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HEALTHY RELATIONSHIP APPROACHES to Sexual Assault Prevention

Programs and Strategies for Use Within the U.S. Military

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Introduction

This guide aims to provide U.S. Department of Defense (DoD) and U.S. military prevention teams and leaders with an overview of a healthy relationship approach to sexual assault prevention, an explanation of why it could be an effective tool, and strategies for implementing a program within their commands.

A healthy relationship approach to sexual assault prevention is an innovative concept that aims to teach individuals the skills they need to create mutual and respectful professional and personal relationships that leave no room for sexual assault.

Innovative approaches to violence prevention can be part of an effective tool set for leaders and prevention professionals charged with ensuring a safe workplace for service members.

> The Department's approaches have worked, but we have much more to do. The challenges posed by sexual assault constantly evolve; our efforts must also adapt.
>
> *—Mark Esper*[1]

Role of Relationships in Sexual Assault Prevention

What Is a Healthy Relationship Approach to Sexual Assault Prevention?

For decades, sexual assault prevention programs have focused on teaching people what not to do. In an effort to convince people to reject sexual assault, instructors have explained the definition of sexual assault and described the consequences of sexual assault for both victims and perpetrators.

A healthy relationship approach to sexual assault prevention is different. This approach teaches people the skills and expectations to support mutual and respectful relationships. The guiding logic is that if people in relationships believe that they deserve respect from and owe respect to their partners, they will be more likely to pursue only consensual sex and avoid disrespectful and abusive incidents. In turn, by expecting respect within their relationships and rejecting the types of relationships that increase risk for sexual violence, the individual decreases their risk for perpetrating and being victimized by sexual violence.

Most healthy relationship programs have focused on intimate relationships; however, some teach positive interpersonal skills for the workplace. Healthy professional relationships may also help prevent sexual assaults by reducing inappropriate workplace behavior, such as sexual harassment, that can create a climate that ignores or condones sexual assault.

Providing training that supports healthy relationships can be an important component of a sexual assault portfolio. However, this approach alone will not be adequate. Many risk factors contribute to the number of sexual assaults within an organization (see next page), and healthy relationship programs will help reduce only some risk factors, not all of them. As outlined in the *Department of Defense Prevention Plan of Action*,[2] sexual assault prevention requires (1) a comprehensive approach (2) with integrated prevention activities (3) that simultaneously target different risk and protective factors (4) with the goal of together driving down sexual assault incidents in the organization. That is, healthy relationship programming should be used as one part of a comprehensive prevention portfolio. It should not stand alone.

Risk Factor
Any personal characteristic or aspect of the environment that *increases* the chances of sexual assault

Protective Factor
Any personal characteristic or aspect of the environment that *decreases* the chances of sexual assault

Characteristics That Increase Risk For

Sexual Assault Victimization	Sexual Assault Perpetration
Women (relative to men)	Men (relative to women)
Age (younger)	Age (younger)
Sexual minority	Prior sexual assault perpetration
Prior sexual victimization	Childhood emotional or physical abuse
Pay grade (lower)	Belief in ideas that justify rape in certain circumstances and blame victims for the assault
Enlisted (relative to officer)	Alcohol intoxication
Alcohol intoxication	Fewer dating and sexual partners
Unmarried	Peers accept sexual harassment and sexual assault
Duty station transitions	
Member of Army, Navy, or Marine Corps (relative to the U.S. Air Force)	
Basic Training	
Higher proportion of workplace is male	
Sexual harassment	
Peers accept sexual harassment	

Why Should We Consider Including Healthy Relationship Approaches in Our Sexual Assault Prevention Portfolio?

Despite decades of prevention efforts, the prevalence of sexual assault in civilian and military communities has not substantially declined.[3] Although contemporary approaches to sexual assault prevention show promise,[4] traditional approaches, such as raising sexual assault awareness and increasing victim empathy, have had limited success.[5] Although there is no roadmap to guide a community toward an environment free of sexual assault, historical approaches alone will not get us there. We must investigate and try new routes.

One advantage to focusing on healthy relationships (rather than directly arguing against sexual assault) is that it is a less antagonistic approach for some audiences. Some young men—an important audience for sexual assault prevention guidance—are resistant to messages that imply that they could be perpetrators.[6] They may tune out messages that appear to be targeted to perpetrators and, in doing so, may miss important messages about undermining cultural norms that perpetuate sexual assault or reporting options for those who experience assault. It may also be that lecture-based and awareness-raising strategies are unlikely to have effects on behavior that lasts months or years.[7]

Men who are at high risk of sexual assault are more likely than low-risk men to react negatively to messages that appear to be targeted to perpetrators.

Research shows that learning new skills is easier than unlearning old behaviors.

Moreover, and perhaps more important, men who are at high risk of sexual assault are more likely than low-risk men to react negatively to messages that appear to be targeted to perpetrators.[8] One study found that sexual assault perpetrators actually reported more sexually coercive behavior at follow-up after watching a video of a rape victim who described the long-term harm caused by her rapist.[9] This means that the men with the greatest risk for violent behavior may have left the program more dangerous than before participating in it. It is possible that a healthy relationship approach, providing the skills to find and maintain a mutually supportive and respectful relationship, would reduce the likelihood of negative reactions to traditional sexual assault prevention information.

Research shows that learning new skills is easier than unlearning old behaviors.[10] Human brains are wired to gain new knowledge and skills more readily than they forget things that were previously learned.[11] For example, effective juvenile delinquency prevention programs teach prosocial skills and activities, instead of focusing on extinguishing precriminal behaviors,[12] and successful treatments for alcohol

dependency often provide support to help former drinkers develop replacement healthy activities, such as spending time with nondrinking friends and family, exercising, or attending a support group.[13] There is no certainty that teaching people the skills to expect and engage in healthy relationships will reduce violent relationships, but the evidence from related prevention strategies is encouraging.

Finally, a healthy relationship approach has the advantage of potentially reducing multiple negative outcomes by focusing on a single underlying risk factor. That is, when individuals have the skills to maintain healthy professional and personal relationships and the ability to recognize and end or improve unhealthy relationships, the positive impact may extend far beyond sexual assault prevention. These individuals may have fewer interpersonal conflicts as well as marriages that are more stable and positive, and workplaces that are more collaborative and productive.

Which Evidence-Based Healthy Relationship Program for Sexual Assault Prevention Should We Use?

Healthy relationship approaches to sexual assault prevention are fairly new and do not yet have an extensive evidence base, particularly for military populations. These approaches are supported by their ability to prevent other problem behaviors, such as risky sex or marital conflict.[14] Given this, any organization that decides to integrate healthy relationship programming into its sexual assault prevention portfolio will be breaking new ground rather than simply selecting between ready-to-deliver packages. Adapting prevention materials is a large task, and, undoubtedly, some organizations will not have the personnel time or resources to support the undertaking. For those that remain interested in the challenge, this report provides the background research and planning steps necessary to begin.

These approaches are supported by their ability to prevent other problem behaviors, such as risky sex or marital conflict.

What's Next?

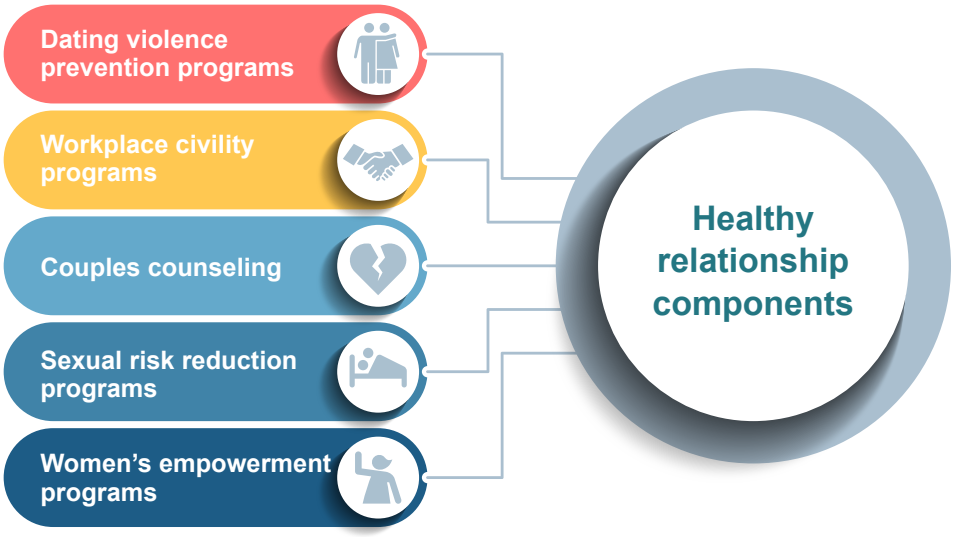
Although a healthy relationship approach is a novel (and largely untested) strategy for sexual assault prevention, it has been used successfully to prevent other problem behaviors, such as dating violence, workplace incivility, marital conflict, and sexual risk behaviors (see program overviews in the appendix). The protocols and materials used in existing healthy relationship programs could be adapted, in collaboration with the program developer, to provide a head start for practitioners interested in adding healthy relationship programming to their sexual assault prevention portfolios.

The next section of this guide provides information on prevention programs that include relationship skills training to

- **identify the most promising programs** based on their focus on relationship skills, demonstrated impact on outcomes of interest, and relevance for a military community.
- **catalog the types of instructional methods** used by different healthy relationship programs so that practitioners can choose the approach that works best for them.
- **document the targeted relationship skills** covered by the selected programs so that practitioners can choose the modules that best fit the skills needed by their target community.

Types of Programs and How They Work

What Types of Prevention Programs Include Healthy Relationship Components?



We identified five types of prevention programs that include healthy relationship components: dating violence prevention programs, workplace civility programs, couples counseling, sexual risk reduction programs, and women's empowerment programs.

Programs that aim to strengthen intimate relationships in order to reduce dating violence often incorporate healthy relationship modules as a central feature. At their core, dating violence prevention programs aim to educate participants about healthy behavior within a romantic relationship, how to use such behaviors in their own relationships, and how to identify healthy and unhealthy relationships. Additionally, programs that focus on such topics as workplace civility and sexual harassment, sexual risk taking, and women's empowerment may also include healthy relationship components. Workplace civility programs are unique in that they focus on skills to support respectful, professional relationships. Sexual risk reduction programs often address decisionmaking in intimate relationships and how to communicate with an intimate partner about safe sexual practices.

Women's empowerment programs include modules that provide guidance about expressing sexual interests and boundaries in a healthy relationship. Such programs are designed to empower young women with the skills they need to identify their intimacy preferences and communicate those preferences effectively with their partners.

In 2018, RAND Corporation researchers conducted a thorough search of the literature across the five program areas. The initial search yielded 1,136 articles. After scanning all titles and abstracts, 74 articles were selected for full text review based on the evaluation design and possible inclusion of relevant skill training. From these, 13 programs were selected for inclusion in this report because they had a strong focus on healthy relationships, had positive outcomes, and were most adaptable to a military environment.

See appendix for overview, theoretical basis, and implementation considerations on each of the 13 healthy relationship programs.

How Do Promising Healthy Relationship Programs Present the Material?

The 13 healthy relationship programs identified by RAND researchers relied on the following types of instructional methods:

- **interactive lectures** employed in a classroom-style environment in which instructors incorporate interactive components into the lecture, such as asking the group questions or using worksheets to keep participants engaged
- **role play** and **skill rehearsal** that give participants the opportunity to practice using new relationship skills in a safe environment
- **scenarios** that allow participants to act out scripted situations to help them internalize the way a positive or negative interaction feels
- **group exercises** and **small group discussions** that encourage collaboration and communication among participants
- **writing exercises** that allow participants to reflect on feelings that come up during the training and **set goals** to better align their behavior with healthy relationship skills taught in the course.

