



BodySafe Programme

Evaluation Report

for

Rape Prevention Education Whakatu Mauri

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Executive Summary

This report covers the formative, process and outcome evaluation of the *BodySafe* programme implemented in secondary schools in Auckland. The SHORE and Whariki Research Centre was contracted by Rape Prevention Education Whakatu Mauri to undertake the evaluation between August 2009 and August 2010. The report is structured as follows:

- Introduction which includes project background, description, evaluation design and approach, evaluation methods
- Literature review
- Evaluation findings which are presented to answer each of the evaluation questions
- Concluding comments
- Recommendations

Background

Rape Prevention Education has delivered the *BodySafe* programme to Auckland secondary school students since 2005. It is a continuation of an earlier programme (PASS – Personal Action for Sexual Safety), which began in the early 1990s. The *BodySafe* programme aims to reduce the incidence of sexual violence victimisation and perpetration within adolescent populations. The goal is to work with young people to promote respectful sexual relationships and prevent sexual violence – and ultimately to reduce the future incidence of sexual violence in New Zealand.

Evaluation aims and objectives

The broad aim of the evaluation was to assess the impact of the *BodySafe* programme to the present and use this information to inform the monitoring of the programme's effectiveness in preventing and reducing sexual violence experienced by young people in the Auckland region.

The evaluation objectives were:

- To support the ongoing development, design and implementation of the *BodySafe* programme based on outcome evaluation findings and research evidence and practice relevant to the *BodySafe* programme.

- To review and provide feedback on programme management and monitoring processes
- To critique and provide feedback on service delivery, especially curriculum and resources (learning and teaching) for relevance and accuracy
- To review the organisation (structure, resources, management, etc) of the BodySafe programme and the context in which it operates (Rape Prevention Education) to assess efficiency and effectiveness of programme support.
- To recommend means by which formative evaluation could become central to the programme's effectiveness in achieving its goals.
- To assess the quality of the implementation of the BodySafe programme
- To assess the extent to which BodySafe has had a positive effect on its stakeholders, namely school staff and students/youth who have engaged with the programme.
- To recommend to Rape Prevention Education and the Ministry of Health, on the basis of the evaluation findings, changes to the BodySafe programme in terms of service delivery, organisational support and development to better meet stakeholder needs.

Evaluation findings

How high quality is the BodySafe programme with regard to its design, content and implementation?

There is clear evidence that the programme design, content and implementation is of high quality.

The BodySafe Programme has a similar format – three to five sessions – to international programmes identified in the literature review. The content is consistent with “standard” sexual violence prevention programmes (see Table One) with an additional major focus on legal definitions of sexual violence and consequences in the criminal justice system in Aotearoa New Zealand and a greater emphasis on where to seek help and healing strategies. The BodySafe programme is delivered by external providers to both single gender and mixed groups which is common practice for sexual violence prevention programmes internationally. Evaluation findings indicate that schools were clear it was better for an external provider rather than a classroom teacher to deliver in-depth information around sexual violence and sexual safety.

Evidence shows liaison with schools allows for understanding of the BodySafe programme and its purpose, however levels of liaison varied among schools from very comprehensive to moderate. Most students felt very safe participating in the programme, however most knew little about the BodySafe programme before it was delivered which was an issue for some. Initial safety messages needed to be reinforced. There is evidence that the programme is well facilitated and the delivery is very appropriate for students. Most students rated programme delivery as very good or excellent. The easy, upbeat facilitation style of the presenters appealed to most students and they could connect and engage with the material. The content of the BodySafe programme was ‘just right’ for most students; the most frequently circled adjectives were important, interesting, useful and helpful; students related to the use of scenarios and were actively engaged in these; and they particularly enjoyed being able to offer anonymous questions in the final session. However, there was insufficient time allowed for facilitators to respond to most of the questions posed.

There is evidence that the generic programme is very suitable and appropriate for a wide range of students. It is designed to meet the needs of a wide variety of cultures

and ethnicities. While school staff were supportive of the generic programme they suggested that culturally specific modules could be appropriate in some schools.

Merit determination

The rubric below provides a rating of very good given there is clear evidence the programme is well-designed and includes content based on evidence for effectiveness. There are some aspects that could be improved regarding liaison with schools to ensure student are better prepared for the programme.

Quality rubric

Rating	Explanation (how you decide merit)
Excellent	Evidence that the programme design, content and implementation is of very high quality. Evidence that the liaison with schools allows for full understanding of the BodySafe programme and its purpose. Evidence that students are very well prepared and feel very safe participating in the programme. Evidence that the programme is very well facilitated and the delivery style is very appropriate for students. Evidence that the generic programme is very suitable and appropriate for a wide range of students.
Very good	Evidence that the programme design, content and implementation is of high quality. Evidence that the liaison with schools allows for understanding of the BodySafe programme and its purpose. Evidence that students are prepared and feel very safe participating in the programme. Evidence that the programme is well facilitated and the delivery style is very appropriate for students. Evidence that the generic programme is very suitable and appropriate for a wide range of students.
Good	Evidence that the programme design, content and implementation is good quality. Evidence that the liaison with schools allows for some understanding of the BodySafe programme and its purpose. Evidence that students are reasonably well prepared and feel safe participating in the programme. Evidence that the programme is well facilitated and the delivery style is mostly appropriate for students. Evidence that the generic programme is suitable and appropriate for a range of students.
Poor	Evidence that the programme design, content and implementation is lacking quality. Little evidence of appropriate liaison with schools with most schools having little understanding of the BodySafe programme and its purpose. Students are not prepared for the programme and very few feel safe participating in the programme. The programme is poorly facilitated and the delivery style is inappropriate for students. The generic programme is not very suitable or appropriate for most students.
Insufficient evidence	Evidence unavailable or of insufficient quality to determine performance

To what extent has the *BodySafe* programme been successful in achieving the desired outcomes?

There is evidence that the short-term outcomes have been well met with most students indicating increased knowledge of laws relating to sex, increased knowledge and skills about sexual safety and increased knowledge about sexual violence and how to deal with it. Survey findings showed 93% of students were able to describe the legal definition of giving consent to participating in a sexual relationships and 85% of students understood what constitutes sexual violence.

In terms of risky situations and how to deal with them 93% of students said *BodySafe* had changed the way they thought or would act (48% very much or extremely, and 45% moderately or a little) in situations where they might be at risk. There were more Pacific students (61.99%) than European (43.42%), Maori (55.41%), Asian (35.09%) and Indian/Pakistani/Sri Lankan (52.91%) who reported that participating in the *BodySafe* programme changed the way they would think/act in risky situations. Almost all students (99%) knew where they could get help if they had been victims of sexual violence. There appear to have been no seriously negative or unintended outcomes and concerns were managed effectively.

Merit determination

The outcomes achieved are rated as very good. Most students demonstrated knowledge of laws relating to sex, knowledge and skills about sexual safety and increased knowledge about sexual violence and how to deal with it.

Outcome success rubric

Rating	Explanation (how you decide merit)
Excellent	Evidence that all of the short-term outcomes have been extremely well met with the vast majority of students indicating increased knowledge of laws relating to sex, increased knowledge and skills about sexual safety and increased knowledge about sexual violence and how to deal with it. No seriously negative or unintended outcomes.
Very good	Evidence that the short-term outcomes have been well met with most students indicating increased knowledge of laws relating to sex, increased knowledge and skills about sexual safety and increased knowledge about sexual violence and how to deal with it. No seriously negative or unintended outcomes. Any concerns are managed effectively.
Good	Evidence that some of the short-term outcomes have been extremely well met with at least half the students indicating increased knowledge of laws relating to sex or increased knowledge and skills about sexual safety or increased knowledge about sexual violence and how to deal with it. No seriously negative or unintended outcomes. No seriously negative or unintended outcomes. Any concerns are managed effectively.
Poor	Evidence that some short-term outcomes have been achieved and there are serious negative unintended outcomes. Students have little knowledge of laws relating to sex, sexual safety and sexual violence and how to deal with it.
Insufficient evidence	Evidence unavailable or of insufficient quality to determine performance

Recommendations

Based on the literature review and evaluation findings it is recommended that:

- The *BodySafe* programme continues to be implemented in secondary schools and funding is made available to develop a whole school approach to sexual violence prevention and respectful relationships alongside the programme.
- The *BodySafe* programme is extended to include more sessions as well as being implemented in subsequent year levels (ie senior year 12 and 13) to meet the developmental needs of young people and reinforce the learning of skills and messages of sexual violence prevention and respectful relationships.

- The sessions should allow more time for questions and student-lead discussions and the opportunity for students to propose anonymous questions
- The BodySafe programme team consider developing a component where presenters address single sex groups as part of the programme
- The safety guidelines for participants who feel uncomfortable are revised and emphasised at the start of each session
- The school counsellors and health teachers are fully informed about the BodySafe programme's purpose and content so they are better able to inform students about the programme before it is delivered, and to deal with disclosures
- The BodySafe programme team have more time and resources to work with the health teachers and school counsellors in regard to the promotion of the programme and its integration with the health curriculum
- The BodySafe team are funded to develop resources for health teachers and counsellors which reinforce the programme and enable them to support students learning around sexual violence prevention
- The BodySafe programme is resourced to allow for greater youth participation in programme design and development. This could be in the form of a Youth advisory group or aligning with an existing youth development-focussed agency
- Enable the BodySafe team to work with school management and BOT to shift school policy and curriculum to support the prevention of sexual violence and the promotion of respectful relationships
- Enable to BodySafe team to start engaging the school community (particularly parents and caregivers) using a community readiness model.

1.0 Introduction

This report covers the formative, process and outcome evaluation of the *BodySafe* programme implemented in secondary schools in Auckland. The SHORE and Whariki Research Centre was contracted by Rape Prevention Education to undertake the evaluation between August 2009 and August 2010.

1.1 Background and project description

The *BodySafe* programme aims to reduce the incidence of sexual violence victimisation and perpetration within teenaged populations. The goal is to work with young people to promote respectful sexual relationships and prevent sexual violence – and ultimately to reduce the future incidence of sexual violence in New Zealand.

Rape Prevention Education has delivered the programme to Auckland secondary school students since 2005. It is a continuation of an earlier programme (PASS – Personal Action for Sexual Safety), which began in the early 1990s. *BodySafe* is funded by a combination of Ministry of Health funding (An average of \$250,000 a year over three years from July 2008-June 2011) and support from a range of trusts and charities. Donations are also requested from schools participating in the programme to help cover costs.

Sexual violence is a serious issue for young people in NZ. It was been repeatedly estimated that at least 1 in 4 females and 1 in 8 males will experience some form of sexual violence directly in their lifetime, with a large number experiencing it before the age of 16 (Fanslow, 2008; Fleming et al, 2007; van Roode et al., 2009). Unlike other forms of violence, sexual violence permeates all levels of human societies equally, regardless of socio economic status (Fergusson, 1999).

The programme is mostly delivered over three separate 45-60 minute (time determined by school period lengths) modules/workshops to secondary school students (13 -16 year olds in Years 9, 10 and 11). The content of the programme is delivered in the following structure:

Module 1 includes:

- Introduction to the programme
- Student safety message and school support services

- “Talking about sex” warm up game
- Definitions and legal aspects of sexual violence
- Understanding consent
- Exploring the myths of sexual violence.
- Boundary cards activity: Identifying sexual violence, consent and respect in sexual situations/relationships. These situations and discussions about prevention surround:
 - Dating relationships
 - Party situations
 - Cyber/technology
 - Alcohol & drug use
 - The grooming process in abuse
 - Sexual coercion
 - Sexual communication
 - Sexual diversity
 - Age gaps in relationships
 - Teacher/student relationships
 - Sexually harmful behaviour towards children
 - Harmful gender stereotypes & norms
 - Sexual bullying

Module 2 includes:

- Student safety message and school support services reiterated
- Group activities/discussions surrounding:
 - Sexual consent and communication in sexual relationships
 - Negotiating skills: Getting and giving consent for sexual activity
 - Addressing victim-blaming attitudes
 - Peer pressure
 - Sexual harassment
 - Sexual bullying
 - Understanding drug-facilitated sexual violence
 - Safe bystander intervention
 - Ethical behaviour in party situations
 - What to do in a crisis situation
 - How to access crisis and support services for young people

- Distributing BodySafe wallet cards to students (service contacts)

Module 3 includes:

Student safety message and school support services reiterated

- Understanding sexual abuse in childhood
- Dispelling myths of male on male sexual abuse
- How to talk about sexual violence
- Educator role-play: Friends responding to disclosures of sexual violence
- Helping others who have experienced sexual violence
- Class brainstorms:
 - Effects of sexual violence
 - Healing from sexual violence
- How sexual offenders can get the help they require
- Answering anonymous student questions about sexual violence and sexual relationships
- Student feedback forms
- Recap game: Recalling information and suggesting prevention strategies

Schools determine how the three modules of the current programme are delivered (i.e., mixed or single gender groups and the age groups the schools want to target). It is clear from interviews with staff that schools feel there is a need for the BodySafe programme.

