

# Primary Prevention of Violence Against Women and Girls

Current Knowledge about Program Effectiveness

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## Executive Summary

This report was written for Women and Gender Equality Canada to highlight what we know about the effective prevention of violence directed at women and girls in a Canadian context. The extensive and damaging impacts of violence against women and girls suggests that this is a public health problem rather than simply an issue for the courts to deal with one case at a time. Some girls and women are at higher risk of violence, while others may be more protected from it.

The most effective prevention programs are universal and address the problem before it starts. There are also more targeted programming, including those developed specifically to engage men and boys; programming for youth who are considered at higher risk for relationship violence; and, programming developed and evaluated with specific populations. Primary prevention initiatives are designed to reduce risk factors associated with violence and promote protective factors that enhance women's and girls' safety.

This report reviewed the extensive literature in the field and classified programs as evidence-based, research-based, or promising. Evidence-based required more than one rigorous, published evaluation. Research-based programs typically had only one outcome study or several studies with encouraging findings published in peer-reviewed journals. Promising evaluations were those that have some positive early evaluation data, or in some case are adaptations of evidence-based or research-based programs. We identified several programs that have been evaluated in Canada (see figure 1).

Prevention programs are implemented in different community contexts, including schools, universities/colleges, and through workplace public education campaigns. Adolescents are a focus because of their critical stage of development. Successful approaches often extended programming to incorporate community resources and partners in prevention efforts. Healthy relationship skill building was also an important component of many of these programs. Bystander intervention programs typically focus on both changing norms related to consent and sexual violence, and on fostering more positive social interactions among youth. These programs generally seek to enhance participants' skills at safely taking action in the face of peer behaviour that supports violence.

Few prevention efforts have been developed for populations who are at higher risk of perpetrating or being victimized by violence. These groups may require more intensive programs, may be harder to access, and may be more vulnerable to the impacts of violence. There are many groups that disproportionately experience violence, including: (dis)abled women and girls; girls/women in contact with institutions (child welfare, criminal justice, etc.); Indigenous women and girls; lesbian and bisexual women and girls; low socioeconomic status women and girls; newcomer and migrant women and girls; sex workers; trans\*/gender-queer women and girls; and women abused as children. Multiple risks produce greater challenges compared to any one form of discrimination.

Remaining gaps include interventions and research with diverse populations. There is a need for more intensive evaluation research on public education campaigns and a recognition of the numerous challenges and complexities in this endeavour. Research needs beyond a focus on attitudes to advance behavioural changes in boys and men, rather than reported intentions alone. Future research needs to respect different realities and worldviews, such as Indigenous violence prevention efforts that recognize historical oppression and the impact of residential schools. Early work with Lesbian, Gay, Bisexual, Trans, Two-Spirit, Queer/Questioning youth has shown a similar pattern of youth wanting identity-affirming, strengths-based programming.

Best practices would include a broader national campaign that adapts the best of existing public education campaigns in various provinces and territories with consistent messages through the media with Public Services Announcements.

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## Introduction

This report was written for the Women and Gender Equality Canada (formerly Status of Women Canada) to highlight what is known about the effective prevention of gender-based violence (GBV) directed towards women and girls in Canada. Women and Gender Equality Canada defines GBV as, “*violence that is committed against someone based on their gender identity, gender expression or perceived gender.*” Furthermore, the Department notes, “*While violence affects people of all genders, ages, cultures, ethnicities, geographic locations, and socio-economic backgrounds, some populations are more at risk of experiencing violence, which could include women and girls, Indigenous Peoples, LGBTQ2 and gender non-binary, those living in northern, rural, and remote communities, people with disabilities, newcomers, children and youth, and seniors*” (Status of Women Canada, 2019; par 1 & 3). This report focuses specifically on Violence against Women and Girls (VAWG) as a subset of GBV.

We begin with a brief overview of VAWG prevention within an ecological framework. Then, the report turns to the primary topic of the report: what is known about effective prevention programs. Our focus on VAWG is limited to intimate partner violence and sexual violence. Bullying prevention programs were excluded from this review. We start with an assessment of primary prevention programs delivered in elementary and secondary schools. We then discuss bystander interventions, which typically seek to develop skills and awareness to intervene when peers are engaging in unsafe behaviour. We then discuss more targeted programming, including approaches developed specifically to engage men and boys; programming for youth who are considered higher risk for relationship violence; and, programming developed and evaluated with specific populations. After the discussion of programs, we turn to evidence about non-programmatic approaches. A non-programmatic approach includes advocacy, policy-work, systems change, social networks approach, social norms, key influencers, and community development. We conclude by identifying potential next steps.

## Preventing Violence against Women and Girls– Understanding the Landscape

Preventing VAWG is a critical public health imperative. In 2011 the costs of VAWG in Canada were estimated to cost \$7 billion/year due to the range of negative impacts for women, children and families (Varcoe et al., 2011). Preventing VAWG requires an understanding that individual behaviour is embedded within interpersonal relationships, and larger institutional and societal contexts (Jewkes, 2015). Although the majority of existing research has been conducted on *programs* that operate at the individual and interpersonal levels, increasingly there is a call to look at prevention opportunities at all levels of the social ecology (Michau, Horn, Bank, Dutt, & Zimmerman, 2015). We begin this report by considering evidence of effective programs at the individual level before turning to the briefer literature on institutional, and society approaches (e.g., public education campaigns; social norms approaches).

Michau and colleagues (2015) identified key principles for the primary prevention of VAWG, which overlap with key components identified throughout our review. In brief, these principles center on the importance of utilizing an ecological model that recognizes the many locations for change, from individual to societal. This focus on social ecology represents a fundamental theoretical foundation in VAWG prevention. A second principle is the recognition that certain populations may be more vulnerable because of multiple intersecting oppressions with gender including race, class and sexual orientation - and prevention thus needs to fully consider these intersecting social identities and connected systems of oppression and discrimination. A third principle is the need to have multiple systems develop a sustained and coordinated approach to VAWG. The first wave of social change for VAWG was addressed in legislation and the justice system to recognize the harm of VAWG, but the next wave requires every sector of society to

be involved in prevention. The fourth principle is the recognition that investment needs to be placed in evidence-based practices and a recognition that there is not a one-size-fits-all approach to prevention. The fifth principle is that prevention has to become personal and programs need to encourage individuals to engage in critical thinking on gender socialization that reinforces power and privilege and inequitable norms and attitudes to confront the reality of VAWG (Michau et al., 2015).

## Effective Programs for Prevention of VAWG

The focus of this report is on **primary prevention**, which refers to universal approaches that are intended to reduce the likelihood of violence against women and girls (O’Connell, Boat, & Warner, 2009). Prevention may be based on reducing risk factors associated with violence and promoting protective factors that enhance women’s and girls’ safety. Our focus on VAWG is limited to intimate partner violence and sexual violence. Sexual abuse of girls is included, while other types of child maltreatment are excluded. Bullying prevention programs were also excluded from this review.

## Methodology

We conducted **literature searches** to obtain relevant research using PsycINFO and PubMed. Grey literature, including government and funding websites, was gathered using Google and databases compiled by Violence Prevention, the National Institute of Justice, the World Health Organization, and RAINN. Keywords used in the computer searches were: Prevention, program, intervention, healthy relationships, domestic violence, dating violence, intimate partner violence, gender-based violence, sexual abuse, sexual violence and sexual harassment. Additional literature searches were conducted to examine prevention programs for diverse and priority populations, using the previously reported key words and the following terms: LGBT2Q+, Indigenous, disability, minority, low-income, immigrant and refugee. 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. We also connected with a francophone expert to identify French-language publications for review and inclusion. References related to our identified approaches are marked with an asterisk in the reference list. Other references were used for context and to identify related issues.

We classified programs as **evidence-based, research-based or promising**. These categories were developed based on our overall appraisal of the evidence for a particular approach; we did not undertake a rigorous coding of each study as would be conducted for a meta-analysis. We intended to provide an overall view of the prevention landscape. We acknowledge that some of our categorizations, inclusions, or omissions could be subject to debate.

To be considered evidence-based or research-based, we required interventions to have their evaluations published in peer-reviewed journals. Icons and descriptions for each category are included below. Furthermore, we have included a Canadian flag throughout the report to denote programs that have been evaluated in Canada.

### Evidence-based Practices

For a program to be evidence-based, it required more than one rigorous evaluation with a control group (or other strong research design). Furthermore, we required evaluations to look at outcomes beyond knowledge and attitude change (i.e., include behaviour change). Evidence-based programs also had at least one study with a follow-up beyond the immediate end of the intervention.

## Research-based Practices



Research-based programs typically had only one outcome study (i.e., a single randomized or statistically controlled evaluation demonstrating desirable outcomes), or several studies/reports with encouraging findings, rather than one definitive study. For research with Indigenous participants, consideration was given to Indigenous methodologies and other ways of knowing.