Adults learn best when they actively engage with and "try out" the material, and the successful healthy prevention programs reviewed build in these opportunities. Writing, interactive lectures, and group exercises all provide ways for adult learners to engage directly with the material. Role plays, scenarios, and skill rehearsal give learners the opportunity to practice newly introduced skills.

What Skills Are Taught in Healthy Relationship Programs?

Researchers and practitioners have identified various skills that can reduce conflict and violence in relationships. Six main categories of skills were identified from the 13 healthy relationship programs reviewed.

- **Being able to identify healthy and unhealthy relationships.** Participants gain a clear understanding of what a healthy relationship looks like compared with an abusive or unhealthy relationship. Participants learn key characteristics of healthy relationships—whether romantic or professional—and receive guidance about recognizing abusive behavior. Programs may also provide information about warning signs that can alert a person that their partner, friend, or colleague may be abusive in the future.

- **Understanding and respecting personal boundaries.** Participants learn that personal boundaries are the unique limits that individuals set for themselves. They may be physical and/or emotional boundaries. Instructors may lead participants in an exercise to help them identify their own personal boundaries, highlighting the fact that these boundaries vary across individuals and situations. These boundary lessons often also include strategies for communicating an individual's own boundaries with another person in a clear way.

- **Regulating emotions.** Participants are taught strategies that help them recognize and understand their own emotions, manage them, and constructively convey and resolve those emotions instead of creating greater conflict. Anger is often highlighted as an emotion that can lead to unhelpful and even hurtful behavior to oneself and others when one does not handle the emotion in an appropriate or constructive way. Specific techniques to help individuals deal with anger in an appropriate and constructive way are often discussed as part of healthy relationship programs. Understanding and recognizing the emotions of others is a critical element of training to regulate emotions. Learning skills to engage with one's own and others' emotions can promote healthy relationship behaviors and lead to more-

constructive conversations about the needs and interests of both parties.

- **Communication skills.** Training in communication—which is essential to healthy relationships, whether romantic or professional—often focuses on communicating one's needs in a constructive way. Listening skills, conflict-resolution skills, and problem-solving skills are important for all types of relationships. The ability to communicate intimacy preferences is a skill that improves the likelihood that individuals will have satisfying sexual encounters. Furthermore, the ability to talk openly about sexual risk and sexual history with a partner also may decrease the risk of exposure to sexually transmitted infections.
- **Sexual relationship skills.** Participants learn the skills they need to have healthy sexual encounters and avoid unhealthy or unwanted sexual interactions. Participants may be guided through an exercise to determine their personal values and goals for an intimate relationship. For participants who are or would like to be sexually active, instructors may also provide training related to condom use and birth control. Some programs provide participants with effective coercion and assault resistance strategies.
- **Other relationship skills.** Participants may be taught a wide variety of relationship skills or be given information related to healthy relationships, such as (1) how to dissolve a relationship, whether it is unhealthy or not; (2) when to seek help and where to go when faced with an abusive relationship or unwanted sexual interaction; (3) how to set goals to change behavior to create healthier relationships; (4) how to understand what fairness means in a relationship; and (5) how to understand gender stereotypes to enable more-effective communication and respect for partners.

How Do I Find a Program That Teaches the Skills My Community Needs?

Finding a program that fits the unique needs of your military community is crucial to advancing your prevention work. The prevention needs of communities vary, as some organizations may focus on the prevention of victimization, while others focus on the prevention of perpetration of sexual assault. For example, mid-career married women face different risk factors for sexual assault than young men just beginning their military careers. Providing both groups with the same prevention strategies for sexual assault may be less effective than identifying a targeted program for each group. To address unique risks and needs and to maximize the benefits of prevention programs, it is important to align the selected program with the specific group that it is designed to reach. Although most healthy relationship programs will require adaptation to the military context, the fundamentals of the program provide an idea of which populations are a good fit for the approach. For example, programs that were designed for young adults who have just left home and started college may be better suited, with adaptation, to junior enlisted service members beginning their military careers than to mid-career service members. Understanding the range of programs with healthy relationship components provides a strong foundation for determining the type of program that would be best for a specific community.

Dating Violence Prevention

- **Teen Choices.** A computer-based program that teaches healthy relationship skills for teens. The program has separate intervention tracks for high-risk daters, low-risk daters, high-risk nondaters, and low-risk nondaters. Daters are encouraged to develop and use healthy relationship skills in their dating relationships, and nondaters are encouraged to use those skills in peer relationships. With adaptation, the technological aspects of this type of program could be useful for younger service members who have time or location constraints.

- **The Fourth R.** A program for high school students designed to encourage and support the development of healthy, nonviolent relationships and reduce interpersonal violence, particularly dating violence. It teaches definitions of healthy relationships, as well as communication and emotional regulation skills. This program also strives to reduce substance use and unsafe sexual behaviors, which are factors that may co-occur with relationship violence.

To address unique risks and needs and to maximize the benefits of prevention programs, it is important to align the selected program with the specific group that it is designed to reach.

- **Safe Dates.** A school-based, dating violence–prevention program for middle and high school students. The program includes a dating abuse awareness play, which is presented during a schoolwide assembly or event, followed by a ten-session dating-abuse curriculum that includes discussions about personal boundaries, conflict-resolution strategies, and sexual intimacy preferences.

- **Shifting Boundaries.** A program for middle school youth designed to reduce dating violence and sexual harassment by highlighting the consequences of this behavior for perpetrators

and increasing faculty surveillance of unsafe areas. This program also includes a classroom curriculum that focuses on defining healthy relationships, communicating, and identifying signs of abusive behavior.

Workplace Civility Training

- **Civility, Respect, and Engagement in the Workplace (CREW).** A multifaceted initiative designed to improve workplace climate and relationships between coworkers. Created and launched by the Veterans Health Administration's National Center for Organization Development in 2005 to improve workplace civility in the Department of Veterans Affairs, the program is carried out by trained facilitators who meet with select groups of employees to discuss how to create a better workplace environment. These meetings continue for approximately six months and consist of customized workshops with employees that teach positive behaviors and interactions.[15]

Couples Counseling[16]

- **Prevention and Relationship Enhancement Program (PREP).** A counseling program for couples who are married or considering marriage. The program emphasizes improving a couple's ability to effectively communicate with each other to discuss and solve relationship conflicts. The program includes individual- and couple-based training on communication skills, affect regulation, and revision of beliefs that may negatively affect the relationship. PREP is often delivered to groups of couples but can be adapted to a variety of settings.

- **Couple Commitment and Relationship Enhancement (CoupleCARE).** A telephone- or computer-assisted skills-based training for couples who want to strengthen their relationship but who do not want to participate in face-to-face counseling. This program provides training in communication and conflict-resolution skills and adds training in relationship-oriented self-regulation. The training directs individuals to reflect on their own goals for the relationship and to adjust their own relationship behaviors in accordance with those goals to enhance the relationship.

- **Couples Coping Enhancement Training (CCET).** A skills-based communication and conflict-resolution program for couples. It includes communication skills training and empathy skills training with an emphasis on individual- and couple-level skills for coping with stress.

Sexual Risk Reduction

- **Healthy Relationships.** Designed to reduce the spread of HIV by addressing risky sexual behavior and building skills involving the disclosure of HIV status to sexual partners, friends, and family and designed to build healthier and safer sexual relationships. The program uses scenarios and role playing to teach participants to manage disclosure-related stress and learn how to communicate with their partners about safe sex.

- **Connect High-Impact Program (Connect[HIP]).** Delivered to couples and emphasizes the skills necessary to recognize sexual risk, commit to change, and enact risk-reduction strategies, such as conflict-solving strategies and recognizing one's own emotions. The program

emphasizes the personal, relational, and societal influences on behavior and uses family therapy techniques to help couples solve their shared problems by identifying threats to the health of the relationship, emphasizing communication, and supporting positive interactions.

- **Choosing Life: Empowerment! Action! Results! (CLEAR).** Designed for individuals with HIV or at high risk of HIV infection. The program aims to build emotional regulation skills and the ability to communicate sexual preferences.

- **Safe in the City.** A video-based intervention for sexually transmitted disease (STD) clinic patients to promote safe sexual practices for sexual risk reduction; the program is designed to be shown in waiting rooms. The video provides vignette examples to demonstrate skills for negotiating condom use and using condoms. The video aims to improve knowledge, attitudes, and behaviors associated with condom use, thereby reducing STD infection.

Women's Empowerment Program

- **Enhanced Assess, Acknowledge, Act (EAAA).** Aims to increase young women's capacity to avoid sexual assault by improving their ability to recognize risk, overcome personal and social barriers to reacting to risk, and implement effective resistance strategies. The program works to undermine internalized gender roles and enhance a woman's ability to identify and react in potentially risky situations.

Getting Started with a Healthy Relationship Program

How Should I Proceed?

Practitioners and program developers may be wondering whether a program meets the needs of their target population and setting as is or if they will need to adapt it. At this time, it is not likely that there will be an off-the-shelf program that will perfectly fit the needs of a military organization. Each program is tailored to a specific group, so the first step in advancing your prevention work is understanding the needs of your military community and the type(s) of relationships you want to target.[17] The matrix on pages 18 and 19 can provide information about the programs and their specific components. Selecting only parts of a program or delivering a program in a different way than originally designed or tested, however, may interfere with the effectiveness of the effort. Thus, adaptation must proceed carefully.

Which Relationship Skills Should Be Selected?

Choosing the right skills to include in a prevention program is an important step in designing one that is useful and relevant. Researchers have identified a variety of skills that improve relationships and reduce problematic behaviors. When considering the addition of a healthy relationship approach to a sexual assault prevention portfolio, an important step in choosing the appropriate skills to target would be to review the local risk factors and the target groups. What are some of the issues and problem behaviors that need to be addressed as early as possible to try to avoid unhealthy behaviors in the future?

To identify which skills are most critical, organizations should reach out to leaders, advocates, service providers, and members of the military group who will receive the program. These individuals often have thoughts and ideas about what skills would be important to target. The organization should also consider its own prevention portfolio, in combination with the work of allied organizations, to identify what gaps remain and whether it has the resources and personnel to fill that gap. For example, if an organization does not currently offer communication training, but the population it serves receives communication training as part of a dating violence prevention effort, then no gap exists, and it would be a poor use of resources to duplicate the effort. Because each military community is unique, needs, gaps, and resources should be considered when expanding the existing prevention portfolio.

Military stakeholders who contributed to this document offered the following as critical relationship skills for service members:[18]

- communication skills (e.g., active listening, providing constructive feedback)
- setting personal boundaries
- emotional regulation (i.e., awareness and control of one's emotions).

They also recommended that the selected skills be relevant for service members whether or not they are currently in a romantic relationship. Many skills, such as emotional self-control, are required to successfully navigate both personal and professional relationships. Military leaders may be particularly drawn to programs that contribute to successful skill acquisition across many domains.