The message they are delivering is vital for our students so they are empowered to make the right decision. Many of them are naïve and insecure when it comes to these sorts of issues.

The girls lack information when it comes to sexuality education which covers a broad range of information...very many of our girls have no idea when it comes to that sort of thing what is okay, what is not okay, what is the law around this, am I okay to tell somebody or is this normal, that sort of thing.

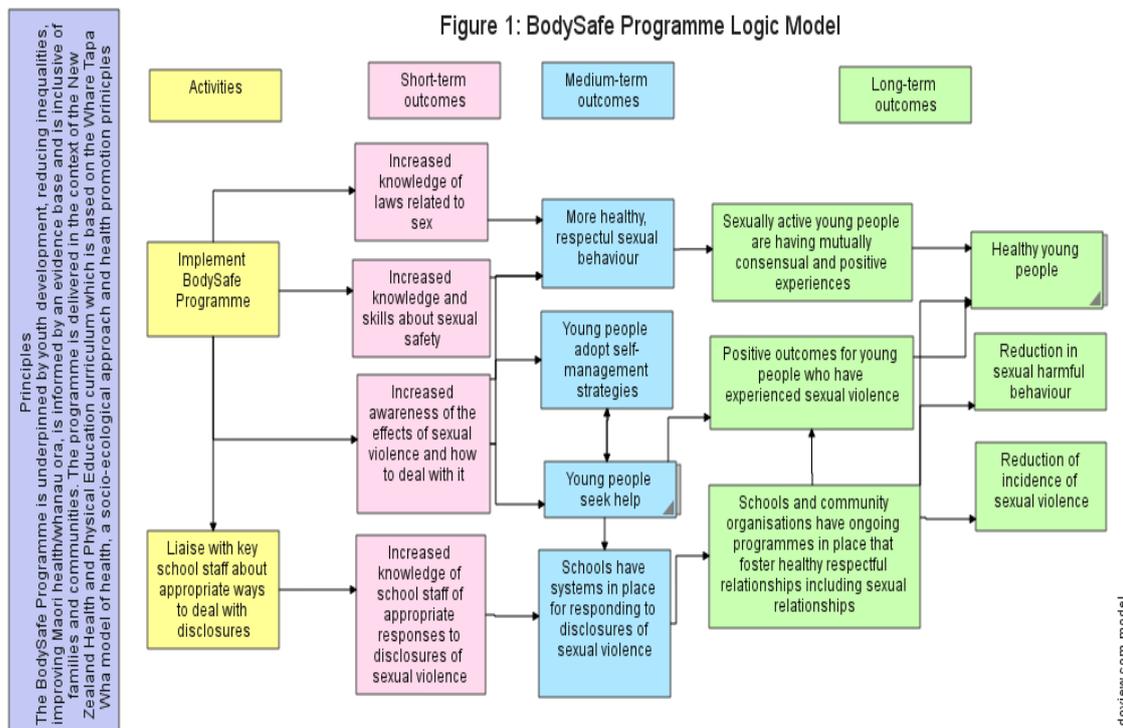
Said one counsellor:

The whole issue of safety and empowerment around sexuality is absolutely huge in this school...students get in situations that would make your hair stand on end.

1.2 Programme logic

The programme theory, that is the explanation of the way in which the programme is expected to achieve the desired outcomes, is depicted in the logic model for the BodySafe Programme. The logic model (Figure 1) is read from left to right and shows the programme activities and intended outcomes, short, medium and long-term. The short term outcomes are directly related to the content of the programme, which does include an activity relating to alcohol use and the impact that drinking can have on sexual decision making and sexual safety. Due to this being a small component of a three session programme it would be difficult to claim that there was a strong link to reducing alcohol and drug use among young people. Therefore, a reduction on drug and alcohol use is not included on the logic model.

Given that the BodySafe programme is generic for all young people the logic model does not make specific reference to Maori, Pacific, Asian or other ethnic groups. However, the evaluation will include low decile schools, which do have a high percentage of Maori and Pacific young people and has addressed the effectiveness of the programme in achieving the short term outcomes for different ethnic and cultural groups.



Note: The activity 'Liaise with key school staff about appropriate ways to deal with disclosures' and related outcomes was not allowed for in the current funding and was therefore not included in the evaluation.

BodySafe Programme Principles

Principles underpinning the BodySafe Programme are included on the logic model above. The BodySafe Programme is implemented in the context of the Health and Physical Education Curriculum in New Zealand which incorporates Te Whare Tapa Wha, a socio-ecological approach and health promotion principles in the key learning areas¹. The programme also touches on the principles of the *Youth Development Strategy Aotearoa* (Ministry of Youth Affairs, 2002) which state that youth development: (1) is shaped by the big picture; (2) is about young people being connected; (3) is based on a consistent strengths-based approach; (4) happens through quality relationships; (5) is triggered when young people fully participate; and (6) needs good information. In addition, the BodySafe Programme is implemented in the full range of school deciles and aims to be accessible and appropriate to Maori and the wide range of ethnicities in secondary schools in the Auckland region.

1.3 Evaluation Aims and Objectives

1.3.1. Aims

The broad aim of the evaluation is to assess the impact of the BodySafe programme to the present time and use this information to inform the monitoring of the programme's effectiveness in preventing and reducing sexual violence experienced by young people in the Auckland region.

1.3.2 Objectives

The evaluation objectives are:

Formative:

- To support the ongoing development, design and implementation of the BodySafe programme based on outcome evaluation findings and research evidence and practice relevant to the BodySafe programme
- To review and provide feedback on programme management and monitoring processes

¹ For further information on the Health and Physical Education Curriculum in New Zealand refer to <http://www.tki.org.nz/r/health/curriculum/statement/>

- To critique and provide feedback on service delivery, especially curriculum and resources (learning and teaching) for relevance and accuracy
- To review the organisation (structure, resources, management etc) of the BodySafe programme and the context in which it operates (Rape Prevention Education) to assess efficiency and effectiveness of programme support
- To recommend means by which formative evaluation can be central to the programme's effectiveness in achieving its goals.

Process:

- To assess the quality of the implementation of the BodySafe programme

Outcome:

- To assess the extent to which BodySafe has had a positive effect on its stakeholders, namely school staff and students/young people who have engaged with the programme
- To recommend to Rape Prevention Education and the Ministry of Health, on the basis of the evaluation findings, changes to the BodySafe programme in terms of service delivery, organisational support and development to better meet stakeholder needs

1.4 Evaluation Design and Approach

The evaluation is a case study design which draws on participatory methods to measure aspects of the BodySafe programme. This includes a detailed, in-depth description and analysis of the project drawing on multiple sources of evidence (DePoy & Gitlin, 1994). The evaluation approach is programme theory driven, participatory and utilisation focused. It involves using programme logic to develop a reasonable understanding of an initiative before the evaluation begins (Donaldson, 2007). Programme logic is usually represented as a diagram with arrows showing the linkages and relationships between components. The logic model shows that if a particular activity is implemented, this will lead to the achievement of short-term outcomes, and if these are achieved, the medium-term outcomes should follow and so on. The lines and arrows are important because they represent the assumptions and theories of change that underpin the programme. The way in which the programme is expected to achieve the desired outcomes is depicted in the logic model (Figure 1). The model forms the basis for the focus of the evaluation.

Participatory evaluation involves active collaboration among key stakeholders in the design, implementation and interpretation of the evaluation (Cousins & Whitmore, 1998). The utility of an evaluation is dependent on the participation of intended users, based on the assumption that their engagement can lead to more willingness to implement the evaluation findings and recommendations (Patton, 1997).

1.5 Evaluation Methods

The evaluation used a mix of qualitative and quantitative methods which enabled the project to be viewed through different lenses. These methods provided more comprehensive findings and more detailed descriptions of the implementation and quality of the project, as well as any short-term outcomes that were achieved. The quantitative and qualitative findings have been integrated to answer the evaluation questions (Green, Benjamin, & Goodyear, 2001).

1.5.1 Formative Evaluation

As part of the formative evaluation the evaluators worked alongside the BodySafe Programme team to clarify the outcomes they are hoping to achieve, identify areas where further information or evidence is required and/or areas for further improvement.

The formative evaluation activities included:

- Reviewing any documents, reports and other literature pertaining to the BodySafe Programme (e.g., policy, research, training manual); a review of the evidence on sexual violence prevention and evidence for effectiveness; (this is important as the programme must draw on the evidence-base for effectiveness)²; and review of processes for recruitment and training of BodySafe Programme facilitators
- Reviewing evidence-based approaches to teaching and learning
- Development of simple feedback methods
- Assisting and participating in planning processes to develop understanding of the project's development
- Working with project staff to identify key evaluation criteria and set standards for activities and outcomes

² Research and evaluation literature relating to the Safe Dates programme will be included in this review

- Providing ongoing feedback

Information to address the above aspects was obtained through: document review, meetings and interviews with project staff and observations.

1.5.2 Process evaluation

The process evaluation describes and documents the quality of the content, design and implementation of the *BodySafe* Programme.

Process evaluation activities included:

- Classroom observations of *BodySafe* sessions
- Student feedback on sessions
- Group discussions with students in a range of Decile 1 to 10 schools within six months of receiving the programme
- Interviews with school personnel (health teachers and counsellors)

1.5.3 Outcome evaluation

The outcome evaluation describes and documents the impact of the *BodySafe* Programme on programme stakeholders. The logic model (Figure 1) shows the intended outcomes (short, intermediate and long-term).

Outcome evaluation activities included:

- Describing progress towards, and achievement of, outcomes
- Classroom observations of *BodySafe* sessions
- Student feedback on sessions
- Group discussions with students in a range of Decile 1 to 10 schools within six months of receiving the programme
- Interviews with school personnel (health teachers and counsellors)

Data collection methods to address the above aspects included key informant interviews, group discussions and observations.

1.5.4 Evaluation questions

Broad evaluation questions

- How high quality is the *BodySafe* Programme with regard to its design, content and implementation?

- To what extent has the BodySafe Programme been successful in achieving the desired outcomes?

Specific evaluation questions

- To what extent is the BodySafe Programme implemented in the context of a whole school approach, health promoting schools and the curriculum?
- What is the role of teachers in the implementation of the BodySafe programme?
- To what extent do school policies and practices support the BodySafe programme?
- To what extent are schools engaged with the BodySafe programme able to provide appropriate support for young people who disclose they have experienced sexual violence?

1.5.5 Data collection

Document review — This involved reviewing programme documentation.

Evidence review — A literature review was conducted by searching the following databases: MEDLINE, Web of Science, SSCI, Cochrane Library, PubMed, PsychINFO, Google Scholar and other relevant websites. The literature review examined: what is sexual violence? sexual violence prevention; young people and sexual violence prevention; format of sexual violence prevention programmes; and what is currently considered best practice in sexual violence prevention?

End-of-programme feedback – All students (n=1104) who participated in the programme completed end-of-programme feedback forms (Appendix One).

In-depth key informant interviews — Semi-structured interviews were conducted with 16 key informants (health teachers, school counsellors and BodySafe educators). The interviews took place either face to face or by phone. They were digitally recorded and transcribed.

Classroom observations of programme delivery – Observations (n=27) were carried out in six schools over a six month period.

Focus groups with students — Ten focus groups were conducted with students in six schools (N=70) within six months of receiving the programme. The focus groups were taped, transcribed and analysed thematically as described below.

Discussions, conversations and meetings — Throughout the evaluation informal discussions and conversations took place during meetings with BodySafe staff and the information gathered informed the process evaluation.

1.5.6 Data analysis

Thematic analyses of the key informant interview data were conducted independently by two evaluators (Braun & Clarke, 2006). The transcripts were read multiple times by the researchers and a coding frame was negotiated. Working analyses were produced by close reading of the data and consideration of the commonalities and variations in the coded materials. These initial analyses were adjusted by the evaluators until the emerging themes were a stable and accurate reflection of the data.

Quantitative data were analysed using SAS. Chi-squared tests were used to compare the percentage difference between males and females and to find any significant difference across all ethnic groups (students with 'other ethnicity' were not included; they appear to have different variations).

