Prevention Science Program Development and Evaluation: A Proposed Framework for Preventing Sexual Harassment in Higher Education

Cindy A. Crusto, Ph.D., Yale University School of Medicine

Lisa M. Hooper, Ph.D., University of Northern Iowa

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Sexual harassment is a major public health issue that is both preventable and solvable (Basile, D'Inverno, and Wang. 2020; Bloom et al. 2021; Bonar et al. 2020; Dills, Fowler, and Payne 2016). Seminal scholar Louise Fitzgerald estimated that sexual harassment affects approximately 50% of women and 15% of men in workplace (Fitzgerald 1993). The most accurate prevalence rates of sexual harassment are associated with the sample, setting, and ways in which it is operationalized and measured (Burn 2019). The aftereffects of sexual harassment evinced in organizations—including colleges, universities, and laboratories in the United States—are harmful and have pernicious effects on individuals and the organizations in which they are embedded (e.g., financial costs, inequities, organizational climate, productivity, burnout, and well-being). These effects are often long-lasting, life-interruptive, and traumatic (Marine and Hurtado 2021), and importantly, these effects are often worse for select populations (Coulter et al. 2017; Guilbeau et al. 2021; National Academies of Sciences, Engineering, and Medicine 2018). For example, Kafonek and Richards (2017) contended that individuals who identify as racial, ethnic, or gender minorities, GLBQI, or individuals with disabilities may experience greater levels of sexual harassment and negative outcomes compared to individuals without these separate and overlapping identities. Additionally, no other system—other than the military—has higher rates of sexual harassment than institutes of higher education, although the definitions and methods used to capture sexual harassment impact these findings (Ilies et al. 2003). Currently, there are few empirically supported prevention interventions and programs that effectively target the factors that impact the trajectory, determinants, and short- and intermediate-term effects of sexual harassment (Bonar et al. 2020; Kafonek & Richards 2017; Walsh et al. 2021), although many prevention programs have yet to be rigorously and consistently evaluated (see, Magley et al. 2013). Additionally, many evaluation methods lack rigor, consistency, and an organizing framework (Biglan et al. 2003; Magley et al. 2013). Consonant with the urgency of ameliorating sexual harassment is the National Academies of Science, Engineering, and Medicine (2018) comprehensive review regarding the need for empirically supported prevention frameworks and evaluation methods that support the prevention of sexual harassment in institutes of higher education.

The overall purpose of this paper is to provide an overview for higher education stakeholders (e.g., institutional leadership, faculty researchers, and practitioners) that can inform

their capacity to develop prevention programs, frameworks, and strategies for preventing sexual harassment. The purpose is also to expand those stakeholders' knowledge and skills about how to evaluate the short- and intermediate-term outcomes from prevention programs relevant to the unique culture, climate, and populations represented at their specific institution (Linder et al. 2020). The empirical and practice literatures suggest that institutes of higher education (IHEs) can use prevention science principles in their decision-making whether to elect to adopt, adapt, or develop frameworks to best meet their needs to prevent sexual harassment. Also relevant for this paper is the priorities identified in the National Academies of Science, Engineering, and Medicine report on *Sexual Harassment of Women*, which include (1) to support the dissemination of findings related to the prevalence of sexual harassment; (2) to understand the effectiveness of prevention programs, policies, and procedures; and (3) to promote knowledge building focused on how underrepresented, disempowered, and/or vulnerable groups (e.g., racial and ethnic minority women, individuals with disabilities, immigrants, sexual and gender minorities, and people with less power given their position in the institution [graduate students]) experience and are harmed by sexual harassment and other forms of harassment and discrimination that can be perpetuated at the same time (National Academies of Science, Engineering, and Medicine 2018).

Sexual Harassment

For any prevention program or strategy development and its corresponding evaluation framework, it is essential to operationalize or specifically define the observable or targeted behavior (Krug et al. 2002). According to the National Academies,

> There are three categories of sexually harassing behavior: (1) gender harassment (verbal and nonverbal behaviors that convey hostility, objectification, exclusion, or second-class status about members of one gender), (2) unwanted sexual attention (verbal or physical unwelcome sexual advances, which can include assault), and (3) sexual coercion (when favorable professional or educational treatment is conditioned on sexual activity). Harassing behavior can be either direct (targeted at an individual) or ambient

(a general level of sexual harassment in an environment) (National Academies of Sciences, Engineering, and Medicine 2018, 2).

Given that harassing behavior can be either direct (i.e., targeted at an individual) or ambient (i.e., a general level of sexual harassment in an environment), we consider prevention science frameworks (i.e., Substance Abuse Mental Health Services Administration 2019), evaluation frameworks (i.e., Centers for Disease Control and Prevention 1999; Milstein, Wetterhall, and CDC Evaluation Working Group 2000), and empirically supported outcomes or effects (see Potential Hierarchy of Effects; United States Department of Health and Human Services 2011) that have relevance for both individuals and the larger systems in which they are embedded (i.e., Bell, Quick, and Cycyota 2002; Centers for Disease Control and Prevention, 2011). We argue that a systems approach in conjunction with prevention science is required to prevent sexual harassment in IHEs.

Informed by the priorities of the National Academies (2018), we have three primary aims: (1) provide a brief overview of prevention science, (2) introduce an organizing prevention framework for sexual harassment in IHEs, and (3) describe an organizing prevention evaluation framework for sexual harassment, which can be used in diverse higher education contexts (e.g., comprehensive universities, Historically Black Colleges and Universities [HBCU], community colleges) and that can be culturally tailored for scaling up with diverse stakeholders (e.g., staff, students, faculty, and community members; Wong, Vaughan, and Klann 2017). We conclude with recommendations for higher education stakeholders (e.g., institutional leadership, faculty researchers, and practitioners) and researchers including a case study and graphic depiction (i.e., sexual harassment prevention logic model; see Appendices A and B) that capture the urgent priority problem of sexual harassment and the proposed and related inputs, activities, outputs, and outcomes undergirded by prevention science.

Prevention Science

Coie and colleagues (1993) contended, “The goal of prevention science is to prevent or moderate major human dysfunctions. An important corollary of this goal is to eliminate or

mitigate the causes of disorder. Preventive efforts occur, by definition, before illness is fully manifested, so prevention research is focused primarily on the systematic study of potential precursors of dysfunction or health, called *risk factors* and *protective factors,* respectively" (p. 1013). Prevention science is transdisciplinary in nature and thus draws from a diverse range of disciplines—including the epidemiological, social, psychological, behavioral, medical, and neurobiological sciences—to understand the determinants of societal-, organizational-, and individual-level problems (e.g., sexual harassment). The explication of empirically supported practices, strategies, procedures, and policies undergirded by prevention science can reduce the pernicious downstream effects of sexual harassment and result in substantive cost-savings (Bell, Quick, and Cycyota 2002). Prevention programs can reduce or prevent sexual harassment by targeting empirically supported risk and protective individual- and organizational-level factors. A reported concern with prevention science is the extent to which empirical research and solutions can be and are (1) translated into practice, (2) scaled up, (3) disseminated, and (4) engender iatrogenic or unexpected effects (see Dobbin and Kalev 2019; Faggiano, Giannotta, and Allara 2014; Gottfredson et al. 2015). Systems science methods complement prevention science and facilitates researchers and practitioners to develop "effective sustainable, [culturally] tailored multilevel [prevention] interventions" (Lich et al. 2013, 281). There is some consensus that the only way prevention programs will be effective, sustainable, and successful is if they are comprehensive, interconnected, trauma-informed, and targeted. Sexual harassment is a systems problem, which Bell and colleagues (2002) described as "dysfunctional organizational behavior…with negative consequences for others in an organization and for the organization itself" (p. 161). A focus on science-based sexual harassment prevention programs, frameworks, strategy development, and evaluation will help sexual harassment prevention to move beyond sexual harassment training-only strategies, sexual harassment grievance procedures, assessment of environments for the prevalence of sexual harassment, and compliance with federal legislation (Dobbin and Kalev 2019; Kafonek and Richards 2017), which have not been demonstrated to be effective, to eradicating and eliminating the behavior and minimizing the impact.

Prevention

Primary prevention is a proactive approach that seeks to identify the "root causes" of the problem to ensure that the priority problem does not emerge (Bell, Quick, and Cycyota 2002).

Prevention focuses on the development, implementation, and evaluation of evidence-based programs and strategies that reduce risk factors and enhance protective factors to improve the health and well-being of individuals, families, communities, and organizations (Bell, Quick, and Cycyota. 2002; Coie et al. 1993; Magley et al. 2013). The American Psychological Association provides a useful definition of prevention. Specifically, American Psychological Association (2014) contends prevention can be defined or conceptualized in the following way: (1) stopping a problem behavior from ever occurring; (2) delaying the onset of a problem behavior, especially for those at risk for a specific priority problem (e.g., sexual harassment); (3) reducing the impact of a problem behavior; (4) strengthening knowledge, attitudes, and behaviors that promote emotional and physical well-being; and (5) promoting institutional, community, and government policies that further physical, social, and emotional well-being of the larger community (p. 285). Single and multiple factors are evidenced in prevention programs, interventions, and frameworks that are directed toward multi-level, sustained outcomes. Additionally, these factors inform the program foci (i.e.., universal, selective, and indicated) and intervention points and targets (i.e., individual and organizational) of the prevention.

