

Georgia Rape Prevention and Education Program

Evaluation Report: Year 2

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Prepared by:

**Chinwe Ejikeme, Program Evaluator
Kia Powell-Threets, Director of Reporting Unit**



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Executive Summary

Sexual violence is a significant public health problem in the United States. Approximately 1 in 5 women and 1 in 71 men in the United States have been raped at some time in their lives while nearly 1 in 2 women and 1 in 5 men have experienced other forms of sexual violence victimization in their lifetime; an estimated 655,000 Georgian women reported being victims of completed rape, while an estimated 1.7 million were victims of sexual violence other than rape in 2010. Georgia Department of Public Health developed the Georgia Rape Prevention and Education (GA-RPE) program to implement sexual violence prevention strategies and increase the awareness of risk and protective factors that prevent first time perpetration. Grantees are required to implement the state-identified evidence-based curriculum and promising strategies including a locally created strategy.

To carry out the activities of the Georgia RPE program, the Department of Public Health funds eighteen external grantees to implement primary prevention strategies to address modifiable risk and protective factors for sexual violence perpetration and victimization and/or promote community change for sexual violence prevention, targeting the age groups 10-19 years. Each of the grantee develops its own work plan to address the overarching goal of increasing the awareness of risk and protective factors that prevent first time perpetration. Activities are specific to each grantee and fall into prevention/empowerment activities and community change activities.

Georgia Department of Public Health conducts its own internal evaluation of the GA- RPE program, albeit, without a convened evaluation planning team as at the time of this report. The preliminary evaluation conducted during this funding period was designed to describe common aspects of the program steered across the diverse grantees, while also providing more detailed information about the selected activities and performance measures. This preliminary evaluation guided by a set of preliminary process and outcome evaluation questions aligned to the Centers for Disease Control and Prevention (CDC) RPE logic model. Data collection tools include grantee progress reports and surveys of program participants. In addition to a primarily descriptive statewide evaluation, two evaluations were conducted. The *Safe Dates* evaluation was conducted to assess: 1) The extent to which the *Safe Dates* curriculum session was implemented with fidelity; 2) The proportion of participants who gained knowledge on the subject matter, after attending the sessions; and, 3) the barriers and successes associated to implementation of the program. The *Step Up. Step In.* awareness campaign evaluation was conducted to assess 1) The perception of participants about sexual bullying in the school; 2) The extent to which the social norm change campaign created awareness for sexual bullying; and 3) the proportion of participants who believed the campaign message and its effectiveness in reducing sexual bullying in school.

This evaluation report summarizes Rape Crisis Centers' (RCCs) and health district coordinators' progress reports for May 15, 2015 to February 15, 2016 to answer selected preliminary evaluation questions. During this year, each RCC conducted at least three *Safe Dates* education seminars for a total of 270 sessions in settings including middle, high and alternative schools as

well as housing authority; 28 community change activities reaching diverse populations such as students, school leadership, media personnel, clergy local leadership, and parents; received a total of 1,126 hotline calls, with 322 referrals; and delivered 34,710 small and large scale media messages with an estimated reach of 109,665.

Health district grantees partnered with 21 high and middle schools to conduct a total of 173 activities in the implementation of a sexual bullying awareness campaign. Their efforts reached a total of 7045 middle and 6961 high school students as well as 267 and 347 staff with creative awareness campaign approaches including, poster contests, *Step Up. Step In.* (SUSI) awareness, observing SUSI awareness week, SUSI awareness football game, SUSI awareness fact cards, billboards, yearbook ads, panel discussions, and morning announcements.

Introduction

Need for the Georgia Rape Prevention and Education Program

Sexual violence is a significant public health problem in the United States. Approximately 1 in 5 women and 1 in 71 men in the United States have been raped at some time in their lives and nearly 1 in 2 women and 1 in 5 men have experienced other forms of sexual violence victimization in their lifetime [1]. According to the National Intimate Partner and Sexual Violence Survey (NISVS), in 2010, an estimated 655,000 Georgian women were victims of completed rape, while an estimated 1.7 million were victims of sexual violence other than rape [1]. Georgia's youth are also committing and experiencing teen dating violence, bullying and other forms of violence at significant rates. Data from *Youth Risk Behavior Survey* (YRBS) in 2009, estimated 10% of 9th grade females had been physically abused by their boyfriends and it doubled for 11th grade females [2].

There is a national agreement on the need to prevent rape and other forms of sexual violence, prompting congress to pass the Violence Against Women Act in 1994 and which led to the establishment of the Rape Prevention and Education (RPE) Program [3]. The Rape Prevention and Education Program focuses on primary prevention. To achieve its goal, CDC issued a set of guiding principles for planning and implementing program activities including, prevention of first-time perpetration and victimization, reduction of modifiable risk factors while enhancing protective factors associated with sexual violence perpetration and victimization; usage of the best available evidence in the planning, implementation and evaluation of prevention programs; incorporation of behavior and social change theories into prevention programs; usage of population-based surveillance in informing program decisions and monitoring trends; and evaluation of prevention efforts and usage of the results in improving the program plans [3].

Recognizing the importance of preventing sexual violence across a lifetime, the RPE program encourages the development of comprehensive prevention strategies through a continuum of activities that address individual, relationship, community and societal factors from various ways [3]. Georgia Rape Prevention and Education (GA-RPE) program is designed to implement sexual violence prevention strategies, using this approach.

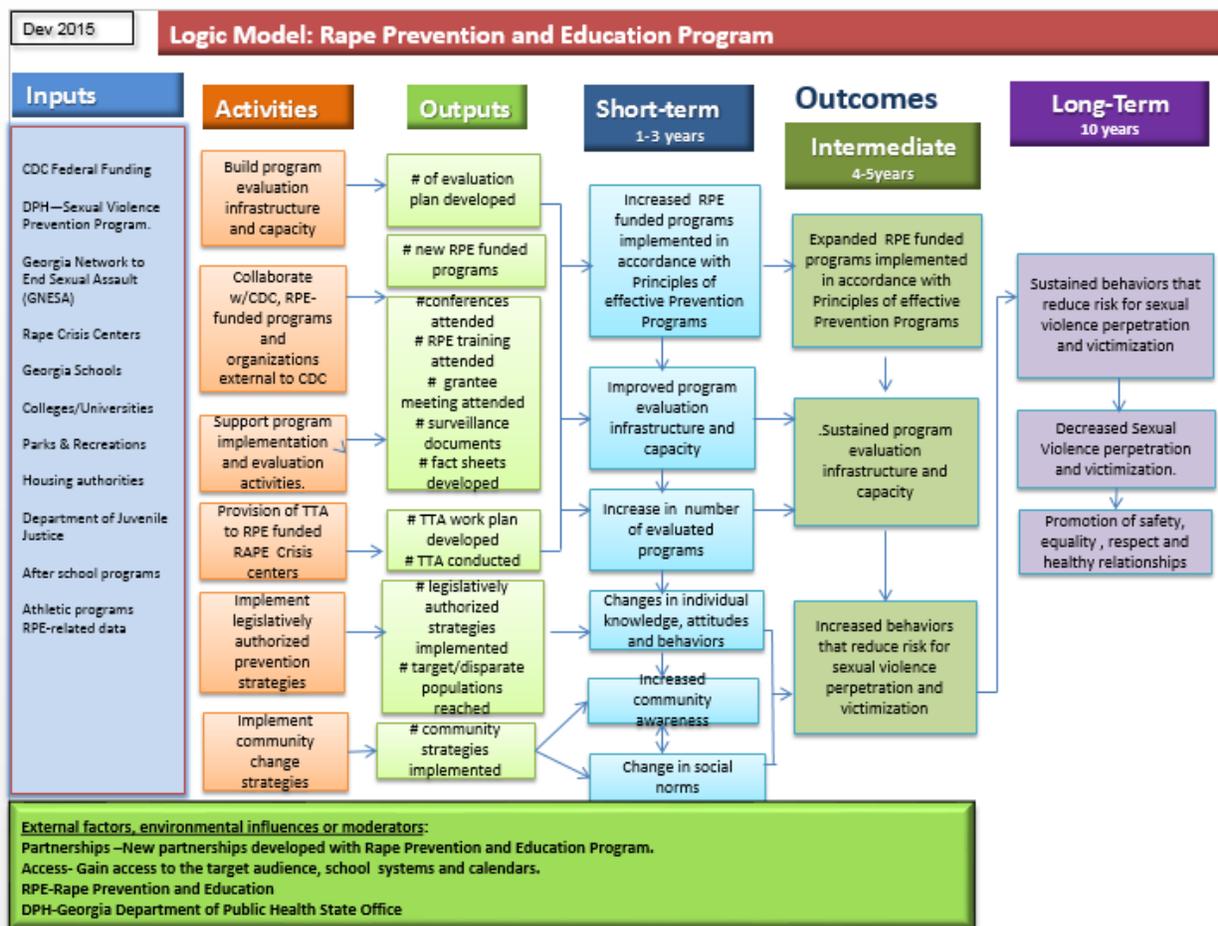
Program Description

Georgia RPE is part of a national effort launched by the Centers for Disease Control and Prevention in response to the Violence Against Women Act of 1994. The aim of GA-RPE program is to address Healthy People 2020 National Goals and state priorities by implementing sexual violence prevention activities in eight public health districts through a unified approach involving prevention, education, advocacy, and collaboration throughout the state of Georgia [4]. Georgia's proposed strategies will advance efforts towards preventing sexual violence among youth, ages 10-19 by implementing primary prevention strategies. Figure 1 shows a logic model of the GA-RPE program, aligned to the CDC RPE logic model (Appendix A).

CDC's Rape Prevention and Education program logic model specifies intended grantee activities in the following categories: building program evaluation infrastructure and capacity, collaboration with CDC-funded program and organizations external to CDC, participation in

program support activities, provision of training and technical assistance to RPE funded organizations, implementation of legislatively authorized prevention strategies, and implementation of community change strategies.

Figure 1. Georgia Rape Prevention and Education Program Logic Model



The Georgia Department of Public Health developed the RPE program to increase the awareness of risk and protective factors that prevent first time perpetration. GA-RPE began receiving funding from the CDC in 2002 and in 2014 received a new agreement related to the increase of RPE-funded organizations implementing sexual violence prevention strategies based on principles of effective prevention strategies and an improvement in program evaluation infrastructure and capacity, at the state level. Prior to receiving this funding, GA-RPE funded the eight rape crisis centers to implement *Safe Dates* program in middle schools, high schools, group homes, housing authorities and youth-serving organizations. Under the current grant, GA-RPE expanded prevention interventions to under-represented areas of the state and to add a more diverse group of partners, while targeting the age group 10-19 years. Eighteen external grantees are currently being funded to implement primary prevention strategies to address modifiable risk and protective factors for sexual violence perpetration and victimization and/or promote community change for sexual violence prevention. *Table 1* shows a list of the 18 external grantees and the respective prevention program they serve in.

Table 1. External Grantees and their Respective Prevention Program

External Grantee	<i>Safe Dates Curriculum</i>	<i>One in Four and Beyond program</i>	<i>Coaching Boys into Men program</i>	<i>Step Up. Step In. Program</i>
Rape Crisis Center of the Coastal Empire – Savannah	X			
The Cottage Sexual Assault Center & CAC – Athens	X			
West Georgia Rape Crisis Center – Carrollton	X			
Sexual Assault Center of NW GA – Rome	X			
Southern Crescent Sexual Assault Center & CAC – Jonesboro	X			
Women in Need of God’s Shelter (WINGS) – Dublin	x			
Fort Valley State University		X		
Savannah State University		X		
University of West GA – Carrollton		X		
Thomson Police Department			X	
Cobb Co. Parks & Recreation - Marietta			X	
Gwinnett Adolescent Health and Youth Development Services				X
Rome Health District				X
South Health District 8-1				X
Southwest Health District 8-2				X
Health District 4 LaGrange				X
Columbus Health District 7				X
Coastal Health District				X
Health District 9-2 Waycross				X

GA-RPE program is a decentralized program; each grantee develops and implements its own work plan, specific to its population, to address GA-RPE’s stipulated deliverables related to the overarching aim of increasing the awareness of risk and protective factors that prevent first time perpetration. Activities vary depending upon the specific intervention and fall into the following overarching categories: prevention/empowerment activities and community change activities.

Evaluation of the Georgia Rape Prevention and Education Program

Planned Evaluation Partners and Stakeholders Engagement

The Georgia RPE program stakeholders and previously funded sites have had a long standing relationship with the ongoing sexual violence prevention efforts. They were engaged at various points during year one of the implementation phase and GA-RPE will continue to engage them and new stakeholders. During the current funding period, GA-RPE plans to convene new and existing partners and stakeholders to provide insight and assist in the planning of the strategic evaluation as well as to assist in refining the existing programs and services, strengthen programs and services and expand these programs to underserved populations.

Preliminary Evaluation Design

Pending the time an evaluation planning team will be convened, the program evaluator developed potential evaluation questions, program logic model and conducts a statewide evaluation to describe the common aspects of the decentralized program conducted by the diverse external grantees, while providing more detailed information about selected activities and outcomes. The GA-RPE evaluation is a descriptive, mixed method design that uses multiple data collection strategies to assess each intervention’s activities and outcomes.

Currently, the evaluation is guided by a set of process and outcome questions designed to respond to CDC's stipulated performance and outcome measures. All outcome questions assess the CDC logic model outcomes targeted by Georgia. The preliminary process questions were selected to describe the program and document the extent to which activities were implemented as planned by the external grantees. Based on a review of the literature, the evaluator developed a list of potential evaluation questions. These questions will be refined and prioritized upon convening an evaluation planning team.

The evaluation questions, listed below, are organized by the overarching categories of external grantee activities: prevention/empowerment activities and community change activities.

Preliminary Process Evaluation Questions

Description of Program

1. To what extent was the program expanded? How many partners were involved in implementing the program?
2. To what extent did the GA-RPE program use CDC recommended evidence-based strategies in preventing first time perpetration and victimization of sexual violence? What level of socio-ecological model did the strategies address?
3. To what extent did the program promote use of legislatively approved strategies?
4. To what extent were project work plans implemented as intended?
5. What population(s) did the GA-RPE program target and how were they selected?
6. What were the risk and protective factors addressed?
7. What facilitated and inhibited project implementation?

Permitted Uses (Prevention Activities)

Community Change Activities

8. How many community mobilization activities were conducted?
9. What is the purpose of these efforts? Who are the key stakeholders involved in these efforts. What are the demographics of the participants? What were the measurable outcomes associated with the community change strategies?
10. How many social norms change activities were performed? What approaches were used toward social norms change?
11. What are the measurable outcomes of the social norms change activities and efforts?
12. What were the facilitators, challenges and threats associated with (i) the social norm change efforts (ii) community change?

Training Professionals

13. How many professional trainings were conducted and what were the type and location of professionals who received professional trainings?
14. What were the purpose(s) of the training(s)?
15. What were the measurable outcomes addressed in the trainings?

Education Sessions

16. How many education sessions were conducted? What topics were delivered in the sessions?
17. What was the demographics of participants? What are the locations of the education sessions?
18. How many disclosures/referrals were made?

Hotline Services

19. How many hotline calls were received?
20. How many callers were referred and where were they referred to?

Information Materials

21. How many units of each type of information materials developed and/or disseminated and what were the topics for the information materials?
22. What was the estimated reach of media campaigns?
23. What topics were covered in the information materials?

Preliminary Outcome Evaluation Questions

Education Sessions

24. What proportion of participants demonstrated positive changes in knowledge, skills, attitude and behaviors addressed in education sessions?
25. To what extent did participation in education sessions impact behavior change? (Next step)

Community Change Strategies

26. To what extent did the social norm change campaign create awareness for sexual bullying?
27. What was the perception of students about sexual bullying in school?
28. What proportion of middle and high school participants:
 - a. Believed the social norm change campaign message?
 - b. Demonstrated their willingness to help in changing social norm behaviors related to sexual bullying?
 - c. Believed the campaign will effect a group effort at changing social norm behaviors related to sexual bullying?
 - d. To what extent did the campaign impact behavior change? (next step with school behavior data)

Data Collection Tools and Procedures

The program evaluator used multiple data sources for the evaluation; Rape Crisis Center monthly progress reports in CATALYST online reporting system, quarterly reports for *Step Up. Step In., One in Four and Beyond* and *Coaching Boys into Men* interventions, and written surveys. Each tool is described below and *Table 2* on page 14 indicates which data sources will answer each evaluation question.

Preliminary Statewide Evaluation

While the Rape Crisis Centers submitted monthly report to GA-RPE through CATALYST online reporting system (May 2015 to January, 2016), the external grantees for *Step Up. Step In.* program submitted quarterly reports in October and December, 2015 and final reports in February, 2016). Appendix B shows all the data collection tools used in this evaluation

Progress Reports

RCC

The monthly progress reports for the RCCs consisted of five parts. In the first part, RCCs provided information about the target population that their programs serve. In parts two to five, RCCs provided a description of progress towards the objective, a list of what has been measured to document progress, challenges encountered and how they were addressed including: education sessions, community mobilization, hotline services and Information materials and Evaluation. These also consisted of documentation of the quantity of different program components that were delivered, the number of participants reached, and the demographic characteristics of those participants. The information provided in these different components were both quantitative and qualitative.

Education sessions data included the components of *Safe Dates* curriculum conducted, the rationale for conducting the sessions, sessions delivered individually and in combined fashion, number of sessions delivered, total number and demographics of participants, number of disclosures, number and type of referrals, challenges and successes associated with education sessions and any relationship developed for data sharing (to aid in tracking behavior change).

Community mobilization data included the number and title of events conducted, the rationale for the events, the audience/organizations engaged, the measurable outcomes associated with events, the successes and challenges associated with the events and the strategies employed.

Hotline services and information materials data included the number of hotline calls received, age categories of callers and type of callers, number and types of referrals made, successes and challenges associated with hotline services, number of information units of the different types of information materials distributed and/or developed, topic of information materials distributed, the risk and protective factors addressed in information materials, successes and challenges associated with developing and/or disseminating materials.

Evaluation data included number of evaluations completed. The last part required the RCCs to provide, a summative narrative about the progress of their work.

Step Up. Step In.

The quarterly progress reports were both quantitative and qualitative and had questions about the description of progress, facilitating factors, challenges and barriers encountered and how the challenges were overcome in the different components including implementing awareness campaigns; implementation of pledge campaigns for youth and school staff; signing memoranda of agreement (LOAs) to implement awareness campaign; addressing sexual bullying through highlighting school current policy or recommending system changes for policy; and maintaining or establishing *Step Up. Step In.* advisory team. The final report data included number and type of participants, number of advisory teams established in participating schools, number of LOAs signed, number of awareness campaigns conducted, number of pledge campaigns conducted and number of pledges signed, number of anti-bullying policies highlighted or recommended for policy changes, the number of surveys administered, number of trainings and technical assistance received, influencing factors involved in the implementation of the program as well as opportunities and threats associated with implementing the program.

Coaching Boys into Men (CBIM)

The external grantees for the *CBIM* program were scheduled to submit quarterly reports in October 2015 and February 2016. The report template included quantitative and qualitative questions about the summary of activities involving the number of participants, number and type of activities conducted, number of disclosures, number and type of referrals, number and type of incentives given, number of partners, list of partners and description of partner contribution to program implementation. The progress report template also included questions about the influencing factors associated with implementing the program and the training and technical assistance needs. No data was documented as grantees did not turn in their progress reports. During this funding period, the program staff will work with grantees to discern their needs in implementing the program, data collection and documenting progress.

One in Four and Beyond

The three college grantees involved in the *One in Four and Beyond* program were also provided with a template that was both qualitative and quantitative and had questions about student population characteristics, school policies, environmental intervention, summary of activities implemented, partnership involved, influencing factors and training and technical assistance needs.

The planned data included the percentage demographics of the student population, the target population for the program, recruiting method, existing or new policies and services on campus related to reporting and responding to sexual violence, description of programs in place to train faculty and administrators on preventing violence on campus, description of any consequences and program in place to reduce social norms facilitating sexual violence, approaches in place for safety on campus, demographics of program participants, number of disclosures and types of referrals made, activities on campus related to sexual assault, number of and description of partner contribution to planning and implementation of program, a description of successes and challenges associated with the program and training and technical assistance needs. Similar to

CBIM, no data was documented for the *One in Four and Beyond* program because the grantees did not use the approved report template.

Surveys

Various surveys were used to assess changes in knowledge, skills, attitudes or behaviors of program participants. The RCCs administered written surveys (pre-posttests) to participants of the *Safe Dates* education sessions to assess gain in knowledge. The survey consisted of 17 questions, with 29 possible points on the following contexts: emotional dating abuse, physical dating abuse, warning signs that a person may be a victim and/or perpetrator of dating abuse, how to help a friend who is in an abusive relationship, things to do to keep one's anger from getting out of control, ways to protect oneself from sexual assault on date. During the current funding period GA-RPE may develop and administer tools to assess behavior changes among program participants.

Step Up. Step In. Evaluation

During the 2015-2016 funding period, written pre-posttests were conducted with convenient samples of participants from each participating school. The pretest contained questions to the following topics: demographic characteristics, meaning of sexual bullying, personal and group beliefs about existence of sexual bullying in the school.

The posttest contained questions related to meaning of sexual bullying, belief in campaign message, personal and group perceptions about the effectiveness of the campaign in reducing sexual bullying in school, and personal and group perceptions about willingness to help in changing social norm

Coaching Boys into Men Evaluation

GA-RPE planned and disseminated survey tools to *CBIM* grantees for evaluating the coaches as well as the athletes. The coach survey covers the following topics: demographic characteristics, background in violence prevention, discussion with athletes, recognition of abusive behaviors, gender-equitable attitudes, and role as a coach. The posttest covers an extra topic on coaches' kit.

The athlete survey covers the following topics: demographic characteristics, recognition of abusive behaviors, gender-equitable attitudes, intentions to intervene, bystander intervention and self-reported perpetration of abuse. GA-RPE was not able to administer the surveys because the program was not implemented, as planned. During the current funding period, GA-RPE plans to offer more technical assistance to the grantees on program implementation and subsequently, data collection procedure.

One in Four and Beyond Evaluation

As part of the evaluation of the *One in Four and Beyond* program, GA-RPE planned to administer pre-posttests covering the following topics: rape myth beliefs, self-reported likelihood of raping, bystander intervention behavior, sexual aggressive behaviors, and demographic characteristics. GA-RPE could not evaluate the program because the external grantees used the unapproved tools. GA-RPE plans to offer more technical assistance to the external grantees on evaluation of the program.

Professional Trainings Evaluation

GA-RPE conducted five professional trainings for its external grantees, using pre-posttests. The reports of data collections received from three of these trainings were turned in to the program staff and are included in the appendix section of this report. The data analysis report for the RCCs who participated in a sexuality training assessed their knowledge gain on how to discuss sexuality in an unbiased, non-judgmental, well-informed, and inclusive manner as well as their self-efficacy in facilitating the *Safe Dates* curriculum and satisfaction with the training.

The evaluation for the peer educators recruited to facilitate the *One in Four and Beyond* program assessed their background in violence prevention, attitude change about rape myths, and knowledge on the subject of rape.

