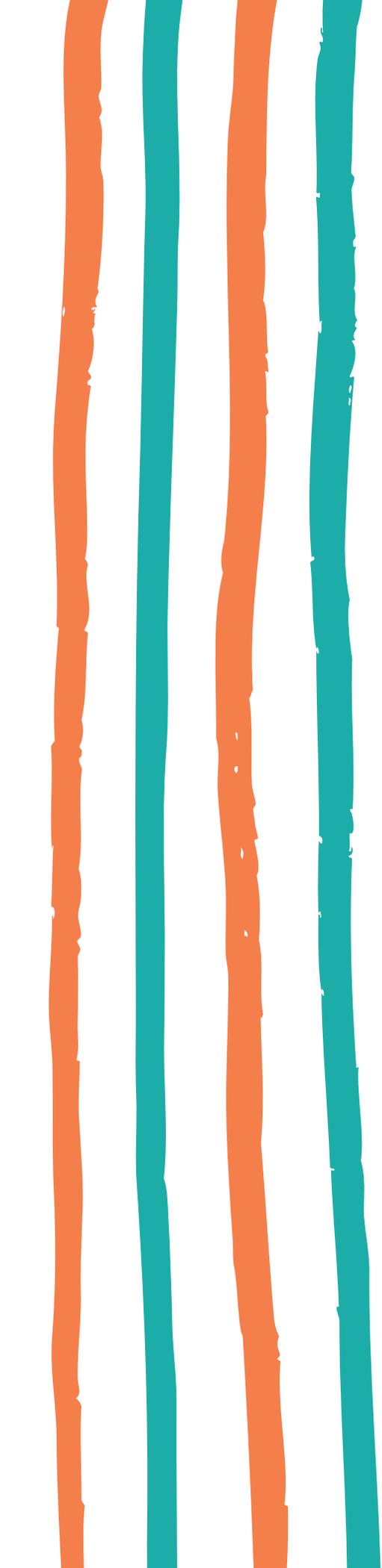


FY20-FY23
RECOMMENDED PROGRAMMING

CURRICULUM ALIGNMENT

 **SVPP**EVALUATION





E. LISAKO J. MCKYER, PhD, MPH
Co-Principal Investigator

HEATHER R. CLARK, DrPH
Co-Principal Investigator

STAFF AND CONTRIBUTORS:

Robert Wilson, MS

Emily Martin, MS

Catherine Catanach, BA

Elfreda Samman, DrPH

Vixey Fang, MS



TEXAS A&M UNIVERSITY

Center for Community
Health Development

The Office of the Attorney General of Texas contracted with the Texas A&M Center for Community Health Development to conduct an alignment of selected evidence-based and locally developed curricula to inform the state on available curricula to be used for program implementation. The curriculum alignment is influenced by both federal and state-level guiding documents including:

- Centers for Disease Control and Prevention’s STOP SV: A Technical Package to Prevent Sexual Violence;
- Preventing Sexual Violence in Texas, A Primary Prevention Approach (Plan); and
- Centers for Disease Control and Prevention’s Notice of Funding Opportunity - Rape Prevention and Education: Using the Best Available Evidence for Sexual Violence Prevention (CDC-RFA-CE19-1902).

The Curriculum Alignment Document was developed to capture key components and Primary Prevention Principles¹ central to effective primary prevention programming. These components are defined in Table 1. **It is important to note that due to the unique nature of local communities and Sexual Violence Primary Prevention (SVPP) programs, this alignment cannot determine if any one curriculum is appropriate for a particular site. The alignment is intended to provide program staff with the necessary information to make an informed decision about which curricula is appropriate for their selected community.**

This document contains a summary and completed Curriculum Alignment Document for the following recommended curricula for Texas programming:

- Be Strong: From the Inside Out
- Bringing in the Bystander
- Close to Home
- Coaching Boys into Men
- LiveRespect
- Mentors in Violence Prevention
- Second Step
- Step Up

¹ Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American psychologist*, 58(6-7), 449.

Table 1. Components of Curriculum Alignment Document

Key Components	Content
Setting & Population	Implementation setting, target population (grade), reading level of materials
Implementation Requirements	Purchase cost, facilitator training requirement(s), implementation materials
Priority Considerations	CDC Focus Area strategies, Texas-specific Risk and Protective Factors, CDC Risk and Protective Factors
Primary Prevention Principles ¹	Definition
1. Comprehensive	Multicomponent interventions that address critical domains (e.g., family, peers, community) that influence the development and perpetuation of the behaviors to be prevented
2. Varied teaching methods	Programs involved diverse teaching methods that focus on increasing awareness and understanding of the problem behaviors and on acquiring or enhancing skills
3. Sufficient dosage	Programs provide enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects
4. Theory driven	Programs have a theoretical justification, are based on accurate information, and are supported by empirical research
5. Positive relationships	Programs provide exposure to adults and peers in a way that promotes strong relationships and supports positive outcomes
6. Appropriately timed	Programs are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of participants
7. Socioculturally relevant	Programs are tailored to the community and cultural norms of the participants and make efforts to include the target group in program planning and implementation
8. Outcome evaluation	Programs have clear goals and objective and make an effort to systematically document their results relative to the goals
9. Well-trained staff	Program staff support the program and are provided with training regarding the implementation of the intervention

Be Strong: From the Inside Out is a comprehensive curriculum developed by Peace Over Violence (2008) for young women in grades eight through twelve. The program builds on the concepts of womanhood, respect, and positive relationships. These three concepts are used as a strategy for health promotion and violence prevention. This health promotion and violence prevention program is grounded in Social Learning Theory and can be used within the public school setting as well as in (all) girls clubs with a preference of having the same-sex grouping consist of no more than ten members.

The curriculum uses a variety of teaching methods and is delivered in forty-eight modules with three sub-groups, with each subgroup made up of activities lasting from thirty minutes to one hour.

Be Strong: From the Inside Out is appropriately timed for the target audience and has a wealth of facilitator professional developmental tools online. The online professional development search engine helps ensure that the staff implementing the curriculum is well versed in the needs of the program. The **Be Strong: From the Inside Out** curriculum is one of the few curricula in this study of having a sole focus on the needs of young women.

The curriculum is promoted as an evidenced-based program that is grounded in research. The research found within the curriculum (N=37) stating “attendance data suggests that fewer than 40% of the participants attended 10 or more of the program sessions” questions the reliability of the research. The curriculum includes both facilitator-led post-evaluative measures and formative and summative evaluations.

TEXAS EVIDENCE-BASED PROGRAM (EBP) ALIGNMENT DOCUMENT

The purpose of this EBP Alignment Document is to provide the reviewer with a snapshot of the academic elements (and requirements) found within the specific strategies listed. The intent is for this document to be used as a content guide and not for evaluative purposes. Please check appropriate boxes and fill out information as needed.

STRATEGY NAME: *Be Strong: From the Inside Out*

IMPLEMENTATION INFORMATION

SETTING AND POPULATION

In which setting(s) is the strategy intended to be implemented? Select all that apply.

- K – 12 School Setting*
- Community College or Technical School
- 4-Year University/College
- Community Organization (Boys & Girls Club, YMCA, etc.)*
- Community Center
- Other: Small group of 6-10*

Who is the target population of the strategy? Select all that apply.

- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade*
- 9th grade*
- 10th grade*
- 11th grade*
- 12th grade*
- Post 12th grade (not in College/University)
- College/University
- Other:

Socio-culturally Relevant³: In what languages is the strategy available? Select all that apply.

- English
- Chinese
- Spanish
- Hindi
- Arabic
- Portuguese
- Bengali
- French
- German
- Russian
- Japanese
- Punjabi / Lahnda
- Other_____

Socio-culturally Relevant³: Does the strategy have an explicitly stated specific target population in regard to gender, race, ethnicity or other special characteristics?

- Yes
- No
- Select all that apply.

Gender:

- Male
- Female
- Other

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Native Hawaiian or other Pacific Islander
- Guamanian or Chamorro
- Samoan
- White
- Other: _____

Other Characteristics:

- Disability
- Faith/Religious
- Low Socioeconomic Status
- Minority
- Tribal
- Veteran Status
- Other: _____

Sufficient Dosage²: Provide the following dosage information for the strategy.

Number of sessions: 48 (4 Modules with 3 subgroups, each subgroup has four 30-minute activities)

Length of sessions: 30 minutes to 1 hour.

Spacing of sessions: undefined

Total duration of programming: several months.

Are there student handouts (sample of at least five handouts) as part of the strategy?

Yes

○ What is the Lexile and grade level readability?

Lexile level: 1060L

Readability: 10th Grade

How do the Lexile and Grade Level Readability compare to the targeted audience?

The Lexile and grade level readability are slightly above the lower end of the targeted audience. The majority of handouts our graphic organizers and discussion sheets to help facilitate small group instruction.

No

Appropriately timed in development⁴: Are the prevention efforts generally developmentally relevant to the population and recipient of the program strategy?

Yes

No

REQUIREMENTS

Cost of strategy as of October 2018: \$ 145.00

Are there any implementation requirements or stipulations that organizations must meet prior to purchasing strategy?

Yes

No

Is there a training requirement for the facilitator or community partners?

Yes

No

Well-trained staff⁹: In what ways does the strategy equip facilitator? Select all that apply.

- Facilitator online professional development
- Facilitator in-person training
- Instructional materials provided (protocols / manuals)
- Other _____

PROGRAMMING CONSIDERATIONS

Theory Driven⁵: Is the strategy grounded in theory of primary prevention of SV?

- Yes
 - Theory of Change: Social Learning Theory
 - Is there a clear understanding/connection between how the content is expected to impact risk and protective factors?
 - Yes
 - No
- No

Is this strategy listed in the STOP SV Technical Package as an evidence-based program?

- Yes
- No

Has the program been evaluated?

- Yes
- No

Socio-culturally Relevant³: Does this strategy address / involve adult influencers or community members?

- Yes
 - How? The adult influencers are the faculty and staff involved as facilitators of the program.
- No

Socio-culturally Relevant³: Does the strategy integrate youth voice (youth empowerment at community-level and making youth agents of change regarding sexual violence prevention) / engagement?

- Yes
 - How? Youth voice is found in several of the role-play activities, as well writing and public speaking activities.
- No

Build on or support positive relationships⁶: Are there guidelines in place that support healthy interactions and provide participants with opportunities for:

healthy peer to peer interactions

- Yes
- No

peer to adult interactions

- Yes
- No

Varied teaching Methods⁷: Does instruction include skill-based learning, interactive instruction, hands on experience and encourages participants in multiple ways?

- Yes
- No

Are there any supplemental materials required to implement this strategy?

- Yes
 - Are the materials provided with the strategy considered standard classroom consumable materials? (example: standard consumable classroom materials would include, but not limited to paper, writing utensils, chart paper, etc. Unfunded non-standard consumable materials would be stickers, poster board, materials needed for props or costumes for plays, etc.)
 - Yes
 - No
- No

Which of the permitted uses does the strategy include? Select all that apply.

- Educational seminars
- Training programs for professionals
- Preparation of informational materials
- Training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities
- Education to increase awareness about drugs and alcohol used to facilitate rape or sexual assault
- Other efforts to increase awareness of the factors about or to help prevent sexual assault, including efforts to raise awareness in under-served communities and awareness among people with disabilities as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. Section 12102).
- Community mobilization
- Coalition building
- Policy education
- Social norms change

EVALUATION

Outcome evaluation⁸: Does the strategy have clear goals and objectives?

- Yes
- No

Outcome evaluation⁸: Are there evaluation components to the strategy?

- Yes
 - What do the evaluation components cover?
 - Evaluation of student participants
 - Survey (type: Post-test)
 - Formative and summative evaluations
 - Summative evaluation only
 - Institutional research evaluation of curriculum
 - Other_____
- No

CDC PRIORITY CONSIDERATIONS

Comprehensive¹: Which level(s) of the Social Ecological Model does this strategy address? Select all that apply.

- Individual
- Interpersonal / Relationship
- Community
- Societal

Which CDC focus area does this strategy address? Select all that apply.

