opportunities and constraints that occur during the delivery of the approach.

### Tracking & Evaluating Adaptations

Tracking and evaluating adaptations are essential parts of ensuring the approach remains evidence informed. This involves documenting what adaptations are used and assessing whether they support essential elements and what impact they might have on outcomes.

Adaptations can be tracked throughout the delivery of an approach to assess immediate impact. Simple tracking tools are helpful for practitioners to highlight and reflect on challenges, successes, and areas of improvement when making adaptations.

Formal evaluation can occur at multiple points of time during the implementation of an approach. Methods can include focus groups, interviews, and surveys with partners and participants. Over time, adaptation data can be linked to outcome data and help explain how adaptations impact outcomes (Perkinson, Freire, & Stocking, 2017).

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## Considerations for Rural Communities

Delivering sexual violence prevention programming in rural communities may be especially challenging due to isolation, societal attitudes, limited resources, the “Not in My Town” perception, and lack of anonymity and confidentiality (CALCASA, 2010). The first step for successful prevention implementation is relationship building (Break the Cycle, n.d.; CALCASA, 2010; Safe Havens, 2013; Stringer, 2003).

In addition to partnering with allies and getting creative about building relationships with community members, one path forward may be utilizing the community value of overall safety: “Because [rural] residents are personally invested in the safety of their community, they may come together more quickly and effectively once they acknowledge that sexual violence actually occurs in their community” (Stringer, 2003, p. 25). Sexual violence prevention specialists may be able to use other safety topics of interests that are less controversial such as bullying, safe dating, healthy relationships, drug facilitated sexual assault, and violence in schools and communities to begin conversations. It may be especially effective to highlight relationships between sexual violence and education, health care, and public safety (Stringer, 2003).

### Potential Allies for SV Prevention

- Health departments
- Scout troops
- Local and tribal governments
- Women’s groups
- Churches and other faith-based groups
- Sports teams
- Community centers
- Local businesses
- Law enforcement
- Existing student clubs and organizations
- Health and wellness practitioners
- Other non-profit organizations

From CALCASA (2010) & Break the Cycle (n.d.)

### Creative Ideas for Relationship-Building

**Game nights:** Invite adults, teens, or families to a game night held in a community space such as a café, library, church, or school building. Meet on a monthly basis to play games, enjoy snacks, and get to know each other.

**Movie series:** Host an 8-week movie series to show films related to risk and/or protective factors related to sexual violence and lead a post-showing discussion on the topics.

**Study circles:** Provide information about child sexual abuse prevention to already existing parent groups such as PTAs, church groups for parents, or 4H, FFA, and other activity advisors.

**Book clubs:** Partner with your local library to host a book clubs for kids, teens, women, or adults. Select books with topics such as healthy relationships, personal safety, bullying, dating violence, and sexual assault. Lead the groups in discussion.

Adapted from Stringer (2003)

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## Evidence-Based Program Selection Tool

If you already know which program you want to implement, [click on the links below for more information on each evidence-based program.](#)

If you are not sure which evidence-based program you would like to implement, use the evidence-based program selection tool. This tool is designed to assist you in selecting an evidence-based program that is appropriate for your agency and community.

### I want to implement...

Bringing in the Bystander

Coaching Boys into Men

Ending Violence

Green Dot

Safe Dates

Safer Choices

Second Step

Shifting Boundaries

Strong African American Families

The Fourth R

I need help deciding. Take me to the program selection tool.

 **In which setting do you want to implement a program?**

School

Community organization

Workplace

**You want to implement a program in a school.**

**What grade level do you want to serve?**

Elementary School/Grades Pre-K-5

Middle School/Grades 6-8

High School/Grades 9-12

College



**You want to serve elementary school students in a school setting.**

**Which topics are most like the ones you hope to include in your program?**

Topics related to promoting social norms that protect against violence such as:

- Persuasive speech (inspiration, shared vision, individual acceptance)
- Bystander training (recognizing negative behaviors, identifying self-defining moments and overcoming obstacles)

Topics related to teaching skills to prevent sexual violence such as:

- Socio-emotional skill development (listening, focusing attention, showing care, solving problems, dealing with peer pressure)
- Bullying prevention
- Child protection (safe and unsafe touches, how to stay safe)



**You want to serve middle school students in a school setting.**

**Which topics are most like the ones you hope to include in your program?**

Topics related to promoting social norms that protect against violence such as:

- Persuasive speech (inspiration, shared vision, individual acceptance)
- Bystander training (recognizing negative behaviors, identifying self-defining moments and overcoming obstacles)

Topics related to teaching skills to prevent sexual violence such as:

- Dealing with stress and peer pressure
- Healthy and caring relationships
- Helping friends and loved ones
- Healthy communication

Topics related to creating protective environments such as:

- Mapping safe and unsafe spaces

**You are most interested in delivering a program to middle school students focusing on topics related to teaching skills to prevent sexual violence.**

**Do you want to focus your program on a specific population of students?**

**Yes, African American students and their families.**

**No, I have no targeted population**



**You are most interested in delivering a program to middle school students focusing on topics related to teaching skills to prevent sexual violence. You do not have a targeted population.**

**Which CDC approach would be a better fit for your agency and/ or your local schools?**

**Teaching healthy, safe dating and intimate relationship skills to adolescents.** The CDC characterizes programs utilizing this approach as striving to reduce sexual violence that occurs in the context of dating and intimate partner relationships by building communication and conflict resolution skills as well as expectations for caring, respectful, and non-violent behavior.

