JOURNAL of YOUTH DEVELOPMENT

http://jyd.pitt.edu/ | Vol. 17 Issue 4 DOI 10.5195/jyd.2022.1272 | ISSN 2325-4017 (online)

Implementing Sexual Violence Primary Prevention Programs: A Case Study of Implementer Perspectives

Rachel Jackson-Gordon
University of Cincinnati
rachel.jg@uncc.edu

Jacinda K. Dariotis
University of Illinois at Urbana-Champaign
dariotis@illinois.edu

Bonnie S. Fisher
University of Cincinnati
fisherbs@ucmail.uc.edu

Victoria Dickman-Burnett
Consumer Research 84.51°
dickmavl@mail.uc.edu

Abstract

Sexual violence prevention programs are important for addressing sexual violence and are often implemented in local community and university settings. However, program implementer perspectives are often missing from academic research literature, limiting access to practical knowledge that can provide insights to improving programs and prevention. This study illustrates the landscape of sexual violence primary prevention work in a Midwestern metropolitan area. Seven interviews with community and university implementers took place in 2020, providing information about local prevention programs and expert insights to community prevention culture. Geographic data about implementation locations was also collected to visually assess coverage of preventive services and confirm that the major sub-areas of the metropolitan area were represented by this research. Interviews provided descriptions of local programs implemented with adolescents and young adults which usually took place in school or university settings and focused on healthy relationships. Capacity was most often cited as a challenge faced internally, whereas broader outer contexts may inhibit or support prevention externally. Findings capture the perspectives of sexual violence prevention program implementers, including discussion of tensions related to adaptation versus fidelity and how implementation contexts specific to this programming may influence implementation.

Key words: sexual violence prevention, program implementation, community-based organizations, university-based programming, primary prevention

Introduction

Most sexual violence prevention (SVP) program research literature is researcher-initiated in academic settings and lacks community-based program perspectives, despite community-based programs constituting most rape prevention work nationally (Townsend & Campbell, 2007; 2008). As noted by Davidov et al. (2020) few studies have centered SVP program implementer perspectives, which provide valuable insights into contextual factors that may influence program implementation. Despite the implementation of a large number of prevention programs and growing body of sexual violence research, "the prevalence of sexual violence has remained remarkably stable" (McCauley et al., 2019, p. 1912). In a call for advancing sexual violence research, McCauley et al. (2019) highlighted the need for scholars, activists, and practitioners to mutually inform one another to move this work forward. Addressing the research-to-practice gap through mutual learning will help reduce the long-standing statistic that one in five women and one in 14 men experience completed or attempted rape during their lifetime (Smith et al., 2018).

Why does the prevalence persist? Among a variety of rationales, there is a dearth of studies examining SVP program implementation factors. As described below, effective programs are limited to four, and the role of implementation factors has not been investigated for most. From an implementation science perspective, evaluating the impact of implementation factors—such as context, fidelity, and adaptation—will inform program improvements and could ultimately inform how to reduce the prevalence of sexual violence. Practitioners implementing prevention and intervention programs are critical mechanisms and sources of knowledge (Davidov et al., 2020; McCauley et al., 2019) for mitigating a host of negative consequences for victims and their communities (e.g., Black et al., 2011). Given that practitioner voices are lacking, this study centers practitioner voices to understand what implementation factors and adaptations are needed to improve program acceptability, feasibility, and ultimately outcome effectiveness.

Effectiveness (or Lack Thereof) of Community-Based Sexual Violence Prevention Programs

Since the start of the Centers for Disease Control and Prevention's Rape Prevention and Education (RPE) program in 1994, hundreds of sexual violence prevention strategies have been implemented utilizing community partnerships (Krisberg, 2018). Of these strategies noted by Krisberg (2018), only four programs have documented decreases in sexual violence victimization and/or perpetration in research literature (i.e., *Green Dot*, Coker et al., 2017; *Dating Matters*, DeGue et al., 2020; *Safe Dates*, Foshee et al., 2005; *Shifting Boundaries*, Taylor et al., 2013). Many SVP programs have not demonstrated decreases in sexual violence in rigorous evaluations, and many programs have yet to undergo rigorous

evaluation to determine effectiveness (DeGue et al., 2014). This is understandable given the frequently cited barriers to evaluation, such as funding, for many types of health programs (Huckel Schneider et al., 2016).

There has been increased emphasis on monitoring and evaluation of SVP programs in the past 2 decades (e.g., Basile et al., 2005; DeGue et al., 2012). However, this monitoring and evaluation work does not often formally capture the nuances of complex implementation factors that may influence effectiveness. Knowledge about these implementation factors is held by organizations implementing programs, but the extent to which this knowledge is shared is often limited to practice settings and may not diffuse beyond the implementing organization to academic research settings (e.g., Townsend & Campbell, 2007, 2008).

