



Lessons Learned

Testing a Strengths-Based Curriculum for Sexual Violence Prevention

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Brothers as Allies (BAA)

is a strengths-based curriculum for middle school boys developed by the One Circle Foundation. With funding from the Centers for Disease Control Violence Prevention unit, the New York State Department of Health (DOH) partnered with Cornell University on a study to test the efficacy of BAA between 2017-2020. BAA was implemented and evaluated in several upstate New York communities. The ten-session program was led by trained male facilitators from each community. **Over the course of the study, 11 facilitators provided 36 program cycles to 341 boys in 22 sites.** We used a waitlist control design in order to offer the intervention to as many interested sites as possible during the term of the study.

This unique project involved collaboration at several levels: among practitioners, youth-serving organizations, academic researchers, and both state and federal policy-makers. In this report, we share lessons learned about the process of conducting this research while prioritizing and adapting to the needs of the collaborators who joined us in this work.

The two primary research aims included:

- 1 To evaluate the efficacy of a strengths-based curriculum to reduce risk for future sexual violence perpetration among middle school-aged boys (ages 12-14).
- 2 To assess the extent to which the curriculum, when implemented with fidelity and quality, leads to improved relationships and stronger connections with adults in after-school settings.

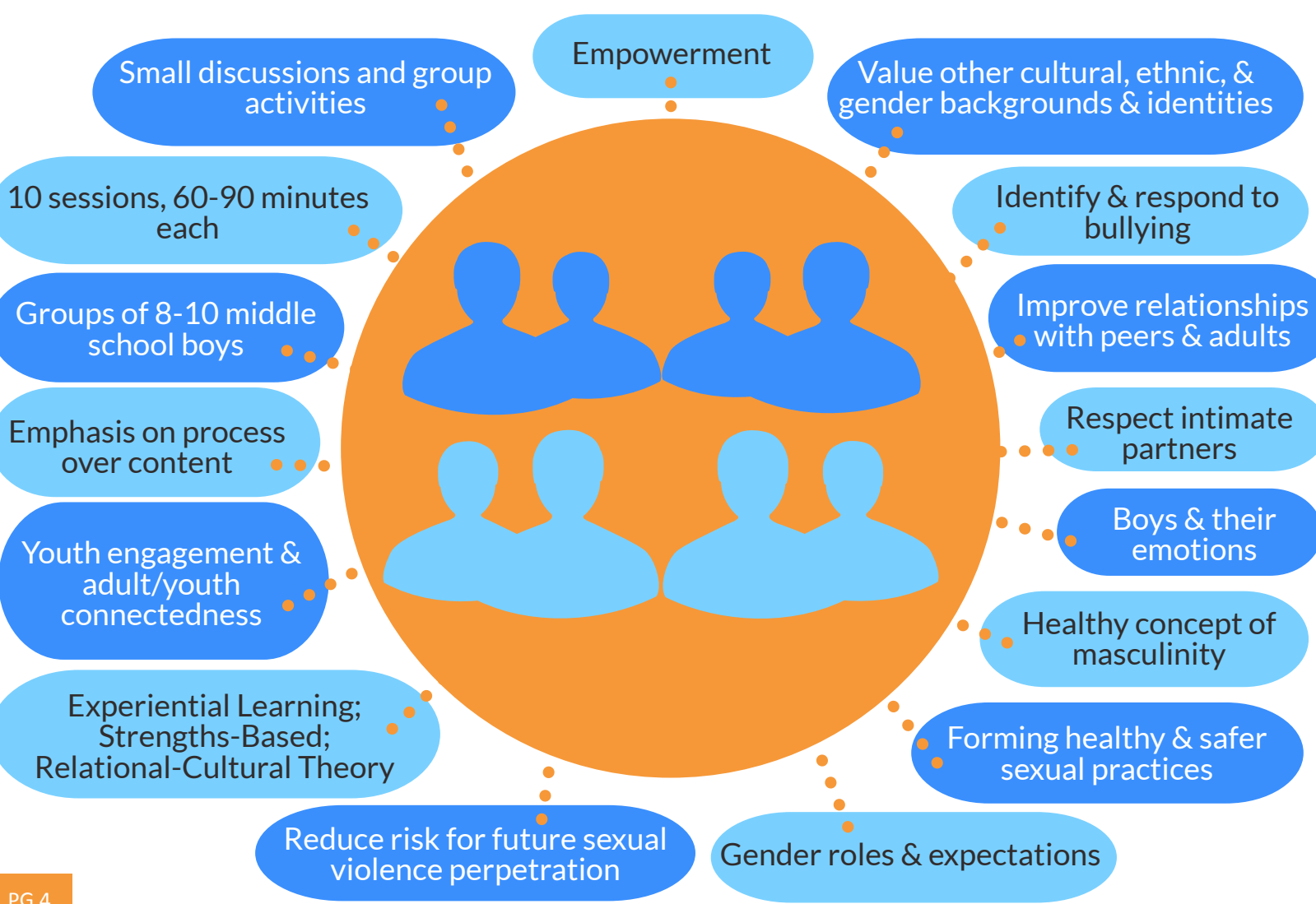
It is important to note, however, that while evaluating the BAA curriculum was the primary reason that all key stakeholders came together, our community partners were primarily engaged by the opportunity to offer the curriculum because **they regarded it as a novel and needed useful resources for their middle school boys.** This difference in focus, although compatible, shaped many of the lessons learned through this effort. A growing body of research suggests that understanding all partner priorities and facilitating trusting and honest relationships with them are key strategies for successful translational research.