Overview of Healthy Relationship Skills and the Programs That Address Them

	Dating Violence Prevention				Workplace Civility Training	Couples Counseling			Sexual Risk Reduction				Women's Empowerment
	Teen Choices	The Fourth R	Safe Dates	Shifting Boundaries	CREW	PREP	CoupleCARE	CCET	Healthy Relationships	Connect[HIP]	CLEAR	Safe in the City	EAAA
Knowledge and definitions													
Defining a healthy relationship, personal or romantic	✔	✔	✔	✔		✔	✔	✔					
Defining a healthy relationship, professional					✔		✔			✔			✔
Recognizing abusive behavior	✔	✔	✔		✔	✔	✔	✔					✔
Recognizing warning signs or risk for future abusive behavior		✔	✔	✔		✔	✔	✔					✔
Emotional regulation													
Recognizing and understanding your emotions	✔	✔			✔	✔		✔	✔	✔	✔		
Managing your emotions, general	✔	✔				✔		✔		✔	✔		
Managing your emotions, anger specifically	✔	✔	✔			✔							
Recognizing and understanding others' emotions	✔	✔			✔	✔		✔					
Communicating													
General		✔	✔	✔	✔	✔	✔	✔					
Personal needs	✔		✔			✔	✔	✔					
Intimacy preferences			✔				✔			✔			✔
Sexual risk and sexual history			✔						✔	✔	✔	✔	
Conflict-resolution and problem-solving strategies	✔		✔	✔		✔	✔	✔	✔	✔	✔		
Listening skills	✔					✔	✔	✔					
Decisionmaking	✔								✔	✔	✔		

	Dating Violence Prevention				Workplace Civility Training		Couples Counseling			Sexual Risk Reduction					Women's Empowerment
	Teen Choices	The Fourth R	Safe Dates	Shifting Boundaries	CREW	Expressive-Writing	PREP	CoupleCARE	CCET	Healthy Relationships	Connect[HIP]	CLEAR	Safe in the City	Play Forward	EAAA
	Establishing personal boundaries														
Selecting or establishing personal boundaries	✔	✔	✔	✔											✔
Communicating personal boundaries	✔	✔		✔											✔
Respecting others' personal boundaries	✔		✔		✔										
	Sexual relationship skills														
Determining personal values and goals for an intimate relationship				✔				✔			✔				✔
Sexual risk reduction (condom use)		✔								✔	✔	✔	✔	✔	
Safe sex negotiation skills										✔	✔	✔	✔		
Condom use skills (acquisition, application)										✔	✔	✔	✔		
Nonconsent strategies															✔
Effective coercion or assault-resistance strategies															✔
	Miscellaneous														
Relationship-dissolution strategies		✔													
Recognizing and countering gender stereotypes		✔	✔	✔											
When and how to seek help		✔													
Setting goals for behavior change								✔			✔				
Combating negative interpretations							✔		✔						
Relationship fairness and exchange							✔	✔	✔		✔				

There is significant variation within program type and across programs in general.
Each row in the table summarizes specific skills taught in the healthy relationship programs.

What Are the Steps to Building a Healthy Relationship Program or Program Component?

Those interested in building a program should complete several general tasks as part of program development and evaluation. Organizations that decide to take on the challenge are encouraged to consult more-complete program development, implementation, and evaluation guidance.[19] In addition, organizations are strongly encouraged to include an expert in prevention programming and adaptation on the team who would be tasked with building or adapting healthy relationship prevention programming.

1. Identify essential elements of the program.

After identifying the desired skills that you want to target and the programs that target those skills, the next step is to identify the essential elements of the program. *Essential elements* are defined as "the active ingredients of a prevention approach assumed to be responsible for achieving intended outcomes."[20] Three important factors make up essential elements:

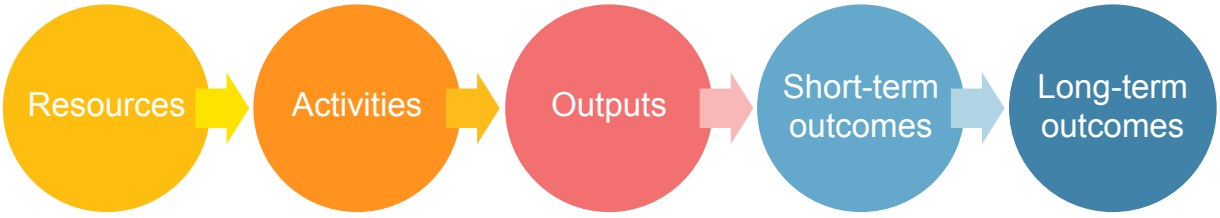
1. **what:** the actual content of the program
2. **how:** the method in which the program should be delivered (e.g., how many modules, setting)
3. **who:** who will deliver the program.

The essential elements define how the program is supposed to work. They are the strategies that are intended to reduce participants' risk of violent outcomes. It is critical to understand which elements of the program are essential and what outcomes these elements are designed to achieve. This is particularly important when adapting a program to fit a population or setting. Adaptations or modifications must maintain the fidelity of a program and avoid removing theory-based or core elements of the program.[21] To fully understand the elements that are essential, organizations should analyze the logic of the original program, evaluations, and any other materials that have been produced by the program (see Step 2 for further discussion of logic models). In addition, program stakeholders—including program developers, participants, and funders—can offer valuable insights.[22]

Adaptations or modifications must maintain the fidelity of a program and avoid removing theory-based or core elements of the program.

2. Develop a logic model.

One way to improve program fidelity and monitoring is to build them into your program design and measures of success. Developing a program logic model that builds on the original program is an important first step toward clarifying program goals and building evaluation capacity.[23] Logic models are "a systematic and visual



way to present and share your understanding of the relationships among the resources you have to operate your program, the activities you plan, and the changes or results you hope to achieve."[24] As shown in the figure on the previous page, logic models are based on a series of if-then statements that illustrate how the program's resources (e.g., staff, infrastructure) are used to implement activities (e.g., training on effective conflict resolution) that should lead to program outputs (e.g., participant knowledge of effective conflict resolution skills), which, in turn, should lead to desired short-term outcomes (e.g., participants who are better able to resolve gender-related workplace conflicts), which then lead to longer-term program impacts (e.g., reduced workplace sexual harassment and assault). Each step in the logic model should have measurable indicators of program performance, including indicators that the program is working in the way the original developers intended. For example, if a program is theorized to work by changing participant attitudes, then appropriate, validated measures of attitudes should be defined in the model.

3. Consider what types of adaptation may be required.

The next step is to identify adaptations that may be required to better suit the unique military community that will receive the program. Curricula should be evidence-based and interactive but adaptable to fit each service, different age ranges, and pay grades and not redundant with other programs. Some adaptation considerations include:

- updating the program to account for the unique hierarchal power structure of the military (e.g., service members may not have the autonomy to disengage from an unhealthy workplace relationship)
- ensuring that recommended skills are technically and culturally allowable for service members in the targeted pay grades
- adjusting definitions of key terms (e.g., consent) to match military policy and legal definitions
- assessing applicability to male sexual assault survivors and adapting or adding content as necessary
- considering that the budget, buy-in, and time available to military personnel to deliver and receive prevention programming may be different from civilian settings
- targeting the skills necessary for professional relationships in addition to romantic relationships.

For the programs included in the appendix of this report, an adaptation rating provides an estimate of the degree of adaptation necessary to translate the program to a military audience.

4. Identify adaptation risks.

A traffic-light framework can be used to provide guidance on the level of risk associated with adaptations.[25] Green-light adaptations extend or support the essential elements of a program. Red-light adaptations remove or dramatically change essential elements of a program. Yellow-light adaptations fall between green- and red-light adaptations, leaving the organization uncertain about whether it will support or undermine the program's essential elements (see the Examples of Green and Red Light Adaptations for Healthy Relationship Programs table).

Examples of Green- and Red-Light Adaptations for Healthy Relationship Programs				
	Essential Elements	**Adaptation**	**May Be a Green Light If . . .**	**May Be a Red Light If . . .**
What	Understanding that sexual nonconsent can be signaled in various ways	Implementer eliminates video clip of peers discussing different non-consent strategies and asks group to call out different options	Discussion is well-managed, group calls out a variety of strategies, and facilitator is prepared to fill in blanks	Group members are reluctant to talk about sexual nonconsent and do not feel comfortable calling out options
How	Three 60-minute sessions are delivered weekly for three weeks	Sessions are delivered together as one three-hour program	Facilitator offers breaks and snacks between sections, the material is varied, and participants remain engaged	No time is provided for breaks, and participants grow restless and disengaged
Who	Program facilitators are public health professionals who are comfortable discussing sensitive sexual topics	Program facilitation is assigned as a collateral duty to E-5 service members	Collateral duty facilitators receive extensive training, practice sessions with immediate feedback, and ongoing expert supervision	Collateral duty facilitators receive a two-day training, facilitator guidebook, and no ongoing supervision or support

SOURCE: Adapted from Perkinson, Freire, and Stocking, 2017, p. 22.

An organization considering any significant change to a curriculum component should consider whether the planned change will strengthen the program (e.g., changing background context to match a military community and increase buy-in) or might instead weaken it (e.g., eliminating role-playing practice after a lecture to shorten the material into a 15-minute training window). When an organization is planning a yellow-light adaptation and it is uncertain about whether it will improve or harm positive outcomes, it should

- **seek advice from the program developer.** Most program developers are eager for their work to be used widely but also want to ensure that the program retains effectiveness. If you are able to speak with the program developers, they can provide sound advice about which adaptations will support an organization's goals.
- **seek advice from organizations that are implementing the program (even with a different community).** Prevention specialists with experience using the program may have a better understanding of what "works" about the program and be able to offer guidance about whether a specific component is essential or could be changed.

- **plan to evaluate the adaptation.** When adaptations are made to a program with uncertain effects on the program's effectiveness, it is important to gather the information that will answer the question "Did it work?"

5. Estimate adaptation workload.

The next step is to estimate how much work it will take to adapt the program. The estimate does not need to be formal or precise, but the team involved should consider the tasks that need to be completed (see the Adaptation Considerations table for examples), which will provide insight into how big of an undertaking the program will be. Adjustments can range from revisions to existing materials (instructor, participant, audiovisual) to the development of completely new material.

Some adaptations take a trivial amount of time; for instance, updating names to include a military rank should be a simple and fast adaptation. Other adaptations could take days or even months of effort. For example, the "simple" task of updating video content to depict current uniforms could require a lengthy timeline to accommodate coordination of equipment, hiring and rehearsing actors, and film editing. By outlining the necessary adaptation tasks, estimating the workload for each task, and assigning tasks to team members, the timeline necessary to complete the work will become clearer, which, in turn, will support program developers and leaders overseeing the sexual assault prevention portfolio. The appendix to this report rates and describes the adaptations that would be required for a select set of healthy relationship programs.

Adaptation Considerations			
Adaptation Considerations	**Examples**		
Revisions to instructor materials (e.g., manuals, lecture notes, group exercise instructions)	Adjustments to setting or context (e.g., minor changes to replace "dorm" with "barracks" or Mrs. Matthews with Major Matthews)	Adjustments to reading level (e.g., material for adolescents rewritten to be adult appropriate)	Adjustments for instructor (e.g., tone changes for an instructor shift from a civilian health educator to a military leader)
Revisions to participant materials (e.g., recruitment flyers, brochures, handouts)	Adjustments to reading level (e.g., nuance added to simplified text to match college-educated population)	Adjustments to developmental period (e.g., material for adolescents rewritten to be adult appropriate)	Adjustments to population (e.g., material developed for HIV-positive adults rewritten for sexually inexperienced young adults)
Revisions to audio-visual material (e.g., photographs, videos embedded any-where)	Image updates (e.g., replacing original photographs with similar material depicting contemporary military settings)	New video (e.g., using the same script but with actors wearing contemporary service-specific uniforms)	Updated slide content to increase interactivity between the presenter and audience (e.g., Jeopardy question, discussion prompt)
Creation of new material	Module on skill applicability within the chain of command	Module on skill applicability in the workplace	Addition of content or examples of male sexual assault victims

> **"A key piece is to link healthy relationships to military readiness. Incorporate this as an organization that supports this message and need for military healthiness, core values, and professionalism."**
>
> —Military stakeholder on implementation

6. Seek buy-in from team, leadership, and program developer.

A healthy relationship approach to sexual assault prevention is a relatively new development that differs from more-traditional sexual assault prevention programs. It is possible that some leaders or facilitators may feel uncomfortable supporting direct conversations about healthy sexual relationships or wonder whether it is the military's role to support relationship skills. Several strategies can be used to solicit buy-in and support for the program.