Similarly, rigorous research or evaluation reports are often siloed in academic research databases—although dissemination efforts outside of academic research databases exist. For example, evidence-based clearinghouses such as Blueprints for Healthy Youth Development (https://www.blueprintsprograms.org) help to ensure that non-researcher communities have access to program evidence bases (Dariotis et al., 2008). However, the extent to which the evidence base is reflected in routine sexual violence prevention program implementation practice settings remains relatively unknown. By actively centering practitioner voices about implementation practices, this study takes the logical next step to address the missed opportunity for bidirectional communication, shared learning, and synergies between practitioners and researchers.

Need for Implementation Focused Studies

Research has consistently demonstrated a clear link between quality implementation and program effectiveness. For example, fidelity to program models or core components has been identified as an integral piece of effective implementation (Durlak & DuPre, 2008; Feagans Gould et al., 2014; Proctor et al., 2011), although the balance between fidelity and need to adapt to local contexts is often discussed (e.g., Chambers et al., 2013). Implementation science literature emphasizes the importance of understanding implementation contexts as factors that influence fidelity and adaptations with implications for effectiveness (e.g., Chambers et al., 2013; Damschroder et al., 2009, 2022).

There is an inherent tension between the most controlled study designs (i.e., randomized control trials) needed to demonstrate efficacy and designs that allow for adaptations to be investigated. Translating findings from controlled study designs to programs implemented in day-to-day settings is a challenge in translational research, as rigorous controlled trials that privilege internal validity typically limit knowledge production about implementation factors or potential for generalizability to differing

geographic contexts (e.g., Chambers et al., 2013; Wallerstein & Duran, 2010). In a scoping review of research literature on *Green Dot, Safe Dates,* and *Shifting Boundaries,* Jackson-Gordon (2022) found that (a) most published documents reported on rigorous evaluations and (b) there is limited implementation research or insight regarding barriers and facilitators of successful SVP program implementation. The available SVP program implementation literature is helpful but limited in scope, typically focusing on specific implementation outcomes (e.g., adoption) with specific programs (e.g., Davidov et al., 2020; Edwards et al., 2019; Luo et al., 2020; Noonan et al., 2009).

The Need for Practitioner Voice

Serving as a framework for the current study, the Consolidated Framework for Implementation Research (CFIR) highlights the implementation context as a "dynamic and diverse array of forces working for or against implementation efforts," (Damschroder et al., 2022, p. 2). Many of these forces can be categorized as either inner- or outer-setting characteristics (Damschroder et al., 2009). For example, external policy is one outer-setting characteristic of a program or organization that may influence implementation. In the context of sexual violence prevention, programs may be bound by state-level policies on sex education (e.g., SIECUS, 2022). Internally, organizational resources may pose limits on effective implementation. Practitioners implementing SVP programs in their communities are expert resources for learning about the forces influencing implementation. Research is needed to capture the perspectives of sexual violence prevention program implementers to inform our understanding of implementation practices, barriers, and facilitators that undergird program success in varying geographic areas.

Current Study

The current study sought to examine sexual violence prevention program implementation from the perspective of program implementers working with local programs in a Midwestern metropolitan area. Key objectives were to document broadly (a) the types of prevention work being done in community and university settings, and (b) perceived strengths and barriers to successful prevention program implementation. Following are the primary research questions that guided the current qualitative interview study:

1. What components (content, format) are included in sexual violence primary prevention initiatives and/or programs? What settings are they implemented in? Who is reached in this metropolitan catchment area?
2. What facilitators and/or barriers influence program implementation within the organization as well as external broader contexts?
3. What strategies or changes would improve sexual violence prevention efforts' reduction of sexual violence in the community?

Methods

Sampling and Recruitment

Eleven entities (e.g., organizations or universities) that implement sexual violence-related programs in the specified metropolitan area were identified across Internet searches and referrals. These entities were contacted via email or phone. The researcher was then connected with potential interview participants. Participants were eligible for interviews if they were involved with sexual violence primary prevention efforts that consisted of structured programming and worked within the geographic area. Repeated referrals by interviewees revealed which organizations were well known for this work and ensured those organizations were represented by participants. This study received an exempt determination from the associated institution's IRB.

Setting

The Midwestern metropolitan area where this study took place is a three-state area characterized by a mix of urban, suburban, and rural communities and is home to several universities and colleges and local community organizations. According to the Sexuality Information and Education Council of the United States (SIECUS), none of the three states encompassed by the area currently legally require comprehensive healthy relationship or consent content to be taught during sex education curricula (SIECUS, 2022).

Geographic Map Development

Geographic mapping was utilized to visualize organization and program implementation coverage. A map of the metropolitan area was first constructed. Then, an initial internet search was conducted to identify existing, publicly known services and programs. These were indicated on the map. Next, through participant interviews with program implementers, program implementation settings (e.g., partner schools) were provided and added to the map. Geographic mapping results visually showed that program provision extended throughout the metropolitan area, indicating that major service areas were represented in this study and that programs reached urban, rural, and suburban communities. To protect organization privacy and safety, the map is not shown.