- Promote Social Norms that Protect Against Violence
 - Bystander approaches
 - Mobilizing men and boys as allies
- Teach Skills to Prevent SV
 - Social-emotional learning
 - Teaching healthy, safe dating, and intimate relationship skills to adolescents
 - Promoting healthy sexuality
 - Empowerment-based training
- Provide Opportunities to Empower and Support Girls and Women
 - Strengthening economic supports for women and families
 - Strengthening leadership and opportunities for girls
- Create Protective Environments
 - Improving safety and monitoring in schools
 - Establishing and consistently applying workplace policies
 - Addressing community-level risks through environmental approaches
- Support Victims / Survivors to Lessen Harms
 - Victim-centered services
 - Treatment for victims of SV
 - Treatment for at-risk children and families to prevent problem behavior including sex offending
- Other_____

RISK AND PROTECTIVE FACTORS

Which **individual** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- ✓ Hostility towards women
- ✓ General aggressiveness and acceptance of violence

CDC Risk Factors:

- | | |
|---|---|
| <input type="checkbox"/> Alcohol and drug use | <input type="checkbox"/> Exposure to sexually explicit media |
| <input type="checkbox"/> Delinquency | ✓ Hostility towards women |
| <input type="checkbox"/> Lack of empathy | ✓ Adherence to traditional gender role norms |
| ✓ General aggressiveness and acceptance of violence | ✓ Hyper-masculinity |
| <input type="checkbox"/> Early sexual initiation | <input type="checkbox"/> Suicidal behavior |
| <input type="checkbox"/> Coercive sexual fantasies | <input type="checkbox"/> Prior sexual victimization or perpetration |
| <input type="checkbox"/> Preference for impersonal sex and sexual-risk taking | |

Which **relationship** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Association with delinquent peers

CDC Risk Factors:

- | | |
|---|---|
| <input type="checkbox"/> Family environment characterized by physical violence and conflict | <input type="checkbox"/> Poor parent-child relationships, particularly with fathers |
| <input type="checkbox"/> Childhood history of physical, sexual, or emotional abuse | ✓ Association with sexually aggressive, hypermasculine, and delinquent peers |
| ✓ Emotionally unsupportive family environment | ✓ Involvement in a violent or abusive intimate relationship |

Which **community** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- General tolerance of sexual violence within the community
- Lack of economic opportunities

CDC Risk Factors:

- Poverty
- Lack of employment opportunities
- Lack of institutional support from police and judicial system
- General tolerance of sexual violence within the community
- Weak community sanctions against sexual violence perpetrators

Which **societal** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Societal norms that support sexual violence

CDC Risk Factors:

- Societal norms that support sexual violence
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness
- Weak laws and policies related to sexual violence and gender equity
- High levels of crime and other forms of violence

Which **protective** factors for perpetration does the strategy address? Select all that apply.

Texas-specific Protective Factors:

- Connection to a caring adult
- Connection/commitment to school
- Community support and connectedness
- Gender equality

CDC Protective Factors:

- Parental use of reasoning to resolve family conflict
- Emotional health and connectedness
- Academic achievement
- Empathy and concern for how one's actions affect others

PRIMARY PREVENTION PRINCIPLE

Previous questions have gathered information about various Principles of Effective Prevention Programs (locally known as Primary Prevention Principles [PPP]). Due to the unique nature of each program, evaluators cannot discern if a PPP is met; therefore, programs need to examine the information and determine if the curriculum/approach is right for their community. The chart below provides the definition of each PPP and in column one, evaluators indicate the presence of readily available information regarding each PPP.

Information Available (✓)	Principle	Definition
✓	1. Comprehensive	Multicomponent interventions that address critical domains (e.g., family, peers, community) that influence the development and perpetuation of the behaviors to be prevented
✓	2. Varied teaching methods	Programs involved diverse teaching methods that focus on increasing awareness and understanding of the problem behaviors and on acquiring or enhancing skills
✓ *	3. Sufficient dosage	Programs provide enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects
	4. Theory driven	Programs have a theoretical justification, are based on accurate information, and are supported by empirical research
✓	5. Positive relationships	Programs provide exposure to adults and peers in a way that promotes strong relationships and supports positive outcomes
✓	6. Appropriately timed	Programs are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of participants
✓	7. Socioculturally relevant	Programs are tailored to the community and cultural norms of the participants and make efforts to include the target group in program planning and implementation
✓	8. Outcome evaluation	Programs have clear goals and objective and make an effort to systematically document their results relative to the goals
✓	9. Well-trained staff	Program staff support the program and are provided with training regarding the implementation of the intervention

*Some sessions were longer than 45 minutes, some were short of that minimum time standard.

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American psychologist*, 58(6-7), 449.

Bringing in the Bystander is a comprehensive curriculum developed by Prevention Innovations Research Center (PIRC). The PIRC was established in 2006 and is located on the main campus of the University of New Hampshire in Durham, NH. Bringing in the Bystander is an in-person prevention program grounded in the Theory of Change which supports primary prevention strategies of sexual violence. This curriculum uses a socioculturally relevant community of responsibility approach targeting an appropriate age range from eighteen to twenty-four.

In this curriculum, students build positive relationships with other students and their adult facilitator(s), and learn through varied teaching methods, when in the role of bystanders, how to safely intervene in social situations where another person may be at risk. The program can be administered in a one session format, or presented within three sessions.

The curriculum is an evidenced-based program that is grounded in research and also includes facilitator-led pre- and post-evaluative measures, as well as formative and summative evaluations. Bringing in the Bystander includes program staff support elements that include facilitator in-person training, but information for in-person facilitator training is not referenced in the curriculum materials so facilitators may not realize it is an available resource.

TEXAS EVIDENCE-BASED PROGRAM (EBP) ALIGNMENT DOCUMENT

The purpose of this EBP Alignment Document is to provide the reviewer with a snapshot of the academic elements (and requirements) found within the specific strategies listed. The intent is for this document to be used as a content guide and not for evaluative purposes. Please check appropriate boxes and fill out information as needed.

STRATEGY NAME: *Bringing In The Bystander*

IMPLEMENTATION INFORMATION

SETTING AND POPULATION

In which setting(s) is the strategy intended to be implemented? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> K – 12 School Setting | <input type="checkbox"/> Community Organization (Boys & Girls Club, YMCA, etc.) |
| <input checked="" type="checkbox"/> <i>Community College</i> or Technical School | <input type="checkbox"/> Community Center |
| <input checked="" type="checkbox"/> <i>4-Year University/College</i> | <input type="checkbox"/> Other: _____ |

Who is the target population of the strategy? Select all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> 3 rd grade | <input type="checkbox"/> 8 th grade | <input type="checkbox"/> Post 12 th grade (not in College/University) |
| <input type="checkbox"/> 4 th grade | <input type="checkbox"/> 9 th grade | <input checked="" type="checkbox"/> <i>College/University</i> |
| <input type="checkbox"/> 5 th grade | <input type="checkbox"/> 10 th grade | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 6 th grade | <input type="checkbox"/> 11 th grade | |
| <input type="checkbox"/> 7 th grade | <input type="checkbox"/> 12 th grade | |

Socio-culturally Relevant³: In what languages is the strategy available? Select all that apply.

- | | | |
|---|-------------------------------------|---|
| <input checked="" type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Bengali | <input type="checkbox"/> Punjabi / Lahnda |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> French | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> German | |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Russian | |

Socio-culturally Relevant³: Does the strategy have an explicitly stated specific target population in regard to gender, race, ethnicity or other special characteristics?

- Yes
- No

Sufficient Dosage²: Provide the following dosage information for the strategy.

Number of sessions: 1 or 2 session options

Length of sessions: 90 minutes to 4.5 hours

Spacing of sessions: single session or two sessions over two days

Total duration of programming: less than one week

Are there student handouts (sample of at least five handouts) as part of the strategy?

- Yes
 - What is the Lexile and grade level readability?
Lexile level: college level program
Readability: N/A
- No

Appropriately timed in development⁴: Are the prevention efforts generally developmentally relevant to the population and recipient of the program strategy?

- Yes
- No

REQUIREMENTS

Cost of strategy as of October 2018: \$1,700.00

Are there any implementation requirements or stipulations that organizations must meet prior to purchasing strategy?

- Yes
- No
 - Please explain: _____

Is there a training requirement for the facilitator or community partners?

- Yes
- No
 - What is the cost? _____

Well-trained staff⁹: In what ways does the strategy equip facilitator? Select all that apply.

- Facilitator online professional development
- Facilitator in-person training * available through vendors of the curriculum, but not listed in the curriculum materials itself (p.5 facilitator guide).
- Instructional materials provided (protocols / manuals)
- Other _____

PROGRAMMING CONSIDERATIONS

Theory Driven⁵: Is the strategy grounded in theory of primary prevention of SV?

- Yes
- No
 - Name the theory: *Theory of Change*
 - Is there a clear understanding/connection between how the content is expected to impact risk and protective factors?
 - Yes
 - No

Is this strategy listed in the STOP SV Technical Package as an evidence-based program?

- Yes
- No
 - Has the program been evaluated? _____
 - Yes
 - No

Socio-culturally Relevant³: Does this strategy address / involve adult influencers or community members?

Yes

- How? The program is intended to be co-facilitated. Most often, campuses use undergraduate and graduate students, women's center staff, sexual assault resource center staff, student affairs staff members (i.e. residential life, counseling center, etc.), wellness center staff members, and faculty members to facilitate the program.

No

Socio-culturally Relevant³: Does the strategy integrate youth voice (youth empowerment at community-level and making youth agents of change regarding sexual violence prevention) / engagement?

Yes

No

Youth voice is included in driving some discussions, but the facilitator(s) are still guiding that "freedom" to choose.

Build on or support positive relationships⁶: Are there guidelines in place that support healthy interactions and provide participants with opportunities for:

healthy peer to peer interactions

Yes

No

peer to adult interactions

Yes

No

Varied teaching Methods⁷: Does instruction include skill-based learning, interactive instruction, hands on experience and encourages participants in multiple ways?

Yes

No

Are there any supplemental materials required to implement this strategy?

Yes

No

Which of the permitted uses does the strategy include? Select all that apply.

- Educational seminars
- Training programs for professionals
- Preparation of informational materials
- Training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities
- Education to increase awareness about drugs and alcohol used to facilitate rape or sexual assault
- Other efforts to increase awareness of the factors about or to help prevent sexual assault, including efforts to raise awareness in under-served communities and awareness among people with disabilities as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. Section 12102).
- Community mobilization
- Coalition building
- Policy education
- Social norms change

EVALUATION

Outcome evaluation⁸: Does the strategy have clear goals and objectives?

- Yes
- No

Outcome evaluation⁸: Are there evaluation components to the strategy?

- Yes
 - What do the evaluation components cover?
 - Evaluation of student participants
 - Survey (type: Per/Post evaluation)
 - Formative and summative evaluations
 - Summative evaluation only
 - Institutional research evaluation of curriculum
 - Other_____
 -
- No

CDC PRIORITY CONSIDERATIONS

Comprehensive¹: Which level(s) of the Social Ecological Model does this strategy address? Select all that apply.

- Individual
- Interpersonal / Relationship
- Community
- Societal

Which CDC focus area does this strategy address? Select all that apply.

- Promote Social Norms that Protect Against Violence
 - Bystander approaches
 - Mobilizing men and boys as allies
- Teach Skills to Prevent SV
 - Social-emotional learning
 - Teaching healthy, safe dating, and intimate relationship skills to adolescents
 - Promoting healthy sexuality
 - Empowerment-based training
- Provide Opportunities to Empower and Support Girls and Women
 - Strengthening economic supports for women and families
 - Strengthening leadership and opportunities for girls
- Create Protective Environments
 - Improving safety and monitoring in schools
 - Establishing and consistently applying workplace policies
 - Addressing community-level risks through environmental approaches
- Support Victims / Survivors to Lessen Harms
 - Victim-centered services
 - Treatment for victims of SV
 - Treatment for at-risk children and families to prevent problem behavior including sex offending
- Other_____

RISK AND PROTECTIVE FACTORS

Which **individual** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Hostility towards women
- General aggressiveness and acceptance of violence

CDC Risk Factors:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Alcohol and drug use | <input type="checkbox"/> Exposure to sexually explicit media |
| <input type="checkbox"/> Delinquency | <input checked="" type="checkbox"/> Hostility towards women |
| <input type="checkbox"/> Lack of empathy | <input type="checkbox"/> Adherence to traditional gender role norms |
| <input checked="" type="checkbox"/> General aggressiveness and acceptance of violence | <input checked="" type="checkbox"/> Hyper-masculinity |
| <input type="checkbox"/> Early sexual initiation | <input type="checkbox"/> Suicidal behavior |
| <input type="checkbox"/> Coercive sexual fantasies | <input type="checkbox"/> Prior sexual victimization or perpetration |
| <input type="checkbox"/> Preference for impersonal sex and sexual-risk taking | |

Which **relationship** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Association with delinquent peers

CDC Risk Factors:

- | | |
|---|---|
| <input type="checkbox"/> Family environment characterized by physical violence and conflict | <input type="checkbox"/> Poor parent-child relationships, particularly with fathers |
| <input type="checkbox"/> Childhood history of physical, sexual, or emotional abuse | <input type="checkbox"/> Association with sexually aggressive, hypermasculine, and delinquent peers |
| <input type="checkbox"/> Emotionally unsupportive family environment | <input checked="" type="checkbox"/> Involvement in a violent or abusive intimate relationship |

Which **community** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- General tolerance of sexual violence within the community
- Lack of economic opportunities

CDC Risk Factors:

- Poverty
- Lack of employment opportunities
- Lack of institutional support from police and judicial system
- General tolerance of sexual violence within the community
- Weak community sanctions against sexual violence perpetrators

Which **societal** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Societal norms that support sexual violence

CDC Risk Factors:

- Societal norms that support sexual violence
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness
- Weak laws and policies related to sexual violence and gender equity
- High levels of crime and other forms of violence

Which **protective** factors for perpetration does the strategy address? Select all that apply.

