Research Article

Preventing Gender-Based Violence Among Adolescents and Young Adults: Lessons From 25 Years of Program Development and Evaluation

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Abstract

Effective prevention of intimate partner violence (IPV) among adolescents and young adults is a key strategy for reducing rates of gender-based violence (GBV). Numerous initiatives have been developed and evaluated over the past 25 years. There is emerging evidence about effective strategies for universal prevention of dating violence in high school settings and effective bystander interventions on university and college campuses. In addition, there have been some effective practices identified for specific groups of youth who are vulnerable to victimization (either based on past experiences of exposure to domestic violence or previous dating victimization). At the same time, though our evidence about school and college-based interventions has grown, there are significant gaps in our knowledge of effective prevention among marginalized groups. For example, there is a lack of evidence-based strategies for preventing IPV among Indigenous youth; lesbian, gay, bisexual, transgender, questioning+ [LGBTQ+] youth; and young women with disabilities, even though these groups are at elevated risk for experiencing violence. Our review of the current state of evidence for effective GBV prevention among adolescents and young adults suggests significant gaps. Our analysis of these gaps highlights the need to think more broadly about what constitutes evidence. We identify some strategies and a call to action for moving the field forward and provide examples from our work with vulnerable youth in a variety of settings.

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Effective prevention programming is a key component of a comprehensive strategy to reduce gender-based violence (GBV;[1] Krug, Mercy, Dahlberg, & Zwi, 2002). This article begins by highlighting what we know about effective primary prevention programs of GBV for youth and young adults aged 12-24 years. We then identify some of the gaps in the existing literature and the underlying reasons for these gaps. We discuss strategies for moving the field forward, drawing from our team's work in a number of real-world contexts. Finally, we end with a call to action to ensure that the field continues to move forward in innovative and much-needed directions rather than simply reifying the work that has already been conducted.

We opted to include both primary and selective prevention approaches in this article (O'Connell, Boat, & Warner, 2009). Primary prevention refers to universal approaches that are intended to reduce the likelihood of violence against women and girls. Prevention may be based on reducing risk factors associated with violence and/or promoting protective factors that enhance young women's and girls' safety. Selective prevention refers to programs that target individuals or a population subgroup that is at higher than average risk of violence perpetration or victimization (e.g., youth with previous exposure to violence, involvement with child protective services, males). Finally, our focus on violence against girls and young women is limited to intimate partner violence and sexual violence. Bullying prevention programs were excluded from this review.

We conducted literature searches to obtain relevant research using PsycInfo and PubMed databases. Gray literature, including government and funding websites, and "best-evidence" databases compiled by government and national health organizations (i.e., the Public Health Agency of Canada's Canadian Best Practices Portal, SAMHSA's National Registry of Evidence-Based Programs and Practices, the Public Health Institute at Liverpool John Moores University [a World Health Organization Collaborating Center for Violence Prevention] Violence Prevention database) were also searched. Keywords used in the searches included the following: prevention, healthy relationships, domestic violence, dating violence, intimate partner violence, GBV, sexual abuse, and sexual harassment. The final sample consisted of 104 peer-reviewed journal articles and 42 websites. In addition, we reached out to leaders in the intervention research field in an attempt to identify promising interventions that are currently undergoing more rigorous evaluation.

What Do We Know About Effective Prevention of GBV?

Primary prevention programs address the underlying attitudes, norms, and behaviors that support GBV. The ultimate goals are to end violence, empower women and girls, and promote nonviolent, equitable, and respectful relationships. The targets include

knowledge, attitude and behavior change, including the enhanced role of bystanders. Most existing prevention programs shown to be effective are delivered in schools or universities/colleges. It is important to note that when we talk about primary prevention research, we are in fact talking primarily about research in the North American context. An international review of violence prevention and intervention programs (Ellsberg et al., 2015) found that more than 80% of rigorous evaluations were done in six high-income countries (Canada, the United States, New Zealand, Australia, the United Kingdom, and Hong Kong) that represent 6% of the world's population. We acknowledge in advance this limitation in our review and conclusions.

Programs for Youth in Elementary and Secondary Schools

Although early social and emotional learning programs and bullying prevention programs are outside the purview of this review, it is worth noting that there are prevention opportunities along the entire developmental trajectory. Social and emotional learning programs that develop emotional awareness, responsible decision-making, relationships, self-management, and self-awareness ultimately address some of the risk factors for later GBV (R. D. Taylor, Oberle, Durlak, & Weissberg, 2017). Similarly, although bullying prevention programs were excluded from this review, there is no question that these present another opportunity to challenge power-based models of relationships and to develop healthy relationship skills (Pepler, 2012). In many cases, it can be difficult to draw the line between bullying and GBV, especially as children enter early adolescence and much of the bullying behavior becomes gender-based and homophobic in nature (Espelage, Basile, De La Rue, & Hamburger, 2015; Pepler, 2012). Bullying, dating violence, and sexual violence have also been found to share common risk factors (Foshee, Benefield et al., 2016). Furthermore, bullying and homophobic name-calling in middle school may predict future sexual violence perpetration (Espelage, Basile, Leemis, Hipp, & Davis, 2018). Although preventing these earlier forms of violence will likely reduce GBV in adolescence, these are not the focus of this article.

Adolescence presents a key opportunity for preventing teen dating violence (TDV). Two programs have been repeatedly identified as evidence-based: *The Fourth R* (which was developed by our team) and *Safe Dates* (De Koker, Mathews, Zuch, Bastien, & Mason-Jones, 2014; De La Rue, Polanin, Espelage, & Pigott, 2014; Ellsberg et al., 2015). A third, *Shifting Boundaries*, also has significant and high-quality evidence of effectiveness.