Participants

Of the 11 community organizations or universities contacted, two did not respond; nine participated in interviews. Two of nine interviews focused on the same program implemented by different organizations and were excluded from analysis because of dominant focus on secondary prevention; further, the primary prevention element focused on victimization risk reduction. No new organizations were

identified by interviewees. In total, interviews from three university-based departments and four community-based organizations were included, constituting six interviews and one group interview (N = 9 females; n = 8 White; n = 1 Hispanic; N = 9 Bachelor's Degree or higher). Interviewees were all responsible for different aspects of program implementation and included program/department directors (n = 4), managers/coordinators (n = 2), educators (n = 2), or advocates (n = 1).

Procedures

Interviews were conducted and recorded by the first author—an academic researcher who is focused on sexual violence prevention—between January and March 2020 and lasted approximately 60 minutes. All but one were face-to-face. Interview question topics included program content and implementation practices as well as an open-ended discussion. Example questions included: "What content does the program cover?" "What challenges do you face with implementing this program?" The interview protocol development was informed broadly by the implementation science literature and the three research questions. Research Question 1 was addressed by protocol questions targeting core program components (e.g., Feagans Gould et al., 2014). Research Questions 2 and 3 were addressed by interview questions drawing from barriers and facilitators literature based on different implementation contexts (e.g., inner and outer contexts; Damschroder et al., 2009). The protocol was developed iteratively by the authors, each with expertise in primary prevention and program evaluation.

Analysis

Verbatim transcripts were coded using MAXQDA (VERBI Software, 2019) to conduct thematic analysis (Braun & Clarke, 2006). A priori program feature domains (e.g., program content, target recipients, etc.) were used to initiate the analysis. Data generated from open-ended questions were inductively analyzed. A codebook of a priori program domains and emergent codes was developed, refined, and finalized. Two of the seven transcripts were independently coded using the codebook (by first and last author); coding disagreements—mostly regarding the amount of text given to a specific code—were resolved through discussion until consensus was reached. Coding patterns and content were used to develop program summary descriptions and themes across programs.

Results

Findings are organized corresponding to the three research questions, beginning with a summary of sexual violence prevention work taking place in the target area before continuing to two emergent themes related to factors that facilitate or impede effective implementation in the area. The findings conclude with two themes which help answer the third research question about strategies for improving sexual violence prevention in the area.

Summary of Program and Implementation Characteristics

To answer the first research question—about program components, settings, and recipients—implementation factors are summarized for organizational, setting, and program levels. At the organizational level, all offered multiple programs or events that addressed sexual violence or a related topic (e.g., healthy relationships), typically to reach different audiences, rather than focusing on a single program. Regarding settings, most were implemented in middle or high schools or on university campuses, whether in classrooms or at school-sponsored events.

Programs ranged from locally developed programs designed specifically to meet needs of intended program recipients to nationally recognized programs (e.g., Safe Dates) with varying levels of established evidence of effectiveness. Three programs having evidenced effectiveness in preventing victimization and perpetration with adolescents (Green Dot, Safe Dates, Shifting Boundaries; e.g., Coker et al., 2017; Foshee et al., 2005; Taylor et al., 2013) emerged as programs being implemented in the area, although implementers noted modifications. Program duration ranged from one session, which was common in college settings, to multi-session formats more common to middle and high schools. Multi-session programs typically included four- to 10-session curricula. Approaches to programming included psychoeducational sessions, bystander engagement, or a combination. School-based programs typically targeted the general student body with a few specific to subgroups (e.g., student athletes). The most commonly covered topics were healthy relationships and consent.

Emergent Themes

Qualitative thematic analysis of interview data revealed themes and subthemes. These are identified and summarized with related considerations in Table 1. These themes pertain to facilitators and barriers within and outside of organizational contexts.

Table 1. Summary of Emergent Themes

Theme	Subtheme(s)	Description	Considerations
Funding uncertainty and staff capacity hinder the provision of prevention programming and program evaluation.	NA	Participants indicated cyclical challenges related to lack of resources (including funding), which lead to staffing and evaluation challenges.	One specific challenge identified for staffing related to staff viewing the position as a stepping stone. Organizations could consider assigning multiple educator levels, so staff have opportunity for advancement. Related to evaluation funding, programs could partner with universities (e.g., work with graduate students to evaluate programming).
External to the organization, progress in sexual violence prevention and broader sociocultural contexts influence prevention programming.	• Advancements in sexual violence prevention show promise for increasing widespread effectiveness. • While traditional sociocultural norms that hinder prevention persist, there is growing support for addressing sensitive topics like sexual violence.	Related to outer setting characteristics, there are many forces external to the organization that influence the successful implementation of programming. Two subthemes emerged: 1. Advancements in the field, and 2. Sociocultural progress.	Despite ongoing external challenges, the participants perceived broader changes positively for advancing SVP work.
Implementers modify their programming to increase developmental, cultural, and contemporary relevance to recipients.	Modifications may be contingent on policies or practices of gatekeepers such as program developers, funders, or school districts.	Participants noted program modification for several reasons. Modifications were sometimes limited or required by external forces.	The subtheme helps to explain challenges with maintaining fidelity of implementation, with implications for program effectiveness. Organizations may consider seeking funding with explicit flexibility.