**Promoting healthy sexuality.** The CDC characterizes programs utilizing this approach as focusing on comprehensive sex education that addresses sexual communication, sexual respect, consent, sexual health (e.g., risk for HIV or STDs, pregnancy prevention) as well as empowering youth to reduce risk for sexual and dating violence by encouraging sexual communication and healthy sexual behavior.

**Social-emotional learning approaches.** The CDC characterizes program utilizing this approach as enhancing a core set of social and emotional skills including communication and problem-solving, empathy, emotional regulation, conflict management, and bystander skills.



**You are most interested in delivering a program to middle school students that utilizes the CDC approach of teaching healthy, safe dating and intimate relationship skills to adolescents.**

**Which program structure would be a better fit for your agency and/or your local schools?**

A program requiring 3 hours of program delivery over the course of one school semester

A program requiring 8-9 hours of program delivery over the course of one school year



**You want to serve high school students in a school setting.**

**Which topics are most like the ones you hope to include in your program?**

Topics related to promoting social norms that protect against violence such as:

- Bystander responsibility and community membership
- Bystander intervention skill development
- Respecting women and girls

Topics related to teaching skills to prevent sexual violence such as:

- Healthy and caring dating relationships
- Healthy sexual relationships
- Healthy communication
- Identifying feelings



**You are most interested in delivering a program to high school students focusing on topics related to promoting social norms that protect against violence.**

**Do you want to focus your program on a specific population of students?**

**Yes, male athletes and coaches**

**No, I have no targeted population**



**You are most interested in delivering a program to high school students focusing on topics related to promoting social norms that protect against violence. You do not have a targeted population.**

**Which program structure would be a better fit for your agency and/or your local schools?**

A set curriculum delivered in one 4.5-hour session or three 90-minute sessions

A flexible curriculum with varying delivery methods and session requirements



**You are most interested in delivering a program to high school students focusing on topics related to teaching skills to prevent sexual violence.**

**Which CDC approach would be a better fit for your agency and/or your local schools?**

**Teaching healthy, safe dating and intimate relationship skills to adolescents.** The CDC characterizes programs utilizing this approach as striving to reduce sexual violence that occurs in the context of dating and intimate partner relationships by building communication and conflict resolution skills as well as expectations for caring, respectful, and non-violent behavior.

**Promoting healthy sexuality.** The CDC characterizes programs utilizing this approach as focusing on comprehensive sex education that addresses sexual communication, sexual respect, consent, sexual health (e.g., risk for HIV or STDs, pregnancy prevention) as well as empowering youth to reduce risk for sexual and dating violence by encouraging sexual communication and healthy sexual behavior.



**You are most interested in delivering a program to high school students that utilizes the CDC approach of teaching healthy, safe dating and intimate relationship skills to adolescents.**

**Which program structure would be a better fit for your agency and/or your local schools?**

A program requiring 3 hours of program delivery over the course of one school semester

A program requiring 8-9 hours of program delivery over the course of one school year



**You are most interested in delivering a program to high school students that utilizes the CDC approach of promoting healthy sexuality.**

**Which grade levels are you most interested in reaching?**

9<sup>th</sup> grade only

9<sup>th</sup> – 12<sup>th</sup> grades (all students)



**You want to serve college students on campus.**

**Which topics are most like the ones you hope to include in your program?**

Topics related to promoting social norms that protect against violence such as:

- Bystander responsibility and community membership
- Bystander intervention skill development

Topics related to teaching skills to prevent sexual violence such as:

- Assessing the risk of sexual assault
- Acknowledging dangerous situations
- Resisting unwanted sexual behavior
- Self-defense training
- Healthy sexual relationships



**You are most interested in delivering a program to college students focusing on topics related to promoting social norms that protect against violence.**

**Which program structure would be a better fit for your agency and/or your local colleges?**

A set curriculum delivered in one 4.5-hour session or three 90-minute sessions

A flexible curriculum with varying delivery methods and session requirements



**You want to implement a program in a community setting.**

**What ages of community members do you want to serve?**

Ages 4-10

Ages 11-13

Ages 14-18

Ages 18+



**You want to serve youth ages 4-10 in a community setting.**

**Which topics are most like the ones you hope to include in your program?**

Topics related to promoting social norms that protect against violence such as:

- Persuasive speech (inspiration, shared vision, individual acceptance)
- Bystander training (recognizing negative behaviors, identifying self-defining moments and overcoming obstacles)

Topics related to teaching skills to prevent sexual violence such as:

- Socio-emotional skill development (listening, focusing attention, showing care, solving problems, dealing with peer pressure)
- Bullying prevention
- Child protection (safe and unsafe touches, how to stay safe)



**You want to serve youth ages 11-13 in a community setting.**

**Which topics are most like the ones you hope to include in your program?**

Topics related to promoting social norms that protect against violence such as:

- Persuasive speech (inspiration, shared vision, individual acceptance)
- Bystander training (recognizing negative behaviors, identifying self-defining moments and overcoming obstacles)

Topics related to teaching skills to prevent sexual violence such as:

- Dealing with stress and peer pressure
- Healthy and caring relationships
- Helping friends and loved ones
- Healthy communication



**You are most interested in delivering a program to youth ages 11-13 in the community focusing on topics related to teaching skills to prevent sexual violence.**

**Do you want to focus your program on a specific population of students?**

**Yes, African American students and their families.**

**No, I have no targeted population**



**You are most interested in delivering a program to youth ages 11-13 in the community focusing on topics related to teaching skills to prevent sexual violence. You do not have a targeted population.**