Fourth R

The Fourth R (relationships) includes a range of healthy relationships programs developed for school and community settings. Fourth R programs differ with respect to age/grade level and format. All *Fourth R* programs are based on the contention that relationship skills can be taught the same way many other academic or athletic skills are taught—through breaking down the steps and giving youth lots of guided practice

(Wolfe, Jaffe, & Crooks, 2006). The original program was developed to align with the Ontario (Canada) Ministry of Education curriculum expectations for healthy living, within the Grade 9 Physical and Health Education credit. Since 2001, the program has grown to be used from coast to coast to coast in Canada. It has also been implemented in numerous states in the United States and internationally. There are many program options available beyond the original Grade 9 program, including healthy living curricula for Grades 7-9, and English curricula for Grades 9-12. There are slightly different versions of these curricula that align with every province and territory's specific expectations to ensure that educators around Canada can meet their teaching requirements by implementing the program. Teachers who implement the program receive either a half- or full-day training.

Our team has published numerous studies evaluating the Fourth R program and its implementation. The initial cluster randomized controlled trial (RCT) with the Grade 9 program included 20 schools with more than 1,700 students, aged 14-15 years. Results indicated that physical dating violence was about 2.5 times greater among control (i.e., standard health education) versus intervention students at 2.5-year follow-up, and that the intervention impact was greater for boys than girls. The Fourth R intervention also improved condom use in sexually active boys compared with their counterparts in the control condition (Wolfe et al., 2009). In addition to reducing negative behaviors, observational data demonstrated an increase in effective peer resistance skills among Fourth R students compared with the control group (Wolfe, Crooks, Chiodo, Hughes, & Ellis, 2012).

Beyond the universal impacts of the Fourth R, there is evidence that the program had a protective impact for particularly vulnerable youth. Analysis of the RCT data indicated that there was a protective effect for youth with a history of multiple forms of maltreatment with respect to lowering the likelihood of engaging in violent delinquency (Crooks, Scott, Wolfe, Chiodo, & Killip, 2007). Furthermore, this buffering effect was still evident at the 2.5-year follow-up (Crooks, Scott, Ellis, & Wolfe, 2011). These findings provide a promising indication that not only is the Fourth R beneficial for all youth, but also that it may be particularly beneficial for the youth who need it most.

In addition to strong findings with the Grade 9 program, a province-wide evaluation in Saskatchewan showed that youth in the Grade 8 program demonstrated improved knowledge about violence, awareness about the impacts of violence, and an increased ability to identify healthy coping strategies (Crooks, Scott, et al., 2015). Finally, a cost/benefit analysis of different implementation scenarios demonstrated an economic case for the Fourth R (Crooks et al., 2017).

Safe Dates

Another evidence-based program offered in schools is Safe Dates (Foshee et al., 2005). The goals of the program are to raise awareness of healthy and abusive dating relationships, raise awareness of the causes and consequences of dating abuse, equip students with the skills and resources to help themselves or friends in abusive dating

relationships, and teach students skills to develop healthy dating relationships. The skills component focuses on positive communication, anger management, and conflict resolution. Safe Dates is structured around nine 45-min sessions in school, with additional school and community components. Facilitators who implement the curriculum component receive between 1 and 2 days of training, depending on the implementation plan, and community service providers typically receive 3 hours of training.

Early evaluation of Safe Dates identified promising results in behaviors and potential mediators (Foshee et al., 1998). However, a 1-year follow-up found that although the improvements in potential mediators continued, the changes in behavior had disappeared, highlighting the need for more continuous programming (Foshee et al., 2000). Subsequently, the programming changed so as to be offered in more consecutive years. The Safe Dates project was then evaluated using an RCT that involved five waves of data to examine the effects of the program over time. Safe Dates was effective at all four follow-up periods in reducing psychological, moderate physical, and sexual dating violence perpetration, as well as moderate physical dating violence victimization (Foshee et al., 2005). The Safe Dates evaluation highlighted potential subgroup effects for youth who had already been involved in dating violence versus those who had not, as although effects were found for both types of youth, the program seemed most effective with adolescents who were already involved in dating violence.

The Safe Dates programming and evidence base have expanded in important ways since the 2005 study. Notably, the Safe Dates team developed an intervention specifically for adolescents exposed to domestic violence, who are at higher risk for relationship problems and related challenges (Foshee, Benefield, et al., 2015). The *Moms and Teens for Safe Dates* intervention was designed as a series of six booklets with dating abuse prevention information and interactive activities to be completed together. Mothers who had been victims of domestic violence but no longer lived with the abuser delivered the program to their adolescents. Preliminary findings based on an RCT with 409 mother and adolescent pairs identified significant challenges in program completion but promising effects on a range of outcomes. There were favorable program effects for adolescents with higher, but not lower, levels of exposure to domestic violence. This programming and preliminary research are important next steps in identifying ways to provide programming for higher risk groups of adolescents, including those who may not be in school due to family disruption associated with domestic violence (Foshee, Dixon, et al., 2015).

In a subsequent study, Foshee and colleagues (2016) examined mediators that may have led to stronger program effects for adolescent girls with high exposure to domestic violence. Using an RCT design, 277 mother and adolescent pairs completed baseline and 6-month follow-up interviews. Consistent with their earlier study, the program had significant favorable effects for adolescents with higher exposure to domestic violence. Specifically, the *Moms and Teens for Safe Dates* intervention had significant effects for higher risk adolescents on several proposed mediators, including increasing the mothers' perceptions of the severity of dating violence, self-efficacy for completing dating violence prevention efforts, and adolescent conflict management skills (Foshee, Benefield et al., 2016).

Finally, research with Safe Dates has found program impacts on other types of violence. These diversified outcomes are important factors in promoting uptake and sustainability of programming, in that schools can prevent a range of negative outcomes with one comprehensive approach (Foshee et al., 2014). In addition, Safe Dates is one of the few effective primary prevention approaches for reducing sexual violence perpetration (DeGue et al., 2014).

