FINAL

Levels of Evidence in Campus Sexual Violence Prevention: Distinguishing Between Evidence-Based, Evidence-Informed, Promising, and Emerging Programs and Practices*

Campus sexual violence prevention strategies should be informed by the best available evidence of program effectiveness. While many types of research can be useful in developing comprehensive prevention strategies, the level of evidence depends on the strength of the research methods used. Each research design has strengths and limits in terms of the kinds of conclusions the findings can be used for. There are many different terms that are used to describe levels of evidence. Below we have tried to create a set of terms that can best help move campus prevention practices forward.

	Evidence-Based	Evidence-Informed	Promising	Emerging
Overview	This is the highest standard of information about the effectiveness of a program. It usually means that the program has been tested using research methods that really show cause and effect. That is, the research is able to show that changes in behavior are most like the result of the prevention strategy itself. Ideally, this term is used for strategies or programs that have been evaluated with many studies, across different and diverse groups of people.	This term is usually used to describe prevention strategies that have been less researched or have been researched using methods that produce less certainty that any changes in behavior or attitudes were only due to the prevention program and not something else like normal development. This term can also be used to describe prevention work that is built on evidence-based practices that are being adapted to better fit with a new community or population that has not yet been involved in research on the effectiveness of the program. For example, when Miller and colleagues took Coaching Boys to Men to India from the U.S.	This term is for prevention programs or strategies where research shows impact on risk or protective factors related to sexual violence rather than impact on rates of violence itself. This term could also apply to a prevention practice that has evidence-based or informed status with a different population but does not yet have strong evidence for the current group it is being used with. For example, an evidence based college program is adapted for use with high school students. For example, Bringing in the Bystander college program shows improvements in	This term is useful for programs that are built on strong research evidence about the risk and protective factors the prevention strategy tries to change, and the program uses change methods that have also been shown by research to be effective at changing attitudes and behaviors more generally. For example, community based participatory research is used to bring together best practices related to sexual violence prevention with the lived experience of

			bystander action but has not yet been shown to decrease sexual violence on campuses.	community members who are underrepresented in prevention efforts. The focus of prevention is informed by the science of risk and protective factors for SV prevention but the specific program itself has not yet been evaluated as it needs to be developed in the community first.
Research and Evaluation Design	○ A research design that includes groups of people who do and do not get the prevention program. People are assigned at random to get the program or not, they do not get to choose. This insures that the people who do and who do not get the program are similar to each other because people who choose to do prevention often look different than those who do not. The research should take place in more than one school or community. The researchers follow participants over an extended period of time to look at results of the program. ○ Studies have also been done to provide information about how best to adapt the program – who the program works better or worse for and what conditions and active ingredients are most important for effectiveness.	○ Program is based on most current research about risk factors and how to create behavior change. ○ The program or strategy has been the focus of evaluation research that has been published in peer review journals. ○ Evaluation research has used methods similar to evidence-based category but usually fewer studies have been done. So, perhaps only one study of effectiveness has been done or perhaps only a very short follow-up time period is used to track the effects of the prevention strategy. ○ If multiple studies have been done the results overall show that people who get the prevention	○ The program has been researched using methods that compare groups of people who do and do not get the program. However, people are not randomly assigned to get the program or not. ○ A formal, independent report has been produced which documents the program's positive outcomes.	○ Program and practices may have been evaluated using less rigorous evaluation designs that have no comparison group. For example, surveys may be given before and after the prevention strategy to look at changes without being able to compare to people who did not participate in the program. Outcome measures cannot just be participants' reactions or satisfaction with the program. ○ Prevention strategies are

	○ The studies have been reported in published, peer-reviewed journals. This insures that the research design and analyses have been closely looked at by other scientists who were not themselves involved in the study. ○ More than one study has been done and the findings overall suggest that the program works at changing behaviors.	strategy do better than those who don't.		based on best practice recommendations and the program or practice is currently being evaluated for feasibility and acceptability OR evaluation may be in process with the results not yet available.
Theory and Logic Model	○ The program uses a clear theory of change, which clearly describes what will change in individuals, relationships, or communities as a result of the prevention work and describes the specific activities that will create those outcomes or changes. The strategy has a detailed logic model or conceptual framework that outlines the inputs and outputs that lead to short, intermediate, and long-term outcomes.	○ The program uses a clear theory of change, which clearly describes what will change in individuals, relationships, or communities as a result of the prevention work and describes the specific activities that will create those outcomes or changes. The strategy has a detailed logic model or conceptual framework that outlines the inputs and outputs that lead to short, intermediate, and long-term outcomes.	The program uses a clear theory of change, which clearly describes what will change in individuals, relationships, or communities as a result of the prevention work and describes the specific activities that will create those outcomes or changes. The strategy has a detailed logic model or conceptual framework that outlines the inputs and outputs that lead to short, intermediate, and long-term outcomes.	○ The program uses a clear theory of change, which clearly describes what will change in individuals, relationships, or communities as a result of the prevention work and describes the specific activities that will create those outcomes or changes. The strategy has a detailed logic model or conceptual framework that outlines the inputs and outputs that lead to short, intermediate, and long-term outcomes.