**Which program dosage would be a better fit for your agency?**

3 sessions lasting 60 minutes each or 1 session lasting 3 hours

10 sessions lasting 50 minutes each

22 lessons lasting between 24-40 minutes each



**You want to serve youth ages 14-18 in a community setting.**

**Which topics are most like the ones you hope to include in your program?**

Topics related to promoting social norms that protect against violence such as:

- Bystander responsibility and community membership
- Bystander intervention skill development

Topics related to teaching skills to prevent sexual violence such as:

- Healthy and caring dating relationships
- Healthy sexual relationships
- Healthy communication
- Identifying feelings



**You are most interested in delivering a program to youth ages 14-18 in the community focusing on topics related to promoting social norms that protect against violence.**

**Which program structure would be a better fit for your agency?**

A set curriculum delivered in one 4.5-hour session or three 90-minute sessions

A flexible curriculum with varying delivery methods and session requirements



**You are most interested in delivering a program to youth ages 14-18 in the community focusing on topics related to teaching skills to prevent sexual violence.**

**Which program structure would be a better fit for your agency?**

A program requiring 3 hours of program delivery over the course of 3-4 months

A program requiring 8-9 hours of program delivery over the course of 12 months

A program requiring 16-18 hours of program delivery over the course of 24 months



**You want to serve adults ages 18+ in a community setting.**

**Which topics are most like the ones you hope to include in your program?**

Topics related to promoting social norms that protect against violence such as:

- Bystander responsibility and community membership
- Bystander intervention skill development

Topics related to teaching skills to prevent sexual violence such as:

- Dealing with stress and peer pressure
- Healthy and caring relationships
- Healthy communication
- Resisting unwanted sexual behavior
- Healthy sexual relationships



**You are most interested in delivering a program to adults ages 18+ in the community focusing on topics related to promoting social norms that protect against violence.**

**Which program structure would be a better fit for your agency?**

A set curriculum delivered in one 4.5-hour session or three 90-minute sessions

A flexible curriculum with varying delivery methods and session requirements



**You are most interested in delivering a program in the workplace.**

**Which program structure would be a better fit for your agency and/or local workplaces?**

A set curriculum delivered in one 4.5-hour session or three 90-minute sessions

A flexible curriculum with varying delivery methods and session requirements



## Sexual Violence Prevention Best Practices for Nebraska RPE

### You might consider Second Step.

<b>Program Website</b>	<a href="#">Second Step</a>
<b>Description</b>	Second Step is a program that uses social-emotional learning (SEL) to transform schools into supportive, successful learning environments uniquely equipped to encourage children to thrive. Second Step's holistic approach helps create a more empathetic society by providing education to professionals, families, and the larger community with tools enabling them to take an active role in the social-emotional growth and safety of today's children.
<b>Cost</b>	Classroom kits range from \$199-\$649. Bundles consisting of curriculum for multiple grade levels start at \$1,129.
<b>Audience</b>	Preschool–8 <sup>th</sup> grade.
<b>SEM Level</b>	Individual and relationship levels.
<b>Sample Curriculum Topics</b>	The curriculum varies based on grade level. General topics include: <ul style="list-style-type: none"><li>• Socio-emotional skill development (listening, focusing attention, showing care, solving problems, dealing with peer pressure)</li><li>• Bullying prevention</li><li>• Child protection (safe and unsafe touches, how to stay safe).</li></ul>
<b>Dose</b>	22 lessons, 24-40 minutes each.
<b>Presentation</b>	Teachers incorporate 25-40 minute lessons within their usual classroom curriculum.
<b>Theoretical Basis</b>	Second Step is rooted in social-emotional learning theories. SEL concepts are intended to supplement other aspects of education and improve cooperation, communication, and decision-making.
<b>Evidence</b>	Second Step Early Learning has demonstrated increased executive functioning among preschoolers (Upshur, Heyman, & Wenz-Gross, 2017). Elementary school curriculum has shown improved social competence, less adult conflict, and gains in prosocial skills and behaviors (Frey, Nolen, Edstrom, & Hirschstein, 2005). Middle school curriculum has been associated with reductions in physical aggression and bullying (Espelage, Low, Polanin, & Brown, 2013). The Second Step Child Protection Unit has demonstrated increased parent knowledge about and motivation to discuss childhood sexual abuse prevention (Nickerson, Livingston, & Kamper-DeMarco, 2018).

## Sexual Violence Prevention Best Practices for Nebraska RPE

### You might consider Green Dot.

<b>Program Website</b>	<a href="#">Green Dot</a>
<b>Program Description</b>	The Green Dot strategy aims to shift culture and increase proactive prevention behavior by targeting influential members from across a community with basic education, skill practice, and reactive interventions to high-risk situations. Every choice to be proactive as a bystander is categorized as a “new behavior” and thus a “Green Dot.” The premise of Green Dot is that decisions group together to create larger change.
<b>Cost</b>	Varies, inquiries can be <a href="#">submitted to Alteristic</a> .
<b>Audience</b>	Elementary schools (K-3), middle schools (6-8), high schools (9-12), colleges, and community settings.
<b>SEM Level</b>	Relationship level. Some aspects may fall under the community level (such as social norms or social marketing campaigns).
<b>Sample Curriculum Topics</b>	Curriculum varies based on audience. General topics include: <ul style="list-style-type: none"><li>• Persuasive speech (inspiration, shared vision, individual acceptance)</li><li>• Bystander training (recognizing negative behaviors, identifying self-defining moments and overcoming obstacles).</li></ul>
<b>Dose</b>	Varies based on audience and delivery style.
<b>Presentation</b>	To implement Green Dot, facilitators must attend a four-day training. Training strategies include strategic planning, bystander mobilization, communication, and coalition building.
<b>Theoretical Basis</b>	Green Dot focuses heavily on current science and incorporates social psychology, marketing, and developmental psychology. Green Dot is rooted in social diffusion theory which suggests that cultural shifts can naturally spread from the actions of opinion leaders within a community.
<b>Evidence</b>	Green Dot’s opening speeches have been linked to lower rape myth acceptance. Bystander intervention trainings have demonstrated higher engagement in bystander intervention. Rates of perpetration for stalking and sexual harassment are lower for males who have attended Green Dot. Victimization for both men and women is lower on campuses using Green Dot (Coker et al., 2011).