Shifting Boundaries

Shifting Boundaries is a program designed to reduce dating violence and sexual harassment among middle-school students. It is a two-part intervention that aims to increase knowledge of the consequences of abusive behavior and increase faculty surveillance of unsafe areas. The first study randomly assigned 123 middle-school classrooms to an interactive curriculum, a law and justice curriculum, or a control condition. The interactive curriculum focused on setting and communicating healthy boundaries in relationships, whereas the law and justice curriculum focused on laws, definitions, and penalties for sexual harassment. Results indicated that students in both intervention curricula had increased awareness of abusive behaviors (B. G. Taylor, Stein, & Burden, 2010). Another study randomly assigned 117 Grade 6 and 7 classrooms to the Shifting Boundaries intervention, which consisted of six sessions focusing on dating violence, sexual harassment, and promoting healthy personal boundaries. The control group received a building intervention that included the use of temporary school-based restraining orders, school posters to increase awareness and reporting, and hot spot mapping to indicate unsafe areas of the school. Students completed surveys at baseline, upon completion of the intervention, and 6 months post-intervention. Results showed that the building-only and combined interventions reduced reports of sexual violence victimization at 6-month follow-up (B. G. Taylor, Stein, Mumford, & Woods, 2013). The effectiveness of the building-only intervention was supported by a later study that found students' self-reports in the building-only condition indicated reductions in the frequency of dating violence and sexual harassment (B. G. Taylor, Mumford, & Stein, 2015).

The most recent study examining the Shifting Boundaries program explored a combined intervention (including classroom and building components). Schools were randomly assigned to varying saturation levels. Full saturation implied the program was delivered to Grades 6, 7, and 8. The results indicated that providing Shifting Boundaries to only one grade was equally effective at preventing peer and dating violence. Schools that delivered the program to both Grades 6 and 7 showed reductions in sexual harassment victimization compared with schools who implemented the program with just Grade 6 (B. G. Taylor, Mumford, Liu, & Stein, 2017).

Other Potentially Effective Prevention Programs With Youth

In addition to Fourth R, Safe Dates, and Shifting Boundaries, there are other programs for youth that have significant evidence of their effectiveness, although not to the same

extent as the aforementioned three programs (i.e., they only have one peer-reviewed outcome evaluation study each). These programs include the following: Ending Violence (Jaycox et al., 2006) and Teen Choices: A Program for Healthy, Nonviolent Relationships (Levesque, Johnson, & Prochaska, 2017; Levesque, Johnson, Welch, Prochaska, & Paiva, 2016). Teen Choices successfully reduced physical violence and emotional/psychological abuse perpetration. The Ending Violence program increased youths' knowledge of dating violence laws and increased the perceived helpfulness of seeking legal counsel as a response to dating violence (Jaycox et al., 2006).

Programs for College and University Students

Bystander intervention programs[2] with college-aged students typically focus on both changing norms related to consent and sexual violence, and fostering more positive social interactions among youth (Banyard, Plante, & Moynihan, 2004; Storer, Casey, & Herrenkohl, 2016). Specifically, they seek to enhance participants' skills at safely taking action in the face of peer violence. A review of bystander interventions found that they vary in length and intensity, from passive posters displayed across campus for 6 weeks to one-time training workshops (lasting 50-90 min) to multiple trainings occurring over days and weeks (Storer et al., 2016). The review also found that most programs engaged both men and women on the premise that both have the capability (and responsibility) to recognize and intervene before, during, and after violence has occurred, rather than simply focusing on males as would-be perpetrators and females as would-be victims. Furthermore, although most bystander interventions focus on postsecondary students, some have been implemented or are in the process of being adapted for use with secondary students. Overall, the best evidence for these programs relates to increasing participants' willingness to intervene and their confidence to intervene, but there is no evidence on actual behavior change in real-life situations. The two most widely researched bystander intervention programs are *Green Dot* and *Bringing in the Bystander.*

Green Dot

The Green Dot program has been implemented and evaluated with college/university and high school-age youth. There are two phases to the Green Dot Active Bystander program. The first phase consists of 50-min presentations to predominantly first-year college students. This version of the program introduces the prevalence, causes, and impacts of sexual and dating violence; examples of *manageable and simple* bystander activities male and female bystanders can implement in their daily lives to prevent sexual violence; and an invitation to participate in the second phase of the program. Phase 2 involves a smaller number of students in a more intensive 6-hr training program called Students Educating and Empowering to Develop Safety (SEEDS), which is facilitated by a trained non-peer educator during a weekend retreat. The training includes expanded small-group discussions on many of the same topics as in Phase 1, but also incorporates the modeling and practicing of bystander intervention skills. In

addition to volunteers from the first phase of the program, program staff use a peer opinion leaders (POL) strategy to identify potential participants. The POL strategy involves working with faculty, students, and resident assistants to name potential program participants based on their perceived leadership potential.

In a preliminary evaluation of Green Dot, Coker and colleagues (2011) conducted a cross-sectional, online survey of a random sample of 2,504 undergraduate college students to examine whether substantive differences in attitudes about sexual violence and the usage of bystander behaviors were associated with program participation. The evaluation found that self-reported active bystander behavior was significantly higher among those who were SEEDS trained, received a Green Dot presentation, or were engaged with the campus center, compared with those who had received no intervention (Coker et al., 2011). Although both phases of the Green Dot program produced positive self-reported behavioral changes, the longer and more intensive SEEDS program produced more robust outcomes (Coker et al., 2011). Coker and colleagues (2015) compared overall rates of violence at campuses with and without Green Dot programming. Results from student surveys indicated lower rates of reported violent victimization at the Green Dot campus, as well as lower violence perpetration rates among males attending the intervention campus, as compared with two control campuses (Coker et al., 2015). Campus-level differences in violence were also observed over a 4-year period in a subsequent study of Green Dot intervention versus comparison campuses (Coker et al., 2016).