Effects/Outcome Measures	○ Program shows evidence of actual behavior change, not just attitudes or risk factors. ○ Prevention effects can still be seen at least one year beyond the end of the program, with no evidence that the effect is lost after this time. ○ No practice or research evidence or theoretical basis suggesting that the practice is harmful.	○ Program shows evidence of long term changes in important risk and/or protective factors that research shows are linked to sexual violence compared to a group that did not get the prevention strategy. ○ And research shows short term (immediately after the program) changes in behavior but did not follow participants for a very long time. ○ No practice or research evidence or theoretical basis suggesting that the practice is harmful.	○ Program shows effects on attitudes and other risk factors only and all participants got the prevention practice so it is difficult to know if the prevention strategy itself created the differences in risk factors or if something else outside of the prevention work did. ○ No practice or research evidence or theoretical basis suggesting that the practice is harmful.	○ Mostly formative evaluation -- participant reactions and suggestions to look at how feasible and acceptable the program is to the community you are working with. ○ The practice is generally accepted in practice as appropriate for use with the participants in the program.
Implementation Guidance	○ The program has a book, manual, training, or other writings that specify components of the program, describes how to administer it, and provides information about how to adapt it to meet needs of specific target audience/community.	○ The program has a book, manual, training, or other writings that specify components of the program and describes how to administer it. ○ Does not provide adaptation guidance.	○ The program may have a book manual, training, or other writings that specify components of the program and describes how to administer it. The program is able to provide formal or informal support and guidance regarding program model, and provides information about adaptation so that others can replicate it.	○ The program may have a book manual, training, or other writings OR may be working on documents that specify the components of the program and describes how to administer it OR this may be in process.
Population	○ Program is being used with the age group for which it was designed, and it has been assessed with different groups/demonstrates cultural	Program is being used with the age group for which it was designed, and it has been assessed with different groups/demonstrates cultural	○ Program or practice is being implemented with or adapted for a different age/demographic group	○ Program is being used with narrow range of participants/groups.

	competence.	competence.	that it was originally designed.	
Strengths and Limitations	○ The use of a control group, randomly assigning people to either get the prevention program or not, and longer follow-up timelines allows us to have more confidence that any behavior changes we see are caused by the prevention strategy and not something else. ○ The research often has to take place under artificially controlled conditions that may not look very much like the real life environments of schools, campuses, and communities where practitioners work.	○ Study methods compare people who did or did not experience the prevention strategy, so conclusions about prevention impacting attitudes and behaviors can start to be made. ○ Since fewer studies have been done it is likely that the program has not been assessed with lots of different groups. This means we cannot make generalizations about how the program will fit or work for diverse audiences. ○ Prevention often works best in the short term but these changes drop off over time. Studies that only look at outcomes right after the program happens or only a month or so later do not tell us whether the prevention program has really created long term change.	○ The research can tell us that people who get the prevention strategy have changed on measures of risk and protective factors. This can suggest to us that the prevention strategy may work to change the most important outcomes – reducing perpetration and victimization – but these research studies do not answer that question specifically. ○ These studies are less costly and usually take less resources than the study designs used to build higher levels of evidence. They are a good place to start to see if the we are on the right track with a prevention strategy – is there any change we can see? If so then it is likely useful to invest more resources for higher levels of evidence. ○ Because we don't have a comparison group of people who did not get the prevention program we can't say for sure if any positive changes in attitudes or behaviors are actually caused by	○ This level of evidence can answer important questions about whether the prevention strategy is possible for a community or school to use, whether a diverse audience feels that they can connect to the prevention strategy and use it. These are important first questions for any program to answer. Does the target audience respond well to the program and is the program possible to resource in the context where you are using it? ○ This level of research evidence can not tell us whether the prevention program is changing behaviors or attitudes.

			the prevention program or by something else. Perhaps people just change their minds because of normal development, or because of some other community event or training that took place. With this level of research we cannot answer that question.	

*Adapted from OVW's *Establishing Prevention Programming: Strategic Planning for Campuses*, April 2014, and the Ohio Children's Trust Fund's criteria for effective programs. The Centers for Disease Control has developed a Continuum of Evidence of Effectiveness. This has 3 main levels and multiple sub-levels. Can be a useful tool. https://www.cdc.gov/violenceprevention/pdf/continuum-chart-a.pdf