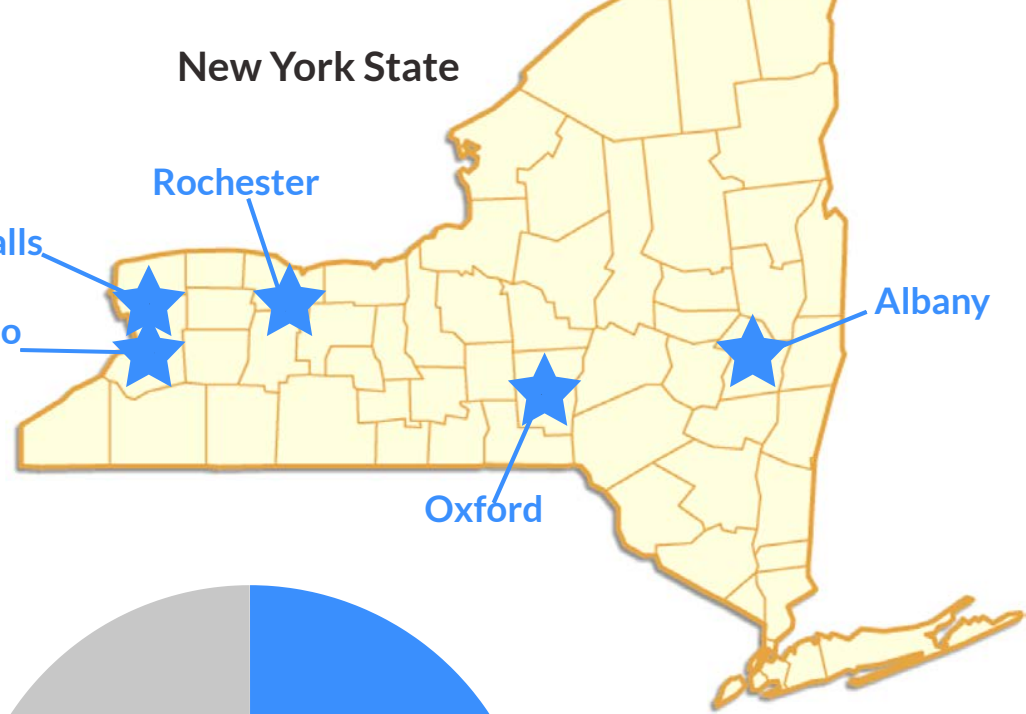


Brothers as Allies Project

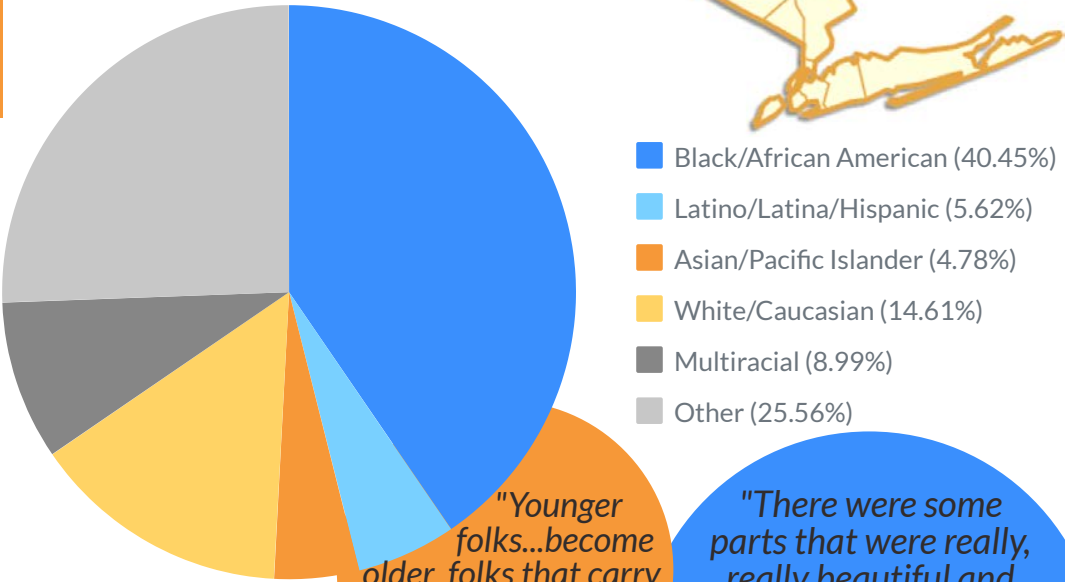
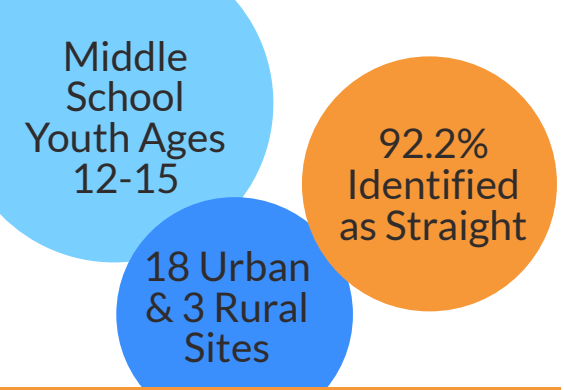
What is Brothers as Allies?



Where were our groups?



Who participated?



What did we learn?

"Younger folks...become older folks that carry some of the baggage into adulthood."
-Facilitator

"There were some parts that were really, really beautiful and organic and it was times where you could see the curriculum and the connection was really firing for the young folks."
-Facilitator

Youth need this program



BAA creates an opportunity for youth to begin talking about topics such as **masculinity, relationships, diversity, and sexual violence perpetration** before they are presented in high school.

Creating Space



BAA helps youth assess their own **feelings, perceptions and personal histories** to better understand their **emotions and behaviors**. BAA is designed to start conversations in a safe space of **trust and mutual respect** to encouraging participation at youths' own pace in their own way.

Facilitator Engagement



The facilitator's leadership, background, life experience, buy-in and approach to the curriculum are all ingredients for success. It is important for facilitators to understand and feel comfortable with the sensitive topics discussed.

Need for More



Facilitators report that youth want to continue beyond the 10 sessions.

"A lot of conversations that we had were like the first time...most of them had any of those conversations, so I felt like it definitely opened up their perspective, as far as what it is to be a man and just not what they're getting from either home or television and films."
-Facilitator

What did we do?

In order to achieve the research goals of this project, our first goal was to **secure community partners.**

USING THE DOH NETWORK of organizations they fund through their Adolescent Health and Rape Prevention Education (RPE) programs, **we began looking for site-specific partners.** This recruitment process took much longer than anticipated. By year two, however, we had started to identify our partners and set up relationships with after-school sites that included boys in our target age and who were interested in participating in the BAA study.

ONE IMMEDIATE CHALLENGE was that sites were reluctant to participate in the study as a control group without assurance that they would receive the BAA curriculum at some point in time. This required some modification of our study design but was ultimately achievable. Sites in the control groups were also interested in an alternative set of programming that wouldn't compete with the BAA curriculum. We had not planned for this and lacked the resources to accommodate this request but it stood out as a primary lesson learned for next time.

The study occurred over a two-year period. We had planned to conduct one more semester of data collection for the Fall of 2020, when the **COVID-19 pandemic hit.** This effectively ended the study. A total of 22 sites participated with a combined total of 341 boys and 11 facilitators. Surveys were administered at four timepoints over a six-month period.

IN ADDITION to the quantitative data the program team **collected qualitative data** across a variety of different domains. Some of what was collected spoke directly to the lessons learned about doing research in the field and are included in this report.