## Promising Practices



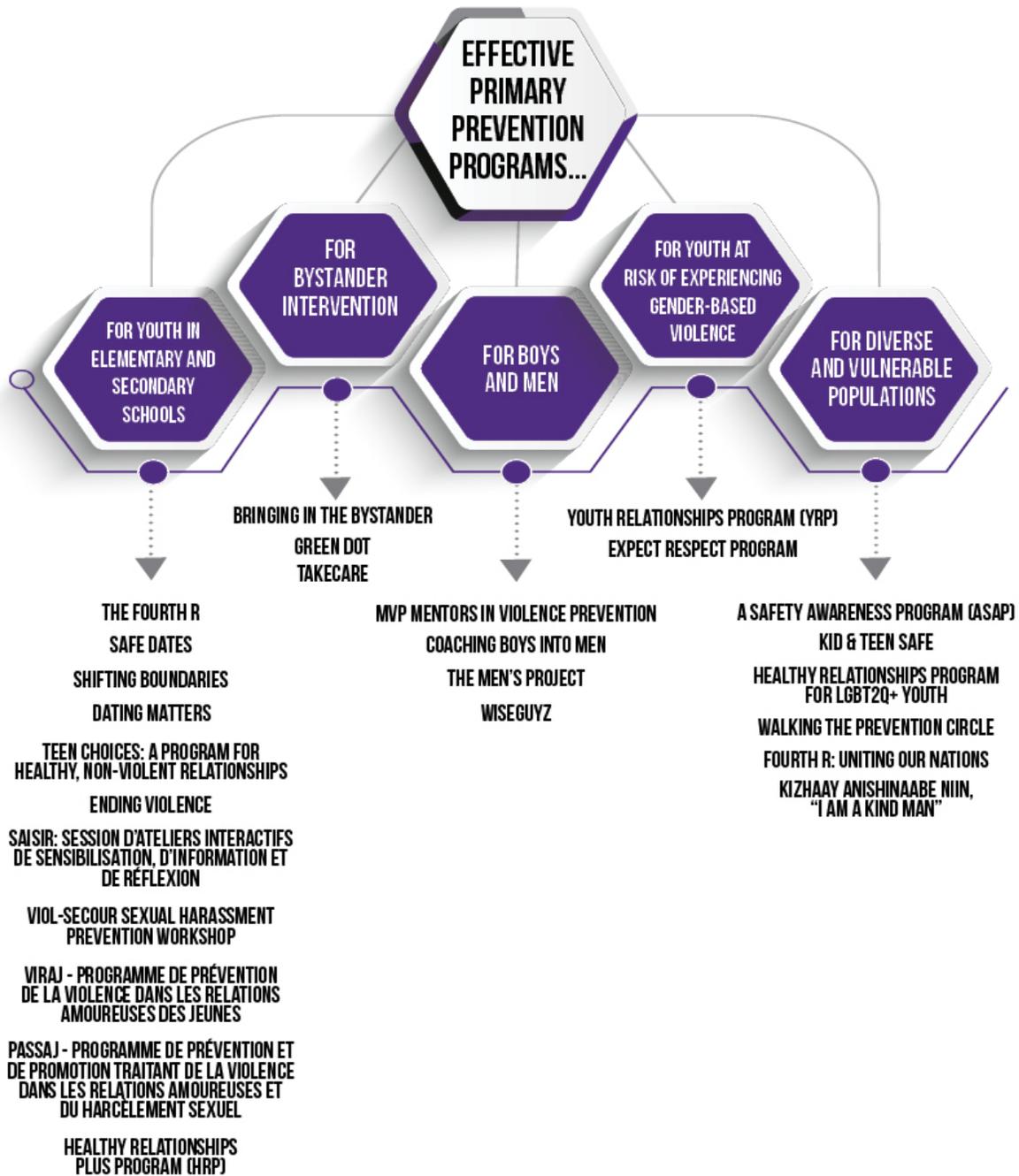
Promising practices are those that are potentially adapted from evidence-based or research-based programs and have some positive evaluation data (possibly in a report, rather than a peer-reviewed article). The underlying theory of change is evidence-informed. We included promising practices in areas where there is little published research; notably in the area of interventions with populations who face significant disadvantage and barriers.

## Limitations to our Approach

This paper focuses on the published research, and there are several limitations to this body of knowledge. First, most evaluations have focused on discrete programs versus broader approaches because the former are more straightforward to study. Second, although we included grey literature in our search, much of it did not include enough methodological detail for us to assess the rigour of the evaluation. Third, the research literature privileges a particular perspective, yet there are other equally valid ways of knowing that do not get documented. Finally, although focusing on evidence is important, we also know that the existing literature captures only one segment of efforts underway. We have travelled from coast to coast to coast in Canada as part of research and training efforts. Throughout the country, many communities and institutions like school boards and colleges are developing innovative prevention programs. Many of these programs do not have access to the resources to undertake rigorous evaluation. As a result, we were only able to include programs with a significant amount of published research or those we know through our work and partnerships. We acknowledge that it is difficult to capture the tremendous work that is going on, and we need enhanced ways to keep track of the many emerging strategies on violence prevention that are taking place.

## Effective Primary Prevention Programs

**Primary prevention** programs target the underlying attitudes, norms and behaviours that support the perpetration of VAWG. The ultimate goals are to end violence and empower women and girls, and promote non-violent, equitable and respectful relationships. The targets include knowledge, attitude and behaviour change, including the enhanced role of bystanders who observe signs of VAWG. Prevention programs are implemented in different community contexts, including schools, universities/ colleges and through workplace settings. While many men and boys aren't perpetrators, when VAWG occurs, it is primarily perpetrated by men and boys. Consequently, there are major initiatives that target men and boys specifically. Figure 1 identifies the evidence- and research-based programs that were identified in this review. For diverse populations, we have included promising practices because there is a lack of published research. The figure is interactive and more information about each program can be obtained by clicking on it.



For an interactive version of this infographic, click [here](#).

It is important to note that when we talk about primary prevention program research, we are talking primarily about research in the North American context. An international review of violence prevention and intervention programs (Ellsberg et al., 2015) found that over 80% of rigorous evaluations were conducted in one of six high-income countries (Canada, the USA, New Zealand, Australia, the UK and Hong Kong) that make up 6% of the world's population. Thus, the focus of the literature reviewed in this report is largely limited to the global north.

In this section, we identify effective primary prevention programs in elementary and secondary schools, including skills-building programs and bystander interventions. We have included only those programs that are evidence-based or research-based because this is a well-developed area of the literature.

## Programs for Youth in Elementary and Secondary Schools

Adolescence presents a key opportunity for preventing dating violence. Researchers have repeatedly identified two programs as evidence-based for dating violence primary prevention: *The Fourth R* and *Safe Dates* (e.g., De Koker, Mathews, Zuch, Bastien & Mason-Jones, 2014; De La Rue, Polanin, Espelage, & Pigott, 2016; Ellsberg et al., 2015). In addition, a third program, *Shifting Boundaries*, also has significant, high-quality evidence of effectiveness.

### **Fourth R**

The **Fourth R**<sup>1</sup> (Relationships) includes a range of healthy relationships programs developed for school and community settings. *Fourth R* programs differ concerning age/grade level and format. However all *Fourth R* programs are based on the contention that relationship skills can be taught the same way as many other academic or athletic skills (Wolfe, Jaffe, & Crooks, 2006). The original *Fourth R* program was developed to align with the Ontario Ministry of Education curriculum expectations for healthy living, within the grade 9 Physical and Health Education credit. Since 2001, the *Fourth R* has been implemented across Canada and the United States. Expanded program options have been developed beyond the original Grade 9 program. Classroom-based programs continue to align with curriculum expectations for many provinces and territories, to minimize barriers to implementation, and ensure educators across Canada meet teaching requirements,

Over the past two decades, the *Fourth R* team has conducted numerous evaluations of the program. The initial cluster randomized controlled trial (RCT) using the Grade 9 program included 20 schools with over 1700 students aged 14 to 15 years. Students were surveyed before receiving programming, and 2.5 years after program completion. Results indicated that physical dating violence was approximately 2.5 times greater among control (i.e., standard health education) versus *Fourth R* students at follow-up and that the intervention impact was greater for boys than girls. The *Fourth R* intervention improved condom use among boys compared to their counterparts in the control condition (Wolfe et al., 2009). In addition to reducing negative behaviours, observational data demonstrated an increase in effective peer resistance skills among *Fourth R* students compared to the control group (Wolfe et al., 2012). The evidence base was subsequently extended to younger students. A province-wide evaluation in Saskatchewan showed that youth in the grade 8 program (i.e., age 13) demonstrated improved knowledge about violence, awareness about the impacts of violence, and an increased ability to identify healthy coping strategies (Crooks, Scott, Broll, Zwarych, Hughes, & Wolfe, 2015c).

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<sup>1</sup> In the interest of transparency, it is noted that the senior authors of this paper are lead developers and evaluators of the Fourth R.

