Executive summary

Engaging Boys and Young Men in the Prevention of Sexual Violence

Introduction[1]

Violence against women is a widespread issue, one that exists in all cultural and socio-economic contexts. Among the various forms of violence that girls and women suffer, rape is often the least visible and least reported. In many cases, such as in dating or married relationships, rape or other forms of sexual violence may not even be recognized by social or legal norms. While the underlying causes of sexual violence are multiple and complex, among the core causes are unequal gender norms and power dynamics between men and women. Throughout the world, boys and men are largely the perpetrators of sexual violence, and girls and women are the victims. It is increasingly understood that men's use of violence is generally a learned behavior, rooted in the ways that boys and men are socialized.

There is evidence that this is often at an earlier age than many of the current violence prevention and sexuality education programs target. Adolescence is a time when many boys and young men first explore and experiment with their beliefs about roles in intimate relationships, about dating dynamics and male-female interactions. Research has shown that this is also the time when intimate partner violence first starts to manifest itself, and the earlier and more often it occurs, the more it reinforces the idea that violence is a "normal" part of dating relationships (Laner 1990). A key challenge, therefore, in primary rape prevention is to intervene before the first perpetration of rape or sexual violence, and to reach boys and young men when their attitudes and beliefs about gender stereotypes and sexuality are developing.

In this context, it is necessary to reach boys and young men (and girls and young women) with programs that address sexual violence before expectations, attitudes and behaviors about dating are well developed (Fay and Medway 2006). It is also necessary to challenge gender norms and sexual scripts that often underlie coercion and violence in relationships, including "those cultural norms that normalize intimate sexual violence as a 'natural' or 'exaggerated' expression of innate male sexuality" (Carmody and Carrington 2000). In addition, it is necessary to teach adolescents effective communication and problem-solving skills and to promote a culture of responsibility for preventing sexual violence (Berkowitz 2004).

In recent years, there has been a significant increase in attention to programming with boys and men and the evidence base regarding what works and what does not work. Violence prevention is still an area in which there are many questions, and there is a need for consolidating evidence for advocacy and practice purposes. While there are already many existing reviews of rape prevention programs with male university students and dating violence prevention programs with adolescents, these reviews have largely been limited to North American or Australian contexts and most often focused only on those programs published in the academic literature – not grey literature. This review is more extensive, in terms of age range (adolescents) and settings (global), and in terms of program goals and scope because it includes those programs that do not have rape prevention as primary focus, but which address underlying risk factors.

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Review Objectives

The objective of this systematic review is to investigate the effectiveness of interventions for preventing boys' and young men's use of sexual violence, including: increasing gender-equitable attitudes, bystander intentions, and other attitudes and behaviors. It aims to explore the potential for intervening directly with boys and young men in community and school settings to address risk factors for sexual violence within diverse socio-cultural settings. The interventions in this review are those aimed at changing general attitudes and behaviors. The focus is on high-quality studies, defined as having a randomized controlled or quasi-experimental design.

In addition to assessing relevant studies, this review will also examine the extent to which the identified interventions have been adapted from one setting, culture or context to another, as well as from one age group to another.

Types of Studies Included

Randomized or quasi-randomized controlled trials were prioritized as they provide the highest level of evidence and the least risk of bias which could influence effect size or direction. However, due to the limited number of available randomized studies, we also included non-randomized studies with a treatment and a control group.

Participants

Participants included adolescent boys and young men aged 12-19 years. The primary focus of the review is on early teenage boys but we have also included examples of interventions for older teenagers as these may serve as models for adaptations.

Interventions

The interventions included in this review are primarily focused on directly targeting individual and group attitudes and behaviors, although we know it is necessary to also have interventions that target communities, systems and structures. Our review is limited to individual and group level interventions, with the exception of a few interventions that also targeted the broader community level. These included interventions like social norm initiatives and educational campaigns. Some of the interventions were conducted with mixed-sex groups, while others were with single-sex groups.

Interventions included in this review are those designed to prevent boys and young men's use of rape and other forms of sexual violence, or to change those attitudes about gender, violence, and/or intimate relationships with women that are correlated with boys' and young men's use of rape and other forms of sexual violence. Interventions designed to increase boys' and young men's positive bystander attitudes and behaviors are also included.