Critical Factors in Prevention: Risk and Protective Factors

In the context of prevention, *risk factors* are identified, empirically supported factors that are associated with increasing the likelihood of developing the priority problem (e.g., risk for disease, illness, or problems). *Protective factors* are identified, empirically supported factors that are associated with reducing the likelihood of developing the priority problem (e.g., protect against disease, illness, or problems). In the context of sexual harassment, risk factors that are often observed in organizations include unequal gender ratios, high levels of power differences between women and men, lack of transparent and open communications in the organization about sexual harassment, and the existence of race-based and/or other forms of discrimination (Bell, Quick, and Cycyota 2002). Protective factors that are often observed in organizations with lower levels of sexual harassment include zero tolerance policies, genuine commitment of leadership about the importance of sexual harassment, consistent and mandatory orientation and new hire information about sexual harassment, regular education and training efforts, and regular organizational culture and climate assessments (Bell, Quick, and Cycyota 2002). Taken together, when risk factors (i.e., individual, organization, and/or some combination) are reduced and

protective factors are increased the priority problem (e.g., sexual harassment) can be prevented or lessened (Weissberg & Greenberg, 1998).

Critical Foci in Prevention: Universal, Selective, and Indicated

Many prevention programs are informed by a public health framework and prevention designs that can be partially differentiated based on their focus or foci, which may include universal, selective, and indicated (Gordon, 1983; Haggerty, & Mrazek, 1994; Reiss & Price, 1996) Some researchers contend that primary prevention is the preferred point of intervention for most priority problems but that there are times when secondary or tertiary intervention points must be considered (Bell, Quick, and Cycyota 2002). For example, some scholars suggest that universal prevention programs may lack the needed dosage and time to have a lasting, meaningful impact (Weissberg, Kumpfer, and Seligman 2003). By way of review, *universal or primary prevention* are efforts designed to involve most—if not all—individuals in an organization, often delivered in large group formats, efficient and time-limited, and focused on preventing the priority problem before it begins (e.g., sexual harassment). *Selective or secondary prevention* are efforts designed to involve individuals in an organization who may be at greater risk for the priority problem (e.g., individuals who are at risk for experiencing sexual assault ["victims"] or individuals who are at risk for engaging in sexual harassment ["perpetrators"]). *Indicated or tertiary prevention* are efforts designed to involve individuals and groups who have experienced sexual harassment and the short- and/or intermediate-effects. The design of these programs and intervention strategies are directed toward reducing the likelihood of engaging or experiencing future sexual harassment and reducing the deleterious effects of sexual harassment.

Comprehensive Approach in Prevention: Multi-Level and Multi-Determined

Prevention programs, interventions, and frameworks can be directed toward multiple levels of a system (e.g., individual, relational, organizational, community, and societal). The Centers for Disease Control and Prevention (CDC) emphasizes the criticality of the highest level of the ecological system in that it may have the greatest, most sustainable impact in prevention as compared to individual-level prevention efforts. Additionally, the CDC recommends a multi-level, multi-pronged approach to the prevention of violence, including sexual harassment (Dills et al. 2016). Toward this end, when developing and implementing programs for the prevention of

sexual harassment in IHEs, strategies for prevention should include an ecological systems approach, which is composed of four overlapping, intersecting systems (see Figure 1). Importantly, strategies for different levels of the system likely have varied risk and protective factors for sexual harassment, and thus those managing universal or primary preventions and selective and secondary preventions will take this into consideration when adopting, adapting, and/or developing the most effective, inclusive, and ecologically valid prevention programs and frameworks. Dills and colleagues (2016) describe the importance of taking into account the ecological context based on the type of institution and the extent to which the needs, resources, and implementation strategies ought to be tailored (e.g., needs of HBCU, community college, and four-year private university). The community in which the university is embedded should be considered as well (DeGue et al., 2014).

Principles of an Effective Prevention Program and Framework

Nation and colleagues (2003) argued that six core principles should guide the development of effective prevention programs irrespective of the specific content area. Informed by their analysis of the literature, they asserted their review uncovered "general principles of effective prevention programs that might transcend specific content areas" (p. 450), although their work was delimited to programs that were focused on two categories (i.e., universal and selective) of the three categories of prevention (i.e., universal, selective, and indicated). Consistent with Nation and colleagues (2003), American Psychological Association (2014) outlined similar guidelines in its paper on prevention services, interventions, and programs. American Psychological Association

FIGURE 1 Critical in prevention: Ecological systems approach. SOURCE: Adapted from Substance Abuse and Mental Health Services Administration (2019).

(2014) discussed the benefits of prevention science in reducing problems, increasing wellness, and promoting positive outcomes across separate and overlapping levels (e.g., individual, organizational, and societal; see Figure 1). In the context of higher education, Kafonek and Richards (2017) outlined the utility and transportability of the six principles (Nation et al. 2003) toward reducing gender-based violence in higher education. We argue in this paper (see, Sexual Harassment Prevention Evaluation: An Organizing Framework) that additional principles may be necessary to guide the development and evaluation of current prevention programs. In their review, Nation and colleagues (2003) identified substance abuse as an important priority problem, but sexual harassment could serve as the priority problem, as well.

Consideration in developing or selecting an empirically supported prevention framework includes the possible biases and iatrogenic effects that the research design may produce (Weissberg and Greenberg 1998). Organizations also must consider their planned prevention intervention effects and the extent to which these prevention strategies are relevant for their population, setting, and other organizational factors (e.g., ratio of women and men in their organization). We agree with Bonar and colleagues (2020) and Nation and colleagues (2003) regarding the six principles (see Table 1) associated with effective prevention programs. Missing from the original list *could be* areas or principles that are relevant for most prevention programs *and* implementation, and evaluation specifically directed toward sexual harassment in higher education (see Bonar et al. 2020), although we recommend a careful scoping review and review-of-reviews approach to clarify this assertion (see Nation et al. 2003). Additionally, in their cross-sectional study of diverse IHEs, not all IHEs' gender-based violence prevention programs adhered to the originally proposed six principles (Kafonek and Richards 2017), and few IHEs included in the study had prevention programs focused on IHE targeted populations who often are at the greatest risk for harassment (e.g., racial, ethnic, gender, or sexual minority students). Finally, these principles, outlined in their original recommendations have applicability for individuals who want to adopt, adapt, or develop prevention programs for sexual harassment.

Principle	Program Domains	Definition
Comprehensive	Program characteristics	Multicomponent interventions address critical domains (e.g., family, peers, community) that influence the development and perpetuation of the behaviors to be prevented
Varied teaching methods	Program characteristics	Programs involve diverse teaching methods that focus on increasing awareness and understanding of the problem behaviors and on acquiring or enhancing skills
Dosage	Program characteristics	Programs provide enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects
Theory driven	Program characteristics	Programs have a theoretical justification, are based on accurate information, and are supportedby empirical research
Positive relationships	Program characteristics	Programs provide exposure to adults and peers in a way that promotes strong relationships and supports positive outcomes
Appropriately timed	Program → target group/population	Programs are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of participants
Socioculturally relevant	Program → target group/population	Programs are tailored to the community and cultural norms of the participants and make efforts to include the target group in program planning and implementation
Outcome evaluation	Program → implementation	Programs have clear goals and objectives and make an effort to systematically document their results relative to the goals
Well-trained staff	Program → implementation	Program staff support the program and are provided with training regarding the implementation of the intervention
Trauma-informed	*Program characteristics and implementation*	Program staff support are provided with training regarding how trauma may affect the development of risk and protective factors and outcomes
Equity-informed	*Program characteristics and implementation*	Program staff are provided with training regarding how inequities may have an impact on the development of risk and protective factors and outcomes

TABLE 1 Principles for Effective Prevention Programs
NOTE: Adaptation appears in italics.
SOURCE: Adapted from Nation et al. (2003).

Limitations in the Prevention of Sexual Harassment

There is a dearth of effective sexual harassment prevention programs (Walsh et al. 2021) and evaluation efforts (Biglan et al. 2003; Magley et al. 2013) in higher education for a number of reasons (Walsh et al. 2021). Marine and Hurtado (2021) contended that "most research conducted on sexual violence and sexual harassment in higher education to date draws data and inferences from problematically homogeneous student samples: White, cisgender, and heterosexual women" (p. 9). Other scholars have described the lack of attention to the insidious, systemic nature of sexual harassment evinced in organizations and institutions and thus point to the need to engage diverse stakeholders in the design of solutions to prevent sexual harassment (e.g., Bloom et al. 2021; Chambers et al. 2021; Linder et al. 2020; Lisak and Miller 2002). Importantly, researchers have failed to uncover the root cause of sexual harassment and sexual violence on college and university campuses in the United States. Currently, there is a lack of evidence on who perpetuates sexual harassment, risk and protective factors, prevention programs that work, factors that are implicated in the effect size (e.g., moderator variables; Linder et al. 2020), culturally responsive implementation and trauma-informed (McCauley and Casler 2015) methods, and the evaluation and sustainability of prevention and intervention programs. Bonar and colleagues (2020) offer the most comprehensive and inclusive recommendations for prevention science programs for researchers and practitioners to consider. They asserted, "prevention from a public health perspective involves a set of coordinated multi-component strategies that address risk and protective factors across the social ecology, that complement and reinforce each other with consistent messaging from multiple sources across multiple contexts, including addressing the diverse student population" (p. 14-15)…and also include community- and societal-level factors to build multi-level strategies that transform the system and are sustained over time.