Table 1. (continued)

Theme	Subtheme(s)	Description	Considerations
There is a need for life-long learning strategies and improved infrastructure.	• Sexual violence prevention-related messages should begin during childhood to increase the saturation of ideas. • Improvements in infrastructure through supportive policies, community networks, and partnerships are needed.	Two ways to improve community SVP were identified and include targeting younger audiences and advancing infrastructure through policy and networking.	At least one of the organizations represented had started a program for elementary-aged children. Multiple interviewees indicated ebbs and flows in community networking across organizations (e.g., cross-cutting meetings that had once taken place). Communities could consider hiring someone to champion this effort.

Factors Facilitating or Impeding Implementation

Two themes emerged that answer the second research question about facilitators and barriers within and outside of organizational contexts.

Theme 1: Funding uncertainty and staff capacity hinder the provision of prevention programming and program evaluation. Participants reported funding and capacity as challenges. All but one implementer remarked about continual grant application stress and uncertainty of funding. Capacity emerged as an issue related to funding. When asked how programming could be improved, one implementer said "I feel like it's a cop-out answer, but . . . if there was more funding . . . We could hire more prevention educators . . . We could work on saturating the participants." Two participants explicitly noted high levels of staff turnover; one attributed turnover to staff viewing the job as a stepping stone, or lack of support in the position.

Limited conduct of program evaluations also emerged, related to capacity and funding. Implementers typically implemented only post-program surveys, with some exceptions of pre- and post-program surveys. Evaluation surveys typically assessed changes in knowledge, willingness to intervene for bystander programs, and process information for improving future iterations of implementation. Implementers also noted using anecdotal stories, social media, or attendance tracking as indicators of program success. One participant noted the value of evaluations:

> *Wouldn't that be amazing if we had the ability to hire an evaluator? . . . Not just because we're likely to get more funds if we can show that the programs are effective, but just internally we want to know that the work that we're doing is actually having an impact on the community.*

This comment illustrates a cyclical challenge—implementers need evaluation data to secure grant monies to continue programming, but they need additional funding to facilitate evaluations.

Theme 2: External to the organization, progress in sexual violence prevention and broader sociocultural contexts influence prevention programming. This theme can be encapsulated by two emergent subthemes relating to the influence of progress. The implementers seemed hopeful about perceived progress outside of the organization in preventing sexual violence despite ongoing barriers.

Subtheme: Advancements in sexual violence prevention show promise for increasing widespread effectiveness. Discussion of advancements in the field emerged in four interviews. Implementers noted an increased focus on prevention as well as shifts in prevention strategies. Two implementers highlighted the change to a community-level prevention approach. A couple of implementers noted the increased saturation of prevention activities at college and university settings: "It feels like we're entering a whole different time in terms of like . . . it's amazing that we have representation from so many different offices working on the program." Finally, one implementer discussed how research and learning about what does not work has influenced programming to make it more effective, concluding, "I'm really proud of getting to be a part of kind of what feels like a new wave of terminology and language that we're using in the field." These ideas suggest prevention programs are spreading and using more effective approaches in routine settings.

Subtheme: While traditional sociocultural norms that hinder prevention persist, there is growing support for addressing sensitive topics like sexual violence. Broader sociocultural contexts (e.g., schools, policies) impact sexual violence prevention programming. Implementers noted challenges at every social ecological level, from the impact of national politics on sources of funding to parental disinterest or resistance to programming in schools. One of the implementers described their setting as "behind on the times" and unaccepting of discussion related to sex or rape culture, posing challenges for implementing programs in schools. Additionally, two implementers described policy-related barriers to implementing their program content in schools. For example, one implementer reported,

> *They [the school district] got some kind of funding, but the only way they could get this special funding was to become an abstinence-based district . . . the funding has long since worn out, but they have maintained that status.*

However, interviewees also indicated many schools welcomed prevention programming. One interviewee highlighted that schools partnering with their organization acknowledged the link between well-being and academic outcomes:

> *The schools . . . are really invested in providing as many services as they can for their kids because they know that a lot of the stuff that the kids are dealing with. . . . It's keeping them from learning.*

Another implementer noted the importance of connections with resource coordinators for school–organization partnerships.