Types of outcome measures

This review focuses on interventions with the following outcome measures:

Behaviors

- perpetration of rape or other forms of sexual violence against a girl or woman
- perpetration of non-sexual forms of violence against a girl or woman
- bystander behaviors

Attitudes and Efficacy

- intention/likelihood to perpetrate rape or other forms of sexual violence
- intention/likelihood to perpetrate non-sexual forms of violence against an intimate partner

- rape-supportive attitudes, including rape myth acceptance[2]
- attitudes toward gender-based violence
- attitudes toward intimate partner violence
- attitudes toward interpersonal violence
- empathy for rape or sexual assault survivors
- attitudes toward gender roles
- attitudes toward women's rights and roles
- attitudes toward intimate relationships with women
- bystander attitudes
- bystander efficacy
- bystander intention

Although the focus of the review is on rape and other forms of sexual violence, we have also included behavioral outcomes related to non-sexual forms of violence against women due to the high correlation between the perpetration of sexual and non-sexual forms of violence.

Quality assessment

Critical appraisal of the studies was based on the Cochrane Collaboration's Tool for Assessing Risk of Bias. This involved assessing whether there was an adequate method of sequence generation and allocation concealment; whether there was blinding of assessors; if attrition or drop-outs were dealt with satisfactorily; and whether there was an assessment of other potential confounders. Additionally, studies were assessed for their strength and quality based on the sample size and length of time between intervention and follow-up.

Results

A total of 65 studies were suitable for inclusion in this review. Additional studies may or may not fit the criteria but attempts to obtain these studies (through electronic searching and contacting authors and associated organizations) were unsuccessful.

Four of the 65 included studies were randomized by individual, and 13 of the studies were cluster- randomized by classroom, school, village, or other pre-formed grouping. Sample sizes of the studies ranged from n=29 to n=4,800, with most of the samples sizes between 100 and 600 participants. It is important to note that most of the included studies (68%) had both boys and girls or both young men and young women in their samples. Of the 21 studies that includes samples of only boys and/or young men, the majority (86%) were carried out with older teens.

Setting

The studies took place in 11 different countries, four of which are classified as high-income (Australia, Canada, The Netherlands, and the USA), four of which were classified as middle-income (Brazil, India, Korea, and South Africa) and three of which were classified as low-income (Ethiopia, Nicaragua, and Thailand). The majority of the studies (n=50 or 85%) took place in a high-income country, predominantly the USA. In the other 10 countries in which studies took place, between one and four studies were done, including: four in Canada; three in Australia, India, and South Africa respectively; and one study in each of the following - Brazil, Ethiopia, Korea, the Netherlands, and Thailand.

2 Rape myths are those ideas or beliefs that "deny or minimize victim injury or blame the victims for their own victimization" (Carmody & Washington, 2001, p. 424). Most researchers agree that rape myths are "generally false but are widely and persistently held, and...serve to justify male sexual aggression against women" (Lonsway & Fitzgerald, 1994, p. 217).

The vast majority (90%) of the studies took place in school settings. A total of 9 studies were conducted in low/moderate income countries, while 56 were conducted in high income countries. Fifty-one of these were conducted in the USA or Canada. Three of the included studies targeted high-risk populations.

Interventions

Nearly one-third (n=20) of interventions were one session, with another 14 interventions conducted in 2-9 sessions, and another 12 being conducted in 10-15 sessions. Session lengths ranged from about 1 hour to 4.5 hours, with the majority lasting about one hour. Some interventions were not session based, but were conducted as media or education campaigns that lasted from a few weeks to several years.

A majority of the interventions used teachers (n=17), with four of these using health education teachers specifically) or facilitators (n=18) to deliver the interventions. The vast majority (n=55) used group education methods to deliver the intervention, often using existing curricula, including the following: Bringing in the Bystander; Building Relationships in Greater Harmony B.R.I.G.H.T.; Connections Curriculum; Ending Violence; Expect Respect; FYCARE; Love U2; Program H; Reaching and Teaching Teens to Stop Violence; Relationship Smarts; Respect, Protect, Connect; SAFE-T; Skills for Violence-Free Relationships; Stepping Stones; The Men's Program; The Wise Guys School-based Male Responsibility Curriculum; The Youth Relationships Project; UDAAN Curriculum; White Ribbon Campaign Education and Action Kit; Working Together; and Yaari-Dosti (an Indian adaptation of Program H).