IN TOTAL, we conducted individual interviews with:

9
program
facilitators

6
site
coordinators

4
youth
participants

WE ALSO CONDUCTED:
2 focus groups with youth program participants.

SEVERAL THEMES relevant to the scope, nature, and nuances of community - University - Department of Health collaborations emerged from this process and are presented below along with research staff reflections on the experience of implementing and evaluating the BAA program.

Organizational Partnerships



One of the most salient lessons learned from this project is that **partnerships are the most important** element of community engaged research.

IT IS ESSENTIAL to establish partnerships with organizations and individuals at the proposal stage, well before the implementation of the research. This requires ongoing communication between all collaborators. In the BAA study, this included program implementation site coordinators, facilitators, participants, and researchers in addition to the sponsoring organizations (NYS DOH, Cornell, and CDC). Key organizational collaborators at the community level should be well-respected, trusted organizations that are familiar with the target population. Expectations should be clearly articulated and agreed upon in advance to assure buy-in at all levels before moving forward. This includes staff roles and effort (i.e., who will do what and when), the use of stipends or incentives, and the overall operational process that will be used to conduct the study.

In the BAA study, Cornell partnered with **Planned Parenthood of Western and Central NY (PPWCNY)**, a DOH-funded teen pregnancy prevention provider, to help identify implementation sites in the region and support local program implementation and data collection efforts. It is important to recognize that our study represented an additional set of activities and responsibilities for all of our partners. Ample time and support must be provided to enable these valuable partners to fully collaborate with the research team on work related to the study, both in the planning phase and over the course of implementation.

researchers
+
policy makers

ONE IMPORTANT LESSON LEARNED in this work was the value and impact of partnerships between researchers and policy makers at the DOH.

Aligning research with state policy goals increases the power of both study recruitment and dissemination of results.

As statewide health initiative program funders, the DOH could potentially leverage recruitment into the study at both the organizational and site level. An example of this is the way teen pregnancy prevention programs can dovetail with other adolescent health projects, such as the BAA sexual violence prevention study. By engaging existing grantees in new research and providing necessary financial support to expand partner organizational capacity, the DOH can facilitate potential research collaboration. In addition, project results can be disseminated through widespread networks to expand the reach and increase uptake of new research guidance.

One of the primary lessons learned regarding recruitment is that **adequate time must be allotted** for establishing agreements with all the intended participating study sites.

WE RECOMMEND, if feasible, to include site agreements (e.g., MOU's) in the proposal stage. A growing body of research suggests that understanding all partner priorities and facilitating trusting and honest relationships are key strategies for successful translational research.

Site administrators and front-line staff need a thorough orientation and buy-in before agreements are established. Planning should include **identifying special needs** around organizational capacity and **willingness to work on sexual violence prevention** with middle school boys. Planning for an orientation about the mechanics of the study should occur alongside recruitment. This includes expectations for staff involvement, space/equipment needs, and the process for collecting survey data and distributing incentive payments. Student enrollment, activity schedules and attendance must be included in the planning process. Scheduling an after-school program that conflicts with other popular activities, such as basketball, will influence participation. Because the BAA program was designed to be delivered in 60–90-minute sessions, finding this amount of available time was especially challenging for our study sites.

Another challenge we faced during site recruitment was the need to have a **control group** for sites not randomized to receive the intervention. The initial plan was to compare boys who received the BAA intervention with boys who received regular after-school programming. After learning that this approach was not appealing to sites who were only motivated to participate in the study by the prospect of eventually receiving the BAA program, even if they had been randomized to the control condition, we changed to a wait-list control design. That allowed boys who began in a control group to receive the intervention in the following academic semester. Offering some form of control group programming should be included in the proposal planning process. This is especially important in underserved schools where available programs for youth are limited and participating in research adds extra responsibilities to site staff.

Research burnout in over-studied areas should also be taken into account during the site recruitment process. Feedback from site coordinators sheds light on some of the **negative aspects** of past participation in research and includes:

- 1 lack of communication,
- 2 not sharing results,
- 3 the historical impact of research on marginalized populations, and
- 4 lack of tangible benefits to the participating students and the community.

These valid concerns should be fully understood and addressed in the planning phase by the research team.