Beyond the universal impacts of the *Fourth R*, there is evidence that the program has a protective impact for youth who have experienced significant adversity. Secondary analysis of the RCT data indicated a protective effect for youth with a history of multiple forms of maltreatment, with respect to reducing the likelihood of engaging in violent delinquency (Crooks et al., 2007). This buffering effect remained evident at two-year follow-up (Crooks et al., 2011). Similarly, a quasi-experimental evaluation of the *Fourth R* in Alaska found a similar pattern of benefits for youth with significant histories of maltreatment and other adverse experiences (Siebold, Crooks, Exner-Cortens, Hegge, Prunella, & Moore, 2014). These findings provide a promising indication that not only is the *Fourth R* beneficial for all youth, but it may also be particularly beneficial for the youth who need it most.

Finally, a recent cost/benefit analysis of the *Fourth R* across multiple implementation sites suggests significant economic benefits of the program. Specifically, while program inputs were generally quite low (between \$5 and \$33 per student, depending on geographical location), approximately \$2100 in savings were calculated per student in terms of healthcare, social service, education and criminal justice costs avoided as a result of lowered rates of peer and dating violence (Crooks et al., 2017).

### **Safe Dates**

Another evidence-based program offered in schools is **Safe Dates** (Foshee et al., 2005). The goals of the *Safe Dates* program are to raise awareness of what constitutes healthy and abusive dating relationships, its causes and consequences, 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-minute sessions in schools, with additional community components. School-based strategies include curriculum, a theatre production, and a poster contest. Community components include services for adolescents in violent dating relationships and training for service providers. Facilitators who implement the curriculum component receive between one and two days of training, depending on the implementation plan, and community service providers typically receive three hours of training.

Early evaluation with *Safe Dates* found that short-term gains were observed, but not maintained (Foshee et al., 1998). The initial findings highlighted the need for more continuous programming (Foshee et al., 2000). Subsequently, programming was offered in consecutive years. A five-wave RCT showed that *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 program seemed most effective at preventing physical violence perpetration among adolescents who were already involved in dating violence. Furthermore, the RCT found that the program was equally effective for males and females, and white and racialized youth. In addition, *Safe Dates* has been identified as one of the few effective primary prevention approaches for reducing sexual violence perpetration (DeGue et al., 2014).

The *Safe Dates* team has also developed an intervention specifically for adolescents exposed to domestic violence, who are at higher risk for relationship problems and related challenges (Foshee et al., 2015b). The *Families 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 some challenges with program completion, but promising effects on a range of outcomes. There were significantly favourable program effects for adolescents with higher, but not lower, levels of exposure to domestic violence (Foshee et

al., 2015a). In a subsequent study, Foshee and colleagues (2016) examined mediators that may have led to stronger program effects for adolescent girls with previous exposure to domestic violence. Using an RCT design, 277 mother and adolescent pairs completed baseline and 6-month follow-up interviews. Consistent with earlier findings, program participation was associated with favourable outcomes for adolescents with higher levels of exposures to domestic violence (Foshee et al., 2016).

Most recently, the *Safe Dates* intervention was implemented with Karen refugee youth (Ravi, Black, Mitschke, & Pearson, 2018). In this study, 21 Karen youth participated in the *Safe Dates* curriculum and completed self-report surveys immediately pre- and post-program, and at three months follow-up. Findings did not indicate significant changes in overall attitudes towards teen dating violence (TDV) from pre- to post-test but found that youths' overall attitudes towards TDV changed significantly between pre-test and follow-up.

### **Shifting Boundaries**

The *Shifting Boundaries* program was developed 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 behaviour and increase faculty surveillance of unsafe areas. The first evaluation of *Shifting Boundaries* 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, where the law and justice curriculum emphasized laws, definitions, and penalties for sexual harassment. Results indicated that students in both intervention curricula reported increased awareness of abusive behaviours (Taylor, Stein, & Burden, 2010). A subsequent 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 requiring increased staff presence. Students completed surveys at baseline, program completion, and six months post-intervention. Results indicated that the building-only and combined interventions reduced reports of sexual violence victimization at follow-up (Taylor, Stein, Mumford, & Woods, 2013). The effectiveness of the building-only intervention was supported in a later study that found student reports in the building-only condition indicated reductions in the frequency of dating violence and sexual harassment (Taylor, Mumford, & Stein, 2015).

The most recent evaluation of *Shifting Boundaries* explored a combined intervention (including classroom and building components). Schools were randomly assigned to varying saturation levels. Full saturation implied that the program was delivered to students in Grades 6, 7, and 8 (compared to only one, or two other grades). Findings suggest that providing the *Shifting Boundaries* intervention to one grade was equally as effective at preventing peer and dating violence as providing the program to all three grades. Schools that delivered the program to both Grades 6 and 7 found reductions in sexual harassment victimization compared with schools that implemented the program with Grade 6 alone (Taylor, Mumford, Liu, & Stein, 2017).

### **Dating Matters**

The most recent addition to the list of effective dating violence prevention programs is *Dating Matters*, which was developed by the Centers for Disease Control in the United States. *Dating Matters* was designed to incorporate a variety of primary prevention strategies to address gaps in prevention programming for youth in urban communities with high crime and economic disadvantage. It is a universal approach that is implemented in middle school for youth 11- to

14-years-old. It takes a similar approach to the *Fourth R* in addressing multiple risk factors simultaneously (Tharp, 2012). *Dating Matters* is comprehensive in that it includes components for youth and their peers, parents/guardian, and educators. There are also communications and policy enhancement or development strategies. Finally, there are local health department activities designed to assess capacity and track teen dating violence-related policy and data (Niolin, et al., 2019).

In 2019 the first evaluation of *Dating Matters* was published. It was a rigorous cluster-RCT with longitudinal follow-up and involved 46 middle schools in four U.S. cities. Researchers found reductions in dating violence perpetration and victimization, as well as lower rates of negative conflict resolution strategies; however, there was no effect on positive relationship skills (Niolin, et al., 2019). This study is particularly noteworthy because the comparison group was *Safe Dates*, which has considerable evidence of effectiveness (although *Safe Dates* also makes up a component of *Dating Matters*). However, the results should be considered with care because costing data were unavailable, and there is a significant implementation mechanism required to support this intervention. Other jurisdictions wishing to implement it would need to consider whether they could afford the whole implementation approach.

### Other Research-based Prevention Programs



There are a growing number of school-based programs for youth with significant research evidence of effectiveness. Breaking the Cycle's ***Ending Violence: A Curriculum for Educating Teens on Domestic Violence and the Law*** was evaluated using a randomized control design with approximately 3000 youth in urban high school settings (Jaycox, et al., 2006). Findings identified increases in student's knowledge of legal rights related to relationship violence, likelihood of seeking legal counsel as a response to dating violence and likelihood of help-seeking, and decreased acceptance of violence (Jaycox et al., 2006). No statistically significant impacts on dating violence victimization or perpetration were observed. While other program effects dissipated, improvements in knowledge were evident at six-month follow-up.

Several French-language programs have also been evaluated. Lavoie and colleagues (1995) evaluated the ***ViRAJ- Programme de prévention de la Violence dans les Relations Amoureuses des Jeunes*** program using a pre-post design with 14-15 year old students from two high-schools randomly assigned to complete either short form of the program (two sessions totally 120-150 minutes), or the long form program, which added supplementary activities doubling program duration. Comparable improvements in knowledge and attitudes were observed for both the short and long forms of the program, with girls in the long-form program demonstrating greater gains than their male peers. Subsequent evaluation using a quasi-experimental design observed positive impacts of the two-session program on knowledge and attitudes that were sustained 4 and 12 months post-program (Lavoie, Dufort, Hébert, & Vézina, 1997). Qualitative feedback from youth participants in the second study of the ViRAJ program requested further supports to respond to dating violence, thus the ***PASSAJ- Programme de prévention et de promotion traitant de la violence dans les relations amoureuses et du harcèlement sexuel*** program was developed for 16- and 17-year old students. Youth participants in the PASSAJ program reported improvements in knowledge and attitudes regarding violence and harassment, as well as confidence to intervene in potentially violent situations. At 6-month follow-up, male participants reported lower sexual harassment perpetration and female participants reported lower sexual abuse perpetration and victimization as compared to controls. Changes in attitudes and confidence were maintained one-year post-program (Lavoie & Thibodeau, 2005). Chamberland and colleagues (2014) examined the effectiveness of SAISIR-***Session d'Ateliers Interactifs de Sensibilisation, d'Information et de Réflexion*** with 768 14- to 16-year-old students from nine high schools in Montreal, Quebec. Short-term improvements (i.e. one-week post-test) were observed in intervention participant's

knowledge and attitudes regarding dating violence, positive intentions towards victims and perpetrators, and reductions in perceived barriers to action. While improvements in attitudes and barriers to action remained evident, other positive effects of the workshop decreased to a statistically significant degree at one-month follow-up. Evaluation of a sexual assault awareness of prevention workshop developed and facilitated by **Viol-Secours**, a sexual assault support and advocacy centre in Quebec City found similar improvements in knowledge and attitudes among 15-17-year old highschool students (Daigneault et al., 2015). In addition, compared to controls, workshop participants reported increased awareness of available community support resources, and improvements in their ability to recognize and respond appropriately to violence in dating violence scenarios.