A recent cluster RCT evaluated the effectiveness of Green Dot with high school students over a 5-year period (Coker, Bush, Brancato, Clear, & Recktenwald, 2018; Coker et al., 2017). The program was associated with reductions in violence at the school and student levels (Coker et al., 2017). Secondary analysis revealed that these reductions were facilitated by changes in sexual and dating violence acceptance associated with participation in Green Dot (Coker et al., 2018). Thus, the authors concluded that the program could be considered "both effective (as randomized) and efficacious (as received) in reducing violence acceptance and violence perpetration at the individual and school levels" (Coker et al., 2018, p. 7).

Bringing in the Bystander

Bringing in the Bystander was one of the earliest bystander intervention programs and has been thoroughly researched. The program has two primary versions, including a single 90-min session and a longer 4.5 hr session. Bringing in the Bystander emphasizes how dating and sexual violence occur across a broad continuum of violence from less aggressive acts, such as hearing permissive language about rape in one's social group, to more aggressive acts such as a physical assault at a party. Participants are presented with examples of how to safely intervene across this full spectrum of abusive behaviors. The program provides an opportunity for participants to practice bystander prevention and intervention skills and helps participants identify community resources. Participants are encouraged to create a "bystander plan" where they outline how they would intervene and sign a pledge to be an ally in preventing dating

or sexual violence in the future. Throughout, emphasis is placed on the safety of the intervener and on leveraging resources such as law enforcement and victim services programs.

To date, Banyard, Moynihan, and colleagues have evaluated different versions of the Bringing in the Bystander program in five separate published studies that utilized unique datasets. There is also a media campaign (*Know Your Power*; Potter, Moynihan, Stapleton, & Banyard, 2007; Potter, Stapleton, & Moynihan, 2008) that is based on Bringing in the Bystander and can be used on its own or as a complement to the program. The efficacy of Bringing in the Bystander has been evaluated with universal college populations (Banyard, Moynihan, & Plante, 2007; Cares et al., 2015; Moynihan et al., 2015), as well as subgroups of the larger student body, including students in leadership roles such as resident assistants (Banyard et al., 2009), and members of fraternities, sororities, and athletic teams (Moynihan & Banyard, 2008; Moynihan, Banyard, Arnold, Eckstein, & Stapleton, 2010, 2011). Published studies used different research designs to address variations in the research questions and samples. Three of the evaluations (Banyard et al., 2007; Moynihan et al., 2010; Moynihan et al., 2015) employed longitudinal designs that evaluated outcomes 2-12 months post-program participation, whereas other studies utilized cross-sectional study designs that included self-reported surveys distributed at one time point after the completion of the program.

Evaluations showed evidence of increases in participants' self-reported likelihood of using bystander behaviors and of positively influencing participants' perceptions of their confidence to intervene. However, results were less consistent for the sustained use of bystander behaviors. In one evaluation of the program (Moynihan et al., 2015), male and female participants who participated in the 90-min version of the program and who had the opportunity to view a pro-bystander social marketing campaign 6 months post-intervention reported higher levels of bystander behaviors related to helping friends 12 months post-intervention compared with those in the control group who only viewed the social marketing campaign. The finding regarding long-term behavior change is particularly promising, however, because this is the first evaluation, to date, to demonstrate bystander behavior changes longitudinally. Another evaluation of the Bringing in the Bystander program on two college campuses did find evidence of sustained attitudinal change 12 months post-program, however (Cares et al., 2015). Although these findings indicated an overall positive outcome for program participants, results suggested that program effectiveness differed by gender (male participants scored lower than female participants despite significant changes in attitudes), and by campus (attitudinal changes were significant on one campus, but not the other), highlighting important lessons and future directions to consider in terms of program implementation (Cares et al., 2015).

Selective Prevention

In addition to universal prevention, there are selective prevention approaches that are targeted to individuals in a subgroup of the population whose risk of victimization or

perpetration is significantly higher than average, although they themselves may not have been victims or perpetrators (O'Connell et al., 2009). Aside from the overarching risk by gender, risk groups may be identified on the basis of multiple factors such as race, class, ability, sexual orientation, and family background (e.g., children living with violence and/or parental substance abuse).

Programs for Boys and Men

Because most GBV is perpetrated by boys and men, there are major initiatives that target their unique role as potential perpetrators and bystanders. Programs focusing on men and boys include awareness raising and engagement activities, prevention programs specifically for boys in middle and high school, and sexual violence prevention programs for men in postsecondary settings. We describe programs and evidence for each of those types of prevention in the following section.

School-Based Prevention Programming for Boys

Coaching Boys Into Men (CBIM)

The CBIM program was developed in the United States by Futures Without Violence, and is designed to address social norms by targeting male athletes. The program is delivered by coaches, whom researchers posit have an influential role as mentors and role models for athletes, and thus has a unique opportunity to address GBV with male youth. The program provides coaches with training and resources to prevent relationship violence and sexual assault. Over the past decade, the CBIM program has evolved from an awareness campaign into a structured prevention curriculum for coaches and their athletes (Futures Without Violence, 2016) with encouraging outcomes.

Initial evaluation found CBIM athletes across 16 U.S. high schools reported higher levels of positive bystander intervention behavior than control subjects 3 months post-program (Miller et al., 2012). In addition, boys who had the most intense exposure to the program showed significant changes in intentions to intervene, recognition of abusive behaviors, and positive bystander intervention (Miller et al., 2012). A subsequent evaluation conducted at 1-year follow-up found that while increases in positive behaviors immediately following program participation were not evident 12 months post-intervention, CBIM athletes demonstrated reductions in negative bystander intervention behaviors, as well as a decrease in abuse perpetration as compared with control participants (Miller et al., 2013). A more rigorous cluster RCT is currently underway of a slightly different program that does not have the same focus on coaches (Abebe et al., 2017).