Proposed Prevention Framework for Sexual Harassment in Higher Education

Stakeholders engaged in the prevention of priority problems are compelled to have a road map (framework) that can inform the process. Described in the literature, a *framework* can provide a prescriptive series of steps summarizing how implementation should be planned and carried out (Bauer et al. 2015; Meyers et al. 2012). Below is a description of the five steps that comprise the Substance Abuse and Mental Health Services Administration's *A Guide to*

SAMHSA'S Prevention Strategic Framework (2019). The Substance Abuse and Mental Health Services Administration undergirds its proposed prevention framework (see Figure 2 center box) with two guiding principles: (1) cultural competence, which is defined as "the ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships" (p. 4) and (2) sustainability, which is defined as "the process of building an adaptive and effective system that achieves and maintains desired long-term results" (p. 4). Other aspects of planning prevention efforts described in Substance Abuse and Mental Health Services Administration (2019) include the following practices:

1) Review the accumulated research prior to developing a prevention program, and consider prevention programs and interventions with empirical support that meets the organizational need to prevent the problem (e.g., sexual harassment);
2) Determine whether the pre-existing prevention programs with empirical support are a conceptual fit .g., programs and interventions that appear to meet the institutional need to prevent the problem (sexual harassment); and/or
3) Determine whether the pre-existing prevention programs with empirical support are a practical fit (e.g., programs and interventions that appear to fit with the targeted population and type of institution).

FIGURE 2 Proposed prevention framework for sexual harassment in higher education.
SOURCE: Adapted from Substance Abuse and Mental Health Services Administration (2019).

Steps to the Prevention Framework

Step 1: Assessment

The purpose of Step 1 is to determine the scope of the priority problem and what subgroups or populations may be uniquely impacted by the problem. Additionally, activities related to Step 1 should include determining the extent to which more data are needed (e.g., gaps in the data, needs assessment), clarifying factors that may increase (risk factors) and decrease or buffer (protective factors) the priority problem, and seeking out diverse voices and input related to the problem. Although assessment is identified as Step 1, it could be that a return to assessment is indicated after the prevention program is implemented or if the expected outcomes are not achieved. Substance Abuse and Mental Health Services Administration (2019) offers the following questions to guide Step 1:

- What is the target priority problem (e.g., consider what aspect of sexual harassment might be a priority)?

- How often does the priority problem emerge (e.g., which aspects of sexual harassment are happening, and which ones are happening the most)?
- Who is experiencing the priority problems? Who is engaging in the priority problem (e.g., females, males, students, faculty, staff, leaders)?
- What are the magnitude, severity, and trends related to the priority problem?

Step 2: Capacity Building

The purpose of Step 2 is to determine the extent to which the organization has the necessary infrastructure (e.g., financial and human resources, leadership "buy-in"), knowledge, tools, resources, and trained individuals (i.e., trauma- and equity-informed) to provide the appropriate prevention services (e.g., cultural and linguistic competence and cultural humility training, implicit bias training, and trauma-informed practices). Other critical aspects of this step are engaging diverse stakeholders, raising organizational awareness about the priority problem, and assessing the organization's readiness to adopt, adapt, and develop an effective prevention program.

Step 3: Planning

The purpose of Step 3 is to build consensus among diverse stakeholders regarding the explicit, priority problems that will be addressed in the prevention program. Similar to other steps, it is critical to engage diverse stakeholders in the planning process. Input from individuals in the community outside of the organization will increase the cultural and ecological validity of the prevention program. Substance Abuse and Mental Health Services Administration (2019) recommends the use of a logic model that will explicate the inputs, activities, resources, outputs, and the short-, intermediate-, and long-term outcomes. An important activity to consider in Step 3 is whether the organization will *adopt* (i.e., use all aspects of a prevention program), *adapt* (i.e., use the primary aspects of a prevention program and make some changes to culturally fit the organization and population), or *develop* a new prevention program. During the planning step, Substance Abuse and Mental Health Services Administration (2019) underscores the importance of considering empirically supported, evidence-based programs (see https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf).

Step 4: Implementation

The purpose of Step 4 is to implement the planned prevention program with fidelity. Equally important is to monitor whether cultural tailoring or adaptation is needed. Making the necessary adjustments demonstrates a level of flexibility in conjunction with delivering programs, interventions, and practices with fidelity. Adaptation may be necessary to meet the unique needs of an organization, population, or the community in which the organization is embedded. Substance Abuse and Mental Health Services Administration (2019) contends that "evidence-based programs are likely to be effective when the vast majority of the components of empirically supported programs are retained and implemented with fidelity. Recommendations also include adapting pre-existing prevention programs, interventions, and practices with caution and care. Although cultural adaptations may be needed, cultural brokers and knowledge experts may be required before implementing adapted programs. Cultural adaptations may be planned or unplanned (e.g., COVID-19) and should be documented."

Step 5: Evaluation

The purpose of Step 5 is to conduct a careful evaluation of the prevention program. Substance Abuse and Mental Health Services Administration (2019) defines evaluation as "the systematic collection and analysis of information about prevention activities to reduce uncertainty, improve effectiveness, and facilitate decision making" (p. 20). Consistent with the literature, the Substance Abuse and Mental Health Services Administration recommends the inclusion of process and outcome evaluations to determine to what extent the prevention had the impact in the ways it was intended. Another aspect of a comprehensive evaluation (discussed in the next section) is a consideration of the utility, feasibility, propriety, and accuracy. Substance Abuse and Mental Health Services Administration (2019) also recommends documenting any adaptations that have been made during the implementation phase. Step 5 should include—if the resources are available—follow-up regarding the prevention program (e.g., follow-up interviews with program participants).

Step 1: Assessment	Step 2: Capacity Building	Step 3: Planning	Step 4: Implementation	Step 5: Evaluation and Dissemination
Assess problems and related behaviors	Engage organizational stakeholders	Prioritize protective and risk factors	Deliver programs and practices	Conduct process evaluation
Prioritize problems (magnitude, trends, severity, comparison)	Develop and strengthen a prevention team	Select prevention interventions with empirical support and organizational fit	Balance fidelity with flexibility and necessary adaptations	Conduct outcome evaluation
Assess risk and protective factors	Raise organizational awareness	Develop a plan that is consistent with a logic model	Retain core components	Disseminate evaluation outcomes
Assess available resources	Engage organizational stakeholders	Prioritize protective and risk factors	Establish implementation supports	Make improvements
			Deliver programs and practices	Conduct process evaluation

TABLE 2 Prevention Science Program Development Framework
SOURCE: Adapted from Substance Abuse and Mental Health Services Administration (2019).

In summary, many IHEs have a specific focus on evidence-based prevention practices, policies, and programs (Botvin 2004). Consistent with their mission and resources, many agencies have outlined recommendations related to the adoption, adaption, and implementation of evidence-based prevention programs (Botvin 2004). Recommendations for the use (or uptake) of empirically supported prevention programs should be simple, flexible, and easy to use. Substance Abuse and Mental Health Services Administration (2019) as summarized in Table 2 fits this recommendation proffered by Botvin (2004). Another benefit of the proposed framework are the two critical undergirding principles, which are relevant for prevention programs: cultural competence and sustainability. Botvin (2004) contended that "culturally competent prevention is the only type of prevention worth doing—and sustaining" (p. 30). Cultural competence has relevance for evaluation as well, although many evaluation methods lack rigor, consistency, and an organizing framework (Biglan et al. 2003; Magley et al. 2013). The next section outlines the accumulated literature on the best practices in prevention science program evaluation and dissemination. We also introduce missing elements of prevention science and evaluation that can

enhance culturally responsive prevention program evaluations (i.e., equity- and trauma-informed evaluation).

Prevention Science and Program Evaluation and Dissemination

This section of the paper provides a brief description of program evaluation and a framework for evaluating sexual harassment prevention programs. Program evaluation is defined as "the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development" (Patton 1997, 23). The goal of program evaluation is to assess the design, implementation, and efficacy of social interventions for improving social conditions (Rossi, Freeman, and Lipsey 1999; Weiss 1972). Furthermore, there is movement in the evaluation field toward equity-, social justice-, and human rights-focused evaluation to address inequities and power imbalances in society and, by extension, social justice and the inclusion of marginalized groups, even if their programs do not explicitly focus on these issues (Rosenstein and Syna 2015). The field of sexual harassment prevention explicitly focuses on inequities, power imbalances, and marginalized groups as evidenced by sociocultural theories (i.e., power, gender, organizational perspectives) that pervade the literature to explain why sexual harassment occurs, in addition to focusing on solutions at the individual, group, organizational, and societal levels (Burn, 2019). Program evaluation is a powerful tool to determine the degree to which sexual harassment prevention programs are implemented as intended and achieve their desired outcomes.