### You might consider Bringing in the Bystander.

<b>Program Website</b>	<a href="#">Bringing in the Bystander</a>
<b>Program Description</b>	Bringing in the Bystander (BITB) College Prevention Program is a bystander intervention workshop. Rather than focusing strictly on the roles of perpetrator and victim, the highly interactive curriculum uses a community responsibility approach. It teaches bystanders how to safely intervene in instances where sexual violence, relationship violence, or stalking might be occurring or where they may be risk that it will occur.
<b>Cost</b>	Varies, inquire through program website. Fees include a regional training and the base curriculum license which comes with five facilitator guides and two versions of the program PowerPoint.
<b>Audience</b>	High schools, colleges, community settings, and workplaces.
<b>SEM Level</b>	Relationship level. Some aspects may fall under the community level (such as social norms or social marketing campaigns).
<b>Sample Curriculum Topics</b>	<ul style="list-style-type: none"> <li>• Bystander responsibility and community membership</li> <li>• Causes of sexual violence and impact on survivors</li> <li>• Bystander behavior skill development</li> </ul>
<b>Dose</b>	One 4.5 hour session <b>or</b> three 90 minute sessions
<b>Presentation</b>	Sessions are led by a two person team (one male and one female). Organizations must attend a regional training. Training incorporates local resources and relevant examples.
<b>Theoretical Basis</b>	BITB uses theories of community readiness to engage in prevention, community responsibility, and bystander behavior. BITB focuses on expanding awareness in the larger community and individual intervention skills.
<b>Evidence</b>	BITB has demonstrated effectiveness in shifting attitudes, cultivating senses of bystander responsibility, and increasing likelihood of participants intervening across a wide range of colleges and communities (Banyard, Moynihan, & Plante, 2007). These changes in bystander attitudes and behavior have been shown to persist at 12 months post-intervention (Moynihan et. al., 2015). BITB has also demonstrated effectiveness with sorority women, college athletes, and military personnel (Moynihan et al., 2010; Moynihan et al., 2011).

### You might consider Coaching Boys into Men (CBIM).

<b>Program Website</b>	<a href="#">Coaching Boys into Men</a>
<b>Program Description</b>	CBIM is a comprehensive violence prevention program that engages athletic coaches as positive role models to deliver violence prevention messages to young male athletes. CBIM consists of a series of training cards that offer key strategies for opening conversations about dating violence, bystander intervention, leadership, and healthy relationships.
<b>Cost</b>	Free.
<b>Audience</b>	This program can be implemented in high school athletic programs for male athletes and coaches.
<b>SEM Level</b>	Relationship level. Some aspects may fall under the community level (such as social norms or social marketing campaigns).
<b>Sample Curriculum Topics</b>	<ul style="list-style-type: none"> <li>• Respecting women and girls</li> <li>• Understanding consent</li> <li>• Healthy relationships</li> <li>• Preventing bullying</li> <li>• Healthy communication</li> </ul>
<b>Dose</b>	15+ minutes per week for 12+ weeks.
<b>Presentation</b>	Coaches receive a 60-minute training from a local advocate and must present at least 15 minutes of content weekly over 12 weeks.
<b>Theoretical Basis</b>	CBIM is a social norms theory-based program. This curriculum is designed to combat social norms that promote sexual violence, promote bystander interventions, and reduce perpetration by utilizing coaches as positive role models.
<b>Evidence</b>	CBIM underwent a 3-year CDC-funded evaluation in California ending in 2012. At 3-month follow-up, participants were found to be more likely to report intentions to intervene such as telling an adult and talking to individuals involved. Participants were also found to be more likely to intervene than those who did not engage in CBIM. One year later, athletes who participated in CBIM were more likely to report less perpetration and less negative bystander behavior when witnessing violence or disrespectful behavior among peers (Miller et al., 2012).