Texas-specific Protective Factors:

- Connection to a caring adult
- Connection/commitment to school
- Community support and connectedness
- Gender equality

CDC Protective Factors:

- Parental use of reasoning to resolve family conflict
- Emotional health and connectedness
- Academic achievement
- Empathy and concern for how one's actions affect others

PRIMARY PREVENTION PRINCIPLES

Previous questions have gathered information about various Principles of Effective Prevention Programs (locally known as Primary Prevention Principles [PPP]). Due to the unique nature of each program, evaluators cannot discern if a PPP is met; therefore, programs need to examine the information and determine if the curriculum/approach is right for their community. The chart below provides the definition of each PPP and in column one, evaluators indicate the presence of readily available information regarding each PPP.

Information Available (✓)	Principle	Definition
✓	1. Comprehensive	Multicomponent interventions that address critical domains (e.g., family, peers, community) that influence the development and perpetuation of the behaviors to be prevented
✓	2. Varied teaching methods	Programs involved diverse teaching methods that focus on increasing awareness and understanding of the problem behaviors and on acquiring or enhancing skills
	3. Sufficient dosage	Programs provide enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects
✓	4. Theory driven	Programs have a theoretical justification, are based on accurate information, and are supported by empirical research
✓	5. Positive relationships	Programs provide exposure to adults and peers in a way that promotes strong relationships and supports positive outcomes
✓	6. Appropriately timed	Programs are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of participants
✓	7. Socioculturally relevant	Programs are tailored to the community and cultural norms of the participants and make efforts to include the target group in program planning and implementation
✓	8. Outcome evaluation	Programs have clear goals and objective and make an effort to systematically document their results relative to the goals
✓	9. Well-trained staff	Program staff support the program and are provided with training regarding the implementation of the intervention

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist*, 58(6-7), 449.

Close to Home is an approach that began in Dorchester, MA in 2000. The organization Close to Home works with community leaders to mobilize ideas to action to confront domestic and sexual violence within their community. This community action program is growing outside the bounds of the Dorchester community to other towns/cities throughout the United States and beyond. While the community organizing model has a focus on preventing domestic and sexual violence, it does not capture all of the traditional elements this alignment examines. Because of these differences, five of the nine primary prevention principles are not addressed: Comprehensive, Varied Teaching Methods, Sufficient Dosage, Outcome Evaluation, and Well-Trained Staff.

Four primary prevention principles are addressed in the three books that make up the Close to Home program: Theory-Driven, Positive Relationships, Appropriately Timed, and Sociocultural Relevant. The Close to Home strategy is grounded in Network Theory and Network Leadership, with a clear connection between how the community action program is expected to impact risk and protective factors.

Within the four phases of the Close to Home Approach, there are multiple opportunities through conversations at the group level, including one-on-one interviews that allow for participant voice (including youth) to be included. These opportunities allow community members to build positive relationships between the multi-generational members to have whole community engagement in working together to prevent domestic and sexual violence.

TEXAS EVIDENCE-BASED PROGRAM (EBP) ALIGNMENT DOCUMENT

The purpose of this EBP Alignment Document is to provide the reviewer with a snapshot of the academic elements (and requirements) found within the specific strategies listed. The intent is for this document to be used as a content guide and not for evaluative purposes. Please check appropriate boxes and fill out information as needed.

STRATEGY NAME: *Close to Home*

IMPLEMENTATION INFORMATION

SETTING AND POPULATION

In which setting(s) is the strategy intended to be implemented? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> K – 12 School Setting | <input type="checkbox"/> Community Organization (Boys & Girls Club, YMCA, etc.) |
| <input type="checkbox"/> Community College or Technical School | <input type="checkbox"/> Community Center |
| <input type="checkbox"/> 4-Year University/College | <input checked="" type="checkbox"/> <i>Other: Community-wide</i> |

Who is the target population of the strategy? Select all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> 3 rd grade | <input type="checkbox"/> 8 th grade | <input type="checkbox"/> Post 12 th grade (not in College/University) |
| <input type="checkbox"/> 4 th grade | <input type="checkbox"/> 9 th grade | <input type="checkbox"/> College/University |
| <input type="checkbox"/> 5 th grade | <input type="checkbox"/> 10 th grade | <input checked="" type="checkbox"/> <i>Other: All age levels</i> |
| <input type="checkbox"/> 6 th grade | <input type="checkbox"/> 11 th grade | |
| <input type="checkbox"/> 7 th grade | <input type="checkbox"/> 12 th grade | |

Socio-culturally Relevant³: In what languages is the strategy available? Select all that apply.

- | | | |
|---|-------------------------------------|---|
| <input checked="" type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Bengali | <input type="checkbox"/> Punjabi / Lahnda |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> French | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> German | |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Russian | |

Socio-culturally Relevant³: Does the strategy have an explicitly stated specific target population in regard to gender, race, ethnicity or other special characteristics?

- Yes
 No

Sufficient Dosage²: Provide the following dosage information for the strategy.

Number of sessions: *undefined*

Length of sessions: *undefined*

Spacing of sessions: *undefined*

Total duration of programming: *Minimum duration; 3 to 4 years*

Are there student handouts (sample of at least five handouts) as part of the strategy?

- Yes
 No

Appropriately timed in development⁴: Are the prevention efforts generally developmentally relevant to the population and recipient of the program strategy?

- Yes
 No

REQUIREMENTS

Cost of strategy as of October 2018: *Free*

Are there any implementation requirements or stipulations that organizations must meet prior to purchasing strategy?

- Yes
 No

Is there a training requirement for the facilitator or community partners?

- Yes
- No

Well-trained staff⁹: In what ways does the strategy equip facilitator? Select all that apply.

- Facilitator online professional development
- Facilitator in-person training
- Instructional materials provided (protocols / manuals)
- Other _____

PROGRAMMING CONSIDERATIONS

Theory Driven⁵: Is the strategy grounded in theory of primary prevention of SV?

- Yes
 - Name the Theory of Change: **Network Theory and Network Leadership**
 - Is there a clear understanding/connection between how the content is expected to impact risk and protective factors?
 - Yes
 - No
- No

Is this strategy listed in the STOP SV Technical Package as an evidence-based program?

- Yes
- No
 - Has the program been evaluated?
 - Yes
 - No

Socio-culturally Relevant³: Does this strategy address / involve adult influencers or community members?

- Yes
 - Then how? **Whole community engagement**
- No

Socio-culturally Relevant³: Does the strategy integrate youth voice (youth empowerment at community-level and making youth agents of change regarding sexual violence prevention) / engagement?

Yes

- How? Within the four phases of the Close to Home Approach, there are multiple opportunities through conversations at the group level, including one on one interviews that allow for participant voice to be included (including youth).

No

Build on or support positive relationships⁶: Are there guidelines in place that support healthy interactions and provide participants with opportunities for:

healthy peer to peer interactions

Yes

No

peer to adult interactions

Yes

No

Varied teaching Methods⁷: Does instruction include skill-based learning, interactive instruction, hands on experience and encourages participants in multiple ways?

Yes

No

Are there any supplemental materials required to implement this strategy?

Yes

No

Which of the permitted uses does the strategy include? Select all that apply.

- Educational seminars
- Training programs for professionals
- Preparation of informational materials
- Training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities
- Education to increase awareness about drugs and alcohol used to facilitate rape or sexual assault
- Other efforts to increase awareness of the factors about or to help prevent sexual assault, including efforts to raise awareness in under-served communities and awareness among people with disabilities as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. Section 12102).
- Community mobilization
- Coalition building
- Policy education
- Social norms change

EVALUATION

Outcome evaluation⁸: Does the strategy have clear goals and objectives?

- Yes
- No

Outcome evaluation⁸: Are there evaluation components to the strategy?

- Yes
- No
 - What do the evaluation components cover?
 - Evaluation of student participants
 - Survey (type: _____)
 - Formative and summative evaluations
 - Summative evaluation only
 - Institutional research evaluation of curriculum
 - Other: Beginning needs assessment, and final phase debrief session

CDC PRIORITY CONSIDERATIONS

Comprehensive¹: Which level(s) of the Social Ecological Model does this strategy address? Select all that apply.

- Individual
- Interpersonal / Relationship
- Community
- Societal

Which CDC focus area does this strategy address? Select all that apply.

- Promote Social Norms that Protect Against Violence
 - Bystander approaches
 - Mobilizing men and boys as allies
- Teach Skills to Prevent SV
 - Social-emotional learning
 - Teaching healthy, safe dating, and intimate relationship skills to adolescents
 - Promoting healthy sexuality
 - Empowerment-based training
- Provide Opportunities to Empower and Support Girls and Women
 - Strengthening economic supports for women and families
 - Strengthening leadership and opportunities for girls
- Create Protective Environments
 - Improving safety and monitoring in schools
 - Establishing and consistently applying workplace policies
 - Addressing community-level risks through environmental approaches
- Support Victims / Survivors to Lessen Harms
 - Victim-centered services
 - Treatment for victims of SV
 - Treatment for at-risk children and families to prevent problem behavior including sex offending
- Other: Due to the loose framework of the Close to Home Approach, any of the CDC focus areas can be addressed if that is found to be a community need.

RISK AND PROTECTIVE FACTORS

Which **individual** risk factors does the strategy address? Select all that apply*.

Texas-specific Risk Factors:

- Hostility towards women
- General aggressiveness and acceptance of violence

CDC Risk Factors:

- Alcohol and drug use
- Delinquency
- Lack of empathy
- General aggressiveness and acceptance of violence
- Early sexual initiation
- Coercive sexual fantasies
- Preference for impersonal sex and sexual-risk taking
- Exposure to sexually explicit media
- Hostility towards women
- Adherence to traditional gender role norms
- Hyper-masculinity
- Suicidal behavior
- Prior sexual victimization or perpetration

Which **relationship** risk factors does the strategy address? Select all that apply*.

Texas-specific Risk Factors:

- Association with delinquent peers

CDC Risk Factors:

- Family environment characterized by physical violence and conflict
- Childhood history of physical, sexual, or emotional abuse
- Emotionally unsupportive family environment
- Poor parent-child relationships, particularly with fathers
- Association with sexually aggressive, hypermasculine, and delinquent peers
- Involvement in a violent or abusive intimate relationship

* Due to the loose framework of the Close to Home Approach, any of the focus areas, strategies, and/or risk factors can be addressed if that is found to be a community need.

Which **community** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- General tolerance of sexual violence within the community
- Lack of economic opportunities

CDC Risk Factors:

- Poverty
- Lack of employment opportunities
- Lack of institutional support from police and judicial system
- General tolerance of sexual violence within the community
- Weak community sanctions against sexual violence perpetrators

Which **societal** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Societal norms that support sexual violence

CDC Risk Factors:

- Societal norms that support sexual violence
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness
- Weak laws and policies related to sexual violence and gender equity
- High levels of crime and other forms of violence

* Due to the loose framework of the Close to Home Approach, any of the focus areas, strategies, and/or risk factors can be addressed if that is found to be a community need.

Which **protective** factors for perpetration does the strategy address? Select all that apply.