Table 2. GA-RPE Preliminary Evaluation Questions and Related Data Sources

Evaluation Questions	Progress Reports	Surveys	Sign in sheets
Process Evaluation Questions			
Description of Program			
1. To what extent was the program expanded? How many partners were involved in implementing the program?	x		
2. To what extent did the GA-RPE program use CDC recommended evidence-based strategies in preventing first time perpetration and victimization of sexual violence? What level of socio-ecological model did the strategies address?	x		
3. To what extent did the program promote use of legislatively approved strategies?	x		
4. To what extent were project work plans implemented as intended?	x		
5. What population(s) did the GA-RPE program target and how were they selected?	x		
6. What were the risk and protective factors addressed?	x		
7. What facilitated and inhibited project implementation?	x		
Permitted Uses (Prevention Activities)			
Community Change Activities			
8. How many community mobilization activities were conducted?	x		
9. What was the purpose of these efforts? Who are the key stakeholders involved in these efforts. What are the demographics of the participants? What were the measurable outcomes associated with the community change strategies?	x		x
10. How many social norms change activities were performed? What approaches were used toward social norms change?	x		
11. What are the measureable outcomes for the social norm s change activities and efforts?	x		
12. What were the facilitators, challenges and threats associated with (i) the social norm change efforts (ii) community change?	x		
Training Professionals			
13. How many professional trainings were conducted and what were the type and location of professionals who received professional trainings?	x		
14. What were the purposes of the trainings	x		
15. What were the measurable outcomes addressed in the trainings?	x		
Education Sessions			
16. How many education sessions were conducted? What topics were delivered in the sessions?	x		
17. What was the demographics of participants? What are the locations of the education sessions?	x		x
18. How many disclosures/referrals were made?	x		
Hotline Services			
19. How many hotline calls were received?	x		
20. How many callers were referred and where were they referred to?	x		
Information Materials			
21. How many units of each type of information materials developed and/or disseminated and what were the topics for the information materials?	x		
22. What was the potential reach of media campaigns?	x		
23. What topics were covered in the information materials?	x		

Preliminary Outcome Evaluation Questions			
Education Sessions			
24. What proportion of participants demonstrated positive changes in knowledge, skills, attitude and behaviors addressed in education sessions?		X	
25. To what extent did participation in education sessions impact behavior change? (Next step)		X	
Community Change Strategies			
26. To what extent did the social norm change campaign create awareness for sexual bullying?		X	
27. What was the perception of students about sexual bullying in the school?		X	
28. What proportion of middle and high school participants:		X	
a. Believed the social norm change campaign message?			
b. Demonstrated their willingness to help in changing social norm behaviors related to sexual bullying?			
c. Believed the campaign will effect a group effort at changing social norm behaviors related to sexual bullying?			
d. To what extent did the campaign impact behavior change? (next step with school behavior data)			

Preliminary Statewide Evaluation

The preliminary statewide evaluation mainly concentrated on documenting and describing the activities conducted by the external grantees. During the current funding period, GA-RPE plans to obtain exemption from the Department of Public Health's Institutional Review Board since the statewide evaluation aims to inform program development and quality improvement.

Methods

This preliminary evaluation report summarizes external grantees' progress reports for May 15, 2015 to February 15, 2016 to respond to the preliminary evaluation questions. The external grantees were provided with progress report templates for documenting their progress as described in the sessions above.

During the previous funding period, the program evaluator created Microsoft Excel workbook to synthesize both the quantitative and qualitative data provided in the progress reports by external grantees who implemented the *Step Up. Step In.* program. For the RCCs' program evaluation, the evaluator exported the data from the CATALYST system to Excel workbook to summarize the data, including totals for each RCC and for the statewide program. The CATALYST reporting system organized the progress report questions in matrices for easy summation of quantitative data. The evaluator reviewed relevant sections of the exported workbook and data abstraction matrices and summarized the information.

The program evaluator created similar Excel workbook to summarize the data provided by the external grantees for the *Step Up. Step In.* program. Similar protocol was used in summarizing both the quantitative and qualitative variables. The program evaluator and the director of the Chronic Disease Prevention section reporting unit reviewed the progress reports, matrices, and findings. The evaluator could not evaluate the *One in Four and Beyond* and *Coaching Boys into Men* programs because no data were available, for use.

Upon convening an evaluation planning team, GA-RPE hopes to refine the evaluation protocol for a more in-depth understanding of the activities conducted by the external grantees and for a more rigorous analysis of the progress reports.

Findings

The findings reported in this report are limited to the fiscal year from February 1, 2015-January 31, 2016 (Year 2 for the external grantees). Due to an extended period transition due to staff changes and program expansion, funds were not disbursed to the external grantees until several months into the fiscal year. Only one of the RCC reported progress in May, 2015. The rest of the RCCs started reporting on their work progress in June, 2015. The grantees for the *Step Up. Step In.* submitted their first quarterly report in October, 2015.

Process Evaluation Questions

Description of Activities

1. To what extent was the program expanded? How many partners were involved in implementing the program?

Prior to the funding period covered in this report, GA-RPE only funded eight rape crisis centers throughout the state to provide rape prevention educational seminars, youth-influenced activities, professional training, community awareness, and hotline services. The poor performance attributed to this stance prompted the decision for GA-RPE to expand prevention interventions to under-represented areas of the state and add a more diverse group of partners. To achieve its goal, GA-RPE funded 18 external grantees to implement primary prevention strategies (*see Table 1 above*) to address modifiable risk and protective factors for sexual violence perpetration and victimization and/or promote community change for sexual violence prevention and engages all of these grantees in data collection and tracking to help program monitoring and evaluation.

In addition to the evidence-based program, *Safe Dates*, implemented by six (6) rape crisis centers in middle schools, high schools, group homes, housing authorities, and other youth-serving organizations, GA-RPE implemented three (3) additional interventions. These included the *One in Four* program, designed to teach men how to be supportive of victims of sexual assault and become responsive bystanders and being implemented at three (3) universities; *Coaching Boys Into Men*, designed to utilize the coach/athlete relationship to teach young men about desisting from perpetrating violence in dating relationships and planned for implementation in four (4) parks and recreation sites; and *Step Up. Step In.*, an awareness campaign that targets sexual bullying and is being implemented in eight (8) Georgia public health districts.

The external grantees collaborated with other partners to implement their programs. Table 3 below shows the RCC and the *Step Up. Step In.* grantees and the partners that they collaborated with in doing their work.

Table 3. GA-RPE Grantees and Collaborative Partners

External Grantee	Number of Collaborative Partners	List of Collaborators	Safe Dates Curriculum	Community Mobilization	One in Four and Beyond	Step Up. Step In. Awareness Campaign	Coaching Boys into Men
RCC of Coastal Empire, Savannah	6	Grace Ashtin School, Richmond Hill Teen Center, Isle of Hope School, STEM Academy, Myers Middle School, De Renne Middle School, West Chatham Middle School Johnson High School	X	X			
	1	Charles Ellis Montessori		X			
RCC West GA, Carrolton	2	Ithica Elementary School, Villa Rica High School	x				
	1	UWG Health Services, UWG Newman Campus		X			
Sexual Assault Center of NW GA - Rome	3	Darlington School, Rome High School, Model High School	x				
	2	Floyd and Rome County Georgia Northwestern Technical College Berry College		x			
Southern Crescent Sexual Assault Center & CAC - Jonesboro	4	Utopian Academy, McCain Creek Teen Youth Group, Riverdale United Methodist Youth Group, Jonesboro First United Methodist	x				
	3	Utopian Academy, Clayton State Internship Fair, Henry County Back to School Bash		x			
The Cottage Sexual Assault Center & CAC - Athens	3	Department of Juvenile Justice, Cedar Shoals High School, Foothills High School	x				
	1	University of North Georgia		x			
Women in Need of God's Shelter (WINGS) – Dublin	2	Communities in Schools - Laurens County Wilcox Middle School	x	x			
	3	Long Cane Middle School, Troup County, Gardner Newman Middle School, Troup County, Callaway Middle School, Troup County				x	
Gwinnett Health District	2	Meadow creek High School, Central Gwinnett High School				x	
Rome Health District	2	Woodland High School, South Central High School				x	
Southwest Health District 8-2	5	Westover High School, South Georgia Regional Achievement, Monroe High School, Dougherty High School, Albany High School				x	
South Health District 8-1	3	Valdosta High School, Horne Learning Center, Brooks County High School				x	
Health District 9-2 Waycross	3	Waycross Middle School, Ware County Middle School, Ware County High School				x	
Columbus Health District 7	3	Dooly County High School, Americus Sumter High School, Dooly County Middle School				x	
Coastal Health District	2	Woodville Tompkins, Stem Academy				x	

2. To what extent did the GA-RPE program use CDC recommended evidence-based strategies in preventing first time perpetration and victimization of sexual violence? What level of socio-ecological model did the strategies address?

To achieve its goal of increasing the awareness of risk and protective factors that prevent first time perpetration, GA-RPE implemented four strategies. In addition to the evidence-based program, *Safe Dates*, implemented, GA-RPE implemented two theory-driven programs, an adapted *One in Four and Beyond* program and *Coaching Boys into Men*. GA-RPE also implemented a local awareness campaign, *Step Up. Step In.* awareness campaign developed by a federally-recognized sexual assault coalition in Georgia. The campaign targeted sexual bullying in middle and high schools in eight Georgia health districts.

The four strategies addressed the individual, relationship, community and societal levels of the socioecological model.

3. To what extent did the program promote use of legislatively approved strategies?

To guarantee that the legislatively approved strategies were adhered to, GA-RPE stipulated the program deliverables for all of its external grantees. Each of the RCCs were required to conduct three educational seminars in their service areas; promote and conduct 4 community awareness activities related to primary prevention and sexual violence; maintain 24/7 Hotline operations and increase outreach efforts to underserved population.

The eight health districts were contracted to implement a social norms change program, *Step Up. Step In.*, strategy to address sexual bullying in middle and high schools in Georgia. While the *One in Four and Beyond* grantees were contracted to teach young men about sexual violence, their role in preventing sexual violence as bystanders and how to be supportive of victims, grantees (coaches) for *Coaching Boys into Men* were required to teach young men (athletes) that violence is not a solution in any relationship, particularly dating relationship.

4. To what extent were project work plans implemented as intended?

All external grantees submitted annual work plans that included objectives, strategies, activities and related measures for the coming year. The objective was the goal stipulated by GA-RPE; strategies and/or the activities were the specific actions used to achieve the objective; and measures were intended to document progress toward objectives. In their progress reports, the grantees were asked to provide information about the status of their work plan objectives, activities and measures. While (4)66.6% of the RCCs exceeded on their deliverables, (1)16.6% partially met the deliverables and 1(16.6%) did not meet the deliverables (*Table 4*). These justify GA-RPE **reach** of the program as stated in the work plan.

Table 4. Status of Year 2 Work Plan Strategies and Activities by RCC

External Grantee	# strategies	Status of Related Activities (Exceeded, Met, Not Met)				
		3 Safe Dates Education Seminars	4 Community Awareness Activities	24/7 Hotline operations	Increased Outreach Efforts	Status
Southern Crescent Sexual Assault Center & CAC – Jonesboro	4	3(30 sessions)	9	Maintained	Increased to Universities and colleges, high and middle schools, communities	Exceeded
Rape Crisis Center of the Coastal Empire – Savannah		4 (40 sessions)	6			Exceeded
Sexual Assault Center of NW GA - Rome		10 (100 sessions)	4			Exceeded
Women in Need of God’s Shelter (WINGS) – Dublin		3 (30 sessions)	3			Partially Met
West Georgia Rape Crisis Center – Carrollton		4 (40 sessions)	6			Exceeded
The Cottage Sexual Assault Center & CAC, Athens		3 (30 sessions)	0			Not met
TOTAL	4	27 (270 sessions)	28	-	-	-

The grantees for the *Step Up. Step In.* awareness campaign were required to deliver five objectives and related activities (*Table 5*). The seven (88%) health district grantees completed almost all of their required activities, signifying the reach of the program. One health district (Waycross) did not implement the work plan, as intended and was not included in this report. GA-RPE achieved 100% of its **proposed reach** to administer the program in 20 middle and high schools in Georgia.

Table 5. Status of Year 2 Work Plan Strategies and Activities by Health Districts

Health District	Number of Schools Partnered With	Implement 1-3 awareness campaigns	Host 1-3 pledge campaigns for youths and staff	Have signed MOUs with target schools	Highlight school current policy or recommend system changes	Establish or maintain student advisory board	Total
District 4 Health District, LaGrange	3	18	3	3	1	3	28
Gwinnett Health District		6	6	1	2	1	16
Rome Health District		3	2	2	2	2	11
Southwest Health District 8-2		34	31	1	1	5	72
South Health District 8-1		3	6	3	X	3	15
Health District 9-2 Waycross		X	X	X	X	X	X
Columbus Health District 7		4	4	3	3	2	16
Coastal Health District		9	2	2	1	1	15
TOTAL		77	54	15	10	17	173

5. What population(s) did the GA-RPE program target and how were they selected?

To ensure that primary prevention activities are targeted to vulnerable audience, GA-RPE narrowed the targeted group to 10-19 years, during this funding period.

6. What were the risk and protective factors addressed?

Through the implementation of the *Safe Dates* curriculum, GA-RPE aimed to address attitudes and behaviors associated with dating abuse and relationship among youths. RCCs also reported a variety of risk and protective factors addressed in their services to their target population. Below are the factors that emerged from their responses to the question “*What risk and protective factors that your service address?*” in the progress report:

Risk Factors

All the RCCs reported addressing factors at all ecological levels. At the individual level, majority of the RCCs reported that their programs address poor peer relationship, substance abuse, history of aggressive behavior, personality disorder, and history of experiencing abuse. Two RCCs’ programs addressed depression/hopelessness, in addition.

At the family level, RCCs addressed multiple risk factors including witnessing abuse in the family, association with sexually aggressive and delinquent peers, and strongly patriarchal relationship or family environment. All the RCCs reported addressing weak sanctions against perpetrators of sexual violence and general tolerance of sexual assault within the community. Two RCCs, in addition, addressed residential mobility and existence of local drug trade in the community, at the community level.

Only two RCCs reported addressing risk factors at the societal level including social norms supportive of male superiority and policies that support economic and social inequities.

Protective factors

Addressing protective factors at the individual and community levels molded the objective of all the RCCs. All the eight RCCs address problem-solving skills, sense of self-efficacy, and good peer relationship while also generally addressing gender inequality at the community level. One RCC address parental supervision while four RCCs address adverse cultural attitude and practices at the societal level.

In addition to these, the Step Up. Step In. program was designed to address the acceptability of violence and to improve problem-solving skills through social media efforts while increasing knowledge and building skills through bystander skills building training with the target population.

7. What facilitated and inhibited project implementation?

RCCs and the health districts reported a variety of barriers and facilitators to completing the objectives and activities in their work plans.

RCC

Safe Dates Curriculum

While three of the RCCs recognized increase in the number of participants as successes associated with implementing the curriculum, four RCCs reported the ability to implement all of the sessions and the ability to administer the evaluation, as facilitators. Only one RCC reported conducting all components of the *Safe Dates* curriculum as success.

In terms of challenges, four RCCs experienced difficulty implementing the multi-session curriculum in a school-setting. One RCC was unable to conduct all of the *Safe Dates* components and also reported the erratic attendance, student behavior, crowded facilities and curriculum losing relevancy as inhibiting factors.

Community Mobilization

Successes attributed to implementing community mobilization strategies varied. All of the RCCs recognized the raising of awareness of sexual assault behavior as a facilitating factor. Three RCCs reported the engagement of diverse community stakeholders as a facilitating factor, while one RCC attributed success to the ability to address the intersectionality of HIV and intimate partner violence and establishing baseline data regarding intimate partner and HIV.

Hotline Operation Services

The ability to train hotline volunteers was important for successful implementation of the service. For example, one RCC was able to maintain the hotline with 30 volunteers. As a challenge, two RCCs could not obtain demographic information for their callers due to the necessity to ensure safety and security to callers making any disclosure.

Information Materials

Many successes were associated with the development and/or distribution of information materials. All of the RCCs that distributed information material reported reaching the targeted population and that the materials were culturally adapted. One RCC reported that the fact that it developed its information materials made it easy to update and modify them, as needed.

In terms of challenges, time factors were reported as hindering the work. While four RCCs reported the competing demands of staff time, the efforts of three RCCs were hindered by 'slow time'. One RCC also reported the lack of interest on the part of the community members in the information resources due to the stigma attached to sexual violence and rape.

Step Up. Step In.

All eight health district grantees associated the implementation of the program with some influencing factors. The themes that emerged include strong partnership and existing relationship with school officials. Six of the health district contractors attributed the success of their programs to the support from the school officials and the enthusiasm demonstrated by the students. School officials demonstrated their understanding of the importance of the campaign program and *“hope the program would be repeated during the next school year.”* One grantee expressed delight that the program *“reached a broader audience of culture within the community”* and thought that *“the collaboration with schools have successfully began educating the student body by promoting sexual bullying awareness, addressing social media attacks and sexual assault through school-led activities.”* Grantees also attributed success to the ability of the students to be creative in their planning and implementation of the program, thus *“gaining leadership skills.”* Two of the grantees attributed their success to the ability to provide students with incentives, believing that these were the driving force for their enthusiasm and willingness to engage in both the planning and implementation of the program.

There were, however, some inhibiting factors that influenced the implementation of the program. Bearing on the strength of existing relationship in the implementation of this program seemed to be an overcoming factor. One of the contractors experienced *“a major weakness”* due to lack of pre-existing relationship which resulted in *“long approval process.”* Some contractors also experienced difficulty in which the schools did not welcome the idea to use the word *“sexual,”* prompting one contractor to demand that there be *“a little more direction”* with explaining sexual bullying to students.

Community Change Activities

8. How many community mobilization activities were conducted?

Seven of the eight RCCs conducted community mobilization activities. A total of 28 community mobilization activities were conducted (*Table 4*).

9. What is the purpose of these efforts, how were they conducted and what audience was targeted? Who are the key stakeholders involved in these efforts. What are the demographics of the participants? What were the measurable outcomes associated with the community change strategies?

Five of the six RCCs provided information about the community mobilization activities that they implemented, including the titles of the activities, the purpose, the strategies used, the audience targeted and the measurable outcomes of these activities. GA-RPE did not require the grantees to collect demographic information for the participants because most of the activities were conducted in community settings and targeting diverse populations, making it difficult to collect such information. Moving forward, GA-RPE will work with the RCCs to assess the feasibility of obtaining this information.

Five RCCs conducted awareness activities both to educate the targeted audience, using various strategies including training, community empowerment, provision of information resources, and making presentations. RCCs also targeted a broad selection of audience including students, school leadership, local leadership, local coalitions, legal personalities, faith-based organizations, and media personalities, clergy and parents/caregivers. Table 6 shows the different activities conducted by each of the RCC, with a depiction of the purpose of each activity, the partners involved, the strategy utilized, targeted audience and the outcomes that the RCCs measured for their internal evaluations.

Table 6. Summary of Community Mobilization by RCCs

Rape Crisis Center	Title	Purpose of event	Partners	Strategy	Audience	Measurable outcomes
Rape Crisis Center of the Coastal Empire – Savannah	Sexual Awareness Workshop Dating Violence Awareness Healthy relationship series	To educate middle school students on the issue of sexual abuse and dating violence in order to prevent victimization or the emergence of future offenders	Charles Ellis Montessori	Training for youth influencers, community empowerment, providing prevention resources	Students	Students will show 10% increase in knowledge on the subject matter as evidenced by pre-posttest.
	Confronting sexual harassment in school: What do we know	To educate participants on the different types of sexual harassment, help them differentiate between sexual harassment and flirting, and present effective ways to deal with harassment	Isle of Hope	Training for youth influencers	Students	At least 50% of participants will increase their knowledge of sexual harassment by 30% or more
West Georgia Rape Crisis Center – Carrollton	Clothesline Project	To increase awareness about the clothesline project	University of Georgia	Presentation, providing information resources	Students, school leadership, legal personalities	Increase in awareness of clothesline project
	Domestic violence awareness Connection between intimate partner (IPV) and HIV	To increase knowledge about and domestic violence To discuss the intersectionality of IPV and HIV	University of Georgia, Newman campus University of West Georgia	Community empowerment, social norms campaign	Student and school leadership	Increase in knowledge about domestic violence Increase in knowledge about the association between IPV and HIV
Sexual Assault Center of NW GA - Rome	Floyd County Teen Maze	To educate 9 th grade students in Rome and Floyd county about the consequences of decision-making	Floyd and Rome County high schools	Community empowerment, provision of prevention resources	Students, school leadership, community activists, local leadership, local coalitions, media personalities, business leaders, and law enforcement	Total number of attendees for the Teen Maze; total number of participants in the Take back the night
	National Take Back the Night: Speak out, walk, & awareness	To increase awareness and student involvement in the prevention of sexual assault on campus	University of Northwest Georgia			
	Sexual assault awareness night safety talk: Safety, prevention and awareness of sexual assault	To raise awareness of personal safety issues; increase knowledge of date rape drugs and their efforts; increase awareness of establishing boundaries in relationships; increase awareness of services for sexual assault victims; and increase campus safety awareness	University of Northwest Georgia	Bystander intervention campaign, community empowerment, provision of prevention resources	Students, school leadership	Total number participants

Table 6 Contd.: Summary of Community Mobilization Activities by RCCs

Southern Crescent Sexual Assault Center & CAC – Jonesboro	Henry Back to School Resource Table	To provide education materials to school aged children and families; empower the community to become engaged in talking and acting against violence; provide internship /volunteer opportunities to college students	Clayton County Public Schools; Utopian Academy; Clayton state internship; Teen TV/New station	Community empowerment; provision of prevention resources	Students, school leadership, local leadership, local coalitions, faith-based organizations, caregivers, local clergy, other youth serving agencies and school personnel	Number of individual who request for more information
	Healthy Relationship	To speak on healthy relationship	Riverdale UMC youth conference, Jonesboro First UMC group			
	Community Lunch and Learn	To discuss teen dating violence, social media and sexting	Utopian Academy	Training on evidence-based strategies, provision of prevention resources	Caregivers, local clergy, other youth serving agencies and school personnel	none
Women in Need of God’s Shelter (WINGS) – Dublin	Healthy relationship for teens	To promote healthy relationships in teenagers; to assist in identifying abusive behaviors	Lauren community	Training for youth influencers	School leadership, students, parents /caregivers	none
	Sexual assault on campus	To promote awareness of sexual assault				
	Building healthy relationships in your children	To identify related issues in reference to college students To provide parents with skills to assist with developing healthy relationships				

10. How many social norms change activities were performed? What approaches were used toward social norms change?

In addition to the social norm campaign conducted by one RCC related to the intersectionality between IPV and HIV, the eight health districts conducted a social norm awareness campaign on sexual bullying based upon GA-RPE stipulated objectives and strategies (*See Table 5*). A total of 173 activities were conducted as a result of implementing the program. The health districts used creative approaches in implementing the awareness campaign including, poster contests *Step Up. Step In.* (SUSI) awareness, observing SUSI awareness week, SUSI awareness football game, SUSI awareness fact cards, billboards, yearbook ads, panel discussions, and morning announcements. Table 7 shows the different approaches used by each of the health districts in their implementation. One health district (Waycross) was not included in this report because they didn't administer the program as intended. The other health district (Rome) did not provide the details of the approaches used in conducting the reported awareness campaign.