As one site coordinator shared:

“For our organization, engaging with the Black community in a way that feels authentic to them is really important. That was another good thing about the curriculum. It allows us an entry that feels very authentic, whether it’s Brothers as Allies or something else from One Circle. Because we don’t always have trust in communities. Particularly communities of color.” (Site Coordinator)

Also important was understanding the **sensitivity** of the project focus. Special attention must be paid to the nature of the research topic. The BAA study aimed to prevent future sexual violence perpetration by engaging youth in strength-based activities and discussion around toxic masculinity, intimate relationships, and valuing all aspects of diversity. In some school settings parents and/or administrators may be concerned about the way these topics will be handled in the program. Preparation for these conversations can help clarify the content of the program and answer questions or concerns.

“I actually went to some of the parents prior to the young men, just to even see before I approached the young men because, you know, if the parent wasn’t willing to allow them to be part of it, it wasn’t any use talking to them about it. So, when I went to the parents and you know, kind of talked to them, then ...it made things a little bit easier.” (Facilitator)

Facilitators

Because the BAA program provides an opportunity for youth to have important open-ended discussions with trained facilitators, **effective leaders are essential** to successful program delivery.

THE FACILITATOR'S BACKGROUND, life experience, and approach to the curriculum are **key ingredients** that offer the most potential for success with youth participants. Recruitment of facilitators who buy in to the purpose of the program and have full understanding of the study goals and logistics can prevent challenges around communication and adaptation when groups are underway. In addition, when possible, facilitators should have a relationship and connection to the community in which they will be working.

In order to randomize study groups, our facilitators were assigned schools independently. Because of this, most of our facilitators were not known to the boys in advance. We learned that ongoing relationships with the boys helps to reinforce BAA concepts and practices. **Trust can be established earlier**, and the benefits of the program can be extended beyond the 10-week program period.

Equally important is the facilitator's understanding of, and comfort with, the sensitive topics addressed in BAA. This should be attended to during the recruitment and screening of potential facilitators. We suggest offering an enhanced training period that includes an opportunity to address the facilitators' own experiences with toxic masculinity, gender roles, and knowledge of sexual violence.

Preparation for the facilitators could potentially include providing an adult version of the BAA curriculum, and practice with BAA activities, in addition to training on facilitation skills, trauma-informed practice, and classroom management. **Ongoing support and supervision of facilitators should be built into the program**, to help as questions come up during program implementation. Creating a learning community group with other facilitators can build strengths across the facilitation team.

"I just remember being a young man and actually needing similar resources and them not being as available, so any time I see programming, you know, when they're willing to help the children in that population I always jump at because I know how rare it is that people know how to lead that kind of work." (Site Coordinator)

"If this is not a passion of yours, if this is not something you're invested in, in terms of building relationships, then you may be better suited to do a different type of work. And that's okay, but we're preparing the ambassadors of our future, and this is serious work that we're doing." (Facilitator)

"Younger folks ... become older folks that carry some of the baggage into adulthood." (Facilitator)

Participants

The BAA program is tailored to middle school boys ages 12-14.



WE SELECTED THIS AGE GROUP so that youth can begin discussions about masculinity, relationships, diversity, and sexual violence prevention, sensitive topics that don't typically get addressed until high school or college. We learned that the older youth within our 12-14 year age group were better equipped to discuss these topics. There is a wide range of maturity and development in early adolescence, so program leaders should be mindful of this during the recruitment process. We found that the program seemed to **resonate best with 7th-8th graders** (13-14 years old) depending on the maturity of the group.

As one facilitator observed:

"(Younger boys) weren't keen to the conversation about the sexual part. They certainly withdrew—not all of them—but you could tell some of them were a little uneasy by having those discussions based on their age, maybe past experiences." (Facilitator)

Good communication about the program and its content is just as important to share with youth participants as it is with our adult partners. Their participation should be voluntary, and not based on an "at risk" status. **The need for violence prevention cuts across all segments of the population, not just boys of a particular race or socioeconomic status.** While our project was conducted primarily with boys of color in low SES areas, it is very important not to perpetuate false narratives about boys/men of color. Sexual violence occurs in all racial and economic groups. Our study locations were selected based on the populations served by our partner organizations. We recommend future implementation use an intentional strategy to increase the diversity of sites and groups receiving the Brothers as Allies program.



