

GUIDE FOR



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Preface

On December 1, 2016, the Secretary of Defense approved the U.S. Department of Defense (DoD) Sexual Assault Prevention and Response Strategic Plan, 2017–2021, which identifies a strategic document, the Prevention Plan of Action (PPoA), to guide DoD prevention efforts within the military environment. The PPoA sets out a common language for defining, developing, implementing, and evaluating primary prevention activities to prevent sexual assault and harassment based on research and practices from military and civilian communities. The PPoA states that employing a comprehensive approach composed of integrated, research-based prevention activities, which are regularly evaluated, is needed to successfully prevent sexual assault and harassment. The PPoA defines prevention activities as policies, programs, practices, and processes.

To achieve the goals of the PPoA, DoD contracted with the RAND National Defense Research Institute (NDRI) to provide a series of tools and supports for selected DoD installations across all branches of the military. NDRI based this support around the model Getting To Outcomes® (GTO®), a user-oriented ten-step process for comprehensive planning, implementation, and evaluation of various types of prevention activities and community initiatives. GTO is designed to help organizations run prevention activities well and get desired outcomes. It was developed to bridge the gap between the evidence of effectiveness, established by researchers, and the often less-effective implementation of the same activities outside a research setting.

The support that NDRI is offering consists of GTO training, ongoing coaching (often called technical assistance), and this written guide, *Getting To Outcomes: Guide for Strengthening Sexual Assault Prevention Activities in the Military*. Although the guide is initially to be used with selected DoD installations, it is designed to enable any DoD installation to conduct sexual assault and harassment prevention activities. The guide contains tools that will help relevant installation staff—e.g., Sexual Assault Response Coordinators, Victim Advocates, Equal Opportunity staff, or anyone else involved in these prevention efforts—to complete each GTO step. The guide provides a great deal of information on how to plan, implement, and evaluate various types of prevention activities. The information includes where to find evidence-based prevention activities and measures for evaluating them. Each GTO step is covered in a separate chapter that addresses a different activity that is key to running any kind of prevention activity well. Each chapter has tools that provide guidance on how to make the many decisions needed to plan and evaluate prevention activities. The completed tools will then serve as a written record of those decisions that can be reviewed later.

Although there are other GTO guides on many other topic areas (see <http://www.rand.org/gto>), this guide is tailored specifically for DoD's efforts on sexual assault and harassment prevention. This GTO guide has been designed for use in DoD, but the GTO steps and instructions for completing them can also be used by other types of organizations to plan, evaluate, and improve sexual assault and harassment prevention activities.

RAND National Security Research Division

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Many individuals contributed to this guide as reviewers of interim and final drafts and coordinated the review process. Their thoughtful comments and suggestions are much appreciated. In particular, we would like to thank Laura Miller, Ph.D., senior social scientist at RAND, for her helpful reviews.

Abbreviations

AAR	after-action review
BLUF	bottom line up front
CDC	Centers for Disease Control and Prevention
CPE	Cost Assessment and Program Evaluation
CQI	Continuous Quality Improvement
DEOCS	Defense Equal Opportunity Management Institute Organizational Climate Survey
DEOMI	Defense Equal Opportunity Management Institute
DoD	U.S. Department of Defense
EAAA	Enhanced Assess, Acknowledge, Act
EBP	evidence-based program
GTO	Getting To Outcomes [®]
HQ	headquarters
JB	joint base
MOA	memorandum of agreement
MOU	memorandum of understanding
N/A	not applicable
NIJ	National Institute of Justice
PBI	Parent-Based Intervention
PPoA	Prevention Plan of Action
RCT	randomized controlled trial
SAPR	Sexual Assault Prevention and Response
SAPRO	Sexual Assault Prevention and Response Office
SARC	Sexual Assault Response Coordinator
SMART	specific, measurable, achievable, realistic, and time-based
SV	sexual violence
WGRA	Workplace and Gender Relations Survey of Active Duty Members
WGRR	Workplace Gender Relations Survey of Reserve Component Members
WHO	World Health Organization

Introduction

Background on Getting To Outcomes

Getting To Outcomes® (GTO) is a user-oriented process for comprehensive program planning, implementation guidance, and evaluation. It is designed to help organizations run carefully selected programs well to get desired outcomes, just as its name suggests. GTO is a ten-step process that supports program delivery or implementation by guiding the user through the key tasks needed to make a program a success (see Figure I-1). Steps 1–6 support planning and preparation for program implementation or delivery, while Steps 7–10 focus on evaluation, program improvement, and continuity.

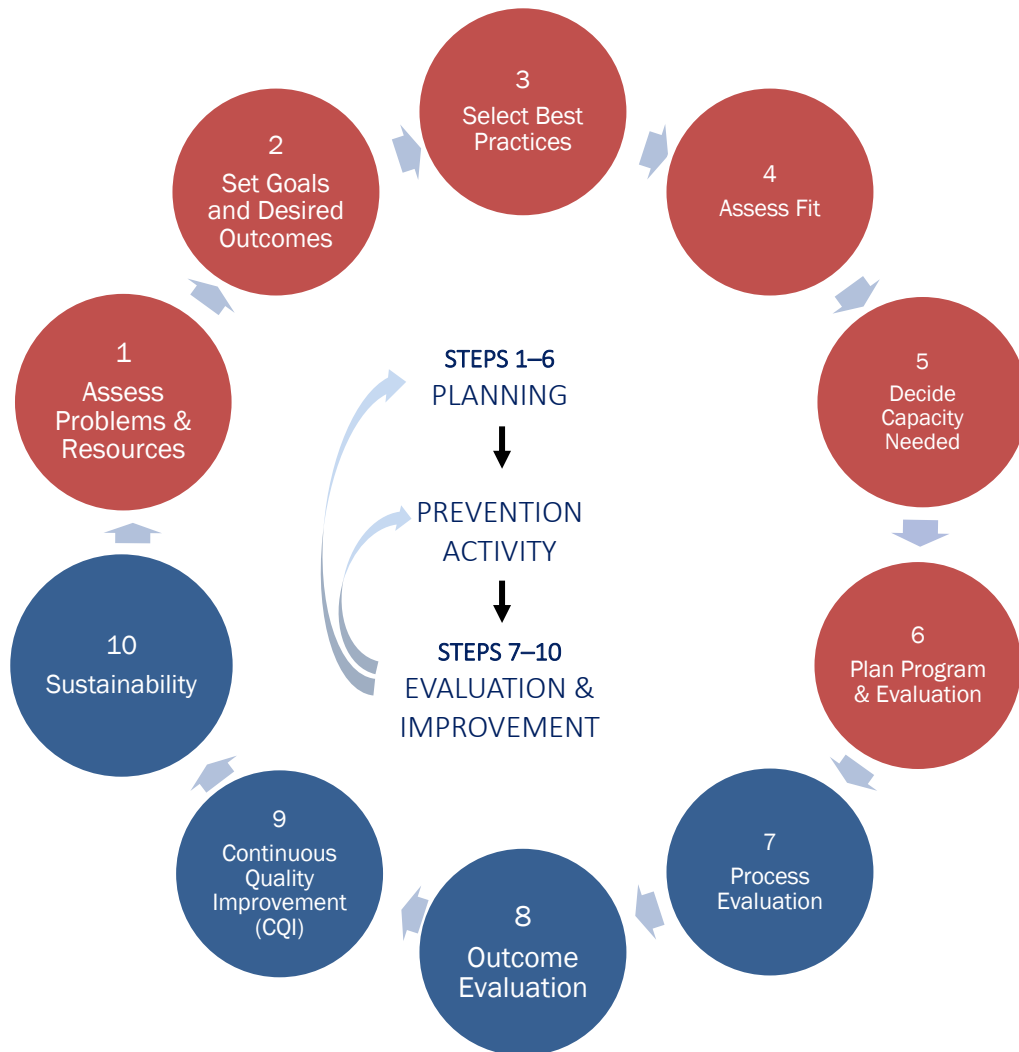


Figure I-1. The GTO Steps

Organizations often struggle with planning prevention programs that get good outcomes. They frequently adopt weak programs or develop something new that they believe, without evidence, will be effective. Sometimes they are mandated to run programs or other activities that do not fit the organization's target population, mission, or community, and they make suboptimal choices when adapting programs to their own setting. Because evaluation can be difficult and time-consuming, they often do not evaluate the program's results. GTO helps organizations prioritize among problems, select programs with evidence of effectiveness, and then implement them with the highest quality possible while monitoring the process and outcomes obtained. Learning the GTO process is a way to more critically assess current efforts and propose new initiatives to ensure that they are appropriate for the problem being targeted and have the potential to have an impact.

Research shows that GTO improves planning and implementation by helping users step through a series of decisions to prioritize among local problems, select evidence-based or evidence-informed programs or other activities that have measurable outcomes, and then deliver a program that fits and for which the organization has the needed resources or capacity, all with the highest quality possible. After 18 years of GTO research at the RAND Corporation, we have found that organizations that use GTO improve their programs and get better outcomes than organizations that do not use GTO (Chinman et al., 2016; Acosta et al., 2013; Chinman et al., 2008). In addition to this guide, the training and technical assistance provided with GTO are key to ensuring that sites benefit from the GTO process.

Why Use Getting To Outcomes to Strengthen Sexual Assault Prevention Activities in the Military?

Sexual assault remains a problem across the military branches. In 2018, the U.S. Department of Defense (DoD) estimated that about 20,500 active-duty service members had been sexually assaulted in the previous year. According to the most-recent DoD survey of active-duty service members, 0.7 percent of servicemen and 6.2 percent of servicewomen had experienced a sexual assault in the past year (Breslin et al., 2019). The past-year rates of assault are shown in Figure I-2, and the most-recent data are available at the DoD Sexual Assault Prevention and Response Office (SAPRO) website, www.sapr.mil. Sexual assault data are explained in detail in Appendix B. Risk and protective factors for sexual assault victimization and perpetration are listed in Chapter 1, along with sources of data.

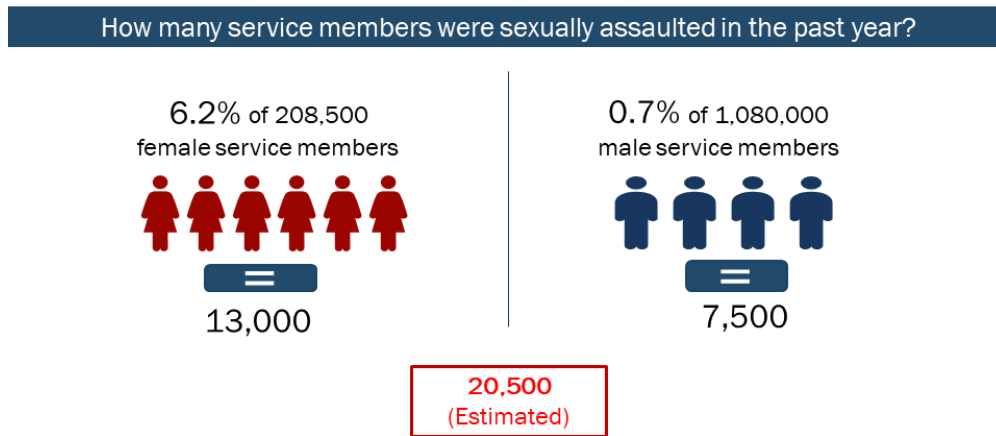


Figure I-2. Active-Duty Service Members Assaulted in the Past Year (2018)
SOURCE: 2018 Workplace and Gender Relations Survey of Active Duty Members (Breslin et al., 2019).

DoD SAPRO was created in 2005. Since then, DoD and the services have invested considerable resources in implementing universal sexual assault prevention activities. Efforts to evaluate some of these prevention activities are underway, but, at this date, little is known about the effectiveness of military-specific sexual assault prevention activities. However, some insight can be gleaned from evaluations of sexual assault prevention efforts with civilian populations that target young adults, an age group with significant overlap with military populations. Many different approaches to sexual assault prevention have been developed, and it can be challenging to sift through the options. Here, as shown in Figure I-3, we have arranged sexual assault prevention into six main approaches:

- bystander intervention
- healthy relationship training
- women's empowerment
- alcohol misuse prevention
- social norms marketing
- perpetration prevention with men.

Within each approach, Appendix C reviews one or two specific programs or approaches for consideration, and in Chapter 3 we summarize key information for each example prevention activity. Similar information for sexual harassment prevention is available in the *Getting To Outcomes® Operations Guide for U.S. Air Force Community Action Teams: Content Area Module for Air Force Sexual Harassment Prevention* (Farris, 2020). The field of sexual assault prevention is still developing, and, thus, some of these prevention activities have stronger evidence to support their usefulness than others. Adopting or adapting a prevention activity with one or two evaluations indicating some effectiveness is better than developing something from scratch.

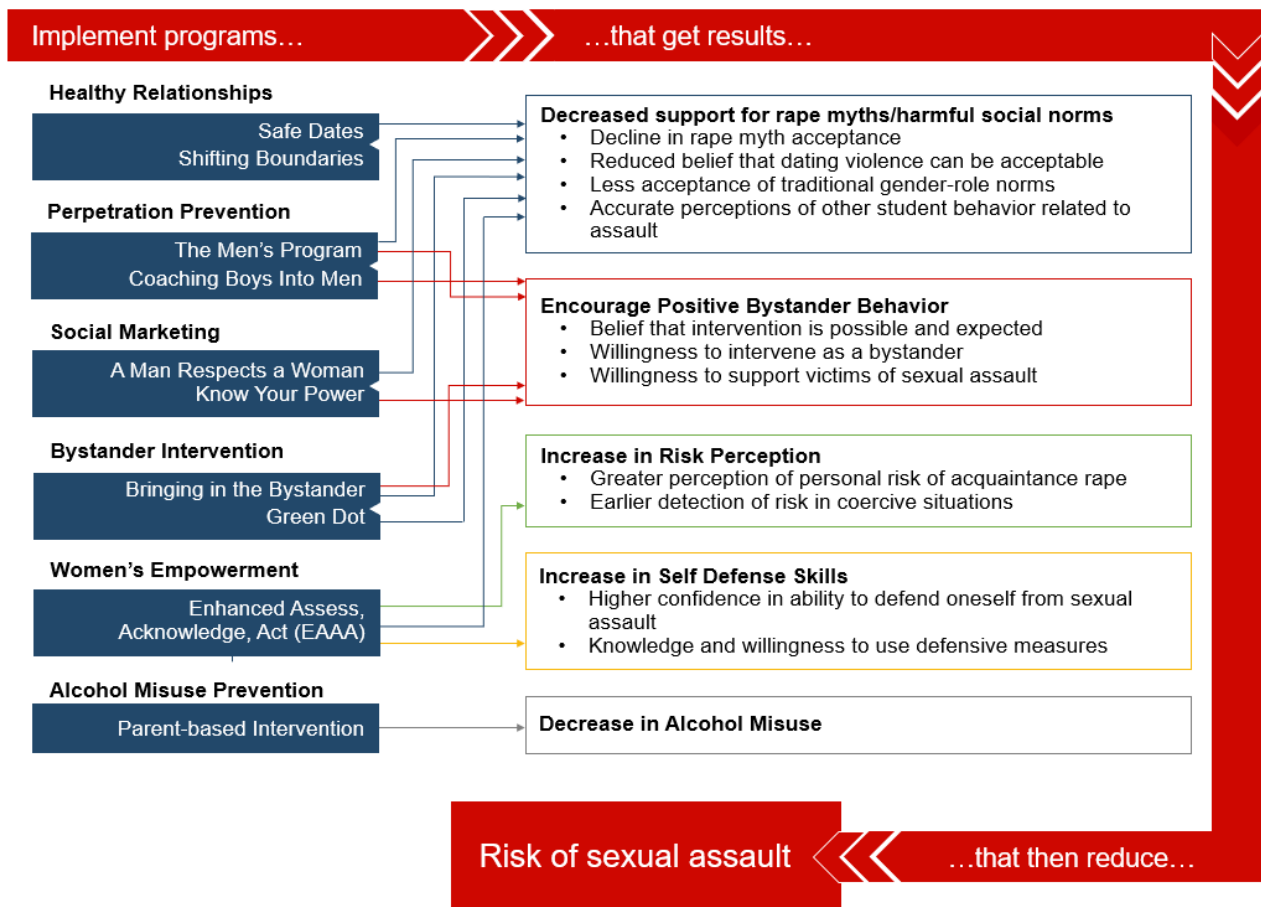


Figure I-3. Sexual Assault Prevention Is Complex and Requires Many Solutions

The following list of characteristics clarifies what we define as a prevention activity for the purposes of this guide.

A prevention activity

- involves an intervention, efforts designed to affect a specific outcome, or the direct provision of services—for example, bystander training
- has a target audience including active duty, National Guard, or reserve component service members and/or their family members, civilian employees, or providers serving these individuals
- conducts its efforts either in theater or out of theater and is currently in planning or already in operation (and will operate in the foreseeable future).

This definition of prevention activity includes policies and practices.

A prevention activity is not

- standard or routine care, such as clinical care at a military treatment facility, or a focus on standard clinical education (such as continuing medical education or internships)
- screening tools that are not directly associated with an intervention, such as checklists and resources designed to help leaders recognize signs of trauma
- a one-way passive transmission of information without an intervention designed to affect a particular outcome (for example, websites with phone numbers, brochure distribution)
- a research project that does not involve an intervention or in which the intervention is a clinical trial of a drug, treatment, or device
- a DoD Instruction, memorandum, or report
- an advisory team, working group, advocacy group, task force, committee, or conference
- an administrative department, office, or center.

Although sexual assault prevention activities exist, some sites have limited capacity to choose, plan, implement, evaluate, improve, and/or sustain effective activities. In 2018, DoD SAPRO launched the Applied Prevention Project (APP) to build capacity throughout the military to strengthen prevention activities. To assist sites in that effort, DoD SAPRO selected GTO, an evidence-based approach that helps organizations systematically plan and measure their activities and outcomes to determine whether they are making a difference. Using GTO does not mean that other planning and evaluation support tools, such as Six Sigma, Total Quality Management, or Assessment to Solutions, should be discarded. GTO often enhances other planning and evaluation tools. It can easily incorporate and integrate rather than duplicate these efforts.

Organization of the Guide

The guide leads implementation teams through the ten steps of GTO, shown in Figure I-1, and provides supplemental information and resources to support sexual assault prevention. It is a sequence of overviews, tools, and additional resources for each GTO step. This guide contains ten chapters—one for each GTO step. Each chapter contains

- ✓ an overview of the GTO step—what it is, why it is important, and how to do it
- ✓ a box that highlights the link between the GTO step and the relevant domain from the Prevention Plan of Action



- ✓ tips and resources  for use in completing each step. The tips included in each chapter are there to help you do the research needed to make the decisions required for each step. The tips should be reviewed before completing the tools.

- ✓ tools  or worksheets with prompts to help you make decisions about various planning tasks and then record those decisions, along with detailed instructions for completing each tool. A Microsoft Word version of the tools is available for downloading at www.rand.org/t/TLA746-1.
- ✓ a completed example of each tool
- ✓ a summary checklist  for doing each step and a summary of the next steps.

The guide also includes a list of references and several appendixes containing a glossary of terms, a description of sexual assault rates in the military, measures, brief overviews of sexual assault prevention activities in several categories, and prevention methods and examples of evaluation.

Fictional GTO Example Used Throughout This Guide

We provide an example of a GTO process applied to a sexual assault prevention program, Green Dot, being planned by a sexual assault prevention GTO implementation team (GTO team) operating out of a **fictional setting**, Joint Base (JB) Hensonburg. JB Hensonburg is a large base in the United States that trains young men and women and is in a rural setting. Entertainment in the adjacent community is largely limited to bars and other drinking establishments. Groups of service members under the legal drinking age sometimes rent hotel rooms on the weekend to host parties and drink alcohol in private, away from the barracks, where alcohol use is prohibited.

In recent years, installation Sexual Assault Response Coordinators (SARCs) have noticed that many of the reports of sexual assaults against young service members have occurred at off-site, private residences and hotels. In addition, a recent RAND report showed that JB Hensonburg had more sexual assault reports in the past year than other similarly sized sites. The GTO team at JB Hensonburg has been working to learn more about the problems and identify new prevention strategies to better educate and prepare their population to intervene as bystanders and prevent further incidents.

The GTO team includes the site SARC, the Headquarters (HQ) Sexual Assault Prevention and Response (SAPR) research analyst, and an experienced facilitator who delivers the annual SAPR training. The examples of the GTO process in this guide follow the GTO team's work of using GTO to consider and then select, plan, and evaluate Green Dot, a bystander training program developed by Dorothy Edwards and her colleagues. Green Dot was selected for implementation at JB Hensonburg after assessment of other options, using the GTO tools, concluded that they were not appropriate.

Green Dot is a bystander intervention program that seeks to prevent sexual assaults by combating social norms that condone violence and by increasing the capacity of individuals to recognize high-risk situations that could lead to sexual assault and intervene safely to prevent the situation from escalating. The program consists of a four-hour interactive bystander training for socially influential service members, a 90-minute bystander workshop for leaders, and a 60-minute bystander workshop for all other service members and civilians on an installation, all led by trained facilitators. Additionally, Green Dot implementation includes a

targeted social marketing strategy, skill reinforcement and strengthening activities (including booster sessions), and community mobilizing initiatives throughout the year. For more information about Green Dot, visit <https://alteristic.org/services/green-dot/>.

Although the implementation team and JB are fictional, the remaining details are as realistic as possible. That is, the information about existing data sources, risk and protective factors, sexual assault prevention activities, and the evidence supporting them are correct, to the best of our knowledge.

How to Use the Guide

This guide is intended to be used by military site GTO implementation teams that have obtained GTO training and are working with GTO coaches to plan and implement a sexual assault prevention activity, as defined above. The team needs a small group of three or four individuals who can coordinate logistics and serve as primary participants in the GTO process. Optimally, the site implementation team should include a noncommissioned officer and an officer. Both are suggested because they will have appreciably different and unique points of view when it comes to implementation and provide requisite capacity on a daily basis to accomplish required tasks. In addition, someone on the team should provide a direct link between the site implementation team and command or site leadership to expedite decisionmaking and approvals. One member of the team (this member could be civilian or uniformed) should act as a primary point of contact to function as a liaison with the HQ element (if applicable) and the GTO coaches.

The first six steps of GTO focus on prevention activity planning:

- First, use Step 1 to help identify and select the priority problems that your implementation team will address.
- Next, set a vision, goals, and specific desired outcomes that you intend to reach by addressing the priority problem you have selected (GTO Step 2).
- The guide then helps teams to select candidate prevention activities with evidence of effectiveness that can be used to address the priority problem and meet the specific desired outcomes (GTO Step 3).
- Next, assess the fit of the candidate prevention activities with the target population(s), community, and mission of the site and how you might adapt them to improve fit (GTO Step 4).
- Before selecting one or more specific prevention activities, use the GTO tools to address questions of readiness and capacity to carry out each of the candidate prevention activities you are considering (GTO Step 5).
- After completing these steps, you should have one or two specific prevention activities that you intend to implement that address the priority problem(s). You can use the work plan and evaluation plan tools to lay out the details for the implementation and evaluation of each activity. It is important to complete Steps 1–6, including evaluation planning (GTO Step 6), before prevention activity implementation begins.

Once a solid plan is in place, then implementation can start, which initiates the remaining GTO steps (7–10):

- As the prevention activity is running, collect and analyze data about how well it is running, including participant exposure, adherence to curriculum, and participant satisfaction (GTO Step 7).

- In GTO Step 8, track the impact of the activity on your specific desired outcomes for the participants.
- In GTO Step 9, review all evaluation data and past decisions to improve the activity going forward.
- If the activity is successful, make a plan to sustain it so that it can continue to have positive impacts on your specific desired outcomes (GTO Step 10).

Although GTO specifies ten steps, it can be appropriate to engage with some of the steps—working, for example, only with the planning steps, Steps 1–6, or only with the evaluation steps, Steps 6–10 (see Figure I-1). However, it is recommended that GTO Step 6 (Planning, including planning evaluation) always be attended to and that even initiatives that are focusing just on evaluation include a review of earlier GTO steps (for example, specification of goals and desired outcomes, GTO Step 2).

Engaging Leadership Before, During, and After Prevention Activities

To those working in the sexual assault prevention space, the negative consequences of sexual assault for military readiness might seem obvious. However, to many, including those in leadership positions, the link between sexual assault prevention and mission priorities is less clear. And yet leadership buy-in is critical to the success of any prevention activity; therefore, engaging decisionmakers throughout the process is a core task of the GTO team.

This guide contains several resources to help GTO teams engage leaders before, during, and after planning and implementing prevention activities. For the activities outlined below, we recommend that senior leadership (O-6 to O-8) briefings be condensed to just the main points. Depending on the preferences and availability of senior leadership (O-6 to O-8), the GTO team might need to brief senior leadership on Steps 1 through 6 during one briefing and then provide an update on evaluation results and improvement plans (Steps 7–9) at a second briefing. O-4 to O-6 leadership might be interested in and available for additional or longer meetings, and these briefings should include greater detail. It is *not* recommended to brief leadership only once (i.e., after completion of all steps). Engaging leadership throughout the process will help ensure that the GTO team has appropriate support and buy-in necessary for their prevention activities.

Before beginning prevention planning. Prior to beginning the work outlined in this guide, the GTO team will need to lay the groundwork for successful implementation by educating leadership on the importance and benefits of prevention activities (as opposed to response-only activities) and the value of evidence-based interventions (as opposed to homegrown or untested interventions). A brief presentation can give leadership an overview of sexual assault prevention (what it is and why prevention is important), evidence-based prevention practices (what they are, why they are preferable), and the GTO model. The overview of the GTO model should be very brief and should simply highlight that the team is using an evidence-based planning process to select, implement, and continuously improve the quality of the intervention. The goal of the briefing should be to establish a basic understanding of the need for well-planned and effective sexual assault prevention programming and achieve the buy-in needed to proceed with prevention activity planning. The GTO team should aim to engage leadership at all levels (i.e., O-4 to O-8) at least once prior to beginning prevention planning.

During prevention planning. The guide provides recommendations for engaging leadership at critical progress points throughout the GTO process. During the planning process, leadership briefings would ideally occur at two stages:

1. after the GTO team has identified priority problems and corresponding goals and desired outcomes (i.e., after completion of GTO Steps 1 and 2; **see Engaging Leadership: Progress Briefing 1** at the end of Chapter 2)
2. after the GTO team has identified the recommended prevention activity, the associated costs and workload, and the expected outcomes (i.e., GTO Steps 3 through 6; **see Engaging Leadership: Progress Briefing 2** at the end of Chapter 5).

Recommended content for these briefings is provided at the end of Step 2 and Step 6. In addition, the GTO tools include specific questions designed to incorporate leadership perspective into planning activities, and the JB Hensonburg example tools provide illustrations of how leaders can be engaged.

After implementation and evaluation. A briefing on evaluation results and subsequent quality improvement action steps (i.e., after GTO Steps 7 through 9; see **Engaging Leadership: Progress Briefing 3** at the end of Chapter 9) is an opportunity to champion successes, as well as to highlight challenges that might require additional leadership support or resources to resolve. Depending on the results of the evaluation, this briefing might be an opportunity to explain why a different, more effective intervention activity should be considered during the next round of planning.

For additional actionable information on engaging leadership, we recommend consulting the SAPRO Leadership Curriculum (U.S. Department of Defense Sexual Assault Prevention and Response, undated), which provides step-by-step guidance on how to effectively communicate with leadership.



Tip I-1. Example Format for Leadership Briefings

Senior leadership (e.g., base or senior mission commander; O-6 to O-8)

1. Bottom line up front (BLUF): What is being asked of the leader? (e.g., To pay for this? Approve this? Direct this?)
2. Problem statement: Make it clear and concise and at the layman level.
3. Solution selected: Why is the solution the best or most promising fit?
4. Costs: What are the financial expenditures (and who is paying), the costs to personnel time, and the impact to the regular mission?
5. Outcomes expected: Set honest expectations early about return on investment.
6. Requested leadership roles and actions: E.g., what are leaders being asked to direct others to do? Is public endorsement of the initiative being requested? Will leaders receive periodic reports?

Lower-level leadership (e.g., battalion, squadron, group; O-4 to O-6)

Use the same outline as above but include more granular detail for item 6, requested leadership roles and actions. For example:

- Let leadership know how they can provide support.
- Direct the leadership team to complete specified actions.
- Let leadership know how they can follow up.
- Ask the leadership team to provide positive and constructive feedback at specified points.
- Let leaders know that they can expect responses to feedback within a specified number of days or hours.



Chapter One

GTO Step 1—Assessing Sexual Assault Problems and Resources

What is GTO Step 1?

It is essential to know what problems need to be addressed, the part of the population that they impact, and the resources that are already available. Getting To Outcomes (GTO) Step 1 is the process of gathering information about the characteristics of a community or a target population that contribute to incidents of sexual assault.

Community members and environments contain *risk and protective factors* that this step helps you identify and select for action. *Risk factors* are aspects of personal behavior or lifestyle, relationships, or the larger environment that are associated with an increase in the occurrence of a problem behavior. Examples of sexual assault risk factors include alcohol misuse, dating and intimate partner violence, sexual harassment, and hostile masculinity. *Protective factors* are characteristics associated with a lower likelihood of problem behaviors or that reduce a risk factor's impact. Examples of sexual assault protective factors include healthy relationships, healthy masculinity, workplace civility, and climates of trust and respect. For military sites, there are limited sources of data on risk factors that are unique to a specific installation or base. Sites might need to rely on information about risk factors that are common across their branch or even the military as a whole. It is likely that the things that increase the risk for sexual assault across the military (e.g., the lower average age of service members, alcohol involvement, sexual harassment) are the same things that increase risk at your local site.

A resources assessment is the process of gathering information about the resources, such as existing prevention activities and their evidence base, that are available to address a particular problem. The final part of this assessment step is to decide on the problems that are actionable for prevention activities to address.

What does GTO Step 1 do?

This step helps you identify and document the problems of sexual assault at your site and existing resources to address them.



GTO Step 1 aligns with the “understand the problem” step in the prevention process, in which communities and organizations identify the key factors that contribute to sexual assault and its prevention.

Why is GTO Step 1 important?

Step 1 is important for several reasons:

1. A problems and resources assessment can help you identify the most prominent problems, gaps, and behaviors; the risk and protective factors that affect those behaviors; and what resources are available to assist your efforts.
2. This step forms the foundation for logical prevention activity planning because knowing the current level or rate of problems you want to address will help you prioritize among problems and set realistic goals and desired outcomes.
3. This step also helps focus the search on only prevention activities that are intended to reduce the priority problem.
4. Step 1 results suggest the outcome against which you want to evaluate the prevention activity (that is, did it reduce the problem we chose to address?).

How do I carry out GTO Step 1?

Complete this step by

1. gathering and reviewing existing information on the problems in your community (refer to Tips 1-1, 1-2, and 1-3)
2. identifying existing resources that address these problems (use local Sexual Assault Prevention and Response [SAPR] experts)
3. prioritizing problems to select those you can address
4. specifying the target population for your efforts.

A place to start assessing local problems is to consider the list of risk and protective factors shown in Tip 1-1 (and described with relevant citations in Appendix B), which summarizes the research on which factors have been shown to contribute to greater risk and protection from victimization and perpetration of sexual assault. Tip 1-2 lists resources for accessing existing data about risk factors and the overall problem of sexual assault.

Sexual assault is a complex issue with multiple factors that influence the likelihood of occurrence. The social ecological model can be used to help organize the converging risk and protective factors, which could be specific to an individual, to a relationship between individuals, to the community in which they are embedded, or even the broader society (Figure 1-1; Dahlberg et al., 2002). The Centers for Disease Control and Prevention (CDC) recommends that prevention efforts include targets from multiple levels (Dills, Fowler, and Payne, 2016). Tip 1-1 organizes risk and protective factors into the individual, relationship, and community levels of the social ecological model.

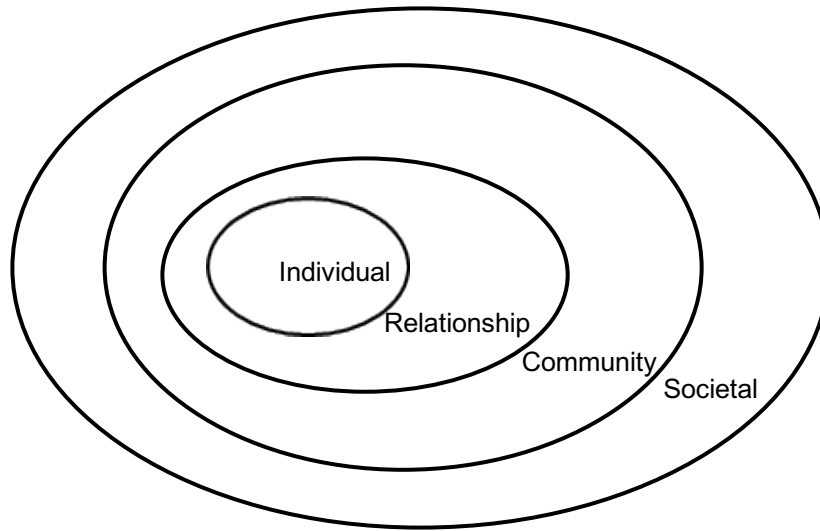


Figure 1-1. Social Ecological Model of Prevention Targets



Tip 1-1. Risk and Protective Factors for Sexual Assault Victimization and Perpetration

Level of the Social Ecological Model	Risk for	Factor	Increases Risk?	Provides Protection?	Best Use for Planning Prevention Efforts	
					Identifying Group(s) Likely to Benefit from Prevention Efforts	Identifying the Type of Prevention Activity to Implement
Individual	Victimization	Women (relative to men)	X		X	
		Age (older)			X	
		Sexual minority	X		X	
		Prior sexual assault victimization	X		X	
		Pay grade (higher)		X	X	
		Enlisted (relative to officer)	X		X	
		Alcohol intoxication	X			X
	Perpetration	Men (relative to women)	X		X	
		Age (younger)	X		X	
		Prior sexual assault perpetration	X		X	
		Victim of childhood emotional or physical abuse	X		X	

 Tip 1-1. Risk and Protective Factors for Sexual Assault Victimization and Perpetration						
		Believe in ideas that justify rape in certain circumstances and blame victims for the assault	X			X
		Alcohol intoxication	X			X
Relationships	Victimization	Married		X	X	
		Duty station transitions	X		X	
	Perpetration	Fewer dating and sexual partners		X	X	X
Community	Victimization	Member of Air Force (relative to other branches)		X	X	
		Basic training	X		X	
		Higher proportion of workplace is male	X		X	X
		Sexual harassment	X		X	X
		Peers reject sexual assault–supportive attitudes		X		X

Identifying your site's risk and protective factors

Several data sources exist that can help you determine risk and protective factors on which to focus your sexual assault prevention plans. We chose these data sources because they are generally available and cut across multiple service branches. However, few provide site-level data. Be sure to consider both the pros and cons when examining reports from these data sources.



Tip 1-2. Links to Existing Data Sources

Data Source	Content	Reporting Period	Pros and Cons	More Information
Workplace and Gender Relations Survey of Active Duty Members (WGRA) and Workplace Gender Relations Survey of Reserve Component Members (WGRR)	• Sexual assault • Sexual harassment • Victim, perpetrator, and assault characteristics • Reporting choices and outcomes • Perception of peer and leadership response to sexual assault • Bystander behaviors • Workplace hostility	Biennial survey of active component members in even years and reserve component members in odd years	Pros • The survey is completed by a large number of service members, and statistical methods are used to help protect against bias. • The survey estimates the percentage of male and female service members, in multiple pay grade groups, who were sexually assaulted in the past year. • The survey includes items that assess bystander behaviors, perception of leadership, social norms, and workplace hostility. • Service-specific data are available. • Data could be used to set benchmarks for evaluation. Cons • The survey is fielded only once every two years, which might not coincide with the GTO timeline. • Data will not give you command- or site-specific results. • The survey has limited utility in assessing the risk factor for perpetration because it measures only victimization and some bystander behaviors.	PDF reports and statistical highlights are available at https://sapr.mil/reports

Links to Existing Data Sources—continued				
Data Source	Content	Reporting Period	Pros and Cons	More Information
Service Academy Gender Relations Survey (SAGR)	• Sexual assault • Sexual harassment • Victim, perpetrator, and assault characteristics • Reporting choices and outcomes • Perception of peer and leadership response to sexual assault • Academy culture	Biennial survey of students at the four service academies and focus groups at three academies	Pros • The survey is completed by a large number of students, and statistical methods are used to help protect against bias. • It includes survey items that assess culture and perception of leadership and peer response to sexual assault. • Data could be used to set benchmarks for evaluation. • Academy-specific data are available. • Focus groups provide additional content not readily available in surveys. Cons • It is fielded only once every two years, which might not coincide with the GTO timeline.	PDF reports and statistical highlights are available at https://sapr.mil/reports
RAND Sexual Assault & Sexual Harassment in the U.S. Military report	• Site- and command-level risk of sexual assault and sexual harassment	2014 RAND Military Workplace Survey	Pros • This report provides estimates of sexual assault risk and sexual harassment risk for a specific site or command. • It allows a comparison of risk relative to other sites or commands. • It appropriately adjusts estimates to account for demographic differences across sites—that is, sites are not penalized for having a high-risk population. Instead, site-specific risk assesses whether assigned personnel have a higher or lower risk than similar personnel serving elsewhere. Cons • It assesses sexual assault and sexual harassment risk only. • It is available for 2014 only. • It is not available for the Reserve/Guard or Coast Guard.	Report: https://www.rand.org/pubs/research_reports/R870z7.html Annex with site estimates: https://www.rand.org/pubs/research_reports/R870z8.html

Links to Existing Data Sources—continued				
Data Source	Content	Reporting Period	Pros and Cons	More Information
Defense Equal Opportunity Management Institute (DEOMI) Organization Climate Survey (DEOCS)	• Sexual harassment • Unwanted sexual contact • Organizational commitment • Group cohesion • Perception of leadership • Bullying • Hazing • Sexual assault prevention climate • Bystander behaviors	Anonymous online survey conducted for any commander of a unit with 50 or more people within 90 days after taking command and annually thereafter	Pros • The survey results are linked to a specific commander. • Additional self-created items can be added. Cons • Results might not be generalizable. • Response rates to the survey vary by command or unit and might be low.	Contact your site's Military Equal Opportunity office or your site's equal opportunity advisor for more information
Defense Sexual Assault Incident Database¹	• Database of officially reported sexual assaults. Unrestricted reports include additional information about the victim, forensic exam, perpetrator, and incident.	Tracked continuously	Pros • This database provides a record of the number of officially reported sexual assaults at each military site. • It includes characteristics of the accused and of victims that can be used to understand reported sexual assaults at a given site and inform any need to customize implementation of a department-wide or servicewide prevention activity for a command or site. Cons • It does not include sexual assaults that the victim decides not to report. • It could include sexual assaults that occurred at another location but were reported at your site. • Most incident-related data are based on survivor recall, which could lead to missing details because of the traumatic effects that sexual assaults have on survivors. • The number of cases might rise and fall each year due to random fluctuation or positive and negative trends (for example, increased or decreased trust and willingness to report among victims).	Connect with site SAPR office

¹ For some locations, there could be so few official sexual assault reports that reviewing them, even in aggregate, would threaten victim confidentiality. If your location has received fewer than ten reports in the previous year, we recommend that these data not be reviewed. Even for locations with more than ten reports, keep in mind that incidents that are reported might be more severe (e.g., victim injuries, stranger offenders, penetrative) than incidents that are not reported.

Reviewing your data

Data are a critical part of the GTO process. After assembling the data, it might be helpful to summarize the numbers and review the data using the questions in Tip 1-3 about the different data you have. This will give you a good start on triaging among problems you have identified before you complete the Triaging Among Problems Tool. You could do this at a team meeting as a group or have a team member report to your team on his or her review. You should be careful when collecting sensitive data yourself, especially data about sexual harassment and assault. This is because this type of information can be dangerous even in the hands of the well-intentioned. Commanders could argue that there is a “need to know” for sexual assault prevention purposes, but sharing potentially identifiable information with them could end up eroding the population’s willingness to reveal such experiences in future military data collection efforts. Investigators might want the information to try to narrow down suspects to those with risk factors for perpetration, even though some factors are more observable than others and risk factors are not perfectly correlated with the behavior (for example, data do not mean that married people cannot be perpetrators or that men cannot be victims). Finally, the information could lead to stigma or victim blaming (for example, regarding alcohol). Therefore, whenever possible, it is best to use already available data, such as the sources listed above in Tip 1-2.



Tip 1-3. Using Data to Inform Community Problem Assessment for Sexual Assault Prevention

- 1. What are the most relevant risk or protective factors for sexual assault at your location?** Risk factors are aspects of personal behavior or lifestyle, relationships, or the larger environment that are associated with an increase in the occurrence of a problem behavior. Examples of sexual assault risk factors include alcohol misuse, dating and intimate partner violence, sexual harassment, and hostile masculinity. Protective factors are characteristics associated with a lower likelihood of problem behaviors or that reduce a risk factor’s impact. Examples of sexual assault protective factors include healthy relationships, healthy masculinity, workplace civility, and climates of trust and respect.
- 2. What trends in your data suggest that the problem of sexual assault is changing? What is getting worse? What is getting better? What is staying the same?**
- 3. How do the different data compare? What are areas of agreement? What are areas of disagreement?**
- 4. Are there other considerations? For example, are there missing data or data problems?**
- 5. What do the data, taken as a whole, suggest as priorities to address in your effort to strengthen sexual assault prevention at your site? How do the existing data support this prioritization?**
- 6. Data limitations are important to consider. For example, the data might be old or available only for your branch of the military or U.S. Department of Defense–wide (DoD-wide) and not for your site. Any inferences you make should draw on your understanding of your current local context in comparison with the data source.**

Overview of Step 1 tools

GTO Step 1 contains three tools that will help you carry out a needs and resources assessment:

- ✓ The *Data Catalog Tool* helps you determine which existing data sources you will plan to use and who will be responsible for assembling the data.
- ✓ The *Community Resource Assessment Tool* helps you identify resources in your community that could help address the problems. You will save time and money and avoid duplicating efforts when you determine what is already in place, whether it is effective, and where you can best focus your efforts.
- ✓ The *Triaging Among Problems Tool* helps you decide on the priority problems or behaviors and risk and protective factors that your team wants to address and the target population for this effort. Use Tips 1-1 and 1-2 and Appendix B in addition to your team's local knowledge and expertise. At this step, it could be good for each team member to reach out to their other colleagues to see whether there are ideas about what data to use or pursue. Also, once you have gathered data and have completed the Data Catalog Tool and the Community Resource Assessment Tool, it will be particularly useful to coordinate and collaborate on completing the Triaging Among Problems Tool as a team. Decisions made in completing this tool lay the foundation for the rest of the GTO process.