Table 7. Summary of Approaches Used in Implementing Awareness Campaign

Health District	Approach used										Decorated float
	Poster	Pledge signing	Bill-board	Awareness game	Awareness week	Morning announcement	Media	Panel discussion	Fact card	Year book Ad	
District 4 Health District, LaGrange	X	X	X	X	X	X	X		X	X	
Gwinnett Health District	X	X					X	X			
Rome Health District			X				X				
Southwest Health District 8-2											
South Health District 8-1	X		X								X
Health District 9-2 Waycross											
Columbus Health District 7		X									
Coastal Health District							X				

11. What are the measurable outcomes of the social norms change activities and efforts?

GA-RPE measured a list of outcomes to assess the implementation of the *Step Up. Step In.* awareness campaign. Process measures included calculating the total number of advisory teams established, number of memoranda of understanding signed, number of awareness campaigns conducted, number of pledge campaigns conducted, number of pledges signed (including demographics), number of policies highlighted or

recommended for system change number of participants (including demographics) for middle and high school students and staff. The outcome measures include a pre-posttest to assess the perception of students and the effect of the program.

12. What were the facilitators, challenges and threats associated with (i) the social norm change efforts (ii) community change?

See response to question 7 above.

Training Professionals

13. How many professional trainings were conducted? What were the type and location of professionals who received professional trainings?

GA-RPE conducted a total of five professional trainings for its external grantees during Year 2. All RCCs participated in a 3-day face-to-face sexuality training in Macon while the peer educators recruited to implement the *One in Four and Beyond* program in Savannah State University, Fort Valley University and University of West Georgia received trainings in their colleges. Two Coach Clinics were also organized for the coaches that were contracted to implement of the *Coaching Boys into Men* program.

14. What were the purposes of the trainings

15. What were the measurable outcomes addressed in the trainings? What proportion of the trainees demonstrated changes in knowledge, skill and attitude?

The information for these two questions were provided in the separate evaluations for the different trainings turned in to the program staff and included in this report, as appendices.

Education Sessions

16. How many education sessions were conducted? What topics were delivered in the sessions?

A total number of 270 education sessions were conducted by the RCCs. See table 4 for a breakdown of sessions conducted by each RCC. Topics delivered in these sessions include (1) Defining caring relationships; (2) Defining dating abuse; (3) Why do people abuse? ; (4) How to help friends; (5) Helping friends; (6) How we feel, how we deal; (7) Equal power through communications; and (8) Preventing dating sexual abuse

17. What was the demographics of participants? What are the locations of the education sessions?

Table 8 below shows the demographic characteristics of participants of the *Safe Dates* education sessions which were conducted in the different settings that partnered with RCC for the trainings, as shown in *Table 3*.

Table 8. Demographic Characteristics of Safe Dates Education Sessions

RCC	# Participants	Average age of participants =15 years													
		Race						Ethnicity		Setting					
		Black	White	Asian	AI/AN	NH/PI	Multi-Racial	HS	N-HS	Middle school M/F	High School M/F	Alternative School M/F	After school M/F	Housing Authority M/F	RYDC/YDC M/F
Southern Crescent Sexual Assault Center & CAC – Jonesboro	38	26	11	0	0	0	1	4	34	3/14	1/4	11/5	0/0	0/0	0/0
Women in Need of God’s Shelter (WINGS) – Dublin	98	82	4	1	0	1	10	4	94	36/48	7/7	0/0	43/55	16/31	0/0
Sexual Assault Center of NW GA – Rome*	510	84	337	23	1	0	37	93	417	0/0	257/253	0/0	0/0	0/0	0/0
West Georgia Rape Crisis Center – Carrollton**	225	51	143	0	1	0	18	15	210	0/0	125/99	0/0	0/0	0/0	0/0
Rape Crisis Center of the Coastal Empire – Savannah***	85	76	6	0	0	0	0	3	82	0/0	43/42	0/0	0/0	0/0	0/0
The Cottage Sexual Assault Center & CAC, Athens****	23	17	4	0	0	0	1	1	22	0/4	5/14	0/10	0/0	0/0	0/0
TOTAL	979	336	501	24	2	1	67	120	859	39/66	438/419	11/5	43/55	16/31	0/0

^Note: AI/AN=American Indians/Alaska Native; NH/PI=Native Hawaiian or other Pacific Islander; HS= Hispanic; N-HS=Non-Hispanic; M=Male; F=Female

* =28 participants did not provide their race

** =12 participants did not provide their race and one participant in the group reported as transgender

*** = 3 participants did not provide their race

**** =One participant did not provide his or her race

^^The total number calculated were based upon the total numbers provided for race and ethnicity (minus 44 for race not provided); the numbers provided for setting were duplicated in some instances

18. How many disclosures/referrals were made?

A total number of 16 disclosures were made during education sessions and they were all referred. RCC grantee in Jonesboro and Athens reported one and fifteen disclosures, respectively.

*Hotline Services***19. How many hotline calls were received?**

A total of 1126 hotline calls were received during Year 2 (Table 9).

20. How many callers were referred and where were they referred to?

A total of 322 referrals were made. We could not use the referral information provided by RCC in Jonesboro due to ambiguity. The total reported here represents information provided by the other RCCs. Table 9 shows a tabulation of the number of calls, referrals and the type of referrals made by each RCC.

Table 9. A Summary of Hotline Calls, Referrals, and List of Referrals made during Year 2

RCC	Number of Calls	Referral	Type of Referral
Southern Crescent Sexual Assault Center & CAC – Jonesboro	591	2364*	Counseling services, food banks, clothing closet, tutoring services, health department, legal and crime victims compensation
Women in Need of God’s Shelter (WINGS) - Dublin	31	6	Medical, social services, law enforcement, housing
Sexual Assault Center of NW GA – Rome	226	66	Counseling, forensic medical exam, medical advocacy, legal
West Georgia Rape Crisis Center – Carrollton	49	21	Child advocacy resource center, Phoenix resource center, Carrol County child advocacy, Carrol emergency shelter, University of West Georgia health services, Willow Brooke, the national suicide hotline, Florida
Rape Crisis Center of the Coastal Empire – Savannah	19	19	RCC for counseling, Savannah-Chatham metro police department, Coastal children’s advocacy center, health department, safe shelter
The Cottage Sexual Assault Center & CAC, Athens	210	210	SANE exam, support groups, therapy, law enforcement, DFCS, individual housing, DV shelter,
TOTAL	1126	322	

*Note the number of referrals provided by RCC, Jonesboro was not included in the total due to its ambiguity.

*Information Materials***21. How many units of each type of information materials were developed and/or disseminated and what were the topics for the information materials?**

A total number of 34,710 information materials, comprising of both small and large media were recorded during this reporting year. Table 10 shows the number and type of information materials reported by each RCC in outreach efforts to their target populations.

Table 10. Number of Information Materials Developed, Distributed, by RCC

RCC	Total Number	Mailed	Handed to people	Left in Public Places	Viewed on TV	Via Radio	Via Internet	Via Social Media	Billboard	Potential Reach
Southern Crescent Sexual Assault Center & CAC – Jonesboro	3838	0	3838	0	0	0	0	0	0	--
Women in Need of God's Shelter (WINGS) – Dublin	1627	11	1596	20	0	0	0	0	0	2828
Sexual Assault Center of NW GA – Rome	682	100	410	150	0	0	0	22	0	6422
West Georgia Rape Crisis Center – Carrollton	309	50	259	0	0	0	0	0	0	137
Rape Crisis Center of the Coastal Empire – Savannah	292	13	65	214	0	0	0	0	0	278
The Cottage Sexual Assault Center & CAC, Athens	27962	13	1246	26700	0	*	*	*	3	100000
TOTAL	34710	187	7414	27084	0	0	0	22	3	109665

*RCC reported the radio, internet and social media circulation numbers, but not the number of units disseminated.

22. What was the potential reach of media campaigns?

RCCs were asked to provide the estimated reach of their information units distributed or developed. Apart from the two RCCs that provided units of large scale media including social media, internet, radio and billboard, the rest of the RCCs provided information on small scale media. RCCs provided information units, with a bulk estimated reach of 109,665 (*see Table 10 above*). Given that the reach provided in terms of social media and billboard were not obtained from any media outlet, we are unable to calculate an accurate estimate of an actual audience size reached by these large scale media.

23. What topics were covered in the information materials?

RCCs were provided with a list of potential topics to identify which ones were covered in the information materials that they distributed. All RCCs provided materials on consent and coercion, dating violence and gender roles. Five RCCs distributed materials that addressed drug-facilitated rape and healthy/unhealthy relationships. Four RCCs distributed materials that addressed healthy sexuality and impact of rape, role of bystander, sexual harassment and stalking. Three RCCs covered the topics child sexual abuse, cyber bullying, rape prevention, safe dating, and violence prevention while two RCCs distributed materials that addressed alcohol and rape, bullying, personal body safety, rape myths, rape statistics, risk reduction, role of advocate and self-esteem. Only one RCC distributed materials that addressed each of the topics including oppression, media violence, parent-directed prevention materials, rape culture, and legal/policy information. These information are shown in *Table 11*.

Table 11. Topics Addressed in Information Materials Distributed, by RCC

RCC	Topic Addressed in Informational Material
Southern Crescent Sexual Assault Center & CAC – Jonesboro	Alcohol & rape, bullying, Child sexual abuse, consent & coercion, cyber bullying, dating violence, drug-facilitated rape, gender roles, healthy/unhealthy relationships, healthy sexuality, impact of rape, legal/policy information, media violence,, parent-directed prevention materials, personal body safety, rape myths, rape statistics, role of bystander, rape prevention, role of advocate, safe dating, self-esteem, sexual harassment, stalking, violence prevention
Women in Need of God’s Shelter (WINGS) – Dublin	Consent & coercion, cyber bullying, dating violence, drug-facilitated rape, healthy/unhealthy relationships, healthy sexuality, role of bystander,
Sexual Assault Center of NW GA – Rome	Alcohol & rape, Child sexual abuse, consent & coercion, dating violence, drug-facilitated rape, gender roles, healthy/unhealthy relationships, impact of rape, personal body safety, rape myths, rape culture, risk reduction, rape statistics, role of bystander, safe dating, sexual harassment, stalking, violence prevention
West Georgia Rape Crisis Center – Carrollton	Consent & coercion, dating violence, gender roles, healthy/unhealthy relationships, healthy sexuality,
Rape Crisis Center of the Coastal Empire – Savannah	Bullying, consent & coercion, cyber bullying, dating violence, drug-facilitated rape, gender roles
The Cottage Sexual Assault Center & CAC, Athens	Child sexual abuse, consent & coercion, dating violence, drug-facilitated rape, gender roles, healthy/unhealthy relationships, impact of rape, oppression, risk reduction, role of bystander, rape prevention, role of advocate, safe dating, self-esteem, sexual harassment, stalking, violence prevention

Preliminary Outcome Evaluation Questions

Education Sessions

24. What proportion of the participants demonstrated positive change in knowledge?

The information to this question is provided in the Safe Dates evaluation section on page 32

25. To what extent did participation in education sessions impact behavior change? (Next step)

GA-RPE did not assess behavior change during Year 2. Upon convening an evaluation planning team, discussions will be held on how to address this question.

Community Change Strategies

26. To what extent did the social norm change campaign create awareness for sexual bullying?

27. What proportion of middle and high school participants:

- a. Believed the social norm change campaign message?
- b. Demonstrated their willingness to help in changing social norm behaviors related to sexual bullying?
- c. Believed the campaign will effect a group effort at changing social norm behaviors related to sexual bullying?

The information to these two questions is provided in the *Step Up. Step In.* Evaluation section, starting on page 36.

28. To what extent did the campaign impact behavior change? (Next step with school behavior data).

This question will be addressed in the upcoming behavioral assessment data released at the end of academic session.

Preliminary *Safe Dates* Implementation Evaluation

Evaluation Overview

The goal of this assessment was to evaluate *Safe Dates* education sessions conducted as part of the GA-RPE program as a strategy to increase the awareness of the risk and protective factors that prevents first time perpetration. This assessment sought to answer the question:

1. To what extent was the session implemented with fidelity?
2. What proportion of participants gained knowledge on the subject matter after attending the sessions?
3. What were the barriers and successes to implementing the program? (See Question 7 for the response to this question)

All six RCCs participated in this evaluation. GA-RPE administered pre-posttest to participants prior to and after participation in the sessions. The study method is described below and will be refined upon convening an evaluation planning team and engaging stakeholders.

Description of programs included in the evaluation

This preliminary evaluation included a total of 27 education seminars conducted between May 2015 and January 2016 by the six RCCs (*Table 12*). All RCCs used the *Safe Dates* curriculum in conducting the education seminars. All RCCs were required to implement 10 sessions of *Safe Dates* for every seminar, for a total of 3 seminars. In addition, they were also required to conduct a poster contest, a play about safe dating, parent material and assess their participants for

knowledge gain. RCCs were also asked to conduct participant and administrative satisfaction surveys. GA-RPE did not analyze the satisfaction data due to logistics. Moving on, GA-RPE will plan to include these surveys in the analysis.

All six RCCs conducted at least 3 required seminars, with 3RCCs conducting a total of 4 seminars. One RCC conducted 10 seminars.3 RCCs conducted poster context while only one RCC reported implementing parent material. While 2 RCCs implemented both individual and combined mode of the sessions, 4 RCCs delivered the sessions individually. All RCCs administered pre-posttests to their participants. These descriptions are shown in *table 12*.

Table 12. *Safe Dates* Implementation Included in the Evaluation

RCC	Description of Components Implemented	Setting	Number of seminars
Southern Crescent Sexual Assault Center & CAC – Jonesboro	Individual education sessions, poster contest, evaluation	High school, middle school, alternative school	3(30 sessions)
Rape Crisis Center of the Coastal Empire – Savannah	Individual education session, poster contest, evaluation	High school	4 (40 sessions)
Sexual Assault Center of NW GA – Rome	Individual education sessions, parent material, evaluation	High school	10 (100 sessions)
Women in Need of God’s Shelter (WINGS) – Dublin	Individual and combined education sessions,	High school, Middle, housing authority, after school program	3 (30 sessions)
West Georgia Rape Crisis Center – Carrollton	Individual education sessions, poster contest, evaluation	High school	4 (40 sessions)
The Cottage Sexual Assault Center & CAC, Athens	Individual and combined education sessions, evaluation	High school, middle school, alternative school	3 (30 sessions)
Total			27 (270 sessions)

Methods

The goal of this assessment was to evaluate *Safe Dates* education sessions conducted as part of the GA-RPE program as a strategy to increase the awareness of the risk and protective factors that prevents first time perpetration. Specifically, this evaluation sought to identify whether participants gained knowledge on safe dating after participating in the sessions, describe how the program was implemented as intended and identify factors that influenced the implementation of the program.

Training and Technical Assistance

In September of 2015, 10 prevention educators from the six RCCs attended a 3-day, face-to-face training. Training topics included circles of sexuality, exploring and managing personal values and opinions, using inclusive language, experiential learning cycle, overcoming gender-role stereotyping and peer coaching for *Safe Dates* curriculum. All participants

completed a pretest prior to the training and completed a posttest after the training, on the third day. The data report findings for this training was shared with the program manager. This training was followed by a technical assistance offered in October, 2015 with the six RCCs on program reporting in CATALYST, a new online reporting software used by GARPE to facilitate data reporting. In addition to the presentation, RCCs were provided with a user guide to further assist them in navigating and entering their monthly progress report in CATALYST. Technical assistance was offered continuously, as necessary.

Sample

Educational sessions were conducted by each RCC between May 2015 and January 2016 and on-going. At each session, participants recorded their names, age, grade, race and ethnicity on sign-in sheets that served as the sampling frame for the evaluation. RCCs obtained permission from the administration in each setting to implement the program. Eligible participants were between 10 and 19 years old.

Recruitment

Data collection started in May 2015 and will continue through the early part of the last fiscal year for this cooperative agreement. To date, 959 participants of the program have completed the evaluation. Of 829 participants who participated in the program and completed the evaluation, 130 were excluded in the analysis because they did not complete the entire sessions and did not complete either the pretest or posttest.

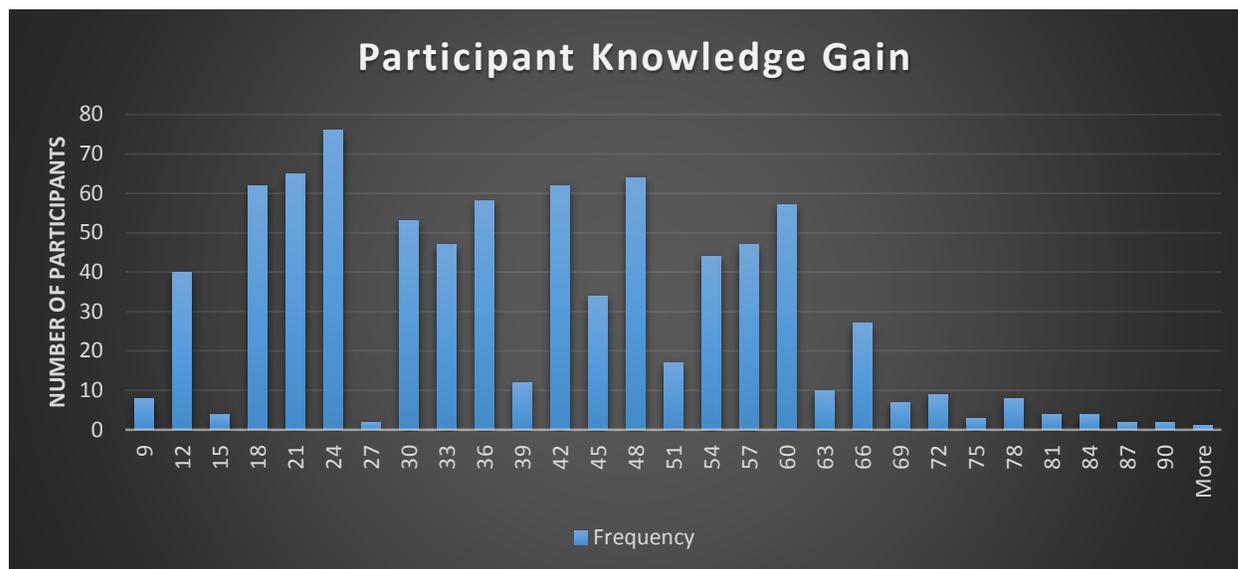
Data Collection

RCCs administered the survey to participants. The survey consisted of 17 questions, with 25 possible points. The questions included measures on emotional dating abuse, physical dating abuse, warning signs that a person is a victim of dating abuse, warning signs that a person may be abusing his or her girlfriend, ways of offering help to someone in an abusive relationship, ways of controlling anger, ways of protecting oneself from sexual assault on a date, and questions on perceptions. RCCs conducted the surveys, graded them and uploaded the sign-in sheets and scores into CATALYST reporting system, as attachments.

Data Analysis

After cleaning up the data to ensure accuracy, data was analyzed for the outcome of this evaluation. Because the number of participants in each setting was duplicated, an overall mean test scores of knowledge improvement was calculated for all 829 participants. Descriptive statistics was calculated for frequencies. The overall mean test scores improved from 53 to 91% with a standard deviation of 17.41 and 10.20, for the average pre and posttest scores respectively. More than 75% of participants gained knowledge of at least 30 points (*Figure 2*).

Figure 2. Histogram of Knowledge Gain among Participants of *Safe Dates* Education Sessions



Preliminary Demographic Characteristics

Preliminary demographic characteristics of the sample are reported in *Table 13*. Participants in this evaluation ranged in age from 12 to 18 years. The majority of the participants were Aged (11-14 years); Females (51%); Whites (57%); and Non-Hispanics (90%).

Table 13. Preliminary Characteristics of *Safe Dates* Education Sessions Evaluation Participants (n=829)

Variable	N	%
Age		
11-14	424	51
15-18	405	49
Gender		
Male	407	49
Female	422	51
Race		
Black	278	34
White	476	57
Other	75	9
Ethnicity		
Hispanic	87	10
Non-Hispanic	742	90

Next Step

Upon convening an evaluation planning team and developing a strategic evaluation plan, GA-RPE hopes to move further in its evaluation of the education sessions by tracking behavioral changes, among participants. A detailed plan of the anticipated transition will be provided in due course.

***Step Up. Step. In.* Awareness Campaign Evaluation**

Purpose and Evaluation Questions

Seven of the eight health districts contracted partnered with six middle schools and 15 high schools to reach a total of 7045 middle school and 6961 high school students as well as 267 middle school and 347 high school teachers. One health district was not included in the study because the program was not implemented as intended. The purpose of this study was to assess the effectiveness of the campaign in creating awareness and its impact among students. This study addressed the following evaluation questions:

1. To what extent did the social norm change campaign create awareness for sexual bullying?
2. How do participants perceive sexual bullying in school?
3. What proportion of middle and high school participants:
 - a. Believed the social norm change campaign message?
 - b. Demonstrated their willingness to help in changing social norm behaviors related to sexual bullying?
 - c. Believed the campaign will effect a group effort at changing social norm behaviors related to sexual bullying?
4. What were the influencing factors associated with implementing this program? (Refer to Question for the response to this question).

This evaluation used a pre-posttest design in each participating school.

Data Collection tools and procedures

Surveys were administered to a purposive sample of 25 students from each school that the health districts worked with to implement *Step Up. Step. In.* campaign to raise awareness on sexual bullying. The survey took 10-15 minutes to complete. Students completed the pretest prior to exposure to the program and completed the post test, at the end of the program. Data was collected from August to December, 2015.

The pretest contained questions to following areas: demographic characteristics, meaning of sexual bullying, personal and group beliefs about existence of sexual bullying and vulnerability in the school. The posttest contained questions related to meaning of sexual bullying, belief in campaign message, personal and group perceptions about the effectiveness of the campaign in reducing sexual bullying in school, and personal and group perceptions about willingness to help in changing social norm.

Once the surveys were completed the health district contractors mailed them to GA-RPE. The program evaluator, with the help of an intern entered the data into the program database and cleaned the data to ensure correctness. Of 525 study participants, data from 334 participants, comprising 187 high and 147 middle school students were used in the analysis. The rest of the data were eliminated due to inconsistencies and incorrectness in data collection. As at the time of this report, data was not received from one of the participating schools and were not included in this analysis.

Findings

Data analyzed include descriptive statistics, specifically proportions to responses to the primary outcomes for this evaluation. Data was analyzed by setting and compared.

Evaluation Participants

Table 14 shows a descriptive statistics about the *Step Up. Step In.* awareness campaign evaluation participants. This study was designed to evaluate the program only as a pilot. While GA-RPE continues to expand the program, the **preliminary** demographic characteristics reported here will certainly change.

Preliminary Demographic Characteristics

The average age of high school participants in this evaluation was 16 years while that of middle school participants was 13 years. Overall, participants were evenly spread out across male (49%) and female (49%) gender. The majority of participants were Black (63%) and non-Hispanic (83%). Table 14 shows the distribution in demographic characteristics, by high and middle school settings.

Table 14. Demographic Characteristics of *Step Up. Step In.* Awareness Campaign Evaluation Participants

Variable	High School (n=12)	Middle School (n=6)	Total
Average age	16	13	
Gender			
Male	95	69	164(49%)
Female	89	74	163(49%)
Other	3	4	7(2%)
Race			
White	23	64	87(26%)
Black	154	58	212(63%)
Other	10	25	35(10%)
Ethnicity			
Hispanic	38	19	57(17%)
Non-Hispanic	149	128	277(83%)

Outcome Findings

To determine the extent to which the campaign created awareness among participants and the proportion of participants who affirmed to the evaluation variables, the study design was

used to generate appropriate data. *Figures 3 and 4* show findings about awareness about sexual bullying measured by knowledge about sexual bullying. The average affirmation from participants for all other outcome variables for middle and high schools appear in *Table 15*. The table displays the percentages of students who agreed to the survey statements. To determine statistical difference, the average was calculated for each school.