WiseGuyz

The Centre for Sexuality (formerly the Calgary Sexual Health Centre) developed the WiseGuyz program to address social norms that confine and harm the well-being of

adolescent boys, particularly in the domains of sexual health, mental health, and violence. WiseGuyz is a community-facilitated program that targets Grade 9 boys (~14-15 years of age) with an integrated, 20-session curriculum focused on healthy relationships, sexual health, gender, and advocacy and leadership. The program is typically offered over the course of the school year, and a within-groups, mixed-methods evaluation has demonstrated a significant positive impact on boys' attitudes and beliefs (Claussen, 2017; Hurlock, 2013, 2014, 2016), as well as positive mental health and friendship closeness (Exner-Cortens, Hurlock, Wright, Carter, & Krause, 2018). Future evaluation of this program will include a comparison group, and specifically assess dating violence as an outcome.

College/University Bystander Intervention With Boys

Mentors in Violence Prevention (MVP)

The MVP program was developed in 1993 and was one of the first domestic violence and sexual assault prevention programs designed for bystanders (Katz, Heisterkamp, & Fleming, 2011). The initial pilot was developed for college athletes. The objective of the program was to engage high-status male student-athletes in an effort to increase the participation of male students in the prevention of violence against women. To date, the MVP program has been widely implemented in the United States and internationally in diverse settings including sports organizations, college campuses, military bases, middle schools, and high schools. The MVP program later expanded to target female students. The program was designed to promote critical thinking about gender norms and encourage students to speak out and intervene in instances of abuse, as opposed to conforming or observing in silence. This is achieved through role-plays which allow students to develop appropriate responses to abusive incidents.

A preliminary quasi-experimental design study examined the impact of MVP on college students' attitudes and predicted behavior. Pre- and post-survey data were collected from 820 students. The results indicated improvements in attitudes toward gender violence and improvements in bystander efficacy (Cissner, 2009). Katz and colleagues (2011) also conducted a study examining 894 high school students, 47% males, to assess the impact of MVP. Results revealed that students who were exposed to the MVP model were more likely to perceive forms of violence as wrong. In addition, MVP youth were more likely to take action and intervene compared with their counterparts who were not exposed to the program (Katz et al., 2011). Although most of the research examining the MVP program has occurred in the United States, the first qualitative evaluation in a European context also reported positive findings (Williams & Neville, 2017).

The Men's Project

The Men's Project is another prevention program designed to target young male college students. The program aims to increase awareness and prevent sexual assault through an integrated model. This is achieved by incorporating discussions and

interactive role-play activities that focus on changing personal attitudes toward sexual violence and consent, enhancing empathy and understanding the impact of sexual assault on women, and providing skills to intervene effectively (Storer et al., 2016). Gidycz, Orchowski, and Berkowitz (2011) assessed the impact of the Men's Project among 635 male college students who were randomly assigned to either the program or a control condition. Findings suggested that the program can positively change males' values, beliefs, and behaviors. Specifically, the results indicated that male students who participated in the program reported less reinforcement from sexually aggressive behaviors. In addition, participants reported increased beliefs that other males would intervene to prevent sexual assault. In terms of behavior changes, program participants decreased their associations with sexually aggressive peers and decreased their exposure to sexually aggressive media (Gidycz et al., 2011).

School-Based Programs for Youth at Risk of Experiencing GBV

Some selective prevention programs focus on youth with known risk factors for violence perpetration or victimization. Reviews of GBV homicides have repeatedly pointed to missed opportunities in early identification and the need for prevention programs to assist high-risk youth who have been identified as a concern in schools, mental health, child protection, and correctional systems (Jaffe, Fairbairn, & Sapardanis, 2018). Although there are many emerging programs in this area, we want to highlight two programs of this type that have some evidence of effectiveness—one designed for youth involved with the child protection system, and one for adolescent females who have experienced violence in relationships.

Youth Relationships Program

The Youth Relationships Program (YRP) is an 18-session group-based intervention designed to reduce all forms of harassment, abuse, and violence by and against dating partners. It was designed to address the needs of adolescents who had experienced abuse and trauma in their families of origin and who were thereby at greater risk for violence in their own relationships (Wolfe et al., 2003). This community-based group intervention is manual-based, and it instructs facilitators to help teens develop positive roles in dating by providing information, building skills, and enabling the participants to be involved in a community service component. There are three principal sections in the manual: education and awareness, skills building, and social action learning opportunities.

The YRP was evaluated in an RCT with 158 high-risk 14- to 16-year-olds with histories of maltreatment (Wolfe et al., 2003). The control group was an existing care condition, which typically included bimonthly visits from a social worker and the provision of basic shelter and care. Youths were followed on average for 16 months post-intervention. Self-report and partner-report data showed the intervention to be effective in reducing incidents of physical and emotional abuse over time relative to

controls. An interesting adjunct finding was that symptoms of emotional distress and trauma were also lower over time compared with the control group, even though these symptoms were not directly targeted with the intervention. One challenge with the YRP is that the manual has not been updated in 20 years, so future research would require significant program development to ensure relevance for today's youth.

Expect Respect Program

The Expect Respect program follows a comprehensive prevention model, including community engagement, school-wide universal prevention strategies, youth leadership training, and a targeted support group program for at-risk youth in middle and high schools (Ball, Kerig, & Rosenbluth, 2009). The most carefully evaluated component of the Expect Respect program, the targeted support groups (Expect Respect Support Groups [ERSGs]), offer 24 weekly sessions over the course of the school year to gender-segregated groups of boys and girls with known risk factors for dating violence, such as a history of child maltreatment, domestic violence, sexual abuse, and aggressive peer and dating relationships (Ball et al., 2012). Content in each session is specifically designed to address the needs of vulnerable youth, offering participants an opportunity to explore and reframe attitudes supporting violence, and practice healthy relationship skills within a safe and supportive environment (Ball et al., 2009; Ball et al., 2012).