Texas-specific Protective Factors:

- Connection to a caring adult
- Connection/commitment to school
- Community support and connectedness
- Gender equality

CDC Protective Factors:

- Parental use of reasoning to resolve family conflict
- Emotional health and connectedness
- Academic achievement
- Empathy and concern for how one's actions affect others

PRIMARY PREVENTION PRINCIPLES

Previous questions have gathered information about various Principles of Effective Prevention Programs (locally known as Primary Prevention Principles [PPP]). Due to the unique nature of each program, evaluators cannot discern if a PPP is met; therefore, programs need to examine the information and determine if the curriculum/approach is right for their community. The chart below provides the definition of each PPP and in column one, evaluators indicate the presence of readily available information regarding each PPP.

Information Available (✓)	Principle	Definition
	1. Comprehensive	Multicomponent interventions that address critical domains (e.g., family, peers, community) that influence the development and perpetuation of the behaviors to be prevented
	2. Varied teaching methods	Programs involved diverse teaching methods that focus on increasing awareness and understanding of the problem behaviors and on acquiring or enhancing skills
	3. Sufficient dosage	Programs provide enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects
✓	4. Theory driven	Programs have a theoretical justification, are based on accurate information, and are supported by empirical research
✓	5. Positive relationships	Programs provide exposure to adults and peers in a way that promotes strong relationships and supports positive outcomes
✓	6. Appropriately timed	Programs are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of participants
✓	7. Socioculturally relevant	Programs are tailored to the community and cultural norms of the participants and make efforts to include the target group in program planning and implementation
	8. Outcome evaluation	Programs have clear goals and objective and make an effort to systematically document their results relative to the goals
	9. Well-trained staff	Program staff support the program and are provided with training regarding the implementation of the intervention

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist*, 58(6-7), 449.

Coaching Boys into Men (CBIM) is a Futures Without Violence product found on CoachesCorner.org. The comprehensive curriculum targets only male students from ninth to twelfth grades and centers around football and soccer. The curriculum, while limited in the teaching methods used, comes with a “playbook,” with guiding examples and discussion points for program implementation. The program is grounded in the Theory of Planned Behavior and has a series of empirical research studies supporting the validity and reliability of the overall program.

The program is delivered through a twelve-week program that has a dosage of fifteen to thirty minutes each session. The program builds strong peer-to-peer and peer-to-adult (coaching) relationships, supporting positive program outcomes. It is appropriately timed to meet the developmental needs of the student participants. The program also has clear goals and objective and makes an effort to systematically document goals achievement through the evaluation of student participants using pre / post-survey evaluative measures.

One of the strengths of CBIM is the program's ability to “coach-up” (i.e. build skills of) program coaches. The program recommends that the team coach attend a basic training program from either Futures Without Violence or a local domestic violence or sexual assault agency. CBIM also recommends connecting with community SVP experts, as well as other interested individuals within the school community, including other parents, administrators, and other coaches to build a support network for success.

TEXAS EVIDENCE-BASED PROGRAM (EBP) ALIGNMENT DOCUMENT

The purpose of this EBP Alignment Document is to provide the reviewer with a snapshot of the academic elements (and requirements) found within the specific strategies listed. The intent is for this document to be used as a content guide and not for evaluative purposes. Please check appropriate boxes and fill out information as needed.

STRATEGY NAME: *Coaching Boys into Men (CBIM)*

IMPLEMENTATION INFORMATION

SETTING AND POPULATION

In which setting(s) is the strategy intended to be implemented? Select all that apply.

- K – 12 School Setting*
- Community College or Technical School
- 4-Year University/College
- Community Organization (Boys & Girls Club, YMCA, etc.)
- Community Center
- Other: _____

Who is the target population of the strategy? Select all that apply.

- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade*
- 10th grade*
- 11th grade*
- 12th grade*
- Post 12th grade (not in College/University)
- College/University
- Other: _____

Socio-culturally Relevant³: In what languages is the strategy available? Select all that apply.

- English
- Chinese
- Spanish
- Hindi
- Arabic
- Portuguese
- Bengali
- French
- German
- Russian
- Japanese
- Punjabi / Lahnda
- Other_____

Socio-culturally Relevant³: Does the strategy have an explicitly stated specific target population in regard to gender, race, ethnicity or other special characteristics?

- Yes
- No
 - o Select all that apply.

Gender:

- Male
- Female
- Other

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Native Hawaiian or other Pacific Islander
- Guamanian or Chamorro
- Samoan
- White
- Other: _____

Other Characteristics:

- Disability
- Faith/Religious
- Low Socioeconomic Status
- Minority
- Tribal
- Veteran Status
- Other: _____

Sufficient Dosage²: Provide the following dosage information for the strategy.

Number of sessions: 12

Length of sessions: 15 to 30 minutes

Spacing of sessions: weekly

Total duration of programming: 12 weeks

Are there student handouts (sample of at least five handouts) as part of the strategy?

- Yes
- No

Appropriately timed in development⁴: Are the prevention efforts generally developmentally relevant to the population and recipient of the program strategy?

- Yes
- No

REQUIREMENTS

Cost of strategy as of October 2018: Free

Are there any implementation requirements or stipulations that organizations must meet prior to purchasing strategy?

- Yes
- No
 - While there are no requirements or stipulations that organizations must meet before purchasing/downloading the curriculum, for most coaches, basic training is necessary to become familiar with CBIM curriculum strategies.

Is there a training requirement for the facilitator or community partners?

- Yes
 - What is the cost? In this instance, the facilitator is the team coach in which it is suggested to receive basic training from either Futures Without Violence OR a local domestic violence or sexual assault agency.
- No

Well-trained staff⁹: In what ways does the strategy equip facilitator? Select all that apply.

- Facilitator online professional development
- Facilitator in-person training * Only in the event that the facilitator reaches out to make community connections for in-person training.
- Instructional materials provided (protocols / manuals)
- Other _____

PROGRAMMING CONSIDERATIONS

Theory Driven⁵: Is the strategy grounded in theory of primary prevention of SV?

- Yes
 - Theory of Change: **Theory of Planned Behavior**
 - Is there a clear understanding/connection between how the content is expected to impact risk and protective factors?
 - Yes
 - No
- No

Is this strategy listed in the STOP SV Technical Package as an evidence-based program?

- Yes
- No

Socio-culturally Relevant³: Does this strategy address / involve adult influencers or community members?

- Yes
 - How? **CBIM recommends connecting with community SVP experts, as well as campus within the school community including other parents, administrators, and other coaches.**
- No

Socio-culturally Relevant³: Does the strategy integrate youth voice (youth empowerment at community-level and making youth agents of change regarding sexual violence prevention) / engagement?

Yes

- How? While there is no youth voice in curriculum planning, youth “voice” in CBIM is found within the athletes’ abilities to be influential leaders among their peers. This “voice” is enhanced by the CBIM complementary program, Athletes as Leaders.

No

Build on or support positive relationships⁶: Are there guidelines in place that support healthy interactions and provide participants with opportunities for:

healthy peer to peer interactions

Yes

No

peer to adult interactions

Yes

No

Varied teaching Methods⁷: Does instruction include skill-based learning, interactive instruction, hands on experience and encourages participants in multiple ways?

Yes

No

Are there any supplemental materials required to implement this strategy?

Yes

No

Which of the permitted uses does the strategy include? Select all that apply.

- Educational seminars
- Training programs for professionals
- Preparation of informational materials
- Training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities
- Education to increase awareness about drugs and alcohol used to facilitate rape or sexual assault
- Other efforts to increase awareness of the factors about or to help prevent sexual assault, including efforts to raise awareness in under-served communities and awareness among people with disabilities as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. Section 12102).
- Community mobilization
- Coalition building
- Policy education
- Social norms change

EVALUATION

Outcome evaluation⁸: Does the strategy have clear goals and objectives?

- Yes
- No

Outcome evaluation⁸: Are there evaluation components to the strategy?

- Yes
 - What do the evaluation components cover?
 - Evaluation of student participants
 - Survey (type: Pre/Post-season Survey)
 - Formative and summative evaluations
 - Summative evaluation only
 - Institutional research evaluation of curriculum
 - Other_____
- No

CDC PRIORITY CONSIDERATIONS

Comprehensive¹: Which level(s) of the Social Ecological Model does this strategy address? Select all that apply.

- Individual
- Interpersonal / Relationship
- Community
- Societal

Which CDC focus area does this strategy address? Select all that apply.

- Promote Social Norms that Protect Against Violence
 - Bystander approaches
 - Mobilizing men and boys as allies
- Teach Skills to Prevent SV
 - Social-emotional learning
 - Teaching healthy, safe dating, and intimate relationship skills to adolescents
 - Promoting healthy sexuality
 - Empowerment-based training
- Provide Opportunities to Empower and Support Girls and Women
 - Strengthening economic supports for women and families
 - Strengthening leadership and opportunities for girls
- Create Protective Environments
 - Improving safety and monitoring in schools
 - Establishing and consistently applying workplace policies
 - Addressing community-level risks through environmental approaches
- Support Victims / Survivors to Lessen Harms
 - Victim-centered services
 - Treatment for victims of SV
 - Treatment for at-risk children and families to prevent problem behavior including sex offending
- Other_____

RISK AND PROTECTIVE FACTORS

Which **individual** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Hostility towards women
- General aggressiveness and acceptance of violence

CDC Risk Factors:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Alcohol and drug use | <input checked="" type="checkbox"/> Exposure to sexually explicit media*
*(Digital) |
| <input type="checkbox"/> Delinquency | <input checked="" type="checkbox"/> Hostility towards women |
| <input checked="" type="checkbox"/> Lack of empathy | <input checked="" type="checkbox"/> Adherence to traditional gender role norms |
| <input checked="" type="checkbox"/> General aggressiveness and acceptance of violence | <input checked="" type="checkbox"/> Hyper-masculinity |
| <input type="checkbox"/> Early sexual initiation | <input type="checkbox"/> Suicidal behavior |
| <input type="checkbox"/> Coercive sexual fantasies | <input type="checkbox"/> Prior sexual victimization or perpetration |
| <input type="checkbox"/> Preference for impersonal sex and sexual-risk taking | |

Which **relationship** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Association with delinquent peers

CDC Risk Factors:

- | | |
|---|--|
| <input type="checkbox"/> Family environment characterized by physical violence and conflict | <input type="checkbox"/> Poor parent-child relationships, particularly with fathers |
| <input type="checkbox"/> Childhood history of physical, sexual, or emotional abuse | <input checked="" type="checkbox"/> Association with sexually aggressive, hypermasculine, and delinquent peers |
| <input type="checkbox"/> Emotionally unsupportive family environment | <input type="checkbox"/> Involvement in a violent or abusive intimate relationship |

Which **community** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- General tolerance of sexual violence within the community
- Lack of economic opportunities

CDC Risk Factors:

- Poverty
- Lack of employment opportunities
- Lack of institutional support from police and judicial system
- General tolerance of sexual violence within the community
- Weak community sanctions against sexual violence perpetrators

Which **societal** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Societal norms that support sexual violence

CDC Risk Factors:

- Societal norms that support sexual violence
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness
- Weak laws and policies related to sexual violence and gender equity
- High levels of crime and other forms of violence

Which **protective** factors for perpetration does the strategy address? Select all that apply.

Texas-specific Protective Factors:

- Connection to a caring adult
- Connection/commitment to school
- Community support and connectedness
- Gender equality

CDC Protective Factors:

- Parental use of reasoning to resolve family conflict
- Emotional health and connectedness
- Academic achievement
- Empathy and concern for how one's actions affect others

PRIMARY PREVENTION PRINCIPLES

Previous questions have gathered information about various Principles of Effective Prevention Programs (locally known as Primary Prevention Principles [PPP]). Due to the unique nature of each program, evaluators cannot discern if a PPP is met; therefore, programs need to examine the information and determine if the curriculum/approach is right for their community. The chart below provides the definition of each PPP and in column one, evaluators indicate the presence of readily available information regarding each PPP.

Information Available (✓)	Principle	Definition
✓	1. Comprehensive	Multicomponent interventions that address critical domains (e.g., family, peers, community) that influence the development and perpetuation of the behaviors to be prevented
	2. Varied teaching methods	Programs involved diverse teaching methods that focus on increasing awareness and understanding of the problem behaviors and on acquiring or enhancing skills
	3. Sufficient dosage	Programs provide enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects
✓	4. Theory driven	Programs have a theoretical justification, are based on accurate information, and are supported by empirical research
✓	5. Positive relationships	Programs provide exposure to adults and peers in a way that promotes strong relationships and supports positive outcomes
✓	6. Appropriately timed	Programs are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of participants
✓	7. Socioculturally relevant	Programs are tailored to the community and cultural norms of the participants and make efforts to include the target group in program planning and implementation
✓	8. Outcome evaluation	Programs have clear goals and objective and make an effort to systematically document their results relative to the goals
✓	9. Well-trained staff	Program staff support the program and are provided with training regarding the implementation of the intervention

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist*, 58(6-7), 449.