Awareness of Sexual Bullying

Students in both school settings demonstrated a gain in knowledge about the meaning of sexual bullying. After exposure to the campaign program, more students were able to attribute the use of sexual words, sexual images and sexual threats to sexual bullying. It was clear that, prior to the program, middle school students understood unwanted touching and groping to be sexual bullying while a greater majority of high school students attributed sexual behaviors, especially, raping to sexual bullying. *Figures 3 and 4* show the gain in knowledge about sexual bullying.

Figure 3. Knowledge about the Meaning of Sexual Bullying in High School

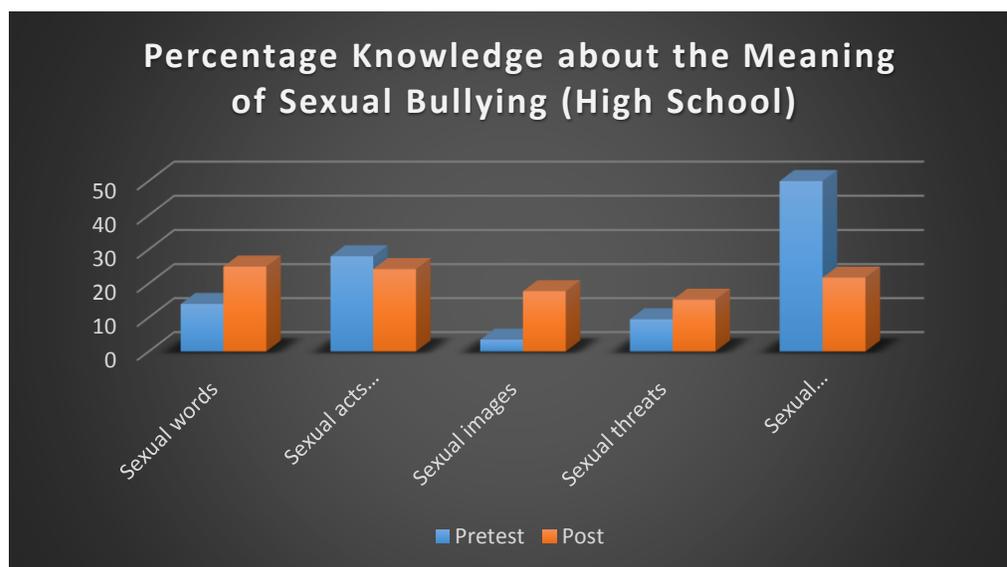
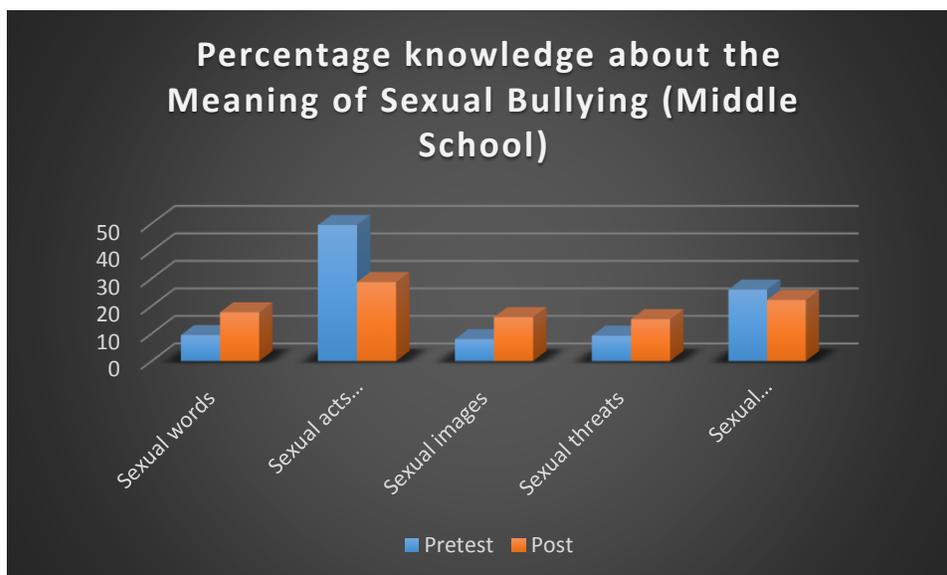


Figure 4. Knowledge about the Meaning of Sexual Bullying in High School



Belief about existence of and vulnerability to sexual bullying in school

A higher proportion of high school students (53%), compared to middle school students (48%) believe that sexual bullying exists in their schools. Compared to students' acceptance that sexual bullying exists in their schools, on average, students' in both high and middle schools did not feel that they could be sexually bullied nor did they think that their friends feel vulnerable to sexual bullying in the school.

Perception about effectiveness of campaign in reducing sexual bullying

On average, majority of the students in both settings (high school, 84% and middle school, 78%) believed the message in the campaign. With regards to the effectiveness of the campaign in reducing sexual bullying in school, on average, more middle school (79%) than high school students (68%) agreed but did not think that their friends share the same perception.

Willingness to discuss campaign messages

In each school setting, similar proportions of students demonstrated their willingness to discuss the campaign messages with their friends and also thought that their friends will do the same, in an effort to help change the norms that support sexual bullying. For instance, in middle school, 65% of students are willing to help and 67% of students also believed that their friends will help in reducing sexual bullying. Table 15 shows the outcome variables and the proportion of students who responded affirmatively to the statements designed to assess the measures.

Table 15. Outcome Variables and Student Proportions

Middle School	Proportion of students with affirmation (in percentage %)							
	Existence of sexual bullying in school	Vulnerability to sexual bullying in school	Perception about Friends' vulnerability to sexual bullying in school	Belief in campaign message	Perception about effectiveness of campaign	Friends' perception about effectiveness of campaign	Willingness to help change social norm	Perception of Friends' willingness to help change social norm
1	41	33	48	72	77	73	56	61
2	58	26	32	74	72	52	72	72
3	51	50	30	87	84	48	48	56
4	38	28	34	94	100	72	78	82
5	25	18	20	71.7	50.6	14.3	45.7	40.8
6	75	69	63	69	88	75	88	88
Average	48	37	38	78	79	56	65	67
High School								
1	52	51	40	76	56	67	51	41
2	45	27	32	95	75	72	55	63
3	58	33	39	95	78	60	55	48
4	62	28	34	84	68	58	44	58
5	63	15	15	79	54	59	50	46
6	68	44	40	78	68	50	64	62
7	64	48	56	96	84	56	56	56
8	60	50	60	95	80	70	50	30
9	23	11	12	89	72	50	67	72
10	57	7	7	79	54	29	50	50
11	46	46	46	71	50	38	50	42
12	33	27	27	73	80	40	47	60
Average	53	32	34	84	68	54	53	52

School was utilized as the unit of statistical analysis to determine whether the differences between averages in high and middle schools for each outcome variable is statistically significant. The Mann-Whitney U-Test was applied to each outcome variable, for two-tailed test (See Table 16). School averages were ranked and both the sums and means of ranks for high and middle schools were taken separately. To obtain the u-value and z-score, the overall sums and means of ranks as well as the standard deviation were calculated. Based on Mann-Whitney U-Test rule, z-score was also calculated since the total number of population (number of middle [6] and high [15] schools) was greater than 18. The results were not statistically significant for each variable (critical value=14, $p \leq 0.05$) for both u-value and z-score, revealing that the campaign had the same effect in both high and middle schools.

Table 16. Survey Ranks, Means, Standard Deviations, Mann-Whitney U-Tests, and Z-Scores

Variable	High school n ₁ =12			Middle school n ₂ =6			Combined N=18; R=171;M=9.5; SD=10.6771 Critical value of U=14*	
	R ₁	M ₁	U ₁	R ₂	M ₂	U ₂	U	Z (p-value)
Existence of sexual bullying in school	122.5	10.21	27.5	48.5	8.08	44.5	27.5	0.7493 (0.453268*)
Vulnerability to sexual bullying in school	109.5	9.12	40.5	61.5	10.25	31.5	31.5	-0.3746 (0.71138*)
Friends' vulnerability to sexual bullying in school	111	9.25	39	60	10	33	33	-0.2341 (0.8181*)
Belief in campaign message	131	10.92	19	40	6.67	53	19	1.5454 (0.12114*)
Perception about effectiveness of campaign	99	8.25	51	72	12	21	21	-1.358 (0.17384*)
Friends' perception about effectiveness of campaign	106.5	8.88	43.5	64.5	10.75	28.5	28.5	-0.6556 (0.50926*)
Willingness to help change social norm	101.5	8.46	48.5	69.5	11.58	23.5	23.5	-1.1239 (0.26272*)
Friends' willingness to help change social norm	98	8.17	52	73	12.17	20	20	-1.4517 (0.14706*)

Note: $p \leq 0.05$ (two-tailed test)

*=Not significant; n₁=number of high schools; n₂=number of middle schools; R₁=Sum of Ranks for high school ; R₂=Sum of Ranks for middle school; M₁=Mean of Ranks for high school; M₂=Mean of Ranks for middle school; U₁=U-value for high school; U₂=U-value for middle school; N=Total number of school samples; R=Sum of ranks (combined) ; M=Mean of Ranks (combined); SD=Standard deviation

Conclusion

The interpretation of the findings of this evaluation should consider the fact that a convenient sample design was utilized and there were no baseline data at the time of the evaluation. Also, the data obtained was not compared to another group. Given the insignificant difference between the findings from high and middle schools, it is concluded that, first, students' perceptions about the existence and student vulnerability to sexual bullying is comparable in both school settings, as measured by the pretest. Secondly, students' perceptions about the campaign and its effect are comparable in both school settings. Subsequently, although not generalizable, it is likely that the campaign can serve in changing social norms that bring about sexual bullying in school. Cautiously, GA-RPE, cannot however, attribute any results directly to the sexual bullying awareness campaign. GA-RPE will further track the translation of the findings in this evaluation in an attempt to understand any change in behavior, assessed with behavioral conduct assessment data.

Conclusion and Recommendations

Summary of Key Findings

As part of the CDC's Rape prevention and Education program, Georgia department of Public Health implemented the GA-RPE program to increase the awareness of risk and protective factors that prevent first time perpetration. In order to achieve this goal, GA-RPE aimed to expand its reach to under-represented areas of the state and added a more diverse group of partners to implement its prevention strategies.

GA-RPE is a dispersed program, with activities carried out primarily by external grantees. Six RCCs, eight public health districts, three colleges and two athletic team coaches are currently funded under the program to implement prevention approaches in discrete parts of the state. In the first two years of the program, RCCs were funded to implement the legislatively approved strategies. All the RCCs implemented the *Safe Dates* curriculum education sessions, community mobilization, hotline operation services, and information materials. The college grantees implemented the *One in Four and Beyond* program to teach men how to be supportive of victims of sexual assault and become responsive bystanders while the athletic coaches were contracted to implement the *Coaching Boys into Men* program to teach young men about abstaining from perpetrating violence in dating relationships. Also, eight health districts partnered with middle and high schools to implement the *Step Up. Step In.* sexual bullying awareness campaign. The lack of data from the *One in Four and Beyond* grantees and the lack of program implementation for the *CBIM* program hindered program accountability in these areas

Various factors were identified as influential to program implementation. With the RCCs, implementing the multi-sessions curriculum in a school-setting proved difficult to accomplish but once attained was identified as success to program implementation. Among factors identified as facilitators to RCC program implementation include raising of awareness of sexual assault behavior and engaging diverse community stakeholders.

The health districts identified strong partnership and existing relationship with school officials as crucial in their successes in implementing the *Step Up. Step In.* awareness campaign. Six of the health district contractors recognized the importance of having buy-in from the school officials and students' willingness to champion the program as huge facilitators to program implementation.

The sections below describe program activities and accomplishments for key grantee activities recommended by GA-RPE.

***Safe Dates* Education sessions**

All six RCCs implemented at least three seminars of education sessions for a total of 270 sessions, in various settings including middle, high, and alternative schools as well as housing authority and reaching 979 participants. In addition, 3 RCCs conducted poster contexts while one RCC had parent materials. Evaluation of the sessions showed that more than 75% of participants gained knowledge of at least 30%.

Community mobilization

Seven of the eight RCCs conducted a total of 28 community change activities, reaching diverse community groups including but not limited to students, local leaders, school leadership, parents, clergy, and media personnel. In partnership with various groups, varied strategies were employed in reaching the audience such as presentation, social norm campaign, student empowerment, and provision of resources

Hotline operation services

All RCCs maintained a 24/7 hotline operations and recorded a total of 1126 calls while making a total of 322 referrals to various resources.

Outreach efforts

RCCs increased outreach to universities and colleges, high and middle schools, communities, utilizing information materials covering various protective and risk factors. The information materials included large- and small-scale media.

Social norm awareness campaign

Eight health districts, partnered with a total of six middle and 15 high school, reaching 7045 middle and 6961 high school students as well as 267 and 347 staff with creative awareness campaign approaches including, poster contests *Step Up. Step In.* (SUSI) awareness, observing SUSI awareness week, SUSI awareness football game, SUSI awareness fact cards, billboards, yearbook ads, panel discussions, and morning announcements.

Participant in the evaluation of this program demonstrated increase in the awareness of sexual bullying. There was no statistical difference between the outcomes of the program recorded in both of the school settings.

Training and Professional Development

GA-RPE conducted a total of five professional trainings for its contractors including a 3-day face-to-face sexuality training for RCCs; peer educator training for college facilitators of the *One in Four and Beyond* program in Savannah State University, Fort Valley University and University of West Georgia received trainings in their colleges; and two coach clinics organized for the coaches that were contracted to implement of the *Coaching Boys into Men* program.

Limitations

Findings from this evaluation should be considered in light of several important limitations: (1) An evaluation planning team has just been convened to develop a strategic evaluation plan for this program, (2) The evaluation design and set of evaluation questions utilized in this evaluation were developed without input from stakeholders and thus may not have identified evaluation questions and measures to evaluate the various sets of activities implemented by the different grantees, (3) Reach is reported for each set of activities and may not, on average, show the overall reach as grantees for the different interventions worked in different settings, (4) Due to administrative delays, grantees had limited time for implementation of activities. This could explain the lack of progress reports from some grantees, thus limiting information on the number of activities, the reach and other information necessary in understanding the implementation of the program.

In terms of data collection, all data were self-reported. In this light, this evaluation was not intended to give generalizable findings but rather to describe the activities implemented by GA-RPE for program improvement and to demonstrate accountability to CDC.

Recommendations

The recommendations below are projected to assist the program meet CDC expectations for GA-RPE grantees, add to the goal of increasing the awareness of risk and protective factors that prevent first time perpetration and improve program effectiveness. These *draft* recommendations are generated based upon the evaluation findings and will be refined upon convening an evaluation planning team for the program. These recommendations will also include the suggestions made by some grantees in their progress reports.

Technical Assistance

An overarching recommendation is that the program would be strengthened by providing more guidance and structure from GA-RPE to sub-awardees. As it is now, grantees activities may have carried out activities with limited guidance from GDPH. This may have been the reason that grantees, for instance, the RCCs have continued implementing the activities as before this funding period. GA-RPE may have to conduct regular technical assistance with the RCCs, the college and the *CBIM* grantees as was the case with the *Step Up. Step In.* grantees during the funding period reported. Despite the monthly calls organized for the *Step Up. Step In* grantees, one health district grantee stated, *“I would love to see more technical assistance towards the program.”* Along the same lines, GA-RPE needs to put more effort in providing the grantees with the tools needed to do their work and offer more guidance on data collection. This is summed by a quote from one grantee, stating, *“Not receiving the pre/post assessments prior to implementation prevented us from captioning a realistic view of programs success.”*

Target Population

The GA-RPE goal is to increase the awareness of risk and protective factors that prevent first perpetration by expending its efforts to underserved areas. In this light, GA-RPE will need to more strategically identify priority populations for the program target group (10-19 years). This will help in reducing disparities. In the absence of existing local data, GA-RPE needs to think about what populations to conduct activities in and how to gain entry to those populations. It was not clear how the grantees picked their target populations and the rationale for picking those populations. It is recognized that identifying priority areas for intervention requires careful decision and may not be feasible, considering the need of a sexual assault-related surveillance data to more appropriately identify population groups with the most need.

Strategy Prescription

GA-RPE took a good step of identifying strategies to be implemented by varied grantees but may need to provide grantees with a list of specific activities that they can choose from, depending on their type of population. For instance, some of the activities identified as community change strategies by RCCs did not meet the definition stipulated by GA-RPE. It may also be helpful to provide opportunities for sharing, learning, and collaboration among grantees working on the

same strategy. It was clear that grantees had different strengths and areas of expertise and it may be beneficial to have them share lessons learned and collaborate with other grantees to replicate the efforts.

Administration

GA-RPE may need to work to get the funds available to grantees in time. Some grantees felt that the time frame in which they had to plan and implement the program was limited and may have had some impact on meeting with program deliverables.

The following more specific recommendations are structured in categories of grantee activities.

Information Materials and Outreach

Each RCC identified or developed its own small media. It may be more beneficial for GA-RPE to identify appropriate, research-tested small media messages that will address risk and protective factors associated with sexual violence. Branding these materials as part of statewide campaign and allowing RCCs some space to include their own branding information may be more beneficial and guarantee that the messages are consistent, across the state.

Some RCCs reported implementing media campaign. A statewide media campaign may be necessary for the program to reach those areas not served by RCCs. The state could also provide print media campaign for RCCs to use locally.

More guidance is also needed in defining the measures. For instance, some RCCs had difficulties reporting the unit of information materials provided to their audiences. To affect statewide evaluation, a clear definition of the difference between material units and estimated audience reach will be necessary.

One in Four and Beyond

All of the three funded colleges implemented *One in Four and Beyond* program. Data report from the peer educator trainings suggest that standardizing the conduct of this program, although not feasible, may help in tracking the outcome of the program. Some of the trainees were student advisors not trained as prevention specialists and may pose difficulties in delivering the sensitive touch required in delivering the message contained in this program strategy.

Informal discussions with the grantees suggest that the mode of delivering this program in the three colleges varied widely. More technical assistance may help in not only standardizing the approach of delivery but also assist in guiding the grantees as they implement the program and report progress. It may be better to organize group training for the colleges that will allow for more collaboration and sharing of ideas on implementing the program.

Coaching Boys into Men

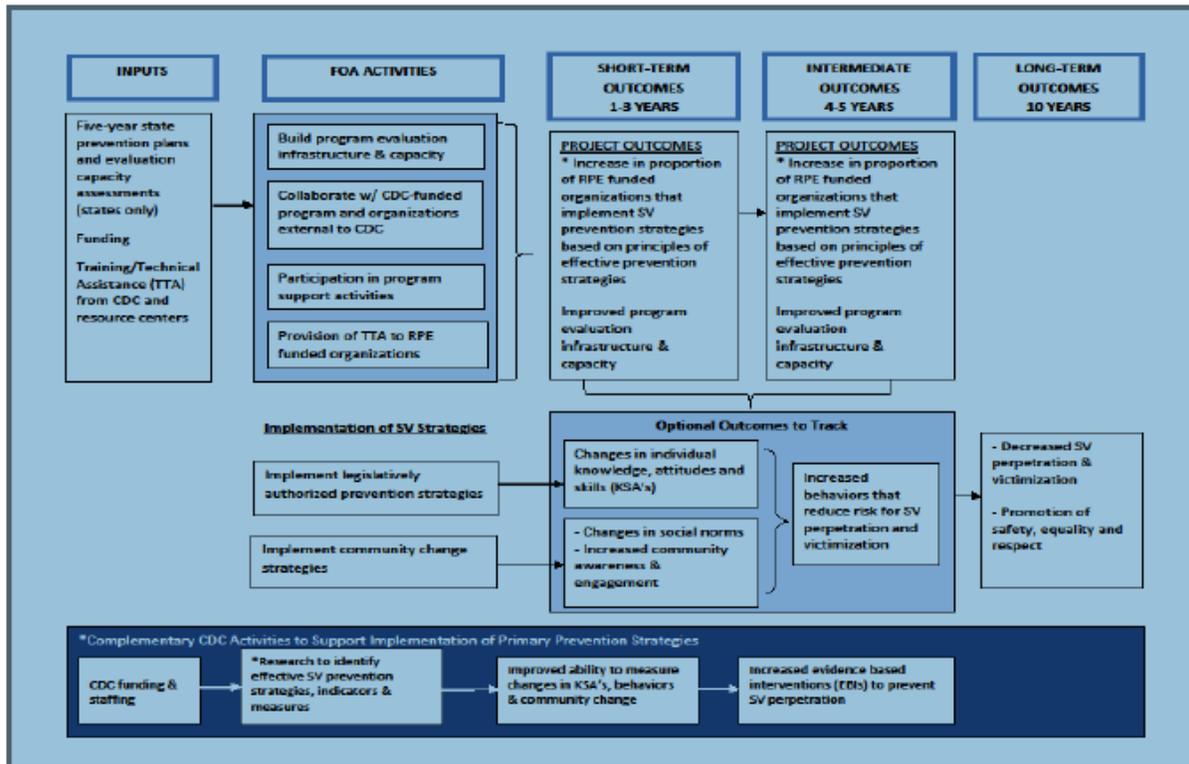
The inability of the funded grantees to implement the *CBIM* suggest that they didn't understand the expectations. Moving forward, it may be necessary to more tactfully coach and guide the grantees on program implementation. Again, having a group training session, supplemented with tailored technical assistance may help overcome the difficulty experienced by the grantees.

It is recognized that it may not be feasible to carry out all of these recommendations. As the new funding period is already in progress, GA-RPE may need to identify the best approaches to meet CDC expectations for GA-RPE.

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3. Centers for Disease Control and Prevention. *Rape Prevention and Education (RPE) Program: Background of the Program* 2014 [cited 2016 March 5]; Available from: <http://www.cdc.gov/violenceprevention/rpe/>.
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Appendix A: CDC Rape Prevention and Education Program Logic Model



Appendix B: Data Collection Tools
Progress Report Templates
Rape Crisis Centers Monthly Report Template

CONTRACT PROGRAMMATIC REPORT TEMPLATE

SEXUAL VIOLENCE PREVENTION PROGRAM

Period Covered by this Report: Month/Year:

DHR Contract #: 427-93-

CONTRACTOR:

TO: Mosi Bayo, M.Ed.
 Program Manager
 Sexual Violence Prevention Program
 Adolescent & School Health
 Chronic Disease Prevention Section
 Georgia Department of Public Health
 2 Peachtree Street, NW
 16th Floor
 Atlanta, GA 30303
 Phone: 404-657-6607
 Mobile: 404-626-4253
 Email: Mosi.Bayo@dph.ga.gov
 DPH online: www.dph.ga.gov

The purpose of the monthly program reporting is to illustrate monthly progress towards SVP contract deliverables, identify technical assistance and resource needs and identify barriers and/or challenges. It is imperative that you follow the nine prevention principles as you implement your programs and report monthly activities via your narrative analysis.

Principles of Effective Education Prevention Programs (Educational Training)

Comprehensive	Multi-component approaches that address critical domains (e.g. family, peers, and community) that influence related risk and/or protective factors that lead to first time perpetration or victimization.
Varied Teaching Methods	Programs which involve diverse teaching methods that focuses on increasing the awareness and understanding of the problem behaviors and on acquiring or enhancing skills.
Sufficient Dosage	Programs that provide enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects.
Theory Driven	Programs that have theoretical justifications, are based on accurate information, and are supported by empirical research.
Positive Relationships	Programs that provide exposure to adults and peers in a way which promotes strong relationships and supports positive outcomes.
Appropriately Timed	Programs that are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of participants.
Socio-culturally Relevant	Programs that are tailored to the community and cultural norms of the participants and make efforts to include the target group in program planning and implementation.
Outcome Evaluation	Programs that have clear goals and objectives and make an effort to systemically document their results relative to the goals.
Well-trained Staff	Program staff that support the program and are provided with training regarding the implementation of the intervention.