Instructions for completing the Data Catalog Tool

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. Make or share as many copies of the tool as necessary for you and your fellow team members to complete this tool.
2. Begin by listing all the sexual assault risk factors or problems in the first column that *you believe* are problems.
3. Then, for each problem, refer to Tip 1-2 and other data sources to which you have access and specify the source from which you will obtain the data about the extent of the problem. The aim here is to check whether your original beliefs about the problems are accurate and the extent of the problem.
4. Note whether the data exist or you must collect new data yourself. Perhaps you will want to supplement information from the WGRA and WGRR with new data from a particular segment of the community. The point is to gather sufficient data to understand the problems of your community, inform goal-setting, and point you toward candidate prevention activities to consider using.
5. Although the data sources listed in Tip 1-2 above provide useful information, another data source can simply be talking to service members. For example, running a focus group of service members, or perhaps service members' spouses, could provide details and context to the hard numbers. More information about how to run a focus group is located in Tip D-1 of Appendix D on process evaluation methods. Again, be careful about collecting sensitive data yourself.
6. Specify the person responsible for collecting or assembling the data and a due date for acquiring information.
7. When you have completed the tool, use Tip 1-3 to help your team assess the data you have assembled as part of triaging among problems.



Data Catalog Tool

Completed by: _____ Date: _____

What are the risk factor data that show that the risk factors for sexual assault ARE or ARE NOT a problem for your site?	Sources of Data	Existing or New Data	Person Responsible and Date Due

Instructions for completing the Community Resources Assessment Tool

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. Make or share as many copies of the tool as necessary for you and your team members to complete this tool. Make additional copies when you are documenting more than three resources.
2. Identify existing prevention activities or other local community resources that address or could help address the problems or gaps that you identified in the Data Catalog Tool.
3. Note the location or address of the resource or where it is delivered and whether it is located on your site or in the neighboring community.
4. Specify the target populations served by each resource. Note that the answers to these questions might require informal surveys or interviews with providers of the resources you identified.
5. Enter the resource availability, including frequency or hours of operation, if applicable; waiting times; and eligibility for services.
6. Describe who uses the resource now.
7. Collect any information you can find on the outcomes the resource is producing. If there is no evidence of effectiveness, consider leaving it out of further consideration as a resource.
8. If the resource is producing positive outcomes, try to identify what characteristics are driving those positive outcomes (for example, free or low-cost services, convenient hours to access services) so that you can include them if you select this resource. Also, you may want to invite this successful resource provider to collaborate in your effort.



Community Resources Assessment Tool

Completed by: _____ Date: _____

	Resource 1	Resource 2	Resource 3
Name of resource and its services or activities			
Location (site or community)			
Target population served			
Hours of operation			
Who uses it?			
Community risk factors addressed			
Protective and resilience factors being promoted			
Any outcomes or evidence of effectiveness produced by the resource?			
What's working?			

Instructions for completing the Triaging Among Problems Tool

This tool will help you select priorities among various problems that exist at your site—i.e., the risk and protective factors and behaviors that are not being addressed elsewhere and that can be reasonably measured and addressed to strengthen sexual assault prevention.

The problems and resources data will inform this process. Working through Tip 1-3 will help you better understand the data. Begin by brainstorming the list of problems (i.e., important risk and protective factors, gaps, or conditions) from your Data Catalog Tool that call for change. If the list is too long to address given your capacity, then reduce the list as described below.

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1.
 1. Make or share as many copies of this tool as necessary for you and other team members, or anyone else who will collaborate in completing this task.
2. Decide how you will involve others at your site in the filtering process. For example:
 - a. Distribute copies to your fellow team members and have them fill it out on their own. Collect the completed copies and have someone collate the answers for each item. You and the group should then meet to discuss the results and decide on the key priorities that ought to be addressed.
 - b. Assemble the group for a meeting to discuss and develop the priorities by completing the tool together.
3. The left column, Triaging Process, provides prompts on how to carry out the filtering or triaging.
4. Start by identifying the most important problems (risk factors like those listed in Tip 1-1 above, behaviors, gaps, or conditions) that need to change, according to your analysis of the problem data. To guide your data analysis, look at Tip 1-3. When you describe your problem, be as specific as you can—for example, you could use statistics or quote what service members have stated.
5. List the important problems you identified across row 1.
6. Examine the resulting list and cross out any that already are being addressed effectively in prevention activities at your site (row 3).
7. Cross out any problems that you lack the capacity and resources (time and budget) to confront (rows 2 and 4).
8. Now, cross out any others that are immutable or outside the scope of your team, such as low pay, or whose changes you cannot measure (row 5).
9. Cross out any risk factors or other behaviors that your team simply chooses not to make a priority to address at this time (row 6).
10. List any areas your site must address to comply with site, service branch, or DoD priorities (row 7).
11. Copy the mandated problems and any others remaining after this sorting process and the capacities needed to address them into the space at row 8. These are your priority problems to further consider addressing.
12. Specify the target population where you want to address each remaining problem in row 9. Will it be all service members at your site or a more targeted group, such as leadership or young enlisted personnel? Specify about how many people you will target and what characteristics define the group.



Triaging Among Problems Tool

Completed by: _____ Date: _____

Triaging Process	(1)	(2)	(3)	(4)
1. List problems to be addressed.				
2. List capacities needed to address the problem				
3. Is this problem currently being addressed elsewhere (at the site or in a neighboring community)?				
4. Is this a problem that we lack the resources (time and budget) to confront?				
5. Is this a problem that we cannot change or whose change we cannot measure?				
6. Is this a problem that we choose not to address at this time?				
7. Is this a problem that our site must address to comply with leadership priorities?				
8. Combine your row 1 and row 2 statements to make a "priority problem" statement: [What is the problem?] + [What is needed to address it?]				
9. Specify your target population, including their characteristics and the approximate number for which you have resources—for example, all service members or a more targeted group.				

Example of GTO Step 1 process

The Joint Base (JB) Hensonburg GTO team begins at Getting To Outcomes Step 1: a problems and resources assessment of their community and target population to identify relevant problems, resources, and gaps. First, they gather information on the problems and needs in their community. O-4 Gribble, the JB Hensonburg Sexual Assault Response Coordinator (SARC) and GTO team member, volunteers to complete the *Data Catalog Tool* and readily identifies several sources of DoD data from Tip 1-2 that can help the GTO team understand the scope of the problem, including the DEOCS for which they have site-level data.

As O-4 Gribble documents in the tool, she learns that, DoD-wide, 6.2 percent of servicewomen and 0.7 percent of servicemen had experiences that met the DoD definition of sexual assault in the past year (2018 WGRA; Breslin et al., 2019). She notes that the risk of sexual assault is not spread equally across the force. Junior enlisted service members (E-1–E-4) are at higher risk than the general population; 9.1 percent of junior enlisted women and 0.9 percent of junior enlisted men were sexually assaulted in the past year (2018 WGRA; Breslin et al., 2019). The GTO team pays close attention to these data. JB Hensonburg hosts occupational training for a number of military occupations, and the team notes that these early-career, high-risk service members could benefit from additional prevention activities.

She also consults the RAND *Sexual Assault and Sexual Harassment in the U.S. Military* report to learn the specific risk for her base (Morrall et al., 2018a; Morrall et al., 2018b). According to the analyses presented in the report, the risk of sexual assault at JB Hensonburg was higher in 2014 than the sexual assault risk at some other bases. From the analysis, she learns that the additional risk was explained entirely by measured demographics and service history characteristics of the service members stationed there. That is, even though JB Hensonburg looks like it has a high rate of sexual assault, it probably has to do with the high proportion of junior enlisted service members and the gender imbalance in some of the occupations stationed at JB Hensonburg, rather than that anything that is “wrong” with JB Hensonburg’s leadership or culture relative to other sites. She makes a note that this will be important to clarify for leadership as well when she briefs them on the GTO team’s progress.

She also notices an interesting pattern in the 2016 report from the WGRA. When service members were asked whether their military peers and leaders corrected incidents of sexual harassment and rejected sexual assault, their perceptions varied based on the pay grade they were rating. Most service members (72–85 percent) thought that senior enlisted personnel and senior officers would “recognize and correct incidents of sexual harassment,” but only 54–67 percent thought that junior enlisted personnel would do so (Peebles, Grifka, and Davis, 2017). Similarly, although most service members (87–93 percent) believed that senior enlisted personnel and senior officers made “it clear that sexual assault has no place in the military,” only 61–70 percent believed that junior enlisted personnel did so (Peebles, Grifka, and Davis, 2017). Finally, even though most service members intervened when they saw a high-risk situation for sexual assault (88 percent), few had observed any high-risk situations in the past year (29 percent).

The GTO team wonders whether younger service members need a higher “dose” of sexual assault prevention activity. By late career, it appears that most service members have embraced the military rejection of sexual harassment and sexual assault, but it also appears that this value has not yet been fully accepted by younger service members. Can they speed it up?



Example Data Catalog Tool

Completed by: O-4 Gribble

Date: 21 MAR 2018

What are the risk factor data that show that the risk factors for sexual assault ARE or ARE NOT a problem for your site?	Sources of Data	Existing or New Data	Person Responsible and Date Due
Sexual assault risk. In 2018, an estimated 6.2 percent of servicewomen and 0.7 percent of servicemen had experiences that met the DoD definition of sexual assault in the past year.	<i>2018 Workplace and Gender Relations Survey of Active Duty Members Overview Report</i> (Breslin et al., 2019): https://dwp.dmdc.osd.mil/dwp/app/dod-data-reports/defense-research	Existing	O-4 Gribble / month 1
<u>Victimization risk by gender and pay grade.</u> Junior enlisted servicewomen (9.1 percent) are at higher risk for sexual assault victimization in the past year than senior enlisted servicewomen (4.0 percent), junior officer women (4.6 percent), and senior officer women (1.0 percent) are. Junior enlisted servicemen (0.9 percent) are at higher risk for sexual assault victimization in the past year than senior enlisted servicemen (0.6 percent), junior officer men (0.7 percent), and senior officer men (0.3 percent) are.	<i>2018 Workplace and Gender Relations Survey of Active Duty Members Overview Report</i> (Breslin et al., 2019): https://dwp.dmdc.osd.mil/dwp/app/dod-data-reports/defense-research	Existing	O-4 Gribble / month 1
<u>Climate.</u> Most, but not all, service members (80 percent) believe that members across all ranks promote “a unit climate based on mutual respect and trust.”	H. Peebles, A. Grifka, and L. Davis, “Military Workplace Climate,” in Lisa Davis, Amanda Grifka, Kristin Williams, and Margaret Coffey, eds., <i>2016 Workplace and Gender Relations Survey of Active Duty Members Overview Report</i> , Alexandria, Va.: DoD Office of People Analytics, 2017, pp. 231–284. http://www.sapr.mil/public/docs/reports/FY16_Annual/Annex_1_2016_WGRA_Report.pdf	Existing	O-4 Gribble / month 1
<u>Climate.</u> Many service members (54–67 percent) believe that junior enlisted service members recognize and correct incidents of sexual harassment.	H. Peebles, A. Grifka, and L. Davis, “Military Workplace Climate,” in Lisa Davis, Amanda Grifka, Kristin Williams, and Margaret Coffey, eds., <i>2016 Workplace and Gender Relations Survey of Active Duty Members Overview Report</i> , Alexandria, Va.: DoD Office of People Analytics, 2017, pp. 231–284. http://www.sapr.mil/public/docs/reports/FY16_Annual/Annex_1_2016_WGRA_Report.pdf	Existing	O-4 Gribble / month 1

Example Data Catalog Tool—continued			
What Are the Risk Factor Data That Show That the Risk Factors for Sexual Assault ARE or ARE NOT a Problem for Your Site?	Sources of Data	Existing or New Data	Person Responsible and Date Due
<u>Climate.</u> Many, but not all, service members (61–70 percent) believe that junior enlisted service members make it clear that sexual assault has no place in the military.	H. Peebles, A. Grifka, and L. Davis, “Military Workplace Climate,” in Lisa Davis, Amanda Grifka, Kristin Williams, and Margaret Coffey, eds., <i>2016 Workplace and Gender Relations Survey of Active Duty Members Overview Report</i> , Alexandria, Va.: DoD Office of People Analytics, 2017, pp. 231–284. http://www.sapr.mil/public/docs/reports/FY16_Annual/Annex_1_2016_WGRA_Report.pdf	Existing	O-4 Gribble / month 1
<u>High-risk situation recognition.</u> Consistent with the overall military rate (24–40 percent), few JB Hensonburg service members (29 percent) indicated that they had observed a high-risk situation for sexual assault in the past 12 months.	Local DEOCS data from service members stationed at JB Hensonburg. <i>2018 Workplace and Gender Relations Survey of Active Duty Members Overview Report</i> (Breslin et al., 2019): https://dwp.dmdc.osd.mil/dwp/app/dod-data-reports/defense-research	Existing	O-4 Gribble / month 1
<u>Bystander action.</u> Like service members in general (88 percent), most JB Hensonburg service members who did recognize a high-risk situation for sexual assault took action to reduce the risk (89 percent).	Local DEOCS data from service members stationed at JB Hensonburg. <i>2018 Workplace and Gender Relations Survey of Active Duty Members Overview Report</i> (Breslin et al., 2019): https://dwp.dmdc.osd.mil/dwp/app/dod-data-reports/defense-research	Existing	O-4 Gribble / month 1

Next, the JB Hensonburg GTO team reviews existing prevention activities that address sexual assault. Through formal and informal sources, members of the team identify three practices currently implemented on the base that target sexual assault. They document the practices using the Community Resource Assessment Tool: (1) annual sexual assault prevention training delivered by the site SAPR office, (2) response services delivered by the site SAPR office, and (3) an awareness-raising “color run” 5K race sponsored by the training command.

Based on the activities reviewed in the Community Resource Assessment Tool, the JB Hensonburg GTO team believes that, although steps are being taken to address sexual assault at JB Hensonburg, gaps remain. All service members currently receive basic education about sexual assault and have access to response services if they are victimized. The color run 5K appears to be a well-liked awareness raising activity, but the GTO team suspects that watching or participating in a race will not prevent any future sexual assaults from occurring. The team feels confident that a prevention activity to target early-career enlisted service members for an additional and higher dose of training would not be duplicative of other efforts on the base.



Example Community Resources Assessment Tool

Completed by: Mr. Stubbe

Date: 21 MAR 2018

	Resource 1	Resource 2	Resource 3
Name of resource and its services/ activities	Annual Sexual Assault Prevention Training delivered by the JB Hensonburg SAPR Office	Response services and advocacy support via the JB Hensonburg SAPR Office	Awareness-raising color run sponsored by the training command
Location (site or community)	SAPR Office 1234 Main Street JB Hensonburg	SAPR Office 1234 Main Street JB Hensonburg	Training Command 5678 Main Street JB Hensonburg
Target population served	All service members stationed at JB Hensonburg	All service members stationed at JB Hensonburg	JB Hensonburg service members assigned to the Training Command
Hours of operation	One-hour training	M–F: 0800-1600	5K race
Who uses it?	All service members	Sexual assault victims	In 2017, 57 runners, 12 volunteers, and approximately 100 spectators participated.
Community risk factors addressed	Sexual assault knowledge, attitudes, and social norms	None	None
Protective and resilience factors being promoted	Endorsement of norms rejecting sexual assault, intention to intervene to prevent sexual assault, intention to seek affirmative consent	Response capabilities to provide support and advocacy for sexual assault victims	None
Any outcomes or evidence of effectiveness produced by the resource?	96 percent of service members indicated that they received training on sexual assault prevention in the past year (2016 WGRA) 93 percent of service members indicated that the training included information about how to intervene if they witness a high-risk situation (2016 WGRA)	No. Office notes that they did provide services for 38 sexual assault victims in the past year.	Unknown
What's working?	Reaches nearly every service member annually	Trained professionals ready to respond to incidents of sexual assault	Unknown



Example Triaging Among Problems Tool

Completed by: Mr. Stubbe

Date: 25 APR 2018

Triaging Process	(1)	(2)	(3)	(4)
1. List problems to be addressed.	Sexual assault risk is higher for junior enlisted service members, who make up most of the JB Hensonburg population.	Junior enlisted service members have a limited ability to recognize situations that increase risk for sexual assault and intervene to reduce risk.		
2. List capacities needed to address the problem	Trainers, staff, curriculum, policy documents, leadership time	Trainers, staff, curriculum, policy documents, leadership time		
3. Is this problem currently being addressed elsewhere (at the site or neighboring community)?	Yes, one-hour annual training reaching all service members	To some extent. Annual training includes ten minutes of bystander intervention training material.		
4. Is this a problem that we lack the resources (time and budget) to confront?	No	No		
5. Is this a problem that we cannot change or whose change we cannot measure?	No	No		
6. Is this a problem that we choose not to address at this time?	No	No		
7. Is this a problem that our site must address to comply with leadership priorities?	Yes	Yes		
8. Combine your row 1 and row 2 statements to make a "priority problem" statement: [What is the problem?] + [What is needed to address it?]	Sexual assault risk is higher for junior enlisted service members that make up most of the JB Hensonburg population, and trainers, staff, curriculum, policy documents and leadership time are required to address this problem.	Junior enlisted service members have a limited ability to recognize situations that increase risk for sexual assault and intervene to reduce risk, and trainers, staff, curriculum, policy documents, and leadership time are required to address this problem.		
9. Specify your target population, including their characteristics and the approximate number for which you have resources—for example, all service members or a more targeted group.	Junior enlisted service members assigned to JB Hensonburg	Junior enlisted service members assigned to JB Hensonburg		



Checklist Completion of Step 1

When you finish working on this step, you should have:

- ☐ Reviewed available data sources
- ☐ Conducted problems and resources assessments
- ☐ Reviewed the findings of the assessments
- ☐ Completed the three Step 1 tools
- ☐ Selected priority problems that emerged from your assessments

Before moving on to Step 2

Now you'll move on to using the information you've gathered and the priorities you've identified to develop specific goals and desired outcomes. The priorities from Step 1, and the goals and desired outcomes you develop in Step 2, form the basis for selecting the prevention activity you could implement at your site, as well as the outcomes you eventually plan to measure.

It is okay if, at this step or any subsequent step, you realize that tackling the problems you had in mind is no longer your team's first priority or would be redundant with other ongoing efforts. You can continue to use this guide and the GTO ten-step approach to address any alternative problems that emerged as more pressing during your problems and resources assessment.

Chapter Two

GTO Step 2—Setting Goals and Desired Outcomes for a Sexual Assault Prevention Activity

What is GTO Step 2?

In Step 1, you selected the top priorities among multiple problems that you intend to address, and you identified target populations at your site affected by these priority problems. In GTO Step 2, you will specify your vision, broad goals, and specific changes, called *desired outcomes*, that you want to achieve for the target populations through each specific prevention activity you select.

A **goal** is a broad statement that represents the overall impact you would like to achieve. However, having only a general goal by itself does not enable you to gauge progress toward resolving the problem. You need to develop specific desired outcomes for your goals. A **desired outcome** is a way to make a goal more specific—for example, reducing something by a certain percentage within a specified time frame. You can then find prevention activities that achieve the desired outcome and work toward your goals.

NOTE: A desired outcome might need to be adjusted later based on what the best prevention activity you can find has achieved in the past—for example, at another site or after a rigorous evaluation. But the specifics of a desired outcome should set you up to monitor how the activity you implement is doing.

You might intend to target certain risk or protective factors related to sexual assault (see Step 1 and Appendix B). These factors can be attitudes, skills, or actual behaviors in your target population. There are evidence-based or evidence-informed prevention activities available to address some of these factors, and you will want a desired outcome to specify how much you think these factors can change as a result of the activity you introduce or are already using.

You may have multiple desired outcomes for a goal, but, taken together, they should add up to progress toward the goal(s).

Another key part of GTO Step 2 is creating a logic model outlining the key components of your overall prevention activity. A logic model

- is a flowchart of building blocks that illustrates your assumptions about how each step builds on the preceding step until the desired outcome(s) are reached

What does GTO Step 2 do?

This step prompts you to develop a goal for each priority problem and specific desired outcomes for each goal. In this step, you also start a logic model that displays all these elements.

- maps the route as follows: problems and needs → goals and desired outcomes → prevention activities → actual outcomes → reduction in the problems and needs
- allows you to easily see whether there are any gaps in the logic of your approach.



Prevention Plan of Action 2019–2023

GTO Step 2 aligns with the development of a comprehensive approach in the prevention process. Understanding the goals for prevention is essential in selecting integrated, research-based prevention activities that address individual, interpersonal, and organizational contributing factors.

Why is GTO Step 2 important?

It is important to set a goal and desired outcomes to ensure that

- everyone involved “is on the same page” with what you are trying to accomplish
- you have benchmarks so that you know when your prevention activity is working as planned
- you find an activity that targets the problem and achieves your desired outcomes
- you are collecting the right evaluation data to assess progress.

It is important to have a logic model to

- show the relationships between problems and needs, goals and desired outcomes, prevention activities, and results (outcomes)
- help you tell a compelling story (“create a value case”) of how your prevention activity is addressing a problem that stakeholders care about
- visually represent a road map for GTO steps.

How do I carry out GTO Step 2?

Start with the results of your problems and resources assessment from GTO Step 1. From there, write at least one goal that could impact the problems identified. Using the SMART Desired Outcomes Tool and the guidance provided in Tip 2-1, create specific, measurable, achievable, realistic, and time-based (SMART) desired outcome statements for each goal that specify what you want to change, who you want to change, how much change you expect, and when the change will occur. The SMART acronym helps you remember all the aspects that make a strong desired outcome statement.



Tip 2-1. Ensuring That Your Desired Outcomes Are SMART

Specific

- The desired outcomes should identify concrete changes that will take place.
- Answers the question, “*Does the desired outcomes statement clearly specify **what** will change?*”
- Example: Service members and civilian partners are able to identify potential sexual harassment and assault situations that warrant intervention.

Measurable

- The desired outcomes should specify the amount of change.
- Answers the question, “*Does the desired outcomes statement state **how much** change is expected?*”
- Example: 15 percent of service members and civilian partners trained in the first calendar year will improve their ability to identify sexual harassment and assault situations that warrant intervention.

Achievable

- The desired outcomes should be possible, given the problems and goals identified. Once you select a prevention activity, you might need to adjust the desired outcomes based on what the prevention activity you’ve selected has achieved in the past.
- Answers the question, “*Is the desired outcome **possible** in terms of what the prevention activity is attempting to do or is known to accomplish?*”
- Example: The prevention activity under consideration has been shown to achieve the desired level of change.

Realistic

- The desired outcomes should make logical sense (from a content perspective) given the problem(s) being addressed and the prevention activity you are planning.
- Answers the question, “*Is the desired outcome **logically related** to the problem(s) identified and the prevention activity selected?*”
- Example: It is realistic to expect that a lack of knowledge and skills at intervening could be changed using a bystander intervention. It would be unrealistic to expect that a bystander intervention training would improve healthy relationships or the appropriate use of consent.

Time-Based

- The desired outcomes should specify the time by which the outcome will be achieved.
- Answers the question, “*Does the desired outcome statement specify **when** desired results will be achieved?*”
- Example: The skills of the service members and civilian partners trained will improve by the time the training concludes.

Then, move on to start the Logic Model Tool. This tool pulls information from other parts of the GTO process into one page to make it easy to see the complete picture and how each part is related. For example, the first column pulls from GTO Step 1. The second and third columns pull from the SMART Desired Outcomes Tool—that is, how goals and desired outcomes address the problems identified. Thus, across each row, the tool ensures that there is a link between the problem or risk and the goals and desired outcomes.

The remaining columns in the Logic Model Tool (columns 4, 5, and 6) will not be completed until you go through the later GTO steps. For example, the fourth column asks about which specific prevention activity you will use to help achieve the desired outcomes. You will start to identify prevention activities in GTO Step 3, narrow down your choices in GTO Steps 4 and 5, and then finalize your decision in GTO Step 6. When you do decide, make sure that the prevention activity you name in this tool is of significant-enough scope that it truly captures its essence and is not too small an activity. For example, you will likely name whole programs (such as bystander training) but not small pieces of a program (for example, recruiting participants). If you have a prevention activity in mind, make sure that you understand the site risks and problems it targets and outcomes it has achieved. Finally, the fifth and sixth columns ask you to specify how you will evaluate whether your prevention activity reached its desired outcomes. You will plan your evaluation in GTO Step 6.

Instructions for completing the SMART Desired Outcomes Tool

SMART stands for *specific, measurable, achievable, realistic, and time-based* (see Tip 2-1). SMART desired outcomes are statements that present the specific changes you would like to see as a result of the prevention activity, in concrete terms that can be measured. Using the SMART acronym will help ensure that your desired outcome statements are strong.

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. Make or share as many copies of this tool as necessary for you and your team. Add more copies of the tool if you want to create more goals and desired outcomes than can fit on one page.
2. Enter the first goal and desired outcome SMART components in the first column.
3. Create a full desired outcome statement in the SMART Desired Outcome Statement column, ensuring that each letter in the SMART acronym is included and relates to the desired outcome you listed. Looking at the sample tool, you will notice that, to make a full desired outcome statement, you will take text from the S, M, and T of SMART. A and R do not directly contribute text to the statement, but they do serve as checks to assess whether the desired outcome is achievable and realistic.
4. Once your statement has been written, check it by using the SMART Checklist box. See GTO Step 6 and Appendix D for ideas on possible measures and on how you might gather data to assess your desired outcomes.
5. It is possible that you will want to have more than one desired outcome for a goal. In that case, simply repeat the goal and follow the same procedures outlined in Steps 2–4 above.
6. Remember, because different prevention activities can yield different amounts of change, you might need to revise the desired outcomes after you determine which prevention activity you will be implementing and what results it is known to have achieved.



Community Resources Assessment Tool

Completed by: _____ Date: _____

	Goal:	SMART Desired Outcome Statement
	SMART Checklist	
Specific		
Measurable		
Achievable		
Realistic		
Time-based		
	Goal:	SMART Desired Outcome Statement
	SMART Checklist	
Specific		
Measurable		
Achievable		
Realistic		
Time-based		
	Goal:	SMART Desired Outcome Statement
	SMART Checklist	
Specific		
Measurable		
Achievable		
Realistic		
Time-based		

Instructions for completing the prevention activity Logic Model Tool

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. Make or share as many copies of this tool as necessary for you and your team to complete this task. You might want to develop rough drafts as you work and then transfer the final details to a clean copy. Plan to work on this tool as you progress through the steps, not all at once. And be prepared to make changes as you get further into the GTO process. For example, you might want to change a desired outcome after discovering that there is no prevention activity that has evidence of having achieved your desired outcome.
2. Have copies of your completed Step 1 tools available for everyone working on the Logic Model Tool.
3. Have information about any prevention activities you are considering using, such as descriptions of their goals, curricula, or procedures and existing reports on their evaluations.
4. Moving down each column from left to right, first identify the priority problems, challenges, or gaps that you want to address. These should be on your Triaging Among Needs Tool.
5. In the next two columns, write in the goals and SMART desired outcomes you hope to achieve by addressing the priority problem(s).
6. In the next column, write in the prevention activity or activities you have identified to achieve your goals and desired outcomes. If you have not yet chosen your activity, you will have the opportunity to think through that choice in GTO Step 3. When you make your pick, you can return to this tool and write it in next to the desired outcomes it is intended to achieve. You might not finally make a prevention activity selection until after you have completed GTO Step 5.
7. In GTO Step 6, you will plan a process and outcome evaluation. You will determine how you will assess the quality of the delivery and how you will assess the success of the activity on achieving your goals and desired outcomes. You can complete these sections of the Logic Model Tool at that time.



Logic Model Tool for Sexual Assault Prevention Activity

Completed by: _____ Date: _____

What priority problems, challenges, or gaps do you want to address? <i>(From GTO Step 1 Triaging Among Problems Tool)</i>	What are the goals you intend to reach by addressing this problem, challenge, or gap? <i>(From GTO Step 2)</i>	What are your specific desired outcomes that you will be able to evaluate for each goal? <i>(From GTO Step 2; update after activity selection)</i>	What prevention activity are you using to achieve these desired outcomes? <i>(Finalized by GTO Step 6)</i>	How will you assess the quality of your implementation? <i>(Measures from GTO Step 6 process evaluation plan)</i>	How will you assess the outcomes of your prevention activity? <i>(Measures from GTO Step 6 outcome evaluation plan)</i>
1.					
2.					
3.					
4.					
5.					

Example of GTO Step 2 Process

As reviewed in Chapter 1, the JB Hensonburg GTO team has decided to focus on a prevention activity for junior enlisted service members who

- are high risk for committing sexual assault
- might not recognize or intervene in situations that increase risk for sexual assault.

As part of their problem assessment, they reviewed existing surveys, shown in Tip 1-2, that assess sexual assault and bystander behaviors. From the problems they identified, they first agreed on three goals for their initiative. O-4 Kittur, a GTO team member, agrees to lead the effort to select measurable outcomes based on the existing surveys and identify their pros and cons.

Based on O-4 Kittur's review of data sources, the GTO team selects three questions that have been used in the WGRA and WGRR and three bystander scales that will help them to assess progress toward their goals (see the SMART Desired Outcomes Tool).

With clear and agreed-upon goals and desired outcomes, the GTO team is also able to begin the process of developing a logic model for their initiative. By formalizing their goals, the team is better equipped to begin outreach to site leadership to share the team's goals and desired outcomes. O-5 Lomen, the GTO team chair, schedules short meetings with key site leaders to share the team's goals to improve sexual assault prevention among junior enlisted service members by increasing their ability to recognize high-risk situations, maintaining the high likelihood of intervening once a situation has been recognized as high risk, and shifting the social norms toward expecting bystander intervention even among junior enlisted service members. These meetings will be used to obtain feedback about the goals and direction of the initiative, solicit buy-in for the team's plans, and learn more about any similar prevention activities with which the team will want to coordinate. The next step will be to move forward with selection of the best prevention activity to achieve their goals.



Example SMART Desired Outcomes Tool

Completed by: O-4 Kittur

Date: 15 APR 2018

	Goal:	SMART Desired Outcome Statement
	Increase the number of bystanders with the skill to identify risky situations.	Within three years of implementation, 50 percent of junior enlisted service members will report that they identified at least one high-risk situation for sexual assault in the past 12 months.
	SMART Checklist	
Specific	Percentage of junior enlisted service members who identify a high-risk situation in the previous year	
Measurable	Benchmark of 50 percent identifying high-risk situations	
Achievable	Not entirely clear, but likely given resources and level of support	
Realistic	The measure aligns with a skill that is taught by bystander intervention training.	
Time-based	Within three years of implementation	
	Goal:	SMART Desired Outcome Statement
	Maintain a high rate of bystander intervention among service members who recognize a high-risk situation for sexual assault.	Within three years of implementation, as the number of junior enlisted service members who are able to recognize high-risk situations increases, the proportion who take action to reduce the risk of sexual assault will stay high (90 percent).
	SMART Checklist	
Specific	Percentage of junior enlisted service members who intervene to reduce the risk of sexual assault after noticing a high-risk situation	
Measurable	90 percent take action to reduce the risk of sexual assault	
Achievable	Likely given resources, level of support, and evidence from research studies	
Realistic	The measure aligns with prevention activity goal of preparing active bystanders.	
Time-based	Within three years of implementation	
	Goal:	SMART Desired Outcome Statement
	Social norms that expect bystander intervention will extend to junior enlisted service members.	Among all service members stationed at JB Hensonburg, within three years of implementation, 80 percent will believe that junior enlisted service members - recognize and correct incidents of sexual harassment - make it clear that sexual assault has no place in the military.
	SMART Checklist	
Specific	The percentage of service members who believe that junior enlisted service members intervene to correct sexual harassment and intervene to clarify that sexual assault has no place in the military	
Measurable	80-percent agreement	
Achievable	Not entirely clear, but likely given resources and level of support	
Realistic	The measure aligns with the goal of creating a site culture that expects bystander intervention from all pay grades (appropriate in form to their rank).	
Time-based	Within three years of implementation	



Example Logic Model Tool for Sexual Assault Prevention Activity

Completed by: O-4 Kittur

Date: 15 APR 2018

What priority problems, challenges, or gaps do you want to address? <i>(From GTO Step 1 Triaging Among Problems Tool)</i>	What are the goals you intend to reach by addressing this problem, challenge, or gap? <i>(From GTO Step 2)</i>	What are your specific desired outcomes that you will be able to evaluate for each goal? <i>(From GTO Step 2; update after prevention activity selection)</i>	What prevention activity are you using to achieve these desired outcomes? <i>(Finalized by GTO Step 6)</i>	How will you assess the quality of your implementation? <i>(Measures from GTO Step 6 process evaluation plan)</i>	How will you assess the outcomes of your prevention activity? <i>(Measures from GTO Step 6 outcome evaluation plan)</i>
1. Few service members (29 percent) recognized one or more high-risk situations for sexual assault in the past 12 months.	Increase the number of bystanders with the skill to identify risky situations.	Within three years of implementation, 50 percent of junior enlisted service members will report that they identified at least one high-risk situation for sexual assault in the past 12 months.			
2. Among service members who did recognize a high-risk situation for sexual assault, most took action to reduce the risk (90 percent).	Maintain the high percentage of service members who are willing to take action once they categorize a situation as risky.	Within three years of implementation, as the number of junior enlisted service members who are able to recognize high-risk situations increases, the proportion who take action to reduce the risk of sexual assault will stay high (90 percent).			

Example Logic Model Tool for Sexual Assault Prevention Activity—continued					
What priority problems, challenges, or gaps do you want to address? <i>(From GTO Step 1 Triaging Among Problems Tool)</i>	What are the goals you intend to reach by addressing this problem, challenge, or gap? <i>(From GTO Step 2)</i>	What are your specific desired outcomes that you will be able to evaluate for each goal? <i>(From GTO Step 2; update after activity selection)</i>	What prevention activity are you using to achieve these desired outcomes? <i>(Finalized by GTO Step 6)</i>	How will you assess the quality of your implementation? <i>(Measures from GTO Step 6 process evaluation plan)</i>	How will you assess the outcomes of your prevention activity? <i>(Measures from GTO Step 6 outcome evaluation plan)</i>
3. Many, but not all, service members at JB Hensonburg believe that junior enlisted service members - recognize and correct incidents of sexual harassment (54–67 percent) - make it clear that sexual assault has no place in the military (61–70 percent).	Social norms that expect bystander intervention will extend to junior enlisted service members.	Among all service members stationed at JB Hensonburg, within three years of implementation, 80 percent will believe that junior enlisted service members - recognize and correct incidents of sexual harassment - make it clear that sexual assault has no place in the military.			



Checklist Completion of Step 2

When you finish working on this step, you should have:

- ☐ Established goals that explicitly link to the problems from Step 1
- ☐ Identified specific desired outcomes that are linked to your goals and reflect your specific program choices using the SMART framework
- ☐ Completed the Step 2 SMART Desired Outcomes Tool
- ☐ Begun to construct a logic model using the Logic Model Tool

Before moving on to Step 3

Engaging Leadership: Progress Briefing 1

As mentioned in the introduction, there are certain points in the GTO process at which it may be beneficial to update leadership on the GTO team's progress and request feedback. These check-ins allow for course corrections throughout the process in order to establish buy-in and avoid any surprises down the road. The first implementation planning briefing can occur after the GTO team has completed Steps 1 and 2. At this point, the GTO team should have a clear idea of the priority problems that need to be addressed, the gaps in services already being offered, and some actionable goals and specific desired outcomes. Using the relevant elements of the format identified in Tip I-1, the GTO team should prepare a leadership briefing that

- states the bottom line up front (BLUF): What is being asked of the leader? At this stage, the GTO team might just be asking for feedback or confirmation that the problems and goals identified are appropriate to pursue.
- provides a brief overview the value of prevention (as opposed to treatment only) to mission readiness
- identifies the priority problems to be addressed, including data or statistics (identified in Step 1) where appropriate to illustrate the issue. Where possible, give examples and describe ways that these problems impact the mission, as this is likely to be of primary concern to leadership.
- directly links the problems to goal statements. Linkage could be illustrated using arrows from problems to goals, a logic model table, or some other visual that clarifies how the team decided on the goal statements. Explain how addressing these problems will comply with DoD requirements.
- provides a limited number of requests from leadership. At this stage, the GTO team might ask leadership to provide any feedback on the goals and either (1) direct the GTO team to proceed with planning an intervention or (2) ask the GTO team to revise the goals.
- sets expectations for when the next planning update will be provided. The next suggested briefing will occur after the team reviews and selects candidate interventions (i.e., after GTO Step 6).

Now you are ready to take the information from Steps 1 and 2 and use it to start assessing and choosing a prevention activity to implement. The next three GTO steps (3 through 5) lead you through selecting the most evidence-based and feasible prevention activity possible to achieve your goals and desired outcomes.



Chapter Three

GTO Step 3—Evidence-Based and Promising Practices in Sexual Assault Prevention

What is GTO Step 3?

GTO Step 3 prompts you to consider choosing, if possible, an evidence-based program (EBP) or other prevention activity that has been scientifically proven to get positive results. Other program or prevention activities that are less strong may have developed *some* evidence or follow best practice principles for achieving results. Others have even weaker evidence but could have credibility and strong support among practitioners.

In the case of sexual assault prevention in the military, there are no “magic bullet” prevention activities. Some lack any evidence of effectiveness and should not be considered. In GTO Steps 4 and 5, you’ll consider how well each candidate prevention activity fits with your site, community, target population, and stakeholders and whether you have the capacity needed to implement such a prevention activity.

What does GTO Step 3 do?

This step guides you through the assessment of prevention activities to identify the most effective ones for addressing the priority problems and goals and desired outcomes you identified in GTO Step 2.



Prevention Plan of Action 2019–2023

GTO Step 3 aligns with the development of a comprehensive approach in the prevention process. In the prevention process, research-based activities are selected that address the full range of risks across the social ecology and are integrated across problem behaviors. As GTO guides the selection of best practices, the Prevention Plan of Action (PPoA) focuses on pairing best practices, as identified in the research, together into a comprehensive approach.

Why is GTO Step 3 Important?

Part of the GTO approach is to guide sites to use programs or other prevention activities that are evidence based as frequently as possible to increase the chance of improving outcomes. Across government, there has been an increasing emphasis on using evidence-based approaches when using federal funds. With the Applied Prevention Project, the DoD Sexual Assault Prevention and Response Office (SAPRO) is increasing its emphasis on using what works as the first line of sexual assault prevention. Implementing one or two evidence-based prevention activities well often takes the same amount of resources (or less) as implementing multiple unproven activities or approaches. Healthy People 2020, for example, calls for the use of “policies and practices that are driven by the best available evidence and knowledge” (<https://www.healthypeople.gov/2020/About-Healthy-People>). This is because EBPs are known to achieve outcomes (when used effectively). This step prompts you to select prevention activities with the most evidence possible that are suited to your goals and desired outcomes.

Using an EBP

- increases the likelihood of achieving goals and desired outcomes
- promotes confidence among leadership and other stakeholders that you are using the best approach possible
- usually comes with many features that newly created, untested approaches do not have, such as tools to track outcomes and previous results about what outcomes to expect.

Sometimes, prevention activities that are not evidence based can be improved to make them more evidence based. For example, it is possible to enhance awareness events so that they also build skills, which is known to be more effective.

How do I carry out GTO Step 3?

1. **Gather information about prevention activities that are candidates and become familiar with them.** You do not need to gather all available evidence yourself; there are many sources you can review where that work has been done already.

Online registries. Prevention activities that have either strong or promising evidence are often found in lists maintained by the government—for example, CDC, nonprofit agencies, and military contractors (see Tip 3-1). Those who maintain these lists screen the included prevention activities for effectiveness at various levels. Start by using their websites (often called registries), which synthesize, interpret, and evaluate the research literature. The first resource in Tip 3-1—the Clearinghouse for Military Family Readiness at Pennsylvania State University—could be particularly helpful given that it allows users to search for prevention activities that have been tested within the military. It also provides consultation on vetting potential prevention activities.

Colleagues. Talk to your colleagues, site SARC, and colleagues at other sites. It is possible that these individuals might have tried to address the same type of problem that you are confronting.

Systematic reviews. The primary purpose of systematic reviews is to critically analyze and summarize evidence from evaluations of specific approaches or interventions. There are two such reviews done by CDC that are particularly relevant. You can download both for free:

- STOP SV: A Technical Package to Prevent Sexual Violence
<https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>
- Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices
<https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>

Similar information is available in the *Getting To Outcomes® Operations Guide for U.S. Air Force Community Action Teams: Content Area Module for Air Force Sexual Harassment Prevention* (Farris, 2020; www.rand.org/t/TL311z3).

Journals and other websites. These sources are the most complicated to search and might not be needed if the above sources yield sufficient options. However, not all evidence-based approaches will be reflected in systematic reviews. You can also find evidence in scientific journal articles and online by

- searching for review articles in publication databases, such as PubMed or Google Scholar, using keywords (for example, “literature review,” “systematic review”).
- searching for intervention evaluation articles in publication databases, such as PubMed or Google Scholar, using keywords (for example, “evaluation,” “intervention,” or “program”).
- using internet search tools to find literature published outside of a commercial or academic publisher, such as government or business reports. CDC is an example of a government agency that offers lists of evidence-based or evidence-informed programs (see Tip 3-1).

NOTE: If you have identified some viable options through online registries, colleagues, or the prevention activities in Tip 3-2, then you do not have to do a literature search in journals, which can be a complicated task. However, you might want to search for academic papers on the prevention activity you selected to learn more about the evidence for the specific activity and how it has been evaluated.