## Sexual Violence Prevention Best Practices for Nebraska RPE

### You might consider Safe Dates.

<b>Program Website</b>	<a href="#">Safe Dates</a>
<b>Program Description</b>	Safe Dates is an adolescent dating abuse prevention program that educates youth and adolescents on how to identify and prevent dating violence. Students learn and discuss the causes of dating violence, how they can help a friend in an abusive relationship, common gender stereotypes regarding dating violence, and important prevention techniques.
<b>Cost</b>	\$245
<b>Audience</b>	Middle schools, high schools, and community settings.
<b>SEM Level</b>	Individual level.
<b>Sample Curriculum Topics</b>	<ul style="list-style-type: none"><li>• Healthy and caring relationships</li><li>• Dating abuse causes</li><li>• Overcoming gender stereotypes</li><li>• Healthy communication</li><li>• Preventing dating and sexual abuse</li></ul>
<b>Dose</b>	10 sessions, 50 minutes each. Safe Dates can be adapted to 4 or 6 sessions. However, evidence supports that 10 sessions will maximize impact.
<b>Presentation</b>	Safe Dates can be presented daily or weekly as part of health education, family life schools, or other life skills curriculums.
<b>Theoretical Basis</b>	Safe Dates promotes change in social norms tied with improvements in conflict management skills. Secondary prevention activities are guided by principles of Weinstein's Precaution Adoption Theory which suggests that before someone will take preventative action, the person needs to believe they need help and their efforts toward seeking help will be successful.
<b>Evidence</b>	Safe Dates was the subject of rigorous experimental research among 14 public schools in north Carolina. The program was found to be effective in preventing dating abuse perpetration and victimization. It was also found to be effective in reducing perpetration among teens already involved in dating abuse. Participants reported less acceptance of dating abuse, less tendency towards gender stereotyping, and a greater awareness of community resources for dating abuse (Foshee et al., 2005).

## Sexual Violence Prevention Best Practices for Nebraska RPE

### You might consider Strong African American Families.

<b>Program Website</b>	<a href="#">Strong African American Families</a>
<b>Program Description</b>	The Strong African American Families (SAAF) program was designed for low-income African American children nearing adolescence. SAAF seeks to prevent initiation to risk behaviors such as drug abuse, alcohol and cigarette use, and sexual activity.
<b>Cost</b>	\$1,500 for training the first person in each organization, \$500 per additional person.
<b>Audience</b>	Middle schools, high schools, and community settings for African American families with children ages 10-14.
<b>SEM Level</b>	Individual and relationship levels.
<b>Sample Curriculum Topics</b>	<ul style="list-style-type: none"><li>• Effective parenting behaviors</li><li>• Providing guidance and support for children</li><li>• Appreciation and healthy communication</li><li>• Dealing with stress and peer pressure</li></ul>
<b>Dose</b>	7 consecutive weekly sessions lasting 2.5 hours each.
<b>Presentation</b>	Each session begins with a meal and families divide into parent and child small groups for discussion. The final hour consists of a large-group meeting. Facilitator training includes a 3-day training on SAAF curriculum.
<b>Theoretical Basis</b>	SAAF is grounded in social bonding and control theories. The program is designed to strengthen family attachment and reduce the likelihood of youth problem behaviors.
<b>Evidence</b>	SAAF was shown effective at increasing positive parenting behaviors, protective factors in children, and decreasing risk behaviors in children. Program impacts persisted at a two-year follow-up. SAAF students reported fewer conduct problems, significantly lower new alcohol user proportions, and significantly slower rate of increased alcohol use. SAAF students reported greater positive changes in regulated/communicative parenting and greater positive changes in all youth protective factors (Brody et al., 2004; Brody et al., 2006).

## Sexual Violence Prevention Best Practices for Nebraska RPE

### You might consider Safer Choices.

<b>Program Website</b>	<a href="#">Safer Choices</a>
<b>Program Description</b>	Safer Choices is a two-year multi-component STD, HIV, and teen pregnancy prevention program for high school students. The program's goal is to reduce the frequency of unprotected sex by reducing the number of sexually active students and increasing condom use and other methods of pregnancy prevention among students who are sexually active. Safer Choices aims to motivate behavioral change by addressing attitudes, beliefs, social skills, functional knowledge, social and social media influences, peer norms, and parent/child communication.
<b>Cost</b>	\$349.99 (basic) or \$549.99 (enhanced).
<b>Audience</b>	High schools and community settings.
<b>SEM Level</b>	Individual and relationship levels.
<b>Sample Curriculum Topics</b>	<ul style="list-style-type: none"><li>• Healthy sexual relationships</li><li>• Understanding STDs and HIV</li><li>• Using protection effectively</li></ul>
<b>Dose</b>	21 sessions over 2 years; total of 16-18 hours.
<b>Presentation</b>	Safer Choices includes implementation of a school-wide program. Programs are encouraged to select a site coordinator, establish school health promotion council, implement both levels of the curriculum provide staff development, establish a peer team to conduct school-wide activities, promote family involvement, educate parents, and create school-community linkages.
<b>Theoretical Basis</b>	Safer Choices is based in social cognitive theory, social influence theory, and models of social change. The program includes five main components: school organization, curriculum, peer resources/school environment, parent education, and school-community linkages.
<b>Evidence</b>	Safer Choices is associated with increased knowledge about HIV and STDs, positive attitudes about condoms, delayed initiation of sexual intercourse, increased use of contraception, increased condom use, reduced incidence of unprotected sexual intercourse, and reduced number of partners (Coyle et al., 2001).