Implementers also identified positive sociocultural changes, especially surrounding youth willingness to discuss related topics (e.g., mental health). For example, two implementers reported changes in participant willingness and preexisting knowledge since they began their position in the field. Further, another implementer perceived that sexual harassment has become less tolerable in our culture over past decades. A couple of implementers indicated that recent broader national conversations related to health, well-being, and prevention may have facilitated some of these positive changes. The perceived positive changes may lead to the next generation of parents and school staff, for example, to be more accepting of programming.

Program Adaptations and Improvements

Relevant to the second research question about decreasing sexual violence in the community, two themes emerged.

Theme 1: Implementers modify their programming to increase developmental, cultural, and contemporary relevance to recipients. Modifications to programming were mentioned in five interviews. Beyond expected modifications, such as condensing sessions from a snow day, modifications typically took the form of adaptations to increase relevance and engagement. Modifications for relevance related to developmental appropriateness, cultural differences in the implementation context, or older programs in need of updates. One implementer detailed language modification for developmental appropriateness:

> *We pretty much spent a solid year going through adapting, working on it . . . the original [program content] . . . just felt outdated or felt too young . . . there are very few things that middle school students hate more than being talked to like they're children.*

Another implementer noted that original program graphics were updated because students homed in on the outdated graphics during delivery.

Subtheme: Modifications may be contingent on policies or practices of gatekeepers such as program developers, funders, or school districts. Modifications were also made or limited by several stakeholders—program developers, funders, and school districts emerged in conversation. One implementer described modifying the program to increase cultural relevance, indicating that program developers influence decision making:

> *It is a national curriculum. We have modified ours within the limits allowable by the people who created the curriculum just to fit our populations. . . . Our inner-city kids are much different than our rural kids.*

Another implementer also noted that program elements were added to an existing curriculum to meet grant requirements. Further, one implementer described fluctuating limitations in what content could be delivered based on who was providing funding at a given time and within which school district. In sum, modifications are made (or not) due to a variety of variables. These factors also help to explain why programs delivered in schools rarely maintain fidelity (Dariotis et al., 2008).

Theme 2: There is a need for lifelong learning strategies and improved infrastructure. This theme focuses on external contextual factors that may support prevention programming and it includes two subthemes.

Subtheme: Sexual violence prevention-related messages should begin during childhood to increase the saturation of ideas. The need for repetitive messaging or starting education about consent and healthy relationships at young ages emerged during all interviews. University implementers noted the sense of "working uphill" when teaching young adults:

> *By the time students get to campus, it's already too late to have these conversations, and [another organization] is really doing a lot of that forefront talking to middle school and high school about all of these things . . .by the time they get here we're trying to undo a lot of the work that they've already learned.*

Still, implementers working with middle and high school students felt the work should start even earlier. One implementer discussed the importance of young children learning consent:

> *From the time that kids are little that you're talking about, you don't have to call it consent . . .but it is consent. It's, "Were you okay with being hugged? Okay with someone touching you?" So that the first time that students hear from us, it's not "This is sexual violence and don't do these things."*

A couple of implementers noted elementary-level work implemented by their organizations focused on character building or general social–emotional skills. Relatedly, others mentioned the need to educate parents so they "feel equipped" to have these kinds of conversations.

Subtheme: Improvements in infrastructure through supportive policies, community networks, and partnerships are needed. Two categories for improvement emerged during discussion related to this subtheme: (a) policies to support programming and victims/survivors and (b) partnerships and networking with entities receiving programming and other agencies/organizations. Policies for programming were discussed briefly, where policies have inhibited school entry or left program funding uncertain. Policies to support victims/survivors emerged when asking about what implementers thought the metropolitan area could work on to support sexual violence prevention. Implementers noted the legal system and community needs to improve responses to violence and hold perpetrators accountable:

> *When something happens and people are kind of blaming the victim or not supportive, that speaks volumes to how the community, how seriously they take something and kind of what their values are. . . . I think all of that is part of a prevention plan too.*

Finally, partnerships and coordination of various resources emerged during interviews, with varying levels of perceived success. For example, while some of the implementers recalled resistance to programming from certain schools or communities, they also indicated most collaborating entities were supportive of prevention work. Regarding connections between different agencies or organizations, some implementers perceived their organizations were in-tune with others, whereas others felt collaboration was lacking in their area: "I think what's missing is just like the coordinated effort." Implementers noted the importance of working together:

> *I get so frustrated when we . . . work in silos because we know that all of this type of work is work related to suicidality, mental health, substance use and abuse, gender-based violence, homelessness, or food insecurity. All of these things are so interconnected.*

Based on this logic, optimizing partnerships and networks could improve outcomes for other social issues as well.

Discussion

The current study provided a brief but comprehensive overview of sexual violence primary prevention work in the targeted midwestern metropolitan area from the perspectives of program implementers. Findings are interpreted in the context of implementation science and other take-aways to advance SVP programming.