- **Involve stakeholders in the program-development process.** Involve program recipients, leadership, and other key stakeholders in developing a vision statement that clearly articulates the end goal of the program: what the target community will be like once the program has succeeded.[26] This may be a particularly good way to get buy-in from leadership and key stakeholders who may not be as concerned about the details of the program but who should have a say in the overall goals the program aims to achieve.
- **Involve stakeholders in developing or adapting the program logic model.**[27] One advantage of having stakeholder input into the logic model is that it can be designed to clearly show how the program's activities relate to short- and long-term outcomes that are meaningful for the military's mission (e.g., retention, performance).
- **Reach out to the person or team who created the program.** Program developers will understand the program and its individual components better than anyone else. Their knowledge and experience can be invaluable as an organization seeks to retain the best parts of the program while adapting it for their local needs. Because developers are invested in the success and dissemination of their program, they are often eager to provide advice and guidance.

> **"We really need to look at what is already out there versus adding more [training]."**
>
> —Military stakeholder

7. Avoid duplication of effort.

Healthy relationship approaches are new in sexual assault prevention. There are no off-the-shelf, fully evaluated best practices focused on promoting healthy relationships within the military community; however, according to military stakeholders, there are several groups within the military that are working to set up sexual assault prevention programs using a healthy relationship approach. Coordinating with those groups to share program vision statements, logic models, training materials, and other advice or lessons learned about program development and implementation will reduce duplication of effort.

Given the fact that healthy relationship skills provide protection from a variety of problem behaviors, it is possible that organizations that focus on preventing other behaviors, such as workplace harassment, or on general training for new service members, are already

offering healthy relationship programming. Coordination across your military community will ensure that your efforts extend and expand resources in your community, rather than duplicating effort and possibly annoying your population.

8. Complete the work.

Make sure the program works as intended.

When adapting programs for a new purpose or population, there is a risk that the program will not be implemented in the way that it was designed to be implemented—that it will lose "fidelity"[28] to the original program model. The following steps ensure that an adaptation maintains program fidelity:

1. Make sure that the adaptation does not alter how the program is supposed to work, especially if you are considering deleting components. This step requires that you have good knowledge of the theoretical basis for the program model and its core components. If you do not have this background, reach out to the program developer for guidance.

> **"Healthy relationships is a framework that can go into a lot of trainings."**
>
> —Military stakeholder

2. Have a plan to track and manage fidelity to the original program model and make sure that you budget the financial and personnel resources to monitor program fidelity.
3. Program fidelity will also depend on the effort invested in your organization's trainers. It will be important to plan for the resources and personnel time to support your trainers as they learn the material, practice teaching it, and ultimately deliver it with ongoing support and supervision.

Assess whether your organization has the capacity to implement the program.

While planning to implement the program, it is important to assess the available capacities for implementing the program. Specifically, assess whether you have[29]

- staff time and availability to implement the program. This includes having buy-in from relevant stakeholders and available staff who are well qualified and have been trained to implement the program.
- technical capacity to plan, implement, and evaluate the program. This could be staff expertise or access to outside experts and technology.
- fiscal capacity to implement and maintain the program.
- structural or formal linking capacity.

9. Evaluate.

The National Academy of Sciences has recommended that military prevention programs be evaluated throughout their development, implementation, and execution phases.[30] A rigorous evaluation plan ensures that the program is implemented as intended by program designers and produces the desired outputs and outcomes.[31] Good evaluation plans incorporate two types of program evaluations: process and outcome evaluations. Planners should keep in mind that the time and resources needed for evaluation need to be incorporated into the design of the project plan; in other words, plan to do the planning. Effective evaluation takes time and requires the right people, so it is important to build those considerations into the overall program development document.

Process evaluation

Process evaluations examine whether the program is being implemented as planned and producing the desired outputs as predicted by the logic model.[32] This evaluation should be done early in the implementation of the program so that necessary adjustments can be made to program activities to better align program outputs to fit the logic model. This can be done during the pilot-testing phase of the program, but it is also important to perform periodic process evaluations to make sure that the program continues to produce the desired outputs as it incorporates additional trainers and expands to new locations and populations. As a program becomes established, with processes to maintain fidelity and strong empirical support documenting outcomes, the frequency of these evaluations can be reduced and eventually eliminated.

Pretesting

When evaluating the changes brought about by a program, it is important to understand where the target population was before receiving program training. Thus, before undergoing training, participants in your healthy relationship program should complete "pretest" measures assessing their level of existing knowledge or behaviors you expect the program to change. Choice of measures to pretest should be informed by the logic model so that you can measure program impact on desired program outputs and outcomes.

Outcome evaluation

In addition to establishing that the program is producing the desired outputs, you should perform an evaluation of program outcomes. This step will confirm that the program is producing a change in outcomes that conforms with the program's logic model. An outcome evaluation is typically performed after a process evaluation has established that the program produces the desired outputs, but the two evaluations can be carried out in parallel.[33] Outcome evaluations typically measure changes in short-term outcomes—ones that are expected to change soon after a participant completes the program—but they can also measure changes in medium- or long-term outcomes, if feasible.

Wrap-Up

Current sexual assault training is not leading to the desired DoD outcome: a dramatic reduction in the incidence of sexual assault. Innovative training concepts and approaches are needed, and a healthy relationship program is one such approach. It turns traditional training upside down by building foundational relationship skills that can reduce the circumstances that can lead to violent behavior—learning to improve communication, respect boundaries, and listen. Such skills are applicable in military and civilian communities alike. Healthy relationship training offers an opportunity for individuals to learn skills that will help them develop personal and professional relationships built on respect. Building healthy relationship approaches into your organization's sexual assault prevention portfolio will be a large undertaking—but one that shows promise as part of a sexual assault prevention toolkit.

Further guidance

To help with forming program logic models, see W. K. Kellogg Foundation, 2006.

To help with performing evaluations, see W. K. Kellogg Foundation, 2017.

RAND has also published guides on program development and evaluation. See RAND Corporation, undated; and Chinman, Imm, and Wandersman, 2004.

Appendix: Healthy Relationship Program Overviews

This appendix provides a brief summary of each of the 13 programs that were identified by RAND researchers and that focus on healthy relationships and have the potential to be adaptable to a military environment. Each summary is organized with the following headings:

Theoretical basis describes the guiding principles of the program.

Implementation describes the program length (number of sessions, number of hours), group size, and setting.

Facilitators outlines who delivers the program and the type of training they receive prior to delivering the program.

Instructional methods articulates the teaching strategies, such as role playing, writing, small group discussions, lectures, interactive lectures, skill rehearsal, goal setting, social support, scenarios, and group exercises.

Healthy relationship skill modules describes the program components that can be categorized as healthy relationship skills or knowledge.

Original target population describes the age, civilian or military status, and targeted risk characteristics.

Also adapted for discusses other populations for which the program has been adapted, if applicable.

Adaptation rating scores each program based on the degree of adaptation and related workload necessary to adapt the program for a military population, using a scale of minimal (1), moderate (2), or extensive (3).

Work necessary for military adaptation summarizes the type of adaptations that would be necessary to translate the program to the military.

Further reading provides additional resources.

The following table provides additional detail on the scale used to assess the level of adaption that would be required to translate an existing healthy relationship program for use with a military population.

Scale of Required Adaptations			
Score	**Anchor**	**Description**	**Necessary Changes**
	**Minimal** adaptation	Has been implemented in a military population	Minor changes, such as • character description is changed from “Lance Corporal Johnson” to “Seaman Johnson” • images are replaced with stock images of service members in the current uniform • service-specific response office is added to a list of resources
	**Moderate** adaptation	Has not been adapted for a military population, but the program targets a behavior or context that is expected to be similar across the original and military populations (e.g., respectful communication in a romantic relationship)	Minor changes (above) and moderate changes, such as • adding new discussion topics with a discussion guide and prompts (e.g., how to intervene when outranked) • writing new vignettes that better reflect service-specific drinking scenarios (e.g., replacing a fraternity party scenario with a weekend party in a hotel room) • replacing video image content
	**Extensive** adaptation	Has not been adapted for a military population and there is a mismatch on at least one domain	Minor and moderate changes (above) and major changes, such as • updating a training curriculum designed for high school students to be appropriate for junior enlisted service members • rewriting a workplace harassment curriculum designed for a civilian office setting for use in a military training setting

We identified two healthy relationship programs that could be translated for use with a military population with minimal adaptation, six that would require moderate adaptation, and six that would require extensive adaptation.

Promising Healthy Relationship Programs by Adaptation Rating

Minimal Adaptation Required	Moderate Adaptation Required	Extensive Adaptation Required
• Prevention and Relationship Enhancement (PREP) • Enhanced Assess, Acknowledge, Act (EAAA) for women	• Civility, Respect, and Engagement in the Workplace (CREW) • Couple Commitment and Relationship Enhancement (CoupleCARE) • Couples Coping Enhancement Training (CCET) • Healthy Relationships • Choosing Life: Empowerment! Action! Results! (CLEAR) • Safe in the City	• Teen Choices • The Fourth R • Safe Dates • Shifting Boundaries • Connect High-Impact Program (CONNECT^{HIP}) • Enhanced Assess, Acknowledge, Act (EAAA) for men

TEEN CHOICES

A Program for Healthy, Nonviolent Relationships

ADAPTATION RATING 3 EXTENSIVE

Teen Choices is a computer-based program that teaches healthy relationship skills. The program has separate intervention tracks for high-risk daters, low-risk daters, high-risk nondaters, and low-risk nondaters. Daters are encouraged to develop and use healthy relationship skills in their dating relationships, and nondaters are encouraged to use those skills in peer relationships. For students involved in an unhealthy or unsafe dating relationship, there is a fifth intervention track focusing on keeping oneself safe in relationships. One year after completing the program, daters were less likely to experience and perpetrate emotional and physical dating violence.

Theoretical basis: Teen Choices is based on the Transtheoretical Model of Behavior Change[34] and relies on expert system technology to deliver assessments and stage-matched feedback to effectively encourage the use of healthy relationship skills.

Implementation: Teen Choices is a three-session, computer-tailored intervention that includes an assessment, individualized feedback, videos, and personal stories. Each online session lasts 25–30 minutes.

Facilitators: None; online intervention.

Instructional methods: Interactive online sessions, assessment with feedback, video.

Healthy relationship skill modules: Defining a healthy relationship, recognizing and understanding emotions, managing emotions, communicating personal needs, conflict-resolution strategies, establishing boundaries, and respecting others' boundaries.

Original target population: High school students between the ages of 14 and 18.

Adaptation rating: Extensive (3).

Work necessary for military adaptation: The program must be completely updated to reflect a new target age group and to integrate military contexts and examples. Videos, personal stories, and individualized feedback (currently based on a teen baseline group) may need to be adapted to a military context to ensure relevance to service members. Moreover, any new context for delivery will require equipment to distribute the assessment and for participants to take the survey on a computer.

Further reading | **Teen Choices**

Document	Includes	Link
Deborah A. Levesque, Janet L. Johnson, Carol A. Welch, Janice M. Prochaska, and Andrea L. Paiva, "Teen Dating Violence Prevention: Cluster-Randomized Trial of *Teen Choices*, an Online, Stage-Based Program for Healthy, Nonviolent Relationships," *Psychology of Violence*, Vol. 6, No. 3, July 2016, pp. 421–432.	An evaluation of the Teen Choices program, including a detailed summary of the study design, program implementation, and the results of the study. The results suggest that the program was associated with significantly reduced odds of four types of dating violence.	https://www.ncbi.nlm.nih.gov/pubmed/27482470
Pro-Change Behavior Systems, Inc., "Teen Choices," webpage, undated.	Information about the history of the program, populations the organization works with, and how to proceed if one wanted to use the program	https://www.prochange.com/violence-in-teen-relationships

THE FOURTH R
Grade 9 Physical and Health Education

The Fourth R is designed to encourage and support the development of healthy, nonviolent relationships and reduce interpersonal violence, particularly dating violence. Additionally, this program strives to reduce substance use and unsafe sexual behaviors, which are factors that may co-occur with relationship violence. The program was shown to significantly lower physical dating violence perpetration among high school boys.[35] By delivering the program to all students, the approach aims to eliminate the need to separate students into groups that do and do not receive the program and thus reduce the stigma of labeling youth as high risk.