Tip 3-1. Finding Evidence-Based Sexual Assault Prevention Activities

Many resources exist to help you find prevention activities that have been evaluated and have supportive evidence. The following resources aggregate information about evidence-based practices and programs and are a good starting point for finding prevention activities that might be appropriate for the needs you are targeting.

1. **The Clearinghouse for Military Family Readiness at Penn State** is a searchable catalog of programs to strengthen military families. It can be searched for programs that address such topics as relationships, sexual assault, alcohol and drug use, or life stress. Programs can be filtered from the strongest evidence of effectiveness (“effective randomized control trial”) to “unclear” or “ineffective.” If you have questions or need help, Clearinghouse staff are available via live chat on the website from 0900 to 1700 EST/EDT, over the phone at 1-877-382-9185, or via email (clearinghouse@psu.edu). If you are unsure where to start looking, we recommend this resource as a first step. <https://militaryfamilies.psu.edu/services-we-offer/program-selection/>
2. **The Violence Prevention Effectiveness Studies Registry** provides a searchable database of abstracts of published studies that measure the effectiveness of interventions to prevent violence. Filter your search by programs that are rated “recommended” based on their evidence of effectiveness. Additional filters include type of violence, region, year, or keywords. This registry is maintained by a collaboration between the Public Health Institute, the World Health Organization (WHO), and CDC. www.preventviolence.info
3. **The National Institute of Justice Crime Solutions** is a clearinghouse of programs and practices for reducing crime, rated by effectiveness. Programs and practices address a broad range of criminal justice, juvenile justice, and crime victim service outcomes. Filter by evidence rating, topic, setting, age, and other factors. <https://www.crimesolutions.gov/>
4. **Culture of Respect** is a clearinghouse supported by Student Affairs Administrations in Higher Education. It is designed to help colleges and universities comply with the Clery Act requirement to offer students prevention programming. It includes a curated list of theory-driven and evidence-based sexual assault prevention programs. Programs are rated as “supported by evidence,” “promising direction,” or “emerging” and can be searched by format (for example, online, in person), target audience (for example, undergraduates, faculty), or program name. <https://cultureofrespect.org/>
5. **The Community Guide** is intended to help organizations select interventions that improve health and prevent disease in a variety of community settings. To view the lists of programs, start with the Topics drop-down menu. Topics include excessive alcohol consumption, violence, physical activity, worksite health, and mental health. Each topic section lists programs evaluated by the Community Preventive Services Task Force of CDC and its assessment of the continuum of evidence (“recommended,” “insufficient evidence,” or “recommended against”). <https://www.thecommunityguide.org/>

Didn't find a program that meets your needs among these resources? The **Center for Community Health and Development at the University of Kansas Community Toolbox** curates an extensive list of databases for evidence-based programs and best practices: <https://ctb.ku.edu/en/databases-best-practices>

Selection of Sexual Assault Prevention Activities with Evidence of Effectiveness

Many different approaches to sexual assault prevention have been developed, and it can be challenging to sift through the options. Many are educational in format and have had disappointing results. Some developers have begun to invest in novel and innovative approaches, such as bystander intervention and social norms marketing. Because it is not yet clear what approach will be best, program developers and researchers continue to design new strategies and evaluate them to see what works best. Unfortunately, as of 2018, no off-the-shelf prevention program has strong evidence to support its effectiveness *and* represents a perfect fit for the military population, but there are many types of prevention activities to try that do at least have some evidence. See Appendix C for a description of examples. In Tip 3-2, we outline examples with some evidence of effectiveness in each of the following categories of sexual assault prevention activities: (1) bystander intervention, (2) healthy relationship training, (3) women's empowerment, (4) alcohol misuse prevention, (5) social norms marketing, and (6) perpetration prevention with men. Other categorizations of prevention activities are possible (for example, Basile et al., 2016), and the choice here does not imply that these do not contain elements of more than one category. Within each category, we summarize one or two specific approaches for consideration. Some have stronger evidence to support their usefulness than others.

Tip 3-2 includes only prevention activities that have some evidence of effectiveness (see the levels-of-evidence description in Appendix C). We include the name, its target population, information on the dosage or duration of the prevention activity, its curriculum or main activities, and what outcomes have been found in evaluation(s). Levels of evidence and references for each activity are include in Appendix C.



Tip 3-2. Summary of Sexual Assault Prevention Activities, by Category*

	Target Audience	Participation Required	Curriculum	Outcomes
Bystander Interventions				
Green Dot	High school students, college students, airmen, and communities	4- to 6-hour training for socially influential community members, 60- to 90-minute workshops for others	– Increase positive social norms that are incompatible with violence – Increase recognition of high-risk situations – Teach comfortable and safe intervention strategies	– Attendees increase their confidence, willingness, and intent to intervene. – Some evidence of decreased victimization and perpetration on college campuses and high schools that implement the program was found.
Bringing in the Bystander	College students in single-gender groups; also evaluated in the Army	3 sessions, 4.5 hours of contact time	– Sexual violence psychoeducation – Strategies to identify high-risk situations – Safe intervention strategies – Instruction on how support a friend who has been assaulted	Attendees are more confident about intervening and more likely to say they will intervene if they encounter a risky situation.
Healthy Relationships				
Safe Dates	8th- and 9th-grade students	10 sessions	– Motivational school assembly – Poster contest – Lessons on caring relationships, emotion regulation, and respectful communication	Students who attended were less likely to self-report sexual violence perpetration at follow-up.

* See Appendix C for a description of and references for each prevention activity. This table includes only programs designed for sexual assault prevention. Prevention strategies designed to reduce risk factors for sexual assault (e.g., alcohol misuse, hazing, bullying) *might* also reduce sexual assault.



Tip 3-2. Summary of Sexual Assault Prevention Activities, by Category*—continued

	Target Audience	Participation Required	Curriculum	Outcomes
Healthy Relationships				
Shifting Boundaries	Middle-school students	6 sessions	– School-wide component: Signed pledge to respect boundaries, awareness-raising posters throughout building, student-led mapping exercise to identify areas on their campus where they felt unsafe – Classroom component: Six-session curriculum on gender roles, setting healthy boundaries in intimate relationships, and bystander intervention	Evaluation of 117 classrooms nested in 30 New York City public schools – Reduction in sexual assault perpetration was linked to school-wide intervention, <i>not</i> classroom component.
Women's Empowerment				
Enhanced Assess, Acknowledge, Act (EAAA)	College women	4-session workshop	– Risk recognition – Overcoming cultural barriers to quickly labeling and acknowledging that risk – Self-defense strategies – Cognitive rehearsal of use of self-defense strategies with valued partners	At one-year follow-up, lower risk of attempted and completed rape
Alcohol Misuse Prevention				
Parent-Based Intervention	Matriculating college freshmen women	Parent guide sent to students' mothers the summer before matriculation	Guide includes instruction on prevalence of alcohol misuse on college campuses and effective strategies to communicate with adult children about drinking. Encourages continued parental monitoring after daughter leaves home.	– Lower rates of heavy episodic drinking – Rate of alcohol-facilitated rape dropped by 50 percent

* See Appendix C for a description of and references for each prevention activity.



Tip 3-2. Summary of Sexual Assault Prevention Activities, by Category*—continued

	Target Audience	Participation Required	Curriculum	Outcomes
Social Marketing				
Know Your Power	College students	Brief exposure to posters	4 posters that portray common dating and sexual violence scenarios with written instruction to intervene. Posted at high density across campus.	78 percent recalled seeing posters. Relative to those who did not see posters, those who did were more interested in learning about sexual assault and getting involved in prevention.
A Man Respects a Woman	College men who underestimate the extent to which other men value sexual consent and would intervene to prevent sexual assault.	Attendance at theater performance plus brief exposure to posters	Posters display accurate group norms (for example, 9 out of 10 men stop immediately if their date says “no” to sex).	Compared with baseline, 2 years after campaign: – Fewer men believed that their peers would have sex with an intoxicated date. – More men believed that their peers would stop sexual activity if asked.

* See Appendix C for a description of and references for each prevention activity.



Tip 3-2. Summary of Sexual Assault Prevention Activities, by Category*—continued

	Target Audience	Participation Required	Curriculum	Outcomes
Perpetration Prevention with Men				
Coaching Boys Into Men	High school boys in team sports	60-minute training for coaches, coaches facilitate brief conversations with athletes	Resource kit for coaches includes information and conversation prompts on healthy relationships, dating violence, and sexual violence	– Boys attending schools with the intervention were more likely to positively intervene when they witnessed common abusive behavior. – Positive findings might have been due to fewer high-risk boys included in the intervention group follow-up. Subsequent studies did not find the same positive results.
The Men's Program	College men	One session, 1–2 hours	Education on how to help a survivor, suggested skills to avoid perpetration	– In early evaluations, compared with nonattendees, men who attend the program were less likely to justify rape and rate their likelihood of perpetration as lower. – Effects fade or disappear with time over follow-up. – Failures to replicate have led many reviewers to classify the program as ineffective.

* See Appendix C for a description of and references for each prevention activity.

Next, use the Evidence Synthesis Tool to help you weigh how well each specific prevention activity you have identified in your review meets your needs.

Evidence. Although the Evidence Synthesis Tool has multiple questions for each candidate you are considering, the most challenging to answer is the level of evidence. If you learned about a prevention activity but do not know its evidence base (or if you are considering a prevention activity that you have used before but do not know whether it is effective), the first step is to look it up in one of the online registries mentioned in Tip 3-1. That is because these registries have done the hard work of classifying many prevention activities by how much evidence they have across a continuum. For example, the Clearinghouse for Military Family Readiness at Penn State has four levels: effective, promising, unclear, and ineffective. CDC has five levels that mostly overlap with those used by Penn State (shown in Figure 3-1): well-supported, promising, undetermined, unsupported, and harmful. Many other registries have similar categories. Across these registries, the highest level means that the prevention activity has been rigorously tested and shown to get positive outcomes. The second level (usually labeled with a word like “promising”) features prevention activities that have less-concrete evidence because of slightly weaker study designs, although they still have positive outcomes. Next, these registries often have levels in which the evidence is unclear—either because studies have not shown positive effects or because the prevention activity was not tested. Finally, there is a level that has prevention activities that have been shown to not work or are harmful.

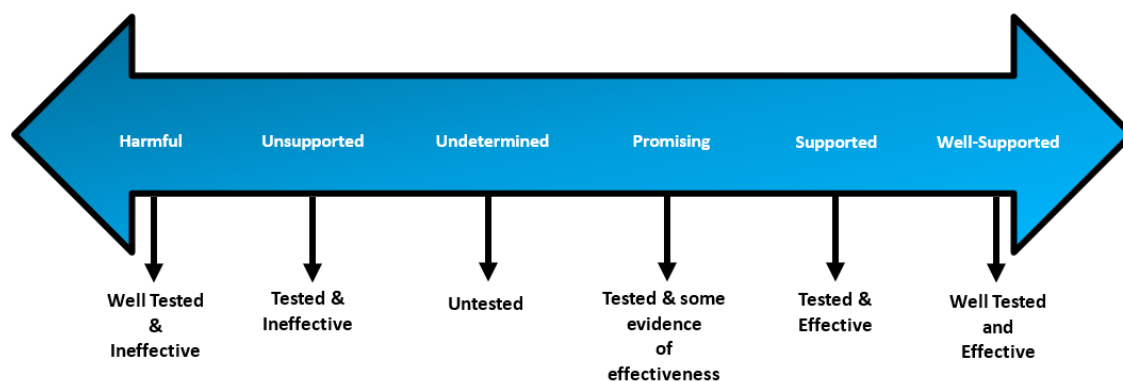


Figure 3-1. Continuum of Levels of Effectiveness

SOURCE: CDC, 2017.

If a prevention activity in which you are interested is not listed in one of these registries, you could try to apply the criteria used by these registries. The Penn State registry has a short document—<https://militaryfamilies.psu.edu/wp-content/uploads/2017/08/continuum.pdf>—that could be used to categorize a prevention activity you are considering. To do this, you would need to learn about any studies or evaluations that have been done. You might need to gather some of this evidence—for example, by talking with colleagues who have used the prevention activity you are considering. It might be best to start by contacting the Penn State center and asking them for assistance: <https://militaryfamilies.psu.edu/contact-us/>. For more details, see Tip 3-4, which presents information from CDC about what makes studies stronger or weaker.

What if the research evidence for the prevention activity (new or existing) is not known? There is a good chance that a prevention activity you are considering has not had rigorous evaluation. In some cases, there are other factors to think about in determining whether a certain prevention activity is a good idea:

- Is there *experiential evidence* that the prevention activity is effective? Do colleagues in similar situations who have used the prevention activity report that the prevention activity

worked well? Make sure to focus not only on whether the prevention activity was well received. Ideally, these reports would come from multiple evaluations that showed positive outcomes in addition to whether the activity was feasible and acceptable to local stakeholders.

- Is there *contextual evidence* (information from practitioners or other intermediaries about the setting, resources, communications, and setting-related characteristics) that the prevention activity is effective? According to CDC's Evidence Project, the "role that contextual evidence plays in the evidence-based decision-making process is to provide information to help determine whether a prevention strategy is likely to be acceptable, feasible, and helpful in a local setting." In GTO, we would ask whether the prevention activity under consideration is a good fit for your site (see GTO Step 4 about issues of fit).
- Does the prevention activity under consideration at least follow *principles of effective prevention* (see Tip 3-3) and *target known risk or protective factors associated with sexual assault*?



Tip 3-3. Principles of Effective Prevention

When a prevention activity has not been evaluated, it is sometimes possible to assess it according to how well it adheres to certain general principles of strong prevention practices (National Institute on Drug Abuse, 2003; Nation et al., 2003). These principles are that the prevention activity

- is based on theory and research. The prevention activity should have a scientific justification. Sometimes intuitive approaches are actually harmful.
- promotes positive relationships.
- is appropriately timed in development. That is, it is implemented at a time (developmentally) that can have maximal impact in a participant's life.
- is comprehensive. It includes multiple components and affects multiple settings to address a wide range of risk and protective factors. Combining two or more populations—such as individual service members and their families—can be more effective than targeting just one population alone.
- uses varied teaching methods. It uses multiple teaching methods, including active, skills-based components to build skills in addition to increasing knowledge. Examples include peer discussion groups and role-playing that allow for active involvement in learning about and reinforcing skills.
- reflects the culture of participants. It takes into account cultural beliefs and practices of specific groups, as well as community norms.
- uses evaluation to assess impact and effects.
- employs well-trained staff.
- has a sufficient dose. Participants need to be exposed to enough of the activity for it to have an effect. Prevention activities should be long term with repeated interventions (boosters) to reinforce the original prevention goals. When adapting a prevention activity to match community norms or differing cultural requirements, core elements of the original research-based intervention should be retained: structure (how the prevention activity is organized and constructed), content (the information, skills, and strategies of the prevention activity), and delivery (how the prevention activity is implemented).



Tip 3-4. Evaluating the Level of Evidence of a Prevention Activity

Determining how much evidence exists for prevention activities can be difficult. CDC has a web portal at <https://vetoviolence.cdc.gov/apps/evidence/Default.aspx> that provides extensive resources, which we summarize here. These resources are applied to violence prevention but could be used in multiple domains.

There are six areas that CDC recommends considering when making a determination of evidence:

- effect (Does the prevention activity get positive outcomes?)
- internal validity (How much confidence is there that the research shows that it was only the prevention activity that caused the results?)
- research design (Some designs, such as randomized controlled trials [RCTs], yield stronger evidence than other types.)
- independent replication (Did different people also test the prevention activity and find the same positive result?)
- implementation guidance (Are there good instructions on how to do the prevention activity?)
- external and ecological validity (Is the prevention activity effective in a wide range of real-world settings?).

The web portal has an interactive tool that can help assess evidence:

<https://vetoviolence.cdc.gov/apps/evidence/continuumIntro.aspx#&panel1-8>. You could use that tool or just keep the above questions in mind when looking at various prevention activities. Once you are done reviewing the strength of evidence, try to choose one or more that are as close to being well supported or promising as possible.

To summarize the process to use when determining evidence of prevention activity effectiveness, follow these steps:

- Find prevention activities that address your priority problem (online registries, reviews, colleagues).
- Check that there is evidence of their effectiveness (using registries, reviews, colleagues).
- If untested, see whether the prevention activity has experiential evidence or contextual evidence or adheres to principles of effective prevention.

Instructions for completing the Evidence Synthesis Tool

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. Make or share as many copies of the tool as you and your team will need to collaborate on this task. You will need a copy of Section 2 of the tool for each prevention activity under consideration. The completed tools for each option will help you make comparisons and sometimes-difficult choices among different options to narrow to a final decision.
2. After you search for a prevention activity (or consider a prevention activity you have been doing) in Section 1 of the tool, you will assess the strength of the evidence from the various sources you review. As stated above, consider online registries, reviews, or discussions with colleagues. If there is no formal evidence available, see whether the prevention activity has experiential evidence or contextual evidence or adheres to the principles of effective prevention discussed above. Also, see Tip 3-4 for guidance on how to evaluate evidence of prevention activity effectiveness. In the first column, record the types of sources you reviewed for determining the best available evidence. In the second and third columns, list the specific prevention activity suggested by each source and briefly summarize the evidence presented.
3. After completing Section 1, eliminate from consideration prevention activities that lack any evidence of effectiveness or don't relate to your desired outcomes.
4. In Section 2, in addition to assessing whether the prevention activity has sufficient evidence, you will assess various other characteristics that can influence how well a prevention activity is implemented and how successful it will be on your site. For example, does the prevention activity align with the goal and desired outcomes that you created in the SMART Desired Outcomes Tool in GTO Step 2? Does the selected prevention activity address risk or protective factors related to sexual assault? Respond to each characteristic (yes or no). If the answer is no, then begin to think about what would need to change in order for the prevention activity to meet your needs. This information could be useful in the next GTO step, Fit.



Evidence Synthesis Tool

Completed by: _____ Date: _____

Section 1: Summary of Best Available Evidence

Sources to explore to find the best available evidence	Which specific sources did you review?	What prevention activity did it suggest using?	What is the evidence for those prevention activities?
1. Online registries			
2. Systematic evidence review papers or reports			
3. Research journal articles			
4. Other reports not in research journals (for example, an evaluation report from the prevention activity developer)			

Complete the next section for each prevention activity you listed above and continue to consider.



Evidence Synthesis Tool

Section 2: Assessment of Evidence-Based Approach for a Specific Prevention Activity

Prevention activity being considered: _____

Prevention activity features and how they relate to our needs, behaviors, or desired outcomes	Does the prevention activity have these features? (yes/no)	What would we need to change to make the prevention activity fit our needs?
1. Has evidence of effectiveness		
2. Focuses clearly on at least one of our identified goals and desired outcomes		
3. Addresses the risk or protective factors related to sexual assault victimization and perpetration		
4. Provides necessary activities and materials		
5. Employs teaching methods to actively involve participants		
6. Employs activities, instructional methods, and behavioral messages appropriate to our target population		

Example of GTO Step 3 Process

In GTO Step 3, the GTO team at JB Hensonburg plans to consider (1) the best available research evidence and (2) practitioner expertise and other available resources to help them identify the best candidates among the possible options. O-3 Rate volunteers to lead the effort and begins by searching for a list of EBPs for sexual assault prevention maintained by the registries listed in GTO Tip 3-1.

Three of the clearinghouses that have reviewed sexual assault prevention activities prove particularly useful. Not only do these sites provide useful information about the level of evidence supporting the prevention activity, but they also summarize each prevention activity's content, goals, and evaluation studies. The reference list for each prevention activity also provides next steps to learn more about a selected prevention activity. O-3 Rate uses the *Evidence Synthesis Tool* to record the evidence-base categorizations from (1) the Penn State Clearinghouse for Military Family Readiness, (2) the National Institute of Justice's (NIJ's) Crime Solutions, and (3) the Culture of Respect summary of sexual assault prevention for universities. Because of small differences in the criteria for inclusion, the recommendations across clearinghouses are not identical. However, O-3 Rate notices that all three clearinghouses recommend two bystander interventions: Bringing in the Bystander and Green Dot.

She identifies evidence in scientific articles and other reports by

1. searching for review articles in Google Scholar using the search terms “review” AND “prevention” AND (“sexual assault” OR “sexual violence” OR “sexual aggression” OR “rape”)
2. searching for evaluation studies in Google Scholar using the search terms (“evaluation” or “intervention” or “program”) AND “prevention” AND (“sexual assault” OR “sexual violence” OR “sexual aggression” OR “rape”)
3. searching the gray literature (literature published outside of a commercial publisher) using internet search tools to find government and nonprofit reports.

O-3 Rate finds many evaluations of sexual assault prevention activities. She notes that most of them are evaluated with college students or high school students and finds few evaluations with military members. Although the match is not perfect, she appreciates that college students share many similarities with the junior enlisted service members with whom the GTO team plans to work. Both groups are young adults who were successful in high school and typically are away from home and parental monitoring for the first time.

O-3 Rate records what she finds in the *Evidence Synthesis Tool*. A bystander approach seems like the most promising evidence-based match to the implementation team's goals, and both Bringing in the Bystander and Green Dot seem like strong prevention activities. After working through GTO Step 3, the GTO team moves on to the next step in the GTO process—to assess the fit of these two options for JB Hensonburg.



Example Evidence Synthesis Tool

Completed by: O-3 Rate

Date: 5 MAY 2018

Section 1: Summary of Best Available Evidence

Sources to explore to find the best available evidence	Which specific sources did you review?	What prevention activity did it suggest using?	What is the evidence for those prevention activities?
Online registries	1. Clearinghouse for Military Family Readiness at Penn State 2. NIJ Crime Solutions, https://www.crimesolutions.gov/default.aspx 3. Culture of Respect, https://cultureofrespect.org/	1a. Bringing in the Bystander 1b. Green Dot 2a. Bringing in the Bystander 2b. Green Dot 3a. Bringing in the Bystander 3b. Green Dot	1a and 1b. Promising: At least one experimental or quasi-experimental study showing sustained positive program effects at least 6–12 months after the start of the program. 2a and 2b. Promising: “Some evidence” that the program achieves its outcomes (could be a nonexperimental design or no independent replication to date) Using an experimental or quasi-experimental design (with a comparison group), at least one evaluation has shown that the program is associated with improvement on at least one learning objective.

Section 1: Summary of Best Available Evidence—continued

Sources to explore to find the best available evidence	Which specific sources did you review?	What prevention activity did it suggest using?	What is the evidence for those prevention activities?
Research journal articles	Ann L. Coker, Heather M. Bush, Bonnie S. Fisher, Suzanne C. Swan, Corrine M. Williams, Emily R. Clear, and Sarah DeGue, "Multi-College Bystander Intervention Evaluation for Violence Prevention," <i>American Journal of Preventive Medicine</i>, Vol. 50, No. 3, 2016, pp. 295–302. Ann L. Coker, Bonnie S. Fisher, Heather M. Bush, Suzanne C. Swan, Corrine M. Williams, Emily R. Clear, and Sarah DeGue, "Evaluation of the Green Dot Bystander Intervention to Reduce Interpersonal Violence Among College Students Across Three Campuses," <i>Violence Against Women</i>, Vol. 21, No. 12, 2015, pp. 1507–1527. Victoria L. Banyard, Mary M. Moynihan, and Maria T. Crossman, "Reducing Sexual Violence on Campus: The Role of Student Leaders as Empowered Bystanders," <i>Journal of College Student Development</i>, Vol. 50, No. 4, 2009, pp. 446–457. Mary M. Moynihan, Victoria L. Banyard, Alison C. Cares, Sharyn J. Potter, Linda M. Williams, and Jane G. Stapleton, "Encouraging Responses in Sexual and Relationship Violence Prevention: What Program Effects Remain 1 Year Later?" <i>Journal of Interpersonal Violence</i>, Vol. 30, No. 1, 2015, pp. 110–132.	Green Dot Bringing in the Bystander	Students who attended a university that received Green Dot were less likely than students who attended a university that did not receive Green Dot to experience - unwanted sex victimization - sexual harassment. Program participants were - more confident about intervening in the future - more likely to say that they will help if they encounter a risky situation.
Other reports not in research journals (for example, an evaluation report from the program developer)	STOP SV: A Technical Package to Prevent Sexual Violence (https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf)	Bystander approaches to reduce social norms that allow or accept sexual violence (for example, Bringing in the Bystander and Green Dot) Mobilizing Men and Boys as Allies to learn how to prevent sexual assault	Had to meet at least one of these criteria: "a) meta-analyses or systematic reviews showing impact on SV victimization or perpetration; b) evidence from at least one rigorous (for example, RCT or quasi-experimental design) evaluation study that found significant preventive effects on SV victimization or perpetration; c) meta-analyses or systematic reviews showing impact on risk factors for SV victimization or perpetration, or d) evidence from at least one rigorous (for example, RCT or quasi-experimental design) evaluation study that found significant impacts on risk factors for SV victimization or perpetration."



Evidence Synthesis Tool

Section 2: Assessment of Evidence-Based Approach for a Specific Prevention Activity

Prevention activity being considered: Green Dot (modified for the military)

Prevention activity features and how they relate to our needs, behaviors, or desired outcomes	Does the prevention activity have these features? (yes/no)	What would we need to change to make the prevention activity fit our needs?
1. Has evidence of effectiveness	Yes	No changes needed. Quasi-experimental studies show that college students who attend a university that offers Green Dot are less likely to experience sexual harassment and unwanted sexual victimization than college students who attend a university that does not offer Green Dot.
2. Focuses clearly on at least one of our identified goals and desired outcomes	Yes	No changes needed. The Green Dot curriculum teaches young adults how to identify high-risk situations for sexual assault (SMART goal 1) and how to intervene safely to reduce risk (SMART goal 2) and strengthens social norms to intervene (SMART goal 3).
3. Addresses the risk and protective factors related to sexual assault victimization and perpetration	Yes	No changes needed
4. Provides necessary activities and materials	Yes	Some changes will be necessary to convert Air Force–specific material for use by other services.
5. Employs teaching methods to actively involve participants	Yes	No changes needed
6. Employs activities, instructional methods, and behavioral messages appropriate to our target population	Yes	No changes needed



Evidence Synthesis Tool

Section 2: Assessment of Evidence-Based Approach for a Specific Prevention Activity

Prevention activity being considered: Bringing in the Bystander

Prevention activity features and how they relate to our needs, behaviors, or desired outcomes	Does the prevention activity have these features? (yes/no)	What would we need to change to make the prevention activity fit our needs?
1. Has evidence of effectiveness	Yes	No changes needed. In RCTs, students who were exposed to Bringing in the Bystander were more confident in their ability to intervene in a high-risk situation and had stronger intentions to help if they observed a high-risk situation.
2. Focuses clearly on at least one of our identified goals and desired outcomes	Yes	No changes needed. Bringing in the Bystander teaches young adults how to identify high-risk situations for sexual assault (SMART goal 1) and how to intervene safely to reduce risk (SMART goal 2). An optional add-on, Know Your Power social marketing, strengthens social norms to intervene (SMART goal 3).
3. Addresses the risk and protective factors related to sexual assault victimization and perpetration	Yes	No changes needed
4. Provides necessary activities and materials	Yes	Significant changes will be necessary to convert materials designed for college students for application to junior enlisted service members.
5. Employs teaching methods to actively involve participants	Yes	No changes needed
6. Employs activities, instructional methods, and behavioral messages appropriate to our target population	Yes	No changes needed



Checklist Completion of Step 3

When you finish working on this step, you should have:

- ☐ Completed the Step 3 tools
- ☐ Reviewed the best available prevention activities to find those that will help you achieve your goals and desired outcomes
- ☐ Developed an understanding of the best available evidence for prevention activities you are considering
- ☐ Selected one or more prevention activities to consider further

Before moving on to Step 4

You've figured out which prevention activities are in line with your site's priority problems and the best available evidence of their effectiveness. Now you are ready to move on to the next step in the GTO process—making sure your candidate prevention activity or activities fit well with your target population, site, and community (GTO Step 4). This step might eliminate one or more options from further consideration, or, if there is only one candidate prevention activity at the completion of Step 3, GTO Step 4 can help you adapt the prevention activity in a way that improves its fit without diluting the impact that the prevention activity might have had in the past.

Chapter Four

GTO Step 4—Assessing Fit for a Sexual Assault Prevention Activity

What is GTO Step 4?

Prevention activities are most effective when they are used in settings similar to those in which they were found to be effective. For example, applying a prevention activity designed for middle school students to service members might not be a good fit without adapting its materials and content for age differences between these groups.

Fit means that you have a good and close match between the prevention activity, as designed, and your own

- *target population and their problems.* For example, the prevention activity or activities you are considering have been used with military personnel.
- *community.* For example, the prevention activity or activities you are considering emphasize values shared in your target community.
- *site.* For example, the prevention activity or activities you are considering fit your site's values, mission, and schedule.

GTO Step 4 helps you evaluate the extent to which the prevention activities you are considering are a good fit for your target population, community, and site. In this step, you will consider such things as culture, values, practices, mission, and existing prevention activities within your site and wider community.

The purpose of assessing fit is to avoid prevention activities that do not fit well or improve fit by making acceptable adaptations or choosing an alternative prevention activity with a better fit. It might be better to choose another prevention activity than to make so many adaptations that the prevention activity no longer resembles the prevention activity that was originally evaluated. For example, although training burden is a significant barrier to prevention activity implementation in the military, you would not want to adapt a ten-hour training down to a one-hour training. It would be better if you chose a brief, effective training that is a better match to the time you have available.

A key feature of GTO Step 4 is that it will point you to the changes needed to improve fit. These changes need to be made very carefully. As noted above, if you change a prevention activity too much, you might not get the outcomes that were achieved when it was implemented as designed.

What does GTO Step 4 do?

This step helps determine whether the candidate program(s) you identified during GTO Step 3 are appropriate for your target population, site, and community.

This step will help you narrow down your choices from the possible options you identified in Step 3, or you might go back to Step 3 to identify alternatives.



Prevention Plan of Action 2019–2023

GTO Step 4 aligns with the development of a comprehensive approach in the prevention process. Specifically, the PPoA describes ensuring that selected prevention activities are used in populations similar to those with whom they were tested. When this is not the case, adaptation might be needed, using the tools in GTO Step 4.

Why is GTO Step 4 important?

You want to use the best prevention activity you can offer. Prevention activities that do not have a good fit for any of the above reasons are less likely to be implemented well and, therefore, are less likely to achieve the desired outcomes. Assessing fit *before* doing a prevention activity is important for several reasons:

- It increases the chances that it will be accepted by and will be good for the target population.
- It helps avoid duplication of efforts (you might not need multiple prevention activities that target the same problem).
- It helps avoid finding out later that the prevention activity failed because it was a mismatch (a poor fit) with your target population, your community, or your site.
- When there are fit problems that cannot be resolved, a prevention activity should not be used.
- The fit assessment helps to select among several candidates to choose the one with the best fit.

How do I carry out GTO Step 4?

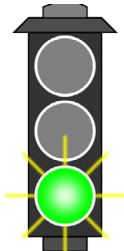
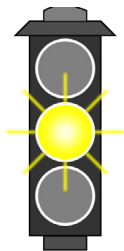
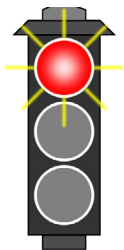
To assess the fit of each prevention activity you are considering, use GTO Step 4 tools:

- The **Fit Assessment Tool** will prompt you to consider how each candidate prevention activity identified in Step 3 fits with your target population, community, and site.
- The **Culturally Appropriate Checklist Tool** will encourage you to consider whether the activities involved in each candidate prevention activity fit the culture of the military or the particular military service, including relevance, cultural sensitivity, and social infrastructure.

As you complete these tools, you will want to decide what adaptations, if any, to make to improve the fit of the candidates still under consideration. Tip 4-1 provides information on three different types of adaptations and when to make them. Tip 4-2 gives examples of different adaptations.



Tip 4-1. Types of Adaptations

	Green-light adaptations are safe, easy changes that can make a prevention activity better connect with the audience (that is, to fit a prevention activity to the culture and context). These adaptations do not change the core topics addressed by the prevention activity. They are generally minor changes, such as adapting Army terminology to the terminology of a different military branch. Tailoring minor elements to better reflect the target population can improve most prevention activities, and you should feel comfortable making such adjustments. In sum, green-light adaptations do not change what makes a prevention activity effective (the core components).
	Yellow-light adaptations are more complex than green-light adaptations and could alter prevention activity content, so you should proceed with caution. They often require expert assistance from the developer or someone experienced with using the prevention activity in the military to avoid weakening its content.
	Red-light adaptations, such as reducing or eliminating major activities or topics, could greatly weaken the prevention activity and generally would not be advised. For example, prevention activities often include opportunities to practice new skills as a critical step in changing behavior. Reducing or eliminating practice components to save time might make the prevention activity less effective.



Tip 4-2. Examples of Prevention Activity Adaptations

Green-Light Adaptations

Updating or customizing statistics and other information included in the curriculum or handouts
Adjusting the location of the prevention activity to one that is familiar and convenient for participants
Adding debriefing or processing questions
Making activities more interactive or appealing to different learning styles
Customizing written documents (for example, the use of wording that is more reflective of the prevention activity participants being served)

Yellow-Light Adaptations

Changing the order of sessions or sequence of activities
Adding activities to reinforce learning
Adding activities to address additional topics
Replacing or supplementing videos (for example, with other videos)
Using other models or tools that teach the same skill
Implementing the prevention activity with a population (for example, an ethnic or cultural group) for which there is less evidence
Replacing activities
Adapting a prevention activity to the military that has no prior use in the military

Red-Light Adaptations

Shortening a prevention activity (for example, deleting an activity or a whole session)
Reducing or eliminating activities that allow participants to personalize risk material
Reducing or eliminating opportunities for skill practice
Eliminating topics
Contradicting prevention activity goals
Replacing interactive activities with lectures or individual work

Instructions for completing the prevention activity Fit Assessment Tool

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. Make or share as many copies of the tool as necessary for you and your team to complete this tool for each of the remaining prevention activities you are considering.
2. Starting with row 1 (target population needs), work through the questions in the tool, laying out the considerations and requirements and answering yes or no in the appropriate columns. You might need to talk to several different people to get the answers (for example, members of the target group, colleagues at a helper agency).
3. If no adaptations are needed, you can do the prevention activity as is. If adaptations are needed, enter your ideas in the column labeled “What adaptations can be made to increase the fit?”
4. If adaptations are needed, figure out whether they are green-light, yellow-light, or red-light adaptations. Definitions of each type of adaptation are provided in Tip 4-1, and examples of each type are listed in Tip 4-2.



Fit Assessment Tool

Completed by: _____ Date: _____ Prevention Activity Being Considered: _____

Fit with the target population's . . .	Considerations	Fits? Yes/No	What adaptations can be made to increase the fit?
1. Needs			
2. Gender, age, race/ethnicity distribution			
3. Other aspects of the target population (for example, education level, work schedules)			
Fit with the community's . . .			
4. Cultural norms and values			
5. Environment in which the site is located			
6. Other aspects of the community			
Fit with your site's . . .			
7. Mission, core values, and culture			
8. Sexual assault prevention priorities			
9. Leadership support			
10. Context, setting (for example, Wingman Day), and other prevention activities in place			
11. Other aspects of the site (for example, space to convene)			

Instructions for completing the Culturally Appropriate Checklist Tool

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. Make or share as many copies of the tool as necessary for you and your team to work on this task.
2. Starting with number 1 (military relevance), work through the questions in the checklist, answering “yes” or “no” in the appropriate columns. Again, you might need to speak with several different people to answer these questions.
3. If no adaptations are needed, you can do the prevention activity as it is. If adaptations are needed, discuss options for addressing any cultural issues not well addressed by the prevention activity. Enter your ideas in the column labeled “What, if any, adaptations are needed?”



Culturally Appropriate Checklist Tool

Completed by: _____ Date: _____ Prevention Activity Being Considered: _____

	Yes/No	What, if any, adaptations are needed?
Military relevance Have you verified the relevance of the materials you plan to use (are they applicable, understandable, and specific)?		
Informed review Have the materials been reviewed by members of the community or other knowledgeable stakeholders?		
Cultural sensitivity throughout Is the prevention activity culturally sensitive throughout and not just in certain sections?		
Social infrastructure considerations Does the prevention activity take into account the language, environment, values, and socioeconomic status of the community in its materials and services? What about civilians and families?		
Cultural competence training Have the intended prevention activity facilitators received specialized training in cultural competence?		

Example of GTO Step 4 Process

During GTO Step 4, the GTO team reviews materials for Bringing in the Bystander and Green Dot to assess their fit. It will be important that the selected prevention activity be suitable for young adults just beginning their military careers, living away from family for the first time (aside from basic training), and who are, typically, unmarried.

The implementation team's process of evaluating the fit of the two prevention activities selected in Step 3, using the GTO Step 4 Fit Assessment Tool, enables a careful comparison of both. They decide that Green Dot is a better fit with the military culture of JB Hensonburg and requires less adaptation to be compatible with its culture and norms. Bringing in the Bystander would require the creation of significant new content for the military target population. This exercise has increased their confidence that Green Dot will be a good fit for JB Hensonburg.

The Air Force adaptation of Green Dot has already made many of the cultural changes necessary to better match a military setting (for example, intervention options must take into account pay grade and chain of command). The GTO team notes that Air Force-specific material could prove distracting to service members at JB Hensonburg. Based on their previous experience with training curricula, prevention activity materials are sometimes rejected as irrelevant for such reasons as outdated uniforms in images and failure to use service-specific language for ranks. As a joint base, the GTO team knows that they will need to develop two sets of materials, an adaptation for each of the two service branches that make up the base.

The JB Hensonburg GTO team is now ready to move forward to Step 5 of the GTO process. In this step, they will examine current prevention activity readiness to assess whether they have the resources they need to implement Green Dot well.



Example Fit Assessment Tool

Completed by: Mr. Jenson **Date:** 8 MAY 2018

Prevention Activity Being Considered: Bringing in the Bystander

Fit with the target population's . . .	Considerations	Fits? Yes/No	What adaptations can be made to increase the fit?
1. Needs	Although most service members who recognize high-risk situations for sexual assault intervene to reduce risk, few service members observe risky situations. It could be that junior enlisted service members, the military group at highest risk for sexual assault, are not identifying risky situations when they are exposed to them. It will be important that the selected prevention activity provide training and concrete examples of risky situations to improve identification.	Yes	None needed. Bringing in the Bystander provides concrete examples of high-risk situations and practice recognizing them.
2. Gender, age, race/ethnicity distribution	Must be age-appropriate for junior enlisted service members, appropriate for both men and women, and accessible to members of diverse races and ethnicities	Yes	None needed
3. Other aspects of the target population (for example, education level, work schedules)	Schedule must allow most or all junior enlisted service members to attend during their first year stationed at JB Hensonburg.	Some work needed	Occupational training schedules are dense and comprehensive. Adding and scheduling additional training requirements will require leadership support.
Fit with the community's . . .			
4. Cultural norms and values	Unique military norms and the hierarchical structure influence the bystander intervention strategies that will be accepted and implemented by junior enlisted service members.	No	The Bringing in the Bystander curriculum is designed specifically for college students and depicts interactions between undergraduates in typical campus settings. Written vignettes, images, and videos will need to be recreated to depict junior enlisted service members. Additional material will need to be created from scratch to cover military-specific challenges, such as intervening when outranked by the potential perpetrator.

Example Fit Assessment Tool—continued			
Fit with the community's . . .	Considerations	Fits? Yes/No	What adaptations can be made to increase the fit?
5. Environment in which the site is located	- High turnover; typical assignment is 2–4 years - Large number of junior enlisted service members given that the JB hosts several occupational training groups	Yes	None needed
6. Other aspects of the community	None	N/A	N/A
Fit with your site's . . .			
7. Mission, core values, and culture	Bringing in the Bystander fits well with a culture of personal responsibility and protection of fellow service members.	Some work needed	Additional examples of appropriate interventions for junior enlisted service members who are outranked might need to be developed.
8. Sexual assault prevention priorities	Supplements annual training requirement	Yes	None needed
9. Leadership support	Mixed leadership support, with some continued enthusiasm for sexual assault prevention and others who have grown weary of the continued emphasis and time away from other training needs	Some work needed	Engagement with leadership, understanding of training schedules and competing needs, flexibility in timing
10. Context, setting (for example, Wingman Day), and other prevention activities in place	Dense training schedules during occupational training; overlap with annual sexual assault prevention training	Some work needed	- Permission to opt out of annual sexual assault prevention training for those who participate in Bringing in the Bystander - Coordination with occupational training schedules
11. Other aspects of the site (for example, space to convene)	None identified	N/A	N/A

NOTE: N/A = not applicable.



Fit Assessment Tool

Completed by: Mr. Jenson Date: 8 MAY 2018
 Prevention Activity Being Considered: Green Dot

Fit with the target population's . . .	Considerations	Fits? Yes/No	What adaptations can be made to increase the fit?
1. Needs	Although most service members who recognize high-risk situations for sexual assault intervene to reduce risk, few service members observe risky situations. It could be that junior enlisted service members, the military group at highest risk for sexual assault, are not identifying risky situations when they are exposed to them. It will be important that the selected prevention activity provide training and concrete examples of risky situations to improve identification.	Yes	None needed. Green Dot provides concrete examples of high-risk situations and practice recognizing them.
2. Gender, age, race/ethnicity distribution	Must be age-appropriate for junior enlisted service members, appropriate for both men and women, and accessible to members of diverse race/ethnicity	Yes	None needed
3. Other aspects of the target population (for example, education level, work schedules)	Schedule must allow most or all junior enlisted service members to attend during their first year stationed at JB Hensonburg.	Some work needed	Occupational training schedules are dense and comprehensive. Adding and scheduling additional training requirements will require leadership support.
Fit with the community's . . .			
4. Cultural norms and values	Unique military norms and the hierarchical structure influence the bystander intervention strategies that will be accepted and implemented by junior enlisted service members.	Some work needed	The Air Force adaptation of Green Dot will likely be the best fit for JB Hensonburg given that much of the adaptation necessary for a military setting has already been completed. Nonetheless, the implementation plans a complete review to make small adjustments or adaptations necessary for the unique characteristics of service members assigned to JB Hensonburg.