2.0 Sexual violence prevention through education: A literature review

2.1 *What is sexual violence?*

Sexual violence is defined by the Centres For Disease Control and Prevention (CDC) as:

Sexual violence (SV) is any sexual act that is perpetrated against someone's will. SV encompasses a range of offenses, including a completed nonconsensual sex act (i.e., rape), an attempted nonconsensual sex act, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment). All types involve victims who do not consent, or who are unable to consent or refuse to allow the act (Basile et al., 2002).

Sexual violence is a significant issue for young people in NZ. It is estimated that at least 1 in 4 females and 1 in 8 males in New Zealand will experience some form of sexual violence directly in their lifetime, with a large number experiencing it before the age of 16 (Fanslow, 2008; Fleming et al, 2007; van Roode et al., 2009). Findings from the Youth 2007 Health Survey indicated the proportion of students reporting unwanted sexual experiences was higher among Māori and Pacific students, but lower among Asian students than among NZ European students (Clark et al., 2009). Other research conducted in NZ suggests the rate of child sexual abuse experienced by Maori women was approximately twice that of Pakeha women (Fanslow et al., 2007).

The effects of sexual violence are wide-ranging and harmful to the individual and the family, friends and community around them. It has been estimated that the annual economic cost of childhood sexual violence alone in NZ is \$2.6 billion dollars (Julich, 2001). For young people experiencing sexual violence can have a devastating effect on their mental, physical and spiritual health. General effects resulting from sexual violation can be anxiety, fear of intimacy, lack of trust in others and also over sexualisation at an early age (Fergusson, Swain-Campbell, & Horwood, 2002; Kendall-Tackett, 2003; Morrison, Quadara, & Boyd, 2007; Putnam, 2003). Self-destructive behaviours such as self-harm, suicidality, substance abuse, eating disorders, risky-sexual behaviour and aggression can be common even years after such abuse has occurred (Young, Harford, Kinder, & Savell, 2007). Immediate effects include pregnancy, STI transmission, genital injuries, or injuries inflicted by a violent offender. Effects can also appear over time such as posttraumatic stress disorder (PTSD), depression, chronic somatic pain, and other mental health issues.

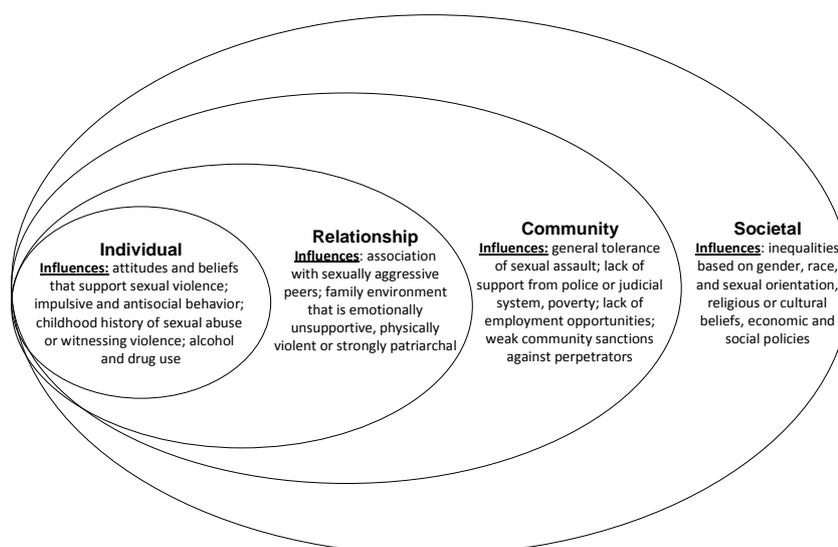
The severity and impact of the negative effects of sexual violence increases when young people feel they cannot tell anyone about it, or even worse, if when they do tell they are un-supported or disbelieved. In NZ, it is estimated that up to 60% of young people who experience sexual violence do not disclose it to anyone (Adolescent Health Research Group, 2008). The severity of these effects can be altered through an early, positive disclosure by the young person to someone they trust (Jackson, 2002). Studies have repeatedly shown that this initial disclosure is most likely to be given to a close friend or peer (Quadara, 2008).

A lack of disclosure can reflect many things but most commonly a fear of their confidentiality not being upheld, fear that they will not be believed, or fear of extended abuse or violence from the abuser. In some cases where the abuser is close to the survivor or a member of their own family, they may be scared about what will happen to the offender after disclosure, or the family disruption the disclosure will cause (Broman-Fulks et al., 2007; Hanson et al., 2003; Ruggiero et al., 2004).

Sexual violence prevention

The United States Centers for Disease Control and Prevention’s (2004) ecological model provides a framework for considering the individual, relationship, community and societal factors that contribute to the occurrence of sexual violence (Figure 2).

Figure 2: The ecological model



(From Centers for Disease Control and Prevention, 2004, p.5)

Evaluations of sexual violence prevention programmes come from a narrow range of programmes largely implemented in universities in the United States (Robertson & Oulton, 2008). Systematic evaluations remain relatively infrequent with findings often inconsistent and/or unconvincing (Lonsway, 1996). The long-term effects appear especially inconsistent and it is difficult to conclude whether these programmes help decrease sexual violence or the belief in myths about sexual violence (Frazier, Valtinson, & Candell, 1995; Lonsway, 1996).

Earlier studies suggest that sexual violence prevention programmes may influence the attitudes of participants, however the attitude change is not necessarily maintained over time (Frazier, et al., 1995; Lanier, Elliot, Martin, & Kapadia, 1998). Findings from a study conducted by Black and colleagues (2000) suggest changes in attitudes towards sexual violence may be partly maintained over a two-month period. However, the authors have pointed out this finding must be viewed with caution due to the small number of participants included in the follow-up sample.

A study exploring adolescents' attitudes about date rape and other forced sexual behaviours included examining the effects of a 45-minute presentation by an experienced rape prevention educator for a YWCA programme. At six-week follow-up students reported the information contributed to their understanding of inappropriate sexual behaviour. A summary of typical components, rationale and evaluation of such programmes (Table 1) is provided by Robertson and Oulton (2008) based on the work of Schewe (2002).

Table 1: Components of (US) “standard” sexual violence prevention programmes

Component	Rationale	Evaluation
Rape myths and rape supportive beliefs (addressing misconceptions)	These may encourage perpetrators, discourage reporting and make others unsupportive of victims.	Most common components of programmes. Programmes can change attitudes and beliefs but the effects may not last.
Victim empathy (usually addresses effects of rape)	Men who understand the impact of rape will never inflict it on others.	Potential perpetrators unlikely to be influenced but may be useful in making men less victim blaming. Some efforts to improve victim empathy among men can be counterproductive
Negative consequences for perpetrators (particularly on their relationships)	Men less likely to be sexually aggressive if they understand the cost to them.	Relatively few programmes include this but it may be an important component of mobilising men against sexual violence.
Knowledge and rape awareness (definitions, statistics, characteristics, perpetrators)	Accurate information enables women to take protective action. Knowledge on legal definition of consent may act as a restraint on men. Knowledge may improve support given to victims.	Participants do become more knowledgeable but little evidence that attitudes or behaviour change.
High-risk situations (e.g., alcohol, drug rape, date rape)	Help women avoid dangerous situations.	May be victim blaming. May be counter-productive if men learn how “normal” rape is and how to accomplish it.
Self-defence strategies	Women will be able to resist attacks and will feel more confident.	Some evidence of reduced victimisation but this strategy can be victim blaming.
Communication, assertiveness, and limit setting	Men may misunderstand cues women give them.	No evidence of effectiveness. Can be victim blaming. Men probably do understand non-consent perfectly well.

(From Robertson & Oulton, 2008, p.20)

Evaluations of sexual violence prevention programmes show attitudes that condone rape and/or blame victims can be changed (Anderson & Whiston, 2005; Brecklin & Forde, 2001; Flores & Hartlaub, 1998; Schewe, 2002; Schewe & Donohue, 1996); however, these authors also suggest changes in attitude may not persist in the long term. Similarly, enhancing empathy for victims has been achieved by some programmes (Anderson & Whiston, 2005; Barone, Wolgemuth, & Linder, 2007; Fisher, Daigle, & Cullen, 2008). However, men who are most likely to be sexually

violent are unlikely to be influenced by victim empathy building approaches due to the reinforcing power of unhelpful rape myths (Fisher, et al., 2008; Schewe, 2002). Young men who participated in a single session focusing on the possible impact of rape on themselves experienced changes in attitude, increased willingness to support a rape victim and reduced likelihood of telling rape jokes. These positive effects were maintained seven months after completing the programme (Foubert & Cremedy, 2007) There is potential for these programmes to influence positive change if well-implemented however “if done poorly, they have serious potential for harm” (Schewe, 2002, p.110).

One aspect of sexual violence prevention education found to be problematic is a focus on rape avoidance for females which emphasises high risk situations involving alcohol, drugs, date rape, isolated places and on the importance of looking after each other (Schewe, 2002). While it can be helpful for females, the risk is that rape myths can be reinforced, males can learn how best to commit rape and avoid negative consequences and the message is conveyed to females that rape prevention is their responsibility (Carmody, 2006; Lonsway, 1996; Lonsway & Fitzgerald, 1994; Schewe, 2002).

There is some evidence that teaching females self-defence strategies such as hitting, punching, kicking and screaming and yelling to attract help can reduce victimisation and increase self-efficacy among individuals (Anderson & Whiston, 2005; Sochting, Fairbrother, & Koch, 2004) However, Robertson and Oulton (2008) suggest that while “rape avoidance and resistance can be an answer for individual women; they cannot be a solution for women as a group” (p.21) due to males deterred by such tactics moving on to target females who have not experienced self-defence training.

There is no evidence that males cannot understand when women do not give their consent for sex. According to Beres (2007) the communication of consent and refusal occurs through verbal and non-verbal cues, which are generally understood by males and females. Evidence for including communication, assertiveness and limit setting in sexual violence prevention programmes is limited and has not been shown to improve their effectiveness (Schewe, 2002). There is a strong argument for the exclusion of any content that victim blames through reinforcing traditional discourses about gender and sexuality and depicting males as having powerful sexual drives and females as having to manage male sexual aggression (Carmody, 2006).

Young people and sexual violence prevention

There are concerns sexual violence prevention efforts involving young people may be counterproductive (Allen, 2005; Carmody, 2006). In Australia and New Zealand studies have been conducted of young people's experiences of negotiating sexual relationships and the ways in which they learn about sexuality (Allen, 2005; Carmody, 2006) According to Allen (2005) sexuality education in New Zealand presents young people's sexuality as problematic with a focus on reducing teenage pregnancy and sexually transmitted infections, thus portraying sexual activity as dangerous:

When young people receive the message from school that sexual activity is predominantly about danger, guilt and risk while elsewhere it is promoted as involving fun, pleasure and power, sexuality education's warnings can appear didactic and boring (Allen, 2005, p.169).

Young people in Australia and New Zealand have reported they received little information on relationships, negotiating consent and on the potential for violence in relationships (Allen, 2005; Carmody & Willis, 2006) According to Beres (2007) sexual violence prevention efforts need to include information about the practice of negotiating sexual activity. One of the challenges for school-based sexuality education programmes is that "for some communities there are strong taboos against talking about sex" (Robertson & Oulton, 2008, p.27). It is also important to acknowledge survivors and perpetrators of sexual violence are likely to present in prevention programmes (Kim, 2002).

Schools are part of communities and prevention efforts at a community level are advocated. According to Davis and colleagues (2006, p.9) "effective community education not only alerts individuals to new information, but also helps to build a critical mass of support for safer behaviour, norms and policies". Interventions that aim to strengthen communities may be preventive, particularly if communities can communicate healthy behavioural norms and respond appropriately to sexual violence when it occurs (Robertson & Oulton, 2008).

2.2 *Format of sexual violence prevention programmes*

Rape prevention education programmes are typically implemented in a single session workshop often ranging from 30 minutes to two hours. Programmes vary according to whether the goal is to provide information, influence attitudes, change

behaviours, or perform several of these functions. They also vary according to the whether the goal is to target males, females or both. The programmes described below are typical examples of rape prevention education programmes delivered in the United States.

The content of the First Year Campus Acquaintance Rape Education (FYCARE) workshops involved three sessions between 30 and 45 minutes duration. The first session involved a discussion of statistics and state law pertaining to criminal assault, followed by a brief video titled “Playing the Game” which shows a scenario of acquaintance rape from the perspective of the victim and the perpetrator. The second session involved separate gender group discussions. The females discussed through scenarios and exercises, vulnerability factors, victim blame, safety measures and escape strategies. The males talked about the issue of consent and worked with a date rape scenario involving friends to share their strategies of how they could intervene. The two groups combined for final sessions in which they discussed strategies for ending sexual violence, campus services for sexual assault and the ways in which they could support a survivor (Lonsway & Kothari, 2000).