Curriculum

The Brothers as Allies curriculum differs from many youth curricular options because **“creating space” is the key ingredient.**

WHILE OTHER PROGRAMS focus on imparting knowledge, BAA starts by helping participants **assess their own feelings, perceptions, and personal histories** to more fully understand their emotions and behavior. It uses a consistent **7 step format** at each session:

- 1 Opening Ritual,
- 2 Theme Introduction,
- 3 Warm-Up,
- 4 Check In,
- 5 Activity,
- 6 Reflection, and
- 7 Closing Ritual

This consistency creates safety and trust within the group:

“I think it’s good as a template and I love the fact that it provides space for adaptation based upon the environment or the space that you’re in and with the group that you’re actually working with. A lot of times with some curriculum, it may be just fixed and it doesn’t provide that type of space for adaptation, and I like the fact that it... is set up that type of way. For example, in a session you have two different activities—you can do one or do two if you have time—but the space—it gives you space in the room and I like that.” (Facilitator)

Session topics include both physical activity and creative expression and are designed to start conversations in a safe space of trust and mutual respect. This allows participants to engage in their own way and at their own pace, with sensitivity to individual preferences and life experience. Facilitators model this process in the way they lead the program, encouraging self-reflection and giving boys the choice to share their perspectives and feelings. It is during those discussions where “making space” for organic growth and youth insight occurs:

“There were some parts that were really, really beautiful and organic and it was times where you could see the curriculum and the connection was really firing for the young folks.” (Facilitator)

“I think you have to be able to listen, obviously, not be judgmental. You want to use some of your experiences, but you want to use more of the group’s experiences because peer-to-peer conversations are more impactful than just hearing from the instructor.” (Facilitator)

“The activities and the topics around sexuality and also activities for discussions that allow them to share some of their personal experiences because a lot of times young boys don’t have the type of safe space in which they would be able to share about something that they are feeling deep down inside.” (Facilitator)

“It gave them...the opportunity to kind of dispel some myths, like I said, social media... and music and things of that nature plays a pretty big part in the way they look at themselves and the way they look at masculinity. And so, our discussions gave them the opportunity to really consider what’s being put out.” (Facilitator)

“I feel that as boys or as men...that a lot of the times we suppress our emotions and being able to talk to one...Sometimes it has to be, you know, like a friend that you know you can trust. So a lot of the times I felt like I formed a closer bond with the person in that group. I feel like the group was something that was good and necessary.” (Youth Participant)

One of the most consistent pieces of feedback we heard from facilitators is the wish for the program to go

beyond 10 weeks, whether in an extended format or by transitioning into another activity set. The One Circle Foundation, who developed BAA, has several other activity guides for boys up to age 18.


“Most of them needed more, they needed more, I think that was one of the things that we left and it was like—oh, you’re not coming back anymore. I think there was this yearning to continue.” (Facilitator)

“I think that it could be longer because it takes a couple weeks for them to even get comfortable to discuss what they’re talking about. They could build more of a rapport in the beginning and then kind of, you know, go through with the program.” (Facilitator)

TO HELP THE PROGRAM RUN SMOOTHLY, we learned that providing facilitators with coaching in advance of each session prepares them for both the topics to be discussed, and the logistics/supplies needed to carry out the session. Providing snacks for participants is also highly recommended when possible.

We heard requests to adapt the curriculum into shorter sessions so that the program can be accommodated within the school day schedule. This would require smaller groups to allow for full participation in the shorter timeframe.

Research Process / Data Collection



Conducting a rigorous outcome evaluation under “**real world**” conditions presented us with several challenges.

A PRIMARY TAKEAWAY is that even though our initial conversations about study design requirements were quite comprehensive, it became apparent that some of the critical details really **didn't “stick”** with many of our key community partners.

The language of research and the underlying sensibilities which inform how it needs to be carried out in order to produce credible results are simply not part of the parlance of many community partners. As such, ongoing check-ins and communication between the research staff and study partners (especially those actually delivering the program) are critical. Clear and ongoing instruction about what kinds of program components could and could not be modified were essential in making sure that basic study design requirements were met. Ideally, researchers and community partners should engage in ongoing conversations about the barriers, challenges, and desired modifications those in the field believe are needed before they make modifications on the fly that have study design implications.

Another area where there needs to be ongoing conversation and clarification relates to the need for randomization. **It was difficult finding sites willing to serve as a control group.** This was largely due to resistance to adding tasks without clear benefit to their already full plates. Many of the community sites were only willing to participate if they were guaranteed to receive the intervention at some point; thus using a wait list design proved to be useful in recruitment. In future studies we recommend working with community partners in advance to identify and offer alternative and appealing programming to groups in the control condition.