Example Fit Assessment Tool—continued			
Fit with the community's . . .	Considerations	Fits? Yes/No	What adaptations can be made to increase the fit?
5. Environment in which the site is located	- High turnover; typical assignment is 2–4 years - Large number of junior enlisted service members given that the joint base hosts several occupational training groups	Yes	None needed
6. Other aspects of the community	None	N/A	N/A
Fit with your site's . . .			
7. Mission, core values, and culture	Green Dot fits well with a culture of personal responsibility and protection of fellow service members.	Some work needed	Additional examples of appropriate interventions for junior enlisted service members who are outranked might need to be developed.
8. Sexual assault prevention priorities	Supplements annual training requirement	Yes	None needed
9. Leadership support	Mixed leadership support, with some continued enthusiasm for sexual assault prevention and others who have grown weary of the continued emphasis and time away from other training needs	Some work needed	Engagement with leadership, understanding of training schedules and competing needs, flexibility in timing
10. Context, setting (for example, Wingman Day), and other prevention activities in place	Dense training schedules during occupational training; overlap with annual sexual assault prevention training	Some work needed	- Permission to opt out of annual sexual assault prevention training for those who participate in Green Dot - Coordination with occupational training schedules
11. Other aspects of the site (for example, space to convene)	None identified	N/A	N/A



Example Culturally Appropriate Checklist Tool

Completed by: Mr. Jenson **Date:** 8 MAY 2018

Prevention Activity Being Considered: Green Dot

	Yes/No	What, if any, adaptations are needed?
Military relevance Have you verified the relevance of the materials you plan to use (are they applicable, understandable, and specific)?	Yes	Air Force–developed materials will need to be adapted for fit with JB Hensonburg service branches.
Informed review Have the materials been reviewed by members of the community or other knowledgeable stakeholders?	Yes	Materials require green-light adaptations that will be time-consuming for the GTO team and require several tasks, including rewriting vignettes, selecting new images depicting junior enlisted service members in other service branches, and refilming video clips with actors portraying junior enlisted service members in other service branches.
Cultural sensitivity throughout Is the prevention activity culturally sensitive throughout and not just in certain sections?	Yes	Program materials developed and shared by the Air Force have adapted the original Green Dot for a military setting.
Social infrastructure considerations Does the prevention activity take into account the language, environment, values, and socioeconomic status of the community in its materials and services? What about civilians and families?	No	Significant revisions are necessary to adapt examples, vignettes, images, and video content.
Cultural competence training Have the intended prevention activity facilitators received specialized training in cultural competence?	Yes	None needed. All facilitators have had lengthy careers with the service.



Checklist Completion of Step 4

When you finish working on this step, you should have:

- ☐ Completed the Step 4 tools for all prevention activities under consideration
- ☐ Developed an understanding of what *fit* means
- ☐ Considered the most important aspects of your prevention activity to make sure there is a good fit with your target population, your site, and your community
- ☐ Determined the right adaptation needed, if any, to improve the fit of your prevention activity and avoided red-light adaptations
- ☐ Further narrowed your choice of the candidate prevention activities under consideration

Before moving on to GTO Step 5

After reviewing your potential prevention activities with fit in mind, you should have a clearer idea which ones that you selected in Step 3 are still good possibilities. If there are potential prevention activity(ies) that would have to be drastically adapted to fit, then you might want to eliminate them before going on to Step 5. If none of the potential prevention activities have passed the fit test you conducted here in Step 4, you might need to go back to Step 3 and identify a new set of prevention activities to consider. Knowing more about fit now can also help you to more quickly identify potential prevention activities, if you do circle back to Step 3 for more investigation.

Step 5 will be the final assessment step before moving onto planning and implementing the selected prevention activity and then collecting and using evaluation data.

Chapter Five

GTO Step 5—Determining Capacity to Implement a Sexual Assault Prevention Activity

What is GTO Step 5?

This step will help ensure that you have the capacity necessary to deliver a prevention activity as it was intended. There are five types of capacities:

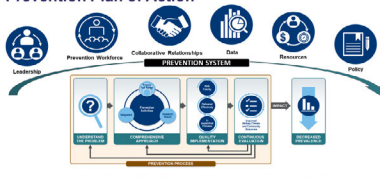
- prevention activity and other staff
- leadership support
- technical
- financial and other resources
- partnerships and collaborations.

By assessing capacity first, you can avoid candidate prevention activity options that you do not have the capacity to implement and make planning easier. Completing the Capacity Assessment Tool for each prevention activity you are still considering will help further narrow down your choices and make you aware of additional capacity you may need, depending on the prevention activity you ultimately choose to implement.

What does GTO Step 5 do?

This step provides a structure to determine whether the candidate program(s) you identified during GTO Step 3 can be carried out effectively with the knowledge, skills, and resources available.

Prevention Plan of Action



Prevention Plan of Action 2019–2023

GTO Step 5 aligns with the prevention system. Before prevention activities are implemented, the prevention human resources (leadership and prevention workforce), collaborative relationships, and infrastructure (data, policy, and resources) must be assessed. Identified gaps in the prevention system must be addressed to increase the success of the prevention activity. Tools in GTO Step 5 can be used to assess and address gaps in the prevention system elements.

Why is GTO Step 5 important?

Understanding your organization's capacity is important for the following reasons:

- You cannot meet the goals and desired outcomes of any prevention activity without adequate capacity to deliver the prevention activity as intended.
- Inadequate capacity, sometimes referred to as resources, can cause added burden on staff and other existing prevention activities—for example, by reducing the time devoted to them.
- Inadequate capacity leads to poor prevention activity implementation.
- Understanding limitations can focus your team on strategies to improve capacity where it is needed.

How do I carry out GTO Step 5?

With your prevention activity choices narrowed, your team can consider several dimensions of your capacity to implement the remaining candidate prevention activity or activities, including staffing and leadership, technical, fiscal, collaboration, and other resource capacities, and to consider how you could meet any needs identified in your assessment.

Instructions for completing the Capacity Assessment Tool

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. Make or share as many copies of the tool as necessary to complete this task. You will consider five areas of capacity for each prevention activity you are considering:
 - prevention activity staff, including trainers, outreach, managers, and other staff
 - leadership
 - technical
 - financial and other resources
 - partnerships and collaboration.
2. Go through each section in the tool and answer the questions to determine whether your organization's capacity is adequate, and then, as appropriate, explain your plan to increase capacity. You should be sure to add to the tool any additional specific capacities that are required to implement your prevention activity. For example, some prevention activities require two staff to facilitate. If you were implementing such a prevention activity, you would want to list this as a needed capacity in the Capacity Assessment Tool. Include volunteer staff to the extent that you will rely on them.
3. If you discover that your organization lacks the necessary capacities to deliver your prevention activity with fidelity by adhering to all its core components, it is important to brainstorm ways to build capacity in that area. If you determine that your organization cannot deliver the prevention activity because of capacity challenges, it could be better to delay implementation of the identified prevention activity while you take time to build the capacities that may be lacking, or you might want to select another prevention activity.



Capacity Assessment Tool

Completed by: _____ Date: _____ Prevention activity: _____

1. Staff Capacities	Considerations and Requirements	OK?	Plan to Increase Capacity
Do you have the number of staff recommended for the prevention activity? Do they have the needed time available?			
Do your staff meet the following prevention activity qualifications?			
Education level			
Years of experience			
Communication skills			
Are your staff comfortable enough with the topic to effectively deliver the prevention activity with fidelity?			
Have your staff received necessary training for working with the target group?			
Have your staff received sufficient training specific to the prevention activity?			
What type of additional staff do you need to implement your prevention activity—for example, to recruit participants, or to back up the prevention activity facilitator in case of his or her absence or transfer?			
Do additional staff members have adequate time available and the qualifications to implement this prevention activity?			
Have additional staff members received necessary training for their roles for this prevention activity?			

Capacity Assessment Tool—continued			
2. Leadership Capacities	Considerations and Requirements	OK?	Plan to Increase Capacity
How committed is your organization leadership to the prevention activity? Consider each level of leadership involved.			
Does leadership support the staff involved in this prevention activity?			
Are there clear channels of communication between all leaders involved in this prevention activity (are orders needed to ensure participation)?			
Is there a champion for the prevention activity who will advocate for it and help introduce it and sustain it?			
3. Technical Capacities	Considerations and Requirements	OK?	Plan to Increase Capacity
Are any special materials needed to deliver the prevention activity?			
Does the curriculum include activities that are particularly complex—for example, motivational interviewing?			
Do you need access to a computer or special software to implement the prevention activity?			
Does the prevention activity require other technical components?			
4. Financial and Resource Capacities (include in Step 6 budget tool)	Considerations and Requirements	OK?	Plan to Increase Capacity
Printed materials (including curriculum and recruiting flyers)			
Transportation			
Staff			
Number of volunteers			

Capacity Assessment Tool—continued			
4. Financial and Resource Capacities (include in Step 6 budget tool)—continued	Considerations and Requirements	OK?	Plan to Increase Capacity
Equipment			
Amount of space			
Evaluation materials and efforts			
5. Collaboration and Partnership Capacities	Considerations and Requirements	OK?	Plan to Increase Capacity
What relationships are needed between us and other organizations to do this prevention activity? Execute memoranda of understanding (MOUs) or memoranda of agreement (MOAs) for collaboration with nonmilitary entities, if needed.			
Which of these relationships already provide support for prevention activities like this?			
What other stakeholders in your community might support the prevention activity if asked?			
What stakeholders in your community could hinder implementation?			

Example of GTO Step 5 Process

In GTO Step 5, the JB Hensonburg GTO team considers whether they have the capacity necessary to deliver Green Dot as it was intended. To make this determination, they systematically consider the five types of capacity in the Capacity Assessment Tool.

The *Capacity Assessment Tool* helped to organize this task and provides a record of the final determination of the team on each component. Key components of capacity targeted by the tool are italicized below.

With regard to the *Staff Capacities* section, the GTO team plans to staff the pilot with two of its own members. The team noted that O-4 Simmons is a licensed social worker who has delivered group trainings to service members for the past ten years. Given his background, no additional communication or sensitivity training will be necessary, and he is certainly well versed in military culture. Through his participation in the implementation team, he is familiar with Green Dot, but he has not been formally trained to facilitate the group sessions. He will reach out to the developers of Green Dot to obtain the necessary training. The GTO team has agreed to support travel for two trainers. O-3 Rate has an undergraduate degree in psychology. She took several courses on research methods and statistics and volunteered in a professor's research lab while she was a student. In addition to taking the Green Dot training and serving as the second facilitator, O-3 Rate will be responsible for obtaining, entering, and analyzing the baseline surveys and the three-month follow-up surveys assessing bystander readiness.

The GTO team is confident that O-4 Simmons and O-3 Rate will have the capacity to deliver and assess a small pilot of Green Dot at JB Hensonburg. GTO team members have all volunteered to serve as backup during this critical testing period. However, after the pilot is completed, if the team decides to roll Green Dot out across JB Hensonburg, the team plans to revisit staffing. The developers of Green Dot recommend larger implementation teams when the program is rolled out with the saturation necessary to influence the climate of large group.

The GTO team plans to conduct the pilot test using a volunteer occupational training group and feels confident that they will find a training group to participate and obtain needed permission from its leadership. However, in the *Leadership Capacities* section, they have identified a leadership vacuum for the second phase, in which all training groups will be encouraged to participate. To scale up Green Dot for all of JB Hensonburg, it will be necessary to obtain the support and permission of mission and occupational training group leadership. If members of an occupational training group are tasked to attend Green Dot but receive inconsistent messaging from direct leaders who might not support or take the effort seriously, the impact of Green Dot will be stunted. The implementation team understands that Green Dot was intended for use across an organization with targeted training for leadership, and, therefore, they will need to socialize and obtain support prior to any further rollout. They hope that preliminary results from their pilot will help them to "sell" the program to site leadership.

Given the critical role that leadership will play, the GTO team begins to plan for phase 2. They will schedule meetings and briefings with leaders with the goals of socializing Green Dot and identifying a well-regarded champion with influence across multiple levels of leadership who has a strong interest in positive approaches to reducing sexual assault among junior enlisted service members. Once the champion is identified, they will work with her or him to create a plan to rally both personnel and leaders to prioritize the initiative.

The team plans to coordinate with the military Green Dot implementation team, the JB Hensonburg SAPR office, and commanders for all occupational training groups to ensure

situational awareness of sexual assault prevention efforts and to avoid duplication. The annual sexual assault prevention training delivered by SAPR contains some similar material. The GTO team plans to discuss a possible opt-out for enlisted service members who complete Green Dot in a given fiscal year (with the plan that they would attend the SAPR annual training the next and in subsequent years).

In the *Technical Capacities* section, the team documents that the necessary technical capacities for the Green Dot trainings are modest. Meeting rooms for groups of 20–30 service members can be reserved in a building near each workgroup’s usual work location. For meeting rooms without a computer and projector, the GTO team will plan to procure a portable setup.

As shown in the *Financial and Resource Capacities* section, the out-of-pocket expenses needed for the GTO team to pilot Green Dot are modest. Travel for two facilitators to obtain Green Dot training will be supported by the GTO team, and minimal material costs are needed for copies and office supplies.

The cost of Green Dot will be driven largely by personnel time, which the GTO team is not responsible for covering during the pilot phase. Site leadership has already agreed to task two facilitators to deliver the Green Dot pilot. Both Green Dot facilitators will invest 50 percent of their time in the pilot for 4 months. In addition, each occupational training group that attends Green Dot will be investing labor hours in sexual assault prevention rather than in day-to-day tasks or other training. The GTO team will rely on identifying a volunteer occupational training group whose leadership sees the value of preventing sexual assault and are therefore willing to invest personnel time in the effort.

Collaboration and partnership capacities will be important, and outreach is planned with SAPR and Air Force site personnel who have Green Dot experience, as well as leadership at multiple levels.

After completing GTO Step 5, the GTO team feels even more confident in their capacity to conduct a pilot of Green Dot sessions at JB Hensonburg. The process of completing the tool provided a structure that has allowed them to set aside issues that have been addressed and focus their efforts on the few remaining capacity gaps.

Over the next months, they will invest their time in

- identifying a prevention activity champion and increasing leadership support for Green Dot
- obtaining Green Dot facilitator training for O-4 Simmons and O-3 Rate
- gathering necessary Green Dot materials and evaluation tools
- identifying workgroups who are willing to participate in the pilot.

Moving into GTO Step 6, they will update the Logic Model Tool and develop an implementation and evaluation plan.



Example Capacity Assessment Tool

Completed by: Project team/coordinator Date: January Prevention Activity: Green Dot

1. Staff Capacities	Considerations and Requirements	OK?	Plan to Increase Capacity
Do you have the number of staff recommended for the prevention activity? Do they have the needed time available?	Two Green Dot facilitators will be needed for each session. They have the time available for this task in addition to their competing obligations.	Yes	None needed
Do your staff meet the following prevention activity qualifications?			
Education level	O-4 Simmons is a licensed social worker; O-3 Rate has an undergraduate degree in psychology.	Yes	None needed
Years of experience	The identified facilitators have 10+ years of experience working with service members.	Yes	None needed
Communication skills	Strong	Yes	None needed
Are your staff comfortable enough with the topic to effectively deliver the prevention activity with fidelity?	Will need to obtain specific training to deliver Green Dot		Plan to reach out to the developers of Green Dot and the military GTO team to determine the best strategy to obtain the necessary training.
Have your staff received necessary training for working with the target group?	Well experienced already	Yes	None needed
Have your staff received sufficient training specific to the prevention activity?	Not yet, but time and funding have been committed	Yes	None needed
What type of additional staff do you need to implement your prevention activity—for example, to recruit participants or back up the prevention activity facilitator in case of his or her absence or transfer?	Evaluator. GTO team will provide backup for operations.	Yes	None needed

Example Capacity Assessment Tool—continued			
1. Staff Capacities—continued	Considerations and Requirements	OK?	Plan to Increase Capacity
Do additional staff members have adequate time available and the qualifications to implement this prevention activity?	Qualifications in place and time commitments in place	Yes	None needed
Have additional staff members received necessary training for their roles for this prevention activity?	Not yet, but time and funding for training have been committed	Yes	None needed
2. Leadership Capacities	Considerations and Requirements	OK?	Plan to Increase Capacity
How committed is your organization leadership to the prevention activity? Consider each level of leadership involved.	The GTO team received general expressions of support for our prevention goals during the first leadership briefing. Next we will need buy-in and permission from training leadership to support inclusion of Green Dot in already-dense occupational training schedules.	Some-what	Develop outreach materials and a schedule for meetings with the leadership of involved training units. GTO team chair O-5 Lomen will solicit and obtain buy-in and permission from occupational training leadership and communicate with leadership of junior enlisted units. The next progress briefing to leadership will be an opportunity to elicit support for Green Dot. The GTO team will need to develop these briefing materials and schedule time with leadership.
Does leadership support the staff involved in this prevention activity?	GTO team leaders and their supervisors are committed and supportive. The site SAPR office supports the initiative.	Yes	None needed
Are there clear channels of communication between all leaders involved in this prevention activity (are orders needed to ensure participation)?	Monthly meetings of SAPR and helping agencies will include this prevention activity on its agenda. Channels for regular communication with training unit and unit leaders need to be opened.	Some-what	O-5 Lomen will develop strategy for communication with training leadership.
Is there a champion for the prevention activity who will advocate for it and help introduce it and sustain it?	We are concerned that we do not have a flag officer or other highly esteemed community member who can serve as the prevention activity champion. This will be needed to obtain site commander permission for the scale-up of Green Dot.	No	1. Identify well-regarded champion with influence across multiple levels of leadership who has a strong interest in sexual assault prevention among junior enlisted service members. 2. Work with champion to create plan to rally site personnel to prioritize the initiative.

Example Capacity Assessment Tool—continued			
3. Technical Capacities	Considerations and Requirements	OK?	Plan to Increase Capacity
Are any special materials needed to deliver the prevention activity?	Worksheets, handouts, marketing materials, and instructor manuals	Yes	None needed
Does the curriculum include activities that are particularly complex—for example, motivational interviewing?	The Green Dot curriculum is well established and will require limited adaptation for use at JB Hensonburg. The curriculum does require trained professionals to deliver the sessions, and no one at JB Hensonburg has the training to do so.	Not yet	The GTO team has agreed to sponsor travel and training costs for O-4 Simmons and O-3 Rate to obtain necessary training.
Do you need access to a computer or special software to implement the prevention activity?	Computer with projector for each session	Yes	Appropriate classroom space is available near the training locations.
Does the prevention activity require other technical components?	No	Yes	None needed
4. Financial and Resource Capacities (include in Step 6 budget tool)	Considerations and Requirements	OK?	Plan to Increase Capacity
Printed materials (including curriculum and recruiting flyers)	Curriculum materials for 4 Green Dot training sessions attended by all members of pilot occupational training group (approximately 100 service members)	Yes	None needed
Transportation	All trainings will be local to JB Hensonburg.	Yes	None needed
Staff	2 facilitators travel to obtain Green Dot training; 4 days and 3 nights with airfare, hotel, and per diem Salary and fringe benefits for facilitator and support person at 50-percent effort for 4 months	Yes	None needed Leadership has agreed to support salary and fringe of two employees while they assist in the pilot study of Green Dot. If Green Dot is rolled out to the entire site, it would require hiring full-time staff members for this effort, and this cost will need to be approved.
Number of volunteers	N/A	Yes	None needed
Amount of space	Classrooms	Yes	None needed. Community training classrooms are available at no cost.
Evaluation materials and efforts	Project evaluator for 50 hours	Yes	None needed

Example Capacity Assessment Tool—continued

5. Collaboration and Partnership Capacities	Considerations and Requirements	OK?	Plan to Increase Capacity
What relationships are needed between us and other organizations to do this prevention activity? Execute MOUs or MOAs for collaboration with nonmilitary entities, if needed.	SAPR; occupational training leadership	Some-what	Connect with site SAPR office for situational awareness and to avoid duplication with annual sexual assault prevention training. GTO team will partner with the prevention activity champion (once identified) to solicit buy-in from the instructors and leadership of site occupational training groups. Connect with the Air Force Green Dot site team for lessons learned and training support.
What relationships are needed within our GTO team to do this prevention activity?	Connect with leadership of occupational training groups		By when will it be accomplished? October 2018
Which of these relationships already provide support for prevention activities like this?	SAPR	Yes	October 2018
What other stakeholders in your community might support the prevention activity if asked?	Air Force personnel who have experience implementing Green Dot	Not yet	Connect with Air Force Green Dot site team for lessons learned and training support.
What stakeholders in your community could hinder implementation?	Occupational training unit already has tight training schedule with junior enlisted personnel	Not yet	Avoid conflict through outreach and coordination with training unit.



Checklist Completion of Step 5

When you finish working on this step, you should have:

- ☐ Completed the Step 5 tool
- ☐ Developed an understanding of the key capacities you need to support your programming
- ☐ Assessed whether you have the right levels of capacity needed to implement your potential program(s)
- ☐ Determined which capacities need to be further developed so that you can move ahead with your programming
- ☐ Further narrowed or finalized your choice among potential prevention activities to implement

Before moving on to GTO Step 6

You've now reviewed one or more prevention activities for their potential to meet your goals and desired outcomes; their fit with your target audience, community, and site; and your capacity to implement them. This is an ideal time to provide another progress briefing to leadership to walk them through the GTO team's decisionmaking process and obtain buy-in for the selected intervention (see the "Engaging Leadership: Progress Briefing 2" section below for suggested briefing content).

It is possible that none of the prevention activities on your list was feasible, given the significance of some capacity gaps. This is because capacity gaps in people, in agencies, or in needed partnerships can prevent good implementation. If this is the case, you can circle back to GTO Step 3 to find more-suitable prevention activities, or you might decide to take a break from this process while you work to develop the required capacities. The capacity you build for a specific prevention activity could also be useful for other prevention activities. If the capacity required could be attained by requesting support from leadership (for example, financial resources or dedicated staff time), the leadership progress briefing is a good opportunity to make your case.

It is also possible that you are now left with more than one prevention activity that meets your needs, fits, and is possible given your capacity. If this is the case, one approach to finalizing prevention activity selection would be to convene a meeting of your team and all the stakeholders and present all the information gathered in Steps 1 through 5. You can discuss the findings together and the pros and cons of each remaining candidate prevention activity. By iterating with all stakeholders, you might be able to identify which of the prevention activities to implement, or you might decide to implement more than one.

After selecting your prevention activity or activities and determining that you have the capacities to implement them well, you are in the position to update your Logic Model Tool and develop an implementation plan (Step 6). Plans you make for increasing capacity in Step 5 should be incorporated into your work plan in Step 6.

Engaging Leadership: Progress Briefing 2

Having completed GTO Steps 3 through 5, the GTO team will either have identified at least one candidate prevention activity or will have determined they are not able to proceed at this time (e.g., because of a lack of capacity). In either case, there is value in providing an update to leadership. Depending on the outcome of GTO Steps 3 through 5, the goal of the briefing could differ:

- If the GTO team has made a decision about the activity (or activities) that should be implemented, the purpose of the briefing could be to solicit feedback on any adjustments to the rollout of the program and to request any needed support for implementation.
- If the GTO team has identified several candidate prevention activities, the goal might be to present the options and obtain feedback from leadership with the purpose of making the final selection.
- If the GTO team was unable to identify a suitable prevention activity, the purpose of the briefing will be to update leadership on the steps taken to find an activity that would address the previously identified problems and goals. This is an opportunity to reiterate the value of evidence-based, effective programming and to caution against wasting effort on activities just because they are more accessible or convenient.

Again, leadership briefings should follow the format identified in Tip I-1 and should be as concise as possible. The more senior the leader, the more succinct the briefing should be. Be aware that there is more information to cover in this briefing because you will need to quickly recap main points from the previous briefings—at minimum, the identified problem(s) and goal(s)—and you will need to budget your time accordingly. At this stage, the briefing should include

1. the BLUF: What is being asked of the leader? The BLUF will correspond to one of the three briefing goals identified above.
2. the problem statement and corresponding goals, reiterated from the first briefing
3. the solution selected. As time allows, discuss the decisionmaking process, including whether there were other candidate activities and why they were (or were not) ruled out. Make the case for why the prevention activity is a good fit for the site. If no activities were selected, explain the primary factors that caused you to rule out the available options.
4. costs. Briefly describe the expected cost, including costs to personnel time, and the funding source.
5. outcomes expected. Describe the outcomes the activity has been known to achieve, as identified in your Step 3 research. Set realistic expectations about any return on investment and remind leadership that prevention activities typically take several implementation cycles to create visible community impact.
6. an optional handout with an abbreviated version of the Step 2 logic model to illustrate the flow from problem statements through to expected outcomes, requested leadership roles, and actions.

This briefing is an opportunity to request leadership support for the specific prevention activities being planned. At minimum, you will likely want to ask for some form of public endorsement. Give leadership the opportunity to weigh in on implementation and evaluation plans as your team develops them in Step 6; otherwise, let them know that the next briefing will provide preliminary evaluation results.



Chapter Six

GTO Step 6—Planning to Implement and Evaluate a Sexual Assault Prevention Activity

What is GTO Step 6?

Having completed GTO Steps 1–5 and selected the prevention activity or activities you plan to implement, you are now ready to develop the operations of your prevention activity or activities. In this step, you will use the Prevention Activity Work Plan Tool, Process Evaluation Planner Tool, and Outcome Evaluation Planner Tool to create a detailed plan for running each prevention activity, which includes

- a written list of all tasks, from capacity-building and preparations through evaluation
- a timeline showing who and what is needed for implementation and where, when, and how each task should be implemented.

What does GTO Step 6 do?

This step helps you make a detailed work plan for delivering and evaluating each prevention activity you had selected by the end of Step 5.



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GTO Step 6 involves the planning that is required to execute and evaluate the comprehensive approach outlined in the prevention process. Planning for implementation and evaluation is an essential step in executing the prevention process. Planning also involves identifying the specific elements of the prevention system that are required for execution and evaluation of each prevention activity.

Why is GTO Step 6 important?

GTO Step 6 is important because having a detailed plan for implementation and evaluation

- ensures that no key prevention activity–related tasks are left out
- improves teamwork and partner communication
- identifies the need for changes if things begin to run counter to the plan
- reduces lost time, wasted energy, and turmoil from turnover

- explains the scope of the prevention activity to people with an interest in it and produces documentation useful to transitioning responsibility for implementation to new individuals.

Information from your prevention activity work plans also informs a key part of your Logic Model Tool from Step 2. Examples of the Step 6 completed tools are included in the “Example of GTO Step 6 Process” section of this chapter.

How do I carry out GTO Step 6?

First, make sure that the final prevention activity or activities selected are updated on the Logic Model Tool (GTO Step 2) and that any adjustments to your desired outcomes for the prevention activity or activities have also been made in this tool. That is because the prevention activity or activities you selected might produce different outcomes from those you originally thought when first establishing your desired outcomes. Now you are ready to complete the Work Plan Tool, Process Evaluation Planner Tool, and Outcome Evaluation Planner Tool for each prevention activity you plan to implement. You will also complete the Budget Tool to identify financial considerations associated with implementing and evaluating each prevention activity. This tool elaborates on the fiscal capacities considered in Step 5. You may want to create a rough draft of the Work Plan Tool as you gather the necessary information.

Process and outcome evaluation planning: Planning your evaluation is an important part of Step 6. There is a Process Evaluation Planner Tool and an Outcome Evaluation Planner Tool to be completed as part of this step.

Note about the frequency of evaluation: Although the frequency of data collection depends on the type of prevention activity, some general tips can be given. Ideally, process evaluation data should be collected all the time the prevention activity is being run. You might not collect data on every single part of the prevention activity (for example, every session), but you will want to collect data the whole time the prevention activity is active. The frequency of outcome evaluation should naturally follow the schedule of the prevention activity. If there is a cycle to a specific program, for example, the outcome data would be collected before it begins and after the cycle is over. If a program is ongoing with no natural break, then you must decide at what point the program has been running long enough to expect a change in outcomes.

The remainder of this chapter will help you document your plan for the content of your evaluation, which includes a process evaluation (how well the prevention activity ran relative to your plan) and an outcome evaluation (what changes resulted relative to your desired outcomes). See Tip 6-1 to better understand the difference between process and outcome, or impact, evaluation. Completing these two tools as part of Step 6 will help you plan the content for the process and outcome evaluations *before* you launch your prevention activity. This will allow you to more effectively monitor your prevention activity while it is running. **Before completing these tools, read Appendix D, which has guidance on how to conduct process and outcome evaluations. Appendix E includes examples of process and outcome measures.** Then move on to the Process Evaluation Planner Tool and Outcome Evaluation Planner Tool.



Tip 6-1. The Difference Between Process and Outcome Evaluation in Getting To Outcomes

Process evaluation tracks **quality** of a program



- Who participates (Did we reach the right target population)?
- How much do participants get (Did target population get right “dose”)?
- How well the program was delivered (adhered to curriculum)?
- How satisfied are participants?

Outcome evaluation tracks **change** in participants



- How much did participants change on the outcome of interest (actual behaviors or behavioral risk and protective factors)?

Recall that you set goals and desired outcomes in Step 2 and recorded them in your Logic Model Tool. With your evaluation, you will assess the extent to which you met your desired outcomes. You will need measures of your implementation process and measures of the outcomes you intend to achieve. Tips 6-2 and 6-3 identify sample process and outcome measures. Outcome measures listed can be obtained from the reference included in the last column.

Instructions for completing the Prevention Activity Work Plan Tool

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. Make or share as many copies of the tool as necessary for you and your team to complete a work plan for each of the prevention activities you have selected. Be sure to consult with the persons who will actually implement this plan—for example, volunteering service members or staff at a site helping agency—to ensure that everyone agrees to the timelines.
2. Assemble the tools you developed in the five previous steps (the problems and resources assessments, the updated Logic Model Tool, the fit and capacity assessment tools) so that you can refer to them as you complete a prevention activity Work Plan Tool for each of your selected prevention activities.
3. For each prevention activity, starting on the left, under Tasks, work your way down, completing task details for the prevention activity. The tool is divided into several categories of tasks: administrative, policies and procedures, prevention activity preparation, participant recruitment and retention, implementation, and prevention activity evaluation. If possible, list tasks within each category in the order of occurrence to help you plan them out.

NOTE: A variety of tasks that are important to carry out have been included in the tool to help you map out specific implementation events. You can delete any tasks that are not relevant to your chosen prevention activity or site and add tasks in the extra rows that might be important but are not mentioned in the tool. Also included are columns to add dates for the identified tasks—these can be adjusted as appropriate for your site.

Note about evaluation tasks: Planning your evaluation is an important part of Step 6 and is included on the tool. In addition, there is a Process Evaluation Planner Tool and an Outcome Evaluation Planner Tool to be completed as part of this step. Appendix D contains material useful for evaluation planning, and Appendix E includes process and outcome measures. If possible, work with an evaluation expert to plan your evaluation.

4. When the draft prevention activity Work Plan Tool, Process Evaluation Planner Tool, and Outcome Evaluation Planner Tool for each prevention activity are complete, distribute them to everyone involved in the implementation for feedback. Then finalize and redistribute the finished tools.
5. These tools are meant to be living documents. Regularly review the plans for each of your prevention activities while you prepare and implement each one to ensure that tasks have not been neglected. Fill in the Date Done column when activities are complete and update the tool as new tasks arise. You can obtain blank Microsoft Word versions of these tools at www.rand.org/t/TLA746-1 so you can easily make changes to and resort or reorder them.



Prevention Activity Work Plan Tool

Completed by: _____ Date: _____ Prevention Activity: _____

Tasks: Administrative	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Prepare budget			
Acquire prevention activity curriculum and materials, including evaluation materials			
Set preferred implementation dates			
Tasks: Leadership Engagement	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Senior leadership (O-6 to O-8) briefings, e.g.:			
• Briefing 1 (prior to implementation)			
• Briefing 2 (evaluation results)			
Other leadership (O-4 to O-6) briefings, e.g.:			
• Briefing 1 (problems and goals)			
• Briefing 2 (implementation plan)			
• Briefing 3 (evaluation results)			
Tasks: Policies and Procedures	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Obtain required permissions or approvals and draft necessary taskers			
Prepare job descriptions			
Complete MOU and/or MOA with host site(s) and partnering agencies, if any			
Tasks: Preparation	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Identify a local champion			
Conduct outreach to develop community support			
Meet with related offices to ensure situational awareness			
Obtain facilitator training			
Conduct a “dry run” for facilitator and assistant practice			
Reserve training facilities			
Prepare facilitator packets for prevention activity sessions			
Prepare participant materials (for example, worksheets) for prevention activity sessions			

Prevention Activity Work Plan Tool—continued			
Tasks: Preparation (continued)	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Test computer and projectors at the reserved training facilities			
Purchase refreshments for participants			
Tasks: Recruitment (and Retention)	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Develop and test participant recruitment (and retention) plan and materials			
Notify eligible population and solicit volunteer workgroups			
Confirm dates, time, and space and send reminders to workgroup leaders			
Send thank-you email to session participants and request prevention activity feedback			
Tasks: Implementation	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Build detailed schedule for implementing the prevention activity (where and when each part of the prevention activity will be conducted—for example, when and how each component of a media campaign will be rolled out)			
Tasks: Evaluation	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Design evaluation and complete GTO process and outcome evaluation planner tools			
Recruit evaluator			
Enter data			
Analyze data			
Review process evaluation data from relevant data collection tools and complete GTO Step 7 summary tool			
Review outcome evaluation data (including pre- and post-survey data) and complete GTO Step 8 summary tool			
Present results and decide which changes are needed to improve the performance and outcomes, using GTO Step 9 CQI process and tools. Adjust goals and outcomes and reassess fit and capacities in light of implementation; update Work Plan Tool on lessons learned from implementation			

Prevention Activity Work Plan Tool—continued			
Tasks: Evaluation (continued)	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Finalize documentation, inventory, and supplies, and begin planning next round or next steps			

Instructions for completing the Prevention Activity Budget Tool

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. Make or share as many copies of the tool as necessary for you and your team to complete this tool for each of the prevention activities you have selected.
2. Enter the resources required to implement each of your prevention activities in each of the categories shown in the tool:
 - *Personnel*: A key task will be to determine which personnel are available to implement the prevention activity. For some prevention activities, personnel costs will be mostly for delivering the prevention activity. The information about personnel in your Step 5 tool should be referred to for this section. The budget tool from the Cost Assessment and Program Evaluation (CAPE) office (see below) can be used to calculate an estimate of personnel costs associated with delivering the prevention activity and costs associated with personnel attending the prevention activity. Other personnel costs unique to your site should be included in this section.
 - *Consultants*: This might include a prevention activity developer's trainer, a supervising social worker or counselor, a marketing expert, or someone who has successfully implemented your desired policy change at another site.
 - *Prevention activity materials, equipment, and supplies*: Expenses should include the prevention activity's curriculum and any other purchases needed to run the prevention activity (laptop or DVD player, projector, easels, flip chart paper for facilitating activities, markers, pencils, etc.).
 - *Other (for example, travel, transportation)*: If the prevention activity requires travel for the participants, expenses should include the cost of traveling to and from the site where the prevention activity is being conducted. Travel costs could also include those associated with sending the selected prevention activity facilitators to any training required to deliver it.

For guidance with budgeting, DoD employees can access the DoD Cost Guidance Portal through the DoD or CAPE websites.

- **DoD website (DefenseLINK)**

To access the DoD Cost Guidance Portal through the DoD website, follow these steps:

1. Go to <http://www.defense.gov/>.
2. In the upper right, click "Resources," and then click "DOD/Military Websites."
3. Click "A-Z List," and then click "D."
4. Scroll down and click "DoD Cost Guidance Portal."

- **CAPE website**

To access the DoD Cost Guidance Portal through the CAPE website, follow these steps:

1. Go to <http://www.cape.osd.mil/>.
2. Scroll down and click "DoD Cost Guidance Portal."

The Cost Guidance Portal contains templates, business rules, and automated tools to calculate cost estimates and can be substituted for the GTO Budget Tool if you prefer. Access to the DoD Cost Guidance Portal requires authentication to view and utilize the guidance, methods, and tools.

3. Add extra lines or categories, if necessary. You might want to create a rough draft of the prevention activity Budget Tool as you gather the information necessary to determine the costs. Consult the Step 5 section that you completed on fiscal capacities and resources to make sure all costs are included.
4. Subtotal the costs by category.
5. Enter a total of the nonpersonnel costs on the line provided at the end of the tool.
6. When the tool is complete, distribute it to everyone involved in implementation.
7. Be sure to update your budget periodically to account for changing costs. You might also need to complete different budgets for subsequent years. For example, the equipment costs might not repeat from year to year.



Prevention Activity Budget Tool

Completed by: _____ Date: _____ Prevention Activity: _____

Item by Category	Calculation	Cost Estimate
Personnel	% of effort or hours	
	Personnel Subtotal	\$
Materials, Equipment, and Supplies		
		\$
		\$
Other (for example, travel, transportation)		
		\$
	Other Subtotal	\$
Total Cost	Sum of Nonpersonnel Category Subtotals	\$

Instructions for completing the Process Evaluation Planner Tool

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. Make or share as many copies of the tool as necessary for you and your team to complete this task for each prevention activity that you have decided to implement.
2. Assign a person responsible for collecting the instruments, forms, and questionnaires containing all the process information you will gather during each prevention activity. The person who takes on this role needs to be especially organized and reliable.
3. Your Logic Model Tool (GTO Step 2), prevention activity Work Plan Tool for each prevention activity you have selected (GTO Step 6), and manual or curriculum for each of your selected prevention activities (if relevant) will help you complete the tools in this step.
4. Consider each process question listed (and any you wish to add) and note your measures (refer to Appendix E) and other considerations for data needed in the column labeled “Considerations.” For example, for item 1, you might enter age and gender if these are the characteristics in which you are interested.
5. Enter the *evaluation methods and data collection tools* that you will use to address the following process evaluation questions:
 - *Prevention activity participant characteristics*, such as age and gender, can be gathered in the pre-survey or via attendance or sign-in sheets.
 - *Utilization by individual participants* can be calculated from your attendance rosters. For multisession prevention activities, rosters should be designed to capture the percentage of time that participants attend each session or module (100 percent, 75 percent, 25 percent, etc.). Then you can also sum how many of the sessions each registered participant attended.
 - *Level of delivery achieved* can be determined by outside observers or those completing monitoring logs, checklists of required activities and core elements, or simple notes about the actual delivery, compared with the agenda or curriculum. Observations do not have to be conducted on all sessions, just a sample (for example, 25 percent).
 - *Participant satisfaction* can be determined through participant focus group discussions, general observations, or a post-prevention activity evaluation survey that asks open-ended questions. Some prevention activities that are evidence-based often have their own satisfaction surveys that you can adapt. NOTE: Sometimes a prevention activity might benefit people other than those who directly participated in the activity. Thus, it can make sense to ask these beneficiaries about what they think of the prevention activity as well.
 - *Implementer perception* can be determined by asking implementers questions about what they believed to be the successes, challenges, and opportunities related to the implementation. As a special consideration, it is important to learn what the implementers thought about how well guidance from higher HQ flows down to the installation to support the prevention activity and how well leaders at all levels of the installation understand the prevention activity and their role in its execution (more considerations could be added here).
 - *Work plan adherence* can be determined by reviewing the initial Step 6 Work Plan Tool to see how closely it was followed. This could include tracking the timeliness of carrying out various tasks or the extent to which you served the number or type of expected participants.
 - *Other* refers to any other output of a program that could be monitored to see whether it was delivered as intended.

6. Enter the *anticipated schedule for data collection and analysis* (when and how often the data will be collected) and when the results will be available. Transfer key dates into the evaluation section of the Step 6 Work Plan Tool for each prevention activity.
7. Enter the *person(s) responsible* for gathering and analyzing the data. For example, the staff running a prevention activity might take attendance, another service member might monitor adherence, and the head of the evaluation effort might ask the staff running the prevention activity about their perceptions of how it went.



Prevention Activity Process Evaluation Planner Tool

Completed by: _____ Date: _____ Prevention activity: _____

Process Evaluation Areas	Considerations	Evaluation Methods and Data Collection Tools	Anticipated Schedule for Data Collection and Analysis	Person(s) Responsible
1. Characteristics of participants compared with those of the target population				
2. Participants' utilization				
3. Level of delivery that the prevention activity achieved				
4. Participant satisfaction				
5. Implementers' (including volunteers') perception of the implementation. If relevant, ask how well guidance from higher HQ flowed down to junior units.				
6. Leadership perceptions. What do leaders think of the intervention? How well do leaders of units at all levels understand the prevention activity and their role in its execution?				
7. Adherence to the GTO Step 6 Work Plan Tool				
8. Other (including outputs relevant to a specific program)				

Instructions for completing the Prevention Activity Outcome Evaluation Planner Tool

This tool will help you plan your outcome evaluation for each prevention activity you have selected. With this tool, you will choose your design (for example, pre-/post-, pre-/post- with comparison group), meaning that you will decide whom you will measure and on what schedule. Although this tool allows you to create your own outcome evaluation survey items, we recommend that, whenever possible, you choose measures that already exist and have been used to evaluate prevention activities like yours. Tip 6-3 (with Appendix D) provides some suggestions on established outcome measures for several commonly addressed risk and protective factors. Some prevention activities have their own outcomes survey.

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. Make or share as many copies of the tool as necessary for you and your team. You will need to complete the tool for each of your prevention activities and use separate rows on the tool for each of a prevention activity's desired outcomes.
2. Review the desired outcomes statement from the SMART Desired Outcomes Tool you completed in GTO Step 2 and the Logic Model Tool, and copy each desired outcome into the first column.
3. Check the appropriate box in the Evaluation Design column to indicate your choice of evaluation design for each outcome. If possible, work with an evaluation expert to plan your evaluation.
4. Next, identify the scale or metric and existing or new questions that you will use to measure each of your desired outcome statements (a scale is a group of questions on the same topic that are averaged together and used as a single score). Refer to Tip 6-3.
5. In the next column, indicate the source from which you are pulling the scale or questions (for example, your prevention activity's survey). If you developed the questions yourself, indicate that here.
6. In the last column, enter "All" if you are using all the items in the scale, or enter the number of items from a scale that you will use.
7. With this tool completed, you can construct your outcome survey questionnaire. Add any additional questions, such as demographics or level of participation or satisfaction, that you also decide to measure.