A school-based programme implemented by the Centre Against Sexual Assault (CASA) involved educators going into schools and conducting workshops with students. Three to five workshops were delivered which covered sexual violence and harmful behaviours, the meaning of consent and social pressures that influence communication, the impact of sexual violence on female and male victims, and social action strategies to prevent sexual violence in society. The workshops were conducted with separate gender groups using the same content with the rationale being that it allowed for better communication between same sex peers and the facilitators. In the final session the two groups came back together to discuss their opinions with each other. The programme also involved a 90-minute session with teachers prior to the student sessions. The content included an introduction to sexual assault and information on how to respond effectively to disclosures. The rationale for delivering a teacher education component was that it was found to improve school policy and procedures regarding sexual violence (SASA House, 2010)

The Safe Dates programme was designed to stop or prevent the initiation of emotional, physical and sexual violence on dates between individuals involved in a dating relationship. It targeted male and female high school students aged 12 to 18 years.

The programme consisted of the following nine daily or weekly sessions:

- Defining caring relationships
- Defining dating abuse
- Why do people abuse?
- How to help friends; helping friends
- Overcoming gender stereotypes
- Equal power through communication
- How we feel
- How we deal
- Preventing sexual abuse.

Safe Dates was evaluated using a pre-test, post test, control group experimental design. Findings indicated that one month after the intervention, Safe Dates prevented psychological, physical and sexual abuse perpetration against dating partners and positively changed dating violence norms, gender stereotyping, conflict management skills and awareness of community services for dating violence. One year after the intervention, behavioural effects had disappeared but knowledge had remained. The researchers concluded that the Safe Dates programme “may not have been of sufficient intensity and duration to produce long-lasting effects” (Foshee et al., 2000).

2.3 *What is currently considered best practice in sexual violence prevention?*

School based guidelines for sexual violence prevention education should include a whole school approach that positions sexual violence education within the context of sexuality education based around the notion of healthy relationships in combination with a focus on positive behaviour rather than blaming people for their actions (Keys Young, 2004; Mulrone, 2003). A whole school approach involves respectful relationships being modelled through the delivery of the curriculum, in the school community and the wider community. It is recommended that programmes need to involve on-going and open discussions with young people about healthy relationships rather than a focus on blaming people for their actions (Keel, 2005; Mulrone, 2003). Education needs to begin in primary schools given that young boys often hold rape-supportive attitudes before secondary school age.

Multi-level approaches appear to hold the most promise. While it is important to educate young people, this is unlikely to be effective in the long-term unless the wider society strengthens protective processes and structures (Robertson & Oulton, 2008). It is unfair and unrealistic to expect young people to take responsibility for sexual violence prevention when they have only limited power to change society.

A focus on healthy sexuality is widely accepted as the appropriate means for the prevention of sexual violence (Carmody & Carrington, 2000; Keel, 2005; Schewe, 2002). Healthy sexuality has been conceptualised by Perry (2006) as: being experienced as state of physical, emotional, social and cultural wellbeing; demonstrated by voluntary and responsible sexual expressions; being free from coercion; and having the capacity to enjoy and control one's own sexual and reproductive behaviour in accordance with personal and social ethics. Safety can be conceptualised as a consequence of healthy relationship principles which include: viewing each other as worthy of respect; recognising and valuing each other's contributions to the relationship; respecting differences of opinion; being honest about feelings and actions; and enjoying each other's company and having fun together (Perry, 2006). By fostering these relationship principles Perry (2006) argues that preventing sexual violence and cultivating fulfilling relationships between people can occur concurrently.

In summary, reducing sexual violence through education is challenging and the effects of limited session programmes do not appear to be sustained in the long-term. The way forward for sexual violence prevention initiatives is for multi-faceted approaches in communities. Sexual violence prevention education initiatives in school settings have an effect, but need to be implemented in the context of a whole school approach focusing on respectful relationships.

3.0 Evaluation findings

3.1 Evaluation participants

Ten schools participated in the evaluation. Table 2 provides a description of the schools, their decile ratings and ethnicities.

Table 2: Profile of participating schools

School	Roll	Decile rating	NZ European	Maori	Pacific	Asian	Other
A* State coeducational	2,266	4	12%	4%	20%	58%	6%
B* Catholic single sex girls	642	1		5%	88%	4%	3%
C* State single sex girls	1364	5	19%	22%	40%	16%	2%
D* State coeducational	407	6	68%	17%	2%	2%	11%
E* Alternative Coeducational	20	N/A	Students only short-term therefore ethnicities change				
F* State coeducational	1516	10	57%	4%	1%	7%	41%
G Private coeducational	950	10	79%	3%	3%	11%	4%
H State coeducational	2359	5	40%	23%	16%	13%	8%
I State coeducational	1178	9	58%	15%	4%	14%	9%
J State coeducational	1779	3	12%	14%	21%	50%	3%

<http://www.ero.govt.nz/Early-Childhood-School-Reports/School-Reports>

*Schools with students involved in follow-up focus groups

The evaluation sample for the post-programme survey comprised Years 9 and 10 students from ten secondary schools in Auckland. The ethnic breakdown of participating students was as follows: 33% European, 7% Maori, 20% Pacific, 10% Asian and 17% Indian, Pakistani and Sri Lankan students. Fourteen percent of students were categorised either as other, or as ethnicity not identified (Table 3).

Table 3: Survey participants by ethnicity (N=1120)

Ethnicity	Percentage
European	33
Maori	7
Pacific	20
Asian	10
Indian, Pakistani, Sri Lankan	17
Others/Unknown	14

More female (61%) than male (38%) students participated in the post-programme survey (Table 4).

Table 4: Survey participants by gender

Gender	Percentage
Female	61
Male	38
Missing	1

Seventy students participated in the ten focus groups in six schools (see Table 2) conducted within six months post programme. Key informant interviews were conducted with BodySafe facilitators (N=6) and school staff (N=9).

3.2 Programme quality and evidence

How high quality is the BodySafe programme with regard to its design, content and implementation?

The BodySafe Programme has a similar format – three to five sessions – to international programmes identified in the literature review. The content is consistent with “standard” sexual violence prevention programmes (see Table 1) with an additional major focus on legal definitions of sexual violence and consequences in the criminal justice system in Aotearoa New Zealand and a greater emphasis on where to seek help and healing strategies. The BodySafe programme is delivered by external providers to both single gender and mixed groups which is common practice for sexual violence prevention programmes internationally.

3.2.1. External provision of the programme

Evaluation findings indicate that schools were clear it was better for an external provider rather than a classroom teacher to deliver in-depth information around sexual violence and sexual safety.

I think having different young people coming in and speaking to the students so they are not just hearing it from the staff is quite key.

It both showed students that schools thought it was important, as well as reinforcing messages already being delivered.

It's kind of like saying 'we think this is so important that there are these specialist people coming in...(teacher)

It was a new experience, like we have no people really coming to talk to us. It taught us about what our teachers were saying but more thorough.(student)

Teachers felt students took the content more seriously when external providers delivered it and the sensitivity of the material would make it more difficult for a classroom teacher to implement. Some students agreed:

It is way different around them. You just think of teachers and schoolwork.

Another said it would be difficult for a teacher to give you “a straight answer to sensitive questions”. Several students felt it would be “weird” if their teachers were delivering such material.

If one of our teachers were teaching about it, it would be kind of like a little bit weird.

You don't want to hear it from your teacher. You see your teacher everyday. They [BodySafe facilitators] came in and went away.

Suddenly telling us about all this stuff you would be like oh...I would look at them differently when I walk down the corridor.

School staff spoke of the difficulty teachers often had in delivering material about sexual violence and of the advantages of “consistency of delivery” from an outside provider.

The ease that the person has delivering it is actually important to how open the students are to handling it.

3.2.2 Single and mixed gender groups

The BodySafe programme was implemented with both single gender and mixed groups depending on whether classes were co-educational or single-sex. While some students who were in mixed groups considered it was quite 'normal' to be with each other, most of the girls would generally have preferred a female only group. They considered the boys were less mature and did not treat the content being delivered seriously.

[I'm] not used to talking about sex in front of boys, because they are not as mature...they are like disgusting. Some boys [found things] funny and amusing and I didn't find that funny at all. I actually wanted to smash him. He just crossed the line there.

It's like they were being real idiots, the boys. I think we should have been split up.

It was awkward with the guys like being there sometimes.

Like being afraid to say something because the guys might laugh about it.

The guys can be stupidly pathetic about this sort of stuff. Like the girls are actually being serious about it.

A teacher interviewed highlighted the difference between the girls and boys behaviour during the delivery of the programme to a mixed group.

I think generally the girls were quite comfortable with it but the boys weren't and I could see that through their behaviour so that there was often quite a lot of giggling and talking and kind of inappropriate comments.

Some male students who were in mixed gender groups said it would have been good to have had at least one male facilitator.

I reckon it was a bit awkward when we had the two girls [female facilitators]...it was awkward to talk. It was better when you were talking to a guy.

Yeah it was better; you could be straight up with him.

Our observations of BodySafe sessions with mixed gender groups were that they appeared to work well, with only a very small minority of boys 'joking, laughing or being distracted. In low literacy classes in one school however, most of the boys were off task and the girls appeared to be 'silenced' by their behaviour. Focus groups findings provided mixed responses: while many of the girls were comfortable with boys being present others spoke of preferring to be in a single sex group.

3.2.3 Liaison with schools

Levels of liaison appear to have varied, according to school staff interviewed. Some spoke of excellent liaison, with formalised discussions between teachers, counsellors and BodySafe facilitators, which covered logistics, content and dealing with disclosures.

One teacher described the following process:

I thought they were very good, I dealt with [BodySafe facilitator], she sent me an email describing the course details of what they will be covering in the sessions and then she came out for a visit and she went through all the activities they'd be doing so it was quite clear on what would be covered and how they were going to be covered. She also offered before she came in to meet with the children, she was doing sessions and all the staff that would be present and all the staff that work with students just to discuss situations if a student was to disclose any information that was relevant to the topic and so we'd all be confident in dealing with those things and yeah they came in so it was actually setup very well.

The same teacher explained that after the first session she contacted [the BodySafe facilitator] to talk about concerns she had about the reactions of a small group of students:

She was very receptive to that and so after speaking with her when they did the second session they had taken onboard everything that was said.

For at least one school, liaison included feedback sessions at the end of the programme between school staff and BodySafe facilitators,

...going through the evaluations the kids had filled out...talking about some of the things that we had noticed that maybe they could take on board for next time.

At some other schools, where the programme had run previously, experiences of liaison varied. Liaison appeared to be much more thorough in schools where the programme was being delivered for the first time. A counsellor at a school where the programme had run for some years said she had really appreciated a call from BodySafe because “this doesn't always happen but it did [this time] and that's fabulous”. She said it enabled her to remind the social worker and nurses so that they too were aware that BodySafe were in the school.

I hadn't heard that BodySafe were in the school from senior management. I normally do but they are absolutely flat out with a hundred things happening.

Others spoke of not knowing the details, either in terms of content or timing. As one school counsellor said:

I knew the programme was going to run, but when and how I wasn't 100 percent sure...there wasn't a direct link made, which I think was unfortunate.

Several staff spoke of wanting more information about the content of the BodySafe programme before it was implemented. Says one teacher after experiencing the programme:

I would brief the kids a little bit more beforehand about what BodySafe are about, what they are coming to talk to us about, because now I know and that would give them a little bit of prior warning.

She also said that more information around what to do about disclosures would be helpful:

They said because of the information they were talking about, the kids might disclose information to us, particularly as health teachers, and it would be good to get a little bit more information from BodySafe about what to do in those situation...it would be quite good for BodySafe to provide us with some information around that in case anyone did disclose after their talks.

3.2.4 Schools' preparation of students for the programme

Most students knew little about the BodySafe programme before it was delivered. Focus group findings indicated that while this was not an issue for most students it was problematic for some.

They just came in and started saying stuff like so 'what do you call sex these days?' Straight out just like that. We didn't know who they were or who they were working for...Ahh do I trust you?

In one focus group, in response to the interviewer asking if it would have helped to have more information about the content before attending the programme the student said:

Yeah, definitely. It would make you prepared for what you are actually going to be talking about. I wasn't prepared for that.

Some students stressed that they needed information before the programme began so that they had a 'real' choice about taking part or not.

Because you have to leave before [it starts]

Facilitators gave students the option of leaving at the beginning of each session if they felt uncomfortable; but as one student said:

...who is like going to leave in front of everybody. Everybody is going to be talking about why is she leaving. Yeah, stuff like that. It's good they gave us the option but...