A cluster-randomized control trial evaluation of **Teen Choices: A Program for Healthy, Nonviolent Relationships**, an online-based program implemented with approximately 4000 students in twenty high schools found that participation in the intervention was associated with significantly reduced odds of emotional and physical dating violence victimization and perpetration post-program, and significantly higher odds of consistent use of healthy relationships skills at 6- and 12-month follow-up (Levesque, Johnson, & Prochaska, 2017; Levesque, Johnson, Welch, Prochaska, & Paiva, 2016). Notably, intervention effects were significantly larger for participants with reported experiences of three types of dating violence behaviours (i.e. emotional victimization and perpetration, physical victimization) within the past year, as compared to youth without past-year dating violence involvement.

**The Healthy Relationships Plus Program (HRP)** was designed to promote healthy relationships and positive mental health and reduce violence and risk behaviour using a flexible implementation format compatible with school and community settings. Preliminary evaluation of the HRP using a pre-post design with 722 youth identified changes in depression and mental health (Lapshina, Crooks, & Kerry, 2018). Specifically, mental health increased generally pre to post program, with youth who reported the highest levels of depression at pretest reported a significant decline in depression post-program. Moreover, in a small randomized control trial with 212 youth who completed the program in a summer camp format, participation in HRP was associated with reduced physical bullying victimization at one-year follow-up, which was mediated by increased likelihood of seeking help from a professional (Exner-Cortens, Wolfe, Crooks, & Chiodo, 2019). No positive effects on mental health or wellbeing were observed in this study.

### Common Elements in Evidence-based Prevention Programs in Elementary and Secondary Schools

Although each program had unique components, some common characteristics among effective programs were observed. Evidence-based programs were time intensive in session and program duration (*Fourth R* involved 21, 75-minute sessions, *Safe Dates* involved 10, 45-minute sessions, *Shifting Boundaries* included 6, 40-minute sessions). Conversely, with the exception of the HRP, research-based programs were considerably shorter (between one and four 30-75 minute sessions). Evidence-based programs were also more likely to be delivered by existing program or school staff who received program-specific training (i.e. classroom teachers, school counsellors), rather than external community facilitators (i.e. sexual assault centre staff, attorneys). Evidence-based approaches also often extended programming to incorporate family, school, and community resources and stakeholders in prevention efforts. The *Fourth R*, *Safe Dates*, *Shifting Boundaries* programs all employed school-wide components, specifically, providing resources to administrators (*Fourth R*), running a poster contest (*Safe Dates*), and identifying “hot spots” where unsafe areas required increased supervision, and implementing school-based restraining orders (*Shifting Boundaries*). The *Teen Choices* program also provided posters to be placed around the school building, as well as a website for additional

feedback and information, as well as student, school and parent guides offering further information and resources. The explicit practice of healthy relationship skills was also an important component of evidence-based programs. While almost all programs highlighted in this review incorporated some form of vignette or scenario that demonstrated unhealthy relationship behaviours, violence or abuse, and effective responses, most research-based programs did not provide opportunities for *all* participants to actively engage in practicing these skills. Indeed, extensive, graduated skills practice is the hallmark feature of *Fourth R* programs, including the HRP, and is also a focus of the *Safe Dates* curriculum. The brevity of shorter programs may lend to a greater focus on normative components, as skill-building requires a greater time investment. This appears to be reflected in the findings from research and evidence-based programs delivered in elementary and secondary schools. All programs demonstrated some degree of knowledge and normative change, which are important precursors to behavioural activation, however multi-component, time intensive, skills-focused interventions demonstrated significant improvements on behavioural outcomes that were sustained at long-term follow-up.

### Bystander Intervention Programs

**Bystander intervention programs**<sup>2</sup> typically focus on both changing norms related to consent and sexual violence, and on fostering more positive social interactions among youth (Storer, Casey, & Herrenkohl, 2016). Specifically, these programs generally seek to enhance participants' skills at safely taking action in the face of peer behaviour that supports VAWG. A review of bystander interventions found that they vary in length and intensity from passive posters displayed across campus for six weeks to one-time training workshops (lasting 50-90 minutes) 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 in potentially dangerous situations, rather than simply focusing on males as would-be perpetrators and females as would-be victims.

Furthermore, although most bystander interventions initially focussed on postsecondary students, some have now been implemented and evaluated 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 less clarity about impacts on actual behaviour. For this report, programs are only rated as "evidence-based" if there is sound evidence of changes in behavioural outcomes. This does not discount the evaluative findings that support the benefits of these programs, however, as increasing participant's willingness to intervene and changing attitudes regarding VAWG are some of the primary outcomes these programs intend to impact. The most researched bystander intervention programs are *Bringing in the Bystander*, *Green Dot*, and *TakeCARE*.

### **Bringing in the Bystander**

**Bringing in the Bystander** was one of the earliest bystander intervention programs for sexual violence prevention on college campuses and has been the most thoroughly researched. 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 data sets. The efficacy of *Bringing in the Bystander* has been evaluated with universal college populations (Banyard et al., 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

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<sup>2</sup> Although there are also bullying bystander intervention programs, we limit this discussion to bystander intervention programs designed to reduce sexualized violence.

et al., 2009), and members of fraternities, sororities, and athletic teams (Moynihan & Banyard, 2008; Moynihan et al., 2010, 2011).

Evaluations of the effectiveness of *Bringing in the Bystander* have identified increases in participants' self-reported likelihood of using bystander behaviours and of positively influencing participants' perception of their confidence to intervene. However, results were less consistent for the sustained use of bystander behaviours (Banyard et al., 2007; Moynihan et al., 2010). In one of the most recent evaluations of the program with college students (Moynihan et al., 2015), male and female participants who participated in the 90-minute version of the program and had the opportunity to view a pro-bystander social marketing campaign 6 months post-intervention reported higher levels of reported bystander behaviours related to helping friends 12 months post-intervention compared to those in the control group who only viewed the social marketing campaign. Although still statistically significant, usage of bystander behaviours did diminish between time points and did not include an increase in bystander behaviours related to helping strangers for those who reported having high opportunity to do so, or for men. The finding regarding long-term behaviour change is particularly promising, because this is the first evaluation, to date, to demonstrate bystander behaviour changes longitudinally. Although the development and early evaluation of *Bringing in the Bystander* were undertaken in the U.S. context, a quasi-experimental evaluation with a sample of Canadian undergraduate students yielded similar positive effects (Senn & Forrest, 2015). Findings indicated that *Bringing in the Bystander* was effective in increasing students' bystander efficacy, improving readiness to intervene by decreasing beliefs consistent with pre-contemplation and increasing those related to action, increasing intention to intervene, decreasing perceived skills deficits and concern about what others would think, and increasing proactive bystander behaviour. The effects of the intervention were present for men and women and were observed in friendship and stranger contexts. All effects were maintained at 4-month follow-up without a booster session.

The *Bringing in the Bystander* program has also demonstrated effectiveness when compared to other educational approaches with college students. Peterson and colleagues (2018) compared the 90-minute bystander education program with a traditional awareness program and a no education control group using a quasi-experimental pre-test/post-test design with 2-month follow-up. Students in both the bystander education and traditional awareness programs demonstrated significant improvements in attitudes around violence (such as rape myth acceptance) and intention to intervene, as compared to controls. Further analysis revealed that the bystander education program appeared to be more effective than the traditional awareness condition at decreasing negative attitudes and increasing self-efficacy, intentions to intervene, and self-reported bystander intervention behaviours. Importantly, at 2-month follow-up, increases in intentions to intervene and actual bystander behaviours were observed among bystander intervention students, but not participants in the traditional awareness program (Peterson et al., 2018).

Recently, *Bringing in the Bystander* has been adapted, implemented, and evaluated with high school students. The *Bringing in the Bystander- High School Curriculum (BITB-HSC)* is a classroom-based program comprised of seven 45-minute sessions designed to teach students how to safely and effectively intervene before, during, and after incidents of relationship abuse and sexual assault (Edwards et al., 2019b). School personnel also complete a 60-minute workshop that teaches positive bystander skills and provides additional resources. Over 2000 high school students in 26 randomly assigned high schools completed baseline, immediate, short term (2-months post-program), and long term (1-year post-program) post-test surveys. Despite high attrition rates across time points, compared to students in the control condition, participants in the *BITB-HSC* program reported increases in media literacy and bystander readiness (Edwards et al., 2019a). Researchers found short-term improvements in rape myth acceptance, victim empathy and perceptions of pros and cons to intervening, but these impacts

were diminished at follow-up. Similarly, short term reductions in stalking and sexual harassment were reported post-program; however, these effects were no longer significant at long term follow-up (Edwards et al., 2019a).

### **Green Dot**

There are two phases to the **Green Dot Active Bystander** program (typically referred to as *Green Dot*). 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 called Students Educating and Empowering to Develop Safety (SEEDS), which is facilitated by a trained non-peer educator during a weekend retreat. The SEEDS training includes expanded small-group discussions on many of the same topics as in Phase 1 but also incorporates the modelling 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 for Phase 2. 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 behaviours were associated with program participation. The evaluation found that self-reported active bystander behaviour 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 behavioural 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 four years 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 five years (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).