Sexual Harassment Prevention Evaluation: An Organizing Framework

A modified version of the *Framework for Program Evaluation in Public Health* (Centers for Disease Control and Prevention 1999; Milstein, Wetterhall, and CDC Evaluation Working Group 2000) is the organizing framework proposed in this paper for evaluating sexual harassment prevention programs and strategies in IHEs. The CDC *Framework for Evaluation in Public Health* guides public health professionals in their use of program evaluation. It is a practical, nonprescriptive tool, designed to summarize and organize essential elements of

program evaluation. The original framework is comprised of six steps and standards for quality evaluations. Adhering to the six steps in conjunction with the four evaluation standards allows for an understanding of each program's context and will improve how program evaluations are conceived and conducted. Furthermore, the framework encourages an approach to evaluation that is integrated with routine program operations. The emphasis is on practical, ongoing evaluation strategies that involve all program stakeholders (i.e., anyone with an interest in the program, its evaluation findings, or the results of the evaluation), not just evaluation experts. A 2014 adaptation of the framework situated cultural competence at the foundation of the framework, thereby promoting cultural competence in the evaluation of public health programs and initiatives (Centers for Disease Control and Prevention, 2014). Building upon this work, we further adapted the framework by (1) integrating equity considerations into the foundation of the framework and (2) integrating a trauma-informed approach into the foundation of the framework (see Figure 3 for the proposed model for evaluating sexual harassment prevention programs and strategies). At the foundation (center box) of the Framework for Evaluating Sexual Harassment Prevention Programs and Strategies are (1) standards pertaining to the quality of the evaluations, (2) guidelines for professional ethical conduct of evaluators, (3) cultural competence, (4) equity considerations, and (5) trauma-informed principles. Each is described below.

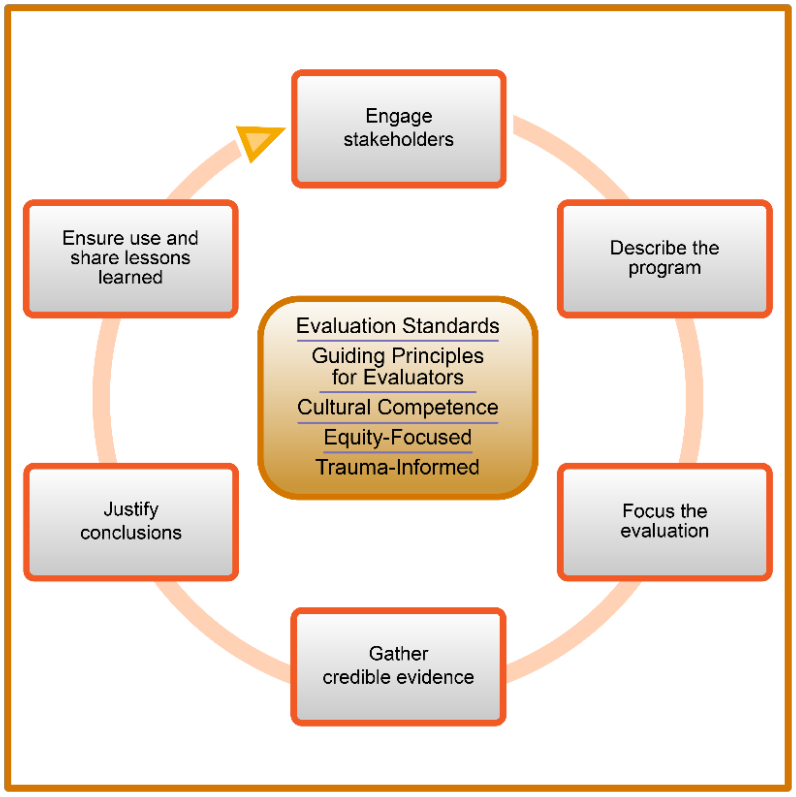

FIGURE 3 Framework for evaluating sexual harassment prevention programs and strategies.

SOURCE: Adapted from Centers for Disease Control and Prevention (1999) and Milstein, Wetterhall, and CDC

Standards for Quality Program Evaluations

The program evaluation standards define five domains of program evaluation quality, and each standard is comprised of sub-standards or statements that further define and operationalize the domain. The standards indicate that evaluations should

- meet the needs of the users (Utility standards);
- be effective and efficient (Feasibility standards);
- be conducted according to what is proper, fair, legal, right, and just in evaluations (Propriety standards);
- be dependable and trustworthy (Accuracy standards); and
- be transparent in the purposes, processes, procedures, and findings of an evaluation, be conducted according to standards or guidelines in the evaluation field, and be evaluated externally against the program standards (Evaluation Accountability standards).

To provide an accessible overview of and quick reference to the standards for evaluation practitioners, users, clients, and trainees, the standards have been adapted from the more detailed evaluation standards book (Yarbrough et al. 2010) into a checklist (Joint Committee on Standards for Educational Evaluation 2018), which can be accessed at https://wmich.edu/sites/default/files/attachments/u350/2021/program-eval-standards-jc.pdf.

Guidelines for Ethical Conduct of Evaluators

The American Evaluation Association's Guiding Principles for Evaluators (2018) govern ethical evaluation practice. Five principles apply to all stages of the evaluation from the first discussion of focus and purpose, through design, implementation, reporting, and the use of the evaluation. According to the Guiding Principles, evaluators should

- conduct databased inquiries (Systematic Inquiry);
- be technically and culturally competent (Competence);
- behave with honesty and transparency (Integrity);
- honor the dignity, well-being, and self-worth of individuals and acknowledge the influence of culture within and across groups (Respect for People); and

- contribute to the common good and advancement of an equitable and just society (Common Good and Equity).

Cultural Competence

Cultural competence represents the intentional effort of evaluators to produce work that is valid, honest, respectful of stakeholders, and considerate of the general public welfare. According to the American Evaluation Association (AEA) Public Statement on Cultural Competence in Evaluation (2011), cultural competence is a process of learning, unlearning, and relearning and is a stance toward culture, not a state at which one arrives. Cultural competence is defined in relation to a specific context or location, and thus for each evaluation, a culturally competent evaluator (or evaluation team) must have specific knowledge of the people and place in which the evaluation is being conducted, including history and culturally determined mores, local values, and ways of knowing, and should include relevant cultural and contextual dimensions in the evaluation.

With respect to theories, one principle of effective prevention programs is that programs are theory driven, meaning that they are based on accurate information and supported by empirical research (Nation et al. 2003). Theories, however, reflect culturally based explanations or behavior and assumptions about how social problems come about and how social problems are addressed. They indicate which variables, factors, and processes are important or unimportant. The programs and interventions that are the focus of evaluations often use theories, such as social science theories or locally derived understandings, to inform how the problem developed (i.e., what were the causal variables and processes) and how to best intervene (i.e., which variables and processes should be targeted to affect the desired changes). There are explanatory theories (which explain how a problem comes about), program theories (which specify a program's goals, purpose, and desired outcomes; explain why a program's activities are supposed to lead to the desired effects; and identify the conditions under which the outcomes can occur), and evaluation theories (which guide the evaluation practices and procedures). The choice of theory for an evaluation has significant implications. With respect to sexual harassment, if one uses evolutionary (or biological) perspectives versus sociocultural perspectives (e.g., gender, power, organizational perspectives) to explain the cause of sexual

harassment, then the focus will be on internal processes (e.g., males' biological predisposition to mate and widely reproduce) and individually focused interventions rather than on structural factors and interventions (e.g., organizational factors and interventions) to address power, inequities, and violence against women that are tolerated by organizations (Burn 2019; Butler and Schmidtke, 2008). Even with the pervasive use of sociocultural models to explain and address sexual harassment, a culturally competent evaluator should critically review these theories for culturally embedded assumptions and work to think through and, when possible, correct how these assumptions might negatively impact the evaluation process and findings. Thus, the culturally competent evaluator should select and use theories that accurately reflect the experiences of the cultural groups involved in the evaluation.

While not a how-to manual, the Statement describes four practices that are essential for developing and implementing a culturally competent evaluation. First, evaluators must acknowledge the complexity of cultural identity, such that culture is fluid, the ways in which individual's self-identity may change over time, that individuals have multiple intersecting identities, and that it may be impossible to represent the cultural diversity that exists among evaluation participants. Second, evaluators must recognize the dynamics of power and ensure that groups are not further marginalized, stereotyped, or disadvantaged based on evaluation findings. Third, evaluators must recognize and address bias in language and ensure that evaluation materials are provided in preferred languages and that the language used in the evaluation does not further marginalize individuals. Finally, the culturally competent evaluator must use culturally appropriate methods at all phases of an evaluation, such as the selection of data collection tools, data collection methods and processes, and data analysis methods that reflect the culture of the evaluation participants.

Equity-focused Evaluation

There is a growing support to view evaluation as action for change (Segone 2011) and to value and give voice to voices that are hidden or silenced, such as people of color and other socially marginalized groups (Stern et al. 2019). This is reflected in the principles for ethical evaluation practice as the American Evaluation Association indicates that evaluators strive to contribute to the common good and advancement of an equitable and just society. The

association defines equity as "the condition of fair and just opportunities for all people to participate and thrive in society regardless of individual or group identity or difference. Striving to achieve equity includes mitigating historic disadvantage and existing structural inequalities" (American Evaluation Association 2018, 1).

Bamberger and Segone (2011, 9) define equity-focused evaluation as evaluations that "look explicitly at the equity dimensions of interventions, going beyond conventional quantitative data to the analysis of behavioral change, complex social processes, and attitudes and collecting information on hard-to-reach socially, marginalized groups." Equity-focused evaluation addresses equity dimensions at two levels: (1) within the programs being evaluated and the context and systems in which programs are implemented and (2) within the evaluation process itself. Equity-focused evaluation in the context of sexual harassment prevention in IHEs should include (1) assessing the degree to which the preventive intervention contributes to or disrupts factors in the social context that give rise to, perpetuate, and/or exacerbate the consequences of sexual harassment experiences; (2) assessing the degree to which there are differential program outcomes based on social identity group; and (3) involving a diversity of stakeholders, particularly those who have experienced sexual harassment, in the evaluation process in a way that gives voice and shares decision-making; (4) attending to the dynamics of power in the evaluation process (e.g., who influences all the aspects of the evaluation, whose voice is privileged, how conflicts are managed); and (5) reflecting on inequities in the system in which the evaluation takes place and actively working against replicating them in the evaluation process (Stern et al. 2019).