Live Respect is a program developed by A CALL TO MEN located in Centre, NY. A CALL TO MEN is a violence prevention organization working on preventing violence against all women and girls. From the organization's perspective, preventing violence against woman and girls starts with a healthy, respectful view of manhood and what manhood represents. The comprehensive curriculum targets male only students from 6th to 12th grade and is grounded in the Theory of Planned Behavior. While A CALL TO MEN has worked with a wide range of organizations and is fiscally sponsored by Rockefeller Philanthropy Advisors, empirical research studies supporting the validity and reliability of the overall program is challenging to find.

The program consists of nine 45 minutes sessions. Content is delivered through a variety of teaching methods. The program builds strong peer-to-peer, and peer-to-adult relationships supporting positive program outcomes and is appropriately timed to meet the developmental needs of most of the student participants. The program also has clear goals and objective and tries to systematically document their results relative to the goals through the evaluation of student participants using a pre / post-survey.

One of the strengths of Live Respect is the program's access to the A CALL TO MEN's support and professional development network. The vast network provides both fee-based and free professional development and also has access to online professional development for facilitators that is different from the toolkit found on the Live Respect website. While difficult to make the connection at first, once instructors cross over to A CALL TO MEN's main website, they have access to an extensive toolkit.

TEXAS EVIDENCE-BASED PROGRAM (EBP) ALIGNMENT DOCUMENT

The purpose of this EBP Alignment Document is to provide the reviewer with a snapshot of the academic elements (and requirements) found within the specific strategies listed. The intent is for this document to be used as a content guide and not for evaluative purposes. Please check appropriate boxes and fill out information as needed.

STRATEGY NAME: *Live Respect – Coaching Healthy & Respectful Manhood*

IMPLEMENTATION INFORMATION

SETTING AND POPULATION

In which setting(s) is the strategy intended to be implemented? Select all that apply.

- K – 12 School Setting*
- Community College or Technical School
- 4-Year University/College
- Community Organization (Boys & Girls Club, YMCA, etc.)
- Community Center
- Other: _____

Who is the target population of the strategy? Select all that apply.

- 3rd grade
- 4th grade
- 5th grade
- 6th grade*
- 7th grade*
- 8th grade*
- 9th grade*
- 10th grade*
- 11th grade*
- 12th grade*
- Post 12th grade (not in College/University)
- College/University
- Other: _____

Socio-culturally Relevant³: In what languages is the strategy available? Select all that apply.

- English
- Chinese
- Spanish
- Hindi
- Arabic
- Portuguese
- Bengali
- French
- German
- Russian
- Japanese
- Punjabi / Lahnda
- Other_____

Socio-culturally Relevant³: Does the strategy have an explicitly stated specific target population in regard to gender, race, ethnicity or other special characteristics?

- Yes
- No
- Select all that apply.

Gender:

- Male
- Female
- Other

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Native Hawaiian or other Pacific Islander
- Guamanian or Chamorro
- Samoan
- White
- Other: _____

Other Characteristics:

- Disability
- Faith/Religious
- Low Socioeconomic Status
- Minority
- Tribal
- Veteran Status
- Other: _____

Sufficient Dosage²: Provide the following dosage information for the strategy.

Number of sessions: 9

Length of sessions: 45 minutes

Spacing of sessions: undefined

Total duration of programming: "several weeks"

Are there student handouts (sample of at least five handouts) as part of the strategy?

Yes

- What is the Lexile and grade level readability?

Lexile level: 1010L

Readability: 10th Grade

How do the Lexile and Grade Level Readability compare to the targeted audience?

With the targeted audience spanning from grades 6 to 12, the grade level readability is above the grade range for grades 6th to 9th grades, and on level for grades 10th to 12th grades.

No

Appropriately timed in development⁴: Are the prevention efforts generally developmentally relevant to the population and recipient of the program strategy?

Yes

No

REQUIREMENTS

Cost of strategy as of October 2018: Free

Are there any implementation requirements or stipulations that organizations must meet prior to purchasing strategy?

Yes

- Please explain: Before downloading the free curriculum, educators have to agree to the LiveRespect guidelines. While those guidelines cannot be found easily online, there is a tool kit certification program that grant educators access to a toolkit that has (1) implementation FAQ's, (2) Implementation timeline, (3) pre- and post-attitudinal surveys, (4) monthly status reports, and (5) curriculum end reports.

No

Is there a training requirement for the facilitator or community partners?

- Yes
 - What is the cost? See above, the cost is undefined.
- No

Well-trained staff⁹: In what ways does the strategy equip facilitator? Select all that apply.

- Facilitator online professional development* only if participants sign up for the course.
- Facilitator in-person training
- Instructional materials provided (protocols / manuals)
- Other _____

PROGRAMMING CONSIDERATIONS

Theory Driven⁵: Is the strategy grounded in theory of primary prevention of SV?

- Yes
- No* none stated or promoted, but deep in the research there is a connection to CBIM, and with that connection to CBIM we can loosely associate a theory of change.
 - Name the Theory of Change: Theory of Planned Behavior
 - Is there a clear understanding/connection between how the content is expected to impact risk and protective factors?
 - Yes
 - No

Is this strategy listed in the STOP SV Technical Package as an evidence-based program?

- Yes
- No
 - Has the program been evaluated?
 - Yes
 - No

Socio-culturally Relevant³: Does this strategy address / involve adult influencers or community members?

- Yes
 - How? Only within the school system that the curriculum is being implemented.
- No

Socio-culturally Relevant³: Does the strategy integrate youth voice (youth empowerment at community-level and making youth agents of change regarding sexual violence prevention) / engagement?

- Yes
 - How? Through the differentiated instruction of each lesson. Each lesson has discussion questions, or “Think About it!” prompts for student discussion.
- No

Build on or support positive relationships⁶: Are there guidelines in place that support healthy interactions and provide participants with opportunities for:

healthy peer to peer interactions

- Yes
- No

peer to adult interactions

- Yes
- No

Varied teaching Methods⁷: Does instruction include skill-based learning, interactive instruction, hands on experience and encourages participants in multiple ways?

- Yes
- No

Are there any supplemental materials required to implement this strategy?

- Yes
- No

Which of the permitted uses does the strategy include? Select all that apply.

- Educational seminars
- Training programs for professionals
- Preparation of informational materials
- Training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities
- Education to increase awareness about drugs and alcohol used to facilitate rape or sexual assault
- Other efforts to increase awareness of the factors about or to help prevent sexual assault, including efforts to raise awareness in under-served communities and awareness among people with disabilities as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. Section 12102).
- Community mobilization
- Coalition building
- Policy education
- Social norms change

EVALUATION

Outcome evaluation⁸: Does the strategy have clear goals and objectives?

- Yes
- No

Outcome evaluation⁸: Are there evaluation components to the strategy?

- Yes
- No
 - If yes, what do the evaluation components cover?
 - Evaluation of student participants
 - Survey (type: pre / post-survey)
 - Formative and summative evaluations
 - Summative evaluation only
 - Institutional research evaluation of curriculum
 - Other_____

CDC PRIORITY CONSIDERATIONS

Comprehensive¹: Which level(s) of the Social Ecological Model does this strategy address? Select all that apply.

- Individual
- Interpersonal / Relationship
- Community
- Societal

Which CDC focus area does this strategy address? Select all that apply.

- Promote Social Norms that Protect Against Violence
 - Bystander approaches
 - Mobilizing men and boys as allies
- Teach Skills to Prevent SV
 - Social-emotional learning
 - Teaching healthy, safe dating, and intimate relationship skills to adolescents
 - Promoting healthy sexuality
 - Empowerment-based training
- Provide Opportunities to Empower and Support Girls and Women
 - Strengthening economic supports for women and families
 - Strengthening leadership and opportunities for girls
- Create Protective Environments
 - Improving safety and monitoring in schools
 - Establishing and consistently applying workplace policies
 - Addressing community-level risks through environmental approaches
- Support Victims / Survivors to Lessen Harms
 - Victim-centered services
 - Treatment for victims of SV
 - Treatment for at-risk children and families to prevent problem behavior including sex offending
- Other_____

RISK AND PROTECTIVE FACTORS

Which **individual** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Hostility towards women
- General aggressiveness and acceptance of violence

CDC Risk Factors:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Alcohol and drug use | <input checked="" type="checkbox"/> Exposure to sexually explicit media |
| <input type="checkbox"/> Delinquency | <input checked="" type="checkbox"/> Hostility towards women |
| <input checked="" type="checkbox"/> Lack of empathy | <input checked="" type="checkbox"/> Adherence to traditional gender role norms |
| <input checked="" type="checkbox"/> General aggressiveness and acceptance of violence | <input checked="" type="checkbox"/> Hyper-masculinity |
| <input type="checkbox"/> Early sexual initiation | <input type="checkbox"/> Suicidal behavior |
| <input type="checkbox"/> Coercive sexual fantasies | <input type="checkbox"/> Prior sexual victimization or perpetration |
| <input type="checkbox"/> Preference for impersonal sex and sexual-risk taking | |

Which **relationship** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Association with delinquent peers

CDC Risk Factors:

- | | |
|---|--|
| <input type="checkbox"/> Family environment characterized by physical violence and conflict | <input type="checkbox"/> Poor parent-child relationships, particularly with fathers |
| <input type="checkbox"/> Childhood history of physical, sexual, or emotional abuse | <input checked="" type="checkbox"/> Association with sexually aggressive, hypermasculine, and delinquent peers |
| <input type="checkbox"/> Emotionally unsupportive family environment | <input type="checkbox"/> Involvement in a violent or abusive intimate relationship |

Which **community** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- General tolerance of sexual violence within the community
- Lack of economic opportunities

CDC Risk Factors:

- Poverty
- Lack of employment opportunities
- Lack of institutional support from police and judicial system
- General tolerance of sexual violence within the community
- Weak community sanctions against sexual violence perpetrators

Which **societal** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Societal norms that support sexual violence

CDC Risk Factors:

- Societal norms that support sexual violence
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness
- Weak laws and policies related to sexual violence and gender equity
- High levels of crime and other forms of violence

Which **protective** factors for perpetration does the strategy address? Select all that apply.

Texas-specific Protective Factors:

- Connection to a caring adult
- Connection/commitment to school
- Community support and connectedness
- Gender equality

CDC Protective Factors:

- Parental use of reasoning to resolve family conflict
- Emotional health and connectedness
- Academic achievement
- Empathy and concern for how one's actions affect others

PRIMARY PREVENTION PRINCIPLES

Previous questions have gathered information about various Principles of Effective Prevention Programs (locally known as Primary Prevention Principles [PPP]). Due to the unique nature of each program, evaluators cannot discern if a PPP is met; therefore, programs need to examine the information and determine if the curriculum/approach is right for their community. The chart below provides the definition of each PPP and in column one, evaluators indicate the presence of readily available information regarding each PPP.

Information Available (✓)	Principle	Definition
✓	1. Comprehensive	Multicomponent interventions that address critical domains (e.g., family, peers, community) that influence the development and perpetuation of the behaviors to be prevented
✓	2. Varied teaching methods	Programs involved diverse teaching methods that focus on increasing awareness and understanding of the problem behaviors and on acquiring or enhancing skills
	3. Sufficient dosage	Programs provide enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects
✓	4. Theory driven	Programs have a theoretical justification, are based on accurate information, and are supported by empirical research
✓	5. Positive relationships	Programs provide exposure to adults and peers in a way that promotes strong relationships and supports positive outcomes
✓	6. Appropriately timed	Programs are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of participants
✓	7. Socioculturally relevant	Programs are tailored to the community and cultural norms of the participants and make efforts to include the target group in program planning and implementation
✓	8. Outcome evaluation	Programs have clear goals and objective and make an effort to systematically document their results relative to the goals
✓	9. Well-trained staff	Program staff support the program and are provided with training regarding the implementation of the intervention

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American psychologist*, 58(6-7), 449.

Mentors in Violence Prevention (MVP) – The MVP program was developed at Northeastern University’s Center for the Study of Sport in Society (CSSS) in Boston in 1993. MVP Strategies conducts training with racially and ethnically diverse groups of college and high school students, professionals and community leaders.

As a comprehensive program delivered in one day, MVP consists of thirteen to fourteen scenarios. These scenarios are presented to all male high school, all female high school, and all male college students. The curriculum states that facilitators can also deliver the training in a mixed-gendered setting.