Prevention Activity Outcome Evaluation Planner Tool

Completed by: _____ Date: _____ Prevention Activity: _____

Desired Outcome	Evaluation Design	Scale Name/Questions	Source of Scale/Questions	Items to Include
	☐ Pre-/post-with comparison group ☐ Pre-/post- ☐ Post- only			
	☐ Pre-/post-with comparison group ☐ Pre-/post- ☐ Post- only			
	☐ Pre-/post-with comparison group ☐ Pre-/post- ☐ Post- only			
	☐ Pre-/post-with comparison group ☐ Pre-/post- ☐ Post- only			
	☐ Pre-/post-with comparison group ☐ Pre-/post- ☐ Post- only			

Example of GTO Step 6 Process

Given that Green Dot was developed for a similar demographic and more recently adapted for the Air Force, the GTO team is pleased with the out-of-the-box fit for junior enlisted service members assigned to JB Hensonburg. Green Dot was created for young adults, newly separated from their nuclear families, who are unmarried and might be socially active and dating, which is a good match to the planned target population at JB Hensonburg. The plan is to deliver the prevention activity to enlisted service members who are just beginning their military careers. In other words, many prevention activity participants will still be completing occupational training and subject to the dense schedules dictated by the training command. The GTO team understands that they will need to immediately reach out to training leaders and work closely with them to identify dates and times when trainees could attend Green Dot sessions.

Having completed GTO Steps 1–5, the GTO team is now ready to develop the operations of their selected prevention activity. In this step, they rely on the previously completed tools and the Prevention Activity Work Plan Tool to create a detailed plan for running the prevention activity. Although the team was able to use many of the prompts in the Prevention Activity Work Plan Tool, they also needed to customize the tool with tasks that were specific to the Green Dot program.

Using this tool in GTO Step 6 left the team feeling assured that no key Green Dot tasks had been left out. The process of identifying tasks and then assigning a responsible team member improved the efficiency with which the team completed preparation tasks. O-5 Lomen, the GTO team chair, particularly appreciated the opportunity to match the skills, expertise, and interests of group members to implementation tasks. As shown in the Prevention Activity Work Plan Tool, planning for specific components of implementation was largely overseen by the group member who would ultimately be responsible for the task when Green Dot rolls out.

In the Prevention Activity Budget Tool, the GTO team outlines their expected costs. Most Green Dot costs are tied up in personnel time, either the time of the facilitators or in the hours that service members spend to attend Green Dot. Currently, the GTO team is not obligated to produce these dollars from their own budget.

Having already briefed leadership early in the GTO process on the value of sexual assault prevention and its relevance to mission readiness, the GTO team received leadership support for their decision to implement a robust sexual assault prevention program. The GTO team has also sought leadership feedback and made adjustments as necessary throughout the decisionmaking process. They also know that their recommendation to implement a bystander intervention will not come as a surprise to leadership because leadership has been aware of the problems and goals from the beginning. The GTO team also has a better understanding of leadership's concerns and will use that knowledge to better tailor their briefing to their audience. Therefore, they expect that commanders will permit the effort as mission relevant and cover it with the general budget. That said, group members are also sensitive that prevention activities need to be worth their costs. Ultimately, they will be expected to provide a recommendation to leadership about whether all Green Dot costs, including the largely invisible personnel costs, are offset by the benefits produced by the trainings. In an effort to consider and prepare themselves for this analysis, they include personnel time in the Prevention Activity Budget Tool.

The remaining costs for the pilot study of Green Dot sum to less than \$5,000 and are well within the budget allocated to the implementation team.



Example Prevention Activity Work Plan Tool

Completed by: GTO team Date: 23 MAY 2018 Prevention Activity: Green Dot

Tasks: Administrative	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Prepare budget (see Prevention Activity Budget Tool)	June 2019	Mr. Stubbe	15 May 2018
Acquire curriculum and materials, including evaluation materials	June 2019	O-3 Rate	
Set preferred implementation dates	June 2019	O-5 Lomen	
Tasks: Leadership Engagement	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Senior leadership (O-6 to O-8) briefings, e.g.: • Briefing 1 (prior to implementation) • Briefing 2 (evaluation results)	Following receipt of long-term outcomes	O-5 Lomen	
Other leadership (O-4 to O-6) briefings, e.g.: • Briefing 1 (problems and goals) • Briefing 2 (implementation plan) • Briefing 3 (evaluation results)	June 2018	O-5 Lomen	
	June 2019	O-5 Lomen	
	Following receipt of long-term outcomes	O-5 Lomen	
Tasks: Policies and Procedures	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Obtain required permissions and draft necessary taskers	July 2019	O-5 Lomen	
Tasks: Preparation	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Identify a local Green Dot champion	June 2019	O-5 Lomen	
Conduct outreach to develop site community support	July–August 2019	O-5 Lomen and Mr. Stubbe	
Meet with SAPR office to ensure situational awareness	August 2019	O-5 Lomen	
Obtain facilitator training	July 2019	O-4 Simmons and O-3 Rate	
Conduct a “dry run” for facilitator and assistant practice	August 2019	Implementation team	
Reserve training facilities	July 2019	O-3 Rate	
Prepare facilitator packets for Green Dot sessions	August 2019	O-3 Rate	
Prepare participant materials (for example, worksheets) for Green Dot sessions	August 2019	O-3 Rate	
Test computer and projectors at the reserved training facilities	1 week before scheduled session	O-3 Rate	
Purchase refreshments for Green Dot sessions	Week of scheduled session	O-3 Rate	

Prevention Activity Work Plan Tool—continued			
Tasks: Recruitment (and Retention)	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Develop and test participant recruitment (and retention) plan and materials	July 2019	O-4 Simmons and O-3 Rate	
Notify eligible population and solicit volunteer training group	Early August 2019	O-5 Lomen	
Confirm dates, time, and space and send reminders to workgroup leader	One week prior to session	O-4 Simmons	
Send thank-you email to session participants and request informal feedback	Within 3 days of last program session	O-4 Simmons	
Tasks: Implementation	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Build detailed schedule for implementing Green Dot (where and when each part of the program will be conducted—for example, when and how each component of a media campaign will be rolled out)	August 2019	Implementation team	
Conduct Green Dot implementation leader training	September 3, 2019	O-4 Simmons and O-3 Rate	
Conduct Green Dot Intensive Bystander Training, influencer group	September 5, 2019	O-4 Simmons and O-3 Rate	
Hold Green Dot Overview Talk	September 7, 2019	O-4 Simmons and O-3 Rate	
Tasks: Evaluation	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Design evaluation and complete GTO process and outcome evaluation planner tools	May/June 2019	O-4 Kittur	9/21/18
Recruit evaluator	June 2019	O-4 Kittur	
Collect data	Each session (in person) and three months after each session (by email)	O-3 Rate	
Enter data	Within one week of each session	O-3 Rate	
Analyze data	1 month following all pilot sessions and within 1 month of receipt of all 3-month follow-up data	Evaluator	
Review process evaluation data from relevant data collection tools and complete GTO Step 7 Summary Tool	1 month following receipt of pilot study post-test data	Evaluator	

Prevention Activity Work Plan Tool—continued			
Tasks: Evaluation (continued)	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Review outcome evaluation data (including pre- and post-survey data) and complete GTO Step 8 Summary Tool	- Bystander readiness and bystander behaviors can be evaluated with 3-month follow-up data - Long-term WGRA and WGRR outcomes evaluated after each biennial edition of the survey is published	Evaluator	
Present results and decide which changes are needed to improve the performance and outcomes, using GTO Step 9 CQI process and tools. Adjust goals and outcomes and reassess fit and capacities in light of implementation; update Work Plan Tool on lessons learned from implementation	Following receipt of long-term outcomes	Evaluator and GTO team	
Finalize documentation, inventory any supplies, and begin planning next round or next steps	June 2019	Implementation team	



Example Prevention Activity Budget Tool (with Notional Dollar Estimates)

Completed by: Mr. Stubbe

Date: 23 MAY 2018

Prevention activity: Green Dot

Item by Category	Calculation	Cost Estimate
Personnel	% of effort or hours	
Green Dot facilitator and support person	Salary plus fringe benefits for facilitator and support person at 50-percent effort for 4 months	\$44,000
Project evaluator (contractor)	\$50 for 50 hours	\$2,500
Workgroup time	Approximately 100 service members will attend the Green Dot sessions. (1) Leadership training for 4 leaders (1.5 hours) (2) Intensive Bystander Training for 20 "influencers" (4 hours) (3) Bystander overview for 76 service members (1 hour) Therefore, the Green Dot pilot proceeds at a cost of 162 person-hours.	\$6,480
	Personnel Subtotal	\$52,980
Materials, Equipment, and Supplies		
Green Dot curriculum and session materials	Curriculum materials for 3 Green Dot training sessions attended by all members of pilot occupational training group	\$1,000
	Materials, Equipment, and Supplies Subtotal	\$1,000
Other (for example, travel, transportation)		
Facilitator travel to obtain Green Dot training ×2	Airfare, 3 nights hotel, per diem	\$2,000
	Other Subtotal	\$2,000
Total Cost	Sum of Nonpersonnel Category Subtotals	\$3,000

NOTE: The figures in this example are only to demonstrate how this tool can function.

The GTO team sees the process evaluation as an important first step in evaluating the usefulness of Green Dot at JB Hensonburg. They outline their process evaluation design in the *Process Evaluation Planner Tool* (below). However, ultimately, they want to know whether it leads to downstream improvements in bystander intervention, which they hypothesize will also prevent some sexual assaults. Thus, they begin to plan an outcome evaluation.

After examining their SMART Desired Outcome Statements, the GTO team realizes that it will take time before a sizable proportion of trainees have had the opportunity to detect a high-risk situation, accurately identify it as risky, and then make the choice about whether to engage in bystander helping behaviors. For example, according to DoD data, only 29 percent of service members reported having observed a high-risk situation in the past year. Given timeline constraints, the team can complete only a three-month follow-up assessment before they need to report to leadership how their pilot performed. They recognize that this further limits the intervention opportunities among their participants. In addition, their evaluator informs them that statistically they don't have enough people to determine whether they are reaching their SMART goals. Thus, they decide to wait to measure real-world behaviors until some time has passed.

For the planned pilot study, the team decides to substitute attitude and confidence outcomes that can be assessed in the short follow-up period they have available. Before Green Dot sessions, they will ask attendees to complete Intent to Help, Bystander Efficacy, and Bystander Behavior scales (Banyard, Moynihan, Cares, et al., 2014; Coker, Cook-Craig, et al., 2011). These measures, conducted before the first Green Dot session, will provide an assessment of trainees' current willingness to engage in bystander helping behaviors and their confidence that they would be able to do so. Then, after the final Green Dot session is complete, participants will fill out the Bystander Attitudes and Bystander Efficacy scales again. By comparing the first and second surveys, the GTO team will be able to see whether there were any immediate changes in confidence and willingness to engage in bystander helping behaviors after completion of Green Dot.

The GTO team plans to email the Bystander Behavior scale to Green Dot participants three months after the last session. Comparing the three-month follow-up survey with the first survey will provide some indication of whether real-world bystander interventions have increased.

The GTO team decides to coordinate with the external evaluator to ensure that their outcome evaluation meets the ethical standards of DoD and has received all regulatory approvals. O-3 Rate agrees to serve as the liaison between the team and the evaluator. Once all the necessary data have been collected, the evaluator will complete the analyses and help the GTO team understand whether Green Dot achieved the desired outcomes outlined in the SMART Desired Outcomes Tool. She will also provide a summary of any observed changes in the Bystander Attitudes, Efficacy, and Behavior scales before and after Green Dot among service members who attend the initial pilot sessions.

An example completed Outcome Evaluation Planner Tool is below.



Example Process Evaluation Planner Tool

Completed by: O-4 Kittur

Date: 24 MAY 2018

Prevention activity: Green Dot

Process Evaluation Areas	Considerations	Evaluation Methods and Data Collection Tools	Anticipated Schedule for Data Collection and Analysis	Person(s) Responsible
1. Characteristics of participants compared with those of the target population	Pay grade, career group, gender, race, ethnicity	Pretest survey before attending Green Dot	Collection: Start of each session Analysis: After all pilot sessions	O-3 Rate and evaluator
2. Participant utilization	Of those invited and scheduled, how many service members attended each Green Dot session? How many attended <i>all</i> sessions?	Sign-in sheets	Collection: Start of each session Analysis: After all pilot sessions	O-3 Rate and evaluator
3. Level of delivery that the prevention activity achieved	Were all training components delivered? Facilitator self-rating and observer ratings	An observer will attend the pilot sessions, rate the quality and fidelity of the delivered session, and provide qualitative feedback to the evaluator on training content and communication.	Collection: During pilot sessions Analysis: After all pilot sessions	O-4 Simmons and evaluator
4. Participant satisfaction	Satisfaction questions on evaluation surveys	Post-training evaluation survey includes questions about satisfaction with the training and the facilitator.	Collection: After the last Green Dot session for each workgroup Analysis: After all pilot sessions	O-3 Rate and evaluator
5. Implementers' (including volunteers') perception of the implementation. If relevant, ask how well guidance from higher HQ flowed down to junior units.	Facilitator, support person, and external observer	Interviews and debriefing with volunteers and any other staff involved in Green Dot	Collection: After all pilot sessions Analysis: GTO team will consider all feedback.	O-4 Simmons, O-3 Rate, and external evaluator
6. Leadership perceptions. What do leaders think of the intervention? How well do leaders of units at all levels understand the prevention activity and their role in its execution?	Leadership, including leadership observers (O-4 through O-6) (as available)	Invite leadership to view a training as available/interested. Solicit feedback individually on satisfaction, general perceptions of the training, and any other self-reported feedback that leadership are willing to share.	Collection: Observation feedback is collected after leadership observes a training; other feedback is solicited after all pilot sessions. Analysis: The GTO team will consider all feedback.	

Example Process Evaluation Planner Tool—continued				
Process Evaluation Areas (continued)	Considerations	Evaluation Methods and Data Collection Tools	Anticipated Schedule for Data Collection and Analysis	Person(s) Responsible
7. Adherence to the GTO Step 6 Work Plan	Administrative tasks, program policy, procedures, recruitment and retention plan, implementation planning tasks, and evaluation planning tasks	Examine GTO Step 6 Work Plan Tool to determine whether the person in charge of each task accomplished it as planned.	Analysis: At team meeting of the implementation team	O-5 Lomen
8. Other (including outputs relevant to a specific program)	N/A			



Example Prevention Activity Outcome Evaluation Planner Tool

Completed by: O-4 Kittur

Date: 24 MAY 2018

Prevention activity: Green Dot

Desired Outcome	Evaluation Design	Scale Name and Questions	Source of Scale and Questions	Items to Include
Within three years of implementation, 50 percent of junior enlisted service members will report that they identified at least one high-risk situation for sexual assault in the past 12 months.	Due to short follow-up period (3 months) and the small number of participants, the pilot study will not be able to assess whether this outcome has been achieved. We plan to assess it in the next evaluation phase if the pilot study is promising.			
Within three years of implementation, as the number of junior enlisted service members who are able to recognize high-risk situations increases, the proportion who take action to reduce the risk of sexual assault will stay high (90 percent).	Same as above			
Among all service members stationed at JB Hensonburg, within three years of implementation, 80 percent will believe that junior enlisted service members - recognize and correct incidents of sexual harassment - make it clear that sexual assault has no place in the military.	Same as above			

Example Prevention Activity Outcome Evaluation Planner Tool—continued				
Desired Outcome	Evaluation Design	Scale Name and Questions	Source of Scale and Questions	Items to Include
After participating in Green Dot, junior enlisted service members will rate themselves as more likely to engage in bystander helping behaviors.	☐ Pre-/post-with comparison group ☒ Pre-/post- ☐ Post- only	Intent to Help Strangers and Friends Scales	Banyard, Moynihan, Cares, et al., 2014	18 items measuring likelihood of helping strangers and friends from 1 (not at all likely) to 5 (extremely likely)
After participating in Green Dot, junior enlisted service members will feel more confident in their ability to engage in bystander helping behaviors.	☐ Pre-/post-with comparison group ☒ Pre-/post- ☐ Post- only	Bystanders Efficacy Scale	Banyard, Moynihan, Cares, et al., 2014	18 items rated from 0 (can't do) to 100 (very certain)
Three months after participating in Green Dot, junior enlisted service members will be more likely to have used a bystander helping behavior in the past 4 months than was true at the start of the program.	☐ Pre-/post-with comparison group ☒ Pre-/post- ☐ Post- only	Modified Bystander Behaviors Scale	Coker, Cook-Craig, et al., 2011	12 items assessing frequency with which a specific bystander helping behavior was used from 0 (not at all) to 3 (6 or more times)



Example Logic Model for Sexual Assault Prevention Activity

Completed by: O-4 Kittur

Date: 15 APR 2018

What priority problems, challenges, or gaps do you want to address? <i>(From GTO Step 1 Triaging Tool)</i>	What are the goals you intend to reach by addressing this problem, challenge, or gap? <i>(From GTO Step 2)</i>	What are your specific desired outcomes that you will be able to evaluate for each goal? <i>(From GTO Step 2; update after prevention activity selection)</i>	What prevention activity are you using to achieve these desired outcomes? <i>(Finalized by GTO Step 6)</i>	How will you assess the quality of your implementation? <i>(Measures from GTO Step 6 process evaluation plan)</i>	How will you assess the outcomes of your prevention activity? <i>(Measures from GTO Step 6 outcome evaluation plan)</i>
1. Few service members (29 percent) recognized one or more high-risk situations for sexual assault in the past 12 months.	Increase the number of bystanders with the skill to identify risky situations.	After participating in Green Dot, junior enlisted service members will rate themselves as more likely to engage in bystander helping behaviors.	Green Dot	Attendance, facilitator ratings, participant satisfaction survey	Intent to Help Strangers and Friends Scales
2. Among service members who did recognize a high-risk situation for sexual assault, most took action to reduce the risk (89 percent).	Maintain the high percentage of service members who are willing to take action once they categorize a situation as risky.	After participating in Green Dot, junior enlisted service members will feel more confident in their ability to engage in bystander helping behaviors.	Green Dot	Attendance, facilitator ratings, participant satisfaction survey	Bystanders Efficacy Scale

Logic Model for Sexual Assault Prevention Activity—continued					
What priority problems, challenges, and gaps do you want to address? <i>(From GTO Step 1 Triaging Tool)</i>	What are the goals you intend to reach by addressing this problem, challenge, or gap? <i>(From GTO Step 2)</i>	What are your specific desired outcomes that you will be able to evaluate for each goal? <i>(From GTO Step 2; update after activity selection)</i>	What prevention activity are you using to achieve these desired outcomes? <i>(Finalized by GTO Step 6)</i>	How will you assess the quality of your implementation? <i>(Measures from GTO Step 6 process evaluation plan)</i>	How will you assess the outcomes of your prevention activity? <i>(Measures from GTO Step 6 outcome evaluation plan)</i>
3. Many, but not all service members at JB Hensonburg believe that junior enlisted service members - recognize and correct incidents of sexual harassment (54–67 percent) - make it clear that sexual assault has no place in the military (61–70 percent).	Social norms that expect bystander intervention will extend to junior enlisted service members.	Three months after participating in Green Dot, junior enlisted service members will be more likely to have used a bystander helping behavior in the past 4 months than would have at the start of the program.	Green Dot	Attendance, facilitator ratings, participant satisfaction survey	Modified Bystander Behaviors Scale



Checklist Completion of Step 6

When you finish working on this step, you should have:

- ☐ Finalized your prevention activity selection
- ☐ Completed the Step 6 tools for each prevention activity
- ☐ Identified key components and activities for each prevention activity on the Work Plan Tool
- ☐ Considered and selected participant recruitment strategies, if applicable
- ☐ Completed a budget for each prevention activity
- ☐ Designed and planned a process and outcome evaluation for each prevention activity
- ☐ Updated your Logic Model Tool with the evaluation measures

Before moving on to Step 7

Now that you have finalized your choice of prevention activity and how to evaluate it, you can go back to the Step 2 Logic Model Tool, fill in the last two columns, and adjust the desired outcomes and prevention activity columns.



Chapter Seven

GTO Step 7—Process Evaluation for a Sexual Assault Prevention Activity

What is GTO Step 7?

The process evaluation (which is sometimes called an *implementation evaluation*) involves evaluating how well a prevention activity was implemented: Did it run according to your plan, and how well did it go? This step is called *process evaluation* because the collected data track the process of prevention activity delivery as it occurred, as opposed to the outcomes experienced by the participants (which are covered in GTO Step 8). Process evaluations of prevention activities typically track attendance of participants and adherence to the prevention activity curriculum and resources. They could also involve asking participants or implementers about how well they thought the prevention activity was delivered. A process evaluation should be planned (see GTO Step 6) after the organization has selected a prevention activity but before it is implemented and should continue while the prevention activity is running. GTO Step 7 is linked to the fifth column of the GTO Logic Model Tool from Step 2, which specifies the methods by which you will collect process evaluation data. Here in Step 7, you will analyze and interpret the process evaluation data you collect.

What does GTO Step 7 do?

This step provides guidance on how to interpret data for a process evaluation, the results of which provide information about how well a prevention activity was implemented.

Examples of process evaluation questions include the following:

- How many people attended compared with the expected number?
- How much of the prevention activity did participants receive (that is, how many sessions did they attend)? How many participants dropped out before completing the prevention activity (attrition rate)?
- Did the facilitator deliver the entire prevention activity as it was designed to be delivered?
- Were participants satisfied? Did they think it was helpful and worth their time?
- What did the team think about how it went? If relevant, ask (1) how well guidance from higher HQ flowed down to junior units and (2) how well leaders of units at all levels understand the prevention activity and their role in its execution.



Prevention Plan of Action 2019–2023

GTO Step 7 aligns with quality implementation and continuous evaluation in the prevention process. Process evaluation enables communities to ensure that each prevention activity is delivered effectively, with fidelity and in supportive climates. Institutionalizing process evaluation as part of continuous evaluation allows communities to detect and address issues with quality implementation on an ongoing basis.

Why is GTO Step 7 important?

Process evaluations are important because the results inform the improvements that should be made for subsequent rounds of implementation. In addition, the results of the process evaluation will help you to interpret the outcome evaluation. If the process was significantly flawed, it could explain why a desired outcome was not achieved (and could indicate that the prevention activity is still worth doing if done properly). If the desired outcomes were achieved, it is important to know how the prevention activity was delivered so that it can be replicated in the future.

An ongoing process evaluation will also tell you whether you need to make midcourse corrections (for example, improving attendance because attendance is weak) or changes to your work plan for ongoing prevention activity implementation. Such data will provide you with information that could be useful to other installations doing the same prevention activity, to planners and leadership, and to your understanding of the outcomes of your prevention activity.

How do I carry out GTO Step 7?

By the time you have come to this step, you should have already completed the *GTO Process Evaluation Planner Tool* for your prevention activity. Make sure to execute your process evaluation plans carefully. Failure to follow through with the data collection you planned could undermine your ability to improve the prevention activity over time.

Once you have collected the data called for in your evaluation plan, complete the *Process Evaluation Results Summary Tool*. Spend some time to understand what the data you collected mean and then consider changes to improve the prevention activity based on your process evaluation results. If your prevention activity is run continuously and does not show good process evaluation results early on—for example, poor satisfaction or poor attendance—you will need to identify a time when you can make a change to how you run your prevention activity going forward. It could be worthwhile to consult an expert in data analysis to ensure that you are using appropriate techniques.

Instructions for completing the Process Evaluation Results Summary Tool

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. You will complete a Process Evaluation Results Summary Tool for each prevention activity you have implemented.
2. Ask the person(s) you identified to collect and analyze the data in the *Process Evaluation Planner Tool* to provide the results for which they were responsible.
3. Enter the results that answer the evaluation questions in the *Process Evaluation Summary Tool*. Be sure that the areas in the Process Evaluation Summary Tool are the ones you included in your Process Evaluation Planner Tool.
 - *Prevention activity participant characteristics* describe the demographics of the prevention activity participants (for example, number of participants, male or female, ethnicity, and age). This kind of information would likely come from a survey that was used before and after the prevention activity was run.
 - *Participants' utilization of prevention activity* can be calculated from attendance information. You could calculate the percentage of participants who have perfect attendance (the number with perfect attendance divided by the number who participated), the overall attendance rate for the whole group (total number of sessions attended by all divided by total number of sessions the group could have attended), or the overall attendance for each session of the prevention activity (the number of participants who attended the session divided by the total number of participants enrolled in the prevention activity). If the prevention activity consists of only one session, calculate attendance as a percentage of the total anticipated or targeted. Utilization could also mean exposure to a media campaign or the amount of online training completed. The main data point here is whether participants participated as expected.
 - *Level of delivery achieved* by your prevention activity will depend on the measure you use. For example, you might calculate the percentage of activities fully completed, partially completed, and not at all completed for each session or component of a prevention activity.
 - *Participant satisfaction* and *implementers' perception of any type of prevention activity* will also depend on the measure you are using. If using a measure that asks open-ended questions, look across the answers for general themes. If using a survey with defined answer choices, calculate averages or frequencies of the responses. NOTE: You might have collected information about beneficiaries of a prevention activity (rather than direct participants). However, the process for evaluating these data would be the same.
 - *Work plan adherence* describes how closely the plan was followed. Each row in the work plan tool represents an action or milestone. Thus, the analysis of this data would be the percentage of actions or milestones that you left out (or completed) compared with those you indicated would be done on your Step 6 work plan.
 - *Other* could include any type of output of the prevention activity that might be important to track. For example, if the program required handing out materials to all individuals at an installation, what proportion of the individuals actually received those materials? Or if the prevention activity is a media campaign, track how much media was transmitted (emails, tweets, posters, etc.).



Process Evaluation Results Summary Tool

Completed by: _____ Date: _____ Prevention Activity: _____

Process Evaluation Questions	Process Evaluation Data and Results
1. What were the characteristics of prevention activity participants compared with those of the target population?	
2. Did the participants participate in the prevention activity as expected?	
3. What level of delivery did the prevention activity achieve, and did all planned components get delivered?	
4. How satisfied were the participants?	
5. What was the implementers' (including volunteers') perception of the prevention activity?	
6. What was leadership's perception of the prevention activity?	
7. How closely did the prevention activity implementation follow the GTO Step 6 Work Plan Tool?	
8. Other (including outputs relevant to a specific program)	

Example of GTO Step 7 Process

By summer 2018, the JB Hensonburg implementation team had completed the planning process for implementing and evaluating Green Dot. Over the next six months, they were focused on promoting Green Dot in the community, obtaining facilitator training, recruiting an occupational training group to participate, and, finally, implementing Green Dot. In mid-January 2019, they were ready to see and interpret the results of their process evaluation using the data they collected from each Green Dot group. The *Process Evaluation Results Summary Tool* was completed by the external evaluator, who had access to the sign-in sheets and satisfaction surveys and had attended debriefing sessions with the implementation team.



Example Process Evaluation Results Summary Tool

Completed by: External Evaluator Date: JAN 2019 Prevention Activity: Green Dot

Process Evaluation Questions	Process Evaluation Data and Results		
1. What were the characteristics of prevention activity participants compared with those of the target population?	Characteristic	Green Dot participants	All enlisted service members in their first year of service
	Pay grade		
	E-1–E-4	100%	100%
	E-5–E-6	0%	0%
	E-7–E-9	0%	0%
	Career group		
	Personnel	0%	15%
	Intelligence	0%	5%
	Operations	0%	30%
	Logistics	0%	0%
2. Did the participants participate in the prevention activity as expected?	Planning	0%	10%
	Cyber/information operations	0%	10%
	Training	0%	10%
	Resource management	0%	10%
	Medical	100%	5%
	Special staff	0%	5%
	Gender		
	Men	79%	80%
	Women	21%	20%
	Race		
	White	70%	72%
	Black	15%	15%
	Asian	5%	4%
	Other (includes American Indians, Pacific Islanders, Alaska Natives, and “more than one race”)	10%	9%
	Ethnicity		
	Hispanic	18%	14%
	Not Hispanic	82%	86%
	Benchmark: 90%		
	Motivational speech: 96%, Session 2: 92%		
	All sessions: 91% attended every session (consistent with 90% benchmark)		

Example Process Evaluation Results Summary Tool—continued	
Process Evaluation Questions	Process Evaluation Data and Results
3. What level of delivery did the prevention activity achieve, and did all planned components get delivered?	According to the external observer, O-4 Simmons covered required elements of the Green Dot materials. In the first 10 minutes of the training, he appeared flustered and needed to consult his notes, but he relaxed afterwards and his performance improved. After feedback from the external observer, and additional rehearsal prior to the second group, his delivery was much improved, and, by the third group, he appeared confident and at ease.
4. How satisfied were the participants?	Participants who “agreed” or “strongly agreed” that Green Dot was • a useful program: 82% • an important program: 48% • likely to prevent sexual assaults at JB Hensonburg: 52%
5. What was the implementers’ (including volunteers’) perception of the prevention activity?	In a debriefing with the implementation team, O-4 Simmons and O-3 Rate indicated that the trainings were challenging because they were still learning the Green Dot model. However, once they felt confident in their own leadership, they believed that the sessions had gone well. The workgroups had seemed engaged and committed to mastering the material.
6. What was leadership’s perception of the prevention activity?	Simmons and Rate were clear that they had HQ and JB commander support for conducting Green Dot. However, it is possible that JB leaders were communicating that Green Dot was not important. No mid-level leadership (O-4 through O-6) were available to observe a training session, so the GTO team was not able to learn what leadership thought after having viewed it. They also solicited feedback from O-4 through O-6 leadership via email but obtained few responses. The three responses they got indicated that leadership had heard from others that the training took too long, that it was a distraction from the mission, and that attendees and leadership were frustrated by “having to complete so many required sexual assault prevention courses.”
7. How closely did the prevention activity implementation follow the GTO Step 6 Work Plan Tool?	All target dates were met.
8. Other (including outputs relevant to a specific program)	N/A

The implementation team gleaned several insights from the process evaluation data that will help them to contextualize the outcome evaluation and plan for the future. They are pleased with the level of fidelity to the Green Dot model that was ultimately achieved and pleased that most participants attended all the sessions and were engaged in a process they believed was a useful exercise. However, they are concerned that, in their ratings, only half thought that the program was “important” or “likely to prevent sexual assaults.” The implementation team is aware of attitudes on the joint base that have begun to sour on sexual assault prevention and have heard comments that the multitude of problem-behavior prevention trainings are distracting service members from the mission. Because the first-year enlisted service members who attended Green Dot are relatively naïve to the history of sexual assault programming, the implementation team wonders whether this attitude is being passed along to them via their direct supervisors, instructors, and commanders. Moving forward, the team wonders whether they need to increase their outreach to leadership, particularly at lower levels. This will include ensuring that they schedule briefings so that as many leadership personnel at this level are able to attend. They could also consider sending out progress memos to highlight successes or challenges of the intervention. Finally, they had very low engagement in the process evaluation from lower-level leadership, so increasing outreach to solicit leadership feedback will be important to improving their efforts in future. They also recognize that they will need to be careful to interpret their outcome evaluation using their process evaluation findings for context.



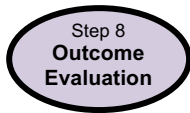
Checklist Completion of Step 7

When you finish working on this step, you should have:

- ☐ Carried out the process evaluation data collection specified in your Process Evaluation Planner Tool (from GTO Step 6)
- ☐ Analyzed the data collected
- ☐ Completed the Step 7 Process Evaluation Results Summary Tool
- ☐ Decided on any changes needed going forward based on your results

Before moving on to GTO Step 8

Once you’ve finished analyzing and summarizing your process evaluation data, you are ready to move on to GTO Step 8. There, you will analyze and summarize your outcome evaluation data to examine whether you are achieving the changes you seek for individuals receiving your prevention activity.



Chapter Eight

GTO Step 8—Outcome Evaluation for a Sexual Assault Prevention Activity

What is GTO Step 8?

GTO Step 8 involves evaluating how well your prevention activity achieved its intended outcomes. Outcome evaluation can answer such questions as the following: Did the participants in the prevention activity change on the desired outcomes, such as knowledge, attitudes, skills, and behaviors? Examples of targeted outcomes include a decline in victim blaming, reduced alcohol misuse, earlier detection of risky situations, or an increased willingness to intervene to prevent a sexual assault. Your prevention activity should have an outcome evaluation plan from GTO Step 6. Outcome evaluation should be planned before the prevention activity begins and should have specific time points for data collection, such as before and after the prevention activity has gone through a complete cycle. This step is called *outcome evaluation* because the collected data track the desired outcomes of the prevention activity (established in GTO Step 2), as opposed to the process of prevention activity delivery (GTO Step 7). GTO Step 8 is linked to the two columns of the GTO Logic Model Tool from Step 2, which specify the methods by which you will collect outcome evaluation data. Here in Step 8, you will analyze and interpret the outcome evaluation data you collect.

What does GTO Step 8 do?

This step helps with using the results from your outcome evaluation. An outcome evaluation reveals how well a prevention activity met the goals and desired outcomes set for it in Step 2.



Prevention Plan of Action 2019—2023

GTO Step 8 aligns with continuous evaluation in the prevention process. Although the nature of the outcome evaluation might change over time, continuous evaluation enables communities to determine and ensure, on an ongoing basis, that each prevention activity is meeting its goals. Elements of the prevention system, such as data, are required to support outcome evaluations.

Why is GTO Step 8 important?

This kind of evaluation is important because it shows what differences the prevention activity made for those who took part in it. Combined with the results of your process evaluation (GTO Step 7), this step will begin identifying areas for improvement to help address any missed outcomes. Outcome evaluation results can help you demonstrate the effectiveness of your prevention activity and make the case for its continuation.

The most important reason to evaluate a prevention activity is to learn whether it is improving knowledge or changing the attitudes and behaviors of the individuals it reaches. The exact impact will depend on the goals of the prevention activity, but it could be a better understanding of what events DoD categorizes as sexual assault or the skills necessary to safely intervene when a friend might be at risk. In addition, sharing results in simple, meaningful ways can be useful in other ways. For example, reporting positive results to superiors can build support to keep the prevention activity running. Keep in mind that different groups of stakeholders could be interested in different types of information. In Tip 8-1, we have included some different ways in which information might be reported for different audiences.

How do I carry out GTO Step 8?

Analyzing data

By the time you have come to this step, you have already been executing your outcome evaluation data collection plan established in GTO Step 6. Now that you have gathered your data, the next step involves analyzing it. It could be worthwhile to consult an expert in data analysis to ensure that you are using appropriate techniques. Just as there are quantitative and qualitative data collection methods, there are also quantitative and qualitative data analysis methods. When using quantitative data collection methods, such as surveys, it is common to use data analysis methods, such as comparing averages and frequencies. Sometimes your analysis could involve simply comparing your results on an outcome indicator to an established benchmark you set in GTO Step 2. If you are using evaluation measures from the prevention activity developers, then they might have scoring criteria or tell you what values are expected from prevention activity participants so that you can assess whether the prevention activity is having the intended effect. The prevention activity Outcome Evaluation Results Summary Tool can help you analyze and summarize quantitative data. A tool available on SAPR Connect, called the Data Snapshot Tool for Prevention Activity Evaluation, has a Microsoft Excel workbook that takes pre-post data entered into it for eight measures in the sexual assault prevention domain and automatically calculates averages for the data from before and after a prevention program, displayed in bar chart form. Results are accompanied by brief summaries of the measures and how to interpret the chart. More information about this tool can be found in Appendix D.

Interpreting and reporting the results

Whatever the results, you will need information from both GTO Step 7 (Process Evaluation) and 8 (Outcomes Evaluation) to tell you what is happening with your prevention activity. That is because, in order to reach desired outcomes, the prevention activity needs to be both implemented well (assessed by GTO Step 7) and based on good evidence (assessed by GTO Step 3). In other words, good evidence + good implementation = results. A poorly designed

prevention activity, even if implemented perfectly, will not produce desired outcomes. Conversely, a strong prevention activity that is implemented poorly will not produce desired outcomes. Therefore, if you do not achieve outcomes that you hoped for, a process evaluation can give you clues about why: If the process evaluation showed that the implementation was good, maybe the prevention activity is not ideal. If the process evaluation showed that the implementation was poor, maybe it was the poor implementation that led to poor outcomes. You can conclude this only with information from both types of evaluation. Interpreting your results in a thoughtful way helps you see what's working and what you need to change.

Finally, when interpreting outcome data, you will need to reconcile short-term outcomes with long-term outcomes. The evaluation of short-term outcomes could show that the prevention activity was successful (for example, service members who participated improved their knowledge of safe ways to intervene when they see a risky situation). However, it is possible that tracking long-term outcomes—for example, an installation's climate regarding sexual harassment—shows that the long-term outcome is unchanged. How can you reconcile those two results? One possibility is that not enough service members were exposed to the prevention activity to improve the long-term outcome. Another possibility could be that improving knowledge did not translate into actual behavior. Finally, it might be that not enough time has elapsed for the prevention activity to have an impact. As you can see from this example, long-term outcomes are more difficult to improve than short-term outcomes.

The conclusions that you draw from the data that you collect will help you develop a plan for CQI, discussed in more detail in GTO Step 9. For example, if the prevention activity seems to be working for those exposed to it, the improvement might simply be to increase the prevention activity delivery to more service members. Alternatively, maybe the prevention activity needs to be strengthened beyond targeting knowledge to include time to practice new skills, or perhaps additional prevention activities are needed to address other risk factors for sexual assault.

 Tip 8-1. Reporting Evaluation Results for Different Audiences		
Stakeholder	Information of Interest	Example of Reporting Method
Leadership	• Degree to which target population changed as specified in the desired outcomes • Plans for improvement	Briefing; executive summary of findings; full report available upon request
Implementation team	• Results from the process evaluation • Resulting improvement plan from using the CQI tool	Detailed report with executive summary of findings
Service members, civilian personnel, and families	• Degree to which target population changed as specified in the desired outcomes • How the prevention activity is impacting community members	Presentation, brochure, or webpage; all-hands meetings and town halls
Service HQs	• Degree to which target population changed as specified in the desired outcomes • How the prevention activity can be improved	Briefing; detailed report with executive summary of findings

SOURCE: Adapted from Hannah, McCarthy, and Chinman, 2011.

A word of caution: It is very possible that your evaluation will involve a small number of people (for example, 10–15), and the amount of change could be small. Therefore, you have to be careful in how much you can conclude from such an evaluation. Sometimes if there is a consistent pattern of evaluation results across multiple implementations of a program, you could be more confident in small changes in small samples. However, overall, it is wise to be cautious. See Appendix D for additional guidance. Of course, it could be very useful to consult an evaluation expert to help analyze and interpret the data.

Instructions for completing the Prevention Activity Outcome Evaluation Results Summary Tool

This tool helps interpret your quantitative data to see how much impact your prevention activity has had on the desired outcomes. With this tool, you can summarize your pre- and post- scores for your prevention activity participants and a comparison group (if you have one). Although much of this guidance is appropriate for surveys, it can also be used to summarize other kinds of quantitative data (for example, the number of incidents of harassment reported).

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. Make or share as many copies of the tool as you need.
2. Copy over your measures (scales or questions, other indicators) from the prevention activity Outcome Evaluation Planning Tool.
3. Enter the results from your measures in the remaining columns.
4. If you have pre-prevention activity data, calculate the pre-prevention activity averages for the participants:
 - Calculate averages across all participants for each scale, item, or other data. Add the scores for all the participants together, then divide by the number of participants. Place this final number into the Pre-Prevention Activity Score column of the tool. Do the same for each different data source.
 - Alternatively, if the measure you are using has not been well tested, you might want to consider converting the survey scale to percentages. For example, if there was a question that asked, “How much confidence do you have in being able to intervene in a sexual assault?” and the responses were on a five-point scale of “a great deal,” “somewhat,” “a moderate amount,” “a little,” or “none,” you could make the “none” and “a little” responses into a nonfavorable category, “a moderate amount” into a neutral category, and “a great deal” and “somewhat” into a favorable category. Then you could simply report the percentage who answered with a favorable response. From there, you could follow the rest of the steps below to calculate the percentage change from pre- to post-.
5. Repeat the same procedure to generate post-prevention activity averages, if you have post-prevention activity data.
6. If you have data for a comparison group, you will need to calculate pre- and post- averages for each scale, item, or other data and enter them into the tool in the space below the participants’ scores, labeled “comparison,” or write in “Not applicable” (N/A).
7. For each scale, item, or other data, calculate the percentage change from the pre- to post- averages:
 - Subtract the pre-prevention activity average from the post-prevention activity average.
 - Divide the result by the pre-prevention activity average.
 - Convert to a percentage (you can do this by multiplying by 100).

8. If you used a comparison group, calculate the percentage change for that group as well (for each scale, item, or other data), and enter it in the appropriate column.
9. Briefly summarize the meaning of each result in the Interpretation column. The first thing to consider is whether the change meets the desired outcome you established in GTO Step 2. Next, consider how big the change was overall. In general, small movement in either direction should not be taken to mean that a genuine change has occurred. In general, the bigger the change, the more confident you can be that it is genuine (although there are many caveats to this rule of thumb). Although it could be challenging, measuring against a comparison group can be helpful. For example, a 20-percent increase in confidence to intervene when observing a high-risk situation might or might not be a genuine change. But considered against a 5-percent decrease in confidence in a comparison group that did not receive the training, this result could suggest that there was a genuine positive change because of the prevention activity. An evaluation expert will be best prepared to make these judgments; we recommend that one be included on the team or hired as an external consultant.



Tip 8.2. Doing a Pre-Post Survey Entirely at the End of the Program: The Retrospective Pre-Post Evaluation Method

Doing a pre-assessment and then a post-assessment might sound like you survey before the program and then after the program. However, there are instances in which it might be better to survey for both results *after the program*. How can you get a pre- assessment after they have gone through the program?