Outcomes

All of the outcomes were measured in more than one study. Nine studies looked at perpetration of sexual violence, while 16 examined perpetration of nonsexual violence. A total of 47 studies examined the outcome measure of attitudes toward violence, while 25 examined attitudes toward gender and relationships with women. A total of 14 examined bystander attitudes, while five examined bystander behaviors. All outcomes were based on self-reporting by study participants.

Overall Strength of a Study

In order to examine the evidence provided by the studies that were strongest methodologically, studies were placed into one of three categories: strongest, moderate, or other, using guidance from the Cochrane Collaboration's Tool. Studies that fell into the "strongest" category had the following characteristics. First, these studies utilized randomized assignment at the individual level, or cluster randomized sampling with a sufficient number of clusters and/or sufficient statistical analyses to accommodate a smaller number of clusters. Second, these studies had sufficient sample sizes (at least 30 boys/men) at follow-up. Third, they had follow-up of at least one month. Fourth, these studies had no major methodological flaws or risks of bias (discussed above) that reduced their methodological strength. Studies fell into the "moderate" category if they were strong methodologically in many ways, and met many of the criteria above, but fell short of the "strong" category because of at least one significant risk of bias or methodological challenge, such as having a very small sample size, having sampling challenges, or problems with attrition that make results questionable. Studies in the "moderate" category had follow-up measurement of at least one month. Studies that fell into the "other" category had multiple methodological weaknesses that limited the utility of their findings, and/or had follow-up of less than one month.

A total of eight studies met criteria that placed them in the category of "strongest" studies. A total of 21 studies fell into the "moderate" category. A total of 36 studies fell into the "other" category. Of the strongest studies, six of these studies took place in the USA, with one in Canada and one in South Africa. All of the studies were implemented in school settings, with two of them being implemented at the university level. Both the heavy representation from

the USA and from studies that were implemented within educational settings is reflective of the overall body of studies reviewed in this review, as the majority were conducted in the USA in educational settings. Ages of participants in these eight studies ranged from 11 to 26, which is also typical of the body of studies. These studies varied widely in their interventions, measures used, and findings.

Summary of Main Results

Overall, the studies in the review provide substantial evidence of effectiveness of interventions to improve boys' and young men's attitudes towards rape and other forms of violence against women, as well as attitudes towards rigid gender stereotypes that condone or allow this violence to occur. Evidence of effectiveness related to behaviors is less straightforward.

Behavior Change

Decreased Perpetration of Violence

While changes in attitudes have been linked to improvements in non-violent behavior outcomes in the research literature, there is little evidence of the effectiveness of interventions to actually decrease boys' and young men's perpetration of violent behaviors in the long-term. Only eight of the strong or moderate studies in the review attempted to measure perpetration of sexual violence, and only three of these were focused on younger teens. Out of these eight studies, only one [Foshee et al. 2004] demonstrated a significant impact on behavior: four years after participating in Safe Dates, a school-based, multi-component, mixed-sex intervention, adolescents reported perpetrating significantly less sexual and physical dating violence than those in a control group.

Decreased Perpetration of Non-Sexual Violence

Compared to studies that measured the use of sexual violence, a larger number (16) of studies measured outcomes related to non-sexual forms of violence, or both sexual and non-sexual violence. However, only nine of these studies were classified as strong or moderate[3]. Of these nine studies, only seven were significant. Of these, four were focused on early teens, five entailed mixed-sex interventions and seven involved more prolonged interventions of at least 12 sessions that addressed violence within the broader context of respectful intimate relationships. The majority of the studies that demonstrated a positive impact also had a substantial follow-up period of at least one year.

Attitude Change

Attitudes Toward Violence

Of the 16 strong or moderate studies that measured attitudes toward violence, only 10 had significant findings. Of these, only one was focused on early teens [Foshee et al. 2000]. The Foshee study was a mixed-gender intervention, and had large samples sizes (n > 1500), approximately half male respondents, and measured attitude change at 1-year follow-up.