MVP does have an excellent train the trainer professional development program, and a good overview of the one-day program is provided in the instructional materials. The program is research-based and grounded in Social Justice Theory. There is also a clear understanding between how the content is expected to impact risk and protective factors. Research has found that students exposed to the MVP program are more likely to view violence as wrong. The participants are more likely to take action(s) to intervene than students not exposed to the program.

One of the strengths of the MVP program is the positive relationships, both peer-to-peer and peer-to-adult, that are modeled through the discussion sessions and role-play activities that the participants get to select while going through the training.

TEXAS EVIDENCE-BASED PROGRAM (EBP) ALIGNMENT DOCUMENT

The purpose of this EBP Alignment Document is to provide the reviewer with a snapshot of the academic elements (and requirements) found within the specific strategies listed. The intent is for this document to be used as a content guide and not for evaluative purposes. Please check appropriate boxes and fill out information as needed.

STRATEGY NAME: *Mentors in Violence Protection (MVP)*

IMPLEMENTATION INFORMATION

SETTING AND POPULATION

In which setting(s) is the strategy intended to be implemented? Select all that apply.

- K – 12 School Setting*
- Community College or Technical School*
- 4-Year University/College*
- Community Organization (Boys & Girls Club, YMCA, etc.)
- Community Center
- Other: _____

Who is the target population of the strategy? Select all that apply.

- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade*
- 10th grade*
- 11th grade*
- 12th grade*
- Post 12th grade (not in College/University)
- College/University*
- Other: _____

Socio-culturally Relevant³: In what languages is the strategy available? Select all that apply.

- | | | |
|---|-------------------------------------|---|
| <input checked="" type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Bengali | <input type="checkbox"/> Punjabi / Lahnda |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> French | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> German | |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Russian | |

Socio-culturally Relevant³: Does the strategy have an explicitly stated specific target population in regard to gender, race, ethnicity or other special characteristics?

- Yes
 The MVP program has instructional material for all male high school, all female high school, and all male college students. The curriculum states that you can also deliver the training in a mixed-gendered setting.
- No
 ○ Select all that apply.

- | <u>Gender:</u> | <u>Ethnicity:</u> | <u>Race:</u> | <u>Other Characteristics:</u> |
|--|---|--|---|
| <input checked="" type="checkbox"/> Male | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> African American or Black | <input type="checkbox"/> Disability |
| <input checked="" type="checkbox"/> Female | <input type="checkbox"/> Non-Hispanic or Latino | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Faith/Religious |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Low Socioeconomic Status |
| | | <input type="checkbox"/> Chinese | <input type="checkbox"/> Minority |
| | | <input type="checkbox"/> Filipino | <input type="checkbox"/> Tribal |
| | | <input type="checkbox"/> Japanese | <input type="checkbox"/> Veteran Status |
| | | <input type="checkbox"/> Korean | <input type="checkbox"/> Other:
_____ |
| | | <input type="checkbox"/> Vietnamese | |
| | | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | |
| | | <input type="checkbox"/> Guamanian or Chamorro | |
| | | <input type="checkbox"/> Samoan | |
| | | <input type="checkbox"/> White | |
| | | <input type="checkbox"/> Other:
_____ | |

Sufficient Dosage²: Provide the following dosage information for the strategy.

Number of sessions: 13 to 14 scenarios that are used in a 90 minute to two-hour training.

Length of sessions: undefined. An estimation would be from 15 to 20 minutes.

Spacing of sessions: sessions are delivered in a single day.

Total duration of programming: one day

Are there student handouts (sample of at least five handouts) as part of the strategy?

Yes

○ What is the Lexile and grade level readability?

Lexile level: 940L

Readability: 7th Grade

How do the Lexile and Grade Level Readability compare to the targeted audience?

The Lexile and grade level readability are appropriate for the targeted audience.

No

Appropriately timed in development⁴: Are the prevention efforts generally developmentally relevant to the population and recipient of the program strategy?

Yes

No

REQUIREMENTS

Cost of strategy as of October 2018: High School: \$35.00; College: \$20; Both: \$50

Are there any implementation requirements or stipulations that organizations must meet prior to purchasing strategy?

Yes

No

Is there a training requirement for the facilitator or community partners?

Yes

○ What is the cost? Undefined 3 day in person train the trainer professional development.

No

Well-trained staff⁹: In what ways does the strategy equip facilitator? Select all that apply.

- Facilitator online professional development
- ✓ **Facilitator in-person training**
- ✓ **Instructional materials provided (protocols / manuals)**
- Other _____

PROGRAMMING CONSIDERATIONS

Theory Driven⁵: Is the strategy grounded in theory of primary prevention of SV?

- ✓ **Yes**
- No
 - Name the Theory of Change: **Social Justice Theory**
 - Is there a clear understanding/connection between how the content is expected to impact risk and protective factors?
 - ✓ **Yes**
 - No

Is this strategy listed in the STOP SV Technical Package as an evidence-based program?

- Yes
- ✓ **No**
 - Has the program been evaluated?
 - ✓ **Yes**
 - No

Socio-culturally Relevant³: Does this strategy address / involve adult influencers or community members?

- Yes
- ✓ **No**

Socio-culturally Relevant³: Does the strategy integrate youth voice (youth empowerment at community-level and making youth agents of change regarding sexual violence prevention) / engagement?

- Yes
 - How? Youth voice drives which scenarios are selected.
- No

Build on or support positive relationships⁶: Are there guidelines in place that support healthy interactions and provide participants with opportunities for:

healthy peer to peer interactions

- Yes
- No

peer to adult interactions

- Yes
- No

Varied teaching Methods⁷: Does instruction include skill-based learning, interactive instruction, hands on experience and encourages participants in multiple ways?

- Yes
- No

Are there any supplemental materials required to implement this strategy?

- Yes
- No
 - Are the materials provided with the strategy considered standard classroom consumable materials? (example: standard consumable classroom materials would include, but not limited to paper, writing utensils, chart paper, etc. Unfunded non-standard consumable materials would be stickers, poster board, materials needed for props or costumes for plays, etc.)
 - Yes
 - No
 - If no, write down (or attach) a materials list and estimated cost of the unfunded required materials:

Which of the permitted uses does the strategy include? Select all that apply.

- Educational seminars
- Training programs for professionals
- Preparation of informational materials
- Training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities
- Education to increase awareness about drugs and alcohol used to facilitate rape or sexual assault
- Other efforts to increase awareness of the factors about or to help prevent sexual assault, including efforts to raise awareness in under-served communities and awareness among people with disabilities as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. Section 12102).
- Community mobilization
- Coalition building
- Policy education
- Social norms change

EVALUATION

Outcome evaluation⁸: Does the strategy have clear goals and objectives?

- Yes
- No

Outcome evaluation⁸: Are there evaluation components to the strategy?

- Yes
- No
 - What do the evaluation components cover?
 - Evaluation of student participants
 - Survey (type: _____)
 - Formative and summative evaluations
 - Summative evaluation only
 - Institutional research evaluation of curriculum
 - Other_____

CDC PRIORITY CONSIDERATIONS

Comprehensive¹: Which level(s) of the Social Ecological Model does this strategy address? Select all that apply.

- Individual
- Interpersonal / Relationship
- Community
- Societal

Which CDC focus area does this strategy address? Select all that apply.

- Promote Social Norms that Protect Against Violence
 - Bystander approaches
 - Mobilizing men and boys as allies
- Teach Skills to Prevent SV
 - Social-emotional learning
 - Teaching healthy, safe dating, and intimate relationship skills to adolescents
 - Promoting healthy sexuality
 - Empowerment-based training
- Provide Opportunities to Empower and Support Girls and Women
 - Strengthening economic supports for women and families
 - Strengthening leadership and opportunities for girls
- Create Protective Environments
 - Improving safety and monitoring in schools
 - Establishing and consistently applying workplace policies
 - Addressing community-level risks through environmental approaches
- Support Victims / Survivors to Lessen Harms
 - Victim-centered services
 - Treatment for victims of SV
 - Treatment for at-risk children and families to prevent problem behavior including sex offending
- Other_____

RISK AND PROTECTIVE FACTORS

Which **individual** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Hostility towards women
- General aggressiveness and acceptance of violence

CDC Risk Factors:

- | | |
|---|---|
| <input type="checkbox"/> Alcohol and drug use | <input type="checkbox"/> Exposure to sexually explicit media |
| <input type="checkbox"/> Delinquency | <input checked="" type="checkbox"/> Hostility towards women |
| <input checked="" type="checkbox"/> Lack of empathy | <input type="checkbox"/> Adherence to traditional gender role norms |
| <input type="checkbox"/> General aggressiveness and acceptance of violence | <input checked="" type="checkbox"/> Hyper-masculinity |
| <input type="checkbox"/> Early sexual initiation | <input type="checkbox"/> Suicidal behavior |
| <input type="checkbox"/> Coercive sexual fantasies | <input type="checkbox"/> Prior sexual victimization or perpetration |
| <input type="checkbox"/> Preference for impersonal sex and sexual-risk taking | |

Which **relationship** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Association with delinquent peers

CDC Risk Factors:

- | | |
|---|--|
| <input type="checkbox"/> Family environment characterized by physical violence and conflict | <input type="checkbox"/> Poor parent-child relationships, particularly with fathers |
| <input type="checkbox"/> Childhood history of physical, sexual, or emotional abuse | <input checked="" type="checkbox"/> Association with sexually aggressive, hypermasculine, and delinquent peers |
| <input type="checkbox"/> Emotionally unsupportive family environment | <input type="checkbox"/> Involvement in a violent or abusive intimate relationship |

Which **community** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- General tolerance of sexual violence within the community
- Lack of economic opportunities

CDC Risk Factors:

- Poverty
- Lack of employment opportunities
- Lack of institutional support from police and judicial system
- General tolerance of sexual violence within the community
- Weak community sanctions against sexual violence perpetrators

Which **societal** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Societal norms that support sexual violence

CDC Risk Factors:

- Societal norms that support sexual violence
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness
- Weak laws and policies related to sexual violence and gender equity
- High levels of crime and other forms of violence

Which **protective** factors for perpetration does the strategy address? Select all that apply.

Texas-specific Protective Factors:

- Connection to a caring adult
- Connection/commitment to school
- Community support and connectedness
- Gender equality

CDC Protective Factors:

- Parental use of reasoning to resolve family conflict
- Emotional health and connectedness
- Academic achievement
- Empathy and concern for how one's actions affect others

PRIMARY PREVENTION PRINCIPLES

Previous questions have gathered information about various Principles of Effective Prevention Programs (locally known as Primary Prevention Principles [PPP]). Due to the unique nature of each program, evaluators cannot discern if a PPP is met; therefore, programs need to examine the information and determine if the curriculum/approach is right for their community. The chart below provides the definition of each PPP and in column one, evaluators indicate the presence of readily available information regarding each PPP.

Information Available (✓)	Principle	Definition
✓	1. Comprehensive	Multicomponent interventions that address critical domains (e.g., family, peers, community) that influence the development and perpetuation of the behaviors to be prevented
	2. Varied teaching methods	Programs involved diverse teaching methods that focus on increasing awareness and understanding of the problem behaviors and on acquiring or enhancing skills
	3. Sufficient dosage	Programs provide enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects
✓	4. Theory driven	Programs have a theoretical justification, are based on accurate information, and are supported by empirical research
✓	5. Positive relationships	Programs provide exposure to adults and peers in a way that promotes strong relationships and supports positive outcomes
✓	6. Appropriately timed	Programs are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of participants
✓	7. Socioculturally relevant	Programs are tailored to the community and cultural norms of the participants and make efforts to include the target group in program planning and implementation
	8. Outcome evaluation	Programs have clear goals and objective and make an effort to systematically document their results relative to the goals
✓	9. Well-trained staff	Program staff support the program and are provided with training regarding the implementation of the intervention

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist*, 58(6-7), 449.

Second Step is a comprehensive digital curriculum that spans 4th through 8th grade. At each grade level, there are a total of four units, with five to nine lessons within each unit. These lessons are in the form of online slideshows with embedded videos and survey instruments. The lessons within each unit start with a discussion and short video, then move to activities that vary between surveys and writing assignments. The 4th and 5th grade lessons have an average of 40 minutes per session, while the 6th through 8th grade lessons have a lesson that average 25 minutes each.