Theoretical basis: The program aims to develop social-emotional learning competencies,[36] which include self-awareness, self-management, social awareness, relationship skills, and responsible decisionmaking. Using social-emotional learning theory, the program teaches adolescents skills to engage in healthy relationships and learn to minimize or avoid risk.

Implementation: Twenty-one 75-minute sessions delivered during regular school hours in a classroom setting.

Facilitators: Teachers are encouraged to complete a half-day online or in-person training prior to delivering the program to their students.

Instructional methods: Interactive lectures, role play, handouts, group exercises, student presentations, small-group discussions.

Healthy relationship skill modules: Defining a healthy relationship; recognizing abusive behavior; managing emotions, such as anger; communicating; communicating and respecting personal boundaries; and reducing sexual risk.

Original target population: High school students ages 14 to 15.

Also adapted for: Native American youth, youth between the ages of 12 and 18.

Adaptation rating: Extensive (3).

Work necessary for military adaptation:
The program must be completely updated to reflect a new target age group and to integrate military contexts and examples. Training for teachers must also be updated to reflect the role of the military-specific facilitators. Video content would need to be updated to reflect military context and appropriate age group.

Further reading | **The Fourth R**

Document	Includes	Link
Clearinghouse for Military Readiness, "Fourth R: Grade 9 Physical and Health Education," Continuum of Evidence Fact Sheet, June 27, 2015.	A summary of the target audience, program components, evidence backing the intervention, components of the program, timing, costs, and other key considerations for people interested in implementing the program	https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_849
David A. Wolfe, Claire Crooks, Peter Jaffe, Debbie Chiodo, Ray Hughes, Wendy Ellis, Larry Stitt, and Allan Donner, "A School-Based Program to Prevent Adolescent Dating Violence: A Cluster Randomized Trial," *Archives of Pediatrics and Adolescent Medicine,* Vol. 163, No. 8, August 2009, pp. 692–699.	An evaluation of the Fourth R and a detailed description of the study design, procedure, and results which showed small effects in dating violence but significant effects in safe sex practices for adolescent boys	https://www.ncbi.nlm.nih.gov/pubmed/19652099
The Fourth R, "Grade 7, 8, 9 Health Physical Education (HPE)," webpage, undated.	Information about the history of the Fourth R, research and evaluation of the program, parent newsletters, workshops, and how to proceed if one is interested in using the program	https://youthrelationships.org/pages/grade-7-8-9-health-physical-education-hpe

SAFE DATES

Safe Dates is a school-based, dating violence prevention program for middle and high school students. The program includes a dating abuse awareness play, which is presented during a schoolwide assembly or event, followed by a 10-session dating abuse curriculum. In addition, students participate in a poster contest and design dating abuse prevention posters to hang in school or community buildings. The program has been shown to decrease dating violence perpetration and victimization.

Theoretical basis: Safe Dates focuses on changing social norms and strengthening prosocial skills to prevent dating violence. The program addresses key contributors to intimate partner violence, such as norms that support partner violence,[37] gender stereotypes,[38] and poor conflict-management skills.[39] The program also encourages help-seeking. Based on precaution adoption theory,[40] Safe Dates aims to increase help-seeking by providing information about resources that exist, teaching participants about the effectiveness of help-seeking, and teaching individuals that services can be helpful to them personally.

Implementation: The school-based curriculum includes a 45-minute dating abuse prevention play, ten 50-minute classroom sessions that can be delivered daily or weekly, and a poster contest.

Facilitators: Teachers receive 20 hours of training on the Safe Dates curriculum before delivering the program to their students.

Instructional methods: Interactive lectures, role play, theater performance, handouts, group exercises, poster design.

Healthy relationship skill modules: Defining a healthy relationship; recognizing abusive behavior; managing emotions, such as anger; communicating; and establishing personal boundaries.

Original target population: Middle and high school students (ages 11–17).

Adaptation rating: Extensive (3).

Work necessary for military adaptation:
The curriculum must be completely updated to reflect a new target age group, integrate military contexts and examples, rewrite the script for the play, and replace the poster contest with an age-appropriate, social norm–shifting task.

Further reading | **Safe Dates**

Document	Includes	Link
Clearinghouse for Military Family Readiness, "Safe Dates," Continuum of Evidence Fact Sheet, June 27, 2015.	A summary of the target audience, program components, evidence backing the intervention, components of the program, timing, costs, and other key considerations for people interested in implementing the program	https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1030
Vangie A. Foshee, Karl E. Bauman, Susan T. Ennett, Chirayath Suchindran, Thad Benefield, and G. Fletcher Linder, "Assessing the Effects of the Dating Violence Prevention Program 'Safe Dates' Using Random Coefficient Regression Modeling," *Prevention Science*, Vol. 6, No. 3, September 2005, pp. 245–258.	Detailed information about an evaluation of Safe Dates demonstrating that the program produced significant effects in follow-up periods on psychological, moderate physical, and sexual dating violence perpetration and moderate physical dating violence victimization.	https://www.ncbi.nlm.nih.gov/pubmed/16047088
Hazelden Publishing, "Safe Dates Product—Information," webpage, undated.	Information about how to implement safe dates and access (with purchase) to the complete program	https://www.hazelden.org/web/public/safedatesproduct.page

SHIFTING BOUNDARIES

Shifting Boundaries is designed to reduce dating violence and sexual harassment among middle school youth by highlighting the consequences of this behavior for perpetrators and increasing faculty surveillance of unsafe areas. The program includes a safe dating curriculum and schoolwide interventions, such as revising school policies on dating violence and sexual harassment, introducing temporary school-based restraining orders, and installing posters in the school to increase awareness. The program led to increases in bystander intervention behavior among students and reductions in sexual violence victimization and perpetration.[41] Classroom sessions alone were not effective; the positive outcome seems to depend on the schoolwide interventions.

Theoretical basis: None specified.

Implementation: The program includes classroom-based curricula and school-level interventions. The six lessons are flexible and are taught over six to ten weeks and include the number of students typically in a classroom at that institution (it can vary by context). The building interventions (e.g., hot-spot mapping and restraining orders within schools) are conducted on the same schedule as the classroom curricula, lasting six to ten weeks. The building-level intervention can also be used on its own, as it was effective whether or not it was combined with the classroom curriculum.

Facilitators: Lessons were taught by school personnel known as substance abuse prevention and intervention specialists (SAPIS). These SAPIS experts are trained by the Shifting Boundaries team in the six classroom lessons and building-level interventions. School administrators, teachers, and other professionals on campus are tasked with responding to and participating in the hot-spot identification process and enforcing school-based restraining orders.

Instructional methods: Classroom-based lectures, interactive games (e.g., measuring personal space activity), small-group discussions, hot-spot mapping, restraining orders, videos, and handouts (e.g., defining boundaries writing exercise).

Healthy relationship skill modules: Setting and interpreting boundaries in interpersonal relationships and defining what healthy and unhealthy relationships look like.

Original target population: Middle school students ages 10 to 15.

Adaptation rating: Extensive (3).

Work necessary for military adaptation: The program must be completely updated to reflect a new target age group and to integrate military contexts and examples. Classroom information would have to align with military administrative and Uniform Code of Military Justice punishments. The creation of temporary restraining orders would also need to be adapted to fit existing military policies. Videos would need to be adapted for an older group than originally targeted and for service members.

Further reading | **Shifting Boundaries**

Document	Includes	Link
Bruce G. Taylor, Nan D. Stein, Elizabeth A. Mumford, and Daniel Woods, "Shifting Boundaries: An Experimental Evaluation of a Dating Violence Prevention Program in Middle Schools," *Prevention Science*, Vol. 14, No. 1, February 2013, pp. 64–76.	An evaluation of the Shifting Boundaries program, including a detailed summary of the study design, program implementation, and the results of the study. One of the interventions was found to be effective in reducing sexual violence victimization involving either peers or dating partners at six months postintervention	https://www.ncbi.nlm.nih.gov/pubmed/23076726
National Institute of Justice, "Program Profile: Shifting Boundaries," webpage, March 22, 2012.	A summary of the program description, evaluation outcomes and methodology, cost, implementation information, and other studies of Shifting Boundaries	https://www.crimesolutions.gov/ProgramDetails.aspx?ID=226

CIVILITY, RESPECT, AND ENGAGEMENT IN THE WORKPLACE (CREW)

CREW is a multifaceted initiative designed to improve workplace climate and relationships between coworkers. It was created and launched by the Veterans Health Administration's National Center for Organization Development in 2005 to improve workplace civility in the U.S. Department of Veterans Affairs. The program is carried out by trained facilitators who meet with selected groups of employees to discuss how to create a better workplace environment. These meetings continue for approximately six months and consist of customized workshops with employees that teach positive behaviors and interactions. Research has shown that CREW has led to improved reports of unit civility, decreased burnout, improved job attitudes, and greater trust in management.[42]

Theoretical basis: CREW's approach to improving workplace climate is built on research showing that positive workplace civility norms can significantly improve employees' motivation, absenteeism, and overall satisfaction in their positions.

Implementation: CREW facilitators meet with workplace groups on a weekly basis, with the first meetings centering on organizational goals and strategies to improve civility. The group size and setting are determined by the CREW facilitators and organizational leadership. Facilitators draw from a toolkit of CREW activities, structured exercises, and support materials that best fit the groups.

Facilitators: CREW facilitators provide training to coordinators and facilitators at multiple points throughout the year. The training focuses on the philosophy of the intervention, facilitation skills, coach conversations, and lessons on the importance of civility.

Instructional methods: Goal setting, small-group discussions, and group exercises.

Healthy relationship skill modules: Defining healthy professional relationships, recognizing abusive relationships, recognizing and understanding one's own and others' emotions, communicating, respecting boundaries.

Original target population: Working adults.

Also adapted for: Military service members.

Adaptation rating: Moderate (2).

Work necessary for military adaptation:
CREW would need facilitators who are familiar with the military. Facilitators have indicated that the intervention works best when participation is voluntary, which may not be the case if service members are ordered to attend.

Further reading | **CREW**

Document	Includes	Link
Priscilla W. Clark, *CREW: Civility, Respect, and Engagement in the Workplace,* fact sheet, Washington, D.C.: Federal Occupational Health, U.S. Department of Health and Human Services, FOH Publication No. 13.0910, July 2013.	Description of the program, benefits, and support needs	https://foh.psc.gov/library/factsheets/CREW_Factsheet.pdf
Katerine Osatuke, Scott C. Moore, Christopher Ward, Sue R. Dyrenforth, and Linda Belton, "Civility, Respect, Engagement at the Workplace (CREW): Nationwide Organization Development Intervention at Veterans Health Administration," *Journal of Applied Behavioral Science*, Vol. 45, No. 3, September 2009, pp. 384–410.	Technical evaluation of the CREW approach	https://journals.sagepub.com/doi/pdf/10.1177/0021886309335067

PREVENTION AND RELATIONSHIP ENHANCEMENT PROGRAM (PREP)

PREP is a counseling program for couples who are married or considering marriage. The program focuses on improving a couple's ability to effectively communicate with one another to discuss and solve relationship conflicts. This is accomplished through individual- and couple-based training on communication skills, as well as on affect regulation and relationship beliefs that may negatively influence the relationship. PREP has been extensively researched, and results suggest that the program can have a positive impact on relationship quality, communication, and conflict among couples experiencing mild relationship distress but is less effective for couples who are stable and happy.[43] PREP is not appropriate for couples experiencing more-serious relationship problems in which more-intensive interventions are needed.