In a technique called the *retrospective pre-post*, you ask people two sets of questions in the same post- survey:

1. Pre-: Ask people to think back to before they took the program to answer the question (for example, “Before participating in program X, what did you know about . . . ?”).
2. Post-: Use the same process as any post- survey.

You would then analyze the data just like you would a regular pre-post assessment (comparing pre- to post- scores). You could even use the Data Snapshot Tool to analyze the data.

This technique has multiple benefits. First, it is much easier to do than conducting two assessments. You have to administer the survey only one time, and it is much easier to link a person’s pre- data to their post- data. Second, it might actually be more accurate. There are some instances (especially when assessing knowledge or attitudes, less so with concrete behaviors) in which people might overestimate how much they know (or believe) about a topic (at pre-), but, after they go through the program, they learn that they did not know (or believe) as much as they thought and might actually give a lower score at post-. Thus, it might look like they did worse over time, even though they might actually have improved. Using this technique could be a good evaluation option. The drawbacks are that the survey at post- takes longer, the retrospective items have to be reformatted, and you have to put in instructions to guide respondents to think back to the pre- time period.



Prevention Activity Outcome Evaluation Results Summary Tool

Completed by: _____ Date: _____ Prevention Activity: _____

Metric/Item/Scale/ Other Data Name	Pre– Prevention Activity Score	Post– Prevention Activity Score	Percentage Change [(post- minus pre-) divided by pre-] × 100	Interpretation
	Comparison:	Comparison:	Comparison:	
	Comparison:	Comparison:	Comparison:	
	Comparison:	Comparison:	Comparison:	
	Comparison:	Comparison:	Comparison:	
	Comparison:	Comparison:	Comparison:	

Example of GTO Step 8 Process

For the pilot evaluation of Green Dot, the implementation team did not expect the cultural shift to be so large that it would be observable in measures of sexual assault prevalence. Thus, during the planning phase, they decided not to include sexual assault prevalence outcomes in their pilot evaluation. Instead, the implementation team collects data on self-reported likelihood to engage as a bystander, confidence to intervene, and bystander behaviors using scales developed by the original developers and evaluators of Green Dot. Prior to the Green Dot sessions, a questionnaire was distributed and completed by all attendees. Three months after the last Green Dot session, the same questionnaire was emailed to all attendees for electronic completion. The implementation team compares the average scores on the first and second surveys to see whether there were any changes in confidence and willingness to engage in bystander helping behaviors after completion of Green Dot.

The implementation team is disappointed to learn that Green Dot participation did not seem to increase attendees' intentions to help (either friends or strangers), but attendees' confidence to help dramatically improved. Even if a similar number of service members plan to intervene in high-risk situations, if the confidence of those who are willing to intervene has improved, it is possible that the prevention activity will still have a positive impact on preventing sexual assaults.

They also noticed that few attendees reported that they engaged in a bystander helping behavior by three months after the prevention activity was complete. They are puzzled about how to interpret this finding. It's possible that service members are noticing high-risk situations and choosing not to intervene. However, it seems even more plausible that perhaps most service members never see (or fail to detect) a risky situation, and, therefore, they have not had an opportunity to use their new skills. During this round, the team had decided that a scale assessing whether attendees had noticed or perceived any high-risk situations would add unnecessary length to the questionnaire. Now they wish they had included something like this. They decide that, during the next evaluation round, they will add a measure of the frequency with which service members noticed high-risk situations to help them sort out whether the low frequency of interventions is a choice *not* to intervene or simply the lack of opportunity to do so.

Although disappointing, the implementation team believes they have learned a lot from implementing Green Dot and from the results of their process and outcome evaluations. They feel confident that they have the information they need to move forward with the prevention activity and evaluation improvements. In Step 9, they will use these lessons learned to brainstorm ways to improve the prevention activity.



Example Prevention Activity Outcome Evaluation Results Summary Tool

Completed by: External Evaluator Date: 10 APR 2019 Prevention Activity: Green Dot

Metric/Item/Scale /Other Data Name	Pre– Prevention Activity Score	Post– Prevention Activity Score	Percentage Change [(post- minus pre-) divided by pre-] × 100	Interpretation
After participating in Green Dot, service members will score higher on the • Intent to Help Scale • Bystander Efficacy Scale • Modified Bystander Behaviors Scale	Intent to Help Scale: 3.5	Intent to Help Scale: 3.6	Intent to Help Scale: 3%	Self-reported intentions to help strangers and friends did not appear to change in a meaningful way (Intent to Help Scale). However, there was a large shift in confidence. After finishing the Green Dot prevention activity, participants were much more confident that they would be able to intervene as a bystander than they were prior to the prevention activity (Bystander Efficacy Scale). Finally, most participants indicated that they had not engaged in a bystander helping behavior recently before or after the prevention activity (Modified Bystander Behaviors Scale).
	Bystander Efficacy Scale: 72 Modified Bystander Behaviors Scale: 0.5	Bystander Efficacy Scale: 95 Modified Bystander Behaviors Scale: 0.4	Bystander Efficacy Scale: 32% Modified Bystander Behaviors Scale: –20%	
	Comparison: Not planned	Comparison: Not planned	Comparison: Not planned	



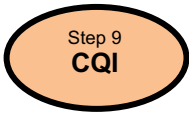
Checklist Completion of Step 8

When you finish working on this step, you should have:

- ☐ Collected and analyzed your outcome evaluation data for your prevention activity
- ☐ Completed the Step 8 tool for your prevention activity
- ☐ Interpreted your results in preparation for doing quality improvement (GTO Step 9)

Before moving on to GTO Step 9

You should have some idea at this point about how much you have met your desired outcomes. The final two steps in the GTO process will help you reflect on what you've done, fine tune your work before you conduct your prevention activity again, and bring together a set of ideas about how to sustain your work.



Chapter Nine

GTO Step 9—Continuous Quality Improvement (CQI)

What is GTO Step 9?

Step 9 will help you use your process and outcome evaluation data to determine what worked well, where there is room for improvement, and what changes might be needed the next time you run the prevention activity. Continuous Quality Improvement (CQI) is a process for deciding what changes can be made that will result in improvement.

The Step 9 *CQI Review Tool* will help you create a snapshot of your prevention activity's successes and shortcomings and prompt you to identify and plan to start necessary improvements. Although it began in manufacturing, CQI is becoming a part of routine operations in most health and social services organizations and can be applied across many prevention activities.

What does GTO Step 9 do?

This step provides a framework for using process and outcome evaluation results to make prevention activity improvements.



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GTO Step 9 aligns with continuous evaluation in the prevention process. Continuous evaluation provides the information necessary about implementation and outcomes for CQI.

Why is GTO Step 9 important?

Step 9 is important because CQI takes advantage of what you have learned from your process and outcome evaluations to improve the prevention activity for the future. It puts the investment made in evaluation to work by using the results to make changes and understand their effects as you continue to implement your prevention activity. It helps all staff involved to keep your prevention activity fresh and maintain a good fit for your participants, your organization, and your community. The use of CQI shows that a prevention activity emphasizes improving the quality of an organization's services.

How do I carry out GTO Step 9?

The CQI Review Tool will prompt you to summarize your evaluation data and work back through GTO Steps 1 to 8 as you assess what went well and what should be improved. You will evaluate whether you met the goal and desired outcomes you created in GTO Step 2 using the results from your process and outcome evaluations. This will prepare you to decide whether and how to revise your goals and desired outcomes, reassess fit and capacity, and revise your work plan for future prevention activity implementation. You may even decide that a different prevention activity is needed. The next step is to assess whether the changes you make are likely to be effective.

In thinking about running CQI, the after-action review (AAR) process offers useful guidance in terms of planning. For example, it will be important to think about who should attend the CQI meetings (for example, those who ran the prevention activity, their leaders). Also, it will be important to organize the CQI discussion, and AARs offer a structure that could be used to do that, which includes the following sequence: introduction (stating the desired outcomes of the activity—from the person leading or from those implementing the activity); summary of what occurred, including a review of data and past decisions of GTO steps; discussion of key issues; and discussion of what could be improved. The below CQI tool will facilitate these actions.

Instructions for completing CQI Review Tool

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. Make or share as many copies of the tool as necessary for you and your team to complete this task. Try to include as many stakeholders as possible in this review.
2. Assign a person responsible for collecting the completed GTO tools, including the notes containing all the process and outcome evaluation data. You also will need your prevention activity materials (for example, prevention activity manuals, policy documents) to help you complete this tool.
3. Complete the first section: Priorities for Action.
 - Use materials gathered and generated in GTO Step 1 (Assessing Sexual Assault Problems and Resources) to enter your prevention activity's information in the Targeted Problem column. This could come from row 8 in the GTO Step 1 Triaging Among Problems Tool.
 - Using the SMART Desired Outcomes Tool from GTO Step 2 (Setting Goals and Desired Outcomes for a Sexual Assault Prevention Activity), enter the desired outcome statement associated with each problem.
4. Use outcome evaluation data.
 - From your interpretation of the results in your Outcome Evaluation Summary Tool (GTO Step 8), check the impact on each of the SMART desired outcomes (reached, missed, or exceeded). Finally, determine whether any further action is needed (yes or no). Further action could be needed if you did not reach your desired outcome or if you believe there is room for improvement.
5. Complete the second section: Process Evaluation.
 - Using your GTO Step 7 Process Evaluation Summary Tool, complete the sections describing prevention activity dates and target population (this part of the tool is mostly designed for standardized prevention activities, but it can still be adapted for other prevention activities, such as policies). The lettered fields are asking for (A) total target population, (B) total number of participants who attended at least one session of the

prevention activity, (C) total number of participants who attended every session of the prevention activity, and (D) total number of participants included in the process evaluation. You can then calculate the percentage of your target population who actually attended (D divided by A) and then the percentage of actual participants included in the evaluation (D divided by B).

- For assessing other interventions, such as policies, you could change the prompt about adherence and delivery (total prevention activity participants who attended at least one session) to one that assesses knowledge of the policy (knowledge of the policy assesses the degree to which those implementing the new policy adequately promoted it, a key aspect of delivery for this type of prevention activity).
6. Complete the third section: Planning Prevention Activity Improvements.
- Once you know more about what has worked and not worked, you can make decisions about changes to make before the prevention activity is implemented again. The questions in this section prompt you to review past GTO steps. If your answers suggest that changes are needed in earlier GTO steps, you might then need to rework tools from subsequent steps. For example, if you need to change your goal or desired outcomes (GTO Step 2), you might need to make changes to the scales in your Outcome Evaluation Planner Tool (GTO Step 6). If you decide you need to make changes in any GTO step, go back and update the relevant GTO tool. Answer each of the questions honestly, and, where needed, create strategies for improvement for your next implementation.
 - For more information on making a small change and understanding whether it makes a difference, review *Promoting Success: A Getting To Outcomes Guide to Implementing Continuous Quality Improvement for Community Service Organizations*, by Sarah B. Hunter, Pat Ebener, Matthew Chinman, Allison J. Ober, and Christina Y. Huang, Santa Monica, Calif.: RAND Corporation, TL-179-NIDA, 2015 (<http://www.rand.org/pubs/tools/TL179.html>). It provides more-specific guidance on conducting CQI.



CQI Review Tool

Completed by: _____ Date: _____ Prevention activity: _____

1. Priorities for Action			
Targeted Problem	Desired Outcome	Outcome Evaluation Result (Check one box and explain)	Action Needed? (Yes/no and explain)
		Progress on desired outcome: ☐ Reached ☐ Missed ☐ Exceeded Explain:	
2. Process Evaluation			
Dates and Participation Targets			
Prevention activity dates:			
A. Total target population:			
Target population characteristics:			
Prevention Activity Adherence and Delivery			
B. Total prevention activity participants who attended at least one session:			
C. Total who attended every session:			
What level of prevention activity adherence did you achieve (offer activities according to prevention activity requirements), and what evidence do you have to document this level of adherence?			
Process Evaluation Results	Divide the Total at D by the Total at A	Divide the Total at D by the Total at B	
D. Total participants in evaluation: _____	% of target: _____ $(D \div A \times 100)$	% of actual: _____ $(D \div B \times 100)$	
Evaluation participants (check all that apply): ☒ Facilitators or staff			
☐ Participants (all) ☐ Participants (some) ☐ Others _____			
How well does the evaluation represent the population served? (check one):			
☐ Not at all well ☐ Somewhat well ☐ Very well			

CQI Review Tool—continued		
3. Planning Prevention Activity Improvements		
Step-by-Step Review	Response	Changes for the Next Time?
Were the problems identified the right problems to be addressing with our prevention activity? (GTO Step 1) Are there other problems that should be addressed? Have the problems changed? Should we stay the course with the current prevention activity?		
Do we need to change goals and desired outcomes or potential participants? (GTO Step 2) Target different conditions or behaviors? Reset benchmarks up or down?		
Should we consider a different prevention activity? (GTO Step 3) Or are there other improvements (additions, deletions) we need to make?		
Does the prevention activity still philosophically and logistically fit our site, community, and participants? (GTO Step 4) If not, why not? What adaptations could be made? Were any adaptations made? How did that go?		
Do we have the capacities (willingness and resources) to do the prevention activity well? (GTO Step 5) Has there been a shift in resources? Are new staff capacities needed? Was the level of leadership buy-in sufficient?		
How well did we plan? (GTO Step 6) Consider whether anything was missing or whether there are suggestions for improvement.		
How well did we implement the prevention activity? (GTO Step 7) Did we implement the prevention activity with adherence—that is, were the core components delivered? What are the main conclusions from the process evaluation?		
How effectively did the prevention activity help us reach our desired outcomes? (GTO Step 8) What are the main conclusions from the outcome evaluation?		

Example of GTO Step 9 Process

In GTO Step 9, the implementation team uses the *CQI Review Tool* to summarize the results of their efforts to date and organize their plan for the future. The outcome evaluation showed that exposure to Green Dot improved service members' confidence to intervene but did not seem to change intentions to engage in bystander helping behaviors or actual intervention behaviors.

The results of the process evaluation helped the implementation team to make sense of the failure to achieve all the desired outcomes. Attendance was high, so the team rules out poor attendance as the source of the problem. Fidelity to the Green Dot prevention activity elements was also high; the team feels confident that service members received Green Dot as intended. However, they noticed that only half of attendees thought the prevention activity was important and only about half thought it would help to prevent sexual assaults. O-4 Simmons had informal conversations with some of the service members who had attended the training, and they expressed frustration with "all the sexual assault prevention classes" they had to take. This seemed an odd sentiment for service members who had served for less than a year, and therefore could not have participated in more than two sexual assault prevention trainings total. O-4 Simmons thought the negative attitudes might have been passed down by attendees' direct leaders. Indeed, the implementation team had noticed negative attitudes on the JB with indirect and direct negative comments passed along to them when they mentioned that they worked with the SAPR office; this also corresponded with the few feedback emails they received as part of their process evaluation.

Because of this hypothesis about the source of the problem, the implementation team reconsidered its approach. The senior mission commanders had been so positive about the Green Dot approach that they had mistakenly believed that leadership support was in place. Now they realized that, without mid-level leadership buy-in, they might never be able to effectively reach the junior enlisted service members they were trying to reach.

They decide to run a second pilot study. They will use the information they've learned from this evaluation to refine their approach. First, they will coordinate with multiple leadership levels one month before the sessions for junior enlisted service members. They will prioritize leaders who have taken on their first command role within the past two years and will implement the leadership engagement training phase of Green Dot that they had skipped during the first pilot.

Second, they decide to add short feedback interviews with ten attendees to collect feedback more formally. They were grateful for the information received through O-4 Simmons' informal conversations and decide that they want to standardize the approach to make sure they get this helpful feedback again.

Finally, they had trouble understanding why so few service members reported engaging in bystander helping behaviors. Is it because they chose not to help when they had the opportunity? Or did the opportunity never arise? For the second pilot study, they add questions about whether the attendee noticed any high-risk situations and whether they intervened only if they had the opportunity. This approach should produce more interpretable information.

The process of implementing Green Dot with junior enlisted service members had gone very smoothly during the first pilot, so few changes to the actual prevention activity sessions are expected. The facilitator delivered the model with high fidelity and increased his comfort with the material, and the attendees were engaged in the process. The implementation team hopes that this experience will translate to a smooth second phase.



Example CQI Review Tool

Completed by: Mr. Stubbe Date: 25 APR 2019 prevention activity: Green Dot

1. Priorities for Action

Targeted Problem	Desired Outcome	Outcome Evaluation Result (Check one box and explain)	Action Needed? (Yes/no and explain)
Junior enlisted service members' ability to recognize situations that increase risk for sexual assault and intervene to reduce risk	10-percent increased engagement in bystander helping behaviors by junior enlisted service members who participate in <i>Green Dot</i> 3 months after participation	Progress on desired outcome: ☐ Reached ☒ Missed ☐ Exceeded Explain: Unclear whether participants are not intervening when they see an opportunity <i>or</i> whether they have had no opportunities to do so.	Yes Explain: We will conduct a second pilot evaluation of Green Dot with improvements to the prevention activity and the evaluation.

Example CQI Review Tool—continued
2. Process Evaluation
Dates and Participation Targets
Prevention activity dates: September 3–7, 2018
A. Total target population: 100
Target population characteristics: Pay grade E-1–E-4: 100% E-5–E-6: 0% E-7–E-9: 0% Career group Operations: 100% Maintenance and logistics: 0% Support: 0% Medical: 0% Other: 0% Gender Men: 79% Women: 21% Race White: 70% Black/African American: 15% Asian: 5% Other: 10% Ethnicity Hispanic or Latino: 18% Not Hispanic or Latino: 82%
Prevention Activity Adherence and Delivery
B. Total prevention activity participants who attended at least one session: 91
C. Total who attended every session: 90
What level of prevention activity adherence did you achieve (offer activities according to prevention activity requirements), and what evidence do you have to document this level of adherence? According to the external observer with expertise in Green Dot, O-4 Simmons covered the required elements of the prevention activity materials. During the first group, he appeared flustered and needed to consult his notes during the first 10 minutes of the training, but he relaxed and his performance improved thereafter. After feedback from the external observer and additional rehearsal prior to the second group, his delivery was much improved, and by the third group, he appeared confident and at ease.

Example CQI Review Tool—continued		
Process Evaluation Results	Divide the Total at D by the Total at A	Divide the Total at D by the Total at B
D. Total participants in evaluation: <u>85</u>	% of target: <u>85%</u> (D ÷ A × 100)	% of actual: <u>93%</u> (D ÷ B × 100)
Evaluation participants (check all that apply): ☒ Facilitators or staff ☒ Participants (all) ☒ Participants (some) ☐ Others _____		
How well does the evaluation represent the population served? (check one): ☐ Not at all well ☒ Somewhat well ☐ Very well		
3. Planning Prevention Activity Improvements		
Step-by-Step Review	Response	Changes for the Next Time?
Were the problems identified the right problems to be addressing with our prevention activity? (GTO Step 1) Are there other problems that should be addressed? Have the problems changed? Should we stay the course with the current prevention activity?	Yes No No Yes	No
Do we need to change goals and desired outcomes or potential participants? (GTO Step 2) Target different conditions or behaviors? Reset benchmarks up or down?	Yes Target an additional group. No change to benchmarks.	Before considering Green Dot for the entire installation, we should conduct a second pilot test. Only 48 percent of attendees rated the prevention activity as “important.” Based on anecdotal conversations with attendees, the implementation team believes that attendees’ direct leadership might have negative beliefs about Green Dot that they are communicating to their commands. The team believes that a second pilot should engage immediate supervisors and leaders in stage 1 (<i>before</i> training junior enlisted service members), as recommended by Green Dot.
Should we consider a different prevention activity? (GTO Step 3) Or are there other improvements (additions, deletions) we need to make?	Not yet Yes	No

Example CQI Review Tool—continued		
3. Planning Prevention Activity Improvements (continued)		
Step-by-Step Review	Response	Changes for the Next Time?
Does the prevention activity still philosophically and logistically fit our site, community, and participants? (GTO Step 4) If not, why not? What adaptations could be made? Were any adaptations made? How did that go?	Yes	Engage multiple levels of leadership and, most importantly, the leaders with whom junior enlisted service members have the most day-to-day contact.
Do we have the capacities (willingness and resources) to do the prevention activity well? (GTO Step 5) Has there been a shift in resources? Are new staff capacities needed? Was the level of leadership buy-in sufficient?	Yes No No No	Yes, we need to reach out more to mid-level leadership to ensure their support for junior enlisted service members to participate.
How well did we plan? (GTO Step 6) Consider whether anything was missing or whether there are suggestions for improvement.	Well, but room for improvement	• Revise implementation plan to train leadership first (using the materials and structure for leader engagement included in the Green Dot protocol), before junior enlisted service members. • Revise outcome evaluation to include a measure of <i>opportunity</i> to intervene.
How well did we implement the prevention activity? (GTO Step 7) Did we implement the prevention activity with adherence—that is, were the core components delivered? What are the main conclusions from the process evaluation?	Well Yes, after initial learning curve. Will need to increase perceived importance.	Green Dot sessions were implemented well with fidelity.
How effectively did the prevention activity help us reach our desired outcomes? (GTO Step 8) What are the main conclusions from the outcome evaluation?	Some indicators of success. In the pilot study, intention to intervene and actual intervention behavior did not improve after prevention activity completion. However, confidence to intervene did improve substantially.	Prioritize engagement of leaders who have the most day-to-day contact with junior enlisted service members.



Checklist Completion of Step 9

When you finish working on this step, you should have:

- ☐ Completed the Step 9 tool
- ☐ Documented successful prevention activities
- ☐ Assessed which prevention activities did not work well overall or for specific groups
- ☐ Identified areas for improvement
- ☐ Created strategies for improvement
- ☐ Increased buy-in within your organization by soliciting and acting on the suggestions of program staff

Before moving on to GTO Step 10

Engaging Leadership: Progress Briefing 3

Now that you have had time to review evaluation data and identify changes for next time, it is important to follow up with leadership to update them on the evaluation results and return on investment (if any). This is also an opportunity to share with leaders about the level of effort needed to run a prevention activity well and some of the challenges you might have encountered so that leadership has a more complete understanding of the process. Again, senior leadership briefings should be very brief and should focus only on bottom-line results, recommendations, and requests. Mid-level leadership (O-4 to O-6) might have more bandwidth to engage in discussions, and this briefing can include slightly more detailed or nuanced information (while still focusing on main points). Following a clear format, such as the one identified in Tip I-1, will help keep discussions focused and action oriented. At this stage, the briefing can

- provide the BLUF. The key takeaways are likely to focus on the main results (whether positive or negative); what did or did not work about the intervention; and actions recommended to improve, maintain, or replace the intervention. State whether you are requesting feedback or simply providing an update as previously promised.
- very briefly state the main problems and goals being addressed and describe the intervention selected. Here, for example, the senior leadership briefing might include only one or two sentences describing the intervention, whereas a longer briefing for mid-level leadership might also include some detail on why this particular intervention was selected over others. Use your judgment in deciding how much information to provide, given that the focus of this briefing should be on evaluation results and next steps.
- provide the main evaluation outcome results first. Outcomes are typically of greater interest to most audiences than process information, which is usually used to explain the outcomes. Provide simple statistics and bottom-line results; do not include too much data or analysis information on briefing slides, but be prepared to answer more-nuanced questions about the results. Bring a copy of the full evaluation results for yourself so that you have this information available if additional questions arise.
- explain any notable outcomes, as needed, using your process evaluation information. Note the main recommendations that arise from reviewing both the process and outcome data: e.g., Are there changes that need to be made to scheduling? Does the

curriculum need to be updated to increase relevance to trainees? And, most importantly, does the GTO team recommend improving and sustaining the intervention or replacing it completely?

- champion any successes of the program, solicit feedback on recommended changes, and potentially garner additional support from leadership for future cycles of the intervention.

In GTO Step 10, we will present ideas about how to sustain the successes of effective prevention activities. Some ideas will call for new actions, and other ideas will relate to work you have already completed in past GTO steps.



Chapter Ten

GTO Step 10—Sustainability for a Sexual Assault Prevention Activity

What is GTO Step 10?

This step will help you think through whether and how you can continue to deliver your prevention activity over time so that you reach the goal and desired outcomes established during GTO Step 2. Sustainability involves a deliberate effort to integrate the core elements of the prevention activity into the routine of your site. This may include difficult discussions with your team about what to change or discontinue if the prevention activity is not meeting established goals.

GTO Step 10 contains one tool—the Sustainability Review Tool. However, you will rely heavily on many of the tools from GTO Steps 1–9 to guide your discussions about sustainability efforts and completion of this tool.

Consider two important questions during this step:

- What is working that should be sustained?
- How do we sustain activities that should continue?

What does GTO Step 10 do?

This step guides you through some questions to consider when making decisions about whether your organization should continue a prevention activity.



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GTO Step 10 aligns with continuous evaluation in the prevention process and requires a prevention system. Specifically, data from continuous evaluation inform whether each prevention activity should be sustained and institutionalized. The elements of the prevention system include the key considerations that would be required to sustain a prevention activity.

Why is GTO Step 10 important?

GTO Step 10 is important for the following reasons:

- If the original problem still exists, and your prevention activity shows that it achieves outcomes, then there is still a need for your prevention activity.
- By sustaining the prevention activity, your installation and its service members will continue to get benefits from the large investment in starting the prevention activity.
- Sustaining effective prevention activities maintains the positive feelings that your successful prevention activity generated among site leaders, service members, and funders and adds to your reputation for delivering quality, evidence-informed prevention activities.
- By creating and maintaining high visibility of prevention activities that are showing positive results (through publicizing the activities and positive evaluation results of your prevention activity), you can establish a reputation for effectiveness and increase your prevention activity's likelihood of being sustained.
- Sustainment is not new in DoD; it is one of seven warfighting functions common to joint operations.

Tip 10-1 suggests how each GTO step can help with the sustainability of an effective prevention activity.

How do I carry out GTO Step 10?

Certain elements of military sustainment are consistent with the idea of sustainability planning for prevention.² For example, the first consideration is that sustainability should also be thoughtfully planned. This includes involving command earlier on in the planning, anticipating future requirements for the prevention activity, and making sure to involve multiple stakeholders in the planning process. These ideas are reflected in the following suggestions for improving sustainability that could be included in a sustainability plan.

- *Prevention activity financing:* Prevention activities that rely completely on a single source of funds are more vulnerable than those with a diversified funding base. Taking the following actions can improve your chances of sustaining your prevention activity: (1) Plan initially for eventual funding cutbacks, (2) cultivate additional resources while the prevention activity is ongoing, and (3) always be on the lookout for new funding sources you can apply for.
 - For example, in the Navy, the unfunded requirements templates can be used to request additional funds, without which the mission would be compromised:
 - https://www.ffrtraining.com/APF_Financial_Management/docs/3.0-UFR-Requirements-Specification-Blank.pdf
- *Training:* The more individuals who are trained to deliver a prevention activity in an organization, the more likely it is that that prevention activity will continue to survive, even in the face of turnover. These individuals can continue to provide the prevention activity, train others, and form a constituency to support the prevention activity. Training multiple people can also help minimize the disruption that occurs due to turnover.
- *Capacity to do a prevention activity:* Existing and needed capacities for implementing the prevention activity are related to sustainability. As covered in GTO Step 5, the more capacities continue to exist, the more likely the prevention activity will be continued. But

² https://www.jcs.mil/Portals/36/Documents/Doctrine/fp/sustainment_fp.pdf?ver=2018-05-17-102011-017

significant loss in capacities, such as trained staff and champions, for the prevention activity can risk its discontinuation. Strategies to manage staff turnover, such as continuity of operations and involving dedicated civilian staff, are key to sustaining effective prevention activities.

- *Integration with existing prevention activities or services:* Prevention activities that are *stand-alone*, or self-contained, are less likely to be sustained than prevention activities that are well integrated with the host organization(s). In other words, if the prevention activity does not interact and integrate with other prevention activities and services, the prevention activity will be easier to cut when the initial funding ends. Therefore, prevention activity personnel should work to integrate their prevention activities rather than to isolate and guard them.
- *Fit within your community:* Your prevention activity should demonstrate value over preexisting prevention activities. This will enhance your potential for sustainability of the prevention activity.
- *Prevention activity champions:* Prevention activity sustainability sometimes can depend on generating goodwill for the prevention activity's continuation. Goodwill often depends on obtaining an influential prevention activity advocate or "champion." This person can be internal to the organization (for example, a high-ranking member of your team) or external (for example, a site leader).
- *Direct oversight:* Simply put, a prevention activity will more likely continue when a staffer is directly assigned to manage it and knows that his or her supervisor will be asking about its progress.
- *Prevention activity documentation:* Make sure that all aspects of your prevention activity are documented so that key knowledge does not leave the site in the event of turnover in your implementation team.

Like GTO Step 9, GTO Step 10 involves a global or comprehensive review of (1) what you have done to date and (2) what you will do in the future to promote the prevention activity's sustainability. In this section, you will address these questions, record your answers, and indicate the next steps needed to sustain your prevention activity.



Tip 10-1. Looking at the GTO Steps with an Eye Toward Sustainability

Each of the GTO steps provides a lens through which to assess different elements of sustainability. Here are some suggestions to guide your thinking on this important topic.

Getting started	Continue to build relationships. Whether you are starting something new or refining an existing prevention activity, relationships are always important to your success. Get buy-in all along the way from a diverse group of leaders and participants.
GTO Step 1	Ensure that the selected prevention activity is based on real problems in the community. As needs change, assess whether and how your prevention activity can meet those changing needs. Identify what sorts of resources you might need to sustain the success of the prevention activity.
GTO Step 2	Choose goals and desired outcomes that are meaningful and important to prevention activity participants and your other stakeholders. Working toward goals that your stakeholders care about will help you gather support from your stakeholders to sustain the prevention activity.
GTO Step 3	Ground your efforts in what works. This will increase staff competence and confidence and help you deliver a strong prevention activity.
GTO Step 4	Take time to continually assess fit. The more congruent your prevention activity is with existing problems, resources, and characteristics in your population, community, and your site, the easier it will be to gain support for it.
GTO Step 5	Develop important capacities in an ongoing way. Training is important to ensure that your staff and volunteers know how to deliver a prevention activity. Ongoing training ensures that new staff are always up to date on your prevention activity and operations.
GTO Step 6	A good work plan tells your story. Developing and using a clear work plan optimizes your use of time, energy, and resources. It brings together all your research, assessments, goals, outcomes, and evaluation plans, which will help you track your work, communicate what you are doing, and more easily attain the goals of an effectively implemented prevention activity.
GTO Step 7	Process is important. Identifying strengths, weaknesses, and areas for improvement will increase your overall effectiveness, which helps build support for your prevention activity.
GTO Step 8	Positive outcomes are crucial. The centerpiece of sustainability is achieving positive outcomes. Clearly demonstrate the effectiveness of what you've done and tie it to your goals and the needs in your community. Involve the participants. Collect stories, especially from those who have completed the prevention activity and feel that it worked well for them.
GTO Step 9	Revitalize your work. Looking for ways to continuously improve what you are doing keeps your work fresh and current and strengthens your overall prevention activity.
GTO Step 10	Plan for sustainability. You won't know where you are going on this important topic if you do not describe your goals and figure out how you'll know when you get there.

SOURCE: Hannah, McCarthy, and Chinman, 2011.

Instructions for completing the Sustainability Review Tool

1. An online version of the tools in Word is available for downloading at www.rand.org/t/TLA746-1. Make or share as many copies of the tool as necessary for you and your team to complete this task. The tool can be completed individually or as a group with one person as the recorder.
2. Assign a person responsible for collecting the completed GTO tools, including notes containing the process and outcome evaluation data. You will also want any written guidance (for example, a prevention activity manual, policy guidance) that came with your chosen prevention activity to help you complete this tool.
3. This tool has two sections. The first pertains to the work you have done to date, and the second pertains to the work you will do to sustain the prevention activity in the future.
4. Follow the questions and the guidance provided in each row. By answering each question, you will address what you have done to date and how you want to do things in the future.



GTO Step 10 Sustainability Review Tool: Current Status

Completed by: _____ Date: _____ Prevention activity: _____

	Questions (use your GTO tools as you ask these)	Answers	Next Steps (Explain or enter "N/A")
What we have done in the past	Does the need for the prevention activity continue? Has the need for the prevention activity changed or remained the same? Are there any new concerns?		
	Are our results good enough to continue doing the prevention activity? Look at your results and determine the prevention activity's impact on the participants.		
	What particular result can we use to justify the prevention activity? Any goal or desired outcome that you achieved might be a good result to share with stakeholders to justify the prevention activity. Look at the Goals and CQI tools to see what desired outcomes were reached or exceeded. Highlight any dramatic improvement from your data.		
	What should we change about the way we do the prevention activity? Using evaluation data and the CQI tool from GTO Step 9, think about the process—recruitment, enrollment, attendance, logistics, etc.—and consider whether one or more of these activities could be strengthened or changed to be a better fit for your site and staff.		
	Who knows the prevention activity and supports keeping it going here? Consider which individuals at your site are champions of this prevention activity—that is, influential people who really like the prevention activity—and are enthusiastic about it, including leadership. Should somebody else be brought on? Who is going to take the lead?		



GTO Step 10 Sustainability Review Tool: Future Work

Completed by: _____ Date: _____ Prevention activity: _____

	Sustainability Questions	Answers	Next Steps
What we will do in the future	Where will the GTO tools, the prevention activity evaluation, and the prevention activity manual and materials be kept? Decide who will have access to them and consider how this is the same or different from other prevention activity materials at your installation. Where do you currently keep them? You need to make sure that completed GTO tools are accessible to all involved for future implementation.		
	Who will be in charge of making the prevention activity happen? Also, think about who is trained to be the facilitator, how that decision was made, and what supervision would be necessary.		
	Who else is in favor of and needs to be involved in keeping the prevention activity going? Think about the different leadership levels and the community of service members.		
	Who will do the evaluation and pre-/post-surveys, track attendance, and monitor adherence? When (how often) and to whom will the results be reported? Think about who could lead these activities (one person or more—staff or an outside group). Think about how to organize the results and who needs to see them.		
	How much funding, if any, do we need for running the prevention activity? Are there resources other than funds that are needed to run the prevention activity well (for example, for recruitment, good attendance, supplies)?		
	When will we run the prevention activity again? And when will we revise the Step 6 Work Plan? Consider the different times of year or days and times of the week and what worked best in the past. Think about lead time needed to look back at the Work Plan and revise it if needed.		
	How can we keep staff trained in the prevention activity? The more staff are trained, the more likely you will be able to continue the prevention activity. Look back at the prevention activity materials and what is required of facilitators. Consider who could be trained and who would be responsible for doing the training.		

Example of GTO Step 10 Process

In May 2019, the JB Hensonburg implementation team meets to review their efforts to date and begin planning for the next year. Because of the outcome evaluation showing increased confidence to intervene but no improvement in intentions to engage in positive bystander behaviors and no increase in actual engagement in bystander behaviors, they agree that it is not appropriate to expand Green Dot to the whole installation. However, as noted in Step 9, they have decided to test Green Dot a second time. For their second pilot study of Green Dot, they will prioritize leadership training for those leaders who have the most day-to-day contact with junior enlisted service members. By implementing the leadership engagement training phase of Green Dot, the implementation team hopes to increase positive attitudes toward Green Dot and positive role models for bystander behaviors that will then trickle down to junior enlisted service members.

The iterative process built into GTO makes it straightforward to cycle back to Step 1 and begin the process anew. During this second cycle, the time investment will be lower because many decisions can remain in place. For example, the prevention activity selection, process evaluation, and outcome evaluation will remain similar.

The team records their decisionmaking process in the *Sustainability Review Tool*. O-4 Gribble, O-4 Kittur, and O-3 Rate volunteer to review and update the work they completed for GTO Steps 1–3, and the implementation team schedules a follow-up meeting to review their changes. Although they had hoped that Green Dot would be effective on the first try, they are glad that they followed a careful GTO process. This allowed them to quickly pinpoint a hypothesis for why the first pilot was not successful, design a possible solution, and get to work piloting that solution. The team is thankful that resources were not invested in blindly scaling up a Green Dot prevention activity, and they remain committed to refining their chosen prevention activity so that it will successfully reduce sexual assault at JB Hensonburg.



GTO Step 10 Sustainability Review Tool: Current Status

Completed by: Implementation team Date: 1 MAY 2019 Prevention activity: Green Dot

	Questions (use your GTO tools as you ask these)	Answers	Next Steps (Explain or enter “N/A”)
What we have done in the past	Does the need for the prevention activity continue? Has the need for the prevention activity changed or remained the same? Are there any new concerns?	Yes Same No	N/A
	Are our results good enough to continue doing the prevention activity? Look at your results and determine the prevention activity's impact on the participants.	No	Conduct a second pilot study with improved engagement with leaders who have frequent contact with junior enlisted service members.
	What particular result can we use to justify the prevention activity? Any goal or desired outcome that you achieved might be a good result to share with stakeholders to justify the prevention activity. Look at the Goals and CQI tools to see what desired outcomes were reached or exceeded. Highlight any dramatic improvement from your data.	The facilitator learned to deliver Green Dot with high fidelity to the model, and participants were engaged in the Green Dot process. Attendees' confidence in their ability to safely intervene when they notice a high-risk situation grew substantially.	Conduct a second pilot study.
	What should we change about the way we do the prevention activity? Using evaluation data and the CQI tool from GTO Step 9, think about the process—recruitment, enrollment, attendance, logistics, etc.—and consider whether one or more of these activities could be strengthened or changed to be a better fit for your site and staff.	Engage more levels of leadership in the leaders-only Green Dot sessions prior to junior enlisted sessions.	Conduct a second pilot study.
	Who knows the prevention activity and supports keeping it going here? Consider which individuals at your site are champions of this prevention activity—that is, influential people who really like the prevention activity—and are enthusiastic about it, including leadership. Should somebody else be brought on? Who is going to take the lead?	The implementation team is still in place to support a second pilot study. No GTO team	Conduct a second pilot study.



GTO Step 10 Sustainability Review Tool: Future Work

Completed by: Implementation team **Date:** 1 MAY 2019 **Prevention activity:** Green Dot

	Sustainability Questions	Answers	Next Steps
What we will do in the future	Where will the GTO tools, the prevention activity evaluation, and the prevention activity manual and materials be kept? Decide who will have access to them and consider how this is the same or different from other prevention activity materials at your site. Where do you currently keep them? You need to make sure that completed GTO tools are accessible to all involved for future implementation.	The GTO tools and evaluation reports will be stored on the implementation team's secure, shared website.	O-3 Rate will transfer all materials to the shared, secure site and provide links to all implementation team members and other stakeholders (for example, installation leadership).
	Who will be in charge of making the prevention activity happen? Also, think about who is trained to be the facilitator, how that decision was made, and what supervision would be necessary.	The implementation team retains oversight of the second pilot study, and the facilitators remain the same.	O-4 Gribble, O-4 Kittur, and O-3 Rate will review and update GTO Steps 1–3 before the next implementation team planning meeting.
	Who else is in favor of and needs to be involved in keeping the prevention activity going? Think about the different leadership levels, the prevention activity team, and the community of service members.	Implementation team and installation leadership	Installation leadership will be briefed on the results of the pilot study and the plan for the second pilot study.
	Who will do the evaluation and pre-/post-surveys, track attendance, and monitor adherence? When (how often) and to whom will the results be reported? Think about who could lead these activities (1 person or more—staff or an outside group). Think about how to organize the results and who needs to see them.	The implementation team will divide responsibilities using the same plan developed for the first pilot study.	None needed at this time
	How much funding, if any, do we need for running the prevention activity? Are there resources other than funds that are needed to run the prevention activity well (for example, for recruitment, good attendance, supplies)?	Budget for tangible costs is sufficient. Will need leadership support for continued personnel time.	O-5 Lomen will obtain necessary leadership support to allow implementation team members to continue to devote work hours to Green Dot implementation.
	When will we run the prevention activity again? And when will we revise the Step 6 Work Plan? Consider the different times of year or days and times of the week and what worked best in the past. Think about lead time needed to look back at the Work Plan and revise it if needed.	September 2019 June 2019	Expand timeline for implementation to foresee scheduling challenges with leaders.

GTO Step 10 Sustainability Review Tool: Future Work—continued			
	Sustainability Questions	Answers	Next Steps
	How can we keep staff trained in the prevention activity? The more staff are trained, the more likely you will be able to continue the prevention activity. Look back at the prevention activity materials and what is required of facilitators. Consider who could be trained and who would be responsible for doing the training.	O-4 Simmons and O-3 Rate are already trained and will lead the next set of Green Dot sessions.	N/A



Checklist Completion of Step 10

When you finish working on this step, you should have:

- ☐ Completed the Step 10 tool
- ☐ Reviewed how each of the previous steps helps with sustainability
- ☐ Identified at least one, if not more, respected champions, personnel, and other resources for your prevention activity
- ☐ Developed a sustainability plan

Summary

Using this guide, you have now assessed your community's problems, set goals and desired outcomes, identified the best prevention activities possible, ensured that they are a good fit and that you have capacity to run them well, and planned and carried out process and outcome evaluations. In addition, you used GTO Step 9 to consider improvements for your prevention activity. Finally, in Step 10, you assessed the work you have done and what will be needed to sustain the prevention activity.

APPENDIX A

GTO Glossary of Terms

(When relevant, the GTO step associated with a certain term is provided in parentheses.)

Activities are the important parts of a prevention activity that need to be implemented in order to reach the desired outcomes (GTO Step 6).

Adaptation is the process of changing a prevention activity to make it more suitable to a particular population or an organization's capacity without compromising or deleting the activities of the prevention activity that make it effective (those activities are often called *core components*) (GTO Step 4).

Capacities are the resources (staff, skills, facilities, finances, and others) that an organization has to implement and sustain a prevention activity (GTO Step 5).

Continuous quality improvement (CQI) is a systematic assessment using feedback from evaluation information about planning, implementation, and outcomes to improve prevention activities (GTO Step 9).

Culture can be thought of as a person's or an organization's values, practices, beliefs, religion, customs, rituals, language, and ethnicity/race, among others (GTO Step 4, GTO Step 5).