From a theoretical perspective, findings can be interpreted in consideration of the CFIR (Damschroder et al., 2009, 2022) and implementation outcomes (e.g., fidelity; Proctor et al., 2011). The emergent themes reflected the various inner and outer setting forces specific to SVP that can help or hinder program implementation. Notably, participants highlighted that some changes in the field and sociocultural context (outer setting) are facilitating implementation success. Although varied across settings, the acceptability of SVP programming to many schools suggests change over time. For example, Basile et al. (2005) found that 87% of RPE-implementing-body respondents reported community sensitivity about sexual violence was a major barrier to implementation. This comparison provides a foundation to evaluate a potential trend in overall acceptability of SVP programs—another implementation outcome (Proctor et al., 2011)—in future research.

If acceptability has improved, it is unclear whether communities are welcoming the topic more, or if implementing bodies have learned how to market programming to be more acceptable. Implementers indicated that programs are packaged as healthy relationships rather than sexual violence and its prevention. This approach may increase buy-in to the program at school levels, as many states require some healthy relationship content to be provided, including two of the three states included in the current study. However, none of the three included states require that healthy relationship instruction include teaching about consent (SIECUS, 2022). As noted by Foshee et al. (1996), covering content mandated by the state (such as healthy relationships as applied to this study) may help to build support for the program. Taken together, implementers have complex issues to navigate to achieve buy-in, especially if serving multiple areas with different requirements. Packaging programs that prevent sexual violence as healthy relationships may help.

Intervention characteristics, including adaptability, also constitute an important element of the CFIR (Damschroder et al., 2009). As noted previously, the tension between adaptation to better fit local contexts and fidelity to program models is well-documented (Chambers et al., 2013; Damschroder et al., 2009), including whether adaptations are fidelity-consistent or inconsistent (Wiltsey Stirman et al., 2019). Changes to the SVP programs, such as updating material graphics, are unlikely to decrease the effectiveness of a program and may actually increase effectiveness due to increased appropriateness. However, altering program content to align with abstinence-focused policy may very well impact core program components and therefore effectiveness at prevention. Several implementers reported that programs with demonstrated effectiveness in preventing sexual violence are being utilized, albeit with modifications for their contexts. Further work to identify core components across prevention strategies may be key to influencing funding requirements or advancing sex education policies.

Internally, inconsistent funding and limited capacity inhibit the realization of prevention on a large scale. Given the high prevalence and detrimental impacts of sexual violence, it is crucial to resource these primary prevention initiatives. Unfortunately, implementers indicate fluctuations in funding opportunities for different reasons. For example, at the national level, the Violence Against Women Act (VAWA) provides funding to prevent sexual violence and has led to decreases in rape (Boba & Lilley, 2009). However, VAWA requires periodic reauthorizations for updating programming (Ohio Alliance to End Sexual Violence, n.d.), thus creating lags in legislative progress and influencing funding. This intersection of contextual forces from inner and outer settings exemplifies the complexity of successful implementation.

Findings also revealed programs implemented by community organizations almost exclusively focus on youth engaged in school—primary or secondary education. This partially meets the need of reaching youth under age 25 before they are first victimized (Smith et al., 2018). However, these programs miss a particularly vulnerable population: youth not currently enrolled in school who cannot access these programs. In 2019, the status dropout rate included two million 16 to 24-year-olds (rate of 5.1%) who were not enrolled in school and had not earned a high school diploma or GED (National Center for Education Statistics, 2021). High school dropouts are at increased risk of committing crime (Maynard et al., 2015), although it is unclear whether they are more likely to perpetrate sexual violence. The importance of reaching youth before first victimization—even before high school—reinforces the implementers' assertion that programs should target even younger groups, since identifying common places to reach youth who exit the education system early may be more challenging.

Strengths and Limitations

This research contributes to bridging the gap between practice and research by increasing the availability of practitioner experiences in academic literature, although much of this information is unlikely to be new for implementers. The mapping and referral strategies used helped to ensure representation of the work being done in the geographic area and justify the small sample. However, only a narrow picture of prevention was included—secondary and tertiary prevention programs as well as organizations and their potential programs exclusively focused on specific types of sexual violence (e.g., sex trafficking) were not included. Additionally, the broad scope of topics covered during interviews inhibited the full exploration of different topics or emergent ideas. For example, one study alone could focus on the issues related to program modifications.

Future Directions

This research could be extended by others to cover different elements in depth (e.g., program content and modifications) or used generally as a foundation for future study protocols. Results could inform

policies, practices, or program planning—particularly related to the areas identified for improving prevention in the area (lifelong learning and infrastructure). As noted by one reviewer, the themes identified here could also be used as a basis for a practitioner needs assessment. As researchers continue to produce rigorous evaluation studies and practitioners continue to implement prevention programming, collaboration is important for advancing prevention work. Community-based participatory research (CBPR) approaches may be helpful (Wallerstein et al., 2017). Staying up to date on research and practice supports optimal prevention so that we can actively decrease the prevalence of sexual violence and promote safe and healthy communities.