Theoretical basis: PREP adopts a cognitive-behavioral approach to the prevention of relationship distress.

Implementation: The basic program has up to 16 one-hour sessions or modules that are delivered to couples through in-person training sessions. PREP is flexible, and modules can be delivered in different combinations. For example, the Army Strong Bonds program, an adaptation of PREP, includes one all-day training followed by a weekend retreat (14.4 hours of total training[44]). PREP is typically delivered in a group setting.

Facilitators: PREP offers three-day training courses for facilitators, who include therapists, counselors, chaplains, and family-support personnel who regularly work with couples.

Instructional methods: Interactive lectures, role plays, goal setting, and group exercises.

Healthy relationship skill modules: Key modules for healthy relationships include recognizing communication danger signs; recognizing underlying issues or events and problem-solving communication skills; providing partner support; speaker-listener communication skills; identifying negative interpretations; learning relaxation and affect-regulation skills; reviewing core beliefs, expectations, and future decisions in the relationship; exploring the need for fun and friendship; and exploring commitment.

Original target population: Civilian couples who are married or considering marriage and experiencing relationship distress.

Also adapted for: Military couples, specifically for the Army (through the Strong Bonds program) and the Marine Corps (through the CREDO program), and single individuals in the military (Got Your Back).

Adaptation rating: Minimal (1).

Work necessary for military adaptation:
Minimal adaptation is needed for military populations. PREP has materials tailored to each of the services, but language and images might still need to be updated.

Document	Includes	Link
PREP, website, undated. PREP, "Got Your Back," webpage, undated.	Main program website for purchasing program curricula and facilitator training materials or to register for on-site or web-based facilitator training Webpage for a program that helps service members develop life skills and overcome personal adversity and become more mission-effective	https://www.prepinc.com/ https://web.archive.org/web/20200805070035/https://www.prepinc.com/content/curricula/got-your-back.htm
Elizabeth Allen, Scott Stanley, Galena Rhoades, and Howard Markman, "Prep for Strong Bonds: A Review of Outcomes from a Randomized Clinical Trial," *Contemporary Family Therapy: An International Journal*, Vol. 37, No. 3, September 1, 2015, pp. 232–246.	A review of research from a randomized clinical trial of the Army PREP for Strong Bonds program detailing the effectiveness of the program for such outcomes as communication skills	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4565720/
Marl Jo Renick, Susan L. Blumberg, and Howard J. Markman, "The Prevention and Relationship Enhancement Program (PREP): An Empirically Based Preventive Intervention Program for Couples," *Family Relations*, Vol. 41, No. 2, April 1992, pp. 141–147.	Description of PREP and review of early research on the effectiveness of PREP	https://www.jstor.org/stable/584825
Clearinghouse for Military Readiness, "Prevention and Relationship Enhancement Program (PREP)," fact sheet, Greenwood Village, Colo.: PREP Inc., December 14, 2015.	A summary of the target audience, program components, evidence backing the intervention, components of the program, timing, costs, and other key considerations for people interested in implementing the program	https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_937

COUPLE COMMITMENT AND RELATIONSHIP ENHANCEMENT (COUPLECARE)

Couple Commitment and Relationship Enhancement (CoupleCARE) offers skills-based training for couples who want to strengthen their relationship but who do not want to participate in face-to-face counseling or training. Similar to PREP, CoupleCARE provides training in communication and conflict-resolution skills and adds training in self-regulation. The self-regulation component of the training directs individuals to reflect on their own goals for the relationship and to choose the types of relationship behaviors that are important to them. CoupleCARE is designed for remote applications: Couples view the training materials at home on DVD and participate in regular sessions with a professional relationship educator, counselor, or therapist via telephone, online chat, or video call. CoupleCARE improves couples' coping skills, reduces relationship conflict, and increases relationship satisfaction among women overall and among men with poorer relationship skills, although the improvements are often short-lived[45]). CoupleCARE is not appropriate for couples experiencing more-serious relationship problems, for which more-intensive interventions are needed.

Theoretical basis: Cognitive behavioral approach, augmented by a self-regulation framework of relationship functioning.

Implementation: CoupleCARE includes six units that couples complete at their own pace in their own home. Each unit involves watching a video modeling healthy relationship skills, workbook-guided individual and couple-based activities, and an electronic session with a family counselor who helps the couple implement their self-change plans related to the unit's video lesson and activities. Each unit takes about two hours to complete, and it is recommended that couples complete one session per week, for a total training time of six weeks.

Facilitators: The relationship skills training program is self-directed, with a weekly session with a licensed, professional relationship educator, counselor, or therapist who follows an educator's manual.

Instructional methods: Videos function as lectures and provide scenarios demonstrating key relationship skills, while the workbooks include couple exercises emphasizing goal setting. The counselor sessions help couples implement self-change plans based on their individualized goals.

Healthy relationship skill modules: Defining healthy relationships, recognizing abusive behavior, recognizing risks for abusive behavior, communicating personal needs and intimate preferences, resolving conflicts and solving problems, increasing listening skills, defining personal values and goals for an intimate relationship, setting goals for behavior change, and discussing relationship fairness.

Original target population: Civilian couples in a committed relationship.

Also adapted for: Military couples in Australia.

Adaptation rating: Moderate (2).

Work necessary for military adaptation:
Moderate adaptation of the training videos and manual would be needed for U.S. military populations.

Document	Includes	Link
CoupleCARE, website, undated.	Main program website for purchasing program curricula and facilitator training materials or to register for on-site or web-based facilitator training	http://www.couplecare.info
W. Kim Halford, Elizabeth Moore, Keithia L. Wilson, Charles Farrugia, and Carmel Dyer, "Benefits of Flexible Delivery Relationship Education: An Evaluation of the Couple CARE Program," *Family Relations*, Vol. 53, No. 5, October 2004, pp. 469–476.	Results of a randomized controlled trial showing that CoupleCARE increased relationship satisfaction and couples' relationship self-regulation relative to the control group, but it did not increase positive communication relative to controls	https://onlinelibrary.wiley.com/doi/full/10.1111/j.0197-6664.2004.00055.x
W. Kim Halford, Keithia Wilson, Bronwyn Watson, Tony Verner, Jeffry Larson, Dean Busby, and Thomas Holman, "Couple Relationship Education at Home: Does Skill Training Enhance Relationship Assessment and Feedback?" *Journal of Family Psychology*, Vol. 24, No. 2, April 2010, pp. 188–196.	Results of a randomized controlled trial showing that, relative to a control group, CoupleCARE improved couple communication and relationship satisfaction at 12 months in women	https://psycnet.apa.org/record/2010-07067-010
Clearinghouse for Military Readiness, "CoupleCARE," Continuum of Evidence Fact Sheet, July 9, 2018.	A summary of the target audience, program components, evidence backing the intervention, timing, costs, and other key considerations for people interested in implementing the program	https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_862

COUPLES COPING ENHANCEMENT TRAINING (CCET)

CCET is a skills-based communication and conflict resolution training program for couples. It includes communication skills training similar to PREP, with the addition of empathy skills training and a particular emphasis on individual- and couple-level skills for coping with stress. Research suggests that the program is effective in increasing relationship satisfaction and enhances the couple's ability to cope with stress as individuals and as a couple (self-reported and observed). Like other relationship skills programs, CCET seems to be especially effective for couples with low relationship satisfaction but less effective for couples with high relationship satisfaction.[46] CCET is not appropriate for couples experiencing more-serious relationship problems, for whom more-intensive interventions are needed.

Theoretical basis: CCET uses a social learning framework to characterize how successful couple-based coping with stress is associated with improved relationship outcomes.[47]

Implementation: The training involves six sessions ranging from 1.5 to 5 hours in length, for a total of 18 hours. Training can be completed in one weekend or via six weekly sessions. Training typically takes place in small groups with other couples, but it has also been modified for self-guided delivery.

Facilitators: Facilitators receive 30 hours of training and 20 hours of group supervision before delivering the program independently. In past research, facilitators have had a master's degree in clinical psychology.

Instructional methods: Lectures, role play with skill rehearsals, and diagnostic exercises (e.g., questionnaires with feedback).

Healthy relationship skill modules: Knowledge of stress and coping; improvement of individual coping; enhancement of couple-based coping; exchange and fairness in the relationship; improvement of marital communication; and improvement of problem-solving skills.

Original target population: Civilian couples in a committed relationship who are low in relationship satisfaction.

Adaptation rating: Moderate (2).

Work necessary for military adaptation: Relationship skills would remain the same, but the program's emphasis on contextual stress would need to be adapted to include military-related stress (e.g., deployments, permanent change of station moves).

Further reading | **CCET**

Document	Includes	Link
Guy Bodenmann and S. D. Shantinath, "The Couples Coping Enhancement Training (CCET): A New Approach to Prevention of Marital Distress Based upon Stress and Coping," *Family Relations*, Vol. 53, No. 5, October 2004, pp. 477–484.	Description of CCET and summary of early evidence of program effectiveness	https://onlinelibrary.wiley.com/doi/full/10.1111/j.0197-6664.2004.00056.x
Thomas Ledermann, Guy Bodenmann, and Annette Cina, "The Efficacy of the Couples Coping Enhancement Training (CCET) in Improving Relationship Quality," *Journal of Social and Clinical Psychology*, Vol. 26, No. 8, 2007, pp. 940–959.	Results of a randomized controlled trial showing that, relative to a control group, CCET improved couples' communication and coping, although the effects of the program faded over the course of a year	http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.996.6621&rep=rep1&type=pdf
Clearinghouse for Military Readiness, "Couple Coping Enhancement Training (CCET)," Continuum of Evidence Fact Sheet, July 9, 2018.	A summary of the target audience, program components, evidence backing the intervention, components of the program, timing, costs, and other key considerations for people interested in implementing the program	https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_939

HEALTHY RELATIONSHIPS

Healthy Relationships was designed to reduce the spread of HIV by addressing risky sexual behavior and building skills to encourage disclosure of HIV status to sexual partners, friends, and family, and for building healthier and safer sexual relationships. Using scenarios and role-playing, participants learn to manage disclosure-related stress and learn how to communicate with their partner about safe sex. Two randomized controlled trials indicated that Healthy Relationships was associated with significantly fewer instances of unprotected sex in the treatment group relative to the control group.[48]

Theoretical basis: Healthy Relationships is based on social cognitive theory and motivational enhancement theory.

Implementation: Consists of five sessions that are roughly 120 minutes each and include 15–20 participants and two facilitators, occurring in a private meeting space. The sessions typically take place twice per week over the course of 2.5 weeks. Adaptations have used group video conferencing.

Facilitators: Typically involves two facilitators (one man and one woman)—a skilled counselor or mental health professional and a peer facilitator from the community. In addition to the available introductory and implementation materials, facilitators are required to participate in a four-day classroom training. This training explains the theoretical underpinnings and core elements of Healthy Relationships, teaches communication and facilitation skills, and advises on culturally specific enhancements. This training can be requested through the Centers for Disease Control and Prevention.[49]

Instructional methods: Video scenarios, small-group discussion, role play, skill rehearsal, social support, and motivation enhancement.

Healthy relationship skill modules: Communicating sexual risk and sexual history, sexual risk–reduction skills, safe sex negotiation and condom use skills.

Original target population: Adults with HIV of any race or sexual orientation.

Also adapted for: Videoconference format; adaptation of similar program for the Nigerian military.[50]

Adaptation rating: Moderate (2).