Acceptance of Rape Myths

One of the most commonly used attitude measures in this area of study is the acceptance of rape myths (Brecklin and Forde 2001). A total of 19 of the 47 studies that measured attitudes towards violence included a specific outcome measure related to the acceptance of rape myths. Of these 19, only nine were in the strong or moderate category. Of these, five studies demonstrated a significant impact on reducing adherence to common rape myths [Davis and Liddell 2002; Fay and Medway 2006; Foubert and Marriott 1997; Hillenbrand-Gunn et al. 2010;

3 At least one [e.g. Verma et al. 2008] of these studies actually reported physical and sexual violence as one outcome.

Stephens and George 2009]. All five studies involved relatively short-term interventions of one to six sessions, three worked with boys and/or young men in single-sex groups, and two worked with boys and/or young men in mixed-sex groups. All five studies showed significant reductions in rape myth acceptance, with follow-ups of at least four weeks post-intervention, with one following up five months after the intervention.

Bystander Attitudes

Interventions with a focus on bystander attitudes represent a promising and growing area in rape prevention. Of 14 included studies that sought to measure bystander attitudes, efficacy or intentions, the majority were from the last five years, reflecting a shift in methodology in working with men in violence prevention. Since many interventions target general populations of boys and men, among whom there are generally only a minority who are perpetrators or likely perpetrators, the logic is that it is more effective to approach men as allies, and to cultivate their commitment to and capacity for preventing and intervening. Four of the 14 studies that focused on bystander attitudes, efficacy and/or intentions fell into the strong or moderate category, and three of these reported significant findings [Gidycz et al. 2011, Moynihan et al. 2010; Banyard et al. 2007].

Implications for Practice

The findings from this review have a number of implications for practice, including findings related to the relative effectiveness of the following: single-sex or mixed-sex interventions; active learning or more didactic strategies; a focus on perpetrator behaviors versus consequences of abuse versus gender socialization, empathy, and bystander behaviors; implementation by facilitators versus peers; and system-wide versus targeted interventions. Findings from this review also have implications related to the dosage/length of interventions and the cultural reach of interventions. Each of these is discussed below.

Mixed-Sex versus Single-Sex Settings

First, the relative effectiveness of mixed-sex versus single-sex groups is one of the most discussed aspects of working with men and boys. This review suggests that there are both positive and negative aspects of implementing intervention in mixed-sex settings.

Facilitation

In about half of the studies reviewed, the study explicitly stated that the people implementing the intervention were trained professionals. Most utilized teachers, but in some cases the implementers were attorneys, psychologists, or staff from a rape crisis center, for example. In about ¼ of the studies, implementation was conducted by “facilitators” who had received at least some training in the intervention. In about 15% of the studies reviewed, the intervention was delivered by peers. Significant findings across the studies did not seem to vary with any consistency depending on whether the intervention was implemented by people who were professionals with experience in the content that went beyond that provided by the intervention.

System-Wide Versus Targeted

Very few of the studies reviewed were system-wide. Rather, most were focused on specific, limited target populations. Four studies could be characterized as system-wide, and each of these was implemented outside of the USA. Three of these [CEDPA 2011, Solórzano et al. 2008, Verma 2008] showed significant changes in the outcomes of interest, including attitudes toward violence, attitudes toward gender and relationships with women, use of violence against women.

Dosage or Intervention Length

Since time and resources are almost always limited for interventions, it is often necessary to negotiate for time to implement an intervention (especially in school settings in which the curriculum is already crowded), a critical question that must be addressed is that of dosage. Practitioners need to know how much of an intervention is necessary in order to achieve the desired outcomes, while not wasting resources by providing more services than are necessary. The findings from this review do not provide a definitive answer to this question, in part because most interventions were not tested at multiple dosages.

Cultural Reach

Another finding of this review is that there is a critical need to increase the reach of these interventions to additional populations. The majority of the research conducted in this area was conducted in the United States and Canada, and it often focused on White males who were not at high risk of perpetration. More research needs to be conducted on the effectiveness of interventions with broader groups, especially those who are at higher risk of perpetration, and among target populations outside of the global north.

Implications for Research

Findings from this review also have implications for research. These include findings that suggest there is a need for more rigorous evaluation designs, more standardized measures, additional measures of behavioral outcomes, additional differential effectiveness analyses, and longer follow-up periods. Additionally, findings suggest the need for studies to more effectively pretest participants and a need for evaluation tools with higher reliability (particularly related to self-reporting). Last, more research is needed on links between bullying and sexual aggression, on which components of programming are responsible for effects, and on appropriate dosage.