Desired outcomes are specific changes in behaviors and risk and protective factors that you expect to result from a specific prevention activity. They make a broad goal—for example, to reduce sexual assault—more concrete. Well-written desired outcomes are specific, measurable, appropriate, realistic, and time-based (SMART) (GTO Step 2).

The **dosage** is how much of a prevention activity a participant receives. Depending on the prevention activity, the dosage can be the amount of time, the number of sessions or modules completed, or the number of activities a participant actually takes part in (GTO Step 6, GTO Step 7).

An **evidence-based program (EBP)** has been demonstrated through rigorous research methods to achieve positive outcomes. Other prevention activities might be evidence informed or adapted from an EBP—for example, for military applications—but not yet tested. Others could be promising based on preliminary evidence or developed based on best practices.

Fidelity describes the faithfulness with which an EBP is implemented. This includes implementing an EBP without removing parts essential to its effectiveness (core components). This is also sometimes called *compliance* or *adherence* (GTO Step 3, GTO Step 4, GTO Step 6, GTO Step 7).

Fiscal, resource, and technical capacities include adequate funding and other basics needed to implement a prevention activity as planned (for example, transportation, food, printed materials, and evaluation resources). Technical capacities are the expertise factors needed to address all aspects of planning, implementation, and evaluation; access to special materials needed for implementation; and the technology appropriate to the implementation, such as computers (GTO Step 5).

Fit expresses the overall compatibility between a certain prevention activity and the target population, organization, and stakeholders (GTO Step 4).

The **goal** is the overarching big picture of the impact that a team seeks to achieve through its prevention activity. Goals reflect the anticipated impact in the future. Each prevention activity plan should include goals for addressing the problems it is targeting (GTO Step 2).

Logic models link together steps to illustrate how a goal to address a specific problem will be reached. Like a flowchart, a logic model shows problems; goals; and, for each goal, desired outcome(s), the prevention activity to achieve the desired outcome(s), and how the quality of the prevention activity and its actual outcomes will be assessed (GTO Step 2).

Measures are individual questions or scales on a survey designed to obtain information about the behavior and risk and protective factors being examined (see Appendix D for examples and repositories of measures) (GTO Step 6, GTO Step 7, GTO Step 8).

Meta-analysis is a research method that combines data from multiple studies on a topic to assess the common effects of the body of research.

A **needs and resources assessment** is a systematic way to identify current problems that suggest the potential need for improvement and related community resources (GTO Step 1).

Outcome evaluation tests whether a prevention activity achieved an improvement among its participants on specific areas of interest (for example, whether there was a reduction in incidents of workplace harassment) and by how much (GTO Step 8, GTO Step 9).

Partnership and collaboration capacities involve connections with other service providers who can help implement and support a prevention activity (GTO Step 5).

A **prevention activity** is a program, policy, practice or process. Prevention activities are further defined on page 4.

The **priority population** is the group(s) determined to be in most need of an EBP (GTO Step 1, GTO Step 2, GTO Step 3, GTO Step 4).

Process evaluation assesses the degree to which a prevention activity is implemented well and as planned. It includes monitoring the activities, who participated, and how often, as well as the strengths and weaknesses (quality of the implementation) (GTO Step 6, GTO Step 7, GTO Step 9).

A **program**—for example, Green Dot—is a purposeful, organized set of activities designed to improve knowledge, awareness, or skills; change attitudes; or change behavior.

A **quasi-experimental design** shares similarities with a randomized controlled trial except it lacks random allocation, or assignment, to the intervention and comparison groups.

A **randomized controlled trial (RCT)** is an experimental research design that allocates subjects at random (by chance) to one or more interventions, including an allocation to a control or comparison group that does not receive the intervention being evaluated. This is a strong design for detecting causal outcomes of an intervention.

A **scale** is a grouping of individual survey questions that address a single topic. Responses to the individual questions in a scale are averaged together and interpreted as a group (GTO Step 8).

Staff and volunteer capacities are the credentials, training, experience, and time commitment of staff and volunteers to a prevention activity (GTO Step 5).

Stakeholders are the individuals invested in the delivery and results of a prevention activity. Stakeholders include participants, their families, sites, community members and organizations, leadership, volunteers, and funders (GTO Step 4).

Sustainability is the continuation of a prevention activity after initial start-up has been completed (GTO Step 10).

Tasks encompass all the broader actions needed to prepare for and carry out a prevention activity. They include such aspects as preparation, training, and debriefings of implementers (GTO Step 6).

Tools are the various worksheets and templates associated with each GTO step that prompt GTO users to make and record decisions (GTO Steps 1–10).

A **vision** is a belief about what the future should look like in the community in terms, in this case, of reduced sexual assault (GTO Step 2).

A **work plan** is the organized, formal documentation of tasks, such as recruitment, necessary to implement a prevention activity, broken down by resources, personnel, delivery dates, and accomplishments; the work plan specifies who will do what, when, where, and how (GTO Step 6).

APPENDIX B

Sexual Assault in the Military

As shown in Figure B-1, in the preceding year, 0.7 percent of men and 6.2 percent of women reported experiences consistent with the Uniform Code of Military Justice's definition of sexual assault (Breslin et al., 2019).

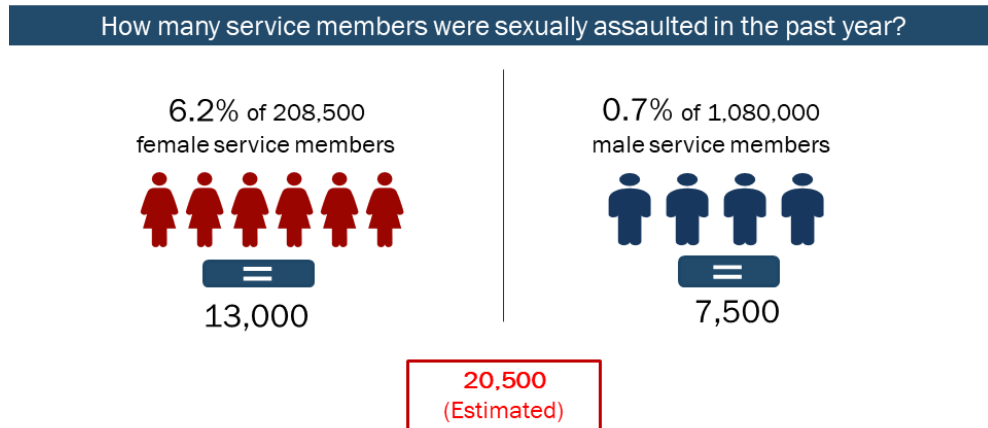


Figure B-1. Active-Duty Service Members Assaulted in the Past Year (2018)
SOURCE: 2018 WGRA (Breslin et al., 2019).

For service members who had experienced sexual assault in the past year, the remainder of the DoD survey asked them to focus on the worst or most serious assault they experienced (Breslin et al., 2019). As shown in Figure B-2, servicemen who were sexually assaulted (38 percent) were more likely than servicewomen (21 percent) to describe their worst assault as a hazing or bullying incident that included sexual assault. The vast majority of female victims indicated that the assault was perpetrated by a man or a group of men (92 percent), whereas a slim majority of men were assaulted by a man or a group of men (52 percent). An additional 30 percent were assaulted by a woman or women only. Most victims described at least one of their assailants as a member of the military (89 percent for women, 71 percent for men). Sixty-two percent of women and 57 percent of men reported that the most serious sexual assault they experienced happened at a military installation or on a ship. However, many incidents also occurred at locations off base (47 percent for women, 38 percent for men). Finally, alcohol use by the survivor or perpetrator was involved in 62 percent of incidents involving women and 49 percent of incidents involving men.

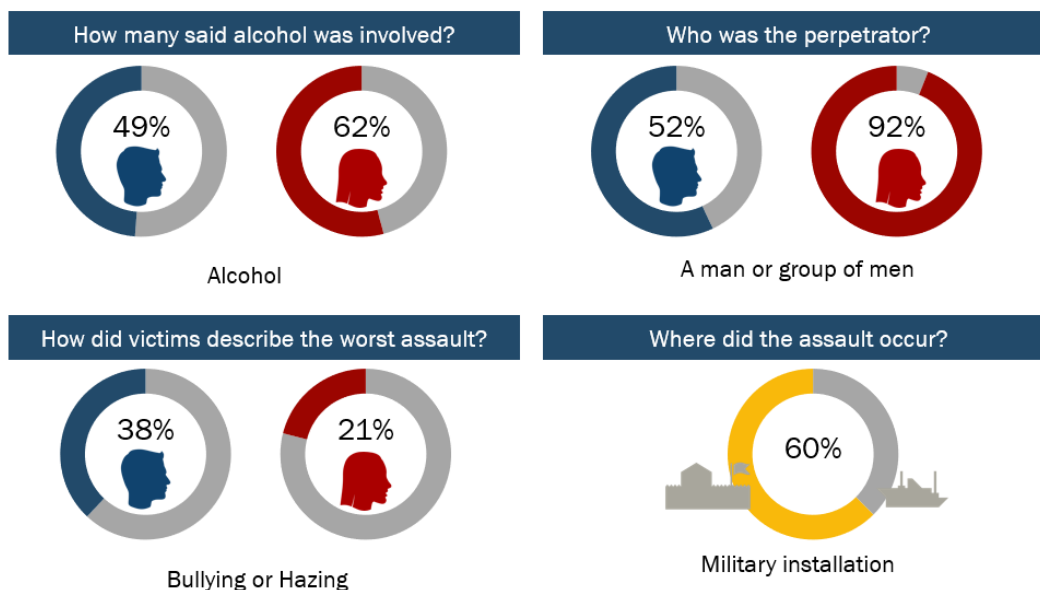


Figure B-2. Characteristics of Sexual Assaults of Active-Duty Service Members
SOURCE: 2018 WGRA (Breslin et al., 2019).

As shown in Figure B-3, most incidents of sexual assault were not officially reported to DoD (Breslin et al., 2019). Of the service members who had experienced sexual assault in the past year, 17 percent of male victims and 30 percent of female victims had reported the incident to DoD. The most common reasons for not reporting the incident were that “they wanted to forget about it and move on,” they “did not want more people to know,” or they “felt shamed or embarrassed.” Among servicewomen who had reported an event, 38 percent indicated experiencing events consistent with professional reprisal, 51 percent indicated experiencing events consistent with ostracism, and 34 percent indicated experiencing events consistent with maltreatment. The most-recent data available can be found at the SAPRO website, www.sapro.mil.

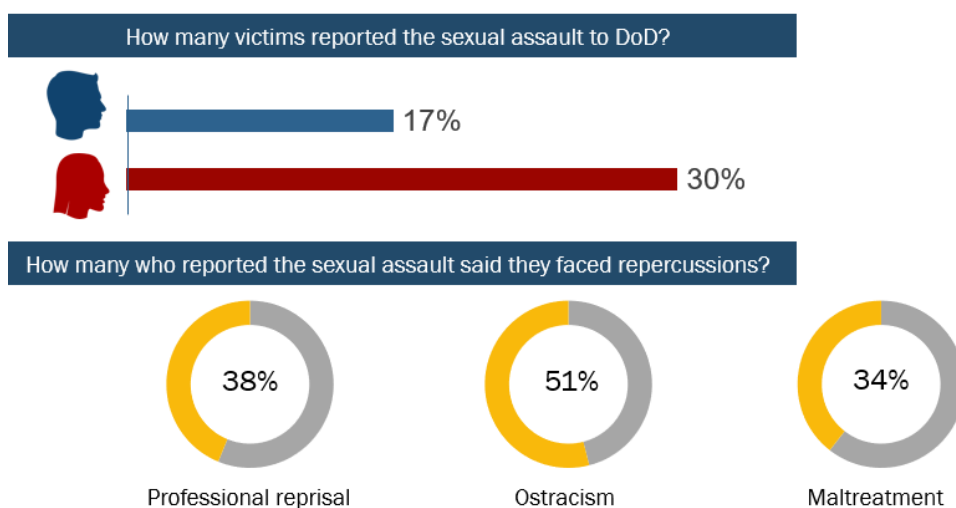


Figure B-3. Reporting of Sexual Assaults of Active-Duty Service Members
SOURCE: 2018 WGRA (Breslin et al., 2019).

Sexual Assault Risk and Protective Factors

In this review, we focus only on those risk factors for sexual assault that have been established via multiple high-quality studies. These are summarized in Tip 1-2 in Chapter 1. There are many other risk and protective factors that have been studied by one or two researchers or described in one or two studies. By excluding them, we do not intend to communicate that they aren't important or that they won't prove useful in future prevention strategies.

Victimization

The group of people who are at highest risk for sexual assault are those who have already been sexually assaulted in the past (LeardMann et al., 2013; Merrill et al., 1999; Sadler et al., 2003). For example, in one study, Army women who had been sexually assaulted prior to enlistment experienced more sexual violence than Army women who had not been assaulted prior to enlistment (Kessler, 2014). The reason sexual assault victims are more likely to be assaulted again is not well understood. Some researchers think that perpetrators target people with certain characteristics (for example, sexual minorities; Morral and Schell, 2021) such that those people are at risk for being assaulted repeatedly over their lifetimes. There could be factors related to where a person lives or spends time that continue to confer risk over their lifetime (for example, living in a location with a high crime rate, frequently attending large social gatherings). Having been sexually assaulted might also change a person in a way that increases their risk. For example, victims who cope with the trauma by using alcohol could become vulnerable to future victimization during periods of intoxication.

Sexual assault victimization is also associated with demographic factors, such as gender, age, marital status, and sexual orientation. Servicewomen are about five times more likely than servicemen to be sexually assaulted (Jaycox, Schell, Morral, et al., 2015). Younger adults are at higher risk than older adults (Kimerling et al., 2007; LeardMann et al., 2013; Street, Rosellini, et al., 2016; Street, Stafford, et al., 2008), and, regardless of age, people who are single or divorced are at increased risk for sexual assault relative to married people (Kimerling et al., 2007; LeardMann et al., 2013; Street, Rosellini, et al., 2016; but see also Sadler et al., 2003, and Street, Stafford, et al., 2008). This could be due, in part, to the fact that younger and single adults are more likely to date or attend social gatherings, where they have increased exposure to potential perpetrators (Marx, Van Wie, and Gross, 1996). Finally, relative to people who identify as heterosexual, individuals who identify as lesbian, gay, or bisexual are at elevated risk for sexual assault (Morral and Schell, 2021; Rothman, Exner, and Baughman, 2011).

With respect to military-specific characteristics, enlisted service members—particularly those at lower ranks—carry a greater risk than officers do (LeardMann et al., 2013; Jaycox, Schell, Morral, et al., 2015; Sadler et al., 2003; Street, Rosellini, et al., 2016). There is also converging evidence that members of the Air Force are at lower risk than members of other branches are (LeardMann et al., 2013; Schell and Morral, 2015). Some military settings also increase risk; basic training and transitioning between duty stations have been identified as periods of increased risk for sexual assault among both men and women (Kessler, 2014; Street, Rosellini, et al., 2016). Finally, a military setting in which a workgroup is disproportionately male confers greater risk than a setting with lower percentages of male service members (Sadler et al., 2003; Harned et al., 2002). Because most perpetrators of sexual assaults against service members are men (Jaycox, Schell, Morral, et al., 2015), this effect could be explained simply by noting that, as the proportion of potential offenders in an environment increases, so too does an individual's risk of sexual assault. Others have focused on cultural factors, suggesting that workplaces that are disproportionately male might also be marked by hypermasculinity, sexual harassment, and male dominance in the power hierarchy (Turchik and Wilson, 2010).

Finally, alcohol use can increase vulnerability if it occurs in a setting with a nearby potential perpetrator. At high doses, alcohol users can be incapacitated or even unconscious and thus may have few means by which to resist or avoid an assault (McCauley et al., 2009; Mohler-Kuo et al., 2004). At lower doses, alcohol use can reduce attention to risk indicators (Davis et al., 2009; Testa, Livingston, and Collins, 2000), thereby decreasing the likelihood that the user will exit a risky encounter while escape is still possible. Finally, individuals observing someone drinking alcohol attribute more sexual intention to that person than they do to someone who is not drinking alcohol, and this social misperception increases the risk of offending (Corcoran and Thomas, 1991; DeSouza et al., 1992; Garcia and Kushnier, 1987; George, Gournic, and McAfee, 1988). For service members who had been sexually assaulted in the past year, 62 percent of women and 49 percent of men indicated that they had been drinking prior to the assault (Breslin et al., 2019).

Perpetration

As with the risk for victimization, one of the best predictors of whether someone is likely to perpetrate a sexual assault in the future is whether they have already sexually assaulted someone in the past (Gidycz, Warkentin, and Orchowski, 2007; Loh and Gidycz, 2006; Loh et al., 2005; Malamuth et al., 1995; White and Smith, 2004). For example, college men who had sexually assaulted someone in the past were nine times more likely to commit another sexual assault in the next semester of college than young men without histories of sexual violence (Loh and Gidycz, 2006; White and Smith, 2004). Similar data are available from a military cohort of 2,925 male Navy recruits who were studied during their first two years of service (McWhorter et al., 2009). Overall, 13 percent of recruits self-reported that they had attempted or completed a rape by the end of their first year of service, and, of those who sexually assaulted someone in their first year of service, 71 percent re-perpetrated during the second year of service (McWhorter et al., 2009). Comparable data for the remaining service branches have not been published. In addition, a individual who was themselves a victim of emotional or physical abuse as a child is more likely to perpetrate sexual violence as an adult (DeGue and DiLillo, 2004; Fineran and Bolen, 2006; Zakireh, Ronis, and Knight, 2008).

Another risk for perpetration is agreement with ideas that make sexual assault seem justifiable in some circumstances (for example, “If a girl leads you on, she deserves to be taught a lesson”) or that shift responsibility for the assault from the assailant to the victim (for example, “When a woman is raped, she usually did something careless to put herself in that situation”). The most common way in which researchers measure these attitudes is with a questionnaire called the Rape Myth Acceptance scale (Lonsway and Fitzgerald, 1995). Many studies have shown that people who agree with these ideas are more likely to perpetrate sexual assault (Tharp et al., 2013; Suarez and Gadalla, 2010).

Among civilian sexual assault victims, about two-thirds indicated that the perpetrator was using alcohol at the time of the assault (Brecklin and Ullman, 2002; Tjaden and Thoennes, 2006). Researchers have shown in laboratory experiments that alcohol intoxication causes young men to become more aggressive, particularly young men who are also aggressive in their daily lives (Bushman and Cooper, 1990; Chermack and Giancola, 1997; Ito, Miller, and Pollock, 1996). For ethical reasons, researchers can’t study the effect of alcohol intoxication on sexual aggression directly, but they have found indirect evidence that alcohol use increases the risk of committing a sexual assault (Farris and Hepner, 2014). Young men who consumed alcohol in a controlled laboratory setting were more likely to believe that women depicted in study materials were sexually interested (even when those women were instructed to behave in a friendly, professional manner), took longer than men who had not consumed alcohol to identify that a sexual encounter in an audio track had turned into a date rape, and were more likely to indicate

that they would sexually assault someone in a situation similar to a hypothetical date-rape scenario (Farris et al., 2008; Gross et al., 2001; Davis, 2010; Davis et al., 2012; Norris et al., 2002). Although most of this research has been conducted with college men, this group does share demographic characteristics with junior enlisted personnel. In addition, among victims of military sexual assaults, 52 percent of women and 38 percent of men indicated that the perpetrator had been drinking (Breslin et al., 2019), suggesting that alcohol use might be one important risk factor for predicting sexual assault (Farris and Hepner, 2014).

Finally, men with more dating and sexual partners were more likely to perpetrate a sexual assault than men with fewer dating or sexual partners (Tharp et al., 2013).

APPENDIX C

Sexual Assault Prevention Activities

After you understand which risk and protective factors could be influencing sexual assault, you need to choose a prevention approach to address those factors. But which one?

Many different approaches to sexual assault prevention have been developed, and it can be challenging to sift through the options. Many are typically educational in format and have had disappointing results. Other developers have begun to invest in novel and innovative approaches, such as bystander intervention and social norms marketing. Because it is not yet clear what approach will be best, prevention activity developers and researchers continue to design new strategies and evaluate them to see what works best. Unfortunately, as of 2020, no off-the-shelf prevention activity had strong evidence to support its effectiveness *and* represented a perfect fit for the military population, but there are many types of sexual assault prevention activities to try that would likely be superior to designing a prevention activity from scratch. In Tip 3-1, we outlined examples of prevention activities with some evidence of effectiveness in each of the following categories: (1) bystander intervention, (2) healthy relationship training, (3) women's empowerment, (4) alcohol misuse prevention, (5) social norms marketing, and (6) perpetration prevention with men. Figure C-1 shows examples of each prevention activity type and the results they obtain that can lead to reduction of risk of sexual assault.

The prevention activities included in this appendix are all designed specifically for sexual assault prevention. However, it is possible that prevention strategies designed to reduce risk factors for sexual assault (for example, alcohol misuse, hazing, bullying) *might* also reduce sexual assault. If none of the included programs seem to be a good match for your site, consider expanding your search for programs designed to reduce the risk factor(s) identified in Step 1.

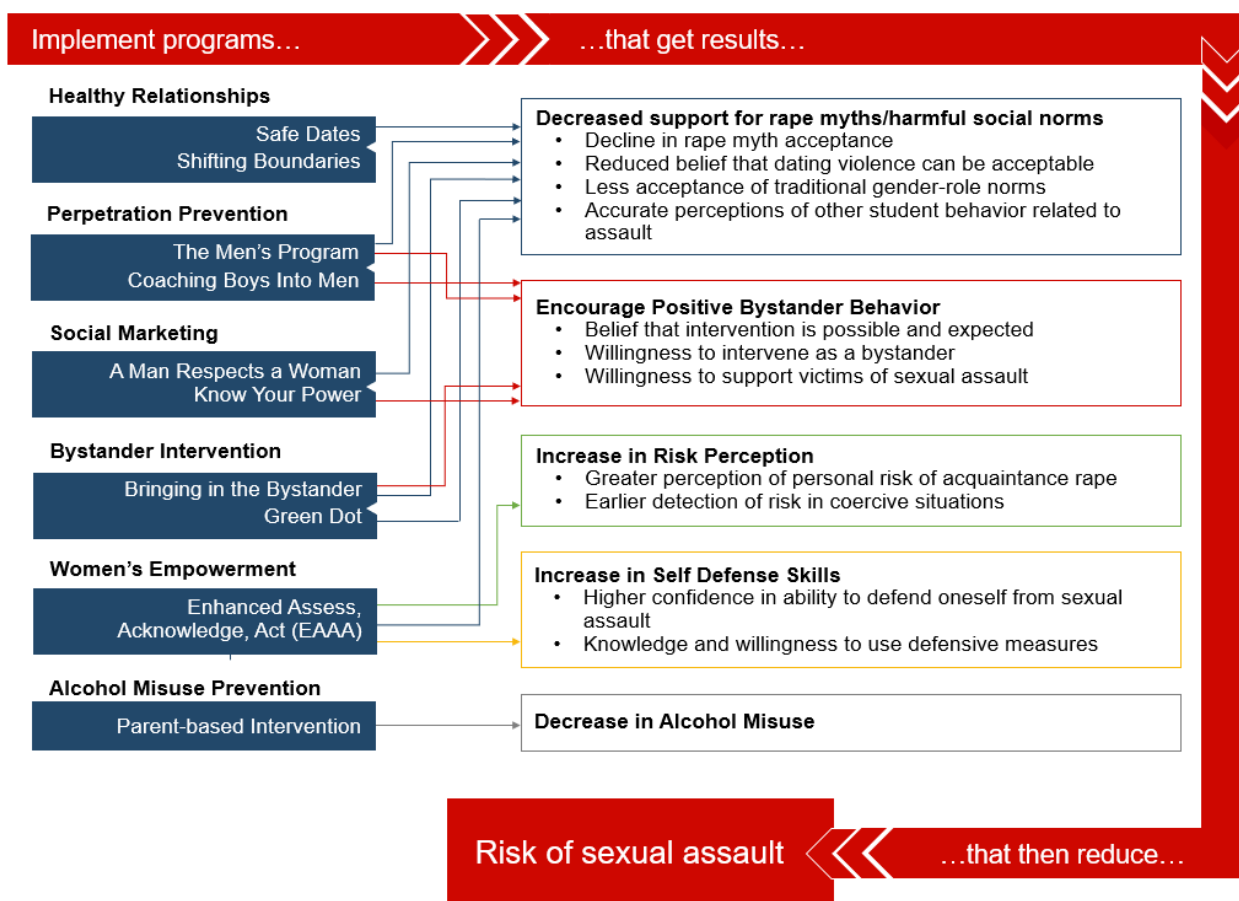


Figure C-1. Sexual Assault Prevention Activities and Results

Below we provide further information about each of the prevention activities included in Tip 3-1 and their evidence base. Other categorizations of prevention activities are also possible (for example, Basile et al., 2016),³ and the choice here does not imply that a listing in one category does not contain elements of more than one category. Within each category, we review one or two specific approaches for consideration. Some prevention activities have stronger evidence to support their usefulness than others.

Bystander Intervention

Bystander intervention trainings are designed to encourage peers to intervene safely to prevent a potential assault from occurring (for example, speaking up when a friend tries to lead an intoxicated woman away from a party) (Banyard, Plante, and Moynihan, 2004). Although prevention activities that rely on bystander approaches to sexual assault prevention have begun to be widely disseminated, evidence on their effectiveness is mixed (DeGue et al., 2014; Katz and Moore, 2013). A recent review of bystander-education programs identified 12 evaluations of bystander-education programs for college students conducted between 1997 and 2011 (Katz and Moore, 2013). The authors concluded that, although the approaches increased participants'

³ Basile et al., 2016, uses the following categories: promote social norms that protect against violence, teach skills to prevent sexual violence, provide opportunities to empower and support girls and women, create protective environments, support victims/survivors to lessen harms, and sector involvement.

belief that they would help someone if they saw someone at risk, the approaches did not reduce the likelihood of sexual assault (Katz and Moore, 2013).

Green Dot

Green Dot was designed for high school and college students and has been adapted by the developer for use in the military. It is designed to reduce social norms that condone violence, increase the likelihood that people will intervene to stop sexual assault, and reduce sexual violence. Participants learn how to recognize risky scenarios, how to change the social norms in their communities to reduce tolerance of violence, and how to safely intervene in risky situations. The program uses interactive discussions, videos, and role-playing to engage students. Several evaluations by the developer have shown that students who attend Green Dot are less likely to experience sexual assault, and one evaluation showed a reduction in sexual assault perpetration (Coker, Cook-Craig, et al., 2011; Coker, Fisher, et al., 2015; Coker, Bush, et al., 2016; Coker, Bush, Cook-Craig, et al., 2017; Coker, Bush, Brancato, et al., 2019). The Clearinghouse for Military Family Readiness at Penn State classified Green Dot as a promising program, which means that a high-quality evaluation has shown that the program produces positive outcomes that last for at least six months but that this positive result has not yet been replicated by an independent research team (https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1981). The NIJ Crime Solutions clearinghouse also categorizes Green Dot as a promising program (<https://crimesolutions.ojp.gov/programdetails?id=509>).

Bringing in the Bystander

Bringing in the Bystander was developed to teach college students about the consequences of sexual assault, how to identify situations that increase risk for sexual assault, and how to safely intervene when they encounter a situation in which someone could be at risk for sexual assault. During the program, each participant role-plays interactions, makes plans for how they will intervene, and signs a pledge to be an active bystander (that is, someone who intervenes when they see a situation that they think could be a sexual assault precursor). Evaluations by the developers have shown that participants feel more confident about intervening in the future and are more likely to say that they will help if they encounter a risky situation (Banyard, Moynihan, and Crossman, 2009; Banyard, Moynihan, and Plante, 2007; Cares et al., 2015; Moynihan et al., 2015). The Clearinghouse for Military Family Readiness at Penn State classified Bringing in the Bystander as promising (https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1989). The NIJ Crime Solutions clearinghouse also categorizes Bringing in the Bystander as a promising program based on at least one high-quality evaluation (<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=159>).

Healthy Relationship Training

Instead of teaching program participants strategies to avoid or prevent sexual assault, healthy relationship programs seek instead to teach participants the skills they need to create an intimate relationship that is free of violence (for example, conflict resolution, communication strategies). A recent CDC survey of sexual assault prevention programs (Basile et al., 2016) identified only three programs that met their rigorous standard for effectiveness; two of them included healthy relationship components. Although promising, the two programs were designed for middle school students. They have not been adapted for or evaluated with young adults or service members.

Safe Dates

The Safe Dates program is a ten-session educational curriculum for eighth- and ninth-graders. It can be classified as a healthy relationship program because it teaches strategies to improve conflict-management skills within dating relationships. However, it also includes social norm marketing and activities to shift the social norms of the school to increase peer-based social sanctions for abusive dating behaviors (Foshee et al., 2005). The program includes lessons to define caring relationships, recognize and respond to emotions, and communicate respectfully; viewing a play about dating abuse during a school assembly; participating in a poster contest; and support materials distributed to students' parents. It was evaluated in rural North Carolina schools, and the evaluation showed that students who received the intervention were less likely to perpetrate sexual violence at all follow-up time points (Foshee et al., 2005). The Clearinghouse for Military Family Readiness at Penn State classified Safe Dates as a promising program (https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1030).

Shifting Boundaries

The *Shifting Boundaries* program was designed for and evaluated with middle school students. It includes two components (classroom and schoolwide). The classroom curriculum included lessons about gender roles, how to set healthy boundaries in intimate relationships, the definition of healthy relationships, and bystander intervention. But the evaluation revealed that only the schoolwide component effectively prevented sexual assault perpetration. That component had three elements: (1) All students signed an agreement to respect one another's boundaries; (2) staff hung posters in school buildings designed to increase awareness of sexual assault and provide resources for reporting; and (3) students completed a mapping exercise to identify areas on their school campus that they perceived as risky. School administrators used these maps to plan for increased surveillance by faculty and security staff. The evaluation included 30 public middle schools in New York City, which consisted of 117 classrooms and 2,655 sixth- and seventh-grade students. For middle school students who were included in the schoolwide intervention, there was a 47-percent reduction in the probability of perpetrating a sexual assault (compared with those who did not receive the intervention) (Taylor et al., 2011). Given the distribution of sexual assaults in this age group, the sexual assault measure included sexual contact assaults only (for example, unwanted touching of private parts). The NIJ Crime Solutions clearinghouse categorizes Shifting Boundaries as a promising program (<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=159>). It is not reviewed in the Penn State Clearinghouse.

Women's Empowerment Training

Women's empowerment training combines self-defense training with skill training to recognize sexual risk and overcome social and cultural barriers to protecting oneself. The original program is Enhanced Assess, Acknowledge, Act (EAAA). Variants of the program exist (for example, Flip the Script), but they are so similar in content that we review EAAA only.

Enhanced Assess, Acknowledge, Act

EAAA is a workshop for college women that provides training in how to assess sexual risk in intimate relationships, overcome barriers to quickly acknowledging that risk when it is present, and use self-defense strategies to protect against sexual assaults. The four-session program also includes a session on healthy sexual communication. One year after participating in EAAA, attendees had a lower risk of attempted and completed rape than women who had not been exposed to the program had (Senn et al., 2015). EAAA is the only sexual assault prevention program categorized by the NIJ Crime Solutions clearinghouse as effective

(<https://www.crimesolutions.gov/ProgramDetails.aspx?ID=537>). It is not included in the Penn State Clearinghouse.

Alcohol Misuse Prevention

Rather than building curricula around sexual assault directly, some researchers have begun to explore whether they could instead target the contributing factors of sexual assault among young adults, including the misuse of alcohol (Farris and Hepner, 2014; Testa and Livingston, 2009). Robust research evidence shows that heavy drinking predicts both sexual assault perpetration and victimization (Abbey, McAuslan, and Ross, 1998; Abbey, Ross, et al., 1996; Brecklin and Ullman, 2002; Mohler-Kuo et al., 2004; Parks et al., 2008; Testa and Hoffman, 2012; Testa, Livingston, and Collins, 2000; Ullman, Karabatsos, and Koss, 1999; Zawacki et al., 2003; Tjaden and Thoennes, 2006; Combs-Lane and Smith, 2002; Greene and Navarro, 1998; Norris, Nurius, and Dimeff, 1996). It could be that a program that reduced alcohol misuse might also have downstream effects on sexual assault. Although there are established interventions for college students that prevent escalation of alcohol use and heavy alcohol use (Carey, Scott-Sheldon, and Carey, 2007; Crouce and Larimer, 2011; Scott-Sheldon et al., 2014; Carey et al., 2007; Miller et al., 2013; National Institute for Alcohol Abuse and Alcoholism, 2004), very few of these programs have been evaluated for their effects on sexual assault (Gilmore, Lewis, and George, 2015; Testa et al., 2010; Tait and Lenton, 2015). Below, we review one exception. The authors provide evidence that a specific parent-based alcohol misuse prevention program successfully reduced sexual assaults during the first year of college. More generally, it suggests that other alcohol misuse prevention programs might also have downstream effects on sexual assault.

Parent-Based Intervention (PBI)

PBI is a program that serves mother–daughter pairs and is timed for delivery in the summer before the daughter begins her freshman year of college. It is a relatively simple and low-cost intervention that involves sending the mother a handbook about college drinking. The handbook includes information about the prevalence of alcohol misuse on college campuses, effective communication strategies to engage daughters in conversations about college drinking, and encouragements to mothers to continue talking about and monitoring alcohol use after the daughter leaves home to attend college. The developers conducted an RCT to test the effect of PBI on daughters' risk of sexual victimization during their first year of college (Testa et al., 2010). The results showed that freshman women whose mothers had received the handbook had lower rates of heavy drinking during their first year of college and were also less likely to have been sexually assaulted during their first year of college (Testa et al., 2010). It could be that, by reducing the number of days of heavy drinking, college women were less vulnerable to potential perpetrators in their social environments. Interestingly, the program was able to achieve this success without mentioning sexual assault in its intervention materials. It has not been reviewed by the Clearinghouse for Military Family Readiness at Penn State or by NIJ Crime Solutions.

Social Marketing

Social norms are the expectations a group has about how its members should behave. For example, one group might allow or even encourage sexualized comments about women in the group, whereas another group might frown upon the behavior. In some cases, individuals can misperceive the norms of their group, and this misperception can guide their behavior. For example, nearly half of college students refrain completely from alcohol use, but these abstaining students are not visible to those engaged in the drinking culture, and most college

students overestimate how many of their peers drink and drink heavily. Social campaigns using posters to teach students the real cultural norm (that is, the fact that most students refrain from using or responsibly use alcohol) have successfully shifted students' attitudes and reduced drinking behavior (Perkins, 2003). More recently, social marketing campaigns have been developed that attempt to shift group norms about sexual violence (WHO, 2019). There is suggestive evidence that this approach might be helpful, but no strong evaluations have been conducted.

Know Your Power

The Know Your Power campaign saturated a college campus with four poster designs that portrayed common dating and sexual violence scenarios and included a written instruction to intervene (Potter, Stapleton, and Moynihan, 2008). At the end of the campaign, 78 percent of students reported seeing the posters, and the developers compared outcomes among students who said that they saw the posters with those who did not see (or did not remember seeing) the posters (Potter et al., 2009). Compared with students who did not see the posters, students who remembered seeing the posters were more likely to say that they were interested in learning more about campus sexual assault and were more likely to get involved in sexual assault prevention activities on their campus (Potter et al., 2009). The Know Your Power campaign has since been folded into the Bringing in the Bystander program (Moynihan et al., 2015) reviewed above. The Penn State Clearinghouse rated the evidence for the Know Your Power program as unclear. The NIJ Crime Solutions clearinghouse has not reviewed it.

A Man Respects a Woman

Limited research shows that college men tend to underestimate the extent to which other men value sexual consent and would be willing to intervene to prevent a sexual assault (Fabiano et al., 2003). The A Man Respects a Woman social marketing campaign is based in part on this work and used posters, flyers, and a theater performance to spread the following accurate norms to college men:

- 9 out of 10 men stop immediately after their date says “no” to sex.
- 3 out of 4 men disapprove of men who pressure dates to drink alcohol as a strategy to have sex with them.
- Most men think that talking about sex can help confirm consent and do not think that it “kills the mood.”

Two years after the campaign was implemented, fewer men believed that their peers would have sex with an intoxicated date, and more believed that their peers would stop sexual activity if asked (Bruce, 2002). However, it is still unclear whether these attitude changes translate into behavioral changes. The campaign is not included in the Penn State Clearinghouse or in NIJ Crime Solutions.

Perpetration Prevention with Men

Given that the overwhelming majority of sexual assault perpetrators are male, some prevention programs target men only to more efficiently reach a higher-risk population.

Coaching Boys into Men

Coaching Boys into Men is a coach-delivered curriculum that teaches male high school athletes that violence against women and girls does not signal strength. The program includes a 60-minute training for coaches, who are then provided with a resource kit (for example, scenarios, strategies) to support short discussions with boys about healthy relationships, dating violence,

and sexual assault. In an evaluation that randomly assigned 16 high schools to either receive the Coaching Boys into Men program or not, results were mixed (E. Miller et al., 2012). Athletes who were part of the program were more likely to positively intervene when they witnessed common abusive behavior, but the developers did not detect any change in gender-equitable attitudes, ability to recognize abuse when it occurs, or domestic violence perpetration (E. Miller et al., 2012). When the developers followed up with boys one year after the program was delivered, boys who had been exposed to the program were less likely to report having perpetrated dating violence and were less likely to report going along with or laughing with peers who were abusive to women (Miller et al., 2013). Coaching Boys into Men is not reviewed in Clearinghouse for Military Family Readiness at Penn State or by NIJ Crime Solutions. Crime Solutions excluded the program because of methodological or interpretation problems with the evaluations.

The Men's Program

The Men's Program is an all-male education program typically delivered by male facilitators. The training includes a guided discussion of sexual assault, a video interview with a male sexual assault victim designed to increase victim empathy, education about how to help a survivor of sexual assault, and suggested skills to prevent perpetration. Evaluations showed that, compared with men who didn't attend the program, men who attended the program were less likely to endorse attitudes that justify rape and to say that they would sexually assault someone in the future if they could be certain that they wouldn't be punished (Foubert, 2000; Foubert and Marriott, 1997; Foubert and Masin, 2012). These improvements were maintained for at least seven months, but the effect of the program on reporting of actually perpetrating sexual coercion or assault was not significant (Foubert, 2000). On the basis of methodological problems with the evaluations, the Clearinghouse for Military Family Readiness at Penn State rated program effectiveness as "unclear" (https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1975). It was screened out from review by the NIJ Crime Solutions clearinghouse because of methodological or interpretation problems.

APPENDIX D

Evaluation Planning

This appendix provides helpful background and tips for use in completing the GTO Step 6 Process Evaluation Planner Tool and the Outcome Evaluation Planner Tool. The appendix is divided into a section on process evaluation and a section on outcome evaluation.

What is a process evaluation?

This step involves evaluating the implementation of a prevention activity: Did it run according to your plan, and how well did it go? This step is called *process evaluation* because the collected data track the process of prevention activity implementation, as opposed to the outcomes experienced by the participants. Process evaluations typically track attendance of participants, prevention activity adherence, and how well you followed your work plan. They could also involve asking prevention activity participants or implementers about how well they thought the prevention activity was delivered. A process evaluation should be planned before a prevention activity begins and should continue while it is running.

Note about other prevention activities: Even though this process evaluation guidance is focused mostly on programs, much of the information can be used for conducting an evaluation of other prevention activities, such as changes in site policy. In that case, you will want to find out the extent to which service members know about the policy and the consistency of its implementation.

Why is process evaluation important?

The process evaluation tells you how well plans are being put into action and helps routinely and systematically monitor areas important to making a prevention activity (including policy change) successful. Examples include the following:

- Compared with your expectations, how many people attended or took part in the prevention activity (for example, how many were exposed to the new policy)?
- How much of the prevention activity did participants receive? What was the drop-out rate?
- Did the facilitator deliver the entire prevention activity as designed (how consistently implemented was the new policy)?
- Were participants satisfied with the activity?
- What were the perceptions of those who implemented the prevention activity?

The process evaluation will also tell you whether you need to make midcourse corrections (for example, improve attendance because attendance is weak) or changes to your work plan for your next round of implementation. Such data will provide you with information that could be useful to other sites doing the same prevention activity, to planners in military leadership, and to help you better understand your prevention activity outcomes.



Tip D-1. Process Evaluation Methods

You are likely to use a variety of methods for collecting your process evaluation data. Here's some additional information about a few key methods mentioned in this chapter.

Participant data

What it is: Specific information about participants, including counts and characteristics, such as age, gender, race/ethnicity, rank, education level, household income, family size, and referral source.

How to gather it: You have probably already gathered much of this kind of information during planning for, establishing, or running your prevention activity. Often, these types of questions are asked as part of an intake to a service or an outcome assessment survey. Information can be gathered during an interview with each participant as well. A one-time prevention activity, such as a community forum, might gather a little information like this on the attendance log for the session.

Why it is important: It tells you whether your prevention activity is serving the targeted population and whether prevention activity outreach efforts are working to engage the participants you planned to reach.

Focus groups

What they are: A focus group is a facilitator-led discussion on a specific topic with a group of no more than 6–12 participants brought together to share their opinions on that topic.

How to manage them: Generally, a focus group is led by 1–2 facilitators who ask the group a limited number of questions. Ideally, the participants are similar to each other so that all feel comfortable talking openly (for example, do not have a group that includes service members and their superior officer). Think of the structure of a focus group like a funnel—each major topic should start with broad questions and then get more specific. Be sure to audio record the focus group or have a designated note-taker. The data can be analyzed by looking for the themes that appear in the transcripts or notes. The following resources provide more information on focus groups:

- Community Tool Box—Conducting Focus Groups: <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main>
- Designing and Conducting Focus Group Interviews: <http://www.eiu.edu/~ihc/Krueger-FocusGroupInterviews.pdf>
- DEOMI Institute Organizational Climate Survey: <https://deocs.net/public/index.cfm>

Why they're important: A focus group is an excellent way to learn what people thought about a prevention activity and get suggestions about how to improve it. Focus groups often yield qualitative (text) data, as opposed to surveys, which usually yield quantitative (numerical) data. Listening as people share and compare their different points of view provides a wealth of information—not just about what they think but also why they think the way they do.