### **TakeCARE**

The **TakeCARE** program is an online bystander intervention program designed to promote bystander behaviours for intervening in sexual violence incidents. The program consists of one 20-minute video delivered to students individually. Students view video examples of potentially risky situations, and a range of possible actions one could take to minimize the risk for sexual violence in these situations (Kleinsasser, Jouriles, McDonald, & Rosenfield, 2015). The program

takes a targeted approach to bystander behaviour, aiming to increase self-efficacy for performing bystander behaviour specifically towards friends.

Initial evaluation of the *TakeCARE* program assigned 93 undergraduate students to view either the *TakeCARE* or control condition (a 20-minute video on effective study skills), and complete baseline, post-program, and 2-month follow-up surveys (Kleinsasser et al., 2015). Compared to controls, students who viewed the *TakeCARE* program reported greater feelings of efficacy for bystander behaviours and reported engaging in more bystander behaviours for their friends two months later. Notably, increased efficacy for intervening was related to reported bystander behaviour at both post-program timepoints. Jouriles and colleagues (2016) subsequently completed two randomized control trial evaluations of *TakeCARE* with two separate groups of approximately 200 university students. Once again, students were randomly assigned to view either the *TakeCARE* video or a control video about study skills. Results were consistent with previous findings, such that in both studies, students who viewed *TakeCARE* reported greater feelings of efficacy for engaging in bystander behaviour and reported more bystander behaviour towards friends as compared to students who viewed the control video. The impact of *TakeCARE* on bystander behaviour was partially mediated by efficacy in the first study, but not the second. Findings were mixed regarding bystander behaviour at 2-month follow-up. Specifically, reported bystander behaviour remained stable at follow-up in the first study, but levels of reported bystander behaviour increased at follow-up in the second study (Jouriles et al., 2016).

The *TakeCARE* program has also been evaluated with high school students. In an RCT, 1295 primarily ethnic minority students in 66 classrooms were randomly assigned to the *TakeCARE* condition or to participate in a presentation by school counsellors on a topic of their choosing that was unrelated to relationship violence, sexual consent, or bystander behaviour (Sargent, Jouriles, Rosenfield, & McDonald, 2016). Findings indicated small to medium effects on self-reported bystander behaviour at follow-up as compared to students in the control condition. Exploratory analyses revealed that students more frequently reported encountering situations of relationship violence compared to sexual assault, and were most likely to intervene as a bystander after a risky event occurred, rather than intervene during a difficult situation in progress (Sargent et al., 2016). A subsequent randomized controlled trial with 165 high school students found similar increases in self-reported bystander behaviour for students who viewed the *TakeCARE* program versus control video at 6-month follow-up (Jouriles, McDonald, Rosenfield, & Sargent, 2019). As part of this study, students also participated in virtual reality simulations immediately following the program, and at 6-month follow-up. Participants completed nine 2-4 minute simulations of risk situations for relationship or sexual violence, as well as other scenarios that could be experienced by high school youth, such as peer pressure and cheating. Simulations were recorded and coded for the presence and quality of bystander behaviour. Findings converged with student's self-reported bystander behaviour, in that students in the *TakeCARE* condition exhibited greater levels of bystander behaviour in simulations immediately post-intervention, and six months later (Jouriles et al., 2019).

### **Programs for Boys and Men**

Programs focusing on men and boys include awareness raising and engagement activities, prevention programs specifically for boys in high school, sexual violence prevention programs for men in postsecondary settings, and intervention with men who have perpetrated violence or are at risk to perpetrate violence towards their partners and children. We describe programs and evidence for each of those types of prevention in the following section.

## School-based Prevention Programming for Boys



The Centre for Sexuality originally developed the **WiseGuyz** program to address the links between STI rates, sexual violence, bullying/homophobia and male gender role norms. Since then, the program has expanded into a standardized curriculum that focuses on healthy relationships; sexual health; gender, sexuality and the media; and human rights, advocacy and allyship, to improve mental and sexual health and reduce teen dating violence among program participants. *WiseGuyz* is offered in school- and community-based settings to mid- and late-adolescent boys. The most established version of *WiseGuyz* is the school-based program for grade 9 boys (~14 -15 years of age), with an integrated curriculum focused on masculinity and alternatives to male gender role norms that are VAWG-supportive (e.g., around power and control). The program includes 20 sessions and has demonstrated a significant positive impact on boys' attitudes and beliefs with respect to sexual health, masculinity, and homosexuality (Claussen, 2017). A recent pilot evaluation with 126 boys also demonstrated associations with improved positive mental health and friendship quality at immediate post-test (Exner-Cortens, Hurlock, Wright, Carter, & Krause, 2019). *WiseGuyz* is currently being evaluated in a longitudinal, quasi-experimental outcome evaluation by researchers at the University of Calgary.

## Coaching Boys Into Men

The *Coaching Boys into Men (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 VAWG 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.

An initial evaluation found *CBIM* athletes across 16 U.S. high schools reported higher levels of positive bystander intervention behaviour than control subjects three 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 behaviours, and positive bystander intervention (Miller et al., 2012). A subsequent evaluation conducted at 1-year follow-up found that while increases in positive behaviours immediately following program participation were not evident 12-months post-intervention, *CBIM* athletes demonstrated reductions in negative bystander intervention behaviours, as well as a decrease in abuse perpetration as compared with control participants (Miller et al., 2013).

*CBIM* has also been implemented and evaluated internationally. Miller and colleagues (2014) conducted a quasi-experimental evaluation of an adaptation of the *CBIM* program (entitled *Parivartan*, meaning "transformation") with cricket coaches and 309 male athletes from 46 middle schools in Mumbai, India. Findings were promising, suggesting that intervention athletes reported more positive attitudes regarding gender equity (Miller et al., 2014).

Subsequent evaluation has examined factors mediating effectiveness and impacting the successful implementation of *CBIM* (Jaime et al., 2018). A recent pilot study compared outcomes when *CBIM* was delivered by coaches versus when *CBIM* was delivered by a domestic and sexual violence prevention advocate (Jaime, Stocking, Freire, Perkinson, Ciaravino, & Miller, 2016). The authors did not find any significant difference in attitudinal and behavioural outcomes at 3-month follow-up between these two delivery methods and suggested that using both advocates and coaches simultaneously to deliver the program could expand

program reach. A more rigorous cluster RCT is currently underway, evaluating the *CBIM* program delivered by coaches with middle school aged athletes (Abebe et al., 2017).

## College / University Bystander Intervention with Boys



The ***Mentors in Violence Prevention (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 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. The goals are 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 behaviour. Researchers collected pre- and post-intervention data 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. Also, *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 a primary prevention program that targets young male college students. The program aims to increase awareness and prevent sexual assault through an integrated model. These goals are achieved through incorporating discussions and interactive role-play activities that focus on changing personal attitudes towards sexual violence and consent, enhancing empathy and understanding the impact of sexual assault on women, and providing skills to intervene effectively (Storer, Casey, & Herrenkohl, 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 male's values, beliefs, and behaviours. Specifically, the results indicated that male students who participated in the program reported less reinforcement from sexually aggressive behaviours. Additionally, participants reported increased beliefs that other males would intervene to prevent sexual assault. In terms of behaviour changes, program participants decreased their associations with sexually aggressive peers and decreased their exposure to sexually aggressive media (Gidycz et al., 2011).

## Programs for Youth at Risk of Experiencing Gender-based Violence

Some selective prevention programs focus on youth with known risk factors for violence perpetration or victimization (As noted in the earlier section, some universal programs also have offshoots for more priority groups). There are two research-based programs of this type – one designed for youth involved with the child protection system, and one for adolescent females who have experienced violence in relationships.

## Youth Relationships Program (YRP)

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 teens who had grown up with abuse and trauma experiences in their families of origin and who were thereby at greater risk for violence in their relationships (Wolfe et al., 1996). This community-based group intervention is manual-based and 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 *YRP* manual: education and awareness, skills building, and social action learning opportunities. A randomized trial of the *YRP* showed that the program reduced physical and emotional abuse over time, relative to youth receiving services as usual (Wolfe et al., 2003). In addition, symptoms of emotional distress and trauma were reduced relative to controls. One challenge with the *YRP* is that the manual has not been updated in more than 20 years, so any future research would require significant program development work 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). 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, the 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 of program participation.

## Prevention Programs with Diverse Populations

This section addresses the extent to which prevention efforts have been developed for or adapted to the needs of populations who are at higher risk of perpetrating or being victimized by violence. These groups may require more intensive programs, may be harder to access, and may be more vulnerable to the impacts of violence. There are many groups that disproportionately experience violence, including: (dis)abled women and girls; girls/women in contact with institutions (child welfare, criminal justice, etc.); Indigenous women and girls; lesbian and bisexual women and girls; low SES women and girls, including those who are precariously housed; newcomer and migrant women and girls; sex workers; trans\*/gender-queer women and girls; and women abused as children. Furthermore, women and girls who are in more than one of those categories may be at even greater risk (i.e., intersectionality).