Report Template Guidance

1. Target Population(s): Please describe your population(s) of interest and your reason(s) for focusing on this/these population(s) (e.g., risk & protective factors) and demographic characteristics. Please, also indicate the total number of collaborations instituted during the month and list all the existing and new collaborations.
2. Educational Sessions (Safe Dates): Please describe the rationale for conducting education sessions, the number of Safe Dates sessions conducted, the number and demographics of participants and setting(s). You are required to provide the session(s) presented individually

and, if any, sessions that were combined according to the instructions dictated by the Safe Dates program. Indicate any disclosures and referrals made. Also, describe any successes and challenges associated with implementing education sessions. Finally, describe any relationship developed to obtain data on behavioral changes in settings receiving intervention.

3. Community Mobilization: Please indicate the number of community mobilization events; the title of the community mobilization event(s); the purpose of the event(s); the stakeholders engaged; measurable outcomes and any successes and challenges associated with community mobilization efforts.
4. Hotline Services & Information Materials: Please indicate the number of hotline calls received, the number and types of referrals made; the type and total number of informational units provided during the entire month and the estimated reach. Please, also, list the topics covered in the informational units distributed. Lastly, describe any successes and/or challenges associated with developing/disseminating materials.
5. Evaluations: Please provide the number and type(s) of evaluations provided during the month and indicate whether the evaluations are baseline or follow-up evaluations. Unless the evaluations are based on focus groups, the follow-up group must be for the same cohort or group evaluated at baseline. Using the same cohort at baseline and at follow-up will provide a more reliable or "true" estimate of change in your outcome measure(s). For the participant self-assessment, please indicate the source of the pre-post- tests delivered to participants (e.g. Safe Dates pre-post-test survey).
6. Narrative Analysis: This should reflect the summary of the activities undertaken to produce your output(s) and/or outcome(s) during the reporting month. Also, describe any lessons learned, challenges/barriers, training/technical assistance needs including any unanticipated outcome(s) from the activities.

PART A: TARGET POPULATION DEMOGRAPHICS

Education/Prevention/Media Products and/or Services	# of Education/Prevention/Media Products and/or Services Delivered and Population(s) of Interest	Description of Education/Prevention/Media Products and/or Services Delivered	Date Educational/Prevention/Media Products and/or Services Delivered
1. Target Population(s)	<p><input type="checkbox"/> Population(s) of interest _____</p> <p><input type="checkbox"/> Rationale for focusing on population(s) _____</p> <p><input type="checkbox"/> Total # collaborations _____</p> <p>Target populations' race (Baseline):</p> <p><input type="checkbox"/> Black or African American: _____</p> <p><input type="checkbox"/> Asian: _____</p> <p><input type="checkbox"/> White or Caucasian: _____</p> <p><input type="checkbox"/> American Indian/ Alaska Native: _____</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander: _____</p> <p><input type="checkbox"/> Multiracial: _____</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p>Target populations' education level (Baseline):</p> <p><input type="checkbox"/> Middle school: _____</p> <p><input type="checkbox"/> Some High school: _____</p> <p><input type="checkbox"/> Grades 12 or GED: _____</p> <p><input type="checkbox"/> Some college or technical school: _____</p> <p><input type="checkbox"/> Graduated from college or technical college: _____</p> <p><input type="checkbox"/> Completed graduate school: _____</p>	<p><input type="checkbox"/> Please indicate the risk and/or protective factors addressed in the target population(s) (See list of risk and protective factors that influence victimization and/or perpetration of sexual violence on page 9)</p> <p>List of <u>all</u> collaborations</p> <p><input type="checkbox"/> Existing _____</p> <p><input type="checkbox"/> New _____</p> <p>Target populations' ethnicity (Baseline):</p> <p><input type="checkbox"/> Hispanic or Latino:</p> <p><input type="checkbox"/> Non-Hispanic</p> <p>Target populations' age category (Baseline):</p> <p><input type="checkbox"/> Under 10: _____</p> <p><input type="checkbox"/> 10-19: _____</p> <p><input type="checkbox"/> 20-39: _____</p> <p><input type="checkbox"/> 40-59: _____</p> <p><input type="checkbox"/> 60+: _____</p>	

PART B: EDUCATIONAL ACTIVITIES

Education/Prevention/Media Products and/or Services	# of Education/Prevention/Media Products and/or Services Delivered and Population(s) of Interest	Description of Education/Prevention/Media Products and/or Services Delivered	Date Educational/Prevention/Media Products and/or Services Delivered
<p>2. Educational Sessions: <i>Safe Dates</i></p>	<p>The following <i>Safe Dates</i> components were implemented:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 10-session dating abuse curriculum <input type="checkbox"/> play about dating abuse <input type="checkbox"/> A poster contest <input type="checkbox"/> Parent materials <input type="checkbox"/> Pre-Post test <p>Total # educational sessions conducted: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Total # materials distributed: _____ <input type="checkbox"/> Average age of participants: _____ <input type="checkbox"/> # disclosures/referrals made: _____/_____ <p>Total # Participants: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Middle School: M _____ F_____ <input type="checkbox"/> High School : M _____ F_____ <p>Additional audiences for educational sessions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alt. school: M _____ F_____ <input type="checkbox"/> Housing Authorities: M _____ F _____ <input type="checkbox"/> RYDC/YDC: M _____ F_____ <input type="checkbox"/> After school: M _____ F _____ <input type="checkbox"/> Other: M _____ F _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Rationale for conducting education sessions: _____ <input type="checkbox"/> List sessions delivered individually (<i>See list of sessions provided on page 10</i>) <input type="checkbox"/> List sessions delivered in combined fashion (<i>See list of sessions provided on page 10</i>) <input type="checkbox"/> Indicate Type of Referrals made: _____ <input type="checkbox"/> Indicate <u>challenges/barriers</u> associated with implementing education sessions: _____ <input type="checkbox"/> Indicate <u>successes</u> associated with implementing education sessions:_____ <input type="checkbox"/> Indicate <u>relationships developed</u> for data sharing: _____ <p>Participants' race:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Black or African American: _____ <input type="checkbox"/> Asian: _____ <input type="checkbox"/> White or Caucasian: _____ <input type="checkbox"/> American Indian/ Alaska Native: _____ <input type="checkbox"/> Native Hawaiian or other Pacific Islander: _____ <input type="checkbox"/> Multiracial: _____ <input type="checkbox"/> Other (please specify): _____ <p>Participants' ethnicity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino 	

PART C: COMMUNITY CHANGE STRATEGY

Education/Prevention/Media Products and/or Services	# of Education/Prevention/Media Products and/or Services Delivered and Population(s) of Interest	Description of Education/Prevention/Media Products and/or Services Delivered	Date Educational/Prevention/Media Products and/or Services Delivered
3. Community Mobilization	<input type="checkbox"/> Total # community mobilization event(s) conducted: _____ <input type="checkbox"/> Total # community action plans: _____	Community mobilization event(s) title(s): _____ Purpose of event (s): _____ List audiences, sectors and organizations engaged in community mobilization event(s): _____ Indicate <u>measurable outcomes</u> associated with community mobilization event(s): _____ Indicate <u>successes</u> associated with community mobilization event(s): _____ Indicate <u>challenges</u> associated with community mobilization event(s): _____	

PART D: HOTLINE SERVICES AND INFORMATION MATERIALS

Education/Prevention/Media Products and/or Services	# of Education/Prevention/Media Products and/or Services Delivered and Population(s) of Interest	Description of Education/Prevention/Media Products and/or Services Delivered	Date Educational/Prevention/Media Products and/or Services Delivered
4. Hotline Services and Information Materials	<p>Total # calls received: _____</p> <p># calls from age categories:</p> <p><input type="checkbox"/> Under 10: : _____</p> <p><input type="checkbox"/> 10-19: _____</p> <p><input type="checkbox"/> 20-39: _____</p> <p><input type="checkbox"/> 40-59: _____</p> <p><input type="checkbox"/> 60+: _____</p> <p>Total # primary victims: _____</p> <p>Total # secondary victims: _____</p> <p>Total # referrals made: _____</p> <p>Total # informational units distributed: _____</p> <p><input type="checkbox"/> Total # mailed: _____</p> <p><input type="checkbox"/> Total # handed to people: _____</p> <p><input type="checkbox"/> Total # left in public places: _____</p> <p><input type="checkbox"/> Total # viewed on TV: _____</p> <p><input type="checkbox"/> Total # via Radio: _____</p> <p><input type="checkbox"/> Total # via Internet: _____</p> <p><input type="checkbox"/> Total # via Social Media: _____</p> <p>Type/number of informational materials developed/ distributed:</p> <p><input type="checkbox"/> Brochures : _____</p> <p><input type="checkbox"/> Pamphlets : _____</p> <p><input type="checkbox"/> Posters: _____</p> <p><input type="checkbox"/> Other (Describe): _____</p>	<p>List types of referrals made: _____</p> <p>Indicate any additional information about your Hotline services: _____</p> <p>Indicate <u>estimated reach</u> of intended audience or recipients of materials:</p> <p><input type="checkbox"/> Mailed: _____</p> <p><input type="checkbox"/> Handed to people : _____</p> <p><input type="checkbox"/> Left in public places: _____</p> <p><input type="checkbox"/> Viewed on TV: _____</p> <p><input type="checkbox"/> Via Radio: _____</p> <p><input type="checkbox"/> Via Social Media: _____</p> <p><input type="checkbox"/> Other (Describe)</p> <p><u>Rationale</u> for developing/disseminating informational materials: _____</p> <p>List <u>topics</u> for informational materials distributed: _____</p> <p>Indicate <u>risk and protective factors</u> addressed in information materials: : _____</p> <p>Indicate <u>successes</u> associated with developing/disseminating information materials: _____</p> <p>Indicate <u>challenges</u> associated with developing/disseminating information materials: _____</p>	

PART E: EVALUATION

Education/Prevention/Media Products and/or Services	# of Education/Prevention/Media Products and/or Services Delivered and Population(s) of Interest	Description of Education/Prevention/Media Products and/or Services Delivered	Date Educational/Prevention/Media Products and/or Services Delivered
5. Evaluations	<p>Total # Evaluations completed: _____</p>	<p>The following SVPP evaluation surveys were completed:</p> <p><input type="checkbox"/> <i>Safe Dates</i> curriculum evaluation- # Surveys completed: _____</p> <p><input type="checkbox"/> <i>Safe Dates</i> participant self-assessment # Pre-Post test _____</p> <p><input type="checkbox"/> <i>Safe Dates</i> <u>Facilitator Satisfactory</u> assessment # Administrative surveys completed: _____ # Participant surveys completed: _____</p> <p><input type="checkbox"/> Other (please specify) # assessments completed: _____</p> <p>Community mobilization activity:</p> <p><input type="checkbox"/> Participant survey Number: _____ Type of participants: _____</p> <p><input type="checkbox"/> Other evaluation (please specify): _____</p>	

PART E: SUMMARY

6. Narrative analysis: *Provide a brief description of the project accomplishments to include specific activity(s) completed related to each deliverable, collaborator(s) (both new and existing), and incorporate the nine prevention principles. You are also required to describe how your program was sold (promoted) to your partner(s) and the anticipated impact of your program in the community. This should reflect the summary of the activities undertaken to produce your output(s) and/or outcome(s) during the reporting month. It should reflect on the lessons learned, challenges/barriers, training/technical assistance needs and any unanticipated outcomes from the activities.*

Names/Types of program staff employed (FT/PT) for prevention and awareness during the reporting period:	
Comments:	
Contractor Signature:	Date

Step Up. Step In. Grantee Quarterly Report Template

Step Up. Step In. Quarterly Report Progress Template

Instructions: The grantees are required to submit a quarterly report progress to Georgia Rape Prevention and Education Program (RPE).

Step Up. Step In. grantees should submit quarterly reports via email to Mosi.Bayo@dph.ga.gov with the subject line :< insert your organization>Step Up. Step In. Intervention for RPE.

Step Up. Step In. Contractor (Name, contract #, and contact information)

Current Reporting Period (MM/DD/YY-MM/DD/YY)

A. STUDENT POPULATION CHARACTERISTICS	
General student population in the chosen schools during this reporting period (including names of schools):	
Describe race/ethnicity of student population in the chosen schools during this reporting period:	
Describe the gender proportion of the student population in the chosen schools during this reporting period:	
Describe the reason(s) for choosing the schools:	

B. SCHOOL STAFF POPULATION CHARACTERISTICS	
General staff population in the chosen schools during this reporting period :	
Describe race/ethnicity of staff population in the chosen schools during this reporting period :	
Describe the gender proportion of the staff population in the chosen schools during this reporting period :	

C. SCHOOL POLICIES	
Describe any existing or new policies related to reporting and responding to sexual bullying in the chosen schools:	
Describe any existing or new program in place to train staff and administrators on preventing sexual bullying in the chosen schools:	
Describe any consequences for sexual bullies in the chosen schools:	

D. SUMMARY OF ACTIVITIES	
Number of MOUs signed:	
Number of advisory teams established:	
Number of awareness campaigns conducted:	
Describe the awareness campaign activities conducted:	
Number of pledge campaigns conducted:	
Number of pledges signed:	
Describe the demographics (grade, gender, age and race/ethnicity) of students who signed the pledges:	
Describe any incentives given:	
Number of pre-tests administered during this reporting period:	

E. PARTNERSHIP	
Number of partnerships formed for the development and/or implementation of the program:	
Describe how each partner contributed to the development and/or implementation of the program:	

F. INFLUENCING FACTORS	
List the facilitating factors of success:	
List any internal and/or external challenges/barriers encountered during quarterly report period:	
Describe any actions taken or plans for addressing issues :	
Any questions:	

G. TRAINING/TECHNICAL ASSISTANCE NEEDS

Describe any training received:

Describe any technical assistance needed to successfully implement the program:

H. UNANTICIPATED OUTCOMES

Describe any unexpected outcomes (positive or negative) that resulted from program activities:

I. OTHER COMMENTS (OPTIONAL)

Step Up. Step In. Grantee Final Report Template



Step Up. Step In. Final Report Template

Instructions: The grantees are required to submit a final report to Georgia Rape Prevention and Education Program (RPE) by February 15th 2016.

Step Up. Step In. grantees should submit a final report via email to Mosi.Bayo@dph.ga.gov with the subject line :< *insert your organization*>Step Up. Step In. Intervention for RPE.

Step Up. Step In. Contractor (Name, contract # and contact information)

A. PROGRAM PARTICIPANTS	
Total number of middle schools partnered with:	
Total number of high schools partnered with:	
Total number of middle school participants:	
Total number of high school participants:	
Total number of middle school staff participants:	
Total number of high school staff participants:	

B. SUMMARY OF PROGRAM ACTIVITIES	
Total number of advisory teams established in school:	
Total number of LOAs signed:	
Total number of awareness campaigns conducted:	
Total number of pledge campaigns conducted:	
Total number of pledges signed:	
Total number of anti-bullying policies highlighted or recommended or recommendations made for policy changes:	
Total number of pre- tests administered:	
Total number of post -tests administered:	

C. TRAININGS AND TECHNICAL ASSISTANCE	
Total number of technical assistance received by state office such as monthly calls and webinars.	
Total number of technical assistance received by GNESEA such as webinars.	

D. INFLUENCING FACTORS	
Describe the strengths/characteristics involved in the program, organization and/or partnerships that will result in its advantage over other programs:	
Describe the weaknesses involved in the program, organizations and/or partnerships that will place it at a disadvantage over other programs:	
Describe opportunities that the program, organization and/or partnerships could take advantage of to be successful:	
Describe any threats that could cause the program, organization and/or partnership a problem in achieving the goal of the program:	

E. OTHER COMMENTS (OPTIONAL)

Coaching Boys into Men Grantee Bimonthly Report Template

Coaching Boys into Men (CBIM) Bimonthly Report Progress Template

Instructions: The grantees are required to submit a bimonthly report consisting of an update on implementation progress to Georgia Rape Prevention and Education Program (RPE).

CBIM grantees should submit bimonthly reports via email to Mosi.Bayo@dph.ga.gov with the subject line :< insert your organization>Coaching Boys into Men Intervention for RPE.

Reporting Period (MM/DD/YY-MM/DD/YY):

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CBIM Contractor (Name, contract # and contact information)

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A. SUMMARY OF ACTIVITIES		
Number of participants:		
Number and type of activities:	Card Series <input checked="" type="checkbox"/> Playbook <input type="checkbox"/> Teachable Moments <input checked="" type="checkbox"/> Total	# _____ # _____ # _____ # _____
Number of disclosures:		
Number and types of referrals made:		
Number and types of incentives given:		

B. PARTNERSHIP	
Number of partners (internal and/or external) who contributed to the implementation of the activities:	
List of partners and description of each partner's contribution to the implementation:	<ul style="list-style-type: none"> • • • • •

C. INFLUENCING FACTORS	
Describe the successes during this reporting period:	
Describe any internal and/or external challenges/barriers encountered during this reporting period:	
Describe any actions taken or plans for addressing the challenges/barriers :	
Any concerns/suggestions:	

D. TRAINING/TECHNICAL ASSISTANCE NEEDS	
Describe any training received from Georgia Network to End Sexual Assault (GNESA) or Department of Public Health (DPH):	
Describe any technical assistance needed r from Georgia Network to End Sexual Assault (GNESA) or Department of Public Health (DPH) to successfully implement the program such as conference calls, webinars or resource s haring:	

E. UNANTICIPATED OUTCOMES

Describe any unexpected outcomes (positive or negative) that resulted from program activities:

F. OTHER COMMENTS (OPTIONAL)

One in Four and Beyond Grantee Bimonthly Report Template

One in Four and Beyond Bimonthly Report Progress Template

Instructions: The grantees are required to submit a bimonthly report consisting of a narrative update on implementation progress to Georgia Rape Prevention and Education Program (RPE).

College contractors should submit monthly reports via email to Mosi.Bayo@dph.ga.gov with the subject line :< *insert your organization*>*One in Four Intervention for RPE.*

Current Reporting Period (MM/DD/YY-MM/DD/YY):

 —

College Contractor (*Name, contract number, phone number, and email address*):

A. POPULATION CHARACTERISTICS (<i>Describe your general student population.</i>) <u>You will only provide this information during the first reporting period.</u>	
Describe the race/ethnicity of the student population, by percentage:	
Describe the gender proportion of the student population, by percentage:	
Describe the age category of the student population, by percentage:	
Describe the socioeconomic status of the student population, by percentage:	
Describe the residential versus commuter population in your campus:	
Describe, by percentage, the target population for your program (Men's program) by race/ethnicity and age category:	
Describe the recruiting method for your program participants and how they are engaged in the program:	

B. SCHOOL POLICIES	
Describe any existing or new policies (such as alcohol-related policies) and services on campus related to reporting and responding to sexual violence during this reporting period:	
Describe any program in place to train faculty and administrators on preventing violence in the campus during this reporting period:	
Describe any consequences for perpetrators, and any program in place to reduce social norms that facilitate sexual violence during this reporting period:	

C. ENVIRONMENTAL INTERVENTION	
Describe any approaches in place for safety such as, poster campaigns to increase awareness of sexual assault, and any hotspot mapping to identify unsafe areas of the school for increased monitoring during this reporting period:	

D. SUMMARY OF ACTIVITIES	
Provide the demographic characteristics of the participants:	See Community Awareness tracking sheet
Number of disclosures:	
Types of referrals made:	
Describe other activities related to sexual assault prevention during the current reporting period:	

E. PARTNERSHIP	
List and describe how partners contributed to the development and/or implementation of the program during the current reporting period:	

F. INFLUENCING FACTORS

Describe the successes for the program:	
Describe any internal and/or external challenges/barriers encountered during this reporting period:	
Describe actions taken or plans for addressing challenges/barriers:	
Any concerns that you may have:	

G. TRAINING/TECHNICAL ASSISTANCE NEEDS

Describe any technical assistance that you received during this reporting period, including but not limited to conference calls, webinars, and resource sharing:	
Describe any technical assistance (conference calls, webinar, resource sharing etc.) that you may need to successfully implement the program. This may include :	

H. UNANTICIPATED OUTCOMES

Describe any unexpected outcomes (positive or negative) that resulted from program activities:

I. . OTHER COMMENTS (OPTIONAL)

Please share any additional comments or feedback:

Safe Dates Pre-Post Survey

Safe Dates Education Session Pre-Post Test

Q1. List three examples of emotional dating abuse

- a. -----
- b. -----
- c. -----

Q2. List three examples of emotional dating abuse

- a. -----
- b. -----
- c. -----

Q3. List two signs, or "red flags" that a person may be a victim of dating abuse

- a. -----
- b. -----

Q4. List two warning signs, or "red flags" that a person may be abusing his or girlfriend or boyfriend.

- a. -----
- b. -----

Q5. How can you help a friend who is in an abusive relationship?

- a. -----
- b. -----

Q6. List two things you can do to keep your anger from getting out of control.

- a. -----
- b. -----

Q7. List two things you can do to protect yourself from sexual assault on a date.

- a. -----
- b. -----

Q8-Q17. Write "T" for True or "F" for False on the line in front of each question below_ Emotional abuse can be just as serious as physical abuse.

- 8. Emotional abuse can be just as serious as physical abuse.
- 9. Any forced sexual activity is sexual assault, even kissing.
- 10. Both females and males can abuse the people they date.
- 11. Abuse usually goes away over time if you just ignore it.
- 12. Abuse may be used to control the way a person thinks, acts, or feels.
- 13. Sometimes a person's response to anger is uncontrollable.
- 14. Conflict will occur in all relationships.
- 15. Holding expectations of dating partners based on their gender can sometimes lead to abuse.
- 16. Both females and males are victims of dating abuse.
- 17. Date and acquaintance rape victims are most often teenagers.

Step Up. Step In. Pre-Post Survey

Step Up. Step In. Pre-test

Thank you so much for participating in the Sexual Bullying Awareness Campaign!

We will like to ask you some questions relating to your views about sexual bullying in your school. Your responses will be kept confidential and the responses will be reported as a group result. Please do not write your name on the survey.

1. What is sexual bullying?

2. Please indicate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
Sexual bullying exists in my school.					
I can be sexually bullied in my school.					
Many of my friends believe they can be sexually bullied in my school.					

Please respond to the following demographic questions.

3. How old are you?

4. What is your grade level?

5. What is your gender?

a. Male

b. Female

c. Other (please specify)

6. What is your race?

a. American Indian/ Alaska Native

b. Asian

c. Black or African American

d. Native Hawaiian or Other Pacific Islanders

e. White or Caucasian

f. Multiracial

g. Other (please specify)

7. How do you describe your ethnicity?

a. Hispanic or Latino

b. Non-Hispanic

**Step Up. Step In.
Post-test**

Thank you so much for participating in the Sexual Bullying Awareness Campaign!

We will like to ask you some questions relating to your views about sexual bullying in your school. Your responses will be kept confidential and the responses will be reported as a group result. Please do not write your name on the survey.

1. What is sexual bullying?

2. Do you believe that the message in the sexual bullying awareness campaign is true?

- a. Yes
- b. No
- c. I don't know

3. Please indicate your level of agreement with the following statement.

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
The sexual bullying awareness campaign will help in reducing the rate of sexual bullying in my school.					