Satisfaction surveys

What they are: Information about whether the participants enjoyed (or are enjoying) the prevention activity, whether they got something out of it, whether the prevention activity met their needs or expectations, and whether they plan to use what they learned or recommend the prevention activity to someone else. Satisfaction surveys can also be asked about what it is like to be at a site under a different set of policies.

How to do them: The easiest way is to administer brief paper or web-based surveys to participants as part of the prevention activity at the end of each session or activity. This is better than waiting until the end of the entire prevention activity because sometimes participants forget details from earlier sessions. However, the surveys should be administered so that respondents feel comfortable that their responses will be kept confidential (the prevention activity facilitators should not collect the responses). Surveys can also be handed out at the end of a prevention activity with self-addressed, stamped envelopes so the participant can complete the survey and return it later. This method, however, adds expense (cost of postage), and often fewer surveys are returned. If you are using a packaged prevention activity, it may require you to use a certain questionnaire with the participants. You could also implement a web-based survey and invite participants to complete it via email. If you are surveying about a policy change, make sure to allow enough time for the policy to take effect before conducting the survey.

Why they're important: They tell you whether the participants feel good about their experience and can help you identify ways to improve participant satisfaction, which would be likely to improve retention or create additional demand for the prevention activity (or maintain high support for a policy change). NOTE: High satisfaction is not the same as achieving positive outcomes.
Data from those who implemented the prevention activity
What they are: Perceptions of those who run a prevention activity about what worked and didn't
How to gather them: There are several methods for gathering data on the perspectives of those who run the prevention activity on your site, including • focus groups • surveys • interviews. In addition to what we've already mentioned about focus groups, an interview can be a good way to get detailed information about prevention activity implementation. Although interviews with prevention activity implementers involve a similar type of questioning as a focus group, in an interview, you are talking with one person at a time.
A debriefing, or a hot wash, is a straightforward way for prevention activity implementers to meet immediately after a program session or other activity has been conducted and answer two questions: 1. What went well in the session? 2. What didn't go so well, and how can we improve it next time?
Why they're important: Implementers are often in an excellent position to comment on how well a prevention activity is being implemented and could have ideas for improvement.
Prevention activity adherence monitoring
What it is: Systematically tracking how closely each intervention activity or policy change was implemented as laid out in the curriculum of a prevention activity or a policy and in your final work plan. This includes how much of a prevention activity was administered (for example, the dose, or how many service members were exposed to a new policy) and whether it was administered as intended.
How to do it: If you are using a packaged prevention activity, such as a manualized program, check with those responsible for disseminating the prevention activity to see whether they have an adherence guide, and make sure to obtain the scoring criteria. If an adherence instrument does not come with the prevention activity materials or you have developed your own prevention activity, look at adherence guides from other manualized programs and create your own.
Why it is important: The closer you can come to implementing a prevention activity as it was intended, the better chance you have of achieving your goals and desired outcomes.

SOURCE: Adapted from Hannah, McCarthy, and Chinman, 2011.

What is an outcome evaluation?

An outcome evaluation reveals how well a prevention activity met the goals and desired outcomes set for it in GTO Step 2. Did the participants change on the desired outcomes, such as knowledge, attitudes, and behaviors? This step is called *outcome evaluation* because the collected data track the desired outcomes of the prevention activity (established in GTO Step 2), as opposed to the process of implementation described above. Each prevention activity outcome evaluation should be planned before the prevention activity begins and should have specific time points for data collection, such as before and after a complete cycle. Each of your prevention activities should have an outcome evaluation plan.

Why is an outcome evaluation important?

The purpose of the outcome evaluation is to understand whether you have met the desired outcomes established in GTO Step 2 for each prevention activity. Combined with the results of your process evaluation, this step will begin identifying areas for improvement to help address any missed outcomes in an effort to improve the prevention activity while maintaining achieved outcomes. Outcome evaluation results can help you demonstrate the effectiveness of a prevention activity to military leaders and other stakeholders.

How do I do an outcome evaluation?

For each prevention activity, you need an outcome evaluation design and a data collection and analysis plan, including a measurement tool (for example, a pre-/post-survey), a target population to be measured (for example, all the participants in the prevention activity), a timeline for when to collect the data (for example, before and after implementation), a plan for entering the collected data (usually into a spreadsheet), and a plan for analysis to determine whether outcomes were achieved (for example, the change from the pre-survey to the post-survey). Outcome evaluations can be complex, costly, and intimidating. This guide is meant to assist with simple outcome evaluations. If you want to carry out more-complicated outcome evaluations, you might need to get help from a trained prevention activity evaluator.

Planning the outcome evaluation design. *Design* refers to the type of evaluation you will conduct. The type of design guides when you collect data and from which groups. For example, a simple and inexpensive design uses a questionnaire to collect data from prevention activity participants just before a prevention activity begins and after it is completed (often called a *pre-/post-*). This design might be appropriate to assess changes in knowledge and attitudes that were targeted by a prevention activity. Another type of design, called the *pre-/post- with comparison group*, compares participants with a similar group not receiving the prevention activity during the same time period. This way, you can be sure that any changes taking place in the participants receiving the prevention activity from pre- to post- were real and did not happen also to nonparticipants (for example, if both groups improve the same amount, then the prevention activity did not have an effect). This improves confidence that differences were due to the prevention activity and not to something else. That is why this design is a stronger way to evaluate whether the prevention activity led to changes in knowledge, attitudes, or behaviors over time. However, this design is more complicated, so you might want to consult an evaluator. Finally, sometimes you might be interested only at the end of an activity in how participants did in that activity. Surveying participants only at the end of the activity is called a *post-only design*. It is the easiest to do, but it is the weakest type of evaluation because you have no information about how much change occurred after the prevention activity started and it includes only participants who completed the prevention activity. If possible, it would be beneficial to consult an evaluation expert to help you plan your evaluation.

Plan for collecting data on your outcomes. There are many methods you could use to collect data on your outcomes. Tip D-2 provides an overview of pros, cons, and costs of many of the common methods. A common method is an outcome survey conducted before and after the prevention activity implementation. It measures outcome domains with individual survey questions or several questions

grouped together into topical categories called *scales* (see Appendix E for examples of scales). For example, a measure assessing knowledge of workplace harassment might include several questions assessing different types of harassment knowledge. The question responses can be averaged together to form a single score, or scale. Then, the analysis of these data can also be done easily by scoring each scale, calculating the average for the group surveyed, and then comparing the pre- and post- scale scores. These surveys also can use individual items to assess change in knowledge, attitudes, and behaviors.

Choosing, entering, and analyzing your outcome data. In GTO Step 2, you specified measurable desired outcomes. Planning an outcome evaluation includes deciding what measures you will use. It can be advantageous to use measures that already exist rather than making up your own. For example, there are several well-known and tested measures of the outcomes, including ones used in the military. See Tip D-2 for a list of measures and information about them. Tip D-3 has a report that lists several measures and another report that has a short measure that predicts exposure to sexual harassment.

One tool that can help you choose measures and enter and analyze your data is the **Data Snapshot Tool for Prevention Activity Evaluation**, which was created to support DoD efforts to carry out basic evaluations for programs related to sexual assault and harassment prevention. The Data Snapshot Tool for Prevention Activity Evaluation can be accessed at https://www.rand.org/content/dam/rand/pubs/tools/TLA700/TLA746-1/RAND_TLA746-1.snapshot.zip. The Data Snapshot Tool is also available from this report's product page at www.rand.org/t/TLA746-1. (If you are a military practitioner and want to use this tool, be sure to contact your service for any additional guidance before use.)

The components are

- 1. **guidebook** (Word document)—provides information on eight survey measures that can be used to estimate the impact of prevention efforts, details about facilitating surveys, and guidance on data collection and analysis using the workbook
- 2. **workbook** (Excel file)—preprogrammed Excel file that allows for easy data entry and analysis of results from the provided survey measures
- 3. **example** (Excel file)—a completed workbook showing data entry and results pages.

The guidebook provides details about the four steps involved in executing a program evaluation:



Step 1: Select Survey Measures. The guidebook contains details and actual survey items from eight measures that assess outcomes relevant for sexual assault and harassment prevention.



Step 2: Administer a Survey. The guidebook contains instructions for administering surveys, including tools that facilitate proctoring a survey.

Step 3: Enter Data. The guidebook has explicit instructions on how to enter data into the Excel workbook from surveys conducted before and after a prevention program is run (see Figure D-1).

	A	B	C	D	E	F	G
1	Admin Codes			Gender	Age	Ethnicity	Race
2	Respondent ID (optional)	Date (Format: MMDDYY)	Entry or Follow Up Survey (1 = Baseline, 2 = Follow up)	1.1.1. What is your gender? (A: 1 = Male, 2 = Female, 3 = Prefer not to say)	1.2.1. What is your age?	1.3.1. What is your ethnicity? A: 1 = Hispanic or Latino, 2 = Non Hispanic or Latino, 3 = Prefer not to Answer)	1.4.1. What is your race? Indian, 2 = Alaska Native, or African American, 5 = Other Pacific Islander, 7 = (Please Specify), 9 = Prefe
3							
4							
5							
6							

Figure D-1. Sample Data Entry Fields from Workbook

Step 4: Analyze Data. The Excel workbook automatically calculates averages and displays the data from before and after a prevention program in bar chart form. Results are accompanied by brief summaries of the measures and how to interpret the chart.

It is very possible that your evaluation will involve a small number of people (for example, 10–15), and the amount of change could be small. Therefore, you have to be careful in how much you can conclude from such an evaluation. One way to boost your confidence that small changes in small samples are meaningful is looking for patterns across multiple implementations of a program. For example, if the prevention activity is implemented with ten different groups of service members and the evaluation results, while showing a small positive change, consistently show the same small change in each of the ten groups, you could be somewhat more confident that the results were genuine (than if you had the evaluation results of just one group). Another strategy for boosting confidence is by seeing whether the results across all the survey items follow the pattern you would have predicted. For example, say that you have a program that strongly emphasizes bystander intervention skills and touches only on rape myths. In the evaluation, respondents are asked items that gauge change on bystander skills and endorsement of rape myths. One could predict that the participants would show more change on the bystander skills than on the endorsement of rape myths. If those results come to pass, then one could have a little more confidence in the results, even if they were small changes (and especially if those results were repeated across several groups).

Also, it would be important to try to understand the data before presenting them to others not directly involved in the evaluation. Again, consulting an evaluation expert could be useful in interpreting the results.



Tip D-2. Data Collection Methods for Measuring Desired Outcomes

	Methods	Pros	Cons	Cost
Surveys	Self-administered surveys	Anonymous Inexpensive Easy to analyze Standardized Easy to compare with other data	Could be biased if respondents do not understand the questions or answer honestly Might not have very many responses; some respondents might not answer all of the questions	Low to moderate
	Telephone surveys	Easy to analyze Standardized Easy to compare with other data	Same as above, but those without phones might not respond Others might ignore calls	Moderate to high, depending on number of surveys to complete
	Face-to-face structured surveys	Same as self-administered, but you can clarify responses	Same as self-administered but requires more participant time and staff time	High
	Recorded interviews	Objective Quick Does not require new participants	Can be difficult to interpret Data are often incomplete	Low
Open-ended interactions	Open-ended face-to-face interviews	Gather in-depth, detailed info Info can be used to generate survey questions	Takes much time and expertise to conduct and analyze Potential for interview bias	Low to moderate if done in house Cost can be high if hiring outside interviewers or transcribers
	Open-ended questions on a written survey	Can add more in-depth, detailed info to a structured survey	People often do not answer them Could be difficult to interpret the meaning of written statements	Low
	Focus groups	Can quickly get info about attitudes, perceptions, and social norms Info can be used to generate survey questions	Cannot get individual-level data from focus group Can be difficult to run Hard to generalize themes to larger group Can be hard to gather 6–8 persons at same time Sensitive topics can be difficult to address in a focus group	Low if done in house Cost can be high if hiring a professional Usually incentives are offered to obtain participants
Other	Observation (of children, parents, program staff)	Can provide detailed information about a program, a family, etc.	Observer can be biased Can be a lengthy process	Low to moderate if done by staff or volunteers

SOURCE: Adapted from Hannah, McCarthy, and Chinman, 2011.

In addition to determining the methods, there are a few other considerations to keep in mind about collecting data. Tip D-3 presents guidance on those issues.



Tip D-3. Data Collection Considerations

Important issues come up about protecting participants in data collection regardless of the method you've chosen. Here are several critical considerations:

Confidentiality: You must make every effort to ensure that the responses of the participants will not be shared with anyone but the evaluation team unless the information reveals imminent intent of someone to harm themselves or others. Confidentiality is honored to protect the privacy of the participants so that they will feel that they can provide candid responses. Common safeguards include locking the data in a secure place and limiting the access to a select group, using code numbers in computer files rather than names, and never connecting data from one person to his or her name in any written report (report only grouped data, such as frequencies or averages). Tell participants not only that their answers will be kept confidential but also that the services they receive in the future will not be determined or affected by their answers in any way. (Participating agencies must take this seriously.)

Anonymity: Whenever possible, data should be collected so that each participant can remain anonymous. This means that their responses to the evaluation are kept separate from identifiable information, such as name and contact information. Again, this will protect the privacy of the participants. If you plan to match subjects on a pre- and post-test measure, you'll have to come up with some sort of nonidentifying way to match surveys, such as creating unique identification numbers or codes for each participant, for example. Also, if you want to link the responses from the outcome evaluation to other data—for example, process evaluation data, such as the number of sessions attended—then you might be limited in doing that without a plan in place ahead of time. Make sure to tell the participants that their data will be kept confidential and anonymous. They will be more likely to give true responses.

Institutional review: If you are planning on using the data for internal purposes, you likely do not need to go through an *institutional review board*, a committee formally designated to review research involving people. Research involving human subjects would need to adhere to the standards outlined in DoD Instruction 3216.02, *Protection of Human Subjects and Adherence to Ethical Standards in Military Supported Research*.

APPENDIX E

Process and Outcome Evaluation Measures

Process Evaluation Measures			
Type of Measure	Measure	Items	Measure Name and Source
1. Demographics	1.1 Gender	1.1.1 Are you a . . . <i>Response options: Man, woman, prefer not to answer</i>	U.S. Census Bureau
	1.2 Age	1.2.1 What is your age? <i>Response options: Number</i>	National Health Promotion Associates, <i>Cadet Healthy Personal Skills (CHiPS): An Adaptation of Botvin Life Skills Training Report</i> , 2018.
	1.3 Ethnicity	1.3.1 What is your ethnicity? <i>Response options: Hispanic or Latino, non-Hispanic or Latino, prefer not to answer</i>	National Health Promotion Associates, 2018.
	1.4 Race	1.4.1 What is your race? <i>Response options: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, other (please specify), prefer not to answer</i>	National Health Promotion Associates, 2018.
	1.5 Pay grade	1.5.1 What is your pay grade? <i>Response options: E-1–E-4, E-5–E-8, W-1–W-5, O-1–O-3, O-4 and above</i>	
2. Implementation quality	2.1 Presenter delivers with fidelity	Ratings on adherence to the prevention activity model or curriculum made by 2.1.1 the trainer (“Were you able to cover the following training elements . . .”) 2.1.2 an external observer (“Did the trainer cover the following training elements . . .”) 2.1.3 participants (the provided question is framed in an easy-to-understand way—for example, “My trainer let us explain what we mean by ‘respect’”) Fidelity assessment items will be unique to the content of the program being implemented.	Coreen Farris, Terry L. Schell, Margaret Tankard, Lisa H. Jaycox, Barbara Bicksler, Angela Clague, and Dionne Barnes-Proby, <i>Measures of Performance and Effectiveness for the Marine Corps' Sexual Assault Prevention Programs</i> , Santa Monica, Calif.: RAND Corporation, RR-2220-USMC, 2019. https://www.rand.org/pubs/research_reports/RR2220.html

Process Evaluation Measures			
Type of Measure	Measure	Items	Measure Name and Source
	2.2 Leadership communicated support for the prevention activity	Participant ratings of the extent to which their direct supervisor, leader, and/or commander values the prevention activity process and encouraged them to engage in the prevention activity 2.2.1 My leadership has clearly emphasized the importance of this training. 2.2.2 My leadership made sure I attended this training (for example, they came to the training with us, they reminded me that attendance is mandatory). <i>Response options: Strongly disagree, disagree, neither disagree nor agree, agree, strongly agree</i>	Farris, Schell, et al., 2019
	2.3 Participant engagement in the intervention	External observer or trainer estimate of the percentage (or number) of participants who 2.3.1 appeared attentive for the majority of the session (for example, looked at speaker, nodded head, maintained active posture) 2.3.2 spoke at least one time 2.3.3 spoke regularly Made negative, disparaging, or disruptive remarks about the prevention activity 2.3.4 [Observer, trainer] Did trainees appear attentive? For example, looked at trainer or slides, nodded, maintained active posture. <i>Response options: Not at all attentive, slightly attentive, moderately attentive, very attentive, extremely attentive</i> 2.3.5 [Trainee] To what extent were you able to pay attention during the training? <i>Response options: Not at all, slightly, moderately, very, extremely</i> 2.3.6 [Observer, trainee] Was the trainer engaging? For example, used a conversational style or humor. <i>Response options: Not at all engaging, slightly engaging, moderately engaging, very engaging, extremely engaging</i> 2.3.7 [Observer] To what extent did the trainer facilitate active participation? For example, asking open-ended questions, prompting feedback or discussion. <i>Response options: 1 (not at all) to 5 (a great deal)</i> 2.3.8 [Observer, trainer] How many trainees actively participated? For example, asked questions, made productive comments. <i>Response options: none, one to three, four to ten, more than ten</i>	Farris, Schell, et al., 2019

Process Evaluation Measures			
Type of Measure	Measure	Items	Measure Name and Source
		2.3.9 [Trainee] Did you say anything during this training (related to the training content)? For example, asked a question, made a comment, or engaged in a small group discussion about the training content. <i>Response options: No, one time, more than one time</i>	
	2.4 Participant satisfaction	Extent to which participants rated the experience as important, useful, and likely to succeed. <u>Perceived importance</u> 2.4.1 [Observer, trainer] To what extent did trainees voice disapproval of the topic or devalue the importance of the topic? <i>Response options: 1 (not at all) to 5 (a great deal)</i> 2.4.2 [Trainee] The Marine Corps is making too big of a deal out of sexual assault. <i>Response options: Strongly disagree, disagree, neither disagree nor agree, agree, strongly agree</i> 2.4.3 [Trainee] I believe it is important for Marines to learn the information in this training. <i>Response options: Strongly disagree, disagree, neither disagree nor agree, agree, strongly agree</i> <u>Perceived personal relevance</u> 2.4.4 [Trainee] This training is relevant to me and to situations that I might be in or observe. <i>Response options: Strongly disagree, disagree, neither disagree nor agree, agree, strongly agree</i> 2.4.5 *[Trainee] My Service's sexual assault training provides information about sexual assault that is relevant to my rank and career stage. <i>Response options: Strongly disagree, disagree, neither disagree nor agree, agree, strongly agree</i> 2.4.6 How much participants agree with the statement "I would recommend this program to others." <u>Perceived usefulness of the material</u> 2.4.7 Participant ratings of the usefulness of the material covered in the program <u>Participant satisfaction</u> 2.4.8 Proportion of participants indicating they were satisfied or very satisfied with ○ program content ○ exercises or interactive pieces of the program ○ user friendliness of the program material	Farris et al., 2019 * From the 2016 WGRA (Davis, Grifka, et al., 2017) Tompkins and Witt, 2009 Thomas and Taylor, 2015

Process Evaluation Measures			
Type of Measure	Measure	Items	Measure Name and Source
		2.4.9 Extent to which participants indicated that they incorporated strategies from the program into their daily life	
3. Level of delivery	3.1 Program attendance	3.1.1. How many sessions a participant attended within a given time period 3.1.2. How many minutes a participant received of the program within a given time period	Gamarra et al., 2015 Christensen et al., 2006
	3.2 Participant–program staff interactions	3.2.1. Number and quality of documented accounts of collaboration between participant and program facilitator or provider	Gamarra et al., 2015
	3.3 Attrition rate of participants involved in program	3.3.1 Number of participants who were still enrolled at the end of the program divided by the number enrolled at the start of the program to determine the percentage of attrition	Shear et al., 2016
	3.4 Training dosage	3.4.1. Extent to which program facilitators and providers received the training—for example, the number of training sessions attended or the number of hours of training received	Kato et al., 2010

Outcome Evaluation Measures			
Domain 1: Preventing Sexual Harassment and Promoting Workplace Civility			
Type of Measure	Measure	Items	Measure Name and Source
4 Longer-term outcome measures	4.1 Workplace civility	Over the past 6 months, how often has each of the following occurred at work: 4.1.1 Someone withholding information which affects your performance 4.1.2 Spreading of gossip and rumors about you 4.1.3 Being ignored or excluded 4.1.4 Having insulting or offensive remarks made about your person, attitudes, or your private life 4.1.5 Being shouted at or being a target of spontaneous rage 4.1.6 Repeated reminders of your errors or mistakes 4.1.7 Being ignored or facing a hostile reaction when you approach 4.1.8 Persistent criticism of your work and effort 4.1.9 Practical jokes carried out by people you do not get along with <i>Response options: (0) Never, (1) now and then, (2) monthly, (3) weekly, (4) daily</i> Sum item scores. Higher score indicates more negative acts.	Measure: Short-Form Negative Acts Questionnaire Source: G. Notelaers, B. Van der Heijden, H. Hoel, and S. Einarsen, "Measuring Bullying at Work with the Short-Form Negative Acts Questionnaire: Identification of Targets and Criterion Validity," <i>Work & Stress</i>, Vol. 33, No. 1, 2019, pp. 58–75.
	4.2 Unit cohesion	4.2.1 My unit is like family to me. 4.2.2 People in my unit are trustworthy. 4.2.3 My fellow unit members appreciate my efforts. 4.2.4 I feel valued by my fellow unit members. 4.2.5 Members of my unit are interested in my well-being. 4.2.6 My fellow unit members are interested in what I think and how I feel about things. 4.2.7 My unit leader is interested in what I think and how I feel about things. 4.2.8 My service is appreciated by the leaders in my unit. 4.2.9 I could go to unit leaders for help if I have a problem or concern. 4.2.10 The leaders of my unit are interested in my personal welfare. 4.2.11 I feel valued by the leaders of my unit. <i>Response options: Strongly disagree: 1, somewhat disagree: 2, neither agree nor disagree: 3, somewhat agree: 4, strongly agree: 5</i> Sum item scores. Possible range is 12 to 60; higher scores are indicative of greater perceived social support from fellow unit members and unit leaders.	Measure: Adapted Unit Support Scale from Deployment Risk and Resilience Inventory–2 Source: D. S. Vogt, B. N. Smith, L. A. King, D. W. King, J. A. Knight, and J. J. Vasterling, "Deployment Risk and Resilience Inventory–2 (DRRI-2): An Updated Tool for Assessing Psychosocial Risk and Resilience Factors Among Service Members and Veterans," <i>Journal of Traumatic Stress</i>, Vol. 26, 2013, pp. 710–717.

Outcome Evaluation Measures			
Domain 1: Preventing Sexual Harassment and Promoting Workplace Civility			
Type of Measure	Measure	Items	Measure Name and Source
	4.3 Gender discrimination	4.3.1 I have sometimes been unfairly singled out because of my gender. 4.3.2 Prejudice based on gender exists in my unit. 4.3.3 In my unit all people are treated the same, regardless of their gender. 4.3.4 In my unit I feel socially isolated because of my gender. 4.3.5 In my unit females receive fewer opportunities. 4.3.6 There is no discrimination in my present unit. 4.3.7 In my unit some males are treated better than females. 4.3.8 Supervisors scrutinize the work of females more than that of males. 4.3.9 In my unit males and females get along well with each other. 4.3.10 In my unit some people get better treatment because of their gender. 4.3.11 Telling sexist jokes is not common in my unit. 4.3.12 There is gender discrimination in my unit. 4.3.13 In my unit, I am treated poorly because of my gender. 4.3.14 In my unit members of opposite gender do not tell me some job-related information that they share with members of the same gender. 4.3.15 In my unit promotions and rewards are not influenced by gender. <i>Response options: Strongly disagree: 1, strongly agree: 7</i> Sum item scores. Higher scores indicate higher levels of perceived discrimination experiences. Strong construct, convergent, and discriminant validity for the Workplace Prejudice/Discrimination Inventory have been demonstrated (James, Lovato, and Cropanzano, 1994).	Measure: Adapted Workplace Prejudice/Discrimination Inventory Sources: M. M. Foynes, J. C. Shipherd, and E. F. Harrington, "Race and Gender Discrimination in the Marines," <i>Cultural Diversity and Ethnic Minority Psychology</i>, Vol. 19, No. 1, 2013, p. 111. K. James, C. Lovato, and R. Cropanzano, "Correlational and Known-Group Comparison Validation of a Workplace Prejudice/Discrimination Inventory," <i>Journal of Applied Social Psychology</i>, Vol. 24, No. 17, 1994, pp. 1573–1592. DEOMI, "Sexual Assault Prevention Climate," <i>DEOMI Organizational Climate Survey (DEOCS) Assessment to Solutions</i>, 2019.

Outcome Evaluation Measures			
Domain 1: Preventing Sexual Harassment and Promoting Workplace Civility			
Type of Measure	Measure	Items	Measure Name and Source
	4.4 Sexual Harassment	4.4.1 Since [x date], did someone from work repeatedly tell sexual “jokes” that made you uncomfortable, angry, or upset? <i>Yes 1, No 2</i> [Programming note: Same sex as respondent] 4.4.2 Since [x date], did someone from work embarrass, anger, or upset you by repeatedly suggesting that you do not act like a [man/woman] is supposed to? For example, by calling you [male respondents: “a woman, a fag, or gay”; female respondents: “a dyke, or butch”]. <i>Yes 1, No 2</i> 4.4.3 Since [x date], did someone from work make repeated sexual comments about your appearance or body that made you uncomfortable, angry, or upset? <i>Yes 1, No 2</i> 4.4.4 Since [x date], did someone from work make repeated attempts to establish an unwanted romantic or sexual relationship with you? These could range from repeatedly asking you out for coffee to asking you for sex or a “hook-up.” <i>Yes 1, No 2</i> 4.4.5 Since [x date], did someone from work intentionally touch you in a sexual way when you did not want them to? This could include touching your genitals, breasts, buttocks, or touching you with their genitals anywhere on your body. <i>Yes 1, No 2</i>	Measure: RAND Short Form Measure of Sexual Harassment Risk in the Military Source: Terry L. Schell, Matthew Cefalu, and Andrew R. Morral, <i>Development of a Short Form Measure of Sexual Harassment Risk in the Military: Findings from the RAND Military Workplace Study</i>, Santa Monica, Calif.: RAND Corporation, RR-2031-OSD, 2019. https://www.rand.org/pubs/research_reports/RR2031.html NOTE: Please consult reference for the instructions that should accompany the items, programming notes, and scoring instructions.

Domain 2: Preventing Sexual Assault Through Bystander Intervention, Changing Social Norms, Risk Perception, Confidence in Self Defense, and Reducing Alcohol Misuse			
Type of Measure	Measures	Items	Measure Name and Source
5. Short-term outcomes	5.1 Positive bystander behavior	How often did you engage in the following behaviors in the last year: 5.1.1 Expressed concern to a friend whose partner was acting very jealous and trying to control him or her 5.1.2 Spoke up if somebody said that someone deserved to be raped or to be hit by their partner 5.1.3 Talked to a friend who was raped or hit by a partner 5.1.4 Asked someone who looked very upset if they were okay or needed help 5.1.5 Asked a friend if they needed to be walked or driven home 5.1.6 Spoke up to someone who was bragging or making excuses for forcing someone to have sex with them 5.1.7 Got help for a friend because they had been forced to have sex or were hurt by a partner 5.1.8 Discussed the possible dangers of drinking too much with friends 5.1.9 Told someone you were concerned about their drinking, told someone that getting drunk puts them at risk for being a victim of violence 5.1.10 Expressed concern when someone was talking about how they got “so wasted” 5.1.11 Made sure someone who had too much to drink got home safely <i>Response options range from 0 to 3 (0 = not at all, 1 = 1–2 times, 2 = 3–5 times, 3 = 6 or more times).</i> Scores are summed for a cumulative score. Higher scores indicate greater number of positive bystander behaviors.	Measure: Positive Bystander Behavior A. L. Coker, P. G. Cook-Craig, C. M. Williams, B. S. Fisher, E. R. Clear, L. S. Garcia, and L. M. Hegge, “Evaluation of Green Dot: An Active Bystander Intervention to Reduce Sexual Violence on College Campuses,” <i>Violence Against Women</i>, Vol. 17, No. 6, 2011, pp. 777–796.
	5.2 Risk perception	5.2.1 What are your chances of being raped by someone you know? <i>Response options: 1 = very unlikely, 5 = very likely</i> Scores may be totaled for a cumulative score. Higher scores indicate greater risk perception for assault by an acquaintance. 5.2.2 Risk Perception Measure from Messman-Moore, 2006 <i>Response options: A realistic, yet hypothetical story of a sexual assault (either by an acquaintance or a stranger) is presented in 25 statements. Respondents are to identify where in the story they would “leave the situation” (1–25).</i>	Measure: Women’s perception of their risk of sexual assault by male acquaintances Charlene Y. Senn, Misha Eliasziw, Paula C. Barata, Wilfreda E. Thurston, Ian R. Newby-Clark, H. Lorraine Radtke, and Karen L. Hobden, “Sexual Assault Resistance Education for University Women: Study Protocol for a Randomized Controlled Trial (SARE Trial),” <i>BMC Women’s Health</i>, Vol. 13, No. 1, 2013, p. 25.

Domain 2: Preventing Sexual Assault Through Bystander Intervention, Changing Social Norms, Risk Perception, Confidence in Self Defense, and Reducing Alcohol Misuse			
Type of Measure	Measures	Items	Measure Name and Source
		Score is calculated at the point the person determines they would leave the situation. Lower scores (leaving the situation earlier) indicate greater perception of risk. Average of population assesses overall level of risk.	Measure: Risk Perception Measure Source: Terri L. Messman-Moore and Amy L. Brown, "Risk Perception, Rape, and Sexual Revictimization: A Prospective Study of College Women," <i>Psychology of Women Quarterly</i> , Vol. 30, No. 2, 2006, pp. 159–172.
	5.3 Consent beliefs	5.3.1 Not asking for sexual consent some of the time is okay. 5.3.2 It is the responsibility of both partners to make sure sexual consent is established before sexual activity begins. 5.3.3 It is not necessary to ask for consent at every step of a sexual interaction. 5.3.4 Obtaining sexual consent is more important in a new relationship than in a long-term relationship. 5.3.5 It is enough to ask for consent at the beginning of a sexual encounter. 5.3.6 Sexual intercourse is the only sexual activity that requires explicit verbal consent. Sum responses for score. Lower scores equate to greater awareness of appropriate consent behavior. <i>Response options: 0 = strongly disagree, 1 = disagree, 2 = neither agree nor disagree, 3 = agree, 4 = strongly agree</i>	Measure: Sexual Consent Scale Source: National Health Promotion Associates, <i>Cadet Healthy Personal Skills (CHiPS): An Adaptation of Botvin Life Skills Training Report</i>, 2018. Adapted from Terry P. Humphreys and Mélanie M. Brousseau, "The Sexual Consent Scale—Revised: Development, Reliability, and Preliminary Validity," <i>Journal of Sex Research</i>, Vol. 47, No. 5, 2010, pp. 420–428.
	5.4 Self-defense tactics	How likely are you to use the following tactics in response to an unwanted sexual advance? 5.4.1 Assertive body language (for example, walking confidently) 5.4.2 Assertive verbal responses (for example, saying "no") 5.4.3 Avoiding "telegraphing" emotions (for example, providing an assertive verbal response even when nervous) 5.4.4 Attention to intuition (for example, trusting your gut) 5.4.5 Yelling and running 5.4.6 Physical self-defense <i>Response is a 7-point scale from (1) not at all likely to (7) completely likely.</i>	Measure: Resistance Tactics Scale C. A. Gidycz, L. M. Orchowski, D. R. Probst, K. M. Edwards, M. Murphy, and E. Tansill, "Resistance Tactics Scale," database, 2015.

Domain 2: Preventing Sexual Assault Through Bystander Intervention, Changing Social Norms, Risk Perception, Confidence in Self Defense, and Reducing Alcohol Misuse			
Type of Measure	Measures	Items	Measure Name and Source
		Scores are totaled for a cumulative score. Higher scores indicate greater confidence related to self-defense skills.	
	5.5 Alcohol misuse	5.5.1 How often do you have a drink containing alcohol? (0) <i>Never</i>, (1) <i>monthly or less</i>, (2) <i>2–4 times a month</i>, (3) <i>2–3 times a month</i>, (4) <i>4 or more times a week</i> 5.5.2 How many drinks containing alcohol do you have on a typical day when you are drinking? (0) <i>1–2</i>, (1) <i>3–4</i>, (2) <i>5–6</i>, (3) <i>7–9</i>, (4) <i>10 or more</i> 5.5.3 How often do you have six or more drinks on one occasion? (0) <i>Never</i>, (1) <i>less than monthly</i>, (2) <i>monthly</i>, (3) <i>weekly</i>, (4) <i>daily or almost daily</i> 5.5.4 How often during the last year have you found that you were not able to stop drinking once you had started? (0) <i>Never</i>, (1) <i>less than monthly</i>, (2) <i>monthly</i>, (3) <i>weekly</i>, (4) <i>daily or almost daily</i> 5.5.5 How often during the last year have you failed to do what was normally expected of you because of drinking? (0) <i>Never</i>, (1) <i>less than monthly</i>, (2) <i>monthly</i>, (3) <i>weekly</i>, (4) <i>daily or almost daily</i> 5.5.6 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? (0) <i>Never</i>, (1) <i>less than monthly</i>, (2) <i>monthly</i>, (3) <i>weekly</i>, (4) <i>daily or almost daily</i> 5.5.7 How often during the last year have you had a feeling of guilt or remorse after drinking? (0) <i>Never</i>, (1) <i>less than monthly</i>, (2) <i>monthly</i>, (3) <i>weekly</i>, (4) <i>daily or almost daily</i> 5.5.8 How often during the last year have you been unable to remember what happened the night before because of your drinking? (0) <i>Never</i>, (1) <i>less than monthly</i>, (2) <i>monthly</i>, (3) <i>weekly</i>, (4) <i>daily or almost daily</i> 5.5.9 Have you or someone else been injured because of your drinking? (0) <i>No</i>, (2) <i>Yes, but not in the last year</i>, (3) <i>Yes, during the last year</i> 5.5.10 Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	Measure: The Alcohol Use Disorders Identification Test (AUDIT) by WHO Thomas F. Babor, J. R. de la Fuente, J. Saunders, and M. Grant, "The Alcohol Use Disorders Identification Test," <i>Guidelines for Use in Primary Health Care</i>, Geneva: World Health Organization, 1992.

Domain 2: Preventing Sexual Assault Through Bystander Intervention, Changing Social Norms, Risk Perception, Confidence in Self Defense, and Reducing Alcohol Misuse			
Type of Measure	Measures	Items	Measure Name and Source
		(0) No, (2) Yes, but not in the last year, (3) Yes, during the last year Scores are totaled for a cumulative score. Higher scores indicate greater alcohol misuse.	
	5.6 Intent to help	5.6.1 I approach someone I know if I think they are in an abusive relationship and let them know I'm here to help. 5.6.2 I let someone who I suspect has been sexually assaulted know I'm available for help and support. 5.6.3 I ask someone who seems upset if they are okay or need help. 5.6.4 If someone said they had an unwanted sexual experience but doesn't call it rape, I express concern or offer to help. 5.6.5 I express concern to someone I know who has unexplained bruises that may be signs of abuse in relationship. 5.6.6 I stop and check in on someone who looks intoxicated when they are being taken upstairs at party. 5.6.7 I see a guy talking to a woman I know. He is sitting close to her and by the look on her face I can see she is uncomfortable. I ask her if she is okay or try to start a conversation with her. 5.6.8 I see someone I know and their partner. They are in a heated argument. The partner has their fist clenched around the arm of the person I know and the person I know looks upset. I ask if everything is okay. 5.6.9 If the partner of someone I know is shoving or yelling at them I ask the person being shoved or yelled at if they need help. 5.6.10 I tell someone I know if I think their drink was spiked with a drug. <i>Response options: 1(not at all likely) to 5 (extremely likely)</i>	V. L. Banyard, M. M. Moynihan, A. C. Cares, and R. A. Warner, "How Do We Know If It Works? Measurable Outcomes in Bystander-Focused Abuse Prevention on Campuses," <i>Psychology of Violence</i> , Vol. 4, 2014, pp. 101–115.
	5.7 Bystander Efficacy Short Form	Assess confidence in one's ability to engage in bystander helping behaviors 5.7.1 Get help and resources for a friend who tells me they have been raped. 5.7.2 Do something to help a very drunk person who is being brought upstairs to a bedroom by a group of people at a party. 5.7.3 Do something if I see a woman surrounded by a group of men at a party who looks very uncomfortable. 5.7.4 Speak up to someone who is making excuses for forcing someone to have sex with them.	V. L. Banyard, "Measurement and Correlates of Pro-Social Bystander Behavior: The Case of Interpersonal Violence," <i>Violence and Victims</i> , Vol. 23, 2008, pp. 83–97.

Domain 2: Preventing Sexual Assault Through Bystander Intervention, Changing Social Norms, Risk Perception, Confidence in Self Defense, and Reducing Alcohol Misuse			
Type of Measure	Measures	Items	Measure Name and Source
		<i>Response options: 0 (can't do) to 50 (moderately certain) to 100 (very certain)</i>	
	5.8 Rape beliefs	Assesses endorsement of beliefs that justify rape or blame victims for their victimization Subscale 1: She asked for it 5.8.1 If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand. 5.8.2 When girls go to parties wearing slutty clothes, they are asking for trouble. 5.8.3 If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped. 5.8.4 If a girl acts like a slut, eventually she is going to get into trouble. 5.8.5 When girls get raped, it's often because the way they said "no" was unclear. 5.8.6 If a girl initiates kissing or hooking up, she should not be surprised if a guy assumes she wants to have sex. Subscale 2: He didn't mean to 5.8.7 When guys rape, it is usually because of their strong desire for sex. 5.8.8 Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away. 5.8.9 Rape happens when a guy's sex drive goes out of control. 5.8.10 If a guy is drunk, he might rape someone unintentionally. 5.8.11 It shouldn't be considered rape if a guy is drunk and didn't realize what he was doing. 5.8.12 If both people are drunk, it can't be rape. Subscale 3: It wasn't really rape 5.8.13 If a girl doesn't physically resist sex—even if protesting verbally—it can't be considered rape. 5.8.14 If a girl doesn't physically fight back, you can't really say it was rape. 5.8.15 A rape probably doesn't happen if a girl doesn't have any bruises or marks. 5.8.16 If the accused "rapist" doesn't have a weapon, you really can't call it rape. 5.8.17 If a girl doesn't say "no" she can't claim rape. Subscale 4: She lied 5.8.18 A lot of times, girls who say they were raped agreed to have sex and then regret it.	Measure: Updated Illinois Rape Myth Acceptance Scale Source: Payne, Lonsway, and Fitzgerald, 1999 McMahon and Farmer, 2011 Breslin et al., 2019

Domain 2: Preventing Sexual Assault Through Bystander Intervention, Changing Social Norms, Risk Perception, Confidence in Self Defense, and Reducing Alcohol Misuse			
Type of Measure	Measures	Items	Measure Name and Source
		5.8.19 Rape accusations are often used as a way of getting back at guys. 5.8.20 A lot of times, girls who say they were raped often led the guy on and then had regrets. 5.8.21 A lot of times, girls who claim they were raped have emotional problems. 5.8.22 Girls who are caught cheating on their boyfriends sometimes claim it was rape.	
	5.9 Risk perception measure	This measure presents two common social experiences that end in a sexual assault (one involving a stranger and one involving an acquaintance) and asks when the respondent would leave the situation. Each scenario is broken into 25 chronological steps and the respondent has to choose the step at which they would leave. The full measure can be found at https://journals.sagepub.com/doi/full/10.1111/j.1471-6402.2006.00279.x	Terri L. Messman-Moore and Amy L. Brown, "Risk Perception, Rape, and Sexual Revictimization: A Prospective Study of College Women," <i>Psychology of Women Quarterly</i> , Vol. 30, No. 2, 2006, pp. 159–172.

Additional Outcome Measures

Measures of Performance and Effectiveness for the Marine Corps' Sexual Assault Prevention Programs is a report that includes measures of performance and measures of effectiveness for various prevention programs. In particular, Appendix C of the report lists the measures, their items, and response items. See Coreen Farris, Terry L. Schell, Margaret Tankard, Lisa H. Jaycox, Barbara Bicksler, Angela Clague, and Dionne Barnes-Proby, *Measures of Performance and Effectiveness for the Marine Corps' Sexual Assault Prevention Programs*, Santa Monica, Calif.: RAND Corporation, RR-2220-USMC, 2019.

https://www.rand.org/pubs/research_reports/RR2220.html

Development of a Short Form Measure of Sexual Harassment Risk in the Military is a brief report that presents a shortened version of a measure that can predict an individual's exposure to sexual harassment. See Terry L. Schell, Matthew Cefalu, and Andrew R. Morral, *Development of a Short Form Measure of Sexual Harassment Risk in the Military: Findings from the RAND Military Workplace Study*, Santa Monica, Calif.: RAND Corporation, RR-2031-OSD, 2019. https://www.rand.org/pubs/research_reports/RR2031.html

Guidebook: Data Snapshot Tool for Prevention Program Evaluation and Monitoring is a guide commissioned by SAPRO and produced by RAND that provides details for all the measures listed in Tip D-2. See Appendix D for information on how to obtain this guidebook.

APPENDIX F

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