Work necessary for military adaptation:
In a military context, the topic would likely shift from HIV disclosure to other challenging conversations, such as setting sexual boundaries or communicating consent. Although the necessary communication skill would be similar, nearly all content would need to be modified because the role play prompts, example vignettes, and video scenarios all depict HIV status disclosure. Although there is no target demographic, participants in the Healthy Relationships evaluation studies tended to be older than junior enlistees. Some modification to the small group format—in terms of discussion, role playing, and group demographics—could be necessary, depending on service members' maturity and comfort with discussing sexual behavior.

Document	Includes	Link
Centers for Disease Control and Prevention, "Healthy Relationships," webpage, undated.	Implementation materials, including a program summary, Starter Kit, planning tools, monitoring tools, forms and questionnaires, and a free DVD for implementers	https://www.cdc.gov/hiv/effective-interventions/treat/healthy-relationships?Sort=Priority%3A%3Aasc&Intervention%20Name=Healthy%20Relationships
Stephanie L. Marhefka, Eric R. Buhi, Julie Baldwin, Henian Chen, Ayesha Johnson, Vickie Lynn, and Robert Glueckauf, "Effectiveness of Healthy Relationships Video-Group—A Videoconferencing Group Intervention for Women Living with HIV: Preliminary Findings from a Randomized Controlled Trial," *Telemedicine and e-Health*, Vol. 20, No. 2, February 2014, pp. 128–134.	Evaluation of a Healthy Relationships program implemented via videoconferencing. Participants reported seven fewer unprotected sex occasions at six-month follow-up, and 84 percent reported being very satisfied with the program	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3910475/
E. James Essien, Osaro Mgbere, Emmanuel Monjok, Ernest Ekong, Marcia M. Holstad, and Seth C. Kalichman, "Effectiveness of a Video-Based Motivational Skills-Building HIV Risk-Reduction Intervention for Female Military Personnel," *Social Science and Medicine*, Vol. 72, No. 1, January 2011, pp. 63–71.	Evaluation of a Healthy Relationships program implemented with female military members in Nigeria. Compared with the control group, women in the treatment reported a 54-percent increase in condom use at three-month follow-up, improved HIV preventive behavior, greater likelihood to suggest condom use, less alcohol use before sex, and fewer sexual partners	https://www.ncbi.nlm.nih.gov/pubmed/21106284
University of Connecticut, Institute for Collaboration on Health, Intervention, and Policy (InCHIP), "NIA: A Program of Purpose," webpage, undated.	Program description and implementation guide. Also includes a link to the evaluation	https://chip.uconn.edu/research/intervention-resources/nia-a-program-of-purpose/#

CONNECT HIGH-IMPACT PROGRAM (CONNECT^{HIP})

The Connect High-Impact Program (Connect^{HIP}) is a couples-based intervention for sexual partners that emphasizes the AIDS risk-reduction model for behavior change. It includes three steps: recognize risk, commit to change, and act on strategies. It also emphasizes the personal, relational, and societal influences on behavior and uses family therapy techniques to help couples solve their shared problems together by identifying threats to the health of the relationship, emphasizing communication, and supporting positive interactions. This intervention has been shown to be effective in increasing condom use and reducing unprotected sex.

Theoretical basis: Connect^{HIP} is based on social cognitive theory, which posits that learning occurs in social contexts in which the person, others, and the environment shape how a person behaves.

Implementation: Consists of three 90-minute sessions over three weeks involving a facilitated discussion between a couple and a facilitator. Couples are provided condom packets at each session. Depending on whether subsequent adaptations are selected for specific situations (e.g., substance use risk), more sessions may be included.

Facilitators: Sessions should be facilitated by someone with knowledge about sexually transmitted infections and HIV. Specialized training in couples and partnership and in special populations is preferred. The Centers for Disease Control and Prevention provides training funds for interested organizations, in addition to providing implementation materials and resources. The official classroom training[51] is three days long and covers the elements, objectives, and flow of Connect^{HIP}. It also teaches participants how to use key Connect^{HIP} skills and introduces them to techniques for culturally competent engagement.

Instructional methods: Couples discussion, skill rehearsal, goal setting, social support, role playing.

Healthy relationship skill modules: Defining a healthy relationship, recognizing and managing emotions, communicating intimacy preferences and sexual history, problem solving, decisionmaking, determining values and goals within the relationship, employing sexual risk–reduction skills, learning about sexual negotiation, and practicing relationship fairness.

Original target population: Adults with HIV of any race or sexual orientation.

Adaptation rating: Extensive (3).

Work necessary for military adaptation:
Connect^{HIP} would likely require substantial adaptation to fit the military context. The specificity of Connect^{HIP} is based on the relationship being the driver of change and using facilitated dialogue to support that change. Theoretically, the relationship component could be presented abstractly, with the intervention focusing on either real or ideal hypothetical relationships. Supporting this possibility is the evidence that Connect^{HIP} has been implemented successfully for women only, suggesting that the program can work without couples in the session. Additionally, the emphasis on gendered expectations, stereotypes, and power imbalances may have applicability to the military context.

Further reading | **Connect[HIP]**

Document	Includes	Link
Centers for Disease Control and Prevention, "Connect[HIP]," webpage, undated.	Implementation materials from the Centers for Disease Control and Prevention's Effective Interventions site. This includes a program summary and a variety of training materials, such as planning tools, forms, and session guides	https://www.cdc.gov/hiv/effective-interventions/treat/connect-hip?Sort=Title%3A%3Aasc
Centers for Disease Control and Prevention, "Request or Register for a Classroom Training: Connect[HIP]," webpage, undated.	Three-day official classroom training for facilitators	https://www.cdc.gov/hiv/effective-interventions/treat/connect-hip?Sort=Title%3A%3Aasc (See the column on the right.)
NIMH Multisite HIV/STD Prevention Trial for African American Couples Group, ""Eban HIV/STD Risk Reduction Intervention: Conceptual Basis and Procedures," *Journal of Acquired Immune Deficiency Syndrome,* Vol. 49, Supplement 1, September 1, 2008, pp. S15–S27.	This article describes the development of a culturally sensitive version of the Connect model. Process-evaluation results suggest that the program was well received and that dyadic communication was key to implementation, followed by matching backgrounds of the facilitators to the couples and having culturally relevant examples	https://www.ncbi.nlm.nih.gov/pubmed/18724186

CHOOSING LIFE: Empowerment! Action! Results! (CLEAR)

CLEAR was designed for individuals with HIV or at high risk of HIV infection, and it aims to build skills that allow individuals to make healthy choices and engage in healthy behaviors. Evaluations of CLEAR indicate that it can significantly improve rates of protected sex with all partners and significantly reduce the number of HIV-negative partners for those with HIV.

Theoretical basis: CLEAR is based on social action theory and primarily uses cognitive behavioral theory and cognitive skills training. Cognitive skill building emphasizes training, modeling, and feedback to improve cognitive skills that can be applied to a variety of situations to improve problem-solving and decisionmaking.

Implementation: CLEAR is an individual-level intervention that consists of five sessions that are about 60–90 minutes each, occurring one-on-one in a private meeting space. The sessions typically take place weekly or biweekly until completion.

Facilitators: The program has been implemented using counselors or clinical psychologists.

Instructional methods: Goal setting, skill rehearsal, role playing, and scenarios.

Healthy relationship skill modules: Recognizing and understanding emotions, managing emotions, communicating about sexual risk and sexual history, sexual risk reduction skills, safe sex negotiation strategies, condom use skills, goal setting, and problem solving

Original target population: Individuals aged 16 or older who are living with HIV or at high risk for HIV.

Adaptation rating: Moderate (2).

Work necessary for military adaptation:
CLEAR contains several elements that can potentially be adapted to improve emotional awareness and communication regarding sexual relationships in the military. It also seems to have broader applicability for improving goal setting generally. In the CLEAR program, the focus is on preventing HIV transmission. Although the skills being taught could translate to a military population (sexual communication, safe sex practices), the context around the skill training would need to be modified, as many role-play prompts, example vignettes, and video scenarios are HIV-specific. The ideal self component could be reframed to situate behavior change and goal setting within the military context. Finally, an individual-level intervention might be burdensome. Because of this, this intervention might be most appropriate for high-risk service members.

Document	Includes	Link
Centers for Disease Control and Prevention, “CLEAR,” webpage, undated.	Implementation materials from the Centers for Disease Control and Prevention’s Effective Interventions site. This includes a program summary and a variety of training materials, such as planning tools, forms, and session guides. An online training is also available	https://www.cdc.gov/hiv/effective-interventions/treat/clear?Sort=Title%3A%3Aasc
Mary Jane Rotheram-Borus, Dallas Swendeman, W. Scott Comulada, Robert E. Weiss, Martha Lee, and Marguerita Lightfoot, “Prevention for Substance-Using HIV-Positive Young People: Telephone and In-Person Delivery,” *Journal of Acquired Immune Deficiency Syndrome*, Vol. 37, Supplement 2, October 1, 2004, pp. S68–S77.	Evaluation of CLEAR using a reduced intervention and both in-person and telephone modalities. Results showed a significant increase in protected sex acts for the in-person group	https://www.ncbi.nlm.nih.gov/pubmed/15385902

SAFE IN THE CITY

Safe in the City is a video-based intervention for sexually transmitted disease (STD) clinic patients to promote safe sexual practices for sexual risk reduction and is designed to be shown in waiting rooms. The video provides vignette examples to demonstrate skills for practicing safer sex and negotiating safe sex practices. The video aims to improve knowledge, attitudes, and behaviors associated with condom use, thereby reducing STD infection. An evaluation revealed a 9-percent reduction in STD infection for those exposed to the video compared with those not exposed to the video.

Theoretical basis: Safe in the City is based on social cognitive theory and the information-motivation-behavior model. It uses information and examples to provide knowledge and build skills for practicing safe sex and promoting STD testing.

Implementation: The video is played in a loop in STD clinic waiting rooms and lasts for 23 minutes. The intervention is passive in that it does not require any training or support from staff.

Facilitators: No facilitation is required, although it is recommended to have someone in charge of implementation.

Instructional methods: Video scenarios.

Healthy relationship skill modules: Understanding sexual risks, communicating with partner about sexual risk and sexual history, safe sex negotiation skills, condom use skills

Original target population: STD clinic patients.

Adaptation rating: Moderate (2).

Work necessary for military adaptation:
Safe in the City may be a useful example for the military to develop their own video-based content focused on healthy relationships and sexual assault prevention. The video content, characters, and scenarios would have to be adapted to the military context, but some key parts of Safe in the City may provide useful examples of certain healthy relationship components (e.g., modeling of negotiating safer sex and respectful communication). To the extent that there are opportunities for passive audiences who can be exposed to a short video, adaptation for the military seems to be moderate.

Document	Includes	Link
Centers for Disease Control and Prevention, "Safe in the City," webpage, undated. Centers for Disease Control and Prevention, "Safe in the City User's Guide, Video, and Poster," webpage, undated.	Implementation materials are readily available from the Centers for Disease Control and Prevention's Effective Interventions site. This includes a User's Guide, which has a link to the video and includes sample waiting room posters	https://www.cdc.gov/std/safe-in-the-city/ https://www.cdc.gov/hiv/effective-interventions/search.html?Sort=Title%3A%3Aasc&Search=safe%20in%20the%20city
Lee Warner, Jeffrey D. Klausner, Cornelis A. Rietmeijer, C. Kevin Malotte, Lydia O'Donnell, Andrew D. Margolis, Gregory L. Greenwood, Doug Richardson, Shelley Vrungos, Carl R. O'Donnell, and Craig B. Borkowf, "Effect of a Brief Video Intervention on Incident Infection Among Patients Attending Sexually Transmitted Disease Clinics," *PLoS Medicine,* Vol. 5, No. 6, June 2008, pp. e135.	Evaluation of the use of Safe in the City video in STD clinic waiting rooms found a 9-percent reduction in STD infections for the treatment group compared with the control group	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2504047/

ENHANCED ASSESS, ACKNOWLEDGE, ACT (EAAA)

Enhanced Assess, Acknowledge, Act (EAAA) aims to prevent sexual assault victimization by increasing young women's capacity to recognize risk, overcome personal and social barriers to reacting to risk, and implement effective resistance strategies. A rigorous evaluation showed that women who participated in EAAA had a 50-percent lower risk of sexual assault in the next year compared with women who did not participate.[52]

Theoretical basis: EAAA is based, in part, on the cognitive-ecological model of sexual assault,[53] which highlights the cognitive and situational factors that interfere with risk recognition and effective resistance to sexual coercion by acquaintances, dates, and partners.