**Intersectionality** refers to a combination of various oppressions that produce greater challenges compared to any one form of discrimination (The Ontario Human Rights Commission, 2001).

Our review found that there is a paucity of specific approaches for diverse populations and little intervention research. Because there is so little empirical evidence, we have focused on three of these groups here: women and girls with (dis)abilities<sup>3</sup>; LGBT2Q+ women and girls; and Indigenous women and girls. In this section, we review any evidence of effective programs followed by suggestions for program adaptation.

## Women with (Dis)abilities

According to the American Psychological Association (2016), women with disabilities are 40% more likely to experience intimate partner violence compared to women without disabilities. Women with disabilities are at increased risk because they often experience social isolation, lack of economic independence, and increased dependence on others (Healey, Humphreys, & Howe, 2013).

### *Women with (Dis)abilities: Intervention Research*

Despite the increased risk of violence for women with disabilities, our review of the literature revealed a paucity of preventative interventions for VAWG among this population. Consequently, there is a lack of evidence to guide services and policy development (Hague, Thiara, & Mullender, 2011). In Canada, the DisAbled Women's Network (DAWN) / Réseau d'action de femmes handicapées (RAFH) is an organization that aims to enhance the knowledge and awareness of issues that impact women with disabilities, including domestic violence (DAWN, 2016). Local agencies in Canada have also developed on-site programs for women with disabilities (e.g. the **Young Women's Leadership Group**, which is offered by Community Living in Peterborough, Ontario). This leadership group is a comprehensive one-year course that employs a train-the-trainer model to prevent violence through building self-esteem, educating about abuse and healthy relationships, increasing awareness of resources, and peer mentoring (Canadian Women's Foundation, 2013).

In the United States, **A Safety Awareness Program for Women (ASAP for Women)** provides training to increase personal safety awareness and safety skills among women with diverse

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<sup>3</sup> The term (dis)abilities is used here to be consistent with a critical disabilities lens, which notes that the problematizing of different ability levels is a social construction

disabilities (Hughes et al., 2010; SAFE, 2015). In a randomized control trial, *ASAP for Women* was found to improve participants' self-efficacy to prevent and address potentially abusive situations as well as increase awareness about abuse and safety skills (Robinson-Whelen et al., 2014). Disability Services *ASAP* has also developed a violence prevention program for children and youth with disabilities called **Kid&TeenSAFE** (Abramson & Mastroleo, 2002). Preliminary evaluations of Kid&TeenSAFE has found that 21% of child participants improved their identification of safety strategies and 73% of teen participants found the program to improve their knowledge on healthy relationships (Abramson & Mastroleo, 2002).

### Women with (Dis)abilities: Suggestions for Adaptation of Existing Programs

For interventions to be adapted to meet the needs of this population, programs must include accessible implementation practices and accommodating material. Consulting with women with various disabilities is critical to informing necessary program modifications (Hague, et al., 2011). Additionally, Healey and colleagues (2013) recommend that the definition of domestic violence be more inclusive, particularly because women with disabilities experience unique and complex forms of abuse that may be difficult to recognize. Such forms of abuse include interfering with a person's mobility device (i.e. wheelchair), denying access to prescribed medication, inappropriately touching a person while assisting with daily living (i.e. bathing or dressing), and denying access to disability resources (American Psychological Association, 2016). It is important that domestic violence programs also enhance awareness of these forms of abuse.

### **LGBT2Q+**

Heteronormative biases remain prevalent, leading to the inaccurate assumption that violence only occurs in heterosexual relationships. There are many myths surrounding same-sex relationships, including that women are not capable of committing violence and violence between two people of the same gender is not abuse because they are "equal" (Canadian Women's Health Network, 2000). Consequently, these beliefs lead to a failure to focus on domestic violence in same-sex relationships (Russell, 2015). However, according to the Family Violence in Canada Statistical Profile (2009), individuals who identified as gay or lesbian were twice as likely as heterosexuals to report experiencing spousal violence and bisexual individuals were four times more likely to report spousal violence. In response to this, the number of resources aimed at supporting the wellbeing of the LGBT2Q+ community is growing; however, our review of the literature identified very few programs targeting VAWG prevention among this population.

### LGBT2Q+: Intervention Research

Our review found limited programs that are inclusive of LGBT2Q+ youth. Community and school-based *Gender-Sexuality Alliances (GSAs<sup>4</sup>)* have been evaluated, and qualitative analyses revealed that GSAs supported the needs of youth and increased their sense of connection with the LGBT2Q+ community and resources (John, Travers, Munro, Liboro, Schneider, & Greig, 2014). Similarly, evaluation of a Canadian program, *OK2BME*, revealed that youth who participated in the program perceived the environment to be safe and supportive, and enhanced their understanding of LGBT2Q+ related issues (Loomis, Kellington, Peterson, Wilson, & Smith, 2007).

### **Healthy Relationships Program for LGBT2Q+ (Lesbian, Gay, Bisexual, Trans,**

### **Two-Spirit, Queer/Questioning) Youth**

The *Healthy Relationships Program for LGBT2Q+ (Lesbian, Gay, Bisexual, Trans, Two-Spirit, Queer & Questioning) Youth* is an adaptation of the *Healthy Relationships Plus Program (HRP)*

<sup>4</sup> There is considerable research about the protective impact of GSAs in general, but this research has not looked at impacts on VAWG specifically.

program designed to be delivered in a small group format, as part of school and community based Gay-Straight Alliances<sup>5</sup>. The program aims to bolster mental wellbeing and relationship skill development among sexual, gender and romantic minority youth. An iterative approach to program development utilized input from academics, educators, and youth, resulting in 17 45-minute sessions designed to validate and affirm LGBT2Q+ identity, and help youth cope with oppression and unique stressors (i.e. heteronormativity, microaggressions) (Lapointe & Crooks, 2018; Lapointe, Dunlop, & Crooks, 2018).

The *HRP for LGBT2Q+ Youth* was piloted in eight schools and one community group over the past three years. The pilot evaluation explored the experiences of 15 youth participants who provided feedback on the program through focus groups (Lapointe & Crooks, 2018). According to youth participants, the *Healthy Relationships Program for LGBT2Q+ youth* offered a validating environment for exploring and affirming their gender identity, as well as the opportunity to share experiences and learn from peers in a safe and supportive space. Youth expressed that many of these discussions grew out of 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. Beginning in the fall of 2019, a quasi-experimental evaluation of the program will look at the impact on a range of outcomes, including GBV.

### *LGBT2Q+ Individuals: Suggestions for Adaptation of Existing Programs*

Although we did not find anything written specifically about adapting violence prevention programming for LGBT2Q+ groups, there has been some work on adapting sexual health programming and problematic substance use prevention programming. One example of an adaptation to an evidence-based pregnancy prevention program involved the creation of a supplement that oriented high school teachers to LGBT needs and issues, provided students with an understanding of sexual and gender identity as part of all students' self-identity, and offered teachers guidance on how to adapt all of the program sessions to be more inclusive (Boyce, Travers, Rothbart, Santiago, & Bedell, 2018). Several recommendations have been identified for adapting substance use treatment needs (Stevens, 2012). Although this domain seems somewhat removed from the focus of this report, the recommendations are equally applicable to preventing gender-based violence. Notably, it is important to address the unique issues that place LGBT2Q+ individuals at risk for a range of negative outcomes, including family rejection and lack of social support; stigma and minority stress; and abuse and harassment (Stevens, 2012). Finally, from a process standpoint, the importance of engaging youth in the adaptation process was highlighted by work done to adapt a problematic substance use prevention program (Goldbach & Steiker, 2011). In this undertaking, youth were seen to be easily engaged in the adaptation process and to provide important and relevant guidance. Overall, there appears to be a need to address program content, but also provide implementation support to facilitators and educators who might lack expertise in the area of gender, sexual and romantic diversity.

### **Indigenous Peoples: First Nations, Métis and Inuit**

Although significant statistical data suggest that Indigenous Peoples, and, in particular, women and girls, experience disproportionately high rates of domestic and intimate partner violence (Brennan, 2011, Ontario Native Women's Association & Ontario Federation of Indian Friendship Centres, 2007), few prevention programs have been developed, and even fewer evaluated, that address this issue. Part of the challenge in finding violence prevention programming may relate to differences in worldviews and framing. Although some Indigenous organizations are

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<sup>5</sup> The first author is involved in this work.

undertaking violence prevention work explicitly, many others frame their work in a larger context recognizing the impacts of colonization and the need for community healing. The recent focus on missing and murdered Indigenous women and girls and the findings of the Truth and Reconciliation Commission underscore the impacts of 150 years of structural violence directed towards Indigenous Peoples in Canada. In other words, the violence perpetrated by non-Indigenous peoples and governments towards Indigenous Peoples of all genders supersedes a narrow focus on VAWG within many Indigenous communities. Within this context, there is a move towards strengths-based, holistic community-based approaches to wellness rather than a narrow deficit-based focus on problems. These approaches often have strong violence prevention elements, but they position themselves to have a larger focus than preventing VAWG.

