ORANGE COUNTY
Rape Crisis Center

Orange County Rape Crisis Center
Community Education Evaluation Plan

4th & 5th Grade Safe Touch Outcome Evaluation and
7th Grade Start Strong Process Evaluation

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Abstract

Background: According to a 2011 nationally representative survey of adults, 18.3% of women and 1.4% of men in the US reported being raped at some time in their lives. Attitudes and beliefs such as racism, sexism, and homophobia are the most pervasive and frequent forms of sexual violence (SV), and may be precursors of sexual harassment, sexual assault, and rape. These attitudes and beliefs are often expressed during adolescence through bullying, and there is emerging evidence of a link between bullying prevention and SV perpetration prevention. The Orange County Rape Crisis Center (OCRCC) conducts school-based SV prevention programs that aim to prevent bullying and sexual bullying among young adolescents. Evaluations of school-based interventions specifically focusing on SV perpetration prevention are rare, and OCRCC had not previously conducted systematic evaluations of their SV perpetration prevention programs. Our Capstone team conducted process and outcome evaluations of three of OCRCC's curricula, which aim to prevent bullying, cyberbullying, and sexual harassment in order to prevent SV perpetration.

Methods: Our Capstone team created an evaluation plan for an outcome evaluation of the fourth and fifth grade components of OCRCC's Safe Touch (ST) program and a process evaluation of the seventh grade component of OCRCC's Start Strong (SS) program. We developed and implemented two questionnaires for the ST outcome evaluation, one for fourth graders and one for fifth graders, and collected the data using a pre-test post-test evaluation design with a comparison group. To collect data for the Start Strong (SS) process evaluation, we developed and implemented the following tools: a Facilitator Knowledge and Self-Efficacy Questionnaire, a Facilitator Satisfaction Questionnaire, Facilitator Activity Logs, an Observation Checklist, and a Student Satisfaction Questionnaire. We also developed a Key Informant Interview Guide for OCRCC staff to implement in the future. Finally, the team created two reports with executive summaries and a stakeholder presentation for both evaluations.

Results: For fourth grade, students who had the Safe Touch program had improved knowledge about respectful internet use and positive beliefs about reporting cyberbullying. For fifth grade, students who had the Safe Touch program had improved knowledge about sexual bullying and positive beliefs about being an active bystander. However, we were not able to conclude that the Safe Touch program improved students' self-efficacy and intention to engage in certain behaviors, such as reporting or intervening in a bullying situation.

For the seventh grade Start Strong facilitator training, trainees were satisfied with the training content and instructor, except for a common desire for more time to practice the skills they were learning. Most trainees met the objectives for knowledge of course content and were sufficiently confident about their abilities to communicate course themes to students. However, trainees tended not to meet confidence objectives about their time management skills. For Start Strong program implementation, all program components were delivered in most classrooms, although not always during the intended program session. Students were satisfied with the program, reporting that they liked both the activities and the facilitators.

Discussion: This project had several impacts for OCRCC, including increased capacity to sustain and expand process and outcome evaluations in the future, improved data about the strengths and needs of the programs for future funding requests, and insights for future program revision. The evaluation findings suggest that OCRCC adjust Safe Touch curricula to include more activities focused on building self-efficacy and behavioral intentions for prioritized behavioral outcomes, and that Start Strong facilitator training involve more time for trainees to practice implementing the skills they learn, especially time management. The project also provided the Capstone team with valuable skills, including engaging in research-practice collaboration, evaluation and questionnaire design, data management and analysis, and developing evaluation reports.

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Acronyms & Public Health Terms

CHCCS	Chapel Hill Carrboro City Schools
OCS	Orange County Schools
OCRCC	Orange County Rape Crisis Center
CE	Community Education
PTSD	Post-traumatic Stress Disorder
RPEC	Rape Prevention Education Coordinator
SS	Start Strong
ST	Safe Touch
SV	Sexual Violence

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Introduction

The following document is the summary report for the 2013-2014 Orange County Rape Crisis Center (OCRCC) Capstone project. The purpose of the Capstone summary report is to communicate the Capstone Team's project and process; this document will serve as the official record of our Capstone experience. The Capstone is a yearlong service-learning experience that builds on the skills that we have gained throughout our coursework. The project takes place during the final two semesters of the Master of Public Health program in the Department of Health Behavior at UNC Gillings School of Global Public Health.

About OCRCC

The OCRCC is a non-profit agency located in Chapel Hill, North Carolina. OCRCC has been serving Chapel Hill, Carrboro, Hillsborough and surrounding communities since 1974 (OCRCC, 2013a). Their mission is to stop sexual violence and its impact through support, education, and advocacy (OCRCC, 2013a). The services OCRCC provide include support groups, a 24-hour crisis helpline, therapy referrals, and community education (CE) programs. The goals of the CE programs are to raise awareness about and prevent sexual violence. Through their CE programs, offered in various local organizations and schools, OCRCC teaches children and adults how to prevent violence through recognition of warning signs of violence, resources to seek if one experiences sexual violence, how to become an active bystander, and ways to avoid becoming a bully (OCRCC, 2013b).

Capstone Project Description

Two of the CE programs that our Capstone team worked on are OCRCC's 4th and 5th grade Safe Touch (ST) program and the 7th grade Start Strong (SS) program. Both are school-based programs aimed at preventing sexual violence victimization and perpetration. The 4th grade ST is a one-day program that teaches students how to be safe and respectful online, including reporting cyberbullying. The 5th grade ST is a one-day program that teaches students how to identify and intervene against sexual harassment

and bullying. The 7th grade SS is a four-day program that addresses the differences between sexual harassment and flirting, challenges genders stereotypes, and teaches more about active bystander intervention. This was the first year that the SS program would also train volunteer facilitators to implement the program in the classrooms. These programs are implemented in elementary and middle schools in the suburban Chapel Hill Carrboro City Schools (CHCCS) and Orange County Schools (OCS), respectively.

In order to build organizational capacity to conduct evaluations on the CE programs, OCRCC sought out a Capstone team to create an evaluation plan and conduct an outcome evaluation on the 4th and 5th grade Safe Touch program and a process evaluation on the 7th grade Start Strong program. The main goals of this Capstone project were to 1) measure short-term outcomes of the ST curriculum for 4th and 5th grades; 2) measure the extent to which the 7th grade SS program was implemented as intended; and 3) provide recommendations for future curricula revisions and program evaluations. The OCRCC plans to use our findings to demonstrate the value of ST and SS to current and potential funders and other stakeholders, as well as to identify areas for improvement and use the tools for future evaluations.

Deliverables

Over the course of the academic year, our Capstone team completed five deliverables: 1) an evaluation plan; 2) six process evaluation tools that assessed the 7th grade SS program implementation, including the volunteer facilitator training implemented by OCRCC; 3) two student questionnaires for the 4th and 5th grade ST program outcomes; 4) an evaluation report of the 7th grade SS program; and 5) an evaluation report for the 4th and 5th grade ST program. The Capstone Logic Model (Figure 1) provides a graphical explanation of how our inputs and activities are expected to result in specific outputs, outcomes and long-term impacts for OCRCC. Key inputs included guidance and expertise from faculty advisors in the Health Behavior department, OCRCC staff, the Capstone teaching team, and the Capstone Team's skills and knowledge. These key inputs provided us the foundation for all activities that were conducted.