## Sexual Violence Prevention Best Practices for Nebraska RPE

### You might consider **Shifting Boundaries**.

<b>Program Website</b>	<a href="#">Shifting Boundaries</a>
<b>Program Description</b>	Shifting Boundaries is intended to reduce peer and dating violence and sexual harassment by students in middle schools. The program includes classroom-based curricula and school-level interventions.
<b>Cost</b>	Free.
<b>Audience</b>	Middle schools.
<b>SEM Level</b>	Individual, community, and societal levels.
<b>Sample Curriculum Topics</b>	<ul style="list-style-type: none"><li>• Gender roles</li><li>• Healthy relationships</li><li>• Bystander intervention</li><li>• Consequences of perpetrating</li><li>• Setting and respecting boundaries</li><li>• Measuring personal space</li><li>• Mapping safe and unsafe spaces</li><li>• State and federal laws related to dating violence and harassment</li></ul>
<b>Dose</b>	Six classroom sessions and a school-wide campaign.
<b>Presentation</b>	School-based curriculum facilitated by teachers or other educational staff.
<b>Theoretical Basis</b>	Shifting Boundaries is rooted in Theory of Reasoned Action (TRA) which proposes that attitudes toward a behavior consist of a belief that a particular behavior leads to a type of outcome and an assessment of the outcome of that behavior. Specifically, TRA is based on research that demonstrates that intentions to behave are immediate predecessors to specific actions. According to TRA, attitudes toward and perceived norms about the desired behavior facilitate the intention to change, modify, or adopt said behavior.
<b>Evidence</b>	An experimental study of public middle schools in New York City found that Shifting Boundaries had many large and statistically significant positive impacts on decreasing violence victimization and perpetration in peer and dating relationships. However, when only the school-wide component was implemented, Shifting Boundaries was found to increase total victimization and perpetration in peer relationships (Taylor, Stein, Mumford, & Woods, 2012).

## Sexual Violence Prevention Best Practices for Nebraska RPE

### You might consider Ending Violence.

<b>Program Website</b>	<a href="#">Ending Violence</a>
<b>Program Description</b>	Ending Violence focuses on dating violence prevention from a law and justice perspective. Ending Violence teaches teens how to prevent and safely end abusive relationships, understand their legal rights and responsibilities, and create a framework for building healthy relationships in the future.
<b>Cost</b>	\$108
<b>Audience</b>	Middle and high schools, and community settings.
<b>SEM Level</b>	Individual and relationship levels.
<b>Sample Curriculum Topics</b>	<ul style="list-style-type: none"><li>• Dating Abuse 101</li><li>• Domestic Violence and the Law</li><li>• Ending Violence</li></ul>
<b>Dose</b>	This program consists of three sessions, which can be delivered at one time or separately over the course of a semester.
<b>Presentation</b>	Ending Violence incorporates video segments, interactive classroom activities, discussion prompts, animation and opportunities for role plays or extended research projects. This diversity of content and inclusion of all learning styles allows facilitators to engage teens to learn about dating abuse and healthy relationships on multiple levels.
<b>Theoretical Basis</b>	Ending Violence draws on the social-ecological model to target individual behavior and relationships through education on dating abuse and intimate partner violence. Additionally, Ending Violence promotes social norms change from a law and justice perspective by informing participants of the legal ramifications of perpetrating dating violence and the legal rights of victims.
<b>Evidence</b>	Ending Violence is associated with improved Latino teens' knowledge of dating abuse and legal recourse, reduced acceptance of female-on-male dating violence (but not male-on-female dating violence, whose acceptance was already low), and enhanced teens' perceptions about seeking help if they experience dating violence (Jaycox, et al., 2006)

## Sexual Violence Prevention Best Practices for Nebraska RPE

### You might consider **The Fourth R**.

<b>Program Website</b>	<a href="#">The Fourth R</a>
<b>Program Description</b>	This program uses a whole-school, universal prevention approach by involving all adolescents in education about safety and risks, to better equip them with the skills they need to build healthy relationships and reduce risky behaviors (violence, bullying, unsafe sex, and substance abuse) among themselves and their peers.
<b>Cost</b>	\$90 per grade level.
<b>Audience</b>	Grades 7-9 (HPE curriculum), Grades 9-12 (English curriculum) Curriculums are available for public schools and Catholic schools.
<b>SEM Level</b>	Individual and relationship levels.
<b>Sample Curriculum Topics</b>	<ul style="list-style-type: none"><li>• Personal safety and injury prevention</li><li>• Substance use, addictions, and related behaviors,</li><li>• Human development and sexual health</li><li>• Healthy eating</li></ul>
<b>Dose</b>	Varies by grade level: <ul style="list-style-type: none"><li>• 7<sup>th</sup> grade HPE curriculum: 27 lessons, 40-45 minutes each</li><li>• 8<sup>th</sup> grade HPE curriculum: 28 lessons, 35-40 minutes each</li><li>• 9<sup>th</sup> grade HPE curriculum: 26 lessons, 70 minutes each</li><li>• 9<sup>th</sup> grade English curriculum: 7 lessons, “book club” format</li><li>• 10<sup>th</sup> grade English curriculum: 30 lessons, “short stories” format</li><li>• 11<sup>th</sup> grade English curriculum: 5 modules, “non-fiction” format</li><li>• 12<sup>th</sup> grade English curriculum: lessons vary, “book club” format</li></ul>
<b>Presentation</b>	Each lesson includes learning strategies, activities, assessment tools and innovative methods for teaching healthy living concepts. Units and lessons are taught in sequence, building upon the skills presented in earlier lessons. Training for implementers consists of online modules for each grade level.
<b>Theoretical Basis</b>	The Fourth R utilizes a harm-reduction, skills-focused, relationship-based approach to prevent violence risk behaviors to target knowledge, healthy relationship behavior, and decision-making skills.
<b>Evidence</b>	The Fourth R is associated with better peer resistance and communication skills, reductions in dating violence, and increased condom use. These effects were found to persist at a 2.5 year follow-up with participants (Wolfe et al., 2009).