### *Indigenous Peoples: Intervention Research*

As an added challenge, using the lens of Western science to evaluate prevention programming in Indigenous contexts may be a mismatch (Crooks, Snowshoe, Chiodo, & Brunette-Debassige, 2013). Elements of rigour that are prevalent in the evidence-based practice paradigm may be impractical, culturally insensitive, or even unethical in the Indigenous context. 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 (Drawson, Toombs, & Mushquash, 2017). Recognizing the need to look at violence prevention in a broader context of community healing, and the need to have a more expansive definition of evidence (i.e., one that recognizes different ways of knowing), we highlight some of the exciting work underway in Canada.

### ***Walking the Prevention Circle***

The Canadian Red Cross *Walking the Prevention Circle (WTPC)* program was developed by and for Indigenous communities in Canada, and employs a community-level approach to preventing violence and abuse among children and youth (PREVNet, n.d.; Public Health Agency of Canada, 2016a). *WTPC* is a three-day program that trains prevention educators to provide First Nations, Metis and Inuit (FNMI) communities with a framework that supports capacity building on a community level. The program aims to increase understanding and thus, empowerment by providing Indigenous Peoples with a context for the violence present in many Indigenous communities (i.e., colonization history, the Indian Act, residential schools); a common language to label experiences with violence to help communities develop a way forward; and ten steps for creating a safe community for children and youth. Over the past 13 years, *WTPC* has been implemented in more than 100 diverse Indigenous communities across Canada (Public Health Agency of Canada, 2016). Currently, a multi-year SSHRC-funded study led by Dr. Debra Pepler and Ms. Shelley Cardinal is underway, investigating the community mobilization approach to reducing violence and promoting healing in five Indigenous communities in Canada and two in Australia.

### ***Fourth R: Uniting Our Nations***

The most rigorously evaluated prevention program for Indigenous youth in Canada is the ***Fourth R: Uniting Our Nations*** program<sup>6</sup>. 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: a 16-week Elementary Mentoring program for Grades 7 and 8 students facilitated by First Nations adults who mentor youth for 1 hour 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

<sup>6</sup> The second author of this report is the lead investigator on the Uniting Our Nations programs.

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 et al., 2015b; 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). To date, the programs have been used in provincially funded schools (i.e., not in First Nations communities).

To maintain a strengths-focus, evaluation of the *Uniting Our Nations* program did not explicitly measure gender-based violence; 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 Indigenous 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).

### ***Kizhaay Anishinaabe Niin (“I’m a Kind Man”)***

*Kizhaay Anishinaabe Niin*, an Ojibway phrase that translates to “I am a Kind Man,” is an initiative developed by the Ontario Federation of Indian Friendship Centres in partnership with the White Ribbon Campaign. This initiative aims to support trained community facilitators in engaging Indigenous men in their communities to understand violence against women by providing education, re-establishing traditional responsibilities that do not support violence, encouraging men to engage other men in ending violence, and supporting Indigenous men who choose not to use violence (Public Health Agency of Canada, 2016b). In 2005, the OFIFC brought together Indigenous men to create a “Community Toolkit for Action,” which comprises training materials and a curriculum for awareness workshops, as well as a guide for facilitating *Kizhaay Anishinaabe Niin* campaigns (Spirit Moon Consulting, 2006). In 2013, a 12-24 week curriculum was launched as part of the *Kizhaay Anishinaabe Niin* initiative. Both resources use a culturally-based approach grounded in Indigenous teachings (i.e. the Seven Grandfather teachings- wisdom, love, respect, bravery, honesty, humility, and truth), identify historical impacts, and acknowledge the challenges youth and men face. The initiative offers support, information and individual strategies to change attitudes related to violence against women, as well as a holistic model for community healing that can be adapted to suit individual communities. Currently, five Indigenous friendship and learning centres across Ontario employ

full time *Kizhaay Anishinaabe Niin* workers, who provide numerous services to assist men committed to ending violence against Indigenous women in their communities, including one-on-one peer and group counselling supports, as well as advocacy and referrals to associated agencies, and community based education and activities.

### Indigenous Peoples: Suggestions for Adaptations of Effective Programs

These initiatives, as well as the directives outlined in the *Strategic Framework to End Violence Against Aboriginal Women* that has been adopted by the Government of Ontario (Government of Ontario, 2012; ONWA & OFIFC, 2007), suggest that preventing violence for Indigenous Peoples requires the coordinated efforts of multiple stakeholders, including increases in research, public education, support and programming services, and changes in policy. Further, existing approaches highlight a multitude of important considerations for VAWG prevention programming with Indigenous Peoples. These include: the importance of including culturally relevant content, particularly content that identifies the systemic roots of violence in Indigenous communities, as well as incorporating the unique beliefs and traditions of the specific community, and the value of building long-lasting, collaborative, reciprocal relationships and maximizing community involvement (i.e., training Indigenous community members as facilitators, including Elders in programming) when undertaking program development, adaptation and implementation (Crooks et al., 2009; 2015b; ONWA & OFIFC, 2007).

It should also be noted that there is significant debate about whether programs should be adapted from existing programs or developed entirely based on community knowledge and grounded in culture, or even as some combination of these two approaches.

## Institutional and Societal Approaches to Preventing Violence against Women and Girls

Although there is little empirical research about the impact of institutional and societal approaches to preventing VAWG, there is much work being conducted in this sphere. In this section we review a number of promising practices.

### Public Awareness and Education Campaigns for Engaging Men and Boys

#### **White Ribbon Campaign**

The *White Ribbon Campaign* (WR) emerged in Canada as a way to engage men as allies of women and as agents of change. With over 60 countries involved in this initiative, *WR* has emerged as an international leader in challenging boys' and men's attitudes about VAWG through model programs and research in this area (<http://www.whiteribbon.ca/>). *WR* provides training, programs, research on public attitudes and media campaigns. Most recently, *WR* collaborated with other VAWG organizations ("National Community of Practice") across Canada to develop consensus on how to best assess progress in the field with the support of Women and Gender Equality Canada (White Ribbon, 2015). Research shows that the keys to intervention are to challenge traditional notions of masculinity and engage boys and men as allies in the prevention of VAWG (Jewkes et al., 2015).

*White Ribbon* has extensive publications on its website outlining programs and strategies on how to evaluate these types of efforts. However, there are limited Canadian studies on outcomes because of the complexity of this research and the reality that funding goes to program development and implementation and not evaluation. *WR* has reviewed multiple strategies to engage men and boys in the prevention of VAWG that are directed at challenging social norms on masculinity and violence against women. A report from "Shift: The Project to End Domestic Violence" identified seven areas of promising entry points for engaging Canadian boys and men in violence prevention (Wells et al., 2013).

## Workplace Prevention Programs

Workplace prevention programs have both a primary prevention and a secondary prevention purpose. In trying to mobilize the workforce to support victims of violence (i.e., secondary prevention), these programs can also change norms and attitudes among the general workforce (i.e., primary prevention). For example, initiatives that recognize domestic violence in the workplace as a health and safety matter may also raise awareness amongst all workers and managers and produce changed VAW policies, knowledge, attitudes and intentions to intervene (de Jonge, 2018; Durey, 2011; Wathen, MacGregor & MacQuarrie, 2015). Australia has been an international leader in this area and has looked at workplaces for primary prevention in the same way that other authors have looked at schools as the ideal venue for prevention. For example, in one workplace with over 500 employees in 11 sites, researchers found that there was a better understanding of what people say or do that supports VAW as well as an increased commitment to speak out about this issue (Durey, 2011). Recent legislation changes in some Canadian jurisdictions have mandated training in domestic violence as a workplace safety issue. It is imperative that these efforts be evaluated to provide guidelines about effective practice in this area in light of the extent to which intimate partner violence follows women into the workplace (Wathen et al., 2015).

## Public Awareness and Education Campaigns

Public awareness and education campaigns have been implemented to educate the broader population about VAWG and to challenge existing norms. These campaigns tend to have very consistent objectives best illustrated by the work in Australia which explicitly states that change can only happen by **targeting the underlying conditions that lead to violence against women, such as** “condoning of violence against women, men’s control of decision-making and limits to women’s independence in public life and relationships, rigid gender roles and identities and male peer relations that emphasize aggression and disrespect towards women.” (see - <https://www.ourwatch.org.au/Preventing-Violence/Women>)

In Canada, there have been several campaigns on VAW that have encouraged *Neighbours Friends and Family (NFF)* to become involved in recognizing intimate partner violence and recognize warning signs for lethal violence (<http://www.neighboursfriendsandfamilies.ca/>). Recently, White Ribbon has recognized the need to collaborate with diverse populations to develop prevention efforts that align with the unique needs of their community. Campaigns have been developed for Indigenous Peoples (<http://www.kanawayhitowin.ca/>; <https://www.moosehidecampaign.ca/>), immigrants and refugees (<http://www.immigrantandrefugeenff.ca/>) to better support victims and perpetrators. *NFF* for immigrant and refugee populations has been a collective effort with the Arab Community Centre of Toronto and the Ontario Council of Agencies Serving Immigrants (White Ribbon, 2018). Toolkits to engage men and boys to address gender-based violence in Muslim and Indigenous communities were also developed in collaboration with the Canadian Council of Muslim Women and the Congress of Aboriginal Peoples (Canadian Council of Muslim Women, 2016; White Ribbon, 2018).