OCRCC Capstone Project Logic Model

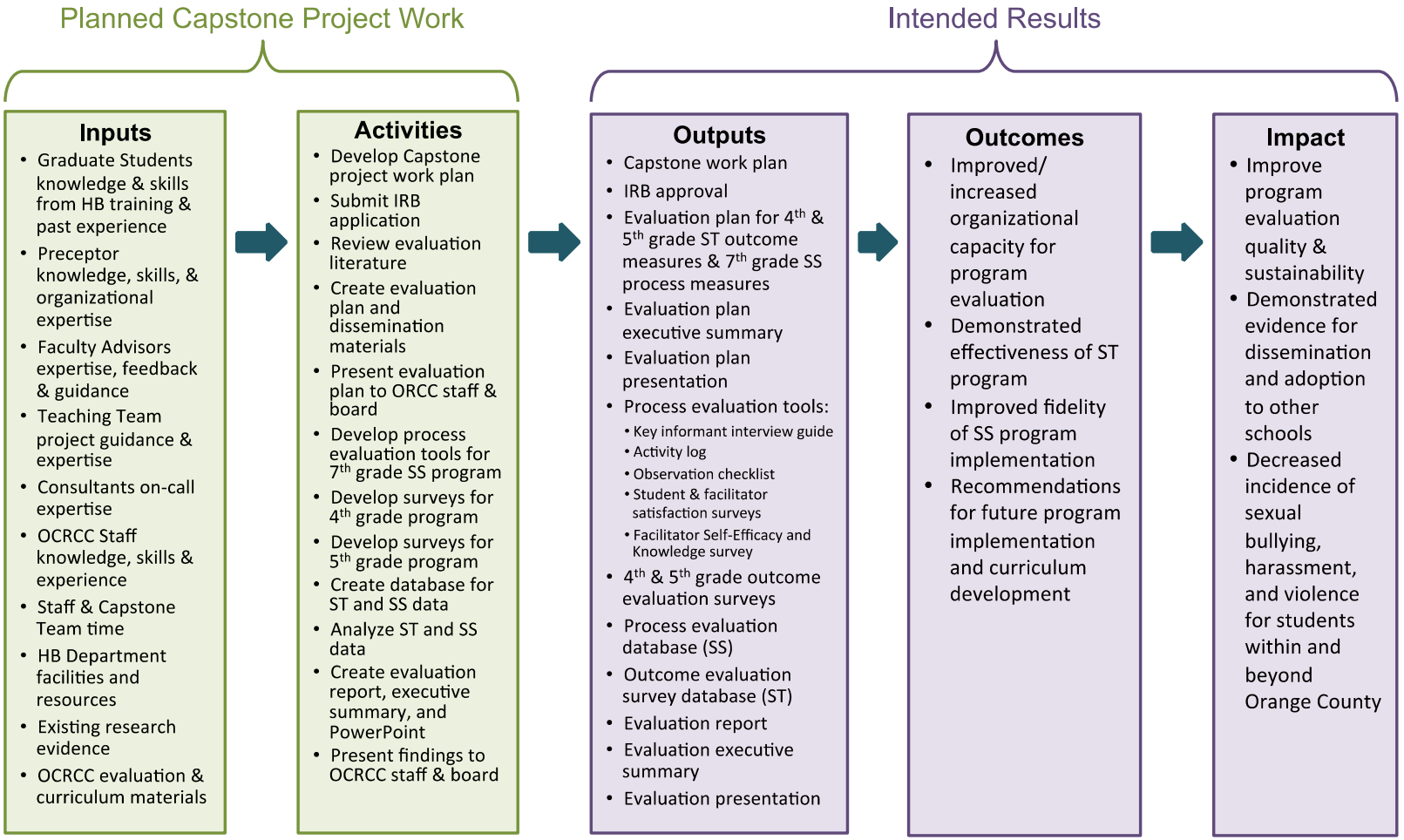


Figure 1. The OCRCC Capstone Project Logic Model. This figure illustrates the planned Capstone project work and intended results.

The Capstone project culminated with two separate evaluation reports, one for the SS process evaluation and another for the ST outcome evaluation, as indicated in the Outputs column. Both evaluation reports summarized our findings and recommendations that we then presented to the OCRCC board and staff. Through providing OCRCC a means to accurately document SS program implementation and measure the impact of the ST 4th and 5th grade curricula, the outcome of our work includes: improved SS program fidelity and demonstrated effectiveness of ST program. The anticipated long-term impact of our work includes decreased incidence of sexual bullying, harassment, and violence for students within and beyond Orange County.

This summary report will provide the background on sexual violence perpetration and victimization in the United States (US), including protective and risk factors that contribute to the public health problem, followed by a detailed explanation of the deliverables that we completed. The summary report will culminate with key findings from the Capstone experience, the impact of our work, and recommendations for sustaining evaluation of OCRCC CE programs in coming years.

Background

Prevalence and Health Impacts of Sexual Violence

Sexual violence (SV) is defined by the Centers for Disease Control and Prevention (CDC) as:

> "…any sexual act that is perpetrated against someone's will. SV encompasses a range of offenses, including a completed nonconsensual sex act (i.e., rape), an attempted nonconsensual sex act, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment)" (2009a).

The prevalence of SV is difficult to measure, as shame and stigma lead to underreporting. According to a nationally representative survey of adults by Black et al. (2011), 18.3% of women and 1.4% of men in the US reported being raped at some time in their lives. The same study found that 5.6% of women and 5.3% of men had experienced SV other than rape in the 12 months prior to the study (Black et al., 2011). In 2011, 243,800 cases of rape or sexual assault were reported in the National Crime Victimization Survey

(Truman & Planty, 2012). These figures do not account for underreporting, and are likely lower than the true prevalence rates.

Sexual violence can lead to significant adverse health outcomes. Immediately after the incident, 31.5% of women and 16.1% of men who were raped reported a resulting physical injury (CDC, 2012b). Moreover, victims report an increase in aggression, lack of trust, substance abuse, increased number and intensity of health complaints, post-traumatic stress disorder (PTSD), and suicidal ideation and attempts, as well as decreased self-esteem (Conoscenti & McNally, 2006; Schafran, 1996). In the mid-1990s, 3.8 million American women were diagnosed with rape-related PTSD, and 13% of all rape victims had attempted suicide (Schafran, 1996).

Sexual Violence Risk Factors

Individuals are at high risk of SV victimization during childhood and adolescence. In a 2011 survey of high school students, 11.8% of girls and 4.5% of boys reported that they had been forced to have sexual intercourse at some point in their lives (CDC, 2012a). Moreover, among adult rape victims, 12.3% of females and 27.8% of males were first raped before the age of 11, and 29.9% of females were first raped between the ages of 11-17 (Black et al., 2011). According to the federal Children's Bureau, there were 61,149 officially substantiated reports of sexual abuse of minors in 2011 (U.S. Department of Health and Human Services, 2012). These statistics are especially concerning because childhood rape victimization may be a predisposing factor to future SV victimization and perpetration (CDC, 2009b).