Trauma-Informed Evaluation

Over the past three decades, the empirical research has consistently found that sexual harassment can have serious psychological and emotional consequences on individuals experiencing harm. Consequences range from a negative impact on general psychological distress to the manifestation of mental/behavioral health disorders (e.g., depression, post-traumatic stress disorder, substance use disorders). Thus, the experience of sexual harassment is a potentially traumatic event and can even negatively impact the individual's caregivers, partner, and family (Fitzgerald and Cortina 2017). While it is important to understand the impact of

specific sexual harassment trauma incidents on individuals, others encourage a focus on systemic trauma, or the "contextual features of environments and institutions that give rise to trauma, maintain it, and impact posttraumatic responses" (Goldsmith, Martin, and Smith 2014, 118). A systemic trauma perspective allows for the identification of systemic barriers to positive growth following a traumatic event. Research has identified organizational tolerance of sexual harassment (Fitzgerald et al. 1997) and institutional betrayal (Smith and Freyd 2013, 2014) as two key system-level factors that contribute to psychological harm over and above that attributed to a sexual harassment incident. Organizational tolerance of sexual harassment is an employee's perception of the degree to which their organization does not take complaints seriously, that it is dangerous for them to complain, and that there are few sanctions for offenders. Institutional betrayal is when organizations and institutions, such as IHEs, act in ways that cause harm to those dependent on them for safety and wellbeing (i.e., failure to investigate allegations of sexual harassment).

Given the prevalence of sexual harassment and its harmful impact and the systemic trauma framework, organizations must adopt a trauma-informed approach into the culture and to addressing sexual harassment. According to Substance Abuse and Mental Health Services Administration (2014), "a trauma-informed approach is distinct from trauma specific services or trauma systems. A trauma informed approach is inclusive of trauma-specific interventions, whether assessment, treatment, or recovery supports, yet it also incorporates key trauma principles into the organizational culture" (p. 9). Substance Abuse and Mental Health Services Administration (2014) outlined a framework for a trauma-informed approach for behavioral health that is relevant for IHEs and for program evaluation. The framework provides four evaluation-focused questions for organizations to consider when implementing a trauma-informed approach: (1) How does the agency conduct a trauma-informed organizational assessment or have measures or indicators that show their level of trauma-informed approach? (2) How does the perspective of people who have experienced trauma inform the agency performance beyond consumer satisfaction survey? (3) What processes are in place to solicit feedback from people who use services and ensure anonymity and confidentiality? and (4) What measures or indicators are used to assess the organizational progress in becoming trauma-informed? In addition to answering these questions, evaluations should integrate the framework's

trauma-informed principles—which we have adapted to include racial considerations specifically—into the evaluation process (see Table 3).

Trauma-Informed Principles	Description	Applications to Evaluation
Safety	Throughout the organization, staff and the people they serve feel physically and psychologically safe; the physical setting is safe, and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.	• Include expertise of staff and community members in decision making about the evaluation. • Provide training and regular supervision to evaluation staff for working with vulnerable populations. • Maintain confidentiality. • Develop a distress protocol. • Offer resources and follow up.
Trustworthiness and Transparency	Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.	• Use informed consent/youth assent even if Institutional Review Board approval is not required. • Maintain confidentiality.

Peer Support	Peer (individuals with lived experience of trauma [sexual harassment]) support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.	• Integrate individuals with lived experience (sexual harassment experience) in the evaluation process:
		  • work as equal partners
		  • compensate for involvement
		  • involve as data collectors and analyzers
		  • vet all evaluation materials with individuals with lived experience.

Collaboration and Mutuality	Partner and the level of power differences between staff and clients and among organizational staff, from clerical and housekeeping personnel to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach.	• Employ stakeholder involvement evaluation approaches (e.g., empowerment, participatory, collaborative, democratic, stakeholder-based evaluation approaches).
Empowerment, Voice, and Choice	The organization individuals' strengths and experiences are recognized and built upon throughout the organization. The organization fosters a belief in the primacy of the people served and in resilience, and in	• Employ stakeholder involvement evaluation approaches (e.g., empowerment, participatory,

	the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment.	collaborative, democratic, stakeholder-based evaluation approaches).
Cultural, *Racial,* Gender, and Historical Issues	The organization actively moves past cultural stereotypes and biases; offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic; and cultural needs of individuals served; and recognizes and addresses historical trauma.	• Acknowledge the complexity of cultural identity. • Recognize the dynamics of power. • Recognize and eliminate bias in language. • Employ culturally appropriate methods.

TABLE 3 Substance Abuse and Mental Health Services Administration's Six Key Principles of a Trauma-Informed Approach and Applications to Evaluation
SOURCE: Adapted from Substance Abuse and Mental Health Services Administration (2014).

Steps to the Evaluation Framework

Below is a description of the six steps that comprise the CDC framework for evaluation of public health programs. We attend to Step 2 in the framework more than the other steps because it is most relevant to our charge in this commissioned paper.

Step 1: Engage Stakeholders

Stakeholders are people or organizations with a vested interest in the program, interest in the evaluation results, and/or a stake in how the data will be used. There are many stakeholders within and outside of IHEs with an interest in sexual harassment prevention programs and results of the evaluation, including individuals with lived experience of sexual harassment; Title IX offices/offices of equity; human resources; physical and mental/behavioral health providers; offices of institutional research; general counsel, advocates, learners; faculty affairs; diversity, equity, and inclusion officials; academic integrity offices; and funders. Engaging stakeholders better ensures buy-in to the evaluation process, ethical processes, and procedures, and that the evaluation will be relevant to, reflective of, and responsive to the culture of the participants and context of the setting in which the program and its evaluation takes place. The CDC provides a checklist for engaging stakeholders: https://www.cdc.gov/eval/steps/step1/index.htm.

Step 2: Describe the Program

The purpose of this step in the framework is to describe the program being evaluated, not the evaluation. Additionally, this step is to clarify all the program's components and intended outcomes, thereby helping to focus the evaluation on the most central and important questions. Key aspects of describing program are to

- describe the program theory,
- assess context,
- determine whether a program is ready to be evaluated (evaluability assessment),
- select outcomes, and
- determine stage of program development.

Describe the program theory

Describing a program's theory includes the following:

- identifying the program's goals, purpose, need that it addresses, and desired outcomes;
- explaining why a program's activities are supposed to lead to the desired effects/outcomes;
- describing the context in which the program is implemented and how that context may influence the implementation and outcomes (e.g., community readiness for sexual harassment prevention); and
- identifying the conditions under which the outcomes will be attained (Chen 2003; Sharpe 2011).

One tool to assist with describing the program is the logic model. Logic models are a pictorial representation of a program's theory—how all program components (i.e., resources, activities/interventions, deliverables, and outcomes) work together to affect the desired changes (see Figure 4). Although traditional logic models are widely accepted and used in evaluation, some in the field criticize them because they reflect traditional Western, Eurocentric culture and may not reflect the cultural symbols, values, and traditions of the cultural group for whom they

are being used (Jenkins, Robinson, and Davis 2015). Similar to all other aspects of an evaluation process, stakeholder input can help determine the cultural relevance of evaluation tools.

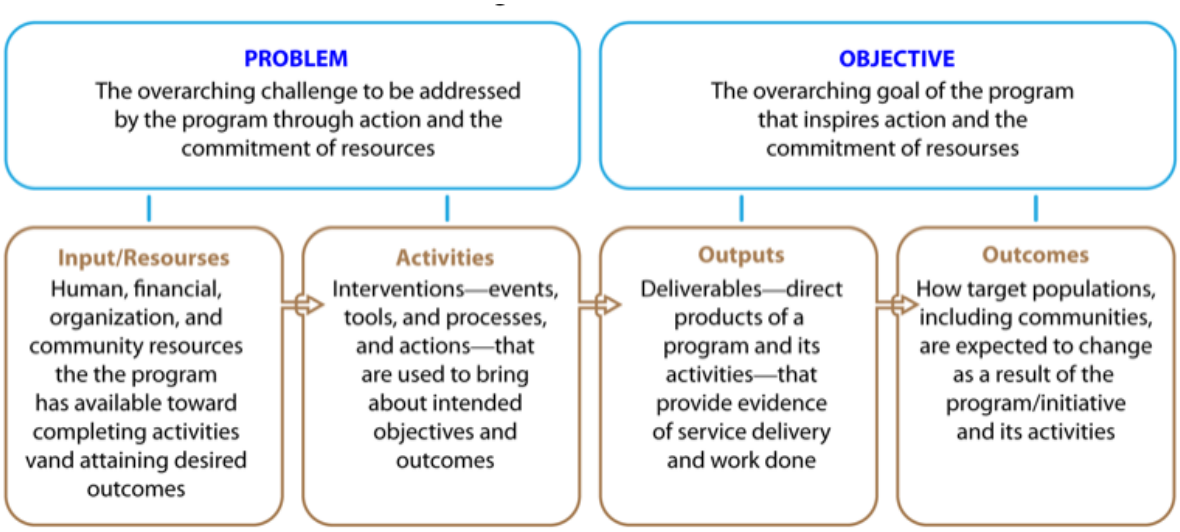

FIGURE 4 Logic model overview.