4. Please indicate your level of belief with the following statements.

	Not at Likely	Unlikely	Neutral	Likely	Extremely Likely
How likely are you to talk about the message discussed in the sexual bullying awareness campaign with your friends?					
How likely are students in your school to believe the message in the sexual bullying awareness campaign?					
How likely are students in your school to believe that the sexual bullying awareness campaign will help in reducing sexual bullying?					

Coaching Boys into Men Pre-Post Test Surveys

Pre-Season Survey for Coaches

Thank you very much for joining us for this training! We would like to ask you a few questions about your work as a coach.

This is completely voluntary. Your responses are kept completely private. NO names or identifiers are connected to your answers.

Instructions: Please MARK ONE answer for each question and read instructions below.

1) Have you attended any professional development sessions or workshops specific to preventing violence against women and girls before today?

(1) Yes

(2) No

Instructions: In the past 3 months, how often have you had the following conversations?

Please MARK ONE answer for each question and read instructions below:

2.1) A discussion with your athletes about violence against women and girls.

(1) Never

(2) Once

(3) 2-5 times

(4) >5 times

2.2) A discussion with your athletes about sexual harassment.

(1) Never

(2) Once

(3) 2-5 times

(4) >5 times

2.3) A discussion with your athletes about physical violence on and off the field.

(1) Never

(2) Once

(3) 2-5 times

(4) >5 times

Instructions: Based on your role as a coach, please rate the following statements from strongly disagree to strongly agree.

Please MARK ONE answer for each question.

3.1) I know what I would say to a male athlete who is making sexual jokes that make fun of women and girls.

(1) Strongly Disagree

(2) Disagree

(3) Neutral

(4) Agree

(5) Strongly Agree

3.2) I know what resources I can offer an athlete who is struggling with an unhealthy relationship.

(1) Strongly Disagree

(2) Disagree

(3) Neutral

(4) Agree

(5) Strongly Agree

3.3) I know how to talk to my athletic team about stopping violence against women.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neutral
- (4) Agree
- (5) Strongly Agree

3.4) I know what I would say to a male athlete who is making fun of a girl's sexual reputation.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neutral
- (4) Agree
- (5) Strongly Agree

3.5) I know how to talk to my team about recognizing and reporting abusive behaviors.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neutral
- (4) Agree
- (5) Strongly Agree

3.6) I know how to talk to my team about preventing sexual assault.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neutral
- (4) Agree
- (5) Strongly Agree

3.7) I know how to talk to my team about getting a girl's consent when it comes to being physically or sexually intimate in a relationship.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neutral
- (4) Agree
- (5) Strongly Agree

3.8) I know what I would say to my team about becoming physically or sexually intimate with a girl who is under the influence of drugs or alcohol.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neutral
- (4) Agree
- (5) Strongly Agree

Instructions: The following questions are **OPTIONAL**, meaning you have the choice to answer or **NOT** answer the questions below.

Please MARK ONE answer for each question

4.1) How many years have you been coaching?

- (1) < 1 year
- (2) 1-5 years
- (3) 5-10 years
- (4) >10 years

4.2) How old are you?

- (1) < 20 years old
- (2) 20-29
- (3) 30-39
- (4) 40-49
- (5) >50

4.3) How do you identify your race/ethnicity?

- (1) American Indian/Alaska Native
- (2) Asian
- (3) Black or African American
- (4) Hispanic or Latino
- (5) Native Hawaiian or Other Pacific Islander
- (6) White or Caucasian
- (7) Multi-racial (More than one race)
- (8) Other (Please Specify): _____

4.4) How do you describe yourself?

- (1) Male
- (2) Female
- (3) Other (Please Specify): _____

4.5) What is the highest grade or year of school you completed?

- (1) Grade 9-11 (some high school)
- (2) Grade 12 or GED (high school graduate)
- (3) Some college or technical school
- (4) Graduated from college or technical school
- (5) Completed graduate school

4.6) Do you coach?

- (1) Males only
- (2) Females only
- (3) Both males and females

4.7) What age ranges do you coach currently? (MARK ALL that apply):

- (1) <11 years
- (2) 11-13 years
- (3) 13-15 years
- (4) 15-17 years
- (5) >17 years

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS SURVEY

Post-Season Survey for Coaches

We would like to ask you a few questions about your work as a coach.

This is completely voluntary. Your responses are kept completely private. NO names or identifiers are connected to your answers.

ABOUT THE COACHES KIT:

1) Have you used the CBIM Coaches Kit with your athletes?

- (1) Yes
- (2) No

2) What are the age ranges of the athletes with whom you have used the CBIM Coaches Kit?

(MARK ALL that apply)

- (1) <11 years
- (2) 11-13 years
- (3) 13-15 years
- (4) 15-17 years
- (5) >17 years

3) What components of the **Playbook** have you used? **(MARK ALL that apply)**

- (1) The information about what constitutes damaging language and behavior as well as how abuse is defined
- (2) The "Teachable Moments"
- (3) The Coach and Player Pledge
- (4) The ideas for next steps in "Overtime."

4) Which of the **Training Cards** have you used? **(MARK ALL that apply)**

- (1) Training 1: Pre-Season Speech
- (2) Training 2: Personal Responsibility
- (3) Training 3: Insulting Language
- (4) Training 4: Disrespectful Behavior Towards Women & Girls
- (5) Training 5: Digital Disrespect
- (6) Training 6: Understanding Consent
- (7) Halftime: Enlist Your Local Sports Reporter
- (8) Training 7: Bragging About Sexual Reputation
- (9) Training 8: When Aggression Crosses The Line

(10) Training 9: There's No Excuse for Relationship Abuse

(11) Training 10: Communicating Boundaries

(12) Training 11: Modeling Respectful Behavior Towards Women and Girls

(13) Training 12: Signing The Pledge

(14) Overtime: Host a Fan Pledge Day

(15) Teachable Moment: How to Handle a Teachable Moment

5) Which components of the **Coaches Kit** have been most useful to you?

(MARK ALL that apply)

- (1) The information about what constitutes damaging language and behavior as well as how abuse is defined
- (2) The "Teachable Moments"
- (3) The Coach and Player Pledge
- (4) The ideas for next steps in "Overtime"
- (5) The scripts provided on the Training Cards (5)
- (6) The recommendations for modeling respectful behavior and intervening when witnessing disrespectful behavior (6)

(7) Other (Please Specify):

6) How many times have you discussed one or more components of the CBIM Coaches Kit with a group of **athletes**?

- (1) Never
- (2) 1 time
- (3) 2-5 times
- (4) 6-10 times
- (5) > 10 times
- (6) Not Applicable

7) How many times have you discussed one or more components of the CBIM Coaches Kit with other **coaches**?

- (1) Never
- (2) 1 time
- (3) 2-5 times
- (4) 6-10 times
- (5) > 10 times
- (6) Not applicable

8) With whom else have you discussed the CBIM Coaches Kit?

(MARK ALL that apply)

- (1) Athletic director
- (2) School Principal
- (3) School administrator
- (4) Friends
- (5) Youth Program director
- (6) Coaches Association
- (7) Other (Please Specify):

Instructions: In the past 3 months, how often have you had the following conversations?

Please **MARK ONE** answer for each question and read instructions below:

9.1) A discussion with your athletes about violence against women and girls.

- (1) Never
- (2) Once
- (3) 2-5 times
- (4) >5 times

9.2) A discussion with your athletes about sexual harassment.

- (1) Never
- (2) Once
- (3) 2-5 times
- (4) >5 times

9.3) A discussion with your athletes about physical violence on and off the field.

- (1) Never
- (2) Once
- (3) 2-5 times
- (4) >5 times

Instructions: Based on your role as a coach, please rate the following statements from strongly disagree to strongly agree:

Please **MARK ONE** answer for each question.

10.1) I know what I would say to a male athlete who is making sexual jokes that make fun of women and girls.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neutral
- (4) Agree
- (5) Strongly Agree

10.2) I know what resources I can offer an athlete who is struggling with an unhealthy relationship.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neutral
- (4) Agree
- (5) Strongly Agree

10.3) I know how to talk to my athletic team about stopping violence against women.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neutral
- (4) Agree
- (5) Strongly Agree

10.4) I know what I would say to a male athlete who is making fun of a girl's sexual reputation.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neutral
- (4) Agree
- (5) Strongly Agree

10.5) I know how to talk to my team about recognizing and reporting abusive behaviors.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neutral
- (4) Agree
- (5) Strongly Agree

10.6) I know how to talk to my team about preventing sexual assault.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neutral
- (4) Agree
- (5) Strongly Agree

10.7) I know how to talk to my team about getting a girl's consent when it comes to being physically or sexually intimate in a relationship.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neutral
- (4) Agree
- (5) Strongly Agree

10.8) I know what I would say to my team about becoming physically or sexually intimate with a girl who is under the influence of drugs or alcohol.

- (1) Strongly Disagree
- (2) Disagree
- (3) Neutral
- (4) Agree
- (5) Strongly Agree

Instructions: The following questions are OPTIONAL, meaning you have the choice to answer or NOT answer the questions below.

Please MARK ONE answer for each question.

11.1) How many years have you been coaching?

- (1) < 1 year
- (2) 1-5 years
- (3) 5-10 years
- (4) >10 years

11.2) How old are you?

- (1) < 20 years old
- (2) 20-29
- (3) 30-39
- (4) 40-49
- (5) >50

11.3) How do you identify your race/ethnicity?

- (1) American Indian/Alaska Native
- (2) Asian
- (3) Black or African American
- (4) Hispanic or Latino
- (5) Native Hawaiian or Other Pacific Islander
- (6) White or Caucasian
- (7) Multi-racial (More than one race)
- (8) Other (Please Specify): _____

11.4) How do you describe yourself?

- (1) Male
- (2) Female
- (3) Other (Please Specify): _____

11.5) What is the highest grade or year of school you completed?

- (1) Grade 9-11 (some high school)
- (2) Grade 12 or GED (high school graduate)
- (3) Some college or technical school
- (4) Graduated from college or technical school
- (5) Completed graduate school

1.6) Do you coach?

- (1) Males only
- (2) Females only
- (3) Both males and females

11.7) What age ranges do you coach currently? **(Mark ALL that apply)**

- (1) <11 years
- (2) 11-13 years
- (3) 13-15 years
- (4) 15-17 years
- (5) >17 years

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS SURVEY

Pre-Season Survey for Athletes

We would like to ask you a few questions about behaviors you see among your peers, about healthy and unhealthy relationships, and about your experiences with your coach. This survey is completely confidential, meaning no names are attached. No one will know your answers, so please answer as honestly as you can.

Instructions: In the past 3 months did any of your athletic coaches talk to your team about the following? Please MARK ONE answer for each question and read instructions below.

1.1) Being respectful towards women and girls.

- (1) I wasn't on a sport team in the past 3 months.
- (2) Yes, my coach talked to us about this.
- (3) No, my coach didn't talk to us about this. (2
- (3

2.3) Making fun of them in front of other people.

- (1) Not abusive
- (2) A little abusive
- (3) Somewhat abusive
- (4) Very abusive
- (5) Extremely abusive

1.2) Stopping kids from doing harmful or violent things towards a girl or girls.

- (1) I wasn't on a sport team in the past 3 months.
- (2) Yes, my coach talked to us about this.
- (3) No, my coach didn't talk to us about this. (3

2.4) Telling them what to do all the time.

- (1) Not abusive
- (2) A little abusive
- (3) Somewhat abusive
- (4) Very abusive
- (5) Extremely abusive

Instructions: This is a list of things some people say or do to people they date. Please rate each of the following actions towards a girlfriend or boyfriend as not abusive, a little abusive, somewhat abusive, very abusive or extremely abusive.

Please MARK ONE answer for each question. (2 (3

2.1) Name calling or insulting them.

- (1) Not abusive
- (2) A little abusive
- (3) Somewhat abusive
- (4) Very abusive
- (5) Extremely abusive

2.5) Telling them which friends they can and can't see or talk to.

- (1) Not abusive
- (2) A little abusive
- (3) Somewhat abusive
- (4) Very abusive
- (5) Extremely abusive

2.2) Telling them they're ugly or stupid. (2 (3

- (1) Not abusive
- (2) A little abusive
- (3) Somewhat abusive
- (4) Very abusive (5) Extremely abusive

2.6) Pressuring them not to break up with them.

- (1) Not abusive
- (2) A little abusive
- (3) Somewhat abusive
- (4) Very abusive
- (5) Extremely abusive

Instructions: This is a list of things some people say or do to people they date. Please rate each of the following actions towards a girlfriend or boyfriend as not abusive, a little abusive, somewhat abusive, very abusive or extremely abusive.

Please MARK ONE answer for each question.

- 2.7) Not listening to what they have to say.
 - (1) Not abusive
 - (2) A little abusive
 - (3) Somewhat abusive
 - (4) Very abusive
 - (5) Extremely abusive

- 2.8) Trying to convince them to have sex.
 - (1) Not abusive
 - (2) A little abusive
 - (3) Somewhat abusive
 - (4) Very abusive
 - (5) Extremely abusive

- 2.9) Preventing them from leaving a room.
 - (1) Not abusive
 - (2) A little abusive
 - (3) Somewhat abusive
 - (4) Very abusive
 - (5) Extremely abusive

- 2.10) Keeping tabs on them or spying on them.
 - (1) Not abusive
 - (2) A little abusive
 - (3) Somewhat abusive
 - (4) Very abusive
 - (5) Extremely abusive

- (4) 2.11) Being physically or sexually intimate with someone without asking if they want to.
 - (1) Not abusive
 - (2) A little abusive
 - (3) Somewhat abusive
 - (4) Very abusive
 - (5) Extremely abusive

- (5) 2.12) Constantly contacting them via cell phone, email, IM, facebook, or text to find out who they are with, where they are, and what they are doing.
 - (1) Not abusive
 - (2) A little abusive
 - (3) Somewhat abusive
 - (4) Very abusive
 - (5) Extremely abusive

- (4) 2.13) Threatening to hit them.
 - (1) Not abusive
 - (2) A little abusive
 - (3) Somewhat abusive
 - (4) Very abusive
 - (5) Extremely abusive

- (5) 2.14) Forcing them to have sex.
 - (1) Not abusive
 - (2) A little abusive
 - (3) Somewhat abusive
 - (4) Very abusive
 - (5) Extremely abusive

Instructions: The following questions ask about behaviors you might see among your friends and peers. Please rate each question by very unlikely, somewhat unlikely, uncertain, somewhat likely or very likely.

Please MARK ONE answer for each question.

How likely are you to do something to try and stop what's happening if a male peer or friend of yours is:

3.1) Making rude or disrespectful comments about a girl's body, clothing or make-up?

- (1) Very unlikely
- (2) Somewhat unlikely
- (3) Uncertain
- (4) Somewhat likely
- (5) Very likely

3.2) Spreading rumors about a girl's sexual reputation, like saying she's 'easy'?

- (1) Very unlikely
- (2) Somewhat unlikely
- (3) Uncertain
- (4) Somewhat likely
- (5) Very likely

3.3) Fighting with a girl where he's starting to cuss at or threaten her?

- (1) Very unlikely
- (2) Somewhat unlikely
- (3) Uncertain
- (4) Somewhat likely
- (5) Very likely

3.4) Doing unwelcome or uninvited things toward a girl (or group of girls) such as howling, whistling or making sexual gestures?

- (1) Very unlikely
- (2) Somewhat unlikely
- (3) Uncertain
- (4) Somewhat likely
- (5) Very likely

3.5) Shoving, grabbing, or otherwise physically hurting a girl?

- (1) Very unlikely
- (2) Somewhat unlikely
- (3) Uncertain
- (4) Somewhat likely
- (5) Very likely

3.6) Showing other people sexual messages or naked/sexual pictures of a girl on a cell phone or the internet?

- (1) Very unlikely
- (2) Somewhat unlikely
- (3) Uncertain
- (4) Somewhat likely
- (5) Very likely

3.7) Telling sexual jokes that disrespect women and girls?

- (1) Very unlikely
- (2) Somewhat unlikely
- (3) Uncertain
- (4) Somewhat likely
- (5) Very likely

3.8) Taking sexual advantage of a girl who is drunk or high from drugs (like touching, kissing, having sex with her)?

- (1) Very unlikely
- (2) Somewhat unlikely
- (3) Uncertain
- (4) Somewhat likely
- (5) Very likely

3.9) Pressuring a girl to be physically or sexually intimate without asking whether she wants to?

- (1) Very unlikely
- (2) Somewhat unlikely
- (3) Uncertain
- (4) Somewhat likely
- (5) Very likely

Instructions: The following questions are OPTIONAL, meaning you have the choice to answer or NOT answer the questions below.

Please MARK ONE answer for each question.

4.1) What grade are you in?

- (1) 9th grade
- (2) 10th grade
- (3) 11th grade
- (4) 12th grade
- (5) Other (Please Specify): _____

4.2) How do you identify your race/ethnicity?

- (1) American Indian/Alaska Native
- (2) Asian
- (3) Black or African American
- (4) Hispanic or Latino
- (5) Native Hawaiian or Other Pacific Islander
- (6) White or Caucasian
- (7) Multi-racial (More than one race)
- (8) I don't know (Unknown)
- (9) Other (Please Specify): _____

4.3) How do you describe yourself?

- (1) Male
- (2) Female
- (3) Other (Please Specify): _____

THANK YOU FOR TAKING THIS SURVEY

Post-Season Survey for Athletes

We would like to ask you a few questions about behaviors you see among your peers, about healthy and unhealthy relationships, and about your experiences with your coach. This survey is completely confidential, meaning no names are attached. No one will know your answers, so please answer as honestly as you can.

Instructions: In the past 3 months did any of your athletic coaches talk to your team about the following? Please MARK ONE answer for each question and read instructions below.

- 1.1) Being respectful towards women and girls. (3) Somewhat abusive
- (1) I wasn't on a sport team in the past 3 months. (4) Very abusive
- (2) Yes, my coach talked to us about this. (5) Extremely abusive
- (3) No, my coach didn't talk to us about this.

- 1.2) Stopping kids from doing harmful or violent things towards a girl or girls. (1) Not abusive
- (1) I wasn't on a sport team in the past 3 months. (3) somewhat abusive
- (2) Yes, my coach talked to us about this. (4) Very abusive
- (3) No, my coach didn't talk to us about this. (5) Extremely abusive

Instructions: This is a list of things some people say or do to people they date. Please rate each of the following actions towards a girlfriend or boyfriend as not abusive, a little abusive, somewhat abusive, very abusive or extremely abusive.

Please MARK ONE answer for each question.

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- (4) Very abusive
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- 2.2) Telling them they're ugly or stupid. (1) Not abusive
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- 2.3) Making fun of them in front of other people. (1) Not abusive
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- 2.9) Preventing them from leaving a room. (1) Not abusive
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- (3) Somewhat abusive
- (4) Very abusive
- (5) Extremely abusive

2.13) Threatening to hit them.

- (1) Not abusive
- (2) A little abusive
- (3) Somewhat abusive
- (4) Very abusive
- (5) Extremely abusive

2.11) Being physically or sexually intimate with someone without asking if they want to.

- (1) Not abusive
- (2) A little abusive
- (3) Somewhat abusive
- (4) Very abusive
- (5) Extremely abusive

(5)

2.12) Constantly contacting them via cell phone, email, IM, facebook, or text to find out who they are with, where they are, and what they are doing.

- (1) Not abusive
- (2) A little abusive

2.14) Forcing them to have sex.

- (1) Not abusive
- (2) A little abusive
- (3) Somewhat abusive
- (4) Very abusive
- (5) Extremely abusive

(5)

Instructions: The following questions ask about behaviors you might see among your friends and peers. Please rate each question by very unlikely, somewhat unlikely, uncertain, somewhat likely or very likely.

Please MARK ONE answer for each question.

How likely are you to do something to try and stop what's happening if a male peer or friend of yours is:

3.1) Making rude or disrespectful comments about a girl's body, clothing or make-up?

- (1) Very unlikely
- (2) Somewhat unlikely
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- (4) Somewhat likely
- (5) Very likely

3.2) Spreading rumors about a girl's sexual reputation, like saying she's 'easy'?

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 - (5) Very likely
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- (1) Very unlikely
 - (2) Somewhat unlikely
 - (3) Uncertain
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- 3.8) Taking sexual advantage of a girl who is drunk or high from drugs (like touching, kissing, having sex with her)?
- (1) Very unlikely
 - (2) Somewhat unlikely
 - (3) Uncertain
 - (4) Somewhat likely
 - (5) Very likely
- 3.9) Pressuring a girl to be physically or sexually intimate without asking whether she wants to?
- (1) Very unlikely
 - (2) Somewhat unlikely
 - (3) Uncertain
 - (4) Somewhat likely
 - (5) Very likely

Instructions: The following questions are OPTIONAL, meaning you have the choice to answer or NOT answer the questions below.

Please MARK ONE answer for each question.

- 4.1) What grade are you in?
- (1) 9th grade
 - (2) 10th grade
 - (3) 11th grade
 - (4) 12th grade
 - (5) Other (Please Specify): _____
- 4.2) How do you identify your race/ethnicity?
- (1) American Indian/Alaska Native
 - (2) Asian
 - (3) Black or African American
 - (4) Hispanic or Latino
 - (5) Native Hawaiian or Other Pacific Islander
 - (6) White or Caucasian

(7) Multi-racial (More than one race)

(8) I don't know (Unknown)

(9) Other (Please Specify): _____

4.3) How do you describe yourself?

1) Male (2) Female (3) Other (Please Specify): _____

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS SURVEY

One in Four and Beyond Pre-Post Test Surveys

Pre-Test Survey for Students

Thank you very much for participating in the One in Four program!

We would like to ask you a few questions about your belief in rape myths, behavioral intent to rape, and about your bystander intervention behavior. Your responses will enable us to determine the effectiveness of the program in preventing rape and to identify areas that need improvement. Participation in this survey is completely voluntary and you are free to stop at any time that you may want to do so, without any penalty.

This survey is completely confidential and will be reported in an aggregate form.

Please do not write your name on the survey to enable us to ensure confidentiality. We ask you to please provide your answers as honestly as you possibly can since no one will be able to identify you.

1. Please indicate your level of agreement with the following statements related to victim's responsibility for rape.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
If a person is raped while drunk, they are at least somewhat responsible for letting things get out of hand.					
When people go to parties wearing provocative clothes, they are asking for trouble.					
If a person goes to a room alone with someone at a party, it is their own fault if they are raped.					
If a person shows loose sexual morals, eventually they are going to get into trouble.					
When people get raped, it's often because the way they said "no" was unclear.					
If a person initiates kissing or hooking up, he/ she should not be surprised if the other person assumes they want to have sex.					

2. Please indicate your level of agreement with the following statements relating to intention to rape.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
When people rape, it is usually because of their strong desire for sex.					
People don't usually intend to force sex on others, but sometimes they get sexually carried away.					

Rape happens when someone's sex drive gets out of control.					
If a person is drunk, he/she might rape someone unintentionally.					
It shouldn't be considered rape if a person is drunk and didn't realize what he/she was doing.					
If both people are drunk, it can't be rape.					

3. Please indicate your level of agreement with the following statements relating to consent.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
If a victim doesn't physically resist sex-even if protesting verbally- it can't be considered rape.					
If a victim doesn't physically fight back, you can't really say it was rape.					
A rape probably doesn't happen if the victim doesn't have any bruises or marks.					
If the accused "rapist" doesn't have a weapon, you really can't call it rape.					
If a victim doesn't say "no" he/she can't claim rape.					