Several additional characteristics distinguish some people as more at risk for perpetrating SV. Males commit 99% of sexual assaults toward both females and other males (Barone, Wolgemuth, & Linder, 2007). In the first rape experience of females and males, 75% and 83.5% of perpetrators, respectively, were intimate partners, family members, friends, or acquaintances (CDC, 2008). In cases of SV against juveniles, about a third of perpetrators are juveniles themselves (Finkelhor, 2009).

Sexual Violence Prevention Conceptual Framework

Organizations that work to prevent sexual violence conceptualize risk factors as a pyramid, in which attitudes and beliefs such as racism, sexism, and homophobia form the base; verbal expression through sexual harassment builds off of this base; and physical expressions, assault and homicide are at the pinnacle of sexual violence (Calgary Communities Against Sexual Abuse [CCASA], 2013). Together, these levels form the "Pyramid of Violence" model. The base levels are the most pervasive and frequent forms of SV, and at the top are the most infrequent; each level supports and can lead to the one above it (CCASA, 2013). In discussing when to intervene on these different levels, the CDC (2004) defines interventions as either taking place *before* violence occurs or *after* violence has already occurred (rather than primary, secondary, and tertiary prevention).

In order to address the issues at the base of the pyramid, some SV prevention programs in the US now include some form of bullying prevention for early adolescents (Basile, Espelage, Rivers, McMahon, & Simon, 2009). Olweus, a leader in the field of bullying research, defined bullying as repeated negative physical or verbal interactions between the victim and one or more perpetrators, characterized by an unequal power dynamic (as cited in Espelage, Basile and Hamburger, 2012). Studies have found that students who bullied were more likely to be involved in the sexual harassment of peers (Pellegrini, 2001; Pepler et al., 2006). Similar co-occurrence of bullying and sexual harassment was found in a study of internet harassment among youth (Ybarra, Espelage & Mitchell, 2007) and of dating violence among middle and high school students (Connolly, Pepler, Craig, & Taradash, 2000; Espelage & Holt, 2007). While bullying and SV perpetration share risk and protective factors, bullying behaviors and SV perpetration have mostly been studied separately (Basile et al., 2009). Recent efforts to investigate the empirical pathway between bullying perpetration and SV have shown bullying perpetration significantly predicted sexual harassment perpetration among middle school students, supporting the argument that likelihood of SV perpetration increases as bullies interact more with peers of the opposite gender (Espelage et al., 2012). Given the association between bullying and SV perpetration, as well as the

emerging evidence of an empirical link, bullying prevention that incorporates SV perpetration prevention could have an impact on both public health outcomes while still being palatable to early adolescent audiences.

Evaluation of Sexual Violence Prevention Programs in School-Based Settings

Interventions conducted in school settings are advantageous due to the ability to reach nearly all children, compared to interventions conducted in clinical settings (Topping & Barron, 2009). Research has demonstrated that sexual abuse prevention programs in schools have been effective in increasing knowledge and skills with regard to identifying inappropriate sexual conduct (Hazzard, Webb, Kleemeier, Angert, & Pohl, 1991; Hébert, Lavoie, Piché, & Poitras, 2001; MacIntyre & Carr, 1999; Tutty, 1997). An evaluation of a sexual abuse prevention program, called *Who Do You Tell,* found that providing children with more exposure to the intervention by making presentations longer and including interactive components to the intervention such as role-playing, videos, and games would have a stronger impact on children, and lead to larger intervention effects such as gains in knowledge and/or skill (Tutty, 1997).

As previously mentioned, literature suggests that bullying experiences and sexual violence perpetration share correlates. Due to the growing number of bullying prevention programs aimed at SV prevention, it is important to assess the manner in which these interventions are effective (Espelage, Low, Polanin, & Brown, 2013). Greater numbers of evidence-based programs in school-based prevention indicate a rise of school-based settings as sites of prevention program implementation (Greenberg, 2004). While numerous primary prevention programs currently exist within public schools, it can be challenging to evaluate these programs in school-based settings. In addition to the time and resource intensive nature of evaluation, school-based settings have complex school operations that require intensive coordination with programmatic activities, limited funding, challenges with long-term curricular planning, and competing demands related to reporting student academic achievement (Greenberg et al., 2003). Evaluations of school-based interventions specifically focusing on SV perpetration prevention and its precursors are rare (Morrison, Hardison, Mathew, & O'Neil, 2004; Topping & Barron, 2009). Moreover,

few SV prevention interventions, focused on the link between bullying, sexual harassment, and SV perpetration, have been evaluated (Espelage et al., 2013). Although several studies have been published about the conceptual link between bullying and SV, the implications for SV prevention outcomes have not yet been systematically demonstrated (Fredland, 2008; Lin, Raymond, Catallozzi, Ryan, & Rickert, 2007). Thus, it is important to evaluate school-based SV perpetration prevention programs that are based upon this conceptual link and Pyramid of Violence model.

Our Approach

Program evaluation is the only systematic method of determining the extent to which prevention programs have been carried out as originally intended and whether program outcome objectives have been achieved. Therefore, our Capstone team conducted systematic process and outcome evaluations of three curricula that target bullying, cyberbullying, and sexual harassment in relation to SV within a school-based, SV primary prevention program. Through these evaluations, OCRCC hopes to demonstrate that the precursors to SV perpetration can effectively be reduced in the school setting, leading to long-term reductions in sexual bullying, harassment, and violence.

Methods

The efforts to evaluate Safe Touch (ST) and Start Strong (SS) were wholly collaborative: our Capstone team guided the study design, developed evaluation instruments, and analyzed data, while OCRCC staff helped us conceptualize the goals and research questions of the evaluations, provided feedback on the evaluation tools, maintained essential longstanding school-OCRCC partnerships, implemented the programs in participating schools, and collected data. At the end of August, 2013, we met with the preceptor and community education coordinators for ST and SS. In addition to orienting us to the OCRCC office, the preceptor described OCRCC's overall organizational structure and explained how ST and SS contribute to the Community Education (CE) component of OCRCC's work. The CE coordinators detailed the history of the programs and the current methods employed for evaluating the

programs and shared what they hoped to learn from the Capstone team's work. They also shared materials from both programs with the team, including curricula, PowerPoint presentations used during class sessions, scripts for program facilitators, and past SS outcome evaluations. These meetings gave us the chance to meet various stakeholders, learn about other areas of OCRCC's work, and orient the stakeholders to the work we were doing with the organization. We worked closely with our preceptor and the CE coordinators to develop a feasible and sustainable evaluation plan for the three curricula. In November 2013, we presented our evaluation plan at an OCRCC staff meeting and Board of Directors meeting. During the project, progress updates were made through in-person meetings and weekly emails with the CE team, faculty advisors, and Capstone teaching team.

Safe Touch: 4th & 5th Grade Outcome Evaluation Methods

Although Safe Touch (ST) has been in schools for nearly 30 years, program impact on students has never been fully evaluated. In meetings with our preceptor and the ST education coordinator, our Capstone team helped develop a logic model for ST. To inform future revisions to ST curricula as well as program dissemination and adaptation to other communities, OCRCC enlisted our Capstone team to evaluate the short term outcomes of the ST program's 4th and 5th grade curricula.