Initial evaluation of the ERSG examined pre-intervention and post-intervention self-reports of 144 youth participants who endorsed involvement as either a victim or perpetrator of at least one type of violence at intake (Ball et al., 2012). Results indicated that youth participants reported using significantly more healthy conflict resolution skills post-program (Ball et al., 2012). Program components perceived to be important for positive outcomes included the support group format and the extended duration of intervention. Overall reductions in victimization and perpetration were not observed in the study; however, subgroup analyses revealed that participants who reported higher levels of both victimization and perpetration at baseline (at least one *SD* above the group mean for either) also reported significant reduction in victimization and/or perpetration post-program (Ball et al., 2012).

More recently, ERSG was evaluated using an accelerated longitudinal design in 36 schools (24 intervention, 12 control) with a sample of 1,678 youth, aged 11-17 years, exposed to violence at home, at school, or in the community (Reidy, Holland, Cortina, Ball, & Rosenbluth, 2017). Latent growth curve analysis of three waves of data with three cross-sectional cohorts of youth participants found that program dosage was associated with different outcomes for boys and girls. Specifically, the number of ERSG sessions attended was related to incremental decreases in psychological, physical, and sexual violence victimization, psychological and sexual violence perpetration, and reactive and proactive aggression for male participants (Reidy et al., 2017). Similar reductions in aggression related to program dosage were noted among female participants; however, results also indicated that the number of ERSG sessions attended was associated with a marginal increase in sexual violence victimization

(Reidy et al., 2017). Interestingly, dosage was also related to levels of violence reported at baseline among male participants, such that boys who initially reported the highest levels of violence attended the greatest number of sessions and, in turn, experienced the greatest reductions in violence (Reidy et al., 2017). This finding confirms previous evidence that suggests the highest risk youths experience the greatest benefits from program participation.

Summary of Current Literature and Gaps in the Evidence Base

Our review of effective programs indicates that there is merit in programs that target attitudes, develop skills, and are comprehensive in nature. These programs have been implemented and evaluated mostly in school and post-secondary settings. However, youths who are most vulnerable to experiencing high levels of GBV have been largely overlooked in intervention research. It is to this topic that we devote the remainder of this review.

Due to larger structural oppressions, there are many groups that disproportionately experience violence: (dis)abled women and girls; girls/women in contact with institutions (e.g., child welfare, criminal justice); Indigenous women and girls; women and girls of color; sexually diverse women and girls; women and girls in poverty, including those who are precariously housed; newcomer and migrant women; sex workers; trans*/gender-queer women; and women abused as children. Many women and girls whose social location includes membership in more than one of these oppressed groups are at even greater risk, a concept which can be incorporated into research and practice through the application of intersectionality (Bauer, 2014; Cole, 2009).[3] Unfortunately, much of the research with these groups has been limited to identifying the increased risk of GBV. This increased risk is now well-documented and in our view, it is time to move away from this deficit focus and toward strengths-based approaches that work with groups of girls and women who are marginalized to design, implement, and evaluate GBV programs. In addition, much research has been conducted on—and not with—women and girls who identify as part of these groups. Such research runs the risk of further oppressing already marginalized groups (i.e., "nothing about us without us," Charlton, 2000).

What Are Some of the Roots of This Knowledge Gap?

The roots of this knowledge gap are multifold, and a full exploration is beyond the scope of this article. However, we suggest three key reasons for this gap that we feel must be addressed in future GBV-prevention program design and evaluation if we are to remedy the current inequities that are present in research and scholarship. First, though many scholars within prevention science have moved away from deficit-based understandings toward strengths-based approaches, a focus on prevention of some negative health outcome, as opposed to the promotion of positive well-being, still dominates the research literature. This approach may be particularly alienating to

groups for whom negative narratives have been (and are still) used to marginalize their voices. In many cases, this deficit-based approach does not align with cultural understandings of well-being. Second, conducting research with these populations requires flexibility in epistemology, methods, and approaches—flexibility that is not yet recognized as advantageous by many traditional academic outlets (e.g., the use of participatory evaluation; ACT for Youth, 2017; Checkoway & Richards-Schuster, 2003; Cousins & Whitmore, 1998). Finally, much of the innovative work is happening in communities and organizations which don't have the mandate or resources for rigorous evaluation. We feel this issue speaks to two needs in particular. First, violence prevention researchers need to be trained on how to conduct research through equitable community–university partnerships; the value of these partnerships also should be recognized within tenure and promotion practices. From our personal experiences at multiple universities, junior scholars are often told to avoid community-based work until after tenure because it will take too long and not produce the type of rigorous research evidence required for high-impact publications. If we are truly to address the inequities in violence prevention research, these factors must be addressed. As well, it is imperative that we work to increase the diversity of scholars in prevention science. This direction includes specifically addressing forms of discrimination that prevent scholars from marginalized groups from advancing through the ranks of academia (Evans, 2007; Matthew, 2016).

Strategies for Moving the Field Forward

Although several of the root causes identified above require larger structural changes, we have been working toward addressing these challenges at a more micro level over the past several years. We draw on three examples from our research program to highlight these changes.

1. Choose evaluation outcomes with (and not for) partners.

Statistical data clearly suggest that Indigenous peoples and, in particular, Indigenous women and girls experience disproportionately high rates of GBV (Government of Canada, 2011). To date, however, few prevention programs have been developed, and even fewer evaluated, that address this issue with Indigenous women and girls. Furthermore, programs that have been developed tend to reflect the worldviews of non-Indigenous researchers (e.g., a focus on individual-level violence prevention), and not those of Indigenous communities (e.g., a focus on relational well-being, community healing, and consciousness raising around the ongoing impacts of colonization). In other words, the prevention of GBV cannot be understood outside the context of the violence perpetrated by non-Indigenous peoples and governments toward Indigenous peoples of all genders. Within this context, there is a move toward strengths-based, holistic, community-based approaches to wellness, rather than a narrow deficit-based focus on problems (or, in other words, practitioners and researchers are getting the message from communities).