There has been historical resistance to participation in research for marginalized populations. **It is hard to break into communities as outsiders.** This is particularly true for communities that have had negative experiences with research, which sadly has occurred too often in communities of color. Knowing about the history of the groups with whom one wishes to work and partnering with existing community organizations is an important approach.

As described earlier in this report, efforts must be made to **share information readily and clearly**, with an awareness that scientific/academic language can create barriers between community members and research practitioners. For example, the term “control group” can be easily misunderstood to mean “being controlled.”

When working with school systems or other organizations, ask proactively if they have their own human subjects review process in addition to the institutional review board of the university overseeing the study. **Start early to submit study plans** with a complete explanation of the project, not just the intervention but the survey research component and all aspects of the staffing, space, incentives, and operational process. This can help clear up any questions or allow for adaptations that would increase the chances of approval.

Research Process / Data Collection

[continued]



Collecting data from multiple sites that were in distant locations from the study team proved to be the most difficult aspect of the project. Local research assistants were hired and were based at PPCWNY. This required long-distance supervision between the Cornell team and PPCWNY, which created another step removed between university researchers and field data collection. We opted to use tablets loaded with Qualtrics surveys offline, coded to each individual participant ID. Research assistants were responsible for entering the correct ID for each student, and matching tablets to students while maintaining survey confidentiality. This was logistically challenging and required a great attention to detail. We collected survey data prior to and immediately post program implementation and again three and six months after program completion. Control group data were collected during the same time frame. This required research assistants to meet with boys in groups to obtain assent, distribute tablets accurately linked to participant ID number, assure data were saved to each tablet, and collect contact information for future data collection points. We provided a cash incentive to students for each survey completed (\$10 for the first survey, \$20 for the second, \$30 for the third, and \$40 for the fourth). Research assistants had to carry cash and obtain signed receipts from participants at each data collection point.

Obtaining parental consent was also a challenge. We used passive consent, which enabled students to participate unless parents returned a form opting their child out. However, we wanted to be sure parents had every opportunity to be aware of the study, so sites used two methods to contact families. In some cases, individual phone calls were made. Using the site's existing systems for parental consent proved helpful, for example sending study materials home with other "welcome back" mailings at the start of the school year.

Because the research team was not a part of the after-school settings where the programs were delivered, planning and coordination between the sites, facilitators, and research assistants had to be ongoing and accurate. We learned that individual and site schedules were difficult to align, and plans changed frequently due to student absences, school events, or researcher capacity. Keeping data collection separate from facilitation was intentional; however this did create some confusion among both partners and participants about which elements of the program were "research" (4 surveys) vs. "program" (10 facilitated sessions). As discussed previously in this report, clear communication from the start involving all parties in the project is essential. We recommend pre-scheduling all data collection dates across the term of the project so that everyone is aware in advance of school events and holidays. It is also advisable to build in days to cover potential weather-related cancellations. Student attendance also affected data collection efforts. We learned that at least two visits per data collection point were necessary to reach all the students enrolled in the study. For the time 3 and 4 surveys we shifted to online survey distribution because the students were no longer in a cohesive group that could be accessed all together for a research assistant to distribute tablets. We contacted students in advance, using the methods they provided to us, to let them know that a survey would be emailed to them shortly. Incentives were provided via online gift certificates to Amazon or Walmart, however the response rate for these follow up surveys was not as robust as the first two (in person) data collection points.



Conclusion

Research/community partnerships are an immensely important and valuable way to advance general knowledge about how programs positively impact health and well-being. These partnerships, however, may come with challenges that can seriously compromise the capacity to answer key research questions.

We have described some of the lessons we learned in conducting a rigorous evaluation in collaboration with community partners. Taking the time to come to a clear understanding of the priorities, language, and needs of each partner is vital to creating a shared vision and leveraging each partner's strengths. By carefully considering any difficulties that facilitators are likely to face, partners can put supports in place to minimize on-the-fly modifications that interfere with program delivery. This level of planning and coordination requires regular contact and a high degree of trust between project team members. Even with the multiple challenges that accompany research/community collaboration, the fruits are likely to be well worth the effort.

Community-based partners can help to disseminate findings, amplify a program that performed positively in the field, and be ready made members for future projects. The exchange of ideas, perspectives, and interpretations are enriching for everyone and can break down barriers to exchange in unique and valuable ways.