In Appendices A and B, we apply the logic model development process to an ongoing prevention program for sexual harassment in one IHE: "Rutgers University We R Here Staff and Faculty Training Initiative." In Appendix A, we provide the case study description provided by Rutgers University, and in Appendix B, we provide the completed logic model and outline the steps used and key considerations to develop the logic model. This example logic model could guide the process and decision-making related to inputs, activities, outputs, outcomes, and indicators undergirded by prevention science.

Assess context: Community readiness for sexual harassment prevention

Community readiness is defined as the degree to which a community is prepared to take action on an issue. According to the Community Readiness Model (Plested, Jumper-Thurman, and Edward 2006), it is essential to match an intervention to a community's level of readiness, otherwise interventions will not be successful. The model provides tools to measure readiness and to develop stage-appropriate strategies to increase community readiness (Plested, Jumper-Thurman, and Edwards 2006). According to the model, there are nine stages of community readiness (1 = No awareness to 9 = High level of community ownership). Additionally, there are six dimensions of readiness, which are key factors that influence a community's preparedness to take

action on an issue. Interviews with key stakeholders provide information about these domains and are scored to determine level of readiness.

In collaboration with the Pennsylvania Coalition Against Rape (PCAR), Wasco and Zadnik (2013) applied the Community Readiness Model to the development of the *Campus Readiness Assessment* designed to assesses campus readiness for sexual violence prevention. Key stakeholder interviews are conducted to understand five dimensions of readiness: sexual violence prevention activities, knowledge about sexual violence, campus climate, support for campus-wide prevention efforts, and campus leadership. Interviews yield information about each of the domains and determine level of readiness for sexual violence prevention.

Assess evaluability of program

An important aspect of any evaluation endeavor is determining how ready a program is for outcome evaluation (Wholey 2004). Not all programs are ready to be evaluated. Evaluability assessment is a process that has been shown to be effective in exploring outcome evaluation feasibility, as well as in identifying and describing useful evaluations (Schalock 2001). An evaluability assessment considers design issues (i.e., presence of a formal program design or model, presence of a sound program design or model) and program implementation issues (i.e., likelihood of serving the population of focus, discussion of resources within the program design, likelihood of implementing the program activities as designed, and program capacity to achieve outcomes and provide data for an evaluation). These issues contribute to increasing the evaluability of a particular program. Based on a review of the literature, the Ontario Agency for Health Protection and Promotion and colleagues developed seven steps for conducting an evaluability assessment: (1) plan for the evaluability assessment, (2) develop and clarify the program model, (3) confirm the program model, (4) determine whether the program model is realistic, (5) assess evaluability, (6) summarize and communicate options for the program, and (7) apply the evaluability assessment findings (Ontario Agency for Health Protection and Promotion et al. 2018). Once a program is ready to be evaluated, the remaining steps of the CDC framework described below can be carried out.

Select outcomes

An important aspect of describing a program is determining appropriate effects or outcomes (also termed effects) or the benefits for participants (i.e., individuals, groups, organizations, systems) during or after a program. Not all outcomes occur at the same time, and some are necessary before others can happen. It is helpful to distinguish between outcomes that happen over time (see Figure 5 for chain of outcomes). Short-term outcomes are expected to change immediately or in the near future (e.g., changes in knowledge). Intermediate outcomes are what you expect to change after a short-term outcome occurs (e.g., changes in behavior), and long-term outcomes are what you hope will change over time (e.g., changes in conditions). For example, for a bystander intervention, in the short term, individuals would learn skills to interrupt sexual harassment, followed by an intermediate outcome of enacting behaviors to interrupt sexual harassment, followed by the long-term outcome of a change in condition, such as

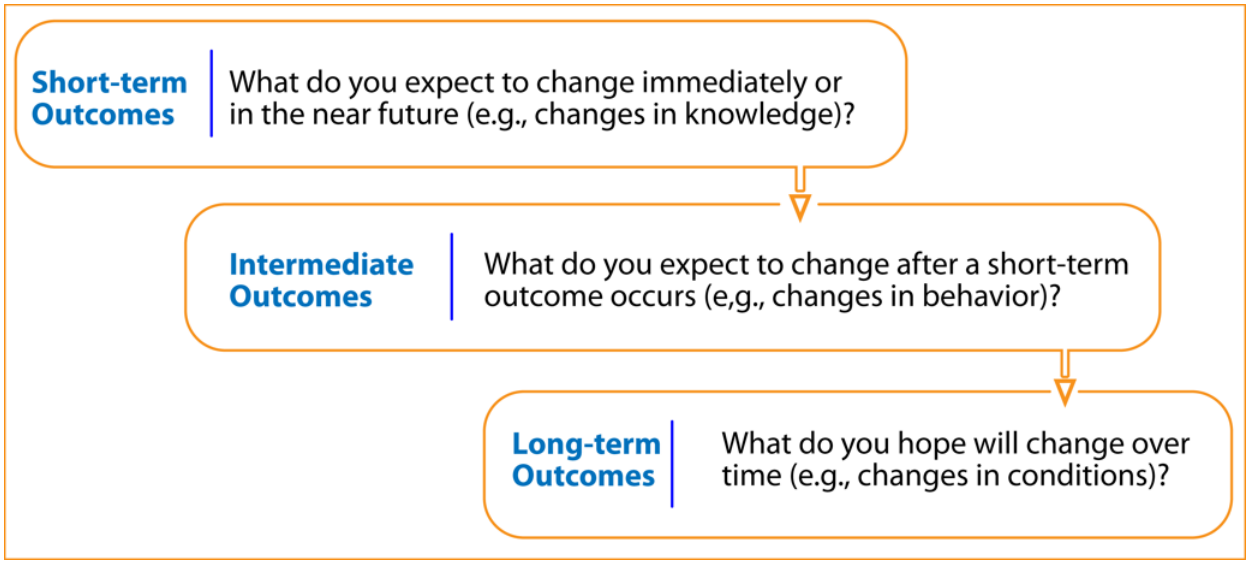

FIGURE 5 Chain of outcomes.

the development of a community of safety, trust, and support, and decreased prevalence of sexual harassment.

In prevention programs and evaluation frameworks, outcomes should be differentiated based on a realistic timeframe. As described in Figure 5, those outcomes or effects can be short, intermediate, and long term. In addition to this chain of outcomes, the CDC provides a clear delineation of possible effects in its depiction—adapted from Bennett and Rockwell—of the

hierarchy of program effects or outcomes. As can be seen on the left-hand side of Figure 6, this is a comprehensive conceptualization of critical factors in prevention programs and evaluations: an identification of specific targets and related outcomes, a consideration of multi-level outcomes that can be targeted (e.g. individual and organizational), and a consideration of realistic targeted outcomes relative to time. A benefit of the hierarchy is the consideration of individual effects or outcomes at the lowest level of the hierarchy (e.g., knowledge, attitudes, skills, and aspirations) and organizational effects or outcomes at the highest level of the hierarchy. The CDC's hierarchy of program outcomes can be used to inform IHEs at the beginning and throughout the development, implementation, and evaluation of their prevention programs and evaluations of sexual harassment. Importantly, using this hierarchy as a guide can make explicit what is being targeted in the prevention program and evaluation (see right-hand side of Figure 6), where those outcomes fall on the hierarchy, and how costs and other resources may be implicated in the program and evaluation. It also may point toward some necessary refinements of prevention programs, outcomes, and measures of specific outcomes. As can be seen in Figure 6, several examples of effects or outcomes derived from the research and practice literatures can be considered when developing the prevention program and logic model, selecting outcomes, and organizing and evaluating prevention programs and strategies for sexual harassment.