4. Please indicate your level of agreement with the following statements relating to rape reports as manipulation.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
A lot of times, people who say they were raped agreed to have sex and then regret it.					
Rape accusations are often used as a way of getting back at the perpetrator.					
A lot of times, people who say they were raped often led the perpetrator on and then had regrets.					
A lot of times, people who claim they were raped have emotional problems.					
People who are caught cheating on their partners sometimes claim it was rape.					

5. If you could be assured that no one would know and that you could in no way be punished how likely, if at all, would you be to commit rape:

- a) Not at all likely
- b) Unlikely
- c) Neutral
- d) Likely
- e) Very likely

6. The following are questions about your sexual experience since age 14. Please indicate how many times you have engaged in the behaviors stated.

	How many times since age 14?			
	0	1	2	3 +
I have engaged in sex play (fondling, kissing, or petting, but not actual sex act) with someone when they didn't want to because I overwhelmed him/her with continual arguments and pressure?				
I have engaged in sex play (fondling, kissing, or petting but not actual sex act) with someone when they didn't want to because I used my position of authority (boss, teacher, camp counselor, and supervisor) to make them?				
I have engaged in sex play (fondling, kissing, or petting but not actual sex act) with someone when they didn't want to because I threatened or used some degree of physical force (twisting their arm, holding them down, etc.) to make them?				
I have attempted sexual behavior (get on top of someone, attempt to have oral sex, oral-anal or penis-vagina intercourse) with someone when they didn't want to by threatening or using some degree of force (twisting their arm, holding them down, etc.), but the sex act did not occur?				
I have attempted sexual behavior (get on top of someone, attempt to have oral sex, oral-anal or penis-vagina intercourse) with someone when they didn't want to by giving them alcohol or drugs, but the sex act did not occur?				
I have engaged in actual sex act with someone when they didn't want to because I overwhelmed them with continual arguments and pressure?				
I have engaged in actual sex act with someone when they didn't want to because I used my position or authority (boss, teacher, camp counselor, and supervisor) to make them?				
I have engaged in actual sex act with someone when they didn't want to because I gave them alcohol or drugs?				
I have engaged in actual sex act with someone when they didn't want to because I threatened or used some degree of physical force (twisting their arm, holding them down, etc.) to make them?				
I have engaged in actual sex acts (oral sex, oral-anal or penis-vagina intercourse) with someone when they didn't want to because I threatened them or used some degree of physical force (twisting their arm, holding them down, etc.) to make them?				

7. The following questions assess your bystander intervention behavior. Please indicate your level of agreement with the items.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
To keep my friends out of trouble, I will stop them from doing things that might meet the definition of sexual assault.					
I intervene if I see a friend trying to take advantage of someone's intoxicated state to have sex with them.					
I say something if I hear a friend talking about getting someone intoxicated in order to have sex with them.					
I discourage my friends from talking about people in sexually degrading ways.					
I will interfere with another person's "action" if I think it might stop them from possibly committing a sexual assault.					
I intervene if I see a stranger or acquaintance trying to take advantage of someone's intoxicated state to have sex with them.					
I say something if I hear a stranger or acquaintance talking about taking sexual advantage of someone's intoxicated state.					
I discourage strangers/acquaintances if I hear them talking about people in sexually degrading ways.					
I am more likely to intervene to prevent sexual assault if I know the potential victim than if I do not.					
I am more likely to intervene to prevent sexual assault if I know the potential perpetrator than if I do not.					

The following are demographic questions.

8. What is your course of study?

9. What is your age?

10. How do you identify your race?

- (1) American Indian/ Alaska Native
- (2) Asian
- (3) Black or African American
- (4) Native Hawaiian or other Pacific Islander
- (5) White or Caucasian
- (6) Multi-racial
- (7) Other(please specify)

11. How do you identify your ethnicity?

- (1) Hispanic or Latino
- (2) Non-Hispanic

12. How do you describe your gender?

Post-Test Survey for Students

Thank you very much for participating in the One in Four program!

We would like to ask you a few questions about your belief in rape myths, behavioral intent to rape, and about your bystander intervention behavior. Your responses will enable us to determine the effectiveness of the program in preventing rape and to identify areas that need improvement. Participation in this survey is completely voluntary and you are free to stop at any time that you may want to do so, without any penalty.

This survey is completely confidential and will be reported in an aggregate form.

Please do not write your name on the survey to enable us ensure confidentiality. We ask you to please provide your answers as honestly as you possibly can since no one will be able to identify you.

13. Please indicate your level of agreement with the following statements related to victim's responsibility for rape.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
If a person is raped while drunk, they are at least somewhat responsible for letting things get out of hand.					
When people go to parties wearing provocative clothes, they are asking for trouble.					
If a person goes to a room alone with someone at a party, it is their own fault if they are raped.					
If a person shows loose sexual morals, eventually they are going to get into trouble.					
When people get raped, it's often because the way they said "no" was unclear.					
If a person initiates kissing or hooking up, he/she should not be surprised if the other person assumes they want to have sex.					

14. Please indicate your level of agreement with the following statements relating to intention to rape.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
When people rape, it is usually because of their strong desire for sex.					
People don't usually intend to force sex on others, but sometimes they get sexually carried away.					

Rape happens when someone's sex drive gets out of control.					
If a person is drunk, he/she might rape someone unintentionally.					
It shouldn't be considered rape if a person is drunk and didn't realize what he/she was doing.					
If both people are drunk, it can't be rape.					

15. Please indicate your level of agreement with the following statements relating to consent.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
If a victim doesn't physically resist sex-even if protesting verbally- it can't be considered rape.					
If a victim doesn't physically fight back, you can't really say it was rape.					
A rape probably doesn't happen if the victim doesn't have any bruises or marks.					
If the accused "rapist" doesn't have a weapon, you really can't call it rape.					
If a victim doesn't say "no" he/she can't claim rape.					

16. Please indicate your level of agreement with the following statements relating to rape reports as manipulation.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
A lot of times, people who say they were raped agreed to have sex and then regret it.					
Rape accusations are often used as a way of getting back at the perpetrator.					
A lot of times, people who say they were raped often led the perpetrator on and then had regrets.					
A lot of times, people who claim they were raped have emotional problems.					
People who are caught cheating on their partners sometimes claim it was rape.					

17. If you could be assured that no one would know and that you could in no way be punished how likely, if at all, would you be to commit rape:

- f) Not at all likely
- g) Unlikely
- h) Neutral
- i) Likely
- j) Very likely

The following are demographic questions.

18. What is your course of study?

19. What is your age?

20. How do you identify your race?

- (8) American Indian/ Alaska Native
- (9) Asian
- (10) Black or African American
- (11) Native Hawaiian or other Pacific Islander
- (12) White or Caucasian
- (13) Multi-racial
- (14) Other (please specify)

21. How do you identify your ethnicity?

- (3) Hispanic or Latino
- (4) Non-Hispanic

22. How do you describe your gender?

Rape Crisis Center Professional Training

SEXUALITY, INCLUSIVITY, AND EFFECTIVE FACILITATION FOR RAPE CRISIS CENTERS' COORDINATORS PRE-POSTTEST Macon, Georgia September 22-24, 2015

- 1) Match the following terms to the "Circle of Sexuality" for which you think is best suited by placing the corresponding letter on the blank line.

____ Skin hunger

____ Incest

____ Liking and Loving

____ Fantasy

____ Gender identity

____ Abortion

____ Sexual Intercourse (oral, anal, and vaginal)

____ Coercion

____ Biological sex

____ Relationship skills

Circles of Sexuality

- a. Sexual Health & Reproduction
- b. Sexualization
- c. Sensuality
- d. Intimacy
- e. Sexual Identity

- 2) LGBTQQIA is an acronym that represents a range of sexual identities. On the blank spaces below, list each identity represented in the acronym.

_____	_____	_____	_____	_____	_____	_____
L	G	B	T	Q		
_____	_____	_____	_____	_____	_____	_____
Q	I	A				

- 3) Which of the following statements are myths? (Circle all that apply.)
- a. People are either male or female.
 - b. Gender identity refers to whether you identify as male or female.
 - c. A man who prefers traditional female gender expression is probably gay.
 - d. None of the above.
 - e. All of the above.
- 4) Which of the following statements are true of a sexually health adult? (Circle all that apply.)
- a. Appreciates other people's bodies
 - b. Interacts with all genders in respectful and appropriate ways
 - c. To avoid offending anyone, will dismiss themselves if uncomfortable with other gender identities
 - d. Avoids contracting or transmitting STIs
 - e. Affirms own sexual orientation and respects the sexual orientation of others
 - f. Lives according to family and cultural values
 - g. Enjoys and expresses sexuality with all partners
 - h. All of the above
- 6) According to the CDC in 2011, which populations reported higher rates of dating violence?
- a. Heterosexual youth
 - b. Bisexual youth
 - c. Gay or lesbian youth
- 7) What does the acronym MSM represent?
- 8) Which facilitation strategies should be used to reach ALL youth? (Circle all that apply)
- a. Operate from a trauma-informed approach.
 - b. When a teen shares a traumatic event, share your own similar experience to make the teen feel better.
 - c. Answer all questions even if you're unsure. It's best to give a response when asked.
 - d. Emphasize absolute confidentiality.
 - e. Affirm and compliment the contributions and efforts of group members.
 - f. Use inclusive language
 - g. All of the above
 - h. Don't know

9) For the following statements, place an (I) next to statements that use inclusive language and an (N) next to statements that are not inclusive.

- Women get pregnant from vaginal sex
- Babies can be born male or female
- Sexual feelings are natural for males and females
- Anything going inside a person's genitals is safer with a condom, glove, or dental dam
- Pregnancy is always a risk with penis-in-vagina intercourse
- Children need their mother and their father
- Puberty is a time when many people start having crushes and romantic attractions

10) What can you do as a facilitator to help youth gain self-efficacy? (Check all that apply)

- Compare a student to another student
- Provide opportunities to practice skills and get constructive feedback
- Give five minutes before the end of the session for youth to ask questions about topics discussed or materials provided
- Point out to youth when their peers fail
- Give assignments with very little direction
- Compliment youth when they provide correct answers to questions asked

11) Circle the components of the **Experiential Learning Cycle**

- a. Experience
- b. Active engagement
- c. Reflection and Discussion
- d. Social interaction and collaboration
- e. Memorization
- f. Analysis and Generalization
- g. Planning and Applying
- h. Don't know

- 12) Circle the four basic components of sexual consent:
- Must be freely given
 - Must include the statement "Yes I agree to have sex with you."
 - Must be given by someone over age 16
 - Must be in the present
 - Must be given through mutually understandable words or actions
 - Must be given for each specific act
 - It is implied for married couples
- 13) Which of the following is not a guideline for answering questions about sexuality effectively? (Check all that apply.)
- Give medically accurate, factual information.
 - If you aren't completely sure of an answer, it's OK to take an educated guess.
 - If youth ask a value-laden question, it's important to communicate your personal beliefs honestly.
 - Never discuss your personal sex life or sexual history.
 - Use inclusive language.
 - Convey messages that are sexuality-neutral.
 - All of the above.
- 14) Which of the following describes language that is inclusive? (Circle all that apply)
- Talking as if everyone is heterosexual.
 - Talking about body parts and behaviors rather than who is doing what.
 - Acknowledging that people are either male or female.
 - Using gender-neutral language when discussing relationships.
 - All of the above.

One in Four and Beyond (Peer Educator Training) Pre-Post Survey

Pre-Test for Peer Educators

Thank you so much for participating in this training!

We will appreciate you responding to the following questions. Your responses will be kept confidential and the results will be reported in an aggregate form. Please do not write your name on the survey.

Please follow the instructions and mark one answer for each question.

1. Have you attended any professional development sessions/workshops specific to:

Item	Yes (1)	No (2)
Helping a girl recover from a rape experience.		
Intervening as a bystander if you observe a situation that could turn into a rape.		

2. Based on your experience as a peer educator, how often have you, in the past school session, held the following conversations:

Item	Never (1)	Once (2)	2-5 times (3)	>5 times (4)
A discussion with your male students about helping a woman recover from a rape experience.				
A discussion with your male students about intervening as a bystander if they observe a situation that could turn into a rape.				

3. Rape is having sexual intercourse with another person that is:
- (1) Against that person's will, by force, threat or intimidation
 - (2) Mentally incapacitated or physically helpless
 - (3) A child under the age of the legal consent
 - (4) B AND C
 - (5) All of the above

4. Please rate the following statements from strongly disagree to strongly agree.

Statement	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
I understand how a female might feel like after experiencing rape.					

I know what to tell a male student about helping a female who comes to him asking for help after experiencing rape.					
I know what to say to a male student who jokes about rape.					
I know how to talk to a male student who tells stories of abuse of females.					
I know how to talk to a male student about getting a girl's consent prior to having an intimate encounter with her.					
I know how to talk to a male student about doing something to help prevent a sexual assault from occurring.					

5. How many years have you been a peer educator?

- (1) < 1 year
- (2) 1-3 years
- (3) 3-5 years
- (4) >5 years

6. How old are you?

- (1) <20 years old
- (2) 20-29
- (3) 30-39
- (4) 40-49
- (5) >50

7. How do you identify your race?

- (1) American Indian/ Alaska Native
- (2) Asian
- (3) Black or African American
- (4) Native Hawaiian or Other Pacific Islanders
- (5) White or Caucasian
- (6) Multiracial
- (7) Other (please specify)

8. How do you describe your ethnicity?

- a. Hispanic or Latino
- b. Non-Hispanic

Post-Test Survey for Peer Educators

Thank you so much for participating in this training!

We will like to know about your work as a peer educator and your experience with “The Men’s Program.” Your responses will be kept confidential and the results will be reported in an aggregate form. Please do not write your name on the survey.

9. Have you used The Men’s Program Peer Educator’s Manual with your male students?
- (1) Yes
 - (2) No
10. What components of The Men’s Program Peer Educator’s Manual have you used? (Check all that apply)
- (1) The scripts
 - (2) Handouts for the training
 - (3) Advice for Peer Educators from Peer Educators
11. Which of the following did you apply in your presentation of the Men’s Program? (Check all that apply)
- (1) The program begins
 - (2) The video
 - (3) Helping a survivor
 - (4) Other Ways Men can prevent Rape
 - (5) Bystander Intervention
12. Rape is having sexual intercourse with another person that is:
- (1) Against that person’s will, by force, threat or intimidation
 - (2) Mentally incapacitated or physically helpless
 - (3) A child under the age of the legal consent
 - (4) B AND C
 - (5) All of the above
13. In the past 3 months, how often did you have the following conversations:

Item	Never (1)	Once (2)	2-5 times (3)	>5 times (4)
A discussion with your male students about helping a woman recover from a rape experience.				
A discussion with your male students about intervening as a bystander if they observe a situation that could turn into a rape.				

14. Please rate the following statements from strongly disagree to strongly agree.

Statement	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
I understand how a female might feel like after experiencing rape.					
I know what to tell a male student about helping a female who comes to him asking for help after experiencing rape.					
I know what to say to a male student who jokes about rape.					
I know how to talk to a male student who tells stories of abuse of females.					
I know how to talk to a male student about getting a girl's consent prior to having an intimate encounter with her.					
I know how to talk to a male student about doing something to help prevent a sexual assault from occurring.					

15. How many years have you been a peer educator?

- (1) < 1 year
- (2) 1-3 years
- (3) 3-5 years
- (4) >5 years

16. How old are you?

- (1) <20 years old
- (2) 20-29
- (3) 30-39
- (4) 40-49
- (5) >50

17. How do you identify your race?

- (1) American Indian/ Alaska Native
- (2) Asian
- (3) Black or African American
- (4) Native Hawaiian or Other Pacific Islanders
- (5) White or Caucasian

(6) Multiracial

(7) Other (please specify)

18. How do you describe your ethnicity?

(1) Hispanic or Latino

(2) Non-Hispanic

Appendix C: Professional Training Data Reports

Data Analysis Report for Rape Crisis Coordinators' Sexuality Training

Rape Crisis Center (RCC) Coordinators' Sexuality Training

Data Analysis Report

A. Brief Introduction

The 3-day, face-to-face sexuality training was designed to build awareness, ease, self-assurance, and proficiency among the participants by exploring their personal values and increasing their knowledge on how to discuss sexuality in an unbiased, non-judgmental, well-informed, and inclusive manner. The participants were provided with teaching techniques and resources.

B. Number of participants

10 people participated in the RCC sexuality training.

C. Knowledge Gain

- Overall group knowledge gain was 8 points; apart from the questions on characteristics of a sexually healthy adult and helping youth gain self-efficacy, participants demonstrated increase in knowledge in all other assessment questions.
- Individual knowledge gain ranged from 2 to 18 points.

Detailed group analysis result

- 1. Matching terms with circle of sexuality:** There was a group 10-point increase in the ability to match terms with circle of sexuality.

Knowledge on Circle of Sexuality	Pre test	Post test	Difference in points
Skin Hunger to Sexual Health and Reproduction	0	0	0
Incest to Sexualization	7	8	1
Liking and Loving to Intimacy	7	8	1
Fantasy to Sensualization	5	5	0
Gender Identity to Sexual Identity	8	10	2
Abortion to Sexual Health and Reproduction	9	10	1
Sexual Intercourse to Sexual Health and Reproduction	6	8	2
Coercion to Sexualization	8	8	0
Biological sex to Sexual Identity	5	7	2
Relationship skills to Intimacy	8	9	1
Total	63	73	10

- 2. Acronyms that represent range of sexual identities:** Compared to baseline, all 10 participants were able to correctly demonstrate knowledge on range of sexual identities, at the end of the training (*Figure 2*).

Knowledge of Acronyms	Pre test	Post test	Difference in points
L-Lesbian	10	10	0
G-Gay	10	10	0
B-Bisexual	10	10	0
T-Transgender	5	10	5
Q-Queer	9	10	1
Q-Questioning	4	10	6
I-Intersex	3	10	7
A-Asexual	4	10	6
Total	55	80	25

Figure 2

3. **Sexuality myths:** Figure 3 shows that, at the end of the training, 50% of the participants demonstrated knowledge on sexuality myths, compared to 40% obtainable prior to the training.

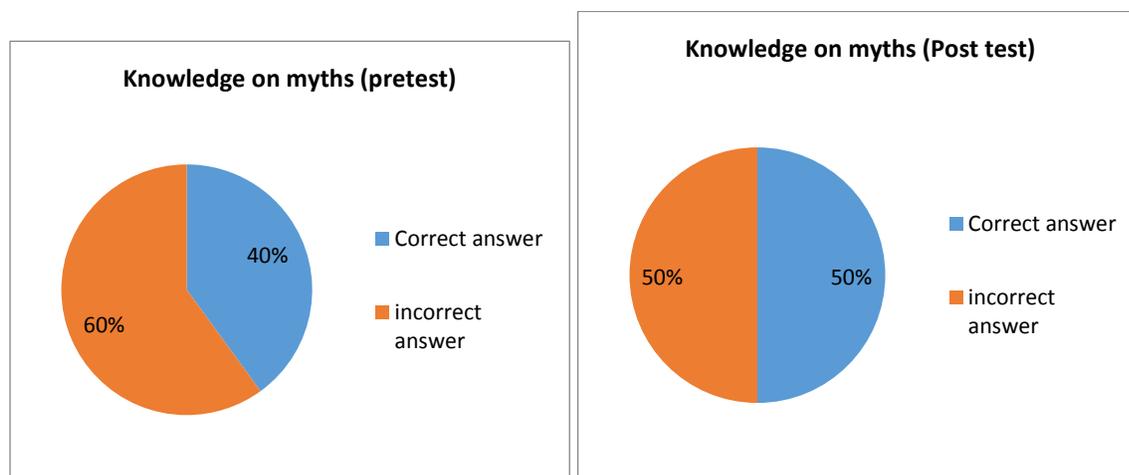


Figure 3

4. **Characteristics of a sexually healthy adult:** There was a 2-point decrease in demonstration of this knowledge at the end of the training. See figure 4.

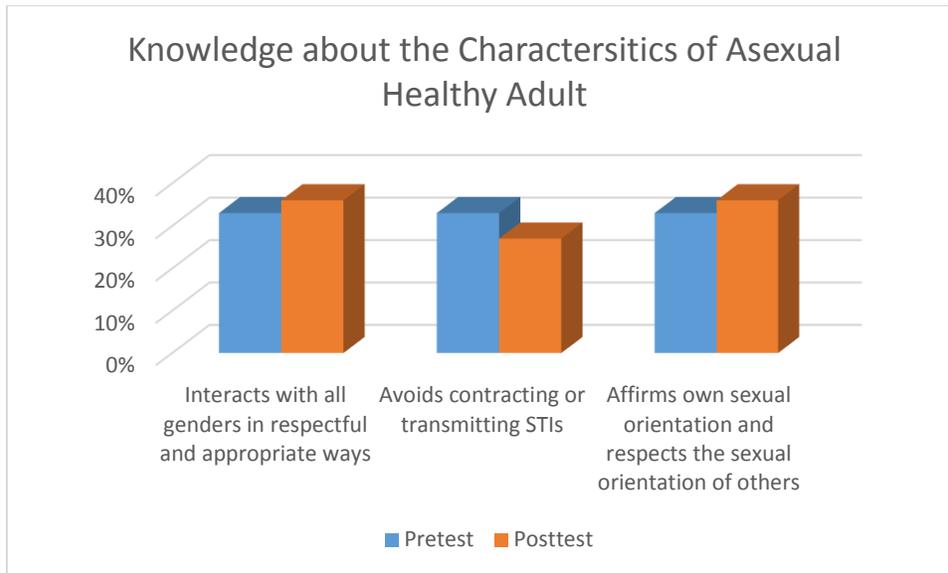


Figure 4

5. **Population with the highest rate of dating violence:** There was a 50% increase (figure 5) in group knowledge on gay or lesbian population having the highest rates of dating violence.

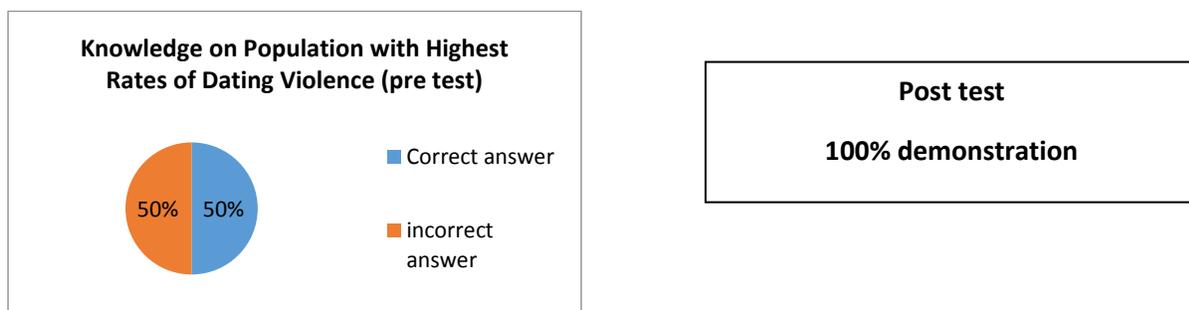


Figure 5

6. **Meaning of MSM:** Compared to knowledge prior to training (20%), 90% of the participants represented the acronym, MSM, as “Men having Sex with Men.” See figure 6.

