
prevention
strategy
Violence
sexual
Yes
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risk
TAASA
evidence-informed
community
primary
strategies
evidence-based
effective
questions
Strategy Selection Workbook:
Key Steps to Selecting Primary Prevention Strategies
TAASA
Texas Association Against Sexual Assault

Written by

Morgan J Curtis
Director of Prevention Programs

Emiliano Diaz de Leon
Primary Prevention Specialist

Tim Love
Primary Prevention Specialist

Cover art created at www.wordle.net

About this document

Deciding which materials (e.g., marketing campaigns, curricula, etc.) or strategies are primary prevention-based is often a difficult and involved process. There are few, if any, clear cut answers. This document is meant to help guide your process of determining if a strategy is likely to be primary prevention-based or not. It is not meant to help figure out which strategies are sanctioned by funding sources or which are the best ones for your community but rather give you a process by which to explore the key factors in strategy selection.

As with any primary prevention initiative, the following points must always be considered:

Comprehensive efforts are most effective. A given strategy may be consistent with prevention principles yet not be part of a comprehensive prevention effort. Some strategies are designed to be comprehensive, but most aren't. More often, each strategy will focus on one level of the ecological model and need to be supported by strategies that address similar risk factors at other levels of the ecological model. Just because a strategy claims to be an evidence-based prevention program does not mean it is primary prevention-based, nor that it was intended to be primary prevention. There are far more evidence-based risk reduction and secondary prevention programs than there are primary prevention programs. While this is certainly frustrating, it is also our opportunity to create and modify programs that will become the evidence-based primary prevention programs of the future.

For more information about primary prevention, please see *Tools for Change: An Introduction to the Primary Prevention of Sexual Violence* or *Engaging Communities in Sexual Violence Prevention*.

The first step in assessing potential strategies is to determine whether or not the strategy's primary focus is inconsistent with the principles of primary prevention. There are certain factors that might indicate a high likelihood that your strategy is not primary prevention.

Does the strategy raise any red flags?

Does your strategy exclusively address any of the following? (Check all that apply.)

- ☐ Skills that reduce an individual's likelihood of being victimized
- ☐ Increasing healthy self-esteem
- ☐ Self-defense
- ☐ Individuals who have already perpetrated or been victimized
- ☐ The legal consequences of sexual violence perpetration
- ☐ Awareness about the issue of sexual violence
- ☐ Anger management
- ☐ Abstinence only/impulse control
- ☐ Drug and alcohol use
- ☐ A target population that does not match your community assessment data
- ☐ Awareness/explanation about primary prevention of sexual violence

If you placed a check in any of the boxes above, then it's likely that your strategy is not primary prevention-based and also may be difficult to adapt. If you have any questions about the above red flags or about the specific strategy you are assessing and ways it might be modified, please contact the prevention team at TAASA. Otherwise, you might want to look for a different strategy to meet your community's needs. After selecting a different strategy, please revisit this checklist to make sure it doesn't have any red flags.

If no boxes were checked, continue to the worksheet on the next pages to further evaluate your strategy.

Now that the strategy you're considering has not raised any red flags, you can use this worksheet to help you further determine whether or not it may be a good tool for you to use in your community's primary prevention efforts. Respond to the questions in the order they are laid out, and follow the instructions based on your responses to the questions.

Does the strategy address risk factors and/or protective factors for sexual violence?

You are looking for strategies that seek to change underlying factors across the levels of the ecological model (individual, relationship, community, society) that either make it more likely (risk factors) or less likely (protective factors) that sexual violence will occur. Programs should focus on whether a strategy addresses the risk and/or protective factors for sexual violence, and not just on whether it addresses sexual violence directly. This means that, with some adaptation, curricula or strategies that are designed to prevent other forms of violence (e.g., racially-based violence) may be effective components of your prevention efforts - with some adaptation.

When you review a given strategy, keep your needs and resource assessment and the risk/protective factors that were identified for and prioritized by your community in mind. Additionally, keep in mind the goals outlined in the Texas primary prevention plan. You can find more information about risk and protective factors for sexual violence in the Center for Disease Control's *Guidance Document* on pages four through six.

Criteria to consider

1. Which of your prevention goals would this strategy help you meet?
   _____
   _____

2. What is the population you will target with this strategy?
   _____

3. Is this one of the universal or selected populations that your community plans to target?
   □ Yes □ No

   If you answered "No," you may need to find a different strategy, or you can contact the TAASA prevention team to talk about the possibility of adapting it to target one of your universal or selected populations.

4. Is this strategy designed to address risk and/or protective factors for sexual violence?
   □ Yes □ No

   If you checked "Yes," move on to the next criteria. If you checked "No," you may need to seek out different strategies.

5. List the risk factors addressed by this strategy.
   a. _____
   b. _____
   c. _____
   d. _____

List the protective factors addressed by this strategy.

a. _____
b. _____
c. _____
d. _____

6. Is one or several of the risk/protective factors addressed by this strategy prevalent in your community, and are they priorities in your community's prevention efforts?