Safe Touch Data Collection

ST outcome evaluation data were collected via two different questionnaires, one for 4th graders and one for 5th graders. With guidance from evaluation and questionnaire design experts, as well as our coursework in questionnaire design, we developed evaluation tools to assess students' knowledge, beliefs, self-efficacy, and behavioral intentions related to the ST program. The ST education coordinator gave input and reviewed outcome evaluation tools to ensure the questionnaires aligned with ST curriculum content. A small pilot test (n=6) was conducted among 4th and 5th graders to determine clarity and age-appropriateness of the questionnaires. In order to engage school personnel, we obtained approval from the school district lead evaluator for all of our questionnaires prior to their implementation. The education coordinator recruited guidance counselors and teachers for participation in the evaluation. School staff

administered questionnaires to students, and we strived to reduce administration burden by providing participating school personnel with user-friendly instructions. Questionnaire responses were anonymous.

We partnered with OCRCC to develop a strong yet feasible evaluation design to gather credible evidence of effectiveness that accommodated time and access constraints in a real-world setting. Collaboration prompted us to develop skills on how to clearly translate jargon, ideas and expectations with our community partners as we adapted evaluation research methods in order to lessen burden to our stakeholders. Doing so greatly benefited this interdisciplinary effort and opened up channels for communication when technical issues arose for either party, or at the school-level. We used a pre-test post-test evaluation design with a comparison group, which gave the most useful information for determining that any changes that occurred were a result of the ST program. Based on the ST presentation schedule and school feasibility, OCRCC assigned schools to intervention or comparison group. The comparison group received a delayed intervention following data collection. A total of 31 classrooms at two intervention and two comparison schools participated.

Safe Touch Data Management and Analysis

Data from both 4th and 5th grade questionnaires were managed in the same way. Data were collected in December 2013 and February 2014, respectively. For both time periods, paper questionnaires were distributed to participating schools in folders, one for each classroom. OCRCC coordinated data collection with school personnel and returned completed questionnaires to us. We created electronic versions of the questionnaires in SurveyMonkey, along with corresponding codebooks, and were responsible for all data entry.

Our Capstone team analyzed ST questionnaires with statistical software SAS 9.3. Frequency counts summarized descriptive data on demographic information. Furthermore, we used inferential statistics to determine if there were any differences in outcome measures between intervention and comparison groups at pre-test and post-test. We analyzed the outcome data both within and between intervention and comparison groups to assess changes that occurred. Continuous dependent variables

were analyzed with two-sample t-tests, while categorical binary dependent variables were analyzed through chi-square tests of independence. See Table B1 and Table B2 of Appendix B for total number of respondents surveyed.

Start Strong: 7th Grade Process Evaluation Methods

In the fall of 2013, the Start Strong (SS) program transitioned to being implemented by several trained volunteer facilitators. In order to inform future training and program development, OCRCC enlisted our Capstone team to evaluate the implementation of the facilitator training and delivery of the SS program.

Start Strong Data Collection

Data were collected for the Start Strong process evaluation using the tools (Table 1) developed by the Capstone Team in two stages. First, we evaluated the 11-day training of SS program trainees with the Facilitator Knowledge and Self-Efficacy Questionnaire and the Facilitator Satisfaction Questionnaire, which were designed based on the SS training curriculum and in collaboration with the Rape Prevention Education Coordinator (RPEC).

Table 1. Start Strong Process Tools Created by the Capstone Team for Deliverable 2

Process Tool	Administration	Process Constructs Assessed (Process Evaluation Measure)
Facilitator Knowledge and Self-Efficacy Questionnaire	Facilitators anonymously completed the questionnaire via SurveyMonkey at the end of the 11 training sessions. The RPEC reviewed the responses to the items measuring knowledge and scored each of them as satisfactory (2), partially satisfactory (1), or unsatisfactory (0).	Facilitator knowledge, skills, and self-efficacy to deliver SS program (Dose Received)
Facilitator Satisfaction Questionnaire:	Facilitators anonymously completed the survey via SurveyMonkey at the end of the 11 training sessions.	Facilitator satisfaction with training (Dose Received)
Facilitator Activity Logs	Facilitators completed daily activity logs after delivery of each curriculum session in each classroom.	Implementation of intended number of program components (Dose Delivered)
		Facilitating factors and barriers to delivery of program components (Fidelity)
Observation Checklist	OCRCC staff observed each facilitator and utilized the checklist to assess the extent to which curriculum was delivered as intended according to protocol.	Quality of the implementation of the intervention (Fidelity)

Student Satisfaction Questionnaire	Satisfaction questions were added to OCRCC's existing post-test outcome questionnaire. Facilitators administered the survey to students on the last day of program delivery.	Extent to which participants are receptive to and/or use materials (Dose Received)
Key Informant Interview Guide	The guide was not implemented as part of the Capstone project; a practicum student or OCRCC staff member or volunteer will conduct interviews with school guidance counselors and teachers at a future date.	School staff's experience with the program (Context)

We then evaluated the facilitators' delivery of the SS program using the Facilitator Activity Logs, Observation Checklists, and Student Satisfaction Questionnaires, which were based on the content covered by the curriculum and the RPEC's identification of core components. Finally, our Capstone team developed a Key Informant Interview Guide based on OCRCC's interest in evaluating school context and barriers and facilitators to implementing SS in schools.

Start Strong Data Management and Analysis

The trainees completed the Facilitator Knowledge and Self-Efficacy Questionnaire and the Facilitator Satisfaction Questionnaire directly in SurveyMonkey. The Facilitator Activity Logs, Observation Checklists, and the Student Satisfaction Questionnaires were all completed on paper. Our Capstone team created electronic versions of each tool in SurveyMonkey. We entered responses from the Facilitator Activity Logs and Observation Checklist, and an OCRCC intern entered the anonymous Student Satisfaction Questionnaires. Upon completion of this process, we exported all data from SurveyMonkey into Excel for analysis.

Our Capstone team used mixed methods to analyze the SS evaluation tools. Descriptive statistics such as frequency counts and means summarized quantitative information. In order to analyze the extent to which the objectives were met, we compared these descriptive statistics with various objectives set in the evaluation planning stage. These objectives included minimum passing scores on Facilitator Knowledge and Self-efficacy Questionnaires. To view total number of respondents by evaluation tool, data sources, and predetermined objectives, please see Appendix C.

Analysis and interpretation of qualitative data helped to explain what gaps existed in program implementation. We reviewed open-ended responses from the Facilitator Satisfaction Questionnaires, Facilitator Activity Logs, Observation Checklists, and Student Satisfaction Questionnaires in Excel to identify common themes about the facilitator training sessions and the implementation of the SS program. We maintained regular contact with the RPEC and our preceptor as we interpreted and drew conclusions from the results.

Methods for Reporting on the Evaluation

Our Capstone project culminated at the end of the school year with the development of two final evaluation reports, one for Safe Touch (ST) and one for Start Strong (SS). Clarity of the evaluation results was of great importance to our Capstone team, in order to ensure that the evaluation results would be accessible to a wide audience and thus usable by OCRCC. Each report had two lead writers, and a third Capstone team member was involved in both to oversee the language and formatting of both. Translating our field's jargon proved to be a difficult skill to develop, but our faculty advisors offered sound advice and review through the process. In addition, we met with OCRCC staff and discussed the language of the findings, as well as the visual representations, to find the best method of reporting on the evaluation.