Our team has been partnering with Indigenous communities and educators for over a decade on a suite of strengths-based programs for Indigenous youth. The *Fourth R: Uniting Our Nations* is a school-based, multicomponent initiative designed to foster mental well-being and cultural identity among Indigenous youth through multiple initiatives. These include the following: a 16-week Elementary Mentoring program for Grades 7 and 8 students facilitated by First Nations young adults who mentor youth for 1 hr per week; a 16-week Secondary Peer-Mentoring program that fosters healthy relationships between younger (Grade 9) student mentees and older (Grades 10-12) student mentors; a secondary-level First Nations Cultural Leadership Course, which incorporates facets of the mentoring programs into a classroom setting for school credit; a First Nations, Metis and Inuit (FNMI) Student Leadership Committee, made up of secondary students who implement projects in their school board; and the Indigenous Perspectives Fourth R curriculum, an adapted version of the Fourth R's Grade 9 health curriculum (Crooks, Burleigh, et al., 2015; Crooks, Chiodo, Thomas, & Hughes, 2010). With the exception of the Indigenous Perspectives curriculum, which was adapted from Fourth R resources, all other initiatives were developed specifically for Indigenous youth, in full partnership with First Nations community partners. Thus, although the Fourth R and Uniting Our Nations programs share many similarities, such as an emphasis on positive youth development and facilitating healthy relationships through skill building, the Uniting Our Nations program is distinct from the original Fourth R in its focus on cultural identity, use of culturally relevant teaching methods, inclusion of community members (i.e., elders), and focus on mentorship and youth voice (Crooks & Dunlop, 2017).

Because our partners wanted the research to be strengths-focused, we did not explicitly measure GBV in any of our evaluations of these programs; nonetheless, the demonstrated gains in protective factors we describe below are likely associated with reduced violence (and also align with community desires for data collection). Initial evaluation of the secondary school components (i.e., the secondary mentoring program and the Cultural Leadership Course) of the Uniting Our Nations program found multiple indicators of youth engagement, such as increased academic performance and fewer absences from school, youths reporting pride in their roles as mentors, and satisfaction with the program itself (Crooks et al., 2010). In a subsequent mixed-methods case study, Crooks, Burleigh, et al. (2015) identified four organizing themes from their quantitative and qualitative findings. Results suggested increases in student success, sense of belonging, and leadership skills and confidence, and supported the importance of the cultural content in the program (Crooks, Burleigh, et al., 2015). Furthermore, a mixed-methods longitudinal evaluation assessed the impacts of 2 years of program participation, following a cohort of FNMI youth in Grades 7/8 through to Grades 9/10 (Crooks, Exner-Cortens, Burm, Lapointe, & Chiodo, 2017). Findings indicated that mentoring participants reported more positive mental health, greater cultural connectedness, and increased credit accumulation (Crooks, Exner-Cortens et al., 2017).

To reach youth most in need of support, spaces outside of the classroom context need to be used for the implementation of GBV-prevention programs. In our own work,

we have been exploring a small-group version of the Fourth R designed specifically to meet the needs of lesbian, gay, bisexual, transgender, questioning+ [LGBTQ+] youth. To reach youths, we have worked to implement this program as part of school and community Gay–Straight Alliances, which have been identified as important contexts for creating a supportive network for LGBTQ+ youths, providing education about sexual and gender diversity, increasing their sense of connection with the LGBTQ+ community and resources, and advocating for change (John et al., 2014; Mayo, 2017; Miceli, 2005). Furthermore, because of the importance of youth voice to equitable program development, sessions for this program were developed through an extensive piloting process that involved multiple opportunities for youth engagement.

This program has been piloted in eight schools and one community group over the past 3 years. Data were collected through facilitator tracking sheets, implementation surveys, and interactive workshops including youths and facilitators. Participants reported that the Healthy Relationships Program for LGBTQ youth offered a validating environment for exploring and affirming gender identity, as well as the opportunity to share experiences and learn from peers in a safe and supportive space (Lapointe & Crooks, 2018). Youths expressed that many of these discussions grew out of the structured opportunities built into the program, which allowed coverage of relevant topics that may not have been addressed otherwise, such as navigating the process of coming out, and handling microaggressions. Youth also endorsed learning coping strategies for dealing with minority stress, which they indicated could be applied in multiple areas of their lives. Similar to our work with Indigenous youths, we have not measured violence as an outcome, in part due to challenges with sample size and obtaining guardian consent, and in part to respect our partners' vision of strengths-based programming and research.

2. Be flexible and innovative about research design.

There are many logistical and ethical challenges to applying our typical intervention research designs (e.g., Gottfredson et al., 2015) when evaluating programming for marginalized populations in real-world settings. For example, elements of rigor that are prevalent in the evidence-based program paradigm may be impractical, culturally insensitive, or even unethical in the Indigenous context (Crooks, Snowshoe, Chiodo, & Brunette-Debassige, 2013). In addition, the field of Indigenous methodologies highlights the need to recognize different ways of knowing as equally valid, and to not privilege positivist science over collective community wisdom. Furthermore, as described above, the use of participatory methods should be a key consideration when working with marginalized youth, which is also a significant shift in current methods of program evaluation (where there is a heavy reliance on the researcher-led RCT, a design that may be impractical or considered unethical in many community-based settings).

There are also many challenges related to conducting program evaluations in youth justice settings. First, it can be difficult to obtain access to this highly vulnerable population. A key ethical consideration is voluntary and informed consent. In correctional facilities, much of the routine is controlled by staff and certain programs may be

mandatory. It is important to ensure the youth do not feel coerced to participate. A number of sampling issues also exist, including limited sample sizes within correctional facilities, difficulties carrying out the randomization process, lack of control groups, and high participant attrition due to court dates or release from custody. Another potential barrier is that changes in institutional routine can create conflicts for program scheduling (Edens, Epstein, Stiles, & Polythress, 2011; MacKenzie, 2012; Mulcahy, Krezmien, Leone, Houchins, & Baltodano, 2008). We currently have an evaluation underway of our programming in correctional settings that includes a four time point repeated measures design without a comparison group. We are also exploring the use and evaluation of the program delivered one-to-one because numerous community-based services working with correctional youths are utilizing the program in this manner.