And the next participant:

[they need to] be more discrete about it. Not everybody looking at you if you leave.

One teacher suggested students be given the opportunity to not attend the programme before the sessions began, or that there was a break half way through which would allow a student to leave inconspicuously.

I just felt that telling students as a group 'You can just get up and leave' was quite hard because it would be quite obvious and of course everyone's going to assume and think things...

3.2.5 Programme delivery

Introduction to the programme

We [the evaluators] observed the way the programme was introduced to students by BodySafe facilitators. The facilitators introduced themselves well, provided a very brief verbal outline of the content they would be covering and offered the students the option of “zoning out” or leaving the sessions if they felt uncomfortable. Students were told they could go and see the school counsellor if necessary. The evaluators agreed with students’ comments above regarding the difficulty of leaving once this message was given. No students in the observed sessions left and only very few appeared to “zone out”. Some teachers felt more emphasis on where students could go to get help at the beginning of each programme would be beneficial.

I think it has to be made clear at the start of every session, not just the first one. The only time they ever mention the counsellor is do you know where it is do you know where it is and if you want to leave the lesson you've got to sit in the health centre so I think that needs to be made a lot clearer.

Programme facilitation

The BodySafe sessions were co-facilitated by either two female presenters or one female and one male presenter. Students enjoyed having two facilitators.

When we had a session with just one of them it wasn't as active as the other session. It would have been better with both of them doing the sessions. It was more just feeding between them than when there was only one of them. It wasn't as interesting. There wasn't much participation going on.

One teacher commented on this as well:

Having two presenters was really good. They were really backing each other up but maybe with different angles on things which I thought was really good. It was quite good for all of the students to be able to hear from two different people as well. It was also very good to have a male and a female presenter.

All facilitators interviewed stressed the benefits of co-facilitation:

...because with the content, its intensity, the amount of information that you are giving and the amount of discussion you are having with young people it's really valuable to have another facilitator in the room that you can work with to facilitate the whole class – taking on questions from young people, responding to discussions, if anything comes up attending to it and being aware of students safety – yes co-facilitating is a key part of it.

Style of delivery

In response to the survey question “How would you rate the way BodySafe educators worked with your class?” most students (86%) rated them very good or excellent.

Positive focus group comments about the facilitation of the programme were:

I had that guy [name], he was cool like he spoke like a teenager, you know you could kind of relate to and the girls were quite cool too, they worked together, they just seemed like normal people. It felt comfortable.

It wasn't really like a speaker coming to give you information. It was just like you were talking to a friend or something. It was good. It helped get the information in your head as well.

They were so nice and easy to talk to and stuff.

It wasn't embarrassing. They didn't laugh when you said something like stupid or whatever.

They were able to connect with us to make it easier to talk to get the message.

He was joking, he interacted with us and we got to go along with him instead of being boring and listen and speak.

We had a comedian. Yes it was really funny, I think it is really good how they laughed and made it enjoyable instead of just stating facts

However, for some students the ‘upbeat, jokey, hip’ style of delivery did not work.

They were trying like to be hip and say words that we would know, like real funny but I don't think that you can be funny and hip if you are talking about this because it's just not...it can be a really sensitive subject and if they use big words like we don't understand like we could ask like what does that mean. It's not like the matter of trying to fit in with us, they are trying to discuss something quite serious so they could be more professional when they speak about it.

Interviewer: So you didn't really appreciate that.

No because it's not really professional coming from an organisation that talks about sex.

It was not as professional as I thought it would be...they would say like 'Who has been rooted before, like that's so, that's not really like using the terms like who has had sex or who has made love or whose bunked and whose banged and things like that, well it's not really a word we want to use.

Two students said that presenters talked about rape too casually.

They talked about it really casually.

Yeah, it wasn't a major, like it was an everyday occurrence. It is an everyday occurrence but still shouldn't be talked about like that.

These focus group participants contrasted the above with learning about healthy relationships in their health education programme.

It was like they [teachers] don't talk about like who got rooted, stuff like that...yeah they used the proper terms.

One teacher expressed feeling a bit uncomfortable at the informal delivery style, particularly at the start of the first session.

I understand where they are coming from because you know it's a very sensitive subject and you don't want to get all down and heavy about it but I just felt it was a little bit to sort of bubbly and lively for a very serious topic and it made me feel a little bit uncomfortable, so I was a bit concerned for those for whom it may be quite relevant.

What we observed in the classroom was that the facilitation style did engage most of the students and having two facilitators worked well. In some instances, such as with low literacy classes, they also adapted the content and delivery style to better fit the students learning needs.

It is definitely important for us to be able to adapt because we know that with any education it is not one size fits all, you need to be able to adapt your technique to the group you are working with.

Safety

Students were asked how safe they felt about taking part in the BodySafe programme. Almost all students felt very safe (57%) or safe (40%). Less than 2% felt not safe. Just over 1% did not respond to this question. Asian students were significantly less likely ($p=0.0002$) to report they felt very safe in the BodySafe programme than the other ethnicities.

Table 5: Safety in the BodySafe programme by ethnicity

	Not safe	Safe enough	Very safe	Total
European	7	106	249	362
	1.93	29.28	68.78	
Maori	0	29	46	75
	0	38.67	61.33	
Pacific People	1	80	141	222
	0.45	36.04	63.51	
Asian	1	64	49	114
	0.88	56.14	42.98	
Indian/Pakistani/Sri Lankan	3	71	115	189
	1.59	37.57	60.85	
Total	12	350	600	962

χ^2 (DF=8,N=962)=30.6,p=<0.001

In summary, it is clear that the easy, upbeat facilitation style of programme presenters appealed to most students and they could connect and engage with the material. While most students reported feeling safe, a small minority of students said they felt very uncomfortable and would have preferred a more straightforward serious delivery style.

Teaching approach

The evaluation assessed the quality of the teaching and learning approach to BodySafe programme delivery in terms of whether it was student-centred, interactive and provided opportunities for student discussion, group work and time to ask questions and have them answered. Both students and teachers were generally positive about the delivery of the programme. One teacher from an all girl's school said:

Students were highly engaged in this topic. This is something that is not spoken about at home; they really want to find out information so they are a lot more engaged in these sessions than you might see them in other classes. They have got a lot more questions and they want to listen and learn.

Teachers commented that more time was needed for students to ask questions and interact with the material. Some comments from teachers were:

I definitely felt at times students would have benefitted from hearing a few more examples or being able to actually discuss ideas because sometimes they did have comments and things they wanted to say and discuss but they weren't really given time because it was too rushed. And at the end when they wrote all those [anonymous] questions, there wasn't really enough time for that.

I don't think there was enough time for students to ask questions, for them to get the proper feed back and still continue with the activities that were planned.

There was a lot of information to fit in and so the first session was quite wordy and for our students in particular who find it very hard to sit still for long periods of time...

Students also wanted more time for questions and more interactive learning opportunities.

You had to sit there and listen to people. It would be more fun if you did games and stuff.

They gave us like five minutes at the end and we asked questions.

More activities [would be good], because we were just sitting there and they were talking.

Facilitators all agreed that time was a problem.

It's a constant struggle to try and balance out the information that we feel young people need to know and the activities and trying to get the engagement time with young people to draw them in and get them to leading the discussions. Sometimes that works really well and sometimes it doesn't.

Our observations were that the first module was particularly teacher-directed and didactic with the delivery rushed and little time for students to ask questions or give feedback. However, the second module, where students worked in small groups to discuss scenarios was much more student-centred and interactive. The final module involved a mix of educator-led and student-centred learning opportunities.

In summary, while the teaching approach was quite educator-directed with a lot of 'talk' the students were nevertheless mostly engaged and appeared to find the content interesting. However, focus groups and key informant interviews highlighted the fact that the rushed delivery did not allow sufficient time for students to ask questions and absorb and respond to material, or educators to reinforce the key messages delivered. Educators were often also so intent on getting through the content they risked missing out on what was going on with students.

Programme content

Students were asked if the content of the BodySafe programme was too easy, just right or too hard to understand. Ninety-two percent considered the content 'just right'.

The material was awesome. It was very informative.

Well it was good information. I actually like it you know. I actually wanted for it to happen this year again. I liked this stuff, I didn't know about these things.

It was okay, it wasn't too much, it wasn't not enough, it was kind of heaps.

Teachers were very positive about the content of the programme and its relevance for students.

I think it is very relevant and especially how they progress, starting off with the laws around sexual abuse and sexual violation and then moving on...the presenters are very friendly and approachable with the language they use.

Educators spoke of the struggle to deliver all the content within the time constraints and considered that more sessions would be ideal to ensure that topics represent the different experiences of young people.

We have got so many different topics and angles on sexual violence and respectful relationships that we are wanting to cover and it always seems awful to have to leave something out, which means we might be leaving out the experiences of young people and how is that going to be for them. It's a big fear, but at the same time it's balancing it with being realistic with what we can cover and not trying to shove in too much information and often it comes down to if we had more sessions it would be ideal...

Students were also asked to circle adjectives (as many as they wanted) to describe their experience of the BodySafe programme. The adjectives were: embarrassing; boring; disturbing; scary; intense; cool; fun; important; interesting; useful and helpful.

Table 6 shows that from the 1004 responses from BodySafe participants, the most frequently circled words were important (61%), interesting (71%), useful (72%) and helpful (80%). Males were significantly more likely than females to report their experience of the BodySafe programme as boring ($p<.0001$) and disturbing ($p=0.0047$). Females were significantly more likely than males to report their experience of the BodySafe programme as important ($p=0.0003$), interesting ($p<0001$), useful ($p<0001$) and helpful ($p<0001$).

Table 6: Experience of the BodySafe programme by gender (T test)

Variables	Male (%)	Female (%)	Overall (%)	T-test
Embarrassing	8	7	7	$t(1102)=0.74, p=0.460$
Boring	13	6	9	$t(1102)=4.16, p<0.001$ ***
Disturbing	13	7	10	$t(1102)=2.84, p=0.005$ ***
Scary	8	10	9	$t(1102)=-1.19, p=0.236$
Intense	19	22	21	$t(994)=-1.03, p=0.305$
Cool	41	40	40	$t(1102)=0.37, p=0.712$
Fun	45	46	46	$t(1102)=-0.34, p=0.735$
Important	61	72	68	$t(994)=-3.65, p<0.001$ ***
Interesting	62	76	71	$t(1102)=-5.01, p<0.001$ ***
Useful	64	77	72	$t(1102)=-4.85, p<0.001$ ***
Helpful	72	85	80	$t(1102)=-4.96, p<0.001$ ***

There were significant differences between different ethnicities in the percentages of students reporting disturbing ($p=0.0038$), intense ($p=0.0305$), cool ($p<0.0001$), useful ($p=0.0325$) and helpful ($p=0.0088$). Pacific students had a lower percentage (3%) reporting the programme as disturbing. Maori students had higher percentage (32%) in reporting the programme as intense. Pacific students had a higher percentage (57%) reporting the programme as cool, whereas European and Asian people had lower percentages saying this. A lower percentage (75%) of Asian students reported the programme was useful or helpful, whereas Pacific students reported a higher percentage (88%). (Table 7)

Table 7: Experience of the BodySafe programme by ethnicity (Chisq test)

Variables	European	Maori	Pacific	Asian	Indian/ Paksn/SriLK	Chi-sq Test
Embarrassing	5	4	8	9	9	$\chi^2(4,966)=4.70, p=0.320$
Boring	8	5	9	10	8	$\chi^2(4,966)=1.32, p=0.858$
Disturbing	11	9	3	14	12	$\chi^2(4,966)=15.5, p=0.004$ ***
Scary	8	7	10	12	11	$\chi^2(4,966)=3.39, p=0.494$
Intense	24	32	18	15	20	$\chi^2(4,872)=10.67, p=0.031$ *
Cool	34	45	57	32	41	$\chi^2(4,966)=33.3, p<0.001$ ***
Fun	44	59	53	44	45	$\chi^2(4,966)=8.81, p=0.066$
Important	68	72	71	64	68	$\chi^2(4,872)=2.07, p=0.722$
Interesting	75	73	75	68	70	$\chi^2(4,966)=3.62, p=0.460$
Useful	73	72	81	66	77	$\chi^2(4,966)=10.52, p=0.033$ *
Helpful	78	84	88	75	84	$\chi^2(4,966)=13.57, p=0.009$ ***

Here are some students' descriptions about their experience of the course from the focus groups.

It was informative, something new, something different.

Things that they tell you are interesting, like stuff you need to know.

I think it was educational and interesting, really interesting.

They gave us the hard facts but they did it in a fun way.