Dissemination of Findings

Upon completion of data analysis of the Safe Touch (ST) outcome questionnaires and the Start Strong (SS) process evaluation tools, the Capstone team developed two final evaluation reports and two one-page executive summary summarizing our results, conclusions, and recommendations for each program. We submitted the evaluation report and executive summary to OCRCC, the Capstone class teaching team, and our faculty advisers. We also presented the findings in the form of a PowerPoint presentation to OCRCC staff and Board of Directors in April 2014. Additionally, our preceptor distributed the full evaluation report to the OCRCC staff and the executive summary to community stakeholders, including funders of the community education programs, district level school administrative personnel, and OCRCC Board of Directors.

Results

Key results of our Capstone project include increased organizational capacity at OCRCC to conduct program evaluation, demonstrated effectiveness of the ST program, improved fidelity of Start Strong (SS) program implementation, and recommendations for future program implementation and curriculum development. We collaborated with OCRCC to effectively implement a process and outcome evaluation for the 2013-2014 school year, orienting staff members, school personnel, and stakeholders, including the Board of Directors, to the development of program evaluation. Our evaluation plan has detailed methods on how to conduct both process and outcome procedures. For future years, the evaluation plan is a resource from which OCRCC can adapt to form evaluation procedures for other grades of ST and SS or other programs offered at OCRCC. Furthermore, the evaluation tools we created will be usable in future iterations of ST and SS evaluation.

Through conducting an outcome evaluation of Safe Touch's 4th and 5th grade curriculum, we were able to measure short-term outcomes and provide OCRCC with recommendations for future curricula. For 4th grade, students who had the Safe Touch program had improved knowledge about respectful internet use and positive beliefs about reporting cyberbullying. For 5th grade, students who had the Safe Touch program had improved knowledge about sexual bullying and positive beliefs about being an active bystander. However, the program may not be having as much of an impact on their self-efficacy and intention to engage in certain behaviors, such as reporting and intervening in a bullying situation, especially in different contexts (e.g. among friends or strangers). The 4th and 5th grade final outcome evaluation report includes recommendations for incorporating theoretically-based strategies during ST curriculum revision, updating evaluation tools, and introducing process evaluation measures. Additional results for Safe Touch are available in Tables B3 and B4 of Appendix B.

The process evaluation of the 7th grade Start Strong curriculum enabled us to evaluate the program implementation of the facilitator training and SS curriculum. The facilitator training equipped trainees with confidence to build rapport with students and communicate lesson content, as well as

knowledge of curriculum content and class management techniques. Trainees were highly satisfied with the instructor and training materials. However, the facilitator training did not provide trainees with enough time to practice the skills they learned and build trainees' confidence in their time and class management skills. With regard to implementing the SS curriculum, facilitators struggled to complete all curriculum components intended for the first three 45-minute sessions. However, all of the SS program components were completed by the fourth (final) session in 92% of classrooms. During our data collection period, the OCRCC staff observed two of the five volunteers who completed training and began facilitating in the classroom. Due to variation in observer ratings and the limited number of volunteers that were observed, results from the observer checklist were not able to be summarized until the remaining three facilitators are observed, and staff have had the opportunity to discuss consistency in ratings. Overall, students were satisfied with the program activities and with the facilitators. The Process Evaluation report provides recommendations for improving facilitator training in certain areas, restructuring the schedule of the SS class sessions, and adapting process evaluation tools for other community education programs.

Discussion

Implications for OCRCC

The 2013-2014 school year was the first time systematic evaluation was conducted with OCRCC's Safe Touch (SS) and Start Strong (SS) programs. Our evaluation results have a number of implications for the content of ST and SS curricula, as well as SS facilitator trainings. For ST, a greater emphasis on increasing students' self-efficacy and behavioral intention surrounding ST program goals, such as intervening on or reporting an act of cyberbullying and sexual bullying, might be considered for the next iteration of ST. Based on our Capstone team's final evaluation report, theory-based strategies could be incorporated to form skills practice components to the program. Our findings support the addition of a second session to the Safe Touch program in order to cover the breadth of desired outcomes,

as well as the need for more skills practice to impact students' self-efficacy and intention. OCRCC may consider adding process evaluation elements to future ST evaluation components to collect additional insights on other anti-bullying campaigns occurring in schools and school climate factors that contribute to students' self-efficacy and intention to act on certain behaviors.

Furthermore, SS process evaluation has provided useful information on how to enhance facilitator training and program implementation. Future SS facilitator trainings should spend additional time allowing trainees to practice the skills they learned in order to build their self-efficacy to effectively manage class time and teach all of the curriculum content. OCRCC should also consider revising the schedule of SS program components to reflect the actual amount of time it takes facilitators to deliver them. This will improve cohesiveness of each session, reduce time facilitators must spend reviewing components from previous sessions, and increase facilitators' confidence in their ability to deliver program components in the allotted time. As more facilitators are trained to deliver SS, process evaluation tools will help the RPEC determine the fidelity of SS program implementation across schools.

Evaluation results from the 2013-2014 school year demonstrate OCRCC's recognition of evaluation as a valuable process for assessing programmatic impact and implementation. This year's results may be used to supplement funding requests for ST and SS. Eventually, this data will support efforts to disseminate ST and SS to other communities, as there would be records of efficacy for ST and recommendations for SS implementation. The completed evaluation bolsters OCRCC's capacity to conduct evaluation, as the organization now has an adaptable evaluation plan and evaluation tools.

Project Limitations

There were limitations to the Capstone project and several strategies would have helped strengthen the work and the evaluation results. Both the 4th and 5th grade ST questionnaires could have been improved by additional and more rigorous pilot testing in order to better understand student comprehension, and to improve the formatting of questions, the overall layout, and the individual questions asked. In addition, due to IRB restrictions all ST data collected from student was anonymous

and aggregated by classroom. The ability to link pre and post-test data at the individual level would greatly strengthen the ability to draw conclusions regarding intervention effects.

For the SS process evaluation, facilitator training could have been improved if we had been able to give tailored versions of the Facilitator Satisfaction Questionnaire to trainees after each training session, rather than one questionnaire at the end of the training period. These satisfaction questionnaires also would have been more useful if we had been able to intentionally plan for them to complement exit interviews conducted by the SS education coordinator. Additionally, in order to protect respondent anonymity, we did not ask SS trainees to identify themselves when completing the Facilitator Knowledge and Self-Efficacy Questionnaire, the Facilitator Satisfaction Questionnaire, or the Facilitator Activity Logs. Due to this anonymity we could not identify which trainees needed further training, nor connect trainee's knowledge and self-efficacy scores to their performance in classes. And finally, time constraints involved in the Capstone project created limitations in the amount of data that we collected.

Recommended Next Steps

We acknowledge that OCRCC, with its extensive programmatic efforts and limited resources, may face challenges in conducting large-scale systematic evaluations of their programs in the future. The final evaluation reports have written next steps for incorporating recommendations to strengthen both Safe Touch (ST) and Start Strong (SS). It is our hope that OCRCC continues to evaluate ST and SS. Conducting evaluation on a smaller scale may reduce burden on staff and volunteers while still gaining important data for future programmatic efforts. The ST evaluation may occur with fewer classrooms, for instance. Process evaluation elements can be incorporated as a part of regular program activities and serve as another means to monitor the inputs and outputs of OCRCC's programs. In moving forward, we recommend OCRCC assess their capacity to incorporate recommendations from the 2013-2014 evaluation and their capacity to conduct evaluation on the same or smaller scale for the following school year.