Author Note

We would like to thank the participants for doing this important prevention work and sharing their experiences to contribute to this research. The authors received no financial support related to this research or article.

References

Basile, K. C., Lang, K. S., Bartenfeld, T. A., & Clinton-Sherrod, M. (2005). Evaluability assessment of the Rape Prevention and Education Program: Summary of findings and recommendations. *Journal of Women's Health, 14*(3), 201–207. https://doi.org/10.1089/jwh.2005.14.201

Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). *The national intimate partner and sexual violence survey (NISVS): 2010 summary report.* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention https://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf

Boba, R., & Lilley, D. (2009). Violence against women act (VAWA) funding: A nationwide assessment of effects on rape and assault. *Violence Against Women, 15*(2), 168–185. http://dx.doi.org/10.1177/1077801208329146

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Chambers, D. A., Glasgow, R. E., & Stange, K. C. (2013). The dynamic sustainability framework: Addressing the paradox of sustainment amid ongoing change. *Implementation Science, 8*(1), 1–11. https://doi.org/10.1186/1748-5908-8-117

Coker, A. L., Bush, H. M., Cook-Craig, P. G., DeGue, S. A., Clear, E. R., Brancato, C. J., Fisher, B. S., Recktenwald, E. A. (2017). RCT testing bystander effectiveness to reduce violence. *American Journal of Preventive Medicine, 52*(5), 566–578. https://doi.org/10.1016/j.amepre.2017.01.020

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science, 4*(1). https://doi.org/10.1186/1748-5908-4-50

Damschroder, L. J., Reardon, C. M., Opra Widerquist, M. A., & Lowery, J. (2022). Conceptualizing outcomes for use with the consolidated framework for implementation research (CFIR): The CFIR outcomes addendum. *Implementation Science, 17*(7), 1–10. https://doi.org/10.1186/s13012-021-01181-5

Dariotis, J. K., Bumbarger, B. K., Duncan, L. G., & Greenberg, M. T. (2008). How do implementation efforts relate to program adherence? Examining the role of organizational, implementer, and program factors. *Journal of Community Psychology, 36*(6), 744–760. https://doi.org/10.1002/jcop.20255

Davidov, D. M., Hill, K., Bush, H. M., & Coker, A. L. (2020). The green light for Green Dot: A qualitative study of factors influencing adoption of an efficacious violence prevention program in high school settings. *Violence Against Women, 26*(12-13), 1701–1726. https://doi.org/10.1177/1077801219886377

DeGue, S., Niolon, P. H., Estefan, L. F., Tracy, A. J., Le, V. D., Vivolo-Kantor, A. M., Little, T. D., Latzman, N. E., Tharp, A., Lang, K. M., & Taylor, B. (2020). Effects of dating matters® on sexual violence and sexual harassment outcomes among middle school youth: A cluster-randomized controlled trial. *Prevention Science*, *22*(2), 175–185. https://doi.org/10.1007/s11121-020-01152-0

DeGue, S., Simon, T. R., Basile, K. C., Yee, S. L., Lang, K., & Spivak, H. (2012). Moving forward by looking back: Reflecting on a decade of CDC's work in sexual violence prevention, 2000–2010. *Journal of Women's Health, 21*(12), 1211–1218. https://doi.org/10.1089/jwh.2012.3973

DeGue, S., Valle, L. A., Holt, M. K., Massetti, G. M., Matjasko, J. L., & Tharp, A. T. (2014). A systematic review of primary prevention strategies for sexual violence perpetration. *Aggression and Violent Behavior, 19*(4), 346-362. https://doi.org/10.1016/j.avb.2014.05.004

Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology, 41*(3-4), 327-350. https://doi.org/10.1007/s10464-008-9165-0

Edwards, K. M., Waterman, E. A., Lee, K. D. M., Himlin, L., Parm, K., & Banyard, V. L. (2019). Feasibility and acceptability of a high school relationship abuse and sexual assault bystander prevention program: School personnel and student perspectives. *Journal of Interpersonal Violence*, 1–16. https://doi.org/10.1177/0886260518824655

Feagans Gould, L., Mendelson, T., Dariotis, J. K., Ancona, M., Smith, A. S. R., Gonzalez, A. A., Smith, A. A., & Greenberg, M. T. (2014). Assessing fidelity of core components in a mindfulness and yoga intervention for urban youth: Applying the CORE Process. *New Directions for Youth Development*, 142, 59–81. https://doi.org/10.1002/yd.20097

Foshee, V. A., Bauman, K. E., Ennett, S. T., Suchindran, C., Benefield, T., & Linder, G. F. (2005). Assessing the effects of the dating violence prevention program "Safe Dates" using random coefficient regression modeling. *Prevention Science, 6*(3), 245–258. https://doi.org/10.1007/s11121-005-0007-0