These programs have largely not been evaluated for effectiveness, in part because they are very difficult to evaluate for numerous reasons (Broll & Crooks, 2012). However, many of the ideas regarding engaging the community through neighbours, friends, family and the workplace are promising practices. A three-year evaluation of these programs suggests extensive uptake from hundreds of workplaces and significant website traffic in downloading materials (Kadel, 2014). Over 10,000 Ontario Public Service Employees and 21 different government ministries were involved in the program. The impact of these programs has been measured by enhanced

awareness about violence against women and increased collaboration between workplaces and VAWG agencies. As a sign of strong endorsement, over 80% of the participants surveyed believed that they had a role to play in ending violence against women.

The *WR* Draw-the-Line campaign has started the conversation of gender-based violence in Ontario elementary, secondary and post-secondary schools, specifically covering the signs of sexual violence and how to intervene safely (White Ribbon, 2018). From 2016 to 2018, this campaign was delivered to over 2.2 million Ontario elementary and secondary students (White Ribbon, 2018). 94% of Draw-the-Line participants reported that this program made them feel better prepared to respond to sexual violence and that it improved their understanding of how men can address VAWG (WR, 2018). The *WR* public awareness and education campaigns are wide-reaching initiatives that aim to re-define gender roles that give rise to VAWG.

### **Social Norms Approaches**

Some of the programs that are described in this section on institutional and societal approaches utilize social norms theory (SNT), as do some of the programs described in the first part of this paper. Social norms theory approaches focus on changing the informal norms that exist based on perceived approval from others in social situations (Mackie, Moneti, Shakya, & Denny, 2015). For example, university men have been found to *overestimate* their peers' attitudes that condone rape and *underestimate* their peers' willingness to intervene as bystanders in situations of potential sexual violence (Berkowitz, 2003; 2010). From a social norms perspective, it is the perception of peers' attitude that may influence behaviour rather than actual peer beliefs and attitudes; consequently, changing social norms is a viable way to change problematic behaviours (Berkowitz, 2010; Perkins, Craig, & Perkins, 2011). *Coaching Men into Boys* and *Mentors in Violence Prevention* both use social norms as a target for change (in addition to focusing on individual and interpersonal domains). Guidelines for effectively utilizing social norms approaches include utilizing popular or high status opinion leaders (Mackie et al. 2015) and utilizing pre-existing groups (e.g., sports teams, work colleagues) rather than loosely associated strangers (e.g., in the context of a workshop) (Paluck, Shepherd, & Aronow, 2016).

### **The Road Ahead: Remaining Gaps**

Reflecting on the current stage of the literature, there are a number of gaps that we have identified that should help shape the next steps in the field.

### **Interventions and research with diverse and priority populations**

An intersectional analysis and national research have pointed to several subpopulations of women and girls who experience disproportionate risk for violence and long-term harm, including Indigenous women and girls, women with (dis)abilities and lesbian and bisexual women (Conroy, 2018). For example, Indigenous women experience sexual assault at three times the rate of non-Indigenous women in Canada (Conroy & Cotter, 2017). However, as demonstrated by this review, there are extremely limited prevention options for communities that are disproportionately at risk for violence. Thus, there need to be programs developed with and for these populations, and an evaluation strategy to offer guidance on the most effective programs that make a difference.

### **Evaluation research on public campaigns and social norms approaches**

While we recognize that there are a number of public awareness campaigns across Canada designed to prevent violence (e.g., the BC Lions Be More campaign), to date, most of the PSAs and public awareness campaigns have not been evaluated in terms of the broader awareness created by the materials and/or actual behaviour change. We recognize that there are numerous challenges and complexities with evaluating public education campaigns and make

numerous recommendations in a report for the Learning Network that may be useful to organizations implementing these strategies (Broll & Crooks, 2012).

### **Moving beyond knowledge and attitudes to action/behaviour change**

A research priority is to evaluate behavioural change on dimensions of violence and bystander behaviour. As described above, the vast majority of research is focused on attitudes, with little evidence on changes in actual behaviour: while changes in attitudes are promising, ultimately we need to change behaviour to prevent violence. Thus, research needs to be funded so that researchers can assess behavioural changes. Significant funding for community-research partnerships is a requirement for this work; community groups are at the forefront of the intervention work, but typically lack the resources and mandate for rigorous evaluation.

### **Intervention that recognizes different models and worldviews**

Future research needs to address the importance of models that respect different realities, and that as a result, may not embrace a feminist model as the sole basis for prevention activities. For example, Indigenous violence prevention efforts usually involve men as active partners and recognize historical oppression and the impacts of residential schools as a foundation for VAWG prevention. These efforts might also be conceptualized as holistic community wellness initiatives (versus narrower deficit-based programming). Early work with LGBT2Q+ youth has shown a similar pattern of youth wanting identity-affirming, strengths-based programming (that also addresses intimate partner violence; Lapointe & Crooks, 2018). Other work has demonstrated that cultural communities like Muslim Canadians may turn to their religious communities for leadership and engagement, and thus, prevention may need to be rooted there (Baobaid & Hamed, 2010). There are many other examples of these population-specific intervention needs across practice settings, but these examples are not yet adequately integrated into prevention programming.

### **Research on policies, practices and legislation that promote equality**

The federal government, as well as provincial and territorial governments, have made VAWG a priority issue with broad-based policies, practices and legislation intended to reduce this violence. However, there is not yet any evaluation of these initiatives, including an examination of public perceptions or potential behaviour change. Such evaluation is critical to understanding the impact of these policies, practices and legislation on violence prevention. Furthermore, there is a need to conduct this research in the broader context of legislation that affects gender equality (e.g., parental leave).

### **Culturally relevant programming in Indigenous communities and a larger national initiative to combat racism and discrimination**

As a result of colonization, Indigenous women experience disproportionate risk for violence (Conroy, 2018). However, as highlighted above, very few violence prevention strategies designed with and for Indigenous women exist. Thus, there is a need for targeted strategies to reduce this violence in this population. Because this violence is rooted in colonization, such prevention includes the need for *all* non-Indigenous Canadians to be educated about the impacts of colonization and to play an active role in reconciliation.

### **Research primary prevention approaches within an ecological framework**

A major conclusion from our review of the literature is that effective primary prevention is based on targeting of holistic factors that promote violence. Many programs focus on individual-level factors, but individual factors alone are not sufficient to prevent VAWG; we also need to address interpersonal relationships, community institutions and broader cultural norms. While it is harder to evaluate, it is also important to conduct evaluations on these multi-system efforts.

## **Go beyond evaluating individual programs in highly controlled settings and look at implementation issues**

Although RCTs are still often seen as the gold standard in intervention research (particularly within systems that rate different levels of evidence), we know that successful RCT results often do not translate to real-world settings. In many cases, once the research funding for the RCT evaporates, implementation fidelity dwindles and there is no sustainability. Furthermore, 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. Researching programs that will get embedded and become sustainable requires us to go beyond the RCT and look at realist evaluations. We need to understand what constitutes effective adaptation and localization versus poor implementation fidelity. We can learn much from the field of bullying prevention here, where factors that predict good implementation and sustainability have been clearly identified. Identifying core components and practices of effective programs may be one step in moving towards more flexible-yet-effective practices.

## **Break down the silos between different intervention and research areas**

As the evidence grows for understanding violence within developmental trajectories, there is still a lack of research that cuts across silos. For example, all too often funding for bullying prevention programming and research and funding for GBV prevention programming and research are mutually exclusive. However, the two are closely linked – especially in adolescence, when bullying is linked to risk for perpetration of sexual harassment and dating violence over time. We need research (both basic and applied) to understand how and when to best intervene in these trajectories of violence.

## **Create a national awareness campaign**

As part of a cultural shift, there is a need for a broader national campaign that adapts the best of existing public education campaigns in various provinces and territories with consistent messages through the media with PSAs. Concurrently, there is a need for efforts to monitor public recognition of these messages and shifts in opinions about what constitutes abuse and the role of bystanders. Furthermore, for these campaigns to be effective, they need to connect to local community organizations. Although these initiatives are difficult to evaluate, social norms theory research provides a strong basis for this work.

## **Conclusion**

In this report, we identified effective violence prevention programs that have been utilized and tested in Canada. Most of the research and evidence-based approaches are programs that have been implemented and evaluated in education settings. There is much less research available on non-programmatic approaches, and a need to address this gap. Similarly, there is little evidence about what works with women and girls who face numerous barriers. The current state of evidence suggests that although we have identified some effective components, there is a long way to go creating and evaluating an effective, evidence-based national strategy to prevent VAWG.

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