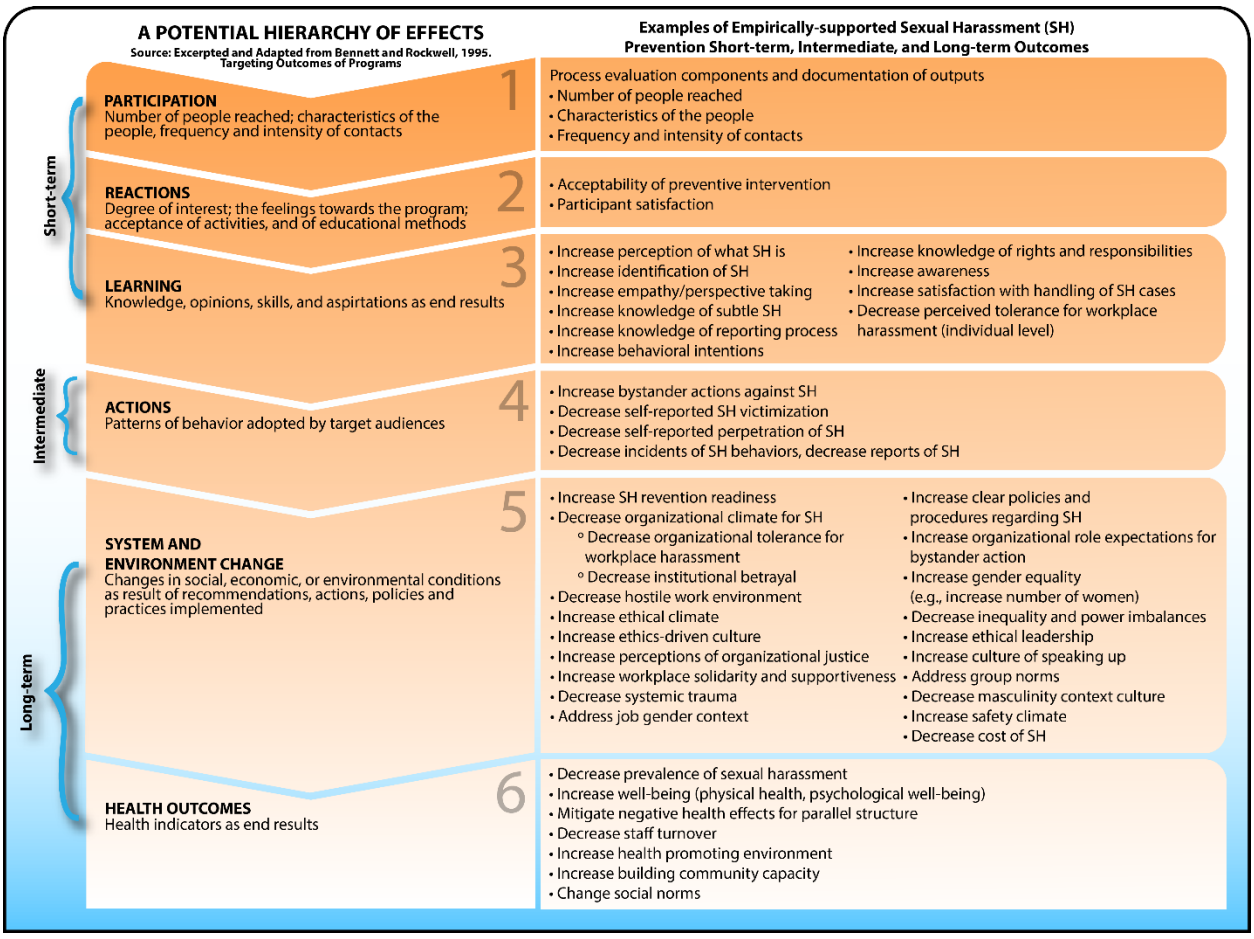

FIGURE 6 Potential hierarchy of effects/outcomes. SOURCE: Adapted from Centers for Disease Control and Prevention (n.d). https://www.cdc.gov/eval/guide/step2/index.htm

Determine stages of program development

It is essential to identify where programs are in their lifecycle or stage of development: planning, implementation, and maintenance/outcomes achievement. The stage of development is central to setting a realistic evaluation focus in Step 3. A program in the planning stage will focus its evaluation very differently than a program that has existed for several years.

The CDC provides a useful checklist to assist with completing Step 2: https://www.cdc.gov/eval/steps/step2/index.htm.

Step 3: Focus the Evaluation

The purpose of this step in the evaluation framework is to determine and document what questions the evaluation will answer, what the evaluation will do to answer those questions, and what methods will be used, and to engage and discuss with stakeholders the degree to which the evaluation questions and methods align with or should be adjusted to meet their needs and in a way in which the results will be used.

This stage of the evaluation also identifies the resources (e.g., personnel, monetary, data, supplies/material, equipment, travel, space, technical expertise, internal or external evaluators; community/stakeholder representation; in-kind) that are available and what will be required to conduct the evaluation. A standard in the field is that an evaluation budget should be 15-20% of an overall project or program budget. Depending on the size, intensity, and duration of the program, an evaluation may cost more or less than 15-20% of the overall budget. Often, securing resources requires planning in advance and may become a component of strategic planning or development processes. Institutions and programs with limited resources and capacity for evaluation should explore and consider engaging internal and external evaluators and researchers (faculty and staff) and students with requisite evaluation experience. More on evaluation budgeting can be found at https://www.betterevaluation.org/sites/default/files/evaluationbudgets.pdf.

The type of evaluation and the evaluation design is determined in this step. There are several types of evaluations, and we focus on process and outcome evaluation. Process evaluation focuses on a program's activities and assesses the degree to which the program or strategy was carried out as intended (i.e., who, where, when, and why of a program). Outcome evaluation assesses the degree to which individuals, groups, organizations, and/or systems benefited or changed in the desired direction because of the intervention. To ensure the utility of the evaluation, the evaluation design should fit with the evaluation questions. The CDC provides a checklist for Step 3: https://www.cdc.gov/eval/steps/step3/index.htm.

Step 4: Gather Credible Evidence

The purpose of this step in the evaluation framework is to collect data that are valid and reliable and answer the evaluation questions. Indicators, or measures that show evidence of

change in the desired outcomes, need to be selected based on the activities and outcomes identified as the focus of the evaluation in Step 3. Evidence that outcomes were achieved can be obtained from existing data (e.g., institutional research data, data from the Association of American Universities Climate Survey on Sexual Assault and Sexual Misconduct), existing surveys (e.g., perceived organizational tolerance for psychological workplace harassment (POT) scale; Perez-Larrazabal, Lopezdelallave, and Topa 2019) as well as qualitative sources (e.g., key informant interviews, focus groups). The CDC provides a checklist and several tools for completing Step 4: https://www.cdc.gov/eval/guide/step4/index.htm

Step 5: Justify Conclusions

The purpose of this step is to link the evidence gathered to conclusions and judgements made about the program. Data analysis, including by different demographic, and interpretation occur in this step. The results of the analyses have to be weighed against or compared to the values and standards that stakeholders have for the program. The CDC provides a checklist and several tools for completing Step 5: https://www.cdc.gov/eval/guide/step5/index.htm

Step 6: Ensure Use and Share Lessons Learned

An important goal of program evaluation is for the evaluation results and recommendations to be used by stakeholders to improve programs and social conditions. Careful planning is required from the beginning of an evaluation process to increase the likelihood that the data will be used. One strategy to increase data use is to continuously review the purpose of the evaluation and verify with stakeholders that the evaluation meets their needs. Additionally, making data a routine part of program operations and project management increases data use. A communications and dissemination plan (e.g., frequency and methods of data dissemination, target audience for messaging) should be developed early in the evaluation process and carried out as data are gathered and analyzed. The CDC provides a checklist and several tools for completing Step 6: https://www.cdc.gov/eval/guide/step5/index.htm

Conclusion

The principles of prevention science can be applied to prevention programs and evaluations on sexual harassment. In this commissioned paper, we have provided a brief overview of prevention science, introduced an organizing prevention framework for sexual harassment in IHEs, and importantly, described an organizing prevention evaluation framework for sexual harassment, which can be used in diverse higher education contexts (e.g., comprehensive universities, HBCUs, community colleges) and culturally tailored for scaling up with diverse stakeholders (e.g., staff, students, faculty, and community members; Wong, Vaughan, and Klann 2017). A major limitation described in the literature is the extent to which prevention programs for sexual harassment in IHEs are being evaluated, and when they are being evaluated to what extent are those evaluation methods being employed with rigor and consistency, and guided by an organizing framework (Biglan et al. 2003; Magley et al. 2013). This paper provides a comprehensive empirically supported organizing framework for both prevention programs and evaluation. We extend the literature by underscoring the need for and criticality of cultural competence and equity- and trauma-informed principles in prevention programs and evaluation to prevent and reduce sexual harassment in higher education.

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Appendix A

Rutgers University Case Example

Rutgers University Case Example

Significantly Increasing Faculty and Staff Education and Skill Development

Description of Work: <u>We R Here Staff and Faculty Training Initiative</u>

A full-time Staff and Faculty Training Coordinator, a position and conceptualization of the work entirely new to Rutgers, was hired at Rutgers in November 2019 to launch the new "We R Here Staff and Faculty Training Initiative" across all of Rutgers' campuses. A core, in-person, anti-sexual harassment training was created. This training, developed with principles of trauma-informed bystander intervention strategies, provides skills to recognize, correct, and address sexual harassment (with a focus on gender-based harassment), support impacted students and colleagues, and effectively use University policies for action and to create positive culture shift. This interactive training has been tailored for delivery at Rutgers' New Jersey School of Medicine for 700 staff/faculty and will be customized for other University ecosystems accordingly. The We R Here Faculty and Staff Training Initiative will also include the development of a faculty ambassador train-the-trainer program and a comprehensive toolkit with specific, actionable items of change for departments, schools, and academic leaders to adopt to ensure sustainable change.

The goals of the Staff and Faculty Training Initiative are to (1) clearly define sexual and gender-based harassment, (2) discuss how sexual harassment manifests in each specific university environment, (3) provide concrete skills to interrupt sexual harassment in the work place using trauma-informed bystander intervention strategies, and (4) explore concrete action steps to encourage behavior change and to sustainably prevent sexual harassment at Rutgers. This work aligns with the recommendations of the 2018 National Academies consensus study report titled *Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering and Medicine,* particularly in the areas of prevention, leadership education and skill development, bystander intervention programs, audience-specific anti-sexual harassment programs, ally and ambassador programs, and prevention toolkits.

As mentioned in the report, the faculty and staff trainings have been designed not to change "beliefs" but instead to "clearly communicate behavioral expectations," and to provide individuals with the tools to effectively identify, intervene, and prevent sexual harassment both in the workplace and among students. Rather than a "one-size-fits-all" approach, trainings are

specifically tailored to each audience and ecosystem, and are skills-based, interactive, and trauma informed.