The Theory of Change for Second Step is Social Learning Theory, and there is a clear connection between how the content relates back to risk and protective factors. Social Learning Theory is also found in the early research measures of the program where program participants achieved greater socioemotional skills than those in the comparison groups (Moore and Beland, 1992; Beland, 1988; Beland, 1989; Beland, 1990). The increase in socioemotional skills lends support that the curriculum targets the appropriate grade level with information that is easy to understand.

The curriculum lessons, while online, do have a variety of teaching methods. These variations enable the students to build stronger relationships between their peers and with the adult leaders of the program. One way these stronger relationships impact students is in the positive results from the evaluative measures that the classroom facilitators use to look at program impacts. This data is passed on from student to teacher in pre- / post-evaluations, and formative and summative evaluations.

All of this would not be possible without highly trained staff. Teachers have multiple options when selecting staff development. For those that like face to face meetings, there are (fee-based) options for school site training as well as trainings held throughout the country. Online trainings are also available. The Second Step program covers all nine primary prevention principals.

TEXAS EVIDENCE-BASED PROGRAM (EBP) ALIGNMENT DOCUMENT

The purpose of this EBP Alignment Document is to provide the reviewer with a snapshot of the academic elements (and requirements) found within the specific strategies listed. The intent is for this document to be used as a content guide and not for evaluative purposes. Please check appropriate boxes and fill out information as needed.

STRATEGY NAME: *Second Step*

IMPLEMENTATION INFORMATION

SETTING AND POPULATION

In which setting(s) is the strategy intended to be implemented? Select all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> <i>K – 12 School Setting</i> | <input type="checkbox"/> Community Center |
| <input type="checkbox"/> Community College or Technical School | <input type="checkbox"/> Other:
----- |
| <input type="checkbox"/> 4-Year University/College | |
| <input type="checkbox"/> Community Organization (Boys & Girls Club, YMCA, etc.) | |

Who is the target population of the strategy? Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> 3 rd grade | <input checked="" type="checkbox"/> <i>8th grade</i> | <input type="checkbox"/> Post 12 th grade (not in College/University) |
| <input checked="" type="checkbox"/> <i>4th grade</i> | <input type="checkbox"/> 9 th grade | <input type="checkbox"/> College/University |
| <input checked="" type="checkbox"/> <i>5th grade</i> | <input type="checkbox"/> 10 th grade | <input type="checkbox"/> Other:
----- |
| <input checked="" type="checkbox"/> <i>6th grade</i> | <input type="checkbox"/> 11 th grade | |
| <input checked="" type="checkbox"/> <i>7th grade</i> | <input type="checkbox"/> 12 th grade | |

Socio-culturally Relevant³: In what languages is the strategy available? Select all that apply.

- | | | |
|---|-------------------------------------|---|
| <input checked="" type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Bengali | <input type="checkbox"/> Punjabi / Lahnda |
| <input checked="" type="checkbox"/> Spanish* handouts | <input type="checkbox"/> French | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> German | |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Russian | |

Socio-culturally Relevant³: Does the strategy have an explicitly stated specific target population in regard to gender, race, ethnicity or other special characteristics?

- Yes
- No

Sufficient Dosage²: Provide the following dosage information for the strategy.

Number of sessions: 22 – 26 per grade level, grades 4-8.

Length of sessions: 4th & 5th Grades – average of 40 minutes, 6th – 8th Grades – average 25 minutes.

Spacing of sessions: weekly

Total duration of programming: one semester to one academic year

Are there student handouts (sample of at least five handouts) as part of the strategy?

- Yes
- No

o What is the Lexile and grade level readability?

Lexile level:

4 th Grade	520L
5 th Grade	720L
6 th Grade	770L
7 th Grade	910L
8 th Grade	920L

Readability:

3 rd Grade
4 th Grade
5 th Grade
6 th Grade
6 th Grade

How do the Lexile and Grade Level Readability compare to the targeted audience?

The Lexile and Readability levels are 1-2 grade levels below. While not challenging the students to read texts on grade level, students that have difficulty reading should be able to comprehend all lesson handouts.

Appropriately timed in development⁴: Are the prevention efforts generally developmentally relevant to the population and recipient of the program strategy?

- Yes
- No

REQUIREMENTS

Cost of strategy as of October 2018: \$199 per grade level

Are there any implementation requirements or stipulations that organizations must meet prior to purchasing strategy?

- Yes
 - Please explain: Program has to have access to (working) technology for the web-based program.
- No

Is there a training requirement for the facilitator or community partners?

- Yes
- No

Well-trained staff⁹: In what ways does the strategy equip facilitator? Select all that apply.

- Facilitator online professional development
- Facilitator in-person training* fee service
- Instructional materials provided (protocols / manuals)
- Other _____

PROGRAMMING CONSIDERATIONS

Theory Driven⁵: Is the strategy grounded in theory of primary prevention of SV?

Yes

- Theory of Change: **Social Learning Theory**
- Is there a clear understanding/connection between how the content is expected to impact risk and protective factors?
 - Yes
 - No

No

Is this strategy listed in the STOP SV Technical Package as an evidence-based program?

Yes

No

Socio-culturally Relevant³: Does this strategy address / involve adult influencers or community members?

Yes

- How? **Adult and community members can be involved in an advisory program that also includes (if desired) guest speakers.**

No

Socio-culturally Relevant³: Does the strategy integrate youth voice (youth empowerment at community-level and making youth agents of change regarding sexual violence prevention) / engagement?

Yes

- How? **Youth voice is found in the discussions and groups that they create. Also students can be involved in a student advisory program similar to the adult version.**

No

Build on or support positive relationships⁶: Are there guidelines in place that support healthy interactions and provide participants with opportunities for:

healthy peer to peer interactions

- Yes
- No

peer to adult interactions

- Yes
- No

Varied teaching Methods⁷: Does instruction include skill-based learning, interactive instruction, hands on experience and encourages participants in multiple ways?

- Yes
- No

Are there any supplemental materials required to implement this strategy?

- Yes
 - Are the materials provided with the strategy considered standard classroom consumable materials? (example: standard consumable classroom materials would include, but not limited to paper, writing utensils, chart paper, etc. Unfunded non-standard consumable materials would be stickers, poster board, materials needed for props or costumes for plays, etc.)
 - Yes
 - No
- No

Which of the permitted uses does the strategy include? Select all that apply.

- Educational seminars* online
- Training programs for professionals
- Preparation of informational materials
- Training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities
- Education to increase awareness about drugs and alcohol used to facilitate rape or sexual assault
- Other efforts to increase awareness of the factors about or to help prevent sexual assault, including efforts to raise awareness in under-served communities and awareness among people with disabilities as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. Section 12102).
- Community mobilization
- Coalition building
- Policy education
- Social norms change

EVALUATION

Outcome evaluation⁸: Does the strategy have clear goals and objectives?

- Yes
- No

Outcome evaluation⁸: Are there evaluation components to the strategy?

- Yes
- No
 - What do the evaluation components cover?
 - Evaluation of student participants
 - Survey (type: pre / post-evaluations)
 - Formative and summative evaluations* including online if desired
 - Summative evaluation only
 - Institutional research evaluation of curriculum
 - Other_____

CDC PRIORITY CONSIDERATIONS

Comprehensive¹: Which level(s) of the Social Ecological Model does this strategy address? Select all that apply.

- Individual
- Interpersonal / Relationship
- Community
- Societal

Which CDC focus area does this strategy address? Select all that apply.

- Promote Social Norms that Protect Against Violence
 - Bystander approaches* found in bullying lesson
 - Mobilizing men and boys as allies
- Teach Skills to Prevent SV
 - Social-emotional learning
 - Teaching healthy, safe dating, and intimate relationship skills to adolescents
 - Promoting healthy sexuality
 - Empowerment-based training
- Provide Opportunities to Empower and Support Girls and Women
 - Strengthening economic supports for women and families
 - Strengthening leadership and opportunities for girls* through advisory program, etc.
- Create Protective Environments
 - Improving safety and monitoring in schools
 - Establishing and consistently applying workplace policies
 - Addressing community-level risks through environmental approaches
- Support Victims / Survivors to Lessen Harms
 - Victim-centered services
 - Treatment for victims of SV
 - Treatment for at-risk children and families to prevent problem behavior including sex offending
- Other_____

RISK AND PROTECTIVE FACTORS

Which **individual** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Hostility towards women
- General aggressiveness** and acceptance of violence

CDC Risk Factors:

- | | |
|--|---|
| <input type="checkbox"/> Alcohol and drug use | <input type="checkbox"/> Exposure to sexually explicit media |
| <input type="checkbox"/> Delinquency | <input checked="" type="checkbox"/> Hostility towards women* |
| <input checked="" type="checkbox"/> Lack of empathy | <input checked="" type="checkbox"/> Adherence to traditional gender role norms |
| <input checked="" type="checkbox"/> General aggressiveness and acceptance of violence | <input type="checkbox"/> Hyper-masculinity |
| <input type="checkbox"/> Early sexual initiation | <input type="checkbox"/> Suicidal behavior |
| <input type="checkbox"/> Coercive sexual fantasies | <input type="checkbox"/> Prior sexual victimization or perpetration |
| <input type="checkbox"/> Preference for impersonal sex and sexual-risk taking | |

Which **relationship** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Association with delinquent peers

CDC Risk Factors:

- | | |
|---|---|
| <input type="checkbox"/> Family environment characterized by physical violence and conflict | <input type="checkbox"/> Poor parent-child relationships, particularly with fathers |
| <input type="checkbox"/> Childhood history of physical, sexual, or emotional abuse | <input type="checkbox"/> Association with sexually aggressive, hypermasculine, and delinquent peers |
| <input type="checkbox"/> Emotionally unsupportive family environment | <input type="checkbox"/> Involvement in a violent or abusive intimate relationship |

Which **community** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- General tolerance of sexual violence within the community* Only goes up to sexual harassment.
- Lack of economic opportunities

CDC Risk Factors:

- Poverty
- Lack of employment opportunities
- Lack of institutional support from police and judicial system
- General tolerance of sexual violence within the community
- Weak community sanctions against sexual violence perpetrators

Which **societal** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Societal norms that support sexual violence

CDC Risk Factors:

- Societal norms that support sexual violence
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness
- Weak laws and policies related to sexual violence and gender equity
- High levels of crime and other forms of violence

Which **protective** factors for perpetration does the strategy address? Select all that apply.

Texas-specific Protective Factors:

- ✓ Connection to a caring adult
- ✓ Connection/commitment to school
- ✓ Community support and connectedness
- ✓ Gender equality

CDC Protective Factors:

- Parental use of reasoning to resolve family conflict
- Academic achievement
- ✓ Emotional health and connectedness
- ✓ Empathy and concern for how one's actions affect others

PRIMARY PREVENTION PRINCIPLES

Previous questions have gathered information about various Principles of Effective Prevention Programs (locally known as Primary Prevention Principles [PPP]). Due to the unique nature of each program, evaluators cannot discern if a PPP is met; therefore, programs need to examine the information and determine if the curriculum/approach is right for their community. The chart below provides the definition of each PPP and in column one, evaluators indicate the presence of readily available information regarding each PPP.

Information Available (✓)	Principle	Definition
✓	1. Comprehensive	Multicomponent interventions that address critical domains (e.g., family, peers, community) that influence the development and perpetuation of the behaviors to be prevented
✓	2. Varied teaching methods	Programs involved diverse teaching methods that focus on increasing awareness and understanding of the problem behaviors and on acquiring or enhancing skills
✓	3. Sufficient dosage	Programs provide enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects
✓	4. Theory driven	Programs have a theoretical justification, are based on accurate information, and are supported by empirical research
✓	5. Positive relationships	Programs provide exposure to adults and peers in a way that promotes strong relationships and supports positive outcomes
✓	6. Appropriately timed	Programs are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of participants
✓	7. Socioculturally relevant	Programs are tailored to the community and cultural norms of the participants and make efforts to include the target group in program planning and implementation
✓	8. Outcome evaluation	Programs have clear goals and objective and make an effort to systematically document their results relative to the goals
✓	9. Well-trained staff	Program staff support the program and are provided with training regarding the implementation of the intervention

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American psychologist*, 58(6-7), 449.

Step UP! is a product of the University of Arizona C.A.T.S. Life Skills Program, in partnership with the NCAA, that is focused on college-level students using the bystander intervention method. There are three primary prevention principles not covered within this program: comprehensive, varied teaching methods, and sufficient dosage

The Step UP! program has a total programming duration of four hours. Of the four hours, two hours are devoted to the initial training, with two hours divided between the topics of relationship abuse and sexual assault. It is well-grounded in the theory of primary prevention of sexual violence. The theory of change is found in both the Theory of Planned Behavior and Social Cognitive Theory. There is a clear understanding between how the content is expected to impact risk and protective factors.