# Sexual Violence Prevention Best Practices for Nebraska RPE

## Evidence-Based Programs Index

CDC Strategy: Social Norms				
	EBP Name	Bringing in the Bystander	Green Dot	Coaching Boys into Men (CBIM)
CDC	Approach	Bystander approaches	Bystander approaches	Mobilizing men and boys as allies
	SEM Level(s)	Relationship level. Some aspects may fall under the community level (such as social norms or social marketing campaigns)		
Target Population	Age	Ages 14+	Ages 5+	Grades 9-12
	Race/Ethnicity	All	All	All
	Gender	All	All	Men
	Special Populations	N/A	N/A	Student athletes and coaches
Logistics	Delivery Settings	<ul style="list-style-type: none"> <li>High schools</li> <li>Colleges</li> <li>Community organizations</li> <li>Workplaces</li> </ul>	<ul style="list-style-type: none"> <li>Elementary schools</li> <li>Middle schools</li> <li>High schools</li> <li>Colleges</li> <li>Community organizations</li> <li>Workplaces</li> </ul>	<ul style="list-style-type: none"> <li>High school athletic programs</li> </ul>
	Dose	One 4.5-hour session OR three 90-minute sessions	Varies based on audience and delivery style	Minimum of 15 minutes per week for 12 weeks
	Program Cost	Varies	Varies	Free

# Sexual Violence Prevention Best Practices for Nebraska RPE

## Evidence-Based Programs Index (continued)

CDC Strategy: Teach Skills to Prevent Sexual Violence				
	EBP Name	Second Step	Safe Dates	Strong African American Families
CDC	<b>Approach</b>	Socio-emotional learning	Teaching healthy, safe dating, and intimate relationship skills to adolescents	Promoting healthy sexuality
	<b>SEM Level(s)</b>	Individual and relationship levels	Individual level	Individual and relationship levels
Target Population	<b>Age</b>	Grades Pre-K-8	Grades 5-12	Ages 10-14
	<b>Race/Ethnicity</b>	All	All	African American
	<b>Gender</b>	All	All	All
	<b>Special Populations</b>	N/A	N/A	African American families
Logistics	<b>Delivery Settings</b>	<ul style="list-style-type: none"> <li>Elementary schools</li> <li>Middle schools</li> <li>Community organizations</li> </ul>	<ul style="list-style-type: none"> <li>Middle schools</li> <li>High schools</li> <li>Colleges</li> <li>Community organizations</li> </ul>	<ul style="list-style-type: none"> <li>Middle schools</li> <li>Community organizations</li> </ul>
	<b>Dose</b>	22 lessons ranging from 24-40 minutes each	10 50-minute sessions	7 consecutive weekly sessions lasting 2.5 hours each
	<b>Program Cost</b>	Up to \$500 per grade level	\$245	\$1,500 for training (first person in the organization), \$500 per additional person

# Sexual Violence Prevention Best Practices for Nebraska RPE

## Evidence-Based Programs Index (continued)

<b>CDC Strategy: Teach Skills to Prevent Sexual Violence</b>			
	<b>EBP Name</b>	<b>Safer Choices</b>	<b>The Fourth R</b>
<b>CDC</b>	<b>Approach</b>	Promoting healthy sexuality	Promoting healthy sexuality
	<b>SEM Level(s)</b>	Individual and relationship levels	Individual and relationship levels
<b>Target Population</b>	<b>Age</b>	Grades 9-12	Grades 7-9
	<b>Race/Ethnicity</b>	All	All
	<b>Gender</b>	All	All
	<b>Special Populations</b>	N/A	N/A
<b>Logistics</b>	<b>Delivery Settings</b>	<ul style="list-style-type: none"> <li>• High schools</li> <li>• Community organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Middle schools</li> <li>• High schools</li> </ul>
	<b>Dose</b>	21 sessions over 2 years, totaling 16-18 hours	Varies based on grade level
	<b>Program Cost</b>	\$349.99 (basic) or \$549.99 (enhanced)	\$90 per grade level

## Sexual Violence Prevention Best Practices for Nebraska RPE

### Evidence-Based Programs Index (continued)

		CDC Strategy: Teach Skills to Prevent Sexual Violence	CDC Strategy: Create protective environments
	EBP Name	Ending Violence	Shifting Boundaries
CDC	<b>Approach</b>	Teaching healthy, safe dating, and intimate relationship skills to adolescents	Improving safety and monitoring in schools
	<b>SEM Level(s)</b>	Individual and relationship levels	Community and societal levels
Target Population	<b>Age</b>	Grades 7-12	Grades 5-8
	<b>Race/Ethnicity</b>	All	All
	<b>Gender</b>	All	All
	<b>Special Populations</b>	N/A	N/A
Logistics	<b>Delivery Settings</b>	<ul style="list-style-type: none"> <li>• Middle schools</li> <li>• High schools</li> <li>• Community settings</li> </ul>	<ul style="list-style-type: none"> <li>• Middle schools</li> </ul>
	<b>Dose</b>	Three 60-minute sessions in one day or spread across a semester	Six classroom sessions
	<b>Program Cost</b>	\$108	Free