Considerations for Sustainability

Given the time and resource intensive nature of evaluation, sustainability efforts must focus on building organization capacity for program evaluation. The evaluation plan provides a framework for future evaluation, as the design and schedule may be adapted according to the needs of OCRCC. They may also broaden the scope of ST and SS program evaluation by adapting the evaluation design and tools and creating a process evaluation for ST and outcome evaluation for SS. Evaluation tools include relevant instructions and administrative protocols that can be updated for every program cycle. The Capstone team's deliverables will be valuable to OCRCC in capacities beyond the limitations of a one-year project.

Impacts on Team

The Capstone experience has had a significant impact on the student team professionally. Time and resource constraints challenged us to adapt the rigorous, scientific standards of our training to the feasibility of evaluation with school-based programs. The responsibilities of leading an evaluation plan, creating tools and user-friendly administrative protocols, inputting and analyzing data, and producing comprehensive reports on the evaluation findings, allowed the student team to grow professionally beyond what we learned in the classroom. Our deliverables had clear purpose and contributed to Safe Touch and Start Strong programs. OCRCC provided a rich learning environment, with established in-school programs and stakeholder relationships, which became crucial to our professional experience as we collaborated to reach a common goal. Most of all, OCRCC's mission and dedication to sexual violence prevention fortified our passion for public health and collaboration across professional fields.

Conclusion

The purpose of our Capstone project was to create and implement an evaluation plan for OCRCC's community education programs in order to provide recommendations for future curricula revisions and program evaluations. The results of our evaluation indicate successes as well as areas for improvement in ST program outcomes and SS facilitator training and program implementation. In the

development of our evaluation plan and tools, we hoped to strengthen OCRCC's capacity to evaluate their programs as the organization continues to demonstrate the efficacy of ST and fidelity of SS implementation. Continued efforts for evaluation will support the agency's goal of disseminating their programs to other communities. From this work, we hope to see a decreased incidence of sexual bullying, harassment, and violence for students within and beyond Orange County. Through this intensive, mentored project with OCRCC, we have learned how to conduct evaluation in real world settings, convey public health concepts to a non-public health audience, reconcile our theories of behavior change with different social change models, and develop evaluation tools that are useful to an agency's goals.

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Appendix A: Deliverable Tables

Table A1. Deliverable 1: Evaluation Plan for Safe Touch & Start Strong

Deliverable I: Evaluation Plan

Format:	23-page Word document; 10-minute PowerPoint presentation; 1-page executive summary
Purpose:	To outline specific tasks for conducting outcome evaluation of Safe Touch 4th and 5th grade program and process evaluation of Start Strong 7th grade program
Intended Audience(s):	OCRCC Community Education (CE) Team and the OCRCC Board of Directors
Activities:	• Reviewed current CE evaluation plan, Safe Touch curriculum and Start Strong curriculum • Developed logic models for Safe Touch and Start Strong logic models • Clarified evaluation focus with feedback collected from CE team • Identified potential evaluation designs and their strengths and weaknesses • Collected feedback from evaluation experts on potential evaluation designs • Collected feedback from CE team on the feasibility of implementing the evaluation design in Safe Touch schools • Developed draft of evaluation plan • Collected feedback from evaluation experts on evaluation plan • Final evaluation plan reviewed and approved by CE team • Created PowerPoint presentation and 1-page executive summary • Disseminated the evaluation plan to OCRCC in October 2013 • Disseminated PowerPoint presentation and 1-page executive summary to OCRCC Board members and staff in November 2013
Recommendations:	• OCRCC should continue to adapt the evaluation plan for Safe Touch outcome evaluation and Start Strong process evaluation every school year. • OCRCC should begin to develop process evaluation procedures for Safe Touch and outcome evaluation procedures for Start Strong, based on the evaluation plan's framework. • OCRCC should further clarify and articulate inputs, activities, outputs, short-term outcomes, intermediate outcomes and impact of Safe Touch and Start Strong in their respective logic models.

Table A2. Deliverable II: Process Evaluation Tool for 7th Grade Start Strong

Deliverable II: Mixed Methods Process Evaluation Tools	
Format:	a. Three-page Facilitator Satisfaction Survey with 22 Likert scale items and five open-ended questions b. Three-page Facilitator Training Assessment with 17 Likert scale items and ten open-ended questions c. Four two-page Activity Logs with a checklist for each activity in the lesson and six open-end questions d. Two-page Facilitator Observation Checklist with 16 Likert scale items, five lesson-specific Likert scale items, and space for notes e. Two-page Student Satisfaction Survey with 12 Likert scale items, two open-ended questions, and three categorical questions. f. 4-page Key Informant Interview Guide with 24 questions.
Purpose:	To assess the extent to which the 7th grade component of Start Strong is being implemented as designed, including satisfaction with and facilitators and barriers to facilitator training; facilitator knowledge and self-efficacy to deliver the curriculum; program fidelity and dose delivered during implementation; student satisfaction with program delivery; and context in which the program is being implemented
Intended Audience(s):	Rape prevention education program coordinator (RPEC) and volunteer program facilitators
Activities:	• Reviewed sexual violence primary prevention literature to understand core components of the program • Researched applicable process evaluation instruments • Collected core components of facilitator training and 7th grade Start Strong curriculum from RPEC • Created Facilitator Satisfaction Survey • Collected feedback on survey from evaluation expert • Created Facilitator Training Assessment • Collected feedback on assessment from RPEC • Created Activity Logs • Collected feedback on activity logs from RPEC • Created Facilitator Observation Checklist • Collected feedback on observation checklist from RPEC • Created Student Satisfaction Survey • Collected feedback on survey from evaluation expert • Created Key Informant Interview Guide • Collected feedback from qualitative research expert • Disseminated tools a-e to OCRCC to be used by the RPEC and the volunteer program facilitators starting in November 2013 • Disseminated interview guide to OCRCC to be used in the future
Recommendations:	• RPEC should provide a modified facilitator satisfaction survey to the volunteers after each training session so that feedback can be used in real time throughout the training. • RPEC should identify facilitator assessments with volunteers' names so

as to be able to assist those volunteers who are still struggling with the training material.

- SS volunteers should be encouraged to give honest and thorough feedback when filling out the facilitator satisfaction survey and the activity logs in order to help make the program as efficacious as possible.
- All OCRCC staff that conducts the facilitator observations should review the instructions to make sure there is consistency between the observers at each facilitator observation.
- RPEC should review activity logs, observation checklists, and student satisfaction surveys as they are completed in order to identify strengths and weaknesses in program implementation or curriculum in real time.
- RPEC should share information collected in the process tools with all pertinent staff or volunteers as a way to troubleshoot problem areas and reinforce strengths.