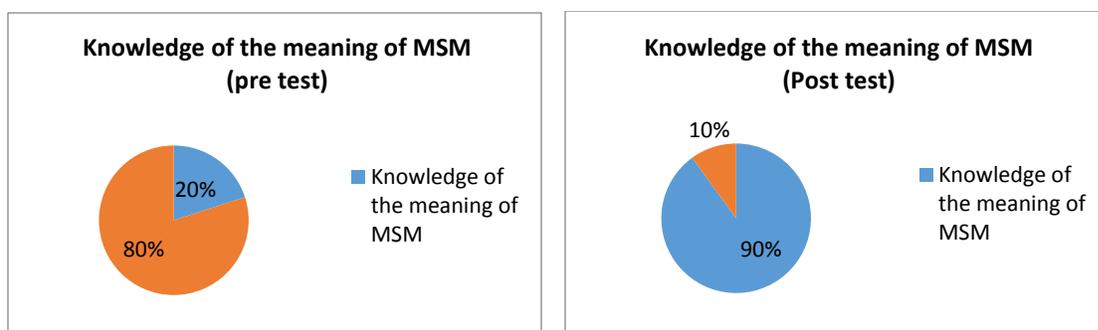


Figure 6

- 7. Facilitation strategies for youth:** Figure 7 shows a 3-point increase in knowledge was recorded among participants on facilitation strategies for youth.



Figure 7

- 8. Using inclusive language:** At the end of the training, participants gained 8 points on knowledge on how to use inclusive language (see figure 8).

Knowledge on using inclusive language	Pre-test	Post test	Difference in points
N=Babies can be born male or female.	6	9	3
N=Sexual feelings are natural for males and females.	5	9	4
I=Anything going inside a person's genitals is safer with a condom, glove, or dental dam	9	9	0
I=Pregnancy is always a risk with penis-in-vagina intercourse.	9	6	-3
N=Children need their mother and their father.	7	9	2
I=Puberty is a time when many people start having crushes and romantic attractions	7	9	2
TOTAL	43	51	8

Figure 8

- 9. Helping youth gain self-efficacy:** At the end of the training, there was a 1-point loss in knowledge on how to help youth in increasing self-efficacy compared to the pretest score (figure 9).

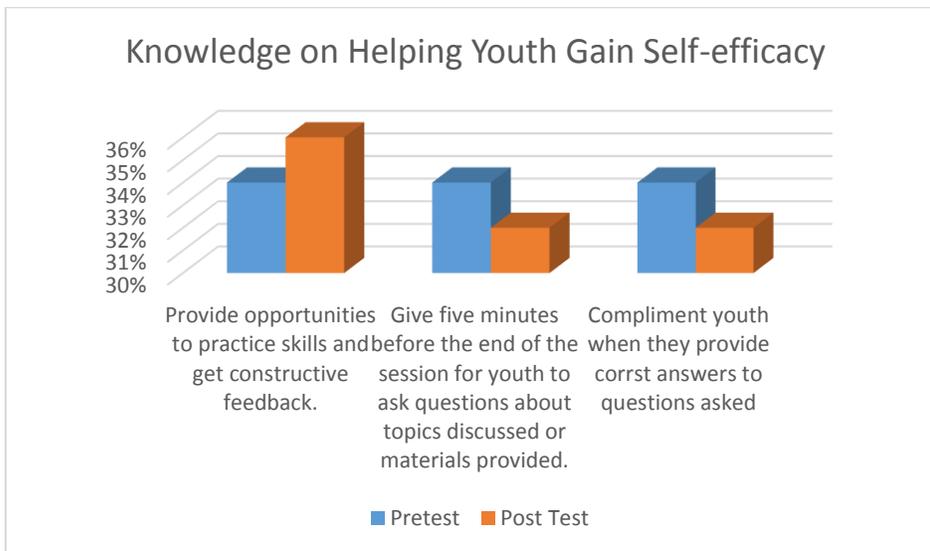


Figure 9

- 10. Components of experiential cycle:** Participants gained 15 points in knowledge on components of experiential cycle. See figure 10

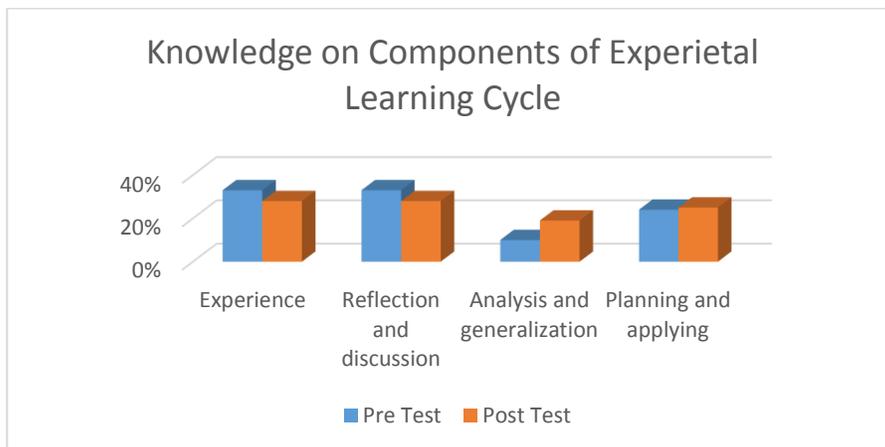


Figure 10

- 11. Basic components of sexual consent:** A 5-point increase in knowledge was seen in participants' knowledge on basic components of sexual consent (figure 11).

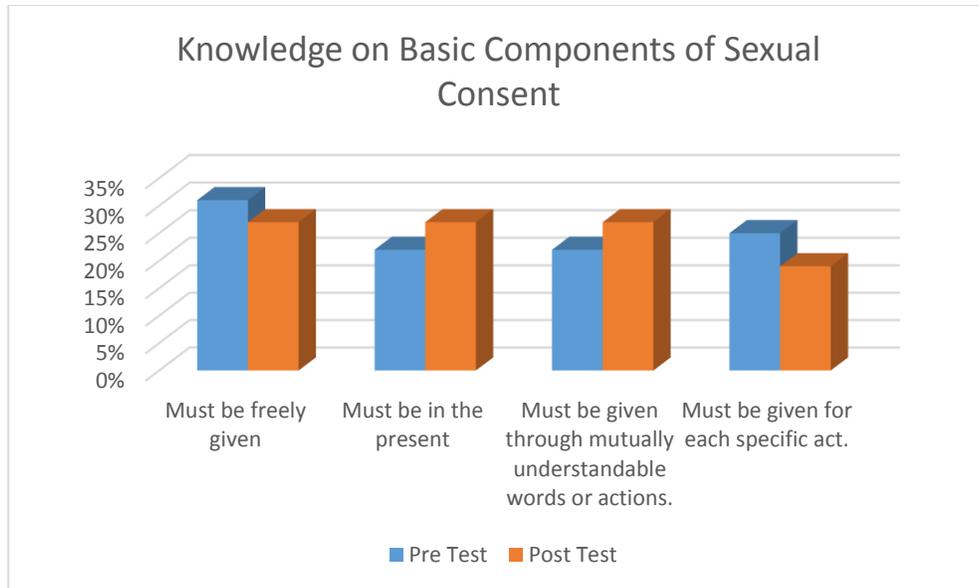


Figure 11

12. Answering questions about sexuality effectively: Participants increased their knowledge on how to answer questions relating to sexuality effectively by 5 points, at the end of the training (figure 12).

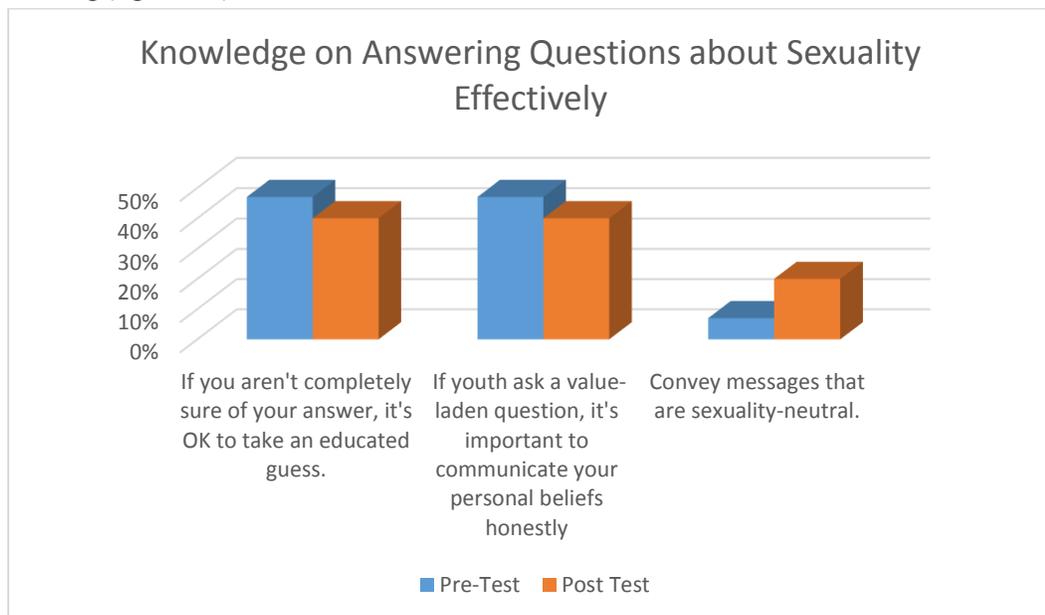


Figure 12

13. Describing inclusive language: Participants were able to identify inclusive languages both prior and at the end of the training.

D. Satisfaction with training

i. Perception about training

Overall, participants were highly satisfied with the training (see figures 13 and 14). The average individual score on overall satisfaction items enlisted ranged from 2.1 to 5 on a scale of 1 to 5; where 1 represented “strongly disagreed” and 5 represented “strongly agreed”. However, 90% of the group thought that the training was “very good.” The average group ratings for the satisfaction items ranged from 3.7 to 4.2 on the same scale. The qualitative (figure 14) data supported the quantitative data, especially as it relates to facilitation of the training shown below:

Quantitative Data (Group) Analysis	
Issue	Average Overall Rating
Organization of workshop	3.9
Quality of Materials used	4.1
Clarity of objectives	3.7
Facilitator knowledgeable of the subject matter	4.2
Facilitator answered questions effectively	4
Activities well-coordinated	3.9
Program provided new skills for job	4.1

Figure 13

Qualitative Data (Group) Analysis

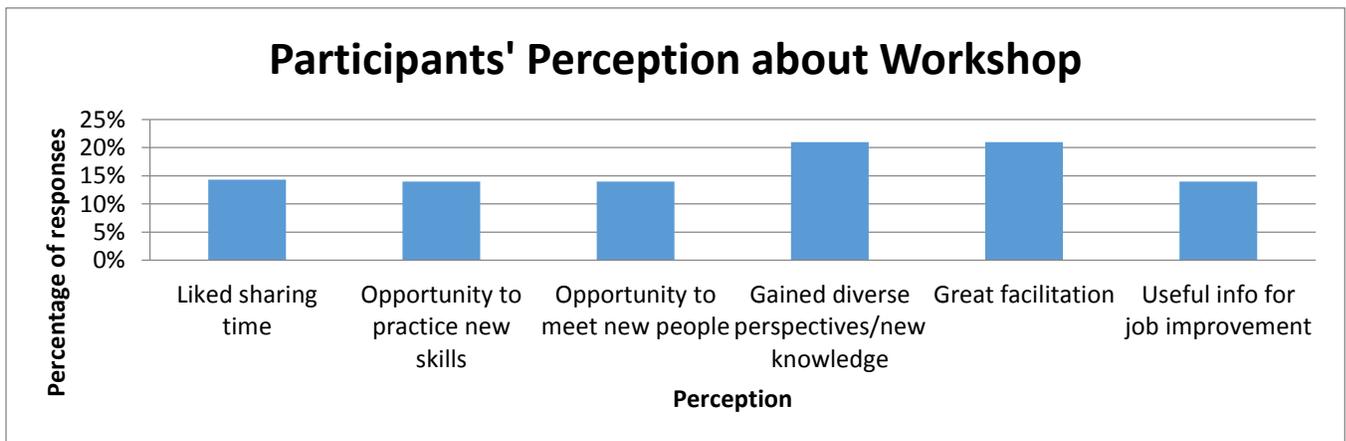


Figure 14

ii. **Participants' recommendations for improving the program:**

Overall, many participants wished that more time be allotted for breaks and to Safe Dates curriculum. They also wished that they were informed to attend the training with additional resources, especially for the activities. The themes of participants' recommendations for improving the program are as shown in figure 15 below:

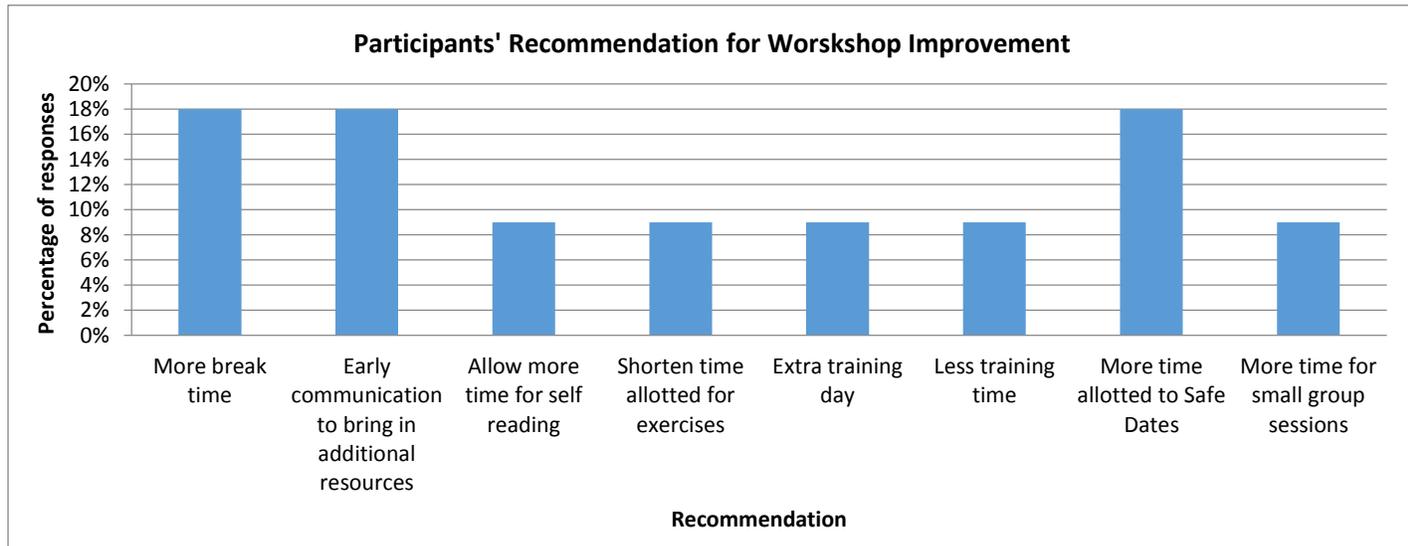


Figure 15

E. Conclusion

Based on the data, the training was successful, both in terms of the organization and content of the training. For future trainings, it is recommended that participants' suggestions be considered, for greater success. Among other suggestions,

- Allow more break time
- Devote more time to Safe Dates curriculum
- Communicate the need to bring in additional resources (such as worksheets) to aid with the activities.

Data Analysis Report for Savannah State University Peer Educator Training

Savannah State University Educator Training

Data Analysis Result

A. Attendance to similar training prior to training:

- Only 1 had attended any professional development workshop specific to helping a girl recover from a rape experience prior to the training.
- Only 2 who had attended professional development workshops specific to intervening as a bystander prior to the training.

B. Knowledge Gain

- The overall knowledge gained by the group after the training was 0.8.

Detailed analysis result:

1. Knowledge of the definition of rape.
 - All (6) the participants demonstrated knowledge on the definition of rape before and after the training.
2. Knowledge on fact that a rape survivor's story may change during the different stages of her recovery.

Before the training

- 1 participant demonstrated knowledge of this fact before the training
- 1 participant indicated that a rape survivor's story should not change during the different stages of recovery
- 3 participants indicated that they didn't know.

After the training

- 2 participants demonstrated knowledge
- 2 participants indicated the wrong response and
- 2 people still indicated that they didn't know the answer

Pre-test

Knowledge	Percent	Frequency
Correct answer	16.67%	1
Incorrect answer	16.67%	1
Don't know	66.67%	4
Total	100.00%	6

Post-test

Knowledge	Percent	Frequency
Correct answer	33.33%	2
Incorrect answer	33.33%	2
Don't know	33.33%	2
Total	100.00%	6

3. Knowledge of fact that all rape survivors experience Rape-Trauma Syndrome in different ways.
 - All 6 participants demonstrated this knowledge before and after the training.

4. Knowledge of fact that a girl must not verbally say “no” for an act to be considered a rape.

Before the training:

- 5 participants demonstrated this knowledge
- 1 participant indicated the wrong answer

After the training:

- Only 4 participants indicated this knowledge
- 2 participants indicated the wrong answer

Pre-test

Knowledge	Percent	Frequency
Correct answer	83.33%	5
Incorrect answer	16.67%	1
Don't know	0%	0
Total	100.00%	6

Post-test

Knowledge	Percent	Frequency
Correct answer	66.67%	4
Incorrect answer	33.33%	2
Don't know	0%	0
Total	100.00%	6

5. Knowledge that using words like “bitch” to make fun of men is dehumanizing to both men and women.

- All the participants demonstrated this knowledge before and after the training.

6. Knowledge that it is the responsibility of a person initiating sexual intimacy to obtain proper consent before proceeding with the act.

Before the training:

- Only 3 participants demonstrated this knowledge

After the training

- All 6 participants demonstrated knowledge

Pre-test

Knowledge	Percent	Frequency
Correct answer	50%	3
Incorrect answer	50%	3
I don't know	0%	0
Total	100	6

Post-test

Knowledge	Percent	Frequency
Correct answer	100%	6
Incorrect answer	0%	0
I don't know	0%	0
Total	100	6

7. Knowledge that a woman’s consent to sex while intoxicated doesn’t negate the fact that it is rape.

Before the training

- Only 4 participants demonstrated knowledge

After the training

- All 6 participants demonstrated knowledge

Pre-test

Knowledge	Percent	Frequency
Correct answer	66.67%	4
Incorrect answer	16.67%	1
I don't know	16.67%	1
Total	100.00%	6

Post-test

Knowledge	Percent	Frequency
Correct answer	100%	6
Incorrect answer	0%	0
I don't know	0%	0
Total	100	6

C. Attitude Change about Rape Myth

Based on the scale, lower scores indicate rejection of rape myths. The expected lowest score signifying rejection of rape myths was 12

Before the training

The average group attitude score =9, showing that the participants reject rape myths.

After the training

The average group attitude score=8.3, showing that participants' level of rejection of rape myths, got even lower after the training.

Thus, participants' attitude about rape myth reduced by 0.7 points after the training.

Pre-test Score	Post-test Score
6	9
8	6
13	6
10	6
11	7
6	16
54	50
Avg. Score 9	Avg. Score 8.3

Data Analysis Report for Fort Valley Peer Educator Training Fort Valley State University Educator Training

Data Analysis Results

A. Demographic Characteristics of Participants

- 10 participants were trained as educators for the Men' program. All of the participants were African Americans and while 2 were of Hispanic or Latino origin, 8 were of non-Hispanic origin. Their age range varied as follows:
 - 2 participants =<20 years old
 - 7 participants =20-29 years
 - 1 participant =40-49 years

B. Previous Attendance to similar training:

- Three participants had previously attended a professional development workshop specific to helping a girl recover from a rape experience prior to the training.
- Two participants had previously attended a professional development workshop specific to intervening as a bystander prior to the training.

C. Knowledge Gain (Based on Matched Surveys)

Analysis results were based on data from eight participants, with matched surveys.

- There was an average knowledge gain of 1.25 points among participants.

Detailed analysis results:

8. Knowledge of the definition of rape.
 - All eight participants, with matched surveys, demonstrated knowledge on the definition of rape before the training.
9. Knowledge of the fact that a rape survivor's story may change during the different stages of her recovery.

Before the training

- 2 participants demonstrated knowledge of this fact.
- 2 participants indicated that a rape survivor's story should not change during the different stages of recovery.
- 4 participants indicated that they didn't know.

After the training

- 5 participants demonstrated knowledge.
- 2 participants indicated the wrong response and
- 1 participant didn't know the answer.

Pre-test

Knowledge	Percent	Frequency
Correct answer	25.00%	2
Incorrect answer	25.00%	2
Don't know	50.00%	4
Total	100.00%	8

Post-test

Knowledge	Percent	Frequency
Correct answer	62.50%	5
Incorrect answer	25.00%	2
Don't know	12.50%	1
Total	100.00%	8

10. Knowledge of the fact that all rape survivors experience Rape-Trauma Syndrome in different ways.

- 7 participants demonstrated this knowledge before the training while all 8 participants indicated this knowledge after the training.

11. Knowledge of the fact that a girl must not verbally say “no” for an act to be considered a rape.

Before the training

- 7 participants demonstrated this knowledge.
- 1 participant indicated the wrong answer.

After the training

- All 8 participants demonstrated this knowledge.

12. Knowledge that using words like “bitch” to make fun of men is dehumanizing to both men and women.

- 100% of the participants demonstrated this knowledge before and after the training.

13. Knowledge that referring to women with words that put them down typically justifies violence against them.

Before the training

- Only 3 participants demonstrated this knowledge.

After the training

- 7 participants demonstrated knowledge.

Pre-test

Knowledge	Percent	Frequency
Correct answer	37.50%	3
Incorrect answer	50%	4
I don't know	12.50%	1
Total	100	8

Post-test

Knowledge	Percent	Frequency
Correct answer	88%	7
Incorrect answer	0%	0
I don't know	0%	0
Total	100	8

14. Knowledge that it is the responsibility of a person initiating sexual intimacy to obtain proper consent before proceeding with the act.

Before the training

- 7 participants demonstrated this knowledge.

After the training

- Only 5 participants demonstrated knowledge.

Pre-test

Knowledge	Percent	Frequency
Correct answer	87.50%	7
Incorrect answer	0%	0
I don't know	12.50%	1
Total	100	8

Post-test

Knowledge	Percent	Frequency
Correct answer	62.50%	5
Incorrect answer	37.50%	3
I don't know	0%	0
Total	100	8

15. Knowledge that a woman's consent to sex while intoxicated doesn't negate the fact that it is rape.

Before the training

- Only 6 participants demonstrated knowledge

After the training

- All 8 participants demonstrated knowledge

Pre-test

Knowledge	Percent	Frequency
Correct answer	75.00%	6
Incorrect answer	12.50%	1
I don't know	12.50%	1
Total	100.00%	8

Post-test

Knowledge	Percent	Frequency
Correct answer	100%	8
Incorrect answer	0%	0
I don't know	0%	0
Total	100	8

D. Attitude Change about Rape Myth, based on Matched Surveys

Based on the scale, lower scores indicate rejection of rape myths. The expected lowest score signifying rejection of rape myths was 12

Before the training

- The average group attitude score =10.8, showing that the participants reject rape myths.

After the training

- The average group attitude score=7, indicating that participants' level of rejection of rape myths, got even lower after the training. Thus, participants' acceptance of rape

myths reduced by 3.8 points after the training, signifying a change in the right direction.

Pre-test Score		Posttest	
	6		5
	13		8
	9		6
	18		
	9		9
	14		7
	20		9
	6		6
	9		6
Total Att. Score	86		56
Avg. Attitude score	10.8		7