Recognizing that training alone cannot bring about lasting culture change, the Faculty and Staff Training Coordinator will also create a comprehensive toolkit, which will include best practices for onboarding, sample informal policies and behavioral change measures, trauma-informed resources, sample syllabus statements and classroom exercises to encourage discussion, social media templates, and departmental and self-assessment tools. A faculty ambassador component is also being developed. In line with the National Academies' findings that women of color are particularly vulnerable to sexual harassment, as well as less likely to report, each training and intervention has been designed to incorporate principles of intersectionality and with an anti-racist, anti-oppressive lens.

This work is currently in progress and continues. Several of the core trainings have been researched, designed, and delivered via WebEx, and outreach to faculty and staff is ongoing. The Training Coordinator will offer a remote training series in Fall 2020, open to all faculty and staff, that will focus on supporting colleagues and staff remotely during COVID, with a particular focus on Black and people of color (POC) colleagues and students disproportionally impacted by the pandemic and systemic racism at large. The series will also feature prominent anti-racist, anti-sexual assault advocate Wagatwe Wanjuki, who will focus specifically on supporting Black students remotely.

In addition to offering WebEx and limited in-person trainings for faculty and staff in the coming year, the Training Coordinator will focus on research, development, and dissemination of the staff and faculty toolkit as well as launching the ambassador program.

It is important to note that certain revisions or changes to the work have taken place, a result of adapting to a remote environment due to COVID-19. The Training Coordinator worked during March and April to migrate all trainings to an online platform, although she will still offer limited in-person training to faculty and staff who remain on the ground (e.g., essential medical personnel). Also due to COVID transitions and stressors, demand for training has decreased but the Training Coordinator continues to reach out to faculty and staff, including via virtual postcards with action steps and resources, and by offering more training options and ensuring that content is tailored to shifting needs. A tip sheet for responding to disclosures remotely during COVID-19 was also developed and posted on the university-wide resource site

coronavirus.rutgers.edu, as well as on the university's Sexual Harassment Prevention website, sexualharassment.rutgers.edu**.**

Assessment is an integral part of the program. Evaluations are provided to each participant after every training, and an online form has been created for WebEx programs. These evaluations will be used to gather feedback and will be analyzed for continuous improvement and to ensure that trainings align with Action Collaborative goals. There will also be questions about training and engagement on the upcoming university-wide faculty, student, and staff climate survey, scheduled to be put into the field during Fall 2021. Interventions and training will be modified accordingly, in response to assessment results.

With regard to involvement of stakeholders in the work, this position itself was developed specifically to engage multiple stakeholders. The Training Coordinator spends 50% of her time with University Human Resources, in an effort to streamline training efforts, engage more faculty and staff, and ensure that university policy is appropriately responsive to faculty, staff, and administrators' needs around sexual harassment. The Training Coordinator also works with the leadership of the Rutgers Sexual Harassment Prevention and Culture Change Initiative, Rutgers' National Academies' Action Collaborative representatives, Rutgers' Center on Violence Against Women, University Title IX offices, and all Violence Prevention and Victim Assistance (VPVA) offices in order to coordinate training, share resources, and remain up to date on university services and policies.

In addition to the creation of the toolkit and ambassador program, the next steps will be to continue to respond and adapt to the needs of faculty, staff, and administrators during COVID, including bringing awareness to the fact that sexual and gender-based harassment do not disappear when colleagues and students are working remotely. Because harassment may take different forms, and the responses and interventions need to be tailored accordingly, the Training Coordinator will continue to work to modify training content and offer flexible opportunities as needed. Additionally, because all of the aforementioned work is funded by an external grant that ends in August 2021, the Training Coordinator will continue to explore options for sustainability with university leadership.

Rutgers University Point of Contact Name:

Kaylin Padovano, LMSW

Email Address for Point of Contact:

kaylin@hr.rutgers.edu

Appendix B

Rutgers University Case Example: Logic Model Description of Steps and Application

Steps to Guide the Completion of a Logic Model:
University of Rutgers *"We R Here Staff and Faculty Training Initiative"*

The **first step** in creating the Rutgers University "We R Here Staff and Faculty Training Initiative" logic model was to list the initiative's **Goals** and **Resources** in the corresponding boxes in the first column of the logic model template.

The **second step** in the logic model development process was to list activities described in the case study narrative in the **"Activities"** column of the logic model template. As a part of this process, it is important to have a clear understanding of the different activities/strategies and how they fit together or work in concert to define the initiative. In this step, it also is essential to identify and document the population of focus and which level(s) of the ecological system is targeted. In this case study, for example, faculty and staff are trained directly either in person or virtually, but the content of the training partly focuses on how to support Black students and individuals experiencing sexual harassment. Thus, students and individuals experiencing sexual harassment are populations of focus (indirectly) with respect to training. An important aspect of these initial steps in the logic model development process is an evaluation of the fit or how well the activities will lead to achievement of the goals and the degree to which the resources (i.e., in-kind support, fiscal, human, supplies, equipment) available can support the activities.

The **third step** in the logic model development process is to determine the effects or outcomes of the training initiative and document them in the **"Outcomes"** column of the logic model template. In this case example, there are outcomes or anticipated benefits of the initiative at the individual (e.g., training participant, student) and organizational (e.g., university sexual harassment policy responsive to stakeholder needs) levels. Furthermore, within each of those levels, a chain of outcomes was considered (i.e., which outcomes could be expected in the short term, intermediate term, and long term). It is critical in this phase of the logic model development process to assess the ability of the activities to achieve the desired outcomes. The empirical literature, previous experience and learnings, as well as the underlying theory used to guide the conceptualization and development of the intervention should inform this assessment. If the activities and desired outcomes are incongruent, then modification of the activities *or* the outcomes is required.

The **fourth step** in the logic model development process is documenting the **"Outputs"** or direct products/deliverables that result from the activities. In essence, what is the evidence that the activities took place (e.g., 700 staff/faculty at New Jersey School of Medicine were trained)?

The **fifth** and final step in the logic model development process is to determine "**Indicators**," or the measures that will be used to document achievement of outcomes. These measures can be quantitative (e.g., administrative databases, survey data such as specific measures to be implemented with participants), and/or qualitative (e.g., focus groups, document reviews).

Rutgers University *We R Here Staff and Faculty Training Initiative* - Logic Model

GOALS

1) Clearly define sexual and gender-based harassment,

2) Discuss how sexual harassment manifests in each specific university environment,

3) Provide concrete skills to interrupt sexual harassment in the workplace using trauma-informed, bystander intervention strategies, and

4) Explore concrete action steps to encourage behavior change and to sustainably prevent sexual harassment at Rutgers.

INPUTS

- 1.0 FTE staff and faculty training coordinator
- Multiple stakeholders
- All Rutgers campuses
- Partnership with anti-racist, anti-sexual assault advocate, Wagatwe Wanjuki

ACTIVITIES

Training

- Content
  - Trauma-informed, bystander intervention strategies to address sexual harassment
  - Anti-sexual harassment focused
  - Skills-based
  - Clearly communicate behavioral expectations
  - Intersectionality-focused
  - Incorporate anti-racist, anti-oppressive lens
  - Support to colleagues, staff remotely during COVID
- Implementation
  - In-person and virtual (WebEx) offering
  - Faculty, staff, and student focused (implemented with faculty and staff)
  - Tailor training for different Rutgers campuses, groups
  - Outreach to faculty, staff to participate in training
  - Provision of support to impacted students, colleagues by faculty, staff
  - Implement across all Rutgers campuses
  - Evaluate training

University Policies

- Use policies for action, culture shift

Toolkit

- Developed by training coordinator
- Specific, actionable items
- Best practices for onboarding
- Include:
  - Sample informal policies and behavioral change measures
  - Trauma-informed resources
  - Sample syllabi statements, classroom exercises to encourage discussion
  - Social media templates
  - Department self-assessment tools
- Research, development, dissemination of toolkit

Develop and Sustain Training Initiative

- Engage stakeholders
- Fundraising
- Coordinate within, share across university offices and university
- Streamline and coordinate training efforts, share resources across university
- Remain updated on university services and policy
- Ensure responsive sexual harassment policies

OUTPUTS

Training

- #, type (in-person, virtual; sexual harassment, antiracism), hours of training provided to each campus
- #, characteristics of training participants
  - Trained 700 staff/faculty at New Jersey School of Medicine
- #, type outreach to faculty, staff
- Tip sheet for responding to sexual harassment disclosures remotely developed and posted on university websites

University Policies

- Policies developed/revised

Faculty Ambassador Train-the-Trainer Program

- Program developed

Toolkit

- Toolkit developed

Develop and Sustain Training Initiative

- #, type stakeholders engaged
- # grants written
- #, type resources shared
- #, type stakeholders engaged
- #, type coordination
- #, type resources shared
- Remain updated on university services and policy
- Ensure responsive sexual harassment policies
- Faculty Ambassador Train-the-Trainer Program developed

OUTCOMES

Individual Level

Short-term

- Increased skills of training participants to recognize, correct, and address (interrupt) gender-based sexual harassment in the workplace and among students
- Increased awareness of virtual gender-based and sexual harassment
- Increased support to students and colleagues impacted by gender-based sexual harassment
- Increased support provided by faculty and staff to Black students
- Increased faculty sense of support

Organizational Level

Intermediate-term

- University sexual harassment policy responsive to stakeholder needs
- Increased coordination

Long-term

- Increased culture shift
- Increased sustainable change
- Prevention of sexual harassment in the workplace
- Prevention of sexual harassment in student population