I thought it was enjoyable and fun. I learnt a lot of things...I didn't know about from BodySafe.

It was sort of like scary, telling us about sexual stuff.

It was awkward sometimes.

Students particularly liked the scenarios included in the second module and the anonymous questions which completed the third module.

...the situations [scenarios] they were like relevant to us at our age, what we are going to go through in the next couple of years.

The thing that really stands out for me was like the scenarios and we got to say what we thought of them, if it was rape or just sex.

I reckon working in the groups with the scenarios was cool

Focus group participants talked of finding the anonymous questions at the end “very helpful”.

We were able to ask questions without saying who we were...questions that would have made it awkward. It was helpful and they didn't laugh at the questions, like if we had asked a friend they would just laugh. They didn't laugh at all, they took it seriously.

It was cool because it was like all the things people were too embarrassed to say they could be written down, I really liked that part, yeah, it was good.

Students would have liked more time for anonymous questions and not having to wait until the end of the programme.

We also observed a high level of student participation, interaction and communication in relation to the scenarios. In terms of the anonymous questions, students were eager to provide these and to have them answered. However, there was only time for one or two questions to be answered with each class.

In summary, the content of the BodySafe programme was ‘just right’ for most students, the most frequently circled adjectives were important, interesting, useful and helpful, students related to the use of scenarios and were actively engaged in these and they particularly enjoyed being able to offer anonymous questions in the final session. However, there was insufficient time allowed for facilitators to respond to most of the questions posed.

3.2.6 Cultural considerations

Interviews with BodySafe educators indicated that while they were delivering a generic programme, they were also very aware of the need to take into account the

wide range of ethnicities within Auckland secondary schools and adapt material as necessary.

With ethnicity we try and have the core programme as diverse as possible because we don't ever go into a school which is one ethnicity. For high migrant populations we do have different scenarios that we would use but we try and keep the base of the material as diverse as possible so it can cover many ethnic groups.

Another educators considered that it was important that they were open, honest and able to engage with young people regardless of their cultural background.

When you are working with youth they may be Maori or Pacific but they are also young people who are in similar social environments and experiencing a lot of the same pressures as young people of other ethnicities, so you are kind of working with a cross section. I think it is important to have a programme that's specifically tailored if you are working with a solid cultural group but usually the groups we work with are quite mixed and so you try and take the middle road, trying to meet as many of the young people's needs as possible. I think as long as you are honest, open and just trying to really engage with the young people it doesn't really matter that much if you are two white [people]: your ethnicity doesn't impact as much as your openness to learn about working with different cultures because that's the most important thing; and to be respectful of different cultural values which may come into play in the classroom. (BodySafe educators)

One teacher was complementary about the generic programme but also considered that a Pacific component could be developed and facilitated by Pacific presenters.

I think that a generic programme is good as a base tool in any area, but I do believe for our predominantly Pasifika cultural group here it would be valuable to also have a Pasifika component or some Pasifika presenters, and I say that from the point of view of cultural understandings and issues that are quite different in each cultural group.

Said another:

It would be wonderful if it could address some of the cultural issues involved because its sexuality and the whole issue is about morality there and that's where the struggle is. I think for some of these kids, they live in two different worlds and they just don't know how to bridge between them.

One teacher also suggested the need for a

culturally differentiated programme as students from fundamentalist Christian and Muslim backgrounds can be easily coerced.

In summary, the generic programme was designed to meet the needs of a wide variety of cultures and ethnicities. BodySafe educators were very aware of the challenges of implementing the programme within the diverse cultural context of Auckland schools with multiple ethnicities. Where appropriate they have adapted material to suit the needs of specific groups. While teachers and counsellors were

supportive of the generic programme they suggested that culturally specific modules would be appropriate in some schools.

3.2.7 Merit determination

The rubric (Table 8) provides a rating for the quality of the BodySafe programme. The rating is very good. There is clear evidence that the programme is well-designed with content that is based on evidence for effectiveness. There are some aspects that could be improved regarding liaison with schools to ensure that students are better prepared for the programme.

Table 8: Quality rubric

Rating	Explanation (how you decide merit)
Excellent	Evidence that the programme design, content and implementation is of very high quality. Evidence that the liaison with schools allows for full understanding of the BodySafe programme and its purpose. Evidence that students are very well prepared and feel very safe participating in the programme. Evidence that the programme is very well facilitated and the delivery style is very appropriate for students. Evidence that the generic programme is very suitable and appropriate for a wide range of students.
Very good	Evidence that the programme design, content and implementation is of high quality. Evidence that the liaison with schools allows for understanding of the BodySafe programme and its purpose. Evidence that students are prepared and feel very safe participating in the programme. Evidence that the programme is well facilitated and the delivery style is very appropriate for students. Evidence that the generic programme is very suitable and appropriate for a wide range of students.
Good	Evidence that the programme design, content and implementation is good quality. Evidence that the liaison with schools allows for some understanding of the BodySafe programme and its purpose. Evidence that students are reasonably well prepared and feel safe participating in the programme. Evidence that the programme is well facilitated and the delivery style is mostly appropriate for students. Evidence that the generic programme is suitable and appropriate for a range of students.
Poor	Evidence that the programme design, content and implementation is lacking quality. Little evidence of appropriate liaison with schools with most schools having little understanding of the BodySafe programme and its purpose. Students are not prepared for the programme and very few feel safe participating in the programme. The programme is poorly facilitated and the delivery style is inappropriate for students. The generic programme is not very suitable or appropriate for most students.
Insufficient evidence	Evidence unavailable or of insufficient quality to determine performance

3.3 Programme outcomes

To what extent has the BodySafe programme been successful in achieving the desired outcomes?

The short-term outcomes were: increased knowledge of laws relating to sex; increased knowledge and skills about sexual safety; and increased awareness of the effects of sexual violence and how to deal with it.

To assess the above the students (N=1104) from ten schools were surveyed at the end of the third BodySafe session and focus groups with students (N= 70) from six schools were conducted three to six months later. Interviews were also carried out with health teachers and counsellors from six schools (see Table 2).

3.3.1 Increased knowledge of laws relating sex

Consent

Survey findings showed 93% of students were able to describe the legal definition of giving consent to participating in a sexual relationship. Typical survey explanations were:

Giving permission to someone else to do something to you.

Agreeing to have sex with your partner or a guy.

Consent is when you get permission from both male/female people who are choosing to have or not have sex.

Many students said in the focus groups they had had 'no idea' about laws relating to consent and sexual violence before the BodySafe programme:

It is not something you would research by yourself. I had no idea.

I learnt about stuff I didn't know about. I learned about the laws, consequences of committing the crime.

They also showed they had retained information from the BodySafe programme about laws relating to consent and sexual violence.

The only way you can give consent is if you are over 16 and you are not stupidified and not pressured by someone else – like that is not real consent.

They told us our rights and how we can say no at any time so like if we are drunk and if we agreed during it we can say no and we can back out and it is our right to do that. They said it is always the offenders fault.

I thought something I really learned from there was there is not that rape as in just like forcing someone to have sex with you, it is like all the other different things that they do and you can be charged for that and you can be put in jail for it.

That is it is your choice and it's not like it is no one elses, it's like you have your own rights to do whatever you want to do.

You don't learn about laws and stuff [in the health programme]

Sexual violence

In terms of their understanding what constitutes sexual violence 85% of students surveyed were able to describe this.

Rape, sexual abuse, this can happen between family members or others.

They told us that there is a higher rate of incest than there is of like stranger rape.

Sexually being touched by someone in your family or approached without your consent or permission.

Having someone sexually touching you the way you don't like to be touched.

3.3.2 Increased knowledge and skills about sexual safety

Risky situations and how to deal with them

An understanding of situations where they could be at risk of sexual violence was demonstrated by 81% of students surveyed. The survey also asked students if BodySafe had changed the way they thought/ acted in situations where they might be at risk: 48% said 'very much' or 'extremely'; and 45% 'moderately' or 'a little'. Only 7% said 'not at all'.

More females (54.51%) than males (37.1%) reported that participating in the BodySafe programme had positively changed the way they would think/act in situations where they may be at risk. This was statistically significant ($p < .0001$).

Table 9: Thinking/acting in risky situations by gender

	Negative	Moderately	Positive	Total
Female	95 14.03	213 31.46	369 54.51	677
Male	111 27.21	144 35.29	153 37.5	408
Total	206	357	522	1085

χ^2 (DF=2, N=1085)=39.7, $p < 0.001$

There were more Pacific students (61.99%) than European (43.42%), Maori (55.41%), Asian (35.09%) and Indian/Pakistani/Sri Lankan (52.91%) students who reported that participating in the BodySafe programme changed the way they would think/act in risky situations.

Table 10: Thinking/acting in risky situations by ethnicity

	Negative	Moderately	Positive	Total
European	74	128	155	357
	20.73	35.85	43.42	
Maori	9	24	41	74
	12.16	32.43	55.41	
Pacific People	26	58	137	221
	11.76	26.24	61.99	
Asian	33	41	40	114
	28.95	35.96	35.09	
Indian/Pakistani/Sri Lankan	28	61	100	189
	14.81	32.28	52.91	
Total	170	312	473	955

χ^2 (DF=8,N=955)=36.1,p=<0.001

Focus group participants talked about what they had learnt and described how they would now avoid and/or manage risky situations.

It just made you think...about what you were doing and what will be happening outside of school

And what you can do if you get into that situation, like how can you get out of it and how to deal with it.

They gave you advice like when you go on a computer and talk to guys you know like dating something and they and you meet, walk past and check them out before you actually go and sit down with them.

The most important thing I learned was to be responsible. When you are out always take somebody with you don't be alone; always drink from things that you open yourself or that you get directly from a bartender and if you leave your drink don't drink it because people can put drugs in it and then target you.

Below is a conversation between three focus group participants:

P1:It certainly changed my look on drugs and stuff like that. You have to be more careful about it.

P2:Yeah, it makes you more aware.

P3: Like look out for your friends at a party, not just to leave them with like a stranger, and always keeping an eye on what everyone else is doing.

Many students said they would be much more careful:

Way more, stay in a group of friends. I know who to go to when I need help because we got a card for our wallet.

While students reported they were now more aware of risky situations and how to avoid them, they also identified aspects that the programme had not addressed.

Like they kind of told you all about it but they didn't tell you what to do...like if someone came up to me I wouldn't know what to do. I would just be freaked out.

I reckon they should have had things like when you get in a situation like if someone comes up to you and tries to touch you inappropriately like what you should do.

Effects of sexual violence

Most students surveyed (87%) were also able to describe one or more effects of sexual violence. Typical comments were:

Depressed, cause self harm leading to suicide.

Sleep problems about the sexual abuser

Low self-esteem.

3.3.3 Sexual violence and how to deal with it

Support and help-seeking

Almost all students surveyed (99%) knew where they could get help if they had been victims of sexual violence.

Counsellor, and best trustable friends

Those who you will believe will eventually understand and encourage you after telling them about their part in sexual violence

Parents and counsellor

Church and family members

Police, family doctor and the BodySafe programme people

Family, teachers and friends and helpline

An adult you trust, clinic people on the phone or the Helpline, friends, aunty, nana

A teacher if you have that bond

School counsellor and seeking help

Focus group participants recognised the importance of seeking help:

If you were ever in that kind of situation it is good to talk to someone about it, or the nurses at school are there for you. And don't keep it to yourself because you don't want it to be happening or to happen to another person.

However, there were varying opinions about seeking help from school counsellors. While some were positive other students they would not go to their school counsellor.

Yes, they [counsellors] are nice people, very understanding as well, good to speak to.

I don't know if I can talk to her

I put my thing in the box and they got back to me three months later and the situation was really gone.

Helpline cards handed out by BodySafe facilitators had been retained by many students who spoke of carrying them in their wallets.

The focus groups not only provided information relating to the outcomes but they also gave students the opportunity for broader reflection on their experience of the BodySafe programme and the insights they had gained.

It just made us think like it can happen. Not just like on TV. It can happen to anyone, and it just made us open our eyes more.

And it kind of puts us in our parents place, like they get scared of us going to parties...like you understand more why they are always like overprotective and you, before you always get angry why you couldn't go and stuff, and after they talk to you, you realise why your parents are always like that.

Everything just clicks.

Students also talked of the challenges of using what they had learned in 'real life' situations – that knowing what to do is not necessarily enough to keep them safe. This is illustrated in the following conversation:

P1: You can talk about it and like they give you everything you need to know, but then when it happens it is like everything is gone and you don't know what you have to do.

P2: It is frustrating and panicky, you can react differently to what you have been taught.

P3: You will think that you have learnt it but you don't know how to put it into action.