Table A3. Deliverable III: Student Questionnaires for Safe Touch Outcome Evaluation

Deliverable III: Quantitative Questionnaires for 4th and 5th Grade Safe Touch Program

Format:	16-question 4th grade multiple choice questionnaire and 17-question 5th grade multiple choice questionnaire; Corresponding administrative protocol
Purpose:	To assess student outcomes and intended programmatic impact
Intended Audience(s):	4th and 5th grade students participating in Safe Touch in CHCCS; Community Education Team
Activities:	• Completed IRB application • Identified previously validated questionnaires • Identified and operationalized key program outcomes to assess, in partnership with OCRCC • Developed draft of questionnaire* • Draft of survey reviewed by questionnaire design expert* • Incorporated feedback into revised questionnaire draft* • Feedback on questionnaires collected through piloting of 4th and 5th grade questionnaires to community members (parents and children) • Incorporated feedback into final questionnaire • Final questionnaire approved for use by school district • Disseminated final 4th and 5th Safe Touch questionnaires to OCRCC for administration in December 2013 and February 2014
Recommendations:	• OCRCC should continue to utilize a similar pre-test post-test evaluation design with a comparison group in order to assess changes in desired outcome for Safe Touch participants. Key procedures should include: – Administering the same outcome survey for both pre- and post-test; – Pre-test that is no more than 2 weeks before administration of Safe Touch curriculum; – Post-test that is no less than 1 month after Safe Touch curriculum to allow for fading effects;

  - A smaller sample size is recommended in order to maintain feasibility and sustainability
- OCRCC should consult with school district and key school-specific personnel to ensure the feasibility of and support for evaluation activities.
- OCRCC should update the questionnaire administration protocols based on changes to the evaluation design and effective administration practices within the school (e.g. read questionnaire out loud to students).
- OCRCC staff should prepare envelopes with labels and questionnaires for participating schools.
- OCRCC staff/volunteers and school personnel who administer questionnaires to students should spend time becoming familiar with the appropriate administration protocol.
- If changes are made to Safe Touch curriculum, revision of the questionnaires should be completed by OCRCC staff or other questionnaire development consultant.

Table A4. Deliverable IV: 7th Grade Start Strong Evaluation Report & Presentation

Deliverable IV: 7th Grade Start Strong Evaluation Report and Presentation

Format:	Electronic databases (Excel and SurveyMonkey), 20-page Word document comprehensive report, 1-page executive summary report, 15-minute PowerPoint presentation
Purpose:	To summarize the completed process evaluation and data gathered for OCRCC and community stakeholders; provide OCRCC with recommendations for how to enhance their sexual violence prevention strategies, and inform school personnel about strategies for sexual violence prevention
Intended Audience(s):	OCRCC staff, Board of Directors, and community stakeholders
Activities:	• Created electronic databases for managing SS process evaluation tools • Tested electronic databases by entering in data and producing sample Excel spreadsheets for analysis • Reviewed data entry protocol's specific instructions • Entered in data from 8 Observation Checklists • Entered in data from 71 Activity Logs • Conducted descriptive statistics on data collected from 8 Facilitator Knowledge and Self-Efficacy Questionnaires • Conducted descriptive statistics on data collected from 8 Facilitator Satisfaction Questionnaires • Conducted descriptive statistics on data collected from 375 Student Satisfaction Questionnaires • Conducted descriptive statistics on data collected from Observation Checklists

	• Conducted descriptive statistics on data collected from Activity Logs • Drafted final evaluation report with key findings • Final evaluation report draft reviewed by evaluation experts • Produced PowerPoint presentation summarizing final evaluation report • Disseminated final evaluation report and executive summary to OCRCC staff and Board of Director members, and other community stakeholders • Presented final evaluation PowerPoint presentation to OCRCC staff and Board of Directors in April 2014
Recommendations:	• SS coordinator should consider using evaluation results to inform 7th grade SS curriculum revision. • SS coordinator should consider using evaluation results to inform facilitator training curriculum revision. • SS coordinator should consider making Facilitator Knowledge and Self-Efficacy Questionnaire identifiable by respondents. • SS coordinator should consider updating self-efficacy process objectives outlined in evaluation plan based on the number of volunteer facilitators recruited each year.

Table A5. Deliverable V: 4th & 5th Grade Safe Touch Evaluation Report & Presentation

Deliverable V: 4th & 5th Grade Safe Touch Evaluation Report and Presentation

Format:	Electronic databases (Excel and SurveyMonkey), 20-page Word document comprehensive report, 1-page executive summary report, 15-minute PowerPoint presentation
Purpose:	To summarize the completed outcome evaluation project and data gathered for OCRCC and community stakeholders; provide OCRCC with recommendations for how to enhance their sexual violence prevention strategies, and inform school personnel about strategies for sexual violence prevention
Intended Audience(s):	OCRCC staff, Board of Directors, and community stakeholders
Activities:	• Created electronic databases for managing data from ST evaluation tools • Tested electronic databases by entering in data and producing sample Excel spreadsheets for importation into SAS • Developed 4th and 5th grade codebooks for ST questionnaires • Reviewed data entry protocol's specific instructions • Entered in pretest data from 301 4th grade respondents and 330 5th grade respondents • Wrote preliminary data analysis plans • Cleaned and imported pre-test Excel spreadsheet into SAS 9.3 • Produced baseline descriptive statistics for demographics • Produced Cronbach's alpha for series of questions • Entered in posttest data from 297 4th grade respondents and 319 5th grade respondents • Cleaned and imported post-test Excel spreadsheet into SAS 9.3

	• Finalized data analysis plans • Conducted bivariate analyses of ST evaluation data for differences between groups at pretest and posttest • Reviewed and interpreted findings • Drafted final evaluation report with key findings • Final evaluation report draft reviewed by evaluation experts • Produced PowerPoint presentation summarizing final evaluation report • Disseminated final evaluation report and executive summary to OCRCC staff and Board of Director members, and other community stakeholders • Presented final evaluation PowerPoint presentation to OCRCC staff and Board of Directors in April 2014
Recommendations:	• ST coordinator should consider using evaluation results to inform curriculum revision for content areas in need of strengthening. • ST coordinator should use evaluation results to further clarify curriculum goals and intended outcomes in the logic model. • OCRCC should increase its ability to assess changes in knowledge, beliefs and intention among students over time by assigning and matching students' pre- and posttest responses by a unique identifier in future evaluations.