Next Steps

There are still many unanswered questions in this field, and a tremendous need exists for additional research that has sufficient sample sizes, solid research design, reliable and valid measures, and sufficient follow-up to allow us to determine the most effective interventions across a variety of settings and target populations. What we do know is that some interventions seem to show promise. The work of program developers, researchers, and funders moving forward will be utilizing the promising work that has been done and building upon it. The findings from this review provide some guidance for those next steps and a springboard for further discussion.

References

Banyard, V. L., Moynihan, M. M., Plante, E. G. (2007). Sexual Violence Prevention Through Bystander Education: An Experimental Evaluation. *Journal of Community Psychology*. 35 (4), 463–481.

Berkowitz, A. D. (2004). Working with men to prevent violence against women: An overview (part one). *National Resource Center on Domestic Violence*, 1-7.

Brecklin, Leanne R, Forde, David R. (2001). A Meta-analysis of Rape Education Programs. *Violence and Victims.* 16 (3), 303-321.

Carmody, D.C,. and Washington, L.M. (2001). Racial Differences in Rape Myth Acceptance Among College Women. *The Journal of Interpersonal Violence*. 16(5), 424-436.

Carmody, M., & Carrington, K. (2000). Preventing Sexual Violence? *The Australian and New Zealand Journal of Criminology.* 33 (3), 341-361.

CEDPA (2011) UDAAN: Towards a Better Future Final Evaluation Report. Unpublished. CEDPA: Washington, DC

Davis, T.L., & Liddell, D. L. (2002) Getting Inside the House: The Effectiveness of a Rape prevention Program for College Fraternity Men. *Journal of College Student Development* 43 (1): 35-50.

Fay, K., & Medway, F. (2006) An Acquaintance Rape Education Program for Students Transitional to High School. *Sex Education* 6 (3): 223-236.

Foshee VA et al. (2000). The Safe Dates program: 1-year follow-up results. *American Journal of Public Health*, 90(10):1619–1622.

Foshee, V. A., Bauman, K. E., Ennnett, S. T., Linder, G. F., Benefield, T. & Suchindran, C. (2004). Assessing the long-term effects of the Safe Dates program and a booster in preventing and reducing adolescent dating violence victimization and perpetration. *American Journal of Public Health*, *94*, 619–624.

Foubert, J. D. & Marriott, K. A. (1997). Effects of a sexual assault peer education program on men's belief in rape myths. *Sex Roles, 36*, 257-266.

Gidycz, C.A., Orchowski, L.M. & Berkowitz, A.D. (2011) Preventing Sexual Aggression Among College Men: An Evaluation of a Social Norms and Bystander Intervention Program Violence Against Women. 17: 720-742

Hillenbrand-Gunn, T., Heppner, M.J., Mauch, P. A. & Park, H. J. (2010). Men as Allies: The efficacy of a high school rape prevention intervention. *Journal of Counselling and Development*, 88, 43-51.

Laner, M. R. (1990). Violence and its precipitators: which is more likely to be identified as a dating problem? *Deviant Behavior*, 11, 319–329.

Lonsway, K.A., and Fitzgerald L.F. (1994). Rape Myths. In Review. *Psychology of Women Quarterly. 18(2), 133–164*.

Moynihan M.M, Banyard V.L, Arnold J.S, Eckstein R.P, Stapleton J.G. (2010) Engaging intercollegiate athletes in preventing and intervening in sexual and intimate partner violence. *J Am Coll Health.* Nov-Dec; 59 (3):197-204.

Solorzano, I., Bank, A., Pena, R., Espinoza, H., Ellsberg, M., Pulerwitz, J. (2008). *Catalyzing Personal and Scoial Change Around Gender, sexuality, and HIV: Impact Evaluation of Puntos de Encuentro's communication Strategy in Nicaragua.* Puntos de Encuentro, CIDS/UNAN Leon, PATH, and Horizons Program.

Stephens, K. A., & George, W. H. (2009). Rape Prevention with College Men: Evaluating Risk Status. *Journal of Interpersonal Violence*, 24, 996-1013.

Verma, R., J. Pulerwitz, V. S. Mahendra, S. Khandekar, A. K. Singh, S. S. Das, S. Mehra, A. Nura, and G. Barker. 2008. *Promoting gender equity as a strategy to reduce HIV risk and gender-based violence among young men in India*. Horizons Final Report. Washington, DC: Population Council.

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