In summary, findings from the survey and focus groups show the key messages of the BodySafe programme relating to consent, sexual violence, risky situations relating to sex and help-seeking were well understood by students. Focus group participants also requested more opportunities for skills based activities that would help them deal with the situations talked about.

3.3.4 Merit determination

The outcomes achieved have been rated as very good. Most students have demonstrated knowledge of laws relating to sex, knowledge and skills about sexual safety and increased knowledge about sexual violence and how to deal with it.

Table 11: Outcome success rubric

Rating	Explanation (how you decide merit)
Excellent	Evidence that all of the short-term outcomes have been extremely well met with the vast majority of students indicating increased knowledge of laws relating to sex, increased knowledge and skills about sexual safety and increased knowledge about sexual violence and how to deal with it. No seriously negative or unintended outcomes.
Very good	Evidence that the short-term outcomes have been well met with most students indicating increased knowledge of laws relating to sex, increased knowledge and skills about sexual safety and increased knowledge about sexual violence and how to deal with it. No seriously negative or unintended outcomes. Any concerns are managed effectively.
Good	Evidence that some of the short-term outcomes have been extremely well met with at least half the students indicating increased knowledge of laws relating to sex or increased knowledge and skills about sexual safety or increased knowledge about sexual violence and how to deal with it. No seriously negative or unintended outcomes. Any concerns are managed effectively.
Poor	Evidence that some short-term outcomes have been achieved and there are serious negative unintended outcomes. Students have little knowledge of laws relating to sex, sexual safety and sexual violence and how to deal with it.
Insufficient evidence	Evidence unavailable or of insufficient quality to determine performance

3.3.5 Responding to evaluation: Programme changes already implemented

As this evaluation progressed initial findings from student data and interviews were fed back to BodySafe Programme management so that they could respond to the findings by making positive adjustments to the programme content and delivery. This included: ensuring the safety of students participating in the programme by reinforcing where to go for help at the start of each session; and improving liaison with schools to ensure students were better prepared for the programme.

3.4 Future directions

3.4.1 More of BodySafe

Students and key informants provided examples of ways forward to improve the BodySafe programme which included having additional sessions in consecutive years, having a resource for teachers so they could reinforce key messages, and targeting senior (Years 11-13) as well as junior students (Years 9-10). Teachers and counsellors spoke of the desirability of a 'top-up' both because the safety messages needed to be continually reinforced and because of age-specific norms.

I think having three sessions was great but I don't feel like that is enough, it doesn't really reinforce it...

I definitely think that more kids in the school would benefit from hearing the messages that BodySafe gave; it was only Year 9s and Year 10s and I actually think older kids...would benefit hearing that as well."

It would benefit older kids as well: some of the older kids are in relationships where they could potentially find themselves in a bit of a tricky situation around consent and that kind of thing; and because health education here finishes at Year 10 I think having the BodySafe come in and do three sessions with the Year 12 students would be hugely beneficial.

It's going to take more than some lessons from BodySafe; those messages need reinforcing over and over again, and in a lot of different contexts too.

Students also expressed their desire for more sessions and for BodySafe to come back each year.

Maybe like more lessons, like five not three. Maybe like getting some people who have experienced [sexual violence] that are willing to talk about it, maybe it's a bit personal, but if there are people who would talk about it.

They should do it more often because people tend to forget and it is interesting.

There should be more lessons, not just three because it was like all crammed in.

So they are more aware than like probably if they had another talk like over the next three years, they are not going to regret anything.

Come back every year to recap

BodySafe educators also spoke of the need for more sessions to ensure there was adequate time to deal with sensitive material. Said one educator:

Around six sessions is ideal, we know the more sessions you have the more likely you are to get behaviour change. A few years ago we were doing only one hour workshops and schools still requested them .but we know that probably is not going to be effective and it is really unsafe because you are going in and talking about what

for some students would be a very sensitive and emotionally charged topic – you are potentially going in there for 50 minutes and saying ‘ Ok here’s a card with people you can talk to see you goodbye’. We are trying to convince staff that more sessions are better but then again we are competing with so many other things they have to fit into their curriculum. So I think there is an issue with the curriculum itself, like how much time are they meant to be spending on relationships and sexual violence topics and how are young people going to get this information. A lot of school staff aren’t comfortable talking about it at all. I mean some school staff will be brilliant I am sure but some staff won’t cover it at all. (BodySafe facilitator)

3.4.2 A whole school approach

The BodySafe programme is not currently being implemented in the context of a whole school approach, health promoting schools or the curriculum. There were some exceptions, with the programme implemented in the context of the health curriculum and health teachers involved in liaising with the BodySafe team.

Both the BodySafe educators and school staff recognised the need for a more comprehensive whole school approach. One counsellor suggested that the programme added value to the work the health and physical education teachers were doing in the health curriculum.

I think we need the ongoing approach from people that are regular and constant like the PE teachers and Health teachers – I think that is very valuable because they are constant they are there everyday so the girls form that relationship with them – and I also see it as very valuable that we have people like BodySafe who are perhaps more focused on more experts and because that is their passion their job their drive. I think that adds emphasis to the work our staff are doing in health and our guidance to health staff.

Another said:

I think we are bringing an aspect to it that our students begin to realise, oh this is not just the health teacher, not just the BodySafe person, not just the nurse or counsellor, they are all talking about our safety and our wellbeing and that rape and abuse is not okay.

BodySafe educators were very aware of the need for a whole school approach to sexual violence prevention. Said one educator:

It would be nice it becomes a whole kind of full on school approach, if we were all involved in the healing journey of some of the young ones if its been an experience for them. We’ve only got three sessions that we are able to work with the kids. It would be nice if it was actually tied into the school and you know you are going to help people and that’s cool.

4.0 Concluding comments

Both literature review findings (Allen, 2005; Carmody & Willis, 2006) and this evaluation indicate there is a need for sexual violence prevention programmes in Aotearoa/New Zealand. Consistent with the literature the *BodySafe* programme is implemented by external providers (Foshee, et al., 2000; SASA House, 2010). The current evaluation findings indicate there are advantages to this which include the providers having expert knowledge, students taking them more seriously and some teachers being uncomfortable talking about such sensitive issues.

There is evidence that the *BodySafe* programme is well-designed and evidence-informed. The content covers typical components of similar programmes delivered internationally (Robertson & Oulton, 2008). Nearly all students reported the content of the *BodySafe* programme was 'just right' and described it as important, interesting, useful and helpful. Students also enjoyed being able to interact with each other and the material through the use of scenarios.

The programme is well implemented. Most students connected with the educators, engaged with the *BodySafe* material and felt safe while participating in the programme. Safety has been highlighted as an issue in the literature as it is likely that survivors and perpetrators of sexual violence are present in sessions (Kim, 2002). While the programme delivery was quite educator-directed and rushed, students were mostly engaged and found the content interesting. Given that students enjoyed the opportunity to pose anonymous questions, this aspect of the programme warrants more time. Students also wanted additional sessions in subsequent years to reinforce what they had learnt and this was supported by teachers and counsellors.

The generic programme is designed to meet the needs of a wide variety of cultures and ethnicities and this evaluation indicates that generally it did so. *BodySafe* facilitators were very aware of the challenges of implementing the programme within the diverse cultural context of Auckland schools with multiple ethnicities. Where appropriate they have adapted material to suit the needs of specific groups. Given that one of the challenges for school-based sexuality education programmes is the strong taboos some communities have about talking about sex (Robertson & Oulton, 2008), some school staff suggested that culturally specific modules could be appropriate in some schools.

There is evidence that the short-term outcomes described in this evaluation have been achieved. Survey and focus group findings show the key messages of the *BodySafe* programme relating to consent, sexual violence, risky sexual situations and help-seeking were well understood by students, which is consistent with the literature (Robertson & Oulton, 2008). Current evaluation findings are also consistent with other sexual violence prevention education programmes (Foshee, et al., 2000; SASA House, 2010) showing that knowledge gained stays with students up to six months after receiving the programme. The literature however highlights that school-based sexual violence prevention programmes may have little long-term impact on changing behaviour (Schewe, 2002); for effective long-term reduction in sexual violence such programmes need to part of both a whole school and community approach to equip young people with the skills to engage with the behaviours promoted by the programme (Robertson & Oulton, 2008). Teachers, counsellors and *BodySafe* facilitators all considered the programme has an important place within the health education curriculum and needs to be implemented in the context of a whole school approach.

5.0 Recommendations

Based on the literature review and evaluation findings it is recommended that:

- The *BodySafe* programme continues to be implemented in secondary schools and funding is made available to develop a whole school approach to sexual violence prevention and respectful relationships alongside the programme.
- The *BodySafe* programme is extended to include more sessions as well as being implemented in subsequent year levels (i.e. senior year 12 and 13) to meet the developmental needs of young people and reinforce the learning of skills and messages of sexual violence prevention and respectful relationships.
- The sessions should allow more time for questions and student-lead discussions and the opportunity for students to propose anonymous questions
- The *BodySafe* programme team consider developing a component where presenters address single sex groups as part of the programme
- The safety guidelines for participants who feel uncomfortable are revised and emphasised at the start of each session
- The school counsellors and health teachers are fully informed about the *BodySafe* programme's purpose and content so they are better able to inform students about the programme before it is delivered, and to deal with disclosures
- The *BodySafe* programme team have more time and resources to work with the health teachers and school counsellors in regard to the promotion of the programme and its integration with the health curriculum
- The *BodySafe* team are funded to develop resources for health teachers and counsellors which reinforce the programme and enable them to support students learning around sexual violence prevention

- The *BodySafe* programme is resourced to allow for greater youth participation in programme design and development. This could be in the form of a youth advisory group or aligning with an existing youth development-focussed agency.
- Enable the *BodySafe* team to work with school management and Board of Trustees to shift school policy and curriculum to support the prevention of sexual violence and the promotion of respectful relationships.
- Enable to *BodySafe* team to start engaging the school community (particularly parents and caregivers) using a community readiness model.

6. References

- Adolescent Health Research Group. (2008). *Youth'07: Health and Wellbeing of Secondary School Students in New Zealand. Initial Findings*. Auckland: University of Auckland
- Allen, L. (2005). *Sexual subjects: Young people, sexuality, and education*. Houndmills, Basingstoke, Hampshire; New York: Palgrave Macmillan.
- Anderson, L. A., & Whiston, S. C. (2005). Sexual assault education programs: A meta-analytic examination of their effectiveness. *Psychology of Women Quarterly*, 29(4), 374-388.
- Barone, R. P., Wolgemuth, J. R., & Linder, C. (2007). Preventing sexual assault through engaging college men. *Journal of College Student Development*, 48(5), 585-594.
- Basile KC, Saltzman LE. *Sexual violence surveillance: uniform definitions and recommended data elements version 1.0*. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2002.
- Beres, M. A. (2007). 'Spontaneous' sexual consent: An analysis of sexual consent literature. *Feminism & Psychology*, 17(1), 93-108.
- Black, B., Weisz, A., Coats, S., & Patterson, D. (2000). Evaluating a psychoeducational sexual assault prevention program incorporating theatrical presentation, peer education and social work. *Research on Social Work Practice*, 10, 589-606.
- Brecklin, L. R., & Forde, d. R. (2001). A meta-analysis of rape education programs. *Violence and Victims*, 16(3), 303-321.
- Broman-Fulks, J. J., Ruggiero, K. J., Hanson, R. F., Smith, D. W., Resnick, H. S., Kilpatrick, D. G., et al. (2007). Sexual Assault Disclosure in Relation to Adolescent Mental Health: Results from the National Survey of Adolescents. *Journal of Clinical Child & Adolescent Psychology*, 36(2), 260 - 266.
- Carmody, M. (2006). Preventing adult sexual violence through education? *Current Issues in Criminal Justice* 18, 2(342-356).
- Carmody, M., & Carrington, K. (2000). "Preventing sexual violence?". *Australian and New Zealand Journal of Criminology*, 33(3), 341-361.
- Carmody, M., & Willis, K. (2006). *Developing ethical sexual lives: Young people, sex and sexual assault prevention*. Sydney: University of Western Sydney.
- Centers for Disease Control and Prevention. (2004). *Sexual violence prevention: Beginning the dialogue*. Atlanta, GA: Centers for Disease Control and Prevention.
- Clark, T. C., Robinson, E., Crengle, S., Grant, S., Galbreath, R. A., Sykora, J., et al. (2009). *Youth'07 The health and wellbeing of secondary school students in New Zealand: Findings on young people and violence*. Auckland: The University of Auckland.
- Cousins, J. B., & Whitmore, E. (1998). Framing participatory evaluation. In E. Whitmore (Ed.), *Understanding and practising participatory evaluation* (pp. 5-23). San Francisco: Jossey-Bass.
- Davis, R., Parks, L. F., & Cohen, L. (2006). *Sexual violence and the spectrum of prevention: Towards a community solution*. Enola, PA: National Sexual Violence Resource Center.
- DePoy, E., & Gitlin, L. N. (1994). *Introduction to research: Multiple strategies for health and human services*. St Louis, MO: C.V. Mosby.
- Donaldson, S.I. (2007). *Program theory-driven evaluation science: Strategies and applications*. New York, NY: Lawrence Erlbaum
- Education Review Office. <http://www.ero.govt.nz/Early-Childhood-School-Reports/School-Reports>