Foshee, V. A., Fletcher Linder, G., Bauman, K. E., Langwick, S. A., Arriaga, X. B., Heath, J. L., McMahon, P. M., & Bangdiwala, S. (1996). The safe dates project: Theoretical basis, evaluation design, and selected baseline findings. *American Journal of Preventive Medicine, 12*(5), 39-47. https://doi.org/10.1016/S0749-3797(18)30235-6

Huckel Schneider, C., Milat, A. J., & Moore, G. (2016). Barriers and facilitators to evaluation of health policies and programs: Policymaker and researcher perspectives. *Evaluation and Program Planning*, *58*, 208–215. https://doi.org/10.1016/j.evalprogplan.2016.06.011

Jackson-Gordon, R. (2022). *Adolescent sexual violence prevention program implementation and sustainability: A mixed methods dissertation* [Doctoral dissertation, University of Cincinnati]. OhioLINK Electronic Theses and Dissertations Center. http://rave.ohiolink.edu/etdc/view?acc_num=ucin1649771242502504

Krisberg, K. (2018). CDC rape prevention program brings health lens to violence. *The Nation's Health*, *48*(2), S1–S6.

Luo, F., DeGue, S., & Le, V. D. (2020). Estimating from the payer perspective the implementation cost of Dating Matters®: A comprehensive teen dating violence prevention model. *Journal of Interpersonal Violence*. https://doi.org/10.1177/0886260520980389

Maynard, B. R., Salas-Wright, C. P., & Vaughn, M. G. (2015). High school dropouts in emerging adulthood: Substance use, mental health problems, and crime. *Community Mental Health Journal, 51*(3), 289–299. https://doi.org/10.1007/s10597-014-9760-5

McCauley, H. L., Campbell, R., Buchanan, N. T., & Moylan, C. A. (2019). Advancing theory, methods, and dissemination in sexual violence research to build a more equitable future: An intersectional, community-engaged approach. *Violence Against Women, 25*(16), 1906–1931. https://doi.org/10.1177/1077801219875823

National Center for Education Statistics. (2021). *The condition of education 2021* [NCES 2021-144]. U.S. Department of Education. https://nces.ed.gov/programs/coe/pdf/2021/coj_508c.pdf

Noonan, R. K., Emshoff, J. G., Mooss, A., Armstrong, M., Weinberg, J., & Ball, B. (2009). Adoption, adaptation, and fidelity of implementation of sexual violence prevention programs. *Health Promotion Practice, 10*(1), 59S-70S. https://doi.org/10.1177/1524839908329374

Ohio Alliance to End Sexual Violence. (n.d.). *The Violence Against Women Act of reauthorization of 2021* [Fact sheet]. https://oaesv.org/wp-content/uploads/2021/04/factsheet_vawa_2021.pdf

Proctor, E., Silmere, H., Silmere, H., Raghavan, R., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research, 38*(2), 65–76. https://doi.org/10.1007/s10488-010-0319-7

SIECUS. (2022). *Sex ed state law and policy chart: SIECUS state profiles: Jan. 2022*. https://siecus.org/wp-content/uploads/2022/01/2021-Sex-Ed-State-Law-and-Policy-Chart-4.pdf

Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., Chen, J. (2018). *The national intimate partner and sexual violence survey (NISVS): 2015 data brief* – updated release. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Taylor, B. G., Stein, N. D., Mumford, E. A., & Woods, D. (2013). Shifting boundaries: An experimental evaluation of a dating violence prevention program in middle schools. *Prevention Science, 14*(1), 64–76.

Townsend, S. M., & Campbell, R. (2007). Homogeneity in community-based rape prevention programs: Empirical evidence of institutional isomorphism. *Journal of Community Psychology, 35*(3), 367–382. https://doi.org/10.1002/jcop.20153

Townsend, S. M., & Campbell, R. (2008). Identifying common practices in community-based rape prevention programs. *Journal of Prevention & Intervention in the Community, 36*(1-2), 121–135. https://doi.org/10.1080/10852350802022399

VERBI Software. (2019). MAXQDA 2020 [computer software]. VERBI Software. Available from maxqda.com.

Wallerstein, N., & Duran, B. (2010). Community-based participatory research contributions to intervention research: The intersection of science and practice to improve health equity. *American Journal of Public Health*, *100*(S1), S40–S46. https://doi.org/10.2105/AJPH.2009.184036

Wallerstein, N., Duran, B., Oetzel, J., & Minkler, M. (2017). *Community-based participatory research for health: Advancing social and health equity* (3rd ed.). Jossey-Bass.

Wiltsey Stirman, S., Baumann, A. A., & Miller, C. J. (2019). The FRAME: An expanded framework for reporting adaptations and modifications to evidence-based interventions. *Implementation Science*, *14*(58), 1–10. https://doi.org/10.1186/s13012-019-0898-y