□ Yes □ No

Which one or ones?

a. _____
b. _____
c. _____
d. _____

If you answered "No", your strategy, though possibly a good one, may not meet your community's prevention focus.

If the strategy you're considering is education-based, is it consistent with the nine principles of effective prevention education?

When evaluating a given education-based strategy (e.g., a curriculum), it is important to refer to the nine principles of effective prevention education[1]. For a review of the nine principles of effective education, please see Appendix A in the CDC Guidance Document.

Criteria to consider

1. Is this strategy consistent with the nine principles of effective prevention education?

a.	Is it ***comprehensive***?	□ Yes	□ No
b.	Does it employ ***varied teaching methods***?	□ Yes	□ No
c.	Is it designed with ***sufficient dosage*** in mind?	□ Yes	□ No
d.	Is it **theory-driven***?*	□ Yes	□ No
e.	Does it foster ***positive relationships***?	□ Yes	□ No
f.	Is it ***appropriately timed***?	□ Yes	□ No
g.	Is it ***socio-culturally relevant***?	□ Yes	□ No
h.	Does it include ***outcome evaluation***?	□ Yes	□ No
i.	Would training be required for the people who would be implementing this strategy require?	□ Yes	□ No

Please contact the TAASA prevention team with questions regarding any of the nine principles, or to discuss ways to adapt a given strategy or curriculum to meet the nine principles if it doesn't already.

[1] Nation, M., Crusto, C., Wandersman, A., Kumpfer, K.L., Seybolt, D., Morrissey-Kane, E., et al. (June/July 2003). What works in prevention: Principles of effective prevention programs. American Psychologist, 58 (6-7), 449-456.

Is there evidence to support the notion that it prevents sexual violence? Any violence?

The CDC considers three types of evidence to support the use of a given strategy; evidence-based, evidence-informed and unproven. For more information about these different types of evidence, see pages 60 through 61 of the CDC Guidance Document.

There are very few evidence-based and evidence-informed strategies for sexual violence prevention. Those that exist tend to focus on individual and relationship levels, have been implemented in limited settings and have not been evaluated for populations anywhere near as diverse as those we have in our Texas communities. Therefore, crisis centers will be relying heavily upon unproven strategies.

Criteria to consider

1. Is this strategy evidence-based? □ Yes □ No
   If you answered "No" to this question, move on to the next question.

2. Is this strategy evidence-informed? □ Yes □ No
   If you answered "No," move on to the next question. If the strategy is either evidence-based or evidence-informed, you may want to compile whatever evidence is available.

3. When trying to justify the use of an unproven strategy, consider the following questions.
   For further discussion of ways to respond to the following questions, including the difference between health promotion, risk reduction and deterrence-based approaches, see pages 75 through 85 of the CDC Guidance Document.

   a. Is this strategy similar to another strategy considered to be evidence-based or evidence-informed for the primary prevention of sexual violence or other related issue?
      □ Yes □ No

      If you answered "Yes," what is the other strategy that is evidence-based or evidence-informed?
      _____
      _____

      Gathering evidence that supports the efficacy of a strategy that is similar to the one you are reviewing will help provide justification for your selected strategy.

      If the strategy is similar to a strategy that is evidence-based or evidence-informed for a related issue, why do you think that it will be effective for the prevention of sexual violence (e.g., are there risk/protective factors in common)?
      _____
      _____
      _____
      _____
      _____

   b. Does this strategy include sexual violence primary prevention content in a health promotion, rather than a risk reduction or deterrence-based, approach?
      □ Yes □ No

Describe how this strategy employs a health promotion model.

_____
_____
_____
_____

c. Another way to justify selecting a given strategy is to choose a strategy that has strong theoretical support. This means that the strategy relies upon well thought out and generally accepted ideas about changing individual behaviors and attitudes, community conditions or societal norms. See the box below for resources on theories of change (personal, community and societal).

Is there theoretical support that this strategy will lead to the expected change?

□ Yes □ No

Which theory or theories of behavioral or social change are at the foundation of this strategy?

_____
_____

Briefly describe which components of this strategy are supported by relevant theories.

_____
_____
_____
_____
_____

Resources for theories of behavioral and social change:

1. Health Belief Model, Theory of Reasoned Action, Diffusion of Innovation and Transtheoretical Model (featured in CDC Guidance Document). For more information, check out either The Communication Initiative Network or the CDC website.
    a. The above websites also contain information on the Social Learning/Social Cognitive Theory.
2. Theories of social change – societal, institutional and community level
    a. *Pedagogy of the Oppressed*, Paolo Freire
    b. Tri-ethnic Center for Prevention Research's *Community Readiness Model* – theory for why and how communities change

Please contact the TAASA prevention team with any questions about justifying a given strategy through evidence and/or theory or to discuss the possibility of adapting a given strategy to make it an effective piece of your primary prevention efforts.