- Fanslow, J., Robinson, E., Crengle, S., & Parese, L. (2007). Prevalence of child sexual abuse reported by a cross-sectional sample of New Zealand women. *Child Abuse and Neglect*, 31(9), 935-945.
- Fergusson, D. M., & Mullen, P. E. (1999). *Childhood Sexual Abuse: An Evidence Based Perspective*. Thousand Oaks: Sage Publications.
- Fergusson, D. M., Boden, J. M., & Horwood, L. J. (2008). Exposure to childhood sexual and physical abuse and adjustment in early adulthood. *Child Abuse & Neglect*, 32, 607-619.
- Fisher, B. S., Daigle, L. E., & Cullen, F. T. (2008). Rape against women: What can research offer to guide the development of prevention programs and risk reduction interventions? *Journal of Contemporary Criminal Justice*, 24(2), 163-177.
- Fleming, T. M., Watson, P. D., Robinson, E. M., Ameratunga, S., Dixon, R., Clark, T. C., et al. (2007). *Violence and New Zealand Young people: Findings of Youth 2000 - A National secondary school youth health and wellbeing survey*. Auckland: University of Auckland.
- Flores, S. A., & Hartlaub, M. G. (1998). Reducing rape-myth acceptance in male college students: A meta-analysis of intervention studies. *Journal of College Student Development*, 39(5), 438-448.
- Foshee, V. A., Bauman, K. E., Ennett, S. T., Linder, G. F., Benefield, T., & Suchindran, C. (2004). Assessing the long-term effects of the Safe Dates Program and a booster in preventing and reducing adolescent dating violence victimisation and perpetration. *American Journal of Public Health*, 94(4), 619-624.
- Foshee, V. A., Bauman, K. E., Greene, W. F., Koch, G. G., Linder, G. F., & MacDougall, J. E. (2000). The Safe Dates Program: 1-Year follow-up results. *American Journal of Public Health*, 90(10), 1619-1622.
- Foubert, J. D., & Cremedy, B. J. (2007). Reactions of men of color to a commonly used rape prevention program: Attitude and predicted behavior changes. *Sex Roles*, 57(1-2), 137-144.
- Frazier, P., Valtinson, G., & Candell, S. (1995). Evaluation of a coeducational interactive rape prevention program. *Journal of Counseling and Development*, 73(153-158).
- Hanson, R. F., Kievit, L. W., Saunders, B. E., Smith, D. W., Kilpatrick, D. G., Resnick, H. S., et al. (2003). Correlates of adolescent reports of sexual assault: Findings from the national survey of adolescents. *Child Maltreat*, 8(4), 261-272.
- Jackson, S. (2002). Abuse in dating relationships: young people's accounts of disclosure, non-disclosure, help-seeking and prevention education. *New Zealand Journal of Psychology*, 31(2), 79(78).
- Jewkes, R., Sen, P., & Garcia-Moreno, C. (2002). Sexual violence. In e. G. Krug, L. L. Dahlberg, J. A. Mercey, A. B. Zwi & R. Lozano (Eds.), *World report on violence and health* (pp. 147-182). Geneva: World Health Organization.
- Julich, S. J. (2001). *Breaking the Silence: Restorative Justice and Child Sexual Abuse*. Massey University, Auckland.
- Keel, M. (2005). Working with adolescents in the education system to prevent sexual assault. *Family Matters*, 71, 36-39.
- Kendall-Tackett, K. (2003). *Treating the Lifetime Health Effects of Childhood Victimization*. Kingston: Civic Research Institute.
- Keys Young, U. (2004). *National framework for sexual assault prevention*. Canberra.
- Kim, M. (2002). Innovative strategies to address domestic violence in Asian and Pacific Islander communities: Emerging themes, models and interventions. Retrieved 20 May, 2007, 2010, from <http://www.apiahf.org/apidvinstitute/PDF/InnovativeStrategiesFullReport.pdf>

- Lanier, C. A., Elliot, M., Martin, D. W., & Kapadia, A. (1998). Evaluation of an intervention to change attitudes toward date rape. *Journal of American College Health, 46*(177-180).
- Lonsway, K. A. (1996). Preventing acquaintance rape through education: What do we know? *Psychology of Women Quarterly, 20*, 229-265.
- Lonsway, K. A., & Fitzgerald, L. F. (1994). Rape myths: In review. *Psychology of Women Quarterly, 18*, 133-164.
- Lonsway, K. A., & Kothari, C. (2000). First year campus acquaintance rape education. *Psychology of Women Quarterly, 24*, 220-232.
- Ministry of Youth Affairs. (2002). *Youth development strategy Aotearoa: Action for child and youth development*. Wellington: Ministry of Youth Affairs.
- Morrison, Z., Quadara, A., & Boyd, C. (2007). "Ripple Effects" of Sexual Assault Issues: *Australian Centre for the Study Of Sexual Assault, 7*.
- Mulroney, J. (2003). *Prevention programs for young people that promote healthy relationships*. Paper presented at the Practice and prevention: Contemporary issues in adult sexual assault in NSW.
- Patton, M. Q. (1997). *Utilization-focused evaluation* (3rd ed.). Thousand Oaks, CA: Sage.
- Perry, B. (2006). Beyond consent: Healthy sexuality & sexual violence prevention (Part 1). *Moving upstream: Virginia's Newsletter for the Primary Prevention of Sexual Violence, 1* (3) and 2(1).
- Putnam, F. D. (2003). Ten-year research update review: Child sexual abuse. *Journal of American Academy of Child and Adolescent Psychiatry, 42*(3), 269-278.
- Quadara, A. (2008). Responding to young people disclosing sexual assault: A resource for schools. *ACSSA Wrap, 6*.
- Robertson, N., & Oulton, H. (2008). *Sexual violence: Raising the conversations. A literature review*. Hamilton: The University of Waikato.
- Ruggiero, K. J., Smith, D. W., Hanson, R. F., Resnick, H. S., Saunders, B. E., Kilpatrick, D. G., et al. (2004). Is disclosure of childhood rape associated with mental health outcome? Results from the national women's survey. *Child Maltreat, 9*(1), 62-77.
- SASA House. (2010). SASA House sexual assault programme for secondary schools. Retrieved 19/8/10, 2010, from <http://www.dvirc.org.au/pip/Projects/SAPPSS.pdf>
- Schewe, P. A. (2002). Guidelines for developing rape prevention and risk reduction interventions. In P. A. Schewe (Ed.), *Preventing violence in relationships: Interventions across the lifespan*. Washington, DC: American Psychological Association.
- Schewe, P. A., & Donohue, W. (1996). Rape prevention with high-risk males: Short-term outcome of two interventions. *Archives of Sexual Behavior, 25*(5), 455-471.
- Sochting, I., Fairbrother, N., & Koch, W. J. (2004). Sexual assault of women: Prevention efforts and risk factors. *Violence Against Women, 10*(1), 73-93.
- van Roode, T., Dickson, N., Herbison, P., & Paul, C. (2009). Child sexual abuse and persistence of risky sexual behaviors and negative sexual outcomes over adulthood: Findings from a birth cohort. *Child Abuse & Neglect, 33*(3), 161-172.
- Young, M. S., Harford, K., Kinder, B., & Savell, J. K. (2007). The Relationship Between Childhood Sexual Abuse and Adult Mental Health Among Undergraduates Victim Gender Doesn't Matter. *Journal of Interpersonal Violence, 22*(10), 1315-1331.

Appendix One: BodySafe Programme Feedback Form

**Tiaki Tinana
BodySafe Programme Evaluation**



Your opinion is really important to us. We would like to know what you thought of BodySafe, the good and the bad. What you write here will help us make our programme better for young people in the future.

<p>School:.....</p> <p>Class:</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/> Age</p> <p>What ethnicity do you identify with?</p>
--

1. Circle the words you feel apply to the BodySafe programme overall.
You can add others

Helpful	Interesting	Embarrassing
Boring	Fun	Disturbing Cool

2. Was the content of the BodySafe programme (Please circle):

Too easy	Just right	Too hard to understand
-----------------	-------------------	-------------------------------

3. How safe did you feel taking part in the programme?

Not safe	Safe enough	Very safe
-----------------	--------------------	------------------

4. Has BodySafe change the way you think/act in situations where you may be at risk? (Please circle)

Not at all	A little	Moderately	Very much	Extremely
1	2	3	4	5

5. Please complete the following statements:

Consent is

Sexual violation is

.....

A situation where I could be at risk of sexual violence is

.....

One or more effects of sexual violation might be

.....

People I could go to for help about sexual violation are.....

.....

Some good ways of healing after sexual violation might be.....

.....

.....

5. How would you rate the way BodySafe educators worked with your class?

Very poor	Poor	Good	Very good	Excellent
1	2	3	4	5

7. Please tell us what could make the BodySafe programme better for young people.

Thanks heaps for your help. Hope you enjoyed BodySafe. If you have any complaints or worries about our course or educators, please talk to your teacher or phone our administrative manager on 09 3604001.

Appendix Two: School Key Informant Interview Guide

Project Staff/School Staff

- Could you briefly describe your role?
- Could you describe your role with the programme?
- What do you see as the aims and objectives of the programme?
- What would you see as success for the programme?
- How would you know that you are being effective? How do you measure this?
- What do you think have been the impacts of the programme? (EXPLORE FROM YOUR KNOWLEDGE OF THE PROJECT'S INTENDED IMPACTS; ask separately for each possible impact you know about and probe for positive and negative impacts)
- What do you think has been particularly successful about the programme?
- What do you think has not been so successful/could anything be done differently?
- Are there any changes that you would suggest to the programme?
- What do you see as possible future developments for the programme?
- Is there anything else that you think it is important for us to know about for the evaluation?

Appendix Three: BodySafe Project Staff Interview Guide

- What do you see as the aims and objectives of the programme?
- What training and ongoing reflection/supervision do you have for your role?
- We are interested in hearing about your experience of delivering the programme
 - Working with co-facilitator
 - Adapting programme to different groups (age, gender, ethnicity, literacy level)
 - Challenges to programme delivery
- What would you see as success for the programme?
- How would you know that you are being effective? How do you measure this?
- What do you think have been the impacts of the programme? (EXPLORE FROM YOUR KNOWLEDGE OF THE PROJECT'S INTENDED IMPACTS; ask separately for each possible impact you know about and probe for positive and negative impacts)
- What do you think has been particularly successful about the programme?
- What do you think has not been so successful/could anything be done differently?
- Are there any changes that you would suggest to the programme?
- What do you see as possible future developments for the programme?
- Is there anything else that you think it is important for us to know about for the evaluation?
- What do you see as the role of the classroom teacher in relation to the programme?
- What to you see as the role of the school counsellor in relation to the programme?

Appendix Four: BodySafe Focus Group Guide

- What has been your involvement in the BodySafe programme
- What sort of things do you know about the programme?
- What do you think the programme is trying to do?
- What did you get out of taking part in the programme?
- What changes have you seen in yourself or others who have participated in this project? (EXPLORE FROM YOUR KNOWLEDGE OF THE PROJECT'S INTENDED IMPACTS; ask separately for each possible impact you know about and probe for positive and negative impacts)
- Do you know where young people can go for help/support about issues relating to sexual safety?
- What do you think has been the best thing about this programme?
- Could anything be done differently?
- Are there any changes to the programme you would like to see?
- Is there anything else that you think it is important about this programme?

Appendix Five: BodySafe Programme Observation Guide

School: _____

Class: _____

Teacher: _____

Time: _____

Educators: _____

Class description:

Number in class: _____ Gender: _____

Literacy levels: _____ Ethnicity: _____

Facilitation:

- Are students informed about what they will be learning?
- Student centred vs teacher directed learning
- Opportunities for collaborative learning (paired discussion, group work)
- Opportunities for students to ask questions
- Clarity of instructions to students

Student engagement:

- On task or off task
- Interaction with Body Safe material
- Ethnic differences – in responding to the programme
- Gender differences – in responding to the programme
- Literacy level differences – in responding to the programme

Other