Conclusion and a Call to Action

In summary, we know quite a bit about what works to prevent GBV for cisgender, heterosexual, white youth; however, there exist many gaps in our knowledge. These gaps are critical to address if we are to promote healthy relationships for all youths and ensure access to meaningful and effective prevention programs. We close the article with several calls to action specific to addressing these research and practice gaps.

We Need to be More Flexible

Future programming and intervention research need to address the importance of different models and ways of knowing, including those that may not embrace traditional GBV approaches. For example, Indigenous violence prevention efforts usually involve men as active partners and recognize historical oppression and ongoing colonization as a root cause of GBV. These efforts might also be conceptualized as holistic community wellness initiatives (vs. narrower, deficit-based programming). Our work with LGBTQ+ youth has shown a similar pattern of youths wanting identity-affirming, strengths-based programming (that also addresses, but is not limited to, GBV prevention). In sum, when working with marginalized groups, violence prevention efforts must move away from interventions solely focused on individual-level capacity and skills, and toward analysis of and social action around oppression and structural violence, root causes of GBV.

Flexibility in research designs is needed that includes a commitment to using participatory evaluation strategies. For too long, many researchers have felt that they are unable to conduct research on programs that serve marginalized communities because the resulting research is unlikely to meet current standards for rigorous evaluation research. These standards are challenging due to the messiness of working in real-world settings, smaller sample sizes, and evaluating practices in these settings in a way that meets stakeholder needs. We are not suggesting a move toward poor quality research; rather, we call on journal editors to be aware of these issues when calling for more diverse samples in research, and to be ready to consider scholarship that utilizes

a variety of designs to prioritize both practice-based evidence and evidence-based practice (see Friesen et al., 2012, for an excellent discussion of the tenets of practice-based evidence). Our adherence to the $p < .05$ criterion as the arbiter of truth does not serve us well as it does not measure the size of an effect or the importance of a result (Wasserstein & Lazar, 2016). We also call on tenure and promotion committees to recognize the time and effort that equitable community–research partnerships take, and to value this work as part of the tenure process, so that junior academics do not feel they have to wait to do work that matters to their communities.

We Need to be More Nimble

Intervention research and evidence as it is currently conceptualized takes 10-20 years to develop, which is too slow to meet the pressing needs of our communities. For example, there is growing research on the harmful impact of pornography and media violence that promote misogynistic attitudes and beliefs which support GBV; clearly, the role of pornography and its influence on the socialization of adolescents has emerged as an important prevention target (e.g., Friedlander, Connolly, Pepler, & Craig, 2013; Lim, Carrotte, & Hellard, 2016). However, there has been little research and development on strategies to address this problem and counteract the messages received by all genders. By working with communities to co-create research and practice evidence (Phipps, Pepler, Craig, Cummings, & Cardinal, 2016), we can work to accelerate this knowledge mobilization process, while also creating strong (and useful) evidence (see for example, Rothman et al., 2018). Access to pornography is one reminder that we need to continue to put our prevention efforts through an ecological framework that looks beyond single factors to explore the impact of multiple and nested factors on youth development at the individual, family, community, and societal level (Heise, 1998).

We Need to Conduct Research About How Things Unfold in the Real World

As a field, we need to increase our openness to designs that fit the logistical and ethical constraints of a particular setting. Although RCTs have many strengths, they are not the right fit for all evaluations, nor are they always the "best" choice (Rothman, 2014); instead, we call on individuals working in GBV prevention to pick the design that will prove strongest *and* most useful for the community with whom they are working, as opposed to trying to fit everything into the metaphorical RCT shoe. For example, we know that successful RCTs often do not translate to real-world settings, and that there has been criticism of the RCT as an overly fragile design that evaluates programming that may not stand up well to the vagaries of real-world settings. Furthermore, RCTs can be too "black box" to facilitate the identification of important mechanisms of change. Understanding the effectiveness of programs that match community needs (critical for uptake and sustainability) also requires us to move away from a sole focus on significant main effects, and toward an understanding of what works, for whom,

and in what settings (Bonell, Fletcher, Morton, Lorenc, & Moore, 2012, p. 2299). We need renewed focus on effectiveness trials (Gottfredson et al., 2015), where we can understand what constitutes effective adaptation and localization versus poor implementation fidelity and build these adaptations into program design.

In closing, the past 25 years have provided an important foundation for identifying risk factors for GBV that are amenable to change and developing some effective universal prevention strategies for reducing GBV in school and postsecondary campus settings. At the same time, we have very little evidence about preventing GBV among more vulnerable groups and in real-world settings. Over the next 25 years, we must turn our attention to these more complex applications and figure out in which contexts we can adapt existing programs and strategies, and in which contexts we need entirely new approaches. Through working closely with community-based stakeholders and being more creative about maximizing the rigor of research designs within the constraints of particular settings, we have the opportunity to build the evidence about effective prevention programming to protect our most vulnerable youth.

Declaration of Conflicting Interests

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Notes

1. We use the term gender-based violence to refer to teen dating violence (TDV) and intimate partner violence among young adults that is experienced by girls, women, and gender-nonconforming individuals. In the section on TDV prevention, we use TDV to be consistent with the program developers and researchers' terminology.
2. Although there are also bullying bystander intervention programs, we limit this discussion to bystander intervention programs designed to reduce sexualized violence.
3. Intersectionality refers to a combination of various oppressions that produces greater challenges compared with any one form of discrimination.

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