Appendix B: Safe Touch Evaluation

Table B1. Number of Respondents for 4th Grade Safe Touch Outcome Evaluation

Tool	Respondents	Pretest Sample Size	Mean Age (Range)	Gender	Posttest Sample Size	Mean Age (Range)	Gender
4th Grade Questionnaire	Intervention	155	9.3 (9-11)	50.7% F 49.4% M	149	9.5 (9-11)	53.06% F 47.94% M
	Comparison	146	9.4 (9-11)	56.6% F 43.5% M	148	9.5 (9-11)	53.42% F 46.58% M
	Total:	**301**			**297**		

Table B2. Number of Respondents for 5th Grade Safe Touch Outcome Evaluation

Tool	Respondents	Pretest Sample Size	Mean Age (Range)	Gender	Posttest Sample Size	Mean Age (Range)	Gender
5th Grade Questionnaire	Intervention	176	10.2 (9-12)	47.7% F 51.7% M	166	10.5 (9-12)	50.60% F 48.19% M
	Comparison	154	10.3 (9-12)	40.9% F 59.1% M	153	10.5 (10-12)	37.91% F 61.44% M
	Total:	**330**			**319**		

Table B3. 4th Grade Safe Touch Indicators and Results

Constructs Assessed	Question	Pre-test			Post-test		
		Intervention	Comparison	P-value	Intervention	Comparison	P-value
Safe Touch Review (% answered correctly)	Q1	90.48%	88.89%	N/A	93.94%	94.22%	N/A
Knowledge of safe internet use (sum score)	Q2, Q3, Q4	2.1176	1.9296	0.0356*	2.2276	2.1701	0.5193
Intention to report cyberbullying (mean sum score)	Q5a, Q6a, Q7a	2.5800	2.6187	0.6690	2.5103	2.5423	0.7562
Self-efficacy to report cyberbullying (mean score)	Q5b, Q6b, Q7b	3.1927	3.0264	0.0467*	3.1343	2.9324	0.0266*
Intention to respectfully use the internet (mean score)	Q8a	2.0867	1.8978	0.1256	2.0414	1.8881	0.1970
	Q8b	3.4497	3.2132	0.0297*	3.5517	3.2313	0.0012*
	Q8c	2.9603	2.8582	0.3281	2.9583	3.0303	0.5091
	Q8d	3.0408	2.9852	0.6257	3.0972	2.8613	0.0539
Knowledge of respectful internet use (mean total sum score)	Q9, Q10, Q11	2.4768	2.5143	0.6914	2.7133	2.5252	0.0188*
Outcome expectation (% endorsed positive belief)	Q12a	77.70%	71.85%	0.2568	80.28%	64.23%	0.0027*
	Q12b	71.03%	61.03%	0.0764	73.57%	59.12%	0.0109*
	Q12c	88.51%	91.11%	0.4717	92.14%	89.47%	0.4447

* where $p \leq 0.05$ significance level

Table B4. 5th Grade Safe Touch Indicators and Results

Constructs Assessed	Question	Pre-test			Post-test		
		Intervention	Comparison	P-Value	Intervention	Comparison	P-Value
Intention to report sexual bullying (% who intend to report sexual bullying)	Q2a	89.53%	94.77%	0.0824	91.52%	95.36%	0.1700
	Q3a	93.49%	87.42%	0.0628	89.38%	86.09%	0.3770
	Q4a	78.92%	75.16%	0.4251	76.97%	69.74%	0.1449
Self-efficacy to report sexual bullying (mean score)	Q2b	3.435	3.368	0.4600	3.366	3.380	0.8775
	Q3b	2.789	3.020	0.0397*	2.855	2.926	0.5351
	Q4b	3.377	3.472	0.3042	3.426	3.302	0.2392
Sexual bullying knowledge (% who accurately identify bullying or flirting behavior)	Q8	63.58%	61.59%	0.7112	79.27%	65.79%	0.0071*
	Q9	35.80%	24.03%	0.0203*	64.46%	27.81%	<0.0001*
	Q10	75.43%	81.70%	0.1689	83.73%	84.11%	0.9285
Knowledge of respectful internet use (% who accurately identify cyberbullying behavior)	Q11	96.89%	96.58%	0.8909	95.83%	97.14%	0.5494
	Q12	92.45%	95.17%	0.3279	98.59%	97.87%	0.6461
	Q13	89.31%	89.04%	0.9402	92.96%	94.33%	0.6372
Intention to be an active bystander (% who intend to intervene during an incident of bullying; mean total sum of scores)	Q1a	95.35%	98.04%	0.1806	93.94%	95.33%	0.5845
	Q5a	80.36%	86.84%	0.1192	80.37%	87.50%	0.0860
	Q6a-e	16.104	16.531	0.1260	16.323	16.467	0.6354
	6a	*3.235*	*3.383*	*0.1648*	*3.313*	*3.299*	*0.8818*
	6b	*3.090*	*3.125*	*0.7186*	*3.199*	*3.271*	*0.4483*
	6c	*2.677*	*2.918*	*0.0125**	*2.730*	*2.915*	*0.0830*
	6d	*3.735*	*3.757*	*0.7519*	*3.720*	*3.700*	*0.8113*
	6e	*3.355*	*3.393*	*0.6595*	*3.344*	*3.289*	*0.5436*

Self-efficacy to be an active bystander (mean score)	Q1b	3.124	3.188	0.4855	3.147	3.230	0.3883
	Q5b	3.189	3.243	0.6008	3.070	3.320	0.0218*
Behavioral belief about being an active bystander (mean score)	Q7a	2.795	2.958	0.0612	2.924	2.826	0.3084
	Q7b	2.377	2.606	0.0202*	2.567	2.482	0.3706
	Q7c	3.267	3.426	0.0845	3.569	3.426	0.1051
	Q7d	2.939	3.126	0.0643	2.968	2.945	0.8233
	Q7e	2.811	3.034	0.0165*	2.909	2.926	0.8630

* where $p \leq 0.05$ significance level

Appendix C: Start Strong Process Evaluation

Table C1. Number of Respondents for Start Strong Process Evaluation

Tool	Respondents	Number of Respondents
Facilitator Knowledge & Self-Efficacy Questionnaire	SS Facilitators	8
Facilitator Satisfaction Questionnaire	SS Facilitators	8
Facilitator Activity Logs	SS Facilitators	71
Observation Checklist	OCRCC Staff	8 (4 sessions x 2 Facilitators)
Student Satisfaction Questionnaire	7th grade students	375
Key Informant Interview Guide	School guidance counselors & teachers	N/A

Table C2. Process Evaluation Indicators and Data Sources

Construct Measured	Data Sources / Evaluation Tools	Process Evaluation Measure	Process Objective
EQ: To what extent is the facilitator training being carried out in way in which it was intended?			
Facilitator training attendance and number of training cycles	OCRCC attendance records	Reach	80% of trainees recruited will attend all training sessions and observation hours
Facilitator knowledge, skills and self-efficacy to deliver Start Strong program	Facilitator Knowledge & Self-Efficacy Questionnaire	Dose Received	a) All trainees will achieve a score of at least 80% on the knowledge assessment questionnaire b) 85% of trainees will report being confident or very confident on each self-efficacy indicator
Facilitator satisfaction with training	Facilitator Satisfaction Questionnaire	Dose Received	90% of trainees will report being satisfied or very satisfied with the training
EQ: To what extent is the Start Strong 7th grade program carried out in the way in which it was intended?			
Implementation of intended number of program components	Activity Logs	Dose Delivered	95% of program components are delivered by every facilitator
Facilitating factors and barriers to delivery of program components	Activity Logs	Fidelity	All facilitators will identify facilitating factors and barriers to delivering all components of program as intended
Quality of the implementation of the intervention	Observation Checklist	Fidelity	90% of volunteers will have implemented the program curriculum as intended
Extent to which students are receptive to and/or use materials	Student Satisfaction Questionnaire	Dose Received	85% of students will report being somewhat or very satisfied with program activities.
EQ: In what ways does the school context affect the implementation of the activities of the program?			
School staff's experience with the program	Key informant interviews	Context	One teacher and one counselor from each school will be interviewed to identify facilitating factors and barriers to implementing the program in school classrooms.