The subject matter of relationship abuse and sexual assault is appropriately timed and sociocultural relevant for the student population at this level. Because of this relevancy to the college student population, it is imperative to have a staff that is well trained in building and supporting student relationships. Staff professional development is one of the highlights of the Step UP! program. The Step UP! Program have developed a facilitator's guide that covers every step of the program implementation process including background information, research data and a series of outcome evaluations that cover multiple questions on student outcomes. These evaluations look to support interactions between students and the student interactions with staff.

TEXAS EVIDENCE-BASED PROGRAM (EBP) ALIGNMENT DOCUMENT

The purpose of this EBP Alignment Document is to provide the reviewer with a snapshot of the academic elements (and requirements) found within the specific strategies listed. The intent is for this document to be used as a content guide and not for evaluative purposes. Please check appropriate boxes and fill out information as needed.

STRATEGY NAME: **Step Up!**

IMPLEMENTATION INFORMATION

SETTING AND POPULATION

In which setting(s) is the strategy intended to be implemented? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> K – 12 School Setting | <input type="checkbox"/> Community Organization (Boys & Girls Club, YMCA, etc.) |
| <input type="checkbox"/> Community College or Technical School | <input type="checkbox"/> Community Center |
| <input checked="" type="checkbox"/> 4-Year University/College | <input type="checkbox"/> Other: _____ |

Who is the target population of the strategy? Select all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> 3 rd grade | <input type="checkbox"/> 8 th grade | <input type="checkbox"/> Post 12 th grade (not in College/University) |
| <input type="checkbox"/> 4 th grade | <input type="checkbox"/> 9 th grade | <input checked="" type="checkbox"/> College/University |
| <input type="checkbox"/> 5 th grade | <input type="checkbox"/> 10 th grade | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 6 th grade | <input type="checkbox"/> 11 th grade | |
| <input type="checkbox"/> 7 th grade | <input type="checkbox"/> 12 th grade | |

Socio-culturally Relevant³: In what languages is the strategy available? Select all that apply.

- | | | |
|---|-------------------------------------|---|
| <input checked="" type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Bengali | <input type="checkbox"/> Punjabi / Lahnda |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> French | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> German | |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Russian | |

Socio-culturally Relevant³: Does the strategy have an explicitly stated specific target population in regard to gender, race, ethnicity or other special characteristics?

- Yes
 No

Sufficient Dosage²: Provide the following dosage information for the strategy.

Number of sessions: (3) 1 Initial training, with 2 SVP specific topics (relationship abuse and sexual assault)

Length of sessions: 2 hours for initial training, 1 hour each for the specific topics

Spacing of sessions: Not specified after initial training

Total duration of programming: 3 hours

Are there student handouts (sample of at least five handouts) as part of the strategy?

- Yes
 No
- What is the Lexile and grade level readability?
Lexile level: N/A - college level program

Appropriately timed in development⁴: Are the prevention efforts generally developmentally relevant to the population and recipient of the program strategy?

- Yes
 No

REQUIREMENTS

Cost of strategy as of October 2018: Free, items available online

Are there any implementation requirements or stipulations that organizations must meet prior to purchasing strategy?

- Yes
- No

Is there a training requirement for the facilitator or community partners?

- Yes
- No

Well-trained staff⁹: In what ways does the strategy equip facilitator? Select all that apply.

- Facilitator online professional development
- Facilitator in-person training
- Instructional materials provided (protocols / manuals)
- Other _____

PROGRAMMING CONSIDERATIONS

Theory Driven⁵: Is the strategy grounded in theory of primary prevention of SV?

- Yes
 - Theory of Change: Found in both Theory of Planned Behavior and Social Cognitive Theory
 - Is there a clear understanding/connection between how the content is expected to impact risk and protective factors?
 - Yes
 - No
- No

Is this strategy listed in the STOP SV Technical Package as an evidence-based program?

- Yes
- No
 - Has the program been evaluated?
 - Yes
 - No

Socio-culturally Relevant³: Does this strategy address / involve adult influencers or community members?

- Yes
- No

Socio-culturally Relevant³: Does the strategy integrate youth voice (youth empowerment at community-level and making youth agents of change regarding sexual violence prevention) / engagement?

- Yes
- No

Build on or support positive relationships⁶: Are there guidelines in place that support healthy interactions and provide participants with opportunities for:

healthy peer to peer interactions

- Yes
- No

peer to adult interactions

- Yes
- No

Varied teaching Methods⁷: Does instruction include skill-based learning, interactive instruction, hands on experience and encourages participants in multiple ways?

- Yes
- No* (optional active role-play scenarios)

Are there any supplemental materials required to implement this strategy?

- Yes
- No

Which of the permitted uses does the strategy include? Select all that apply.

- Educational seminars
- Training programs for professionals
- Preparation of informational materials
- Training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities
- Education to increase awareness about drugs and alcohol used to facilitate rape or sexual assault
- Other efforts to increase awareness of the factors about or to help prevent sexual assault, including efforts to raise awareness in under-served communities and awareness among people with disabilities as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. Section 12102).
- Community mobilization
- Coalition building
- Policy education
- Social norms change

EVALUATION

Outcome evaluation⁸: Does the strategy have clear goals and objectives?

- Yes
- No

Outcome evaluation⁸: Are there evaluation components to the strategy?

- Yes
- No
 - If yes, what do the evaluation components cover?
 - Evaluation of student participants
 - Survey (type: Pre/Post-evaluations)
 - Formative and summative evaluations
 - Summative evaluation only
 - Institutional research evaluation of curriculum
 - Other_____

CDC PRIORITY CONSIDERATIONS

Comprehensive¹: Which level(s) of the Social Ecological Model does this strategy address? Select all that apply.

- Individual
- Interpersonal / Relationship
- Community
- Societal

Which CDC focus area does this strategy address? Select all that apply.

- Promote Social Norms that Protect Against Violence
 - Bystander approaches
 - Mobilizing men and boys as allies
- Teach Skills to Prevent SV
 - Social-emotional learning
 - Teaching healthy, safe dating, and intimate relationship skills to adolescents
 - Promoting healthy sexuality
 - Empowerment-based training
- Provide Opportunities to Empower and Support Girls and Women
 - Strengthening economic supports for women and families
 - Strengthening leadership and opportunities for girls
- Create Protective Environments
 - Improving safety and monitoring in schools
 - Establishing and consistently applying workplace policies
 - Addressing community-level risks through environmental approaches
- Support Victims / Survivors to Lessen Harms
 - Victim-centered services
 - Treatment for victims of SV
 - Treatment for at-risk children and families to prevent problem behavior including sex offending
- Other_____

RISK AND PROTECTIVE FACTORS

Which **individual** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Hostility towards women
- General aggressiveness and acceptance of violence

CDC Risk Factors:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Alcohol and drug use | <input type="checkbox"/> Exposure to sexually explicit media |
| <input type="checkbox"/> Delinquency | <input checked="" type="checkbox"/> Hostility towards women |
| <input type="checkbox"/> Lack of empathy | <input type="checkbox"/> Adherence to traditional gender role norms |
| <input checked="" type="checkbox"/> General aggressiveness and acceptance of violence | <input checked="" type="checkbox"/> Hyper-masculinity |
| <input type="checkbox"/> Early sexual initiation | <input type="checkbox"/> Suicidal behavior |
| <input type="checkbox"/> Coercive sexual fantasies | <input type="checkbox"/> Prior sexual victimization or perpetration |
| <input type="checkbox"/> Preference for impersonal sex and sexual-risk taking | |

Which **relationship** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Association with delinquent peers

CDC Risk Factors:

- | | |
|---|--|
| <input type="checkbox"/> Family environment characterized by physical violence and conflict | <input type="checkbox"/> Poor parent-child relationships, particularly with fathers |
| <input type="checkbox"/> Childhood history of physical, sexual, or emotional abuse | <input checked="" type="checkbox"/> Association with sexually aggressive, hypermasculine, and delinquent peers |
| <input type="checkbox"/> Emotionally unsupportive family environment | <input checked="" type="checkbox"/> Involvement in a violent or abusive intimate relationship |

Which **community** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- General tolerance of sexual violence within the community
- Lack of economic opportunities

CDC Risk Factors:

- Poverty
- Lack of employment opportunities
- Lack of institutional support from police and judicial system
- General tolerance of sexual violence within the community
- Weak community sanctions against sexual violence perpetrators

Which **societal** risk factors does the strategy address? Select all that apply.

Texas-specific Risk Factors:

- Societal norms that support sexual violence

CDC Risk Factors:

- Societal norms that support sexual violence
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness
- Weak laws and policies related to sexual violence and gender equity
- High levels of crime and other forms of violence

Which **protective** factors for perpetration does the strategy address? Select all that apply.

Texas-specific Protective Factors:

- Connection to a caring adult
- Connection/commitment to school
- Community support and connectedness
- Gender equality

CDC Protective Factors:

- Parental use of reasoning to resolve family conflict
- Emotional health and connectedness
- Academic achievement
- Empathy and concern for how one's actions affect others

PRIMARY PREVENTION PRINCIPLES

Previous questions have gathered information about various Principles of Effective Prevention Programs (locally known as Primary Prevention Principles [PPP]). Due to the unique nature of each program, evaluators cannot discern if a PPP is met; therefore, programs need to examine the information and determine if the curriculum/approach is right for their community. The chart below provides the definition of each PPP and in column one, evaluators indicate the presence of readily available information regarding each PPP.

Information Available (✓)	Principle	Definition
	1. Comprehensive	Multicomponent interventions that address critical domains (e.g., family, peers, community) that influence the development and perpetuation of the behaviors to be prevented
	2. Varied teaching methods	Programs involved diverse teaching methods that focus on increasing awareness and understanding of the problem behaviors and on acquiring or enhancing skills
	3. Sufficient dosage	Programs provide enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects
✓	4. Theory driven	Programs have a theoretical justification, are based on accurate information, and are supported by empirical research
✓	5. Positive relationships	Programs provide exposure to adults and peers in a way that promotes strong relationships and supports positive outcomes
✓	6. Appropriately timed	Programs are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of participants
✓	7. Socioculturally relevant	Programs are tailored to the community and cultural norms of the participants and make efforts to include the target group in program planning and implementation
✓	8. Outcome evaluation	Programs have clear goals and objective and make an effort to systematically document their results relative to the goals
✓	9. Well-trained staff	Program staff support the program and are provided with training regarding the implementation of the intervention

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American psychologist*, 58(6-7), 449.

SNAPSHOT OF PROGRAMS AND THEIR ALIGNMENT TO FOCUS AREAS AND APPROACHES

	Social norms that protect against SV		Skills to prevent SV		Empower and support girls and women	Create protective environments		
	Bystander approaches	Mobilizing men and boys as allies	Social-emotional learning	Empowerment-based training	Strengthening leadership and opportunities for girls	Improving safety and monitoring in schools	Establishing and consistently applying workplace policies	Addressing community-level risks through environmental approaches
Be Strong	✓		✓	✓	✓			
Bringing in the Bystander	✓		✓	✓				
Close to Home			✓	✓				✓
Coaching Boys into Men	✓	✓	✓	✓				
Live Respect		✓	✓	✓				
MVP Strategies	✓	✓	✓	✓	✓			
Second Step	✓		✓	✓	✓			
Step UP!	✓							

SNAPSHOT OF SUPPORTED PROGRAMS AND THEIR ALIGNMENT TO TEXAS SPECIFIC RISK AND PROTECTIVE FACTORS

	RISK FACTORS				PROTECTIVE FACTORS					
	Individual		Community	Societal	Connection to a caring adult	Emotional health and connectedness	Connection/commitment to school	Empathy and concern for how one's actions affect others	Community support and connectedness	Gender equality
	Hostility towards women	General aggressiveness and acceptance of violence	General tolerance of SV within community	Societal norms that support SV						
Be Strong	✓	✓	✓	✓	✓	✓		✓	✓	✓
Bringing in the Bystander	✓	✓	✓	✓	✓	✓	✓	✓		✓
Close to Home					✓	✓	✓		✓	✓
Coaching Boys into Men	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Live Respect	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MVP Strategies		✓	✓	✓		✓		✓	✓	✓
Second Step		✓			✓	✓	✓	✓	✓	✓
Step UP!	✓	✓	✓	✓	✓	✓	✓			✓