# Sexual Violence Prevention Best Practices for Nebraska RPE

## Examples of Evidence-Informed Practices

	Practice	Information
CDC Strategy: Social Norms	<b>Mentors in Violence Prevention (MVP)</b>	<p><b>CDC Approach:</b> Bystander approaches.</p> <p><b>Program Summary:</b> “MVP is a mixed-gender, multi-racial, gender violence, bullying and gay-bashing prevention program that was the first large-scale attempt to apply the bystander approach to issues of sexual harassment, sexual assault and relationship abuse. MVP also frames gender violence prevention as a leadership issue for administrators, faculty, and students at all levels of the educational system. The leadership and bystander focus allows the issues of gender violence prevention to be framed within a context of inclusion and responsibility for everyone” (MVP Strategies, n.d.)</p> <p><b>Promising Results:</b> Evaluations of MVP suggest that it has a positive influence in changes of attitude and behavior. For example, one study found that MVP participants are more likely to view violence as wrong and to intervene as a bystander than those who did not participate in the program (Ward, 2002)</p> <p><a href="#">Click here for the MVP website.</a></p>
	<b>Hombres Unidos Contra la Violencia Familiar</b>	<p><b>CDC Approach:</b> Mobilizing boys and men as allies.</p> <p><b>Program Summary:</b> “Hombres Unidos Contra la Violencia Familiar is the first initiative aimed at the primary prevention of sexual and intimate partner violence in the Latino migrant community. It is a peer-led, five-session curriculum that was developed through a multi-year process that included research, design and development, implementation, modification, and evaluation. The current iteration of Hombres Unidos covers topics such as gender roles, defining sexual and intimate partner violence, the causes and consequences of violence and building skills to prevent and respond to violence are discussed” (Migrant Clinicians Network, n.d.).</p> <p><b>Promising Results:</b> “Hombres Unidos has received the Robert Wood Johnson Strengthening What Works Initiative and the Mary Byron Foundation Celebrating Solutions Roth Award for their work as an innovative prevention program that addresses the needs of underserved populations” (Migrant Clinicians Network, n.d.).</p> <p><a href="#">Click here for the Hombres Unidos website.</a></p>

# Sexual Violence Prevention Best Practices for Nebraska RPE

## Examples of Evidence-Informed Practices (continued)

	Practice	Information
<b>CDC Strategy: Teach Skills to Prevent Sexual Violence</b>	<b>Love–All That and More</b>	<p><b>CDC Approach:</b> Teaching healthy, safe dating, and intimate relationship skills to adolescents.</p> <p><b>Program Summary:</b> “Love–All That and More promotes safe, healthy relationships and supports teens in taking action to overcome violence and abuse. The six-session curriculum (50 minutes each) contains lesson plans with background materials on healthy and abusive relationships, discussion questions, interactive follow-up activities, and suggestions for the facilitator” (FaithTrust, n.d.). Guides for use with Christian, Jewish, and multi-faith youth are available.</p> <p><b>Promising Results:</b> This program has received positive reviews from a variety of faith and violence prevention leaders (FaithTrust, n.d.)</p> <p><a href="#">Click here for the Love–All That and More website.</a></p>
	<b>Care for Kids</b>	<p><b>CDC Approach:</b> Promoting healthy sexuality.</p> <p><b>Program Summary:</b> “Care for Kids contains six units: Asking for Help, Feelings, Bodies, Babies, Asking for Permission and Wrap-Up. Each unit teaches and reinforces two to four simple, age-appropriate messages via a circle time, a book, and an activity or craft. The activities are designed to complement the fact that children of this age group learn naturally through play and use schemas to assimilate new information. Information is presented in a matter-of-fact way using anatomically correct language” (Prevent Child Abuse Vermont, n.d.)</p> <p><b>Promising Results:</b> Care for Kids has been associated with increased understanding of healthy sexuality and increased reporting rates in children (Prevent Child Abuse Vermont, 2016).</p> <p><a href="#">Click here for the Care for Kids website.</a></p>
	<b>Personal SPACE</b>	<p><b>CDC Approach:</b> Empowerment-based training.</p> <p><b>Program Summary:</b> “The Personal SPACE Program is a unique gender violence prevention training program for women with developmental disabilities. The mission of the Personal SPACE Program is to empower women with disabilities to take greater control of their lives by increasing their ability to protect themselves” (Arc of Maryland, n.d.)</p> <p><b>Promising Results:</b> An internal evaluation of the program found promising results with participants demonstrating learning and changes in participant knowledge from the pre- to the post-test (Arc of Maryland, n.d.)</p> <p><a href="#">Click here for the Personal SPACE website.</a></p>

# Sexual Violence Prevention Best Practices for Nebraska RPE

## Worksheet: Estimating Essential Elements of Programs (Individual and Relationship Approaches)

	Questions for Practitioners	Estimated Essential Elements
WHAT	<ol style="list-style-type: none"><li>1. What messages will be communicated?</li><li>2. What knowledge will be increased?</li><li>3. What skills will be developed?</li></ol>	
HOW	<ol style="list-style-type: none"><li>1. What are the recommended teaching methods?</li><li>2. How many sessions should be delivered, for how long, and over what period of time?</li><li>3. What setting and environment will best support learning?</li></ol>	
WHO	<ol style="list-style-type: none"><li>1. What skills and experiences will help facilitators deliver essential content clearly?</li><li>2. What other characteristics, like credibility with participants, values, and buy-in, will help a facilitator successfully deliver the approach?</li></ol>	

# Sexual Violence Prevention Best Practices for Nebraska RPE

## Worksheet: Estimating Essential Elements of Community and Societal Approaches

	Questions for Practitioners	Estimated Essential Elements
WHAT	What are the key messages, design elements, media, and policy components?	
HOW	What guiding principles, approaches, and processes are central to the approach's success?	
WHO	Which leaders and partners are central to the success of the approach and what are their characteristics (e.g. technical expertise, ability to sway opinions, etc.)?	

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