Implementation: Four three-hour units delivered over four weeks or during a two-day intensive weekend training to small groups of 15–20 women in small classroom settings.

Facilitators: Two facilitators per group, close in age to attendees, who have completed eight hours of EAAA training with ongoing assessment and support from a supervisor.

Instructional methods: Small-group discussion, interactive lectures, games, role-playing, skill rehearsal, group exercises, and video clips.

Healthy relationship skill modules: In the first unit (Assess), participants learn to recognize common risk factors for acquaintance-initiated sexual assault and problem-solve ways to reduce them. In the second unit (Acknowledge), women learn to value their own sexual rights and overcome the cognitive and emotional barriers to labeling a man's behavior coercive. In the third unit (Act), participants practice simple and effective verbal and physical resistance strategies and overcome barriers to defending oneself. Finally, in the last unit, participants identify their personal relationship goals, articulate sexual preferences along a continuum of activities, and improve sexual communication skills.

Original target population: First-year female university students (civilian).

Also adapted for: Female cadets at the U.S. Air Force Academy and high school girls.

Adaptation rating: Minimal (1) for women and extensive (3) for men.

Work necessary for military adaptation:
Dating and sexual relationships between young adults are likely more similar than different across civilian and military populations, and, therefore, extensive adaptation should not be required for women. As of the writing of this report, EAAA is being piloted at the U.S. Air Force Academy with female cadets. If the assessment of the program's adaptation for cadets is positive, future sites may be able to rely on lessons learned at the U.S. Air Force Academy, with a need for limited adaptions only (e.g., changing to service-specific rank titles, updating images to reflect current uniforms).

EAAA is not suitable for men. EAAA was guided by a theory specifying the unique barriers to resistance faced by women and the physical strategies that are most effective when disadvantaged from a size and strength perspective. Adapting the program to help men resist the hazing-type sexual assaults they are more likely to experience in the workplace requires a rewrite that considers differences in likely perpetrator (colleague rather than date; multiple perpetrators rather than a single perpetrator), location (workplace rather than home), and context (to abuse or humiliate rather than for a sexual purpose). Thus, offering an EAAA-type program to both men and women would require extensive work to develop and validate a men's program. At the time of this writing, preliminary piloting was underway at Stanford University to test a newly developed men's program modeled on EAAA. When results are public, the team may be able to provide recommendations and guidance.

Further reading | **EAAA**

Document	Includes	Link
SARECentre, "About EAAA/*Flip the Script*™ Sexual Assault Resistance Program," website, undated.	Program description, schedule for train-the-trainer workshops, and evaluation papers.	http://sarecentre.org/
Charlene Y. Senn, Misha Eliasziw, Paula C. Barata, Wilfreda E. Thurston, Ian R. Newby-Clark, Lorraine Radtke, and Karen L. Hobden, "Efficacy of a Sexual Assault Resistance Program for University Women," *New England Journal of Medicine*, Vol. 372, No. 24, June 11, 2015, pp. 2326–2335.	Technical, scientific evaluation of EAAA showing that the risk of sexual assault was decreased by 50 percent for program attendees	https://www.nejm.org/doi/full/10.1056/NEJMsa1411131
National Institute of Justice, "Program Profile: Enhanced Assess, Acknowledge, Act Sexual Assault Resistance Program (Canada)," webpage, August 8, 2017.	Independent program summary and effectiveness rating from the National Institute of Justice. Includes standardized description of the program, evaluation methods, outcomes, and references	https://www.crimesolutions.gov/ProgramDetails.aspx?ID=537
Culture of Respect, "Programs and Tools: Prevention Programming Matrix: Enhanced Access [sic], Acknowledge, Act (EAAA) Sexual Assault Resistance," webpage, undated.	Plain language summary of EAAA from Culture of Respect, an independent nonprofit	https://cultureofrespect.org/program/enhanced-access-acknowledge-act-eaaa-sexual-assault-resistance/

Endnotes

[1] Senate Armed Services Committee, *Advance Policy Questions for Dr. Mark T. Esper, Nominee for Appointment to Be Secretary of Defense*, Washington, D.C., July 16, 2019.

[2] *The Department of Defense Prevention Plan of Action, 2019–2023* outlines specific steps to achieve effective prevention. These include understanding the problem and contributing factors, developing a comprehensive approach that targets contributing factors and engages service members in solutions, implementing the comprehensive approach with fidelity in supportive climates, and evaluating the comprehensive approach. Programs that target some, but not all, risk factors should be paired with other programs, policies, and practices as part of a comprehensive approach to preventing sexual assault (U.S. Department of Defense, *Department of Defense Prevention Plan of Action, 2019–2023*, Washington, D.C.: Office of the Under Secretary of Defense for Personnel and Readiness, April 2019).

[3] Matthew J. Breiding, Sharon G. Smith, Kathleen C. Basile, Mikel L. Walters, Jieru Chen, and Melissa T. Merrick, "Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization—National Intimate Partner and Sexual Victimization Survey, United States, 2011," *Morbidity and Mortality Weekly Report (MMWR)*, Vol. 63, No. SS08, September 5, 2014; Lisa Davis, Amanda Grifka, Kristin Williams, and Margaret Coffey, eds., *2016 Workplace and Gender Relations Survey of Active Duty Service Members*, Alexandria, Va.: Office of People Analytics, Defense Research, Surveys, and Statistics Center, OPA Report No. 2016-050, May 2017.

[4] Ann L. Coker, Heather M. Bush, Patricia G. Cook-Craig, Sarah A. DeGue, Emily R. Clear, Candace J. Brancato, Bonnie S. Fisher, and Eileen A. Recktenwald, "RCT Testing Bystander Effectiveness to Reduce Violence," *American Journal of Preventive Medicine*, Vol. 52, No. 5, May 2017; Charlene Y. Senn, Misha Eliasziw, Paula C. Barata, Wilfreda E. Thurston, Ian R. Newby-Clark, H. Lorraine Radtke, and Karen L. Hobden, "Efficacy of a Sexual Assault Resistance Program for University Women," *New England Journal of Medicine*, Vol. 372, No. 25, June 11, 2015.

[5] Linda A. Anderson and Susan C. Whiston, "Sexual Assault Education Programs: A Meta-Analytic Examination of Their Effectiveness," *Psychology of Women Quarterly*, Vol. 29, No. 4, 2005.

[6] Neil M. Malamuth, Mark Huppin, and Daniel Linz, "Sexual Assault Interventions May Be Doing More Harm Than Good with High-Risk Males," *Aggression and Violent Behavior*, Vol. 41, 2018.

[7] Anderson and Whiston, 2005.

[8] Kari A. Stephens and William H. George, "Rape Prevention with College Men: Evaluating Risk Status," *Journal of Interpersonal Violence*, Vol. 24, No. 6, June 2009.

[9] Stephens and George, 2009.

[10] Barry Schwartz, Edward A. Wasserman, and Steven J. Robbins, *Psychology of Learning and Behavior,* 5th ed., New York: W. W. Norton & Co., 2001.

[11] Schwartz, Wasserman, and Robbins, 2001.

[12] Peter Greenwood, "Prevention and Intervention Programs for Juvenile Offenders," *The Future of Children*, Vol. 18, No. 2, Fall 2008.

[13] Nick Heather, Duncan Raistrick, and Christine Godfrey, *A Summary of the Review of the Effectiveness of Treatment for Alcohol Problems*, London, UK: National Treatment Agency for Substance Misuse, November 2006.

[14] Seth C. Kalichman, David Rompa, Marjorie Cage, Kari DiFonzo, Dolores Simpson, James Austin, Webster Luke, Jeff Buckles, Florence Kyomugisha, Eric Benotsch, Steven Pinkerton, and Jeff Graham, "Effectiveness of an Intervention to Reduce HIV Transmission Risks in HIV-Positive People," *American Journal of Preventive Medicine*, Vol. 21, No. 2, August 1, 2001; W. Kim Halford, Matthew R. Sanders, and Brett C. Behrens, "Can Skills Training Prevent Relationship Problems in At-Risk Couples? Four-Year Effects of a Behavioral Relationship Education Program," *Journal of Family Psychology*, Vol. 15, No. 4, 2001, p. 750.

[15] Katerine Osatuke, Michael Leiter, Linda Belton, Sue Dyrenforth, and Dee Ramsel, "Civility, Respect and Engagement at the Workplace (CREW): A National Organization Development Program at the Department of Veterans Affairs," *Journal of Management Policies and Practices*, Vol. 1, No. 2, December 2013.

[16] These couples counseling programs are designed to be preventive. They are not appropriate for couples experiencing more-serious relationship problems where more-intensive interventions would be needed.

[17] To guide recommendations for adaptation, RAND researchers conducted interviews with 19 sexual assault–prevention managers, qualified experts, and other military stakeholders. This section features a combination of guidance from these experts and best practices from the prevention literature.

[18] Stakeholders included military program managers and highly qualified experts.

[19] RAND Corporation, "Getting to Outcomes®: Improving Community-Based Prevention: A Toolkit to Help Communities Implement and Evaluate Their Prevention Programs," webpage, undated.

[20] Leah Perkinson, Kimberley Freire, and Meredith Stocking, *Using Essential Elements to Select, Adapt, and Evaluate Violence Prevention Approaches*, Atlanta, Ga.: Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2017, p. 9.

[21] Matthew Chinman, Pamela Imm, and Abraham Wandersman, *Getting To Outcomes™ 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation*, Santa Monica, Calif.: RAND Corporation, TR-101-CDC, 2004.

[22] Perkinson, Freire, and Stocking, 2017.

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[28] *Program fidelity* refers to faithfulness or adherence to the original training protocol. For example, when a program is delivered as designed (i.e., same components, same time on each, similar participant engagement), then it is said to be delivered with *high fidelity.* When a program is revised, shortened, or fails to engage participants, then it is said to have *low fidelity.*

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About This Report

The U.S. Department of Defense and the military services continue to prioritize the prevention of sexual assault. The healthy relationship approach to sexual assault prevention is an innovative concept that aims to teach individuals the skills they need to create mutual and respectful relationships that leave no room for sexual assault. This guide aims to provide prevention teams and leaders with an overview of a healthy relationship approach to sexual assault prevention, why it could be an effective tool, and strategies for implementing a program as part of their prevention portfolio.

This report should be of interest to decisionmakers in the military, prevention professionals, and others interested in a healthy relationship approach to prevent sexual assault. The research reported here was completed in June 2020 and underwent security review with the sponsor and the Defense Office of Prepublication and Security Review before public release.

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Notes

The U.S. Department of Defense and the military services continue to prioritize the prevention of sexual assault.

Innovative approaches to violence prevention can be part of the toolbox for commanders, leaders, and prevention professionals charged with ensuring a safe workplace for service members. The healthy relationship approach to sexual assault prevention is an innovative concept that aims to teach individuals the skills they need to create mutual and respectful relationships that leave no room for sexual assault. This guide aims to provide prevention teams and leaders with an overview of the healthy relationship approach to sexual assault prevention, why it could be an effective tool, and strategies for implementing a program